GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

DENTAL HYGIENE PROGRAM

Student Handbook
Revised Fall 2021
A Note from the Program Director

Welcome to the start of an excellent year on your adventure to becoming a dental hygienist! Before you begin to read through this handbook, I would like to take a moment 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 very important. We must be careful that we do not 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 through this carefully and refer back 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,

Julie Barnwell, RDH, M.Ed.
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PURPOSE OF THE HANDBOOK

The Dental Hygiene Program Handbook provides students with the policies specifically related to the Dental Hygiene Program and the Division of Health Sciences. The student will need to rely on the College catalog for policies related to all students attending Great Falls College Montana State University. The policies outlined in this handbook supersede the college policies in areas specific to the dental hygiene program. The College catalog can be found at http://students.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) and the Northwest Commission of Colleges and Universities providing accreditation to MSU. The program has been designed to prepare you for a professional career in Dental Hygiene. You will be provided the necessary curriculum content to acquire the knowledge and skill to sit for the 4 board exams required to become licensed in the state of Montana such as the Western Regional Board Exam (WREB) examination.

Between didactic/clinical course syllabi and this handbook all policies and procedures for the dental program/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 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. If a student requires additional clarification of a policy or procedure in a clinical course they are asked to post the need for clarification on a log located with the dental clinic manager. If the clarification cannot be referenced or addressed in the handbook instructors will take note of the question and provide clarification after their weekly faculty meetings. Clarification will then be posted in the “Clinical Notes” News Item on clinical/lab courses in D2L each Friday for all students to view if appropriate or emailed through D2L for a specific student. Students will be provided clarification to program policy and procedure questions after consultation with all program faculty to ensure consistent information.

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.

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 many times the information they received may be incorrect. Clarification of a policy or procedure should come directly from the 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 Sciences Division Director.

When writing and updating this handbook the American Dental Hygienist 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 the 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 the printed handbook in a convenient place for easy reference.

The Dental Hygiene program is unique compared to other programs in the GFC MSU Health Science Division in that it maintains a fully functioning onsite dental clinic. The onsite dental clinic provides the dental hygiene student beneficial real life hands on learning experiences preparing them for the workforce. Along with the significant benefits which this unique environment allows, maintaining an onsite dental clinic poses daily challenges to ensure the safety of all students, faculty and clients along with maintaining proper function of all its equipment during its operation. Policies and procedures have been developed and will be applied to ensure the onsite dental clinic functions properly so that all clients 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 have been 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 opportunity to achieve their goal of becoming a dental hygiene professional upon completion.


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 the clinical faculty member about any occurrence that might cause liability to the student, 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 that he/she experiences in the clinical setting. Personal health insurance is strongly recommended by the program faculty. Student health and medical insurance can be obtained through Great Falls College MSU. Visit Student Central for details.

DISCRIMINATION, HARASSMENT, AND RETALIATION AND AMERICANS WITH DISABILITY ACT POLICIES

Great Falls College Montana State University as a unit of the Montana University System, and the Dental Hygiene Program, is committed to provide for all students, a program of equal opportunity for education and participation in all College activities. The Dental Hygiene Program strives to comply with the Discrimination, Harassment, and Retaliation (300 Student Affairs) policy as well as the Americans with Disability Act (400 Personnel) policy. Please refer to the current College policies www.gfcmsu.edu/about/policies for details.

If you believe you have a disability requiring an accommodation, please contact:

Kathy Meier, M.Ed.,
Director of Disability Services
Room R 261
406-771-4311
Link to GFC MSU Disability Services
GFC MSU HEALTH SCIENCES GENERAL HEALTH POLICY

POLICY

All Health Science students must complete the required Great Falls College MSU Student Immunization and Verification Form and submit to their Program Director after acceptance into their 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.

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 program director.

RECOMMENDATIONS

All Health Science students will submit a physical examination form and complete required immunizations to their Program Director after acceptance into their program. 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/ GENERAL SAFETY GUIDELINES

COMMUNICABLE DISEASE PREVENTION POLICIES IMMUNIZATION POLICY

In compliance with Montana state law, students born after January 1, 1957 who are taking seven (7) or more credits or are enrolled in a certificate or degree program must:

Show 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.

OR
Submit documentation of having contracted measles and rubella. Documentation by a physician is required including dates of illness.

OR
File a medical or religious exemption.

OR
A written statement from the student.

Evidence of one of the above must be submitted before students will be permitted to register for courses. Please note that students are expected to complete mandatory clinical enhancement experience in other health care facilities that may require vaccinations. 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 that course.

TB POLICY

A two-step screening for TB must be done upon entry into any Health Sciences program. Evidence of screening must be provided to the Program Director. The student may be asked to provide a repeat screenings based on the policy of the clinical site, with evidence of update provided to the Program Director to be kept on file during the duration of the program of study.

RATIONALE

Students are expected to follow health practices protecting both their patients and themselves. Clinical sites require proof of students’ TB tests prior to allowing attendance at the clinical internship. Failure to show proof of current immunization will result in denial of access to the clinical site.

HEPATITIS B SERIES

The College strongly recommends Health Science students 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 declination form will be kept in the student’s file. 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.
NEEDLES AND SHARPS

On campus, when practicing patient care techniques involving needles and other sharp instruments, students are expected to follow guidelines and protocol as outlined by their instructor and in the student handbook of their respective program. When attending clinical internships, the protocol of the facility will be followed.

Red biohazard containers are available in all classroom labs in which the use of needles or sharps is a component of the learning experience and lab. Needles must not be 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, should ask the instructor for a new container.

In the event of accidental needle stick with a contaminated needle, at a 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 this packet, to the Program Director. The Program Director will keep the completed form in the student’s file, and follow-up with any protocol as established by the facility. (see Emergency Protocols for procedure and forms.)

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, the student should comply with the following steps. It is critical to follow these steps because if a source, the person whose blood or body fluid to which the student was exposed, is positive for HIV transmission, there are medications that are available that prevent HIV transmission. These medications, however, are most effective when started within two hours after exposure.

1. De-glove. Bleed the wound.
2. Wash skin and wound with soap and water. Flush mucous membranes with water.
3. Dress the wound.
4. Notify your Program Director and submit the “Report of Exposure to Communicable Disease” form to the director.
5. The source and the student will be counseled to seek our lab tests and counseling through the ER or the City County Health Department located at 115 4th Street South, Great Falls, MT 59401. There is cost associated with this testing. The student is expected to use their health insurance to pay for the cost of the baseline, 3 month exposure, and 6 month exposure HIV and HCV tests at the City County Health Department.

The source and student will be encouraged to seek this counseling so they can receive the appropriate medical treatment and the 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 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 the 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 incidence, 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 the event of a blood or secretion spill, students must follow procedures as outlined by the facility. Never leave a spill unattended: either clean the spill according to facility protocol (depending on the circumstance) or wait until housekeeping personnel arrive.

If there is blood, body fluid or any type of secretion spilled in the campus lab, don gloves and lay dry paper towels on the spill to absorb the fluid then layer a second set of disinfectant soaked paper towels over the spill.

There will be a container in your lab which holds a mixture of bleach diluted in water 1:10. Use this mixture to soak the paper towels. Notify your instructor there’s been a contaminated spill.

Encircle the spill with additional disinfectant being careful to minimize aerosolization while assuring adequate contact. Decontaminate all items within the spill area. Allow a minimum of 20 minutes contact time to ensure disinfection. Discard contaminated disposable materials using appropriate Biohazardous waste disposal procedures.

Spray down the area again with the bleach solution and wipe clean, disposing of all paper towels in the Biohazardous bag: tie the bag and dispose of the bag in one of the large red Biohazardous containers located near the dental clinic. Your instructor will tell you the location of the large containers.

LINEN
If handling any types of linen (sheets, pillowcases, towels, etc.) at clinical sites, take care to 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 behind the dental office in storage 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 after class: assist your instructor in disposing of materials to the appropriate container or area. 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 to the discretion of 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. Your program director, course instructor and clinical preceptor should be aware of your pregnancy in order to minimize any risks to your health and safety.
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 campus building. When at the clinical site, students must know where to locate nearby resuscitation equipment. Students should ask their clinical preceptor about facility procedures when responding to an emergency situation. This information is usually included in the facility orientation when students first arrive at the site. **Students are required to provide proof of a current CPR card before they begin the first week of class their 1st week of school.**

EXPOSURE TO OR DIAGNOSIS OF A COMMUNICABLE DISEASE POLICY
This policy refers to any communicable condition which potentially threatens student or patient safety. Examples would be, but not limited to strep throat, herpes, scabies, rubella, tuberculosis, hepatitis or HIV.

POLICY
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, but not limited to 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.

RATIONALE
The purpose of this policy is to prevent spread of disease 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.

PROCEDURES
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 also notify the Program Director. The student should also contact the Program Director as soon as possible after the event.

If a student suspects having a communicable disease, or having come in contact with one, outside the clinical setting (for example chicken pox or other common but contagious disease) the student must notify the 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, he or she must follow-up with appropriate medical care and inform the 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 recent
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.
Following is an example of the form which will be given the student by the Program Director in the event of exposure or potential exposure to a communicable disease.

**HEALTH SCIENCES**
**DIVISION GREAT FALLS COLLEGE**
**MSU**

**REPORT OF EXPOSURE TO COMMUNICABLE DISEASE**

Student Name: __________ Date: __________

Communicable disease exposed to: __________

Date and Time of Exposure: ________________________________

Method of Exposure: __________

Description of Incident:

Reported to Program Director Date and Time: ________________________________

Report of Initial Visit to Physician or other Provider, including treatment plan:

Student Signature/ Date: __________

Program Director Signature/ Date: __________

Report of Follow-Ups:

Student Signature/Date: __________

Program Director Signature/Date: __________
MANDATORY ORIENTATION STANDARD PRECAUTIONS

POLICY
All Health Science students entering their respective healthcare programs must attend the Health Sciences Orientation which includes information and testing on blood borne pathogens and standard precautions. This orientation must be completed before a student is allowed to participate in any on-campus lab which may involve exposure to blood or body fluids and prior to participating in patient care at a clinical site.

RATIONALE
A program to introduce Health Sciences students to Standard Precautions is required by the College. Students participating in on-campus labs and attending clinical internships which include direct patient care must receive instruction about the health and safety risks involved when working with needles and other sharps and blood, body fluids and other secretions. The instruction provided at the Health Sciences Orientation is a brief introduction to potential hazards and to safe practices; students will receive comprehensive education and skills training in all procedures to minimize risk to patients and themselves.

All students admitted to a Health Science program will attend the Health Sciences Orientation which introduces students to Standard Precautions and safe practice when exposed to blood, body fluids and other secretions in the clinical environment or in the on-campus lab. The Orientation session occurs in August and January during the academic year, prior to the fall and spring semesters.

Each attendee in this group Orientation will view a video on Blood Borne pathogens and Standard Precautions and a demonstration/discussion on appropriate donning and removal of personal protective equipment. A short written quiz will be given following this portion of the Orientation, and the graded quiz will be submitted to each student’s Program Director and kept on file as proof of attendance. A passing score on the quiz is required.

Failure to attend the mandatory session will require that the student contacts his or her Program Director to make alternate arrangements for viewing of all components of the Orientation session: Standard Precautions, protective equipment, confidentiality, HIPAA requirements and professionalism. Alternate arrangements will be made by the Program Director at his or her discretion and the availability of faculty to present the material. Students must complete the Orientation session before attending any off-campus clinical internship. Most clinical sites now require proof of instruction on standard precautions and HIPAA regulations before allowing students to participate in any internship.

Students admitted to Health Information Programs offered totally online, who do not attend on-campus classes, will participate in a Health Sciences Orientation online which has been developed specifically for Health Sciences students who will be working in a non-clinical environment. Students in these programs will be notified of the Orientation by their Program Directors.
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 clients 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.

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 2025.

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 carrying out the standards of the program a complaint can be place on the Great Falls College MSU’s Complaint Log along with contacting the Commission. The Log is located at the Dental Clinic Reception desk with the Dental Clinic Manager.
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 hygienist can integrate into their clinical practices.

**Service:**
Promote participation in professional organization and community service projects.
DENTAL HYGIENE PROGRAM OUTCOMES

GRADUATES ARE PREPARED TO:

1. Apply a professional code of ethics in all endeavors. This should include assuming responsibility for professional actions and care based on 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 as well as they should be able to determine a dental hygiene diagnosis. These strategies should consider predisposing and etiologic risk factors to prevent disease. In addition, these strategies should recognize how systemic diseases, meds, and oral health conditions influences 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 260)

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 251 & 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 emergency, and manage patient care to prevent emergency. Manage a medical emergency by using professional judgement that may include providing life support and CPR as well as 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, as well as 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 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. In addition advocate for effective oral health care for underserved populations. (DENT 232)

14. Provide screenings, referrals and educational services that allow patients to access the resources of the health care system. (DENT 281)

15. Provide community oral health services in a variety of settings and evaluate the outcomes of community-based programs, and plan for future activities. (DENT 280 or DENT 281)

16. 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 Western Regional Board of Examiners and to prepare the student for employment as a dental hygienist. If you have any questions regarding Advanced Standing, please discuss this with your program advisor or a college advisor. The Great Falls College MSU Dental Hygiene Program will be following the advance standing policy outlined by the college to determine credit eligibility.

DENTAL HYGIENE PROGRAM PREREQUISITE COURSES

The following 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.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>*BIOM 250</td>
<td>Microbiology for Health Sciences/Lab</td>
<td>4</td>
</tr>
<tr>
<td>*BIOM 201</td>
<td>Human Anatomy and Physiology I/Lab</td>
<td>4</td>
</tr>
<tr>
<td>*BIOM 211</td>
<td>Human Anatomy and Physiology II/Lab</td>
<td>4</td>
</tr>
<tr>
<td>*CHM 121</td>
<td>Intro to General Chemistry/Lab OR BOTH</td>
<td></td>
</tr>
<tr>
<td>*CHMY 141</td>
<td>College Chemistry I/Lab AND</td>
<td>4-8</td>
</tr>
<tr>
<td>*CHMY 143</td>
<td>College Chemistry II/Lab</td>
<td></td>
</tr>
<tr>
<td>WRIT 101</td>
<td>College Writing I</td>
<td></td>
</tr>
<tr>
<td>M 152</td>
<td>Pre-Calculus Algebra OR</td>
<td></td>
</tr>
<tr>
<td>M 145</td>
<td>Math for Liberal Arts OR</td>
<td></td>
</tr>
<tr>
<td>M 121</td>
<td>College Algebra OR any math course in MUS</td>
<td>3-4</td>
</tr>
</tbody>
</table>

22/27 Total

*These courses must be completed within 5 years of applying for the dental hygiene program. Other general education classes must be completed within 15 years of application. Lab component of course is required.

<table>
<thead>
<tr>
<th>Fall Semester (1st year)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DENT 101 Introduction to Dental</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Hygiene/Preclinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENT 102 Introduction to Dental</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Hygiene/Preclinical Lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENT 110 Theory of Infect</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Control &amp; Disease Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
<td>Credits</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>DENT 118</td>
<td>Oral Anatomy for Hygienist</td>
<td>3</td>
</tr>
<tr>
<td>DENT 122</td>
<td>Oral Radiology/Lab</td>
<td>3</td>
</tr>
<tr>
<td>HTH 140</td>
<td>Pharmacology for Health Care Providers</td>
<td>2</td>
</tr>
<tr>
<td>DENT 105</td>
<td>Professional Issues and Ethics in Dental Practice</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total 14**

### Spring Semester (1st year)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENT 150</td>
<td>Clinical Dental Hygiene Theory I</td>
<td>2</td>
</tr>
<tr>
<td>DENT 121</td>
<td>Clinical Dental Hygiene Practice I</td>
<td>4</td>
</tr>
<tr>
<td>DENT 160</td>
<td>Periodontology I</td>
<td>3</td>
</tr>
<tr>
<td>DENT 165</td>
<td>Oral Embryology and Histology</td>
<td>2</td>
</tr>
<tr>
<td>DENT 125</td>
<td>Oral Radiology Interpretation with lab</td>
<td>1</td>
</tr>
<tr>
<td>DENT 240</td>
<td>Local Anesthesia/Nitrous Oxide Theory &amp; Lab</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total 14**

### Summer Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENT 260</td>
<td>Periodontology II</td>
<td>2</td>
</tr>
<tr>
<td>DENT 223</td>
<td>Clinical Dental Hygiene Theory II</td>
<td>2</td>
</tr>
<tr>
<td>DENT 251</td>
<td>Clinical Dental Hygiene Practice II</td>
<td>4</td>
</tr>
<tr>
<td>DENT 220</td>
<td>Dental Nutrition Health</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total 11**

### Fall Semester (2nd year)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMX 111</td>
<td>Intro to Public Speaking OR</td>
<td>3</td>
</tr>
<tr>
<td>COMX 115</td>
<td>Intro to Interpersonal Communication</td>
<td></td>
</tr>
<tr>
<td>DENT 130</td>
<td>Dental Materials</td>
<td>2</td>
</tr>
<tr>
<td>DENT 237</td>
<td>Gerontology and Special Needs Patients</td>
<td>2</td>
</tr>
<tr>
<td>DENT 263</td>
<td>General/Oral Pathology</td>
<td>3</td>
</tr>
<tr>
<td>DENT 250</td>
<td>Clinical Dental Hygiene Theory III</td>
<td>2</td>
</tr>
<tr>
<td>DENT 252</td>
<td>Clinical Dental Hygiene Practice III</td>
<td>5</td>
</tr>
</tbody>
</table>

**Total 17**

### Spring Semester (2nd year)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCI 111</td>
<td>Introduction to Sociology</td>
<td>3</td>
</tr>
<tr>
<td>PSYX 100</td>
<td>Intro to Psychology OR</td>
<td>3</td>
</tr>
<tr>
<td>PSYX 230</td>
<td>Developmental Psychology</td>
<td></td>
</tr>
<tr>
<td>DENT 232</td>
<td>Community Dental Health and Education</td>
<td>2</td>
</tr>
<tr>
<td>DENT 205</td>
<td>Professional Issues &amp; Ethics in Dental Practice</td>
<td>1</td>
</tr>
<tr>
<td>DENT 280</td>
<td>Clinical Dental Hygiene Theory IV</td>
<td>1</td>
</tr>
<tr>
<td>DENT 281</td>
<td>Clinical Dental Hygiene Practice IV</td>
<td>5</td>
</tr>
</tbody>
</table>

**Total 15**

**Pre-Requisite Credits:** 22-27

**Dental Hygiene Program Credits:** 71

**Total Degree Credits:** 93-98
Academic Policies And Procedures
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 on a regular basis. Advisors can help you 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
- Transfer information
- Completing an application for graduation
- Academic concerns
- Making referrals to college and community resources

Advisors

Quality advising encompasses the exploration of student goals, assessment of student’s records, discussion of financial aid options and the recommendations of the appropriate course to fulfill departmental and college requirements. Due to the small size of the class, each student will be assigned to a dental hygiene faculty member who will function as their academic advisor for the program. In terms of college requirements, course review, registration for next semester and graduation application review, these topics require an appointment with your college advisor. Program advisors cannot advise on these topics and will refer you to your college advisor.

Major advising appointments are scheduled at least once for each semester, if a student requires additional conferences faculty welcome additional time for discussions. The faculty are here to make your time at the college as productive and educational as possible. You are encouraged to communicate with them about your course concerns and educational goals. You must also meet with your college advisor before you can registrar for each semester. This usually occurs midway through each semester.

Your college advisor will provide you with your advisory pin number and course schedule for registration.
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 every person who is connected with this program exhibit appropriate and conscientious behavior in dealing with others.

Students 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 Great Falls College MSU is expected to treat every person with dignity and respect.

ACADEMIC INTEGRITY POLICY
As an institution of higher education, Great Falls College Montana State University requires its students to adhere to high standards for academic integrity. It is a violation of academic integrity to present ideas, designs, or work of another person 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 individual without giving the original author proper credit.

- **Copying** Using crib notes, cheat sheets, books, or other material, resource 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 are knowingly assisting another student in an act that violates academic integrity.

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 to the particular 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 their respective Division Chairs. In the instance of repeated offenses, the Division Chair will recommend disciplinary action ranging from a failing grade for the assignment/course up to and including expulsion from the College. Appeals of Department Chair decisions on academic dishonesty are made to the Associate Dean for Academic Affairs.

Cheating, plagiarizing, or knowingly furnishing false information may result in dismissal from the program. The GFC MSU academic misconduct policy, descriptions, sanctions (300.40), and procedures (300.50) can be found at http://www.gfcmsu.edu/about/policies/PDF/300/300.pdf
CLASSROOM ATTENDANCE

Regular attendance, punctuality, and responsibility for class work are three of the most significant factors for success in the 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 is an important factor in judging your values to your chosen profession.

Attendance & Tardiness Policies
Due to the progressive nature of this course, attendance at all lectures and clinical sessions are required. The nature of the Dental Hygiene Program necessitates the student’s regular attendance, so that he/she may obtain maximum benefit from this course and ultimately, from the program. Every effort will be made by hygiene faculty to offer a virtual synchronous options for students who cannot attend class. An absence for the dental hygiene didactic courses is defined as not participating face to face or through our on-line synchronous option. For all classes, absence shall not exceed the equivalent of one and one half weeks of instruction otherwise student may be dropped from the program. Laboratory, clinic and class hours are not interchangeable in the application of this policy. See page 46 for clinic and lab attendance.

Didactic Course Example:
DENT 232 Community Dental Health and Education is a 2 credit class meeting once a week. 2hr/week X 1.5= hours (3 hours is the maximum amount of time that can be missed during the semester). *(Failure to abide by attendance policy will result in dismissal from course. This will prohibit advancement in the dental hygiene program).*

Didactic Courses
Failure to appear for scheduled didactic instruction without calling in will result in disciplinary action taken against the student up to and including termination from program. **All absences must be reported by 7:30 AM by calling the Dental Clinic Manager @ 771-4364.** The individual calling must be the student or an immediate family member.

**Absences:** All absences, whether excused or unexcused, will be recorded as an absence. If you are absent YOU are responsible for all work and content missed. Your courtesy in being prompt to class is expected. Attendance is marked at the beginning of each class. Students are required to be in class and ready to begin on time. **Have all PowerPoint’s and associated material REVIEWED and READY PRIOR to class time.** Entering class after class has begun is not acceptable. In addition, arriving late to and leaving early from class will not be tolerated, as it is rude, disruptive, and highly unprofessional. **Arriving late when an exam or quiz is being given will cause the student to forfeit the chance to take the quiz/exam at that time.**

Tardiness
Didactic Tardiness will not be tolerated. Students who are late to class one time will be given a warning. Then it will be up to instructor discretion as to needed actions to be taken. Repeated tardiness of more than 10 minutes may result in being marked absent for class. Please note absent policy and effects on program participation. See below regarding clinical tardiness.

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

Students are responsible for maintaining a record of their grades. An appointment may be made with the instructor to discuss grades and/or progress in the course. Office hours are posted on the faculty office door with appointments being scheduled with the Dental Clinic Manager.

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.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-92</td>
<td>A</td>
</tr>
<tr>
<td>91-84</td>
<td>B</td>
</tr>
<tr>
<td>83-75</td>
<td>C</td>
</tr>
</tbody>
</table>

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 instructor 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 provide you with a syllabus explaining their grading procedures in regard to the specific course requirements. It is recommended that students review the rubric correlated to the assignment when the assignment is assigned and clarify with instructor any questions about how the assignment will be assessed. Self-Assessment and Peer Assessment is a great practice to ensure you have included everything in the assignment the rubric is outlining. All students should receive a 100% on assignments as the grading criterion in the rubric is all right there for you. Rounding up final grades will be left to the discretion of the instructors.

Exam Facilitation Procedures

Exams provide verification of individual mastery of course materials. Faculty will strive to facilitate exams within the dental hygiene program to prepare students to sit for the National Dental Hygiene Board Exam and its stringent rules and requirements.

Exams: Missed/Make up exams will be given at the discretion of the instructor. In which case, a 25% grade deduction will be awarded for any makeup exam. For example, the best a student could receive if they obtained a 100% on exam is a 75%. Alternative exam may be given.
Exam Procedure

- Students are asked to sit at separate tables (if space allows).
- Students are asked to clearly remove all items from test taking area, backpacks, purses, drinks etc. will be placed in the back of the room.
- Cell phones/Blackberry’s/iPhone need to 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 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 once test has been initiated unless student turns in exam for grading.
- Students will not be allowed to eat or drink during exams.
- Students are expected to maintain a quiet classroom during exams
DRESS AND APPEARANCE FOR LECTURE, PRE-CLINIC, LAB, AND CLINIC.

Health professionals, wherever employed, should consider how patients are viewing 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.

CLINICAL APPEARANCE
The Clinical Dress Code Policies are to ensure student and client safety along with displaying professionalism for the field of dental hygiene.

PRECLINIC/CLINIC APPEARANCE
In the knowledge that many times our personal appearance makes strong impressions on the client’s attitude toward the Dental Programs and the profession, it is beneficial both to the students and school that certain regulations be followed. These policies concerning dress will be in effect for ALL clinic experiences including public presentations, community outreach, externships and student/partner exercises. The following regulations will be enforced:

1. Uniforms, shoes, and shoelaces must be **spotless** at all times. Only school selected uniforms and jackets are authorized. Un-kept, torn, or dingy uniforms must be replaced. Lab coats may not be worn on the street or anywhere outside the clinic or locker room. *If the student leaves the clinic facility, lab coats are to remain in the clinic hung on hooks.*
2. Clean, white, low-heeled, closed toe/heel, rubber-soled shoes without colored stripes or ornamentation must be worn. They must be wipe-able and not cloth or mesh.
3. **Long socks** must be worn when in uniform. *Socks should be long enough that legs do not show while seated.*
4. Coats, sweaters, and other outerwear must not be worn over the uniform when in the clinic.
5. 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 no longer than the hem of the lab coat. It must have a low, round neckline so that the top of the shirt is not visible above the top snap of the labcoat.
6. Montana is considered to be a more conservative culture where excessive earrings, cross bars, gauges and visible tattoos are typically not considered professional. No jewelry (rings) may be worn in clinic, small post earrings are acceptable. However, one earring per ear is allowed. If student wears gauges they may not wear tunnels in clinic but acrylic plugs are acceptable. Hickeys and face piercing must be covered. If piercing cannot be covered it must be **REMOVED** prior to seeing community clients. These piercings include but are not limited to: eyebrow, nose and lip. 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 clients. 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.
7. **Personal Hygiene**
   - 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, covered rubber bands, and small “scrunches” may be used to hold your hair. Beards and mustaches must be neatly trimmed.

- Apply cosmetics so as 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. Smelling of smoke is not permitted when engaging in any clinical activities at externships or in the onsite clinic.

- 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.

- Protective gloves, glasses, and a mask must be worn during client treatment for the protection of the student and the client. If utilizing an ultrasonic device, a protective hair net and face shield are required.

- Students will be subject to a daily appearance check by their instructors as an ongoing part of their clinical performance.

- 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.

Students who disregard the dress and/or appearance requirements may be asked to leave the clinic until they are dressed appropriately for client treatment. The student will receive a check or x in Taleval for professionalism for each infraction.

**Note:**
1) During clinical sessions when patients are being treated, all students, even those not directly involved are required to behave professionally when around the clinic, including the hallways;
2) To enter the clinic when patients are being treated, a lab coat must be worn, even if a student is not directly working on patients. Student must also look professional and be wearing clinic shoes.

Good personal hygiene must be maintained at all times. Final authority for appropriate dress in a laboratory setting is determined by the individual course instructor. Preclinical Lab attire follows clinical session attire as we are working on each other in a client type manner.

**LAB APPEARANCE**

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

Students may wear street clothes to lecture/class. Clothing should not be distracting to other students in the classroom i.e. large hats, short shorts, etc.

Noncompliance with the Dress Code: At the discretion of faculty and fellow students, constructive criticism and/or clinical evaluation will be utilized if dress code suggestions are not followed. Any student not meeting departmental, clinical (including radiology), or laboratory dress code guidelines might be asked to leave the setting and will receive a failing grade for the session.

GRIEVANCE

Please read the section in the GFC MSU Student Handbook on Academic Integrity and the complaint procedure. Students who disagree with an academic decision have the right to pursue the academic complaint process.

Students should first attempt to resolve the matter directly with the instructor, through a personal conference as soon as possible. If the student and instructor cannot reach a mutually satisfactory resolution to the problem, the student should schedule a meeting with the Dental Hygiene Program Director. If there continues to be no resolution, the student should schedule a meeting with the Health Science Division Director. The appropriate channels for the students to follow in resolving grievance are as follows:

Student
Course/Clinical Instructor
Program Director
Health Science Division Director
Associate Dean/CAO

The complete process can be found in the Great Falls College Montana State University Catalog under Policies and Procedures. The student may also utilize the Associate Dean for Student Services for assistance with this process.

HUMAN SUBJECT AND LAB PRACTICE

Prior to students providing dental hygiene treatment on community clients a level of competency has to be obtained. DENT 102 Introduction to Dental Hygiene/Preclinical Lab, DENT 122 Oral Radiology/Lab, and DENT 240 Local Anesthesia/Nitrous Oxide Theory & Lab are courses in which students will practice on their fellow students to gain knowledge and skill to proceed to safely treating community clients. Fellow students are required to serve as each other’s human subject so the learning and practice can be facilitated under instructor supervision.

If for some reason a student cannot be a human subject for a lab 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 and participate in the lab activity. Students may have to recruit clients to participate in lab activities to complete certain requirements. Family members are great in this role.
**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 client 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 “Client” 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 the procedures.

As a student practicing or demonstrating client 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 he/she is 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 client care skills specific 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 as a result of participating in these activities.

_________________________________________  __________________________
Student’s Signature                        Date

_________________________________________  __________________________
Director’s Signature, Dental Hygiene Program                        Date

**This signed form will be kept in the student’s file. A copy of this signed form will be provided to the student upon request**
Probation: This will be the final warning a student will receive before being suspended or dismissed from the program. It may be accompanied by additional conditions to fit a given situation and may result in lowering the student’s clinical grade.

Suspension: Under certain circumstances, if deemed necessary by the program faculty, a student may be suspended from the program for a first-time serious infraction of the program policies and/or procedures. Repetition of an infraction for which the student received a reprimand and/or probation will also warrant suspension from the program. A suspension of 1 to 5 days as deemed appropriate for the student’s actions will be incurred. A written report outlining the length and conditions of the suspension will be completed by the program faculty and signed by the student and faculty as documentation of discussion of the event with the student. This report will be maintained in the student’s permanent file.

Dismissal: Repeated failure to follow policies and procedures will result in dismissal from the program. For more serious incidents such as those involving a threat to patient safety, gross insubordination, the disclosure of confidential information, falsifying student or hospital records, cheating, theft, willful damage of property, intoxication or being under the influence of drugs or alcohol during clinical or class hours, or possession of a dangerous weapon while in the clinical site or the school will be just cause for immediate dismissal.
EXTERNSHIP EXPERIENCES

Externship Clinical Experiences enhance the 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 externship sites.

Besides MT State Prison, students will receive no points towards their clinical requirements for the externship experience. These experiences can greatly enhance your dental hygiene education. It is very difficult for each student to receive the same type of experience at the externship site and there are potential weather issues that may arise which would interfere with the students’ ability to travel. Externship experiences allow students to see other facilities and their operations along with treating diverse populations. If a student is unable to complete an externship site rotation due to outside of their control reasons no points will be deducted.

**Montana State Prison Dental Hygiene Externship Program**

Two 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. Contact person is Tamara Walden (406) 846-1320 x2428. Email: twalden@mt.gov. This externship is completed during the 10 week summer session to help prevent traveling on icy roads.

**Sletten Cancer Institute**

Two students will have the opportunity to visit the Sletten Cancer Institute to provide dental screenings and oral hygiene instruction to patients receiving cancer treatments under the supervision of Paula Olinger, RN. Contact person is Paula Olinger, RN and can be reached at (406) 731-8200

**Nexus Methamphetamine Treatment Facility (111 Skyline Drive Lewistown, MT)**

Two students will travel to Lewistown, MT to provide dental hygiene care to the facilities residents under the supervision of Dr. Matt Moen. Contact person is Courtney Trafton and can be reached at (406) 535- 6660 ext. 238.

Other Possible Rotations (dependent of program curriculum and student interest): Periodontics, Oral Surgery, Endodontics, Hospital dentistry, Orthodontics, Private and Public Health Dentistry. Students may have the opportunity to explore other dental specialties based on a special interest. Requests for other experiences should be determined and arranged by your advisor. Offices will be contacted and arranged by advisor if an interest exists. Students are strongly advised NOT to contact any dental office or practice site without instructor knowledge or assistance.

Opportunities for externships change all the time. The externships listed are examples of possible opportunities but are not a guarantee. There may also be opportunities for others not listed above.

**COMMUNITY OUTREACH AND EXTERNSHIP CLINICAL SITE REFLECTION & EVALUATION**

The program has an on-going evaluation process which is utilized to improve the educational opportunity for the students and to insure that the program is meeting its educational objectives. The faculty would appreciate your assistance in evaluating the clinical externship sites and staff and community outreach activities. The students will be asked to complete
reflection questionnaires upon their return from the externship. All reflections are due to lead clinic instructor. 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 the evaluation truthfully and fairly.

**SUPERVISION OF STUDENTS**
During all lab course work students are supervised by instructors. During all clinical sessions students and clients are supervised by clinical instructors and the supervising dentist. On the clinic floor the ratio for student to instructor is 1:5. Externship supervision is facilitated by the externship faculty; Dr. Kolstad, Dr. Daniel Hash, and Tamara Walden

**TRANSPORTATION**
The Dental Hygiene Program is dependent on utilization of community resources for your clinical experience and assignments. It is the student’s responsibility to arrange for transportation to the clinical facilities and for housing/lodging during out-of-town externships. Clinical assignments are designed to carry out the objectives of the program and must be followed as to hours and duties performed.

**STUDENT PARKING DURING CLINICAL ROTATIONS**
Students will be expected to follow the parking guidelines of each clinical externship site that they are assigned to. Generally parking areas close to the clinical site are reserved for patients and visitors to the facility.
Students who fail to follow the guidelines of the clinical site will be subject to disciplinary action. Parking guidelines for each site will be explained during clinical orientation sessions and site tours.
Great Falls College MSU Dental Hygiene Program
EXTERNSHIP CLINICAL CONTRACT

This clinical contract has been developed to provide protection for the clinical externship site, patient, college and student. 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 ultimately be cause of dismissal from the dental hygiene program.

- Alcohol or drug use at or 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 experience 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 students 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 ultimately 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 as a result participating in this externship activity.

__________________________________________________________________________
Student’s Name/Signature

________________________
Date

__________________________________________________________________________
Director’s Signature, Dental Hygiene Program

________________________
Date

33
READMISSION TO THE DENTAL HYGIENE PROGRAM

Policy for Dismissal and Readmission

Dismissal

The Dental Hygiene Program requires students to complete all semester coursework with a grade of 75% “C” or higher. These grades will be determined as outlined by each course syllabus.

Each instructor has the right to round up or not round up his or her final course grades. This information is in each course syllabus.

Once the instructor has entered the grade of the course, that final grade will determine student’s eligibility to enroll in subsequent semester courses.

Great Falls College MSU Academic Policy 300.63 outlines student academic grievances. (See Grievance section of handbook for more information regarding this procedure). Students should meet with college advisor for assistance with determining next course of action.

Readmission

Students who fail out the first semester of the program must reapply through the program’s competitive application process. 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 program director prior to May 10th to the academic year directly following dismissal of the program. 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, the student must apply to the program through our competitive application process and repeat all academic courses.

Readmission into the program may only occur under the following conditions:

- Space availability in clinical courses for academic year directly following dismissal. Due to limited number of dental chairs and CODA accreditation a maximum of 25 students may be enrolled in DENT 102, DENT 151, DENT 251, DENT 252, DENT 281. If there is no space availability for clinical courses in the year directly following dismissal, students seeking readmission must take part in competitive re-entry and retake all course work. This is a sequential program and students will need to refresh themselves in order to be successful in the program. There may be financial aid implications that the student is responsible if re-taking passed courses. Please reach out to the financial aid office for more information.
- If there are more readmission requests than space available, readmission will be accepted on a secondary ranking system based on the following order.
  - Cumulative Program GPA
The 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, please note that if a student is granted readmission, there may be stipulations made in regards to the retaking of courses dependent on the student’s current knowledge and abilities upon reentry as assessed through return demonstration prior to the start of the semester of return.

**Demonstration of abilities**

- Successful completion of a FMX on DXTTR grade 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.

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENT 102</td>
<td>Final Skill Assessment Practicum</td>
</tr>
<tr>
<td>DENT 151</td>
<td>Instrumentation Skill Assessment</td>
</tr>
<tr>
<td>DENT 251</td>
<td>Instrumentation Skill Assessment</td>
</tr>
<tr>
<td>DENT 252</td>
<td>Power Scalers and Instrumentation Skill Assessment (DENT 251)</td>
</tr>
</tbody>
</table>

- 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 for DENT 251 or DENT 281 use criteria for DENT 251)

- If successful completion of DENT 240 must demonstrate successful administration of local anesthesia of the PSA and IA using the criteria from DENT 240 Final Practicum- first on manikin and then on a live patient. Must provide own live patient, may use a current or former student from the program. Also, must provide documentation of written WREB local anesthesia board results as well as written plan if haven't passed it.
Clinical Curriculum And Clinic Protocols

*font type in this section changed to match syllabus template for easier cutting and pasting.*
The clinical curriculum portion of the GFC MSU Dental Hygiene Program has been designed to provide students with the necessary educational knowledge and learning experiences to prepare them to sit for the practical board exams and for successful employment in the field. Specific skills along with comprehensive knowledge are required of practicing dental hygienist to ensure clients in their care are provided safe comprehensive care.

Clinical requirements have been designed to ensure all students receive a consistent clinical experience. Clinical client requirements have been determined for the entire program and divided between the 4 clinical courses: Clinical Dental Hygiene Practice I, II, III, and IV. All designated requirements outlined for the specific semester must be completed by the end of that semester to proceed to the next semester.

The clinical portion of the Great Falls College MSU (GFC MSU) Dental Hygiene program is focused on hands-on education by the actual treatment of community clients in its onsite dental clinic. Clinical coursework is instilled in DENT 151, 211, 251, & 281 Clinical Dental Hygiene Practice I, II, III, and IV for a total of 810 clinical hours.

Included in the four clinical practice courses are requirements that various skills must be completed and performed on a variety of clients. These client requirements range from completing dental hygiene treatment on pediatric, adolescent, adults, geriatric, medically compromised and special needs clients. Each semester clinical course will have a minimum amount of client requirements that must be fulfilled in order 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 client treatment allowing them a well-rounded education along with preparing them for the workforce.

For these crucial types of client experiences students are required to recruit clients for treatment so each student has the opportunity to practice and perform dental hygiene procedures that offer a multitude of client management experiences and treatment needs.

Recruiting clients will be a skill that will be developed throughout the program which will prove to be beneficial and necessary when recruiting clients with strict qualifications to successfully pass the Western Regional Board Exam (WREB) or other regional exams to become a licensed dental hygienist.

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

The following must be met prior to acceptance as a client to the dental clinic:

- Free from medical or dental conditions which would make treatment hazardous to client or operator;
- Oral conditions considered acceptable for learning; Client interest in learning preventive oral care techniques;
- Client cooperation in keeping clinic appointments on time. Cash payment from client prior to service completed.
Students will be given a Syllabus and Evaluation Sheet in conjunction with all clinical Practice Courses outlining the client requirements and how evaluation of student achievement will be assessed. **In order to remain in the dental hygiene program, the student must earn a “C” or higher in all clinical courses and complete all required client requirements.**
Client Recruitment

Students are required to provide community clients in the college’s onsite dental clinic. Various client experiences are required ranging from treating ages from 4 years old to 99+ years old with multiple treatment needs. Students are required to recruit clients to complete their clinical requirements. The developed skill of recruitment of clients and the communication ability is essential to the successful completion of Practical Board Exams and being successful within the dental hygiene profession.

It is the student’s responsibility to prepare for and recruit clients to successfully complete the required client load including local anesthesia injections, radiographic exposures and competency assessments for each clinical course. All students must be able to demonstrate they have experience in treating all types of clients from the very young to the elderly along with various medical issues and special needs. Students must complete the minimum required number of clients each semester in order to achieve basic mastery of the course and enough competency points to maintain a benchmark of 75% “C” average in clinic. If the final clinic grade is below a 75% “C” benchmark, the student will fail the clinical course and not proceed in the program and will not graduate.

Specific client requirements in clinical coursework provide the student a variety of client experiences to successfully pass the practical board exams to become licensed and to meet the ADA Commission on Dental Accreditation Standards.

Great lengths have been taken to ensure the student develops the necessary skill to become a licensed dental hygienist through the required clinical coursework. Deviation from these requirements has demonstrated that students are not as successful on their board exams therefore stated requirements of this program will be followed.

Client recruitment is a skill that all dental hygiene students must become competent in to successfully pass their practical board exams and enter the workforce. Client recruitment is a learned skill that requires student practice to become competent. This is a challenge for students but necessary for their successful completion of the program and Board exam. This skill will also be utilized as a practicing dental hygienist to promote preventative health, their dental office and establishing client bases. Being a prevention specialist is the focus of this profession, prevention of dental disease. Alfred Civilion Fones’ vision for this profession was to not be contained in the dental office but to “spread the word” to the masses in the community. (Nathe, 2011) Educating the public on the need for preventative care and that dental disease does not have to occur was impetus for the development of this profession. Client 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.

The GFC MSU Dental Hygiene program feels the promotion of preventative care and practice building skills are essential to being a dental hygienist so much so that it is an outcome of the program. If you chose to be employed in a dental office, recruitment of clients will remain important to ensure sustained employment and financial stability.
GFC MSU Dental Hygiene Program recognizes that student family members offer a beneficial learning experience as they are reliable and provide constructive feedback. However, it is important for the student to understand that family members are to be treated respectfully and with the same standards of care expected with all clients. Since client recruitment is a critical component of the Regional Board examination, it is advisable that students limit the utilization of family members in an attempt to complete clinical client requirements. To successfully complete all clinical courses in the dental hygiene program, the student should recognize client recruitment as a necessary tool that develops proper communication skills and client assessment skills which provide the student with the ability to assess the client in the following areas:

- Reliability
- Mental status
- Medical status
- Dental History and status
- Treatment Considerations

Students must also understand that recruiting clients from out of town during winter months increases the chance of cancellation due to poor road conditions. As with all clinical sessions it is important to have a plan B or even C to ensure the student is not without a client incurring a “no client session”.

Refer to the Recruitment of Clients for Clinical Courses Evidence of Understanding on the following page. Students will be required to sign this evidence of understanding upon acceptance into the dental hygiene program.
Great Falls College Dental Hygiene Program
Recruitment of Clients 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 the environment in which the student will be required to competently perform that talent. For an 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 (GFC MSU) Dental Hygiene program is focused on hands-on education by the actual treatment of community clients in its onsite dental clinic. Clinical coursework is instilled in DENT 151, 251, 252, & 281 Clinical Dental Hygiene Practice I, II, III, and IV for a total of 810 clinical hours.

Included in the four clinical practice courses are requirements that various skills must be completed and performed on a variety of clients. These client requirements range from completing dental hygiene treatment on pediatric, adolescent, adults, geriatric, medically compromised and special needs clients. Each semester clinical course will have a minimum amount of client requirements that must be fulfilled in order 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 client treatment allowing them a well-rounded education along with preparing them for the workforce.

For these crucial types of client experiences students are required to recruit clients for treatment so each student has the opportunity to practice and perform dental hygiene procedures that offer a multitude of client management experiences and treatment needs.

Recruiting clients will be a skill that will be developed throughout the program which will prove to be beneficial and necessary when recruiting clients with strict qualifications to successfully pass the Western Regional Board Exam (WREB) or other regional exams to become a licensed dental hygienist.

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

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

_____________________________  __________
Student signature  Date
Students will be required to complete all basic minimum requirements in each of the Clinical Dental Hygiene Practice I, II, III, and IV courses to proceed to another semester and graduate from the program. If student does not complete the basic requirements in a clinical course and achieve a minimum of a 75% they may fail the course and be dismissed from the program dependent on what requirements are outstanding and client difficulty level. (Refer to the Readmission Policy in the Program Handbook portion of this Policy and Procedure Manual)

Clinical Grading

Performance evaluations will be completed by the supervising dentist, clinical instructors, and/or program director at regular intervals designated by client progress sheets. Taleval software is utilized to track student performance and clinical requirement achievement in their clinical coursework. Students have the ability to reference the taleval software to see their progress.

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. Student must enter Taleval grading form information into the clinic computers as soon as possible to allow instructor verification at the end of each clinical session. Grading sheets and chart notes must be submitted to POD instructor 30 minutes prior to the end of the session which allows adequate time for the verification process to take place. It is imperative this process is completed the same day to ensure all data is entered into the grading system correctly.

Students are required to enter their data from the Taleval form accurately. This would include any and grades for any and all treatment rendered. This would also include ALL comments written on your grade sheet by the instructors. It is important to assure all patient information is entered correctly including the client status of: NEW, CONTINUED CARE, OR COMPLETE. If these areas are not addressed during the verification process, the instructor who corrects the mistake, will deduct points under "DATA ENTRY" in the Evaluation section of Tal-Eval.

Skill Assessments
Skill Assessments are designed to provide students the opportunity to demonstrate skill and the ability to practice safely during all dental hygiene procedures. Therefore, it is the student’s responsibility to prepare for and recruit clients to successfully complete the required competency assessments. It is the student’s responsibility to also obtain the faculty member’s signature on the competency form at the completion of all Competency Assessments. Planned skill assessments must be presented to the POD instructor during POD discussions. Students are asked to complete (2) skill assessments each clinical session in an attempt to successfully complete the required number of assessments prior to the end of the semester. Students are required to have all skill assessment forms ready for instructors to reference and complete. Students are cautioned that if they begin or complete an assessment without the instructors’ ability to observe the skill, the skill assessment will NOT be signed by the instructor. If an instructor has requested that the student repeat or complete the skill assessment, the student may not seek out a different instructor to complete the competency.

Tutorial Assessments allow the student to attempt the competency assessment when first introduced in the clinical coursework of the program with assistance and guidance from their POD instructor. Students are still required to read the assessment and prepare for the tutorial so the learning is easily facilitated. If a clinical instructor feels that a student has not prepared for the tutorial sufficiently it might be requested the attempt occurs once preparation has taken place. Skill Assessments do not allow instructor assistance; this activity allows the instructor to assess the students’ competence without guidance. Skill assessments need to be successfully completed prior to the end of the respective semester. (Refer to individual tutorial assessments for detailed requirements)
Students are encouraged to receive maximum help from your instructors while you are learning to perform procedures and prepare for the competency assessment. **No instructor assistance will be permitted during final competency assessments.** A failed assessment cannot be attempted again until a reflection on the challenge has been written and signed by the evaluating instructor. The “What, So What, and Now What” Self-assessment reflection model must be completed upon instructor’s request prior to the next competency attempt. The typewritten self-assessment reflection must be attached to the specified competency assessment and returned to the evaluating instructor within 24 hrs. Failure to comply will result in the student not being able to attempt the competency assessment again until reflection has been completed and reviewed by clinical instructor.

Clinical Course evaluation for the Practice courses is based cumulatively on all aspects of the course. Areas of evaluation are required client load, competency assessments, radiographic required exposures, and local anesthesia required injections, Taleval case/ competency points, and professional behavior. (Refer to individual clinical course syllabi and evaluation sheets).
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 (face-to-face, hybrid, or online) and students are expected to attend all class sessions for which they are registered. Instructors may establish absence policies at their own discretion within their courses to conform to the educational goals and requirements of their courses. It is the responsibility of the student to arrange make up work missed because of legitimate class absences and to notify the instructor when an absence will occur. The instructor determines the effect of the absences on grades.

Fall and Spring Semesters: Due to the progressive nature of this course, and its importance to future courses, attendance at all clinical and lab sessions are required. The nature of the Dental Hygiene Program necessitates the students’ regular attendance, so that he/she may obtain maximum benefit from this course and ultimately from the program. For all classes, absence shall not exceed the equivalent of 2 weeks of instruction; otherwise, the student may be dropped from the program. Laboratory, clinic and class hours are not interchangeable in the application of this policy.

Example: DENT 281 Clinical Dental Hygiene Practice IV is a 5-credit class meeting 13.5 hours a week. You can miss 27 hours of clinic.

Summer semester is a condensed semester so the attendance policy follows a regular semester. 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 18 hours (4 credits = 12 hrs/week x 2 weeks= 24 hrs). In the condensed course, clinic is 22.5 hours/week. Therefore, you can only miss 24 hours of clinic which is a little over 1 week. In addition, rotations are mandatory and cannot be rescheduled. Due to the fact that this is a condensed course and there is no way to make up clinical hours during this semester, a student missing more than 24 hours for any reason will be required to repeat this course and not allowed to move on in the program. Students will need to follow handbook protocols for readmission into the program.

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 @ 771-4364 and your specific individual instructor. If absence is during a clinical session, the client must be called as soon as possible to avoid the client coming to the clinic for no reason and the Dental Clinic Manager must be called, as all other instructors will be out of their offices and on the clinic floor. The individual calling must be the student or an immediate family member. Students missing clinic will require a doctor’s note for illness. 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.

Missed Clinical Externship Days

Missed Clinical Externship as a rule cannot be rescheduled or made up. If the student is unable to travel to the externship site due to weather or car trouble it will result in the loss of the educational
experience no point deduction will occur. Certain Clinical Externships provide the student with opportunities to meet clinical requirements. In those circumstances, students may be given an incomplete until those externships can be completed. The recommendation for those externships is students should attempt to complete requirements in clinic because the program cannot guarantee specific requirements. If the student missed the clinical externship but completed all of their clinical requirements, it is up to the lead instructor to determine if student must complete clinic externship.

Student is responsible to complete all course requirements as stated in each syllabus by the end of that semester.

The student should arrive early to clinical sessions allowing a few minutes to review clients’ charts and prepare for clinical sessions. Students must be in clinic reviewing their charts at least 30 minutes prior to seating their patient. **All students are expected to be present in clinic during their scheduled clinic time even if student does not have a client. Please don’t ask to leave early.**

Due to clinical course nature, breaks cannot be scheduled. To be respectful of your clinical instructors, clients 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, it is asked that your clinical instructors, client and CA be made aware of your departure and your intended location.

*Refer to the attendance policy in the GFC MSU Policies and Procedure Manual.*

**Personal Appointments:**

Students should not make doctor or dental appointments during the time they are scheduled for clinical rotations or didactic classes. You should schedule your non-emergent appointments for school breaks or days that you do not have didactic classes or clinical rotations.

All absences, whether excused or unexcused, will be recorded as an absence. If absent, you are responsible for all work and content missed, so if a student knows they are going to be absent it is requested that you meet with the instructor or Program Director ahead of time to ensure all missed materials are noted and clients have been rescheduled. Student is responsible to complete all course requirements for that clinic course as stated in each syllabus by the end of that semester.

*The GFC MSU Attendance & No Show policy 210.1 can be found at http://www.gfcmsu.edu/about/policies/PDF/200/210_1.pdf*

Student is responsible for all to remain current with the reading material and all are given assignments in relation to client treatment and competency requirements. Students are asked to prepare for the competency assessment planned for the session prior by reviewing all of the components of the assessment and specific items that will be requested to perform. In preparation for the assessment, reading in textbooks may be necessary.
Clinic Assessment

Clinic grades will be determined as follows:

Clinic I

<table>
<thead>
<tr>
<th>Assignments</th>
<th>Percentage of Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competencies</td>
<td>50%</td>
</tr>
<tr>
<td>Radiograph Series</td>
<td>10%</td>
</tr>
<tr>
<td>Taleval</td>
<td>40%</td>
</tr>
</tbody>
</table>

Clinic II, III, IV

<table>
<thead>
<tr>
<th>Assignments</th>
<th>Percentage of Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competencies</td>
<td>40%</td>
</tr>
<tr>
<td>Radiograph Series</td>
<td>10%</td>
</tr>
<tr>
<td>Taleval</td>
<td>30%</td>
</tr>
<tr>
<td>Calculus Removal Test</td>
<td>20%</td>
</tr>
</tbody>
</table>

Clinical course evaluation for the Clinical Dental Hygiene Practice courses is based cumulatively on all aspects of the course. Each course will focus on specific requirements and evaluations determined to be appropriate for that skill level of the student. Course outcomes will also reflect student’s skill level working towards final accumulation of mastery skills in DENT 281 however some mastery may be tested prior to DENT 281. This will be noted in each specific syllabus. In general students will be assessed on all patient types, skill assessments, competency assessments, local anesthesia, radiograph competency, clinical skills, adjunctive services, dental hygiene diagnosis and professional behavior.

Clinical course evaluation is based on the requirements completed by the end of the semester. Basic minimum requirements must be completed to achieve a 75%, which is considered Basic Competency Level. Along with obtaining a basic competency level, all other treatment completed above that level will be automatically tallied via the Taleval grading system. The final clinic grade will reflect the accuracy of student data entry as well as quantity and quality of all completed services, professionalism and competency skill level. If minimum required client experiences are not completed, the student course grade will still be recorded as non-passing status no matter what the clinical score demonstrates. If the course grade is below a 75%, a failing grade will be awarded even if the minimum client requirements have been completed.

Students must receive a grade of 75 or above to successfully pass all dental hygiene coursework and proceed through the program.
Taleval

Taleval recognizes the difficulty of your clients’ treatment needs along with the number of experiences you document correctly with the client. If you only complete the very basic required client experiences, the Taleval score is completely reflective of that. Strive for exceeding the minimum requirements as it demonstrates higher competency levels. Taleval requires a median grade to be entered each semester to determine final Taleval grade for that course.

The median grade for each course will be as follows:

- Clinic I = 87
- Clinic II-IV = 85

The following are examples of that will result in one point being deducted from the final Taleval grade (this is not an exclusive list).

- If students arrive late for clinic sessions a time management error will be noted. If it occurs more than 2 times, a point will be deducted from final taleval grade.
- Patient names not entered into book by due date will receive an error in time management. If it occurs more than 2 times, a point will be deducted from final taleval grade.
- Not verifying with instructor that it is okay to dismiss patient at final appointment before verification patient is complete
- 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. Student must enter taleval grading form information into the clinic computers while the instructor is at Chairside during check-off procedures. If this is not done during check-off procedure, it must be done as soon as possible to allow instructor verification at the end of each clinical session. **Grading sheets must be submitted to 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 you enter all patient chart notes/taleval grades immediately after dismissing your 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.

All client charts and taleval grading forms must be given to the POD instructor prior to student clinician departure from their operatory.

Students are required to enter their data from the taleval form accurately. This includes any and all grades for any and all treatment rendered. This also includes ALL comments written on your grade
sheet by the instructors. It is important to assure all client information is entered correctly including the client status of: NEW, CONTINUED CARE, OR COMPLETE. If these areas are not addressed during the verification process the instructor who corrects the mistake will deduct points under “DATA ENTRY” in the evaluation section of taleval.

Clinic Requirements

DENT 151

<table>
<thead>
<tr>
<th>TYPE OF CLIENT</th>
<th>CALCULUS LEVEL</th>
<th>AAP CASE TYPE</th>
<th>PATIENT STATUS MUST BE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellow DH student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) New Adult Client (Recommend a max. of 4 clinic sessions ea. to complete tx.)</td>
<td>Only A &amp; B Calculus</td>
<td>Healthy or Gingivitis</td>
<td>Healthy, Geriatric okay if meets other criteria</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) NEW Pediatric (4-9 y old)/ Adolescent (10-17 y old) (Recommend a max. of 2 clinic sessions ea. to complete tx.) By DENT 281 must have seen at least 2 pedo and 2 adolescent but a total of 6 Pedo/Adolescent</td>
<td>C or D Calculus patients Cannot see this semester and will be asked to reschedule for a different semester</td>
<td>Stage 1 and 2-POD instructor’s discretion NO Stage 3 or 4</td>
<td></td>
</tr>
</tbody>
</table>

DENT 251

<table>
<thead>
<tr>
<th>TYPE OF CLIENT</th>
<th>CALCULUS LEVEL</th>
<th>AAP CASE TYPE</th>
<th>PATIENT STATUS Must Be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(4) NEW Adults</td>
<td>Only A &amp; B Calculus recommended = all together patients’ calculus must equal 12 pieces of board worthy calculus and documented in Taleval under comments</td>
<td>Healthy or Gingivitis</td>
<td>1- Medically compromised/Special Needs</td>
</tr>
</tbody>
</table>
(only three pieces can be on anterior teeth). All pieces may be supragingival.  
*(Recommend a max. of 4 clinic sessions ea. to complete tx.)*  

| Stage 1-2 at discretion of instructor | NO stage 3 or 4. |

**C or D Calculus patients**=  
Must complete 1 quad to count as new patient in summer. Will not count as new patient in fall but can count remaining BW pieces in fall. Must be completed in fall semester.  
*(Recommend a max. of 6 clinic sessions ea. to complete tx.)* Most likely will be done without a cavitron. If have extra appointments could potential finish in summer. Cannot take an incomplete for other requirements if done.  

| (3) NEW Pedo (4-9 y old)/ Adolescent (10-17y.old) | ANY Calculus Level | 1-Pediatric  
1- Adolescent  
1- Pediatric/ Adolescent |

(Recommend a max. of 2 clinic sessions ea. to complete tx.)  
By DENT 281 must have seen at least 2 pedo and 2 adolescent but a total of 6 Pedo/Adolescent
<table>
<thead>
<tr>
<th>TYPE OF CLIENT</th>
<th>CALCULUS LEVEL</th>
<th>AAP CASE TYPE</th>
<th>PATIENT STATUS Must Be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6) NEW Adults</td>
<td>A &amp; B Calculus patients = 36 pieces of Board Worthy (BW) Calculus of which only 6 pieces may be found in sextant 5. <em>All BW calculus must be subgingival.</em> <em>(Recommend a max. of 4 clinic sessions ea. to complete tx.)</em></td>
<td>(3) of these patients need to by Stage II, III, OR IV</td>
<td>2- Medically compromised/Special Needs  2- Geriatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C or D Calculus patients = <em>(Recommend a max. of 5 clinic sessions ea. to complete tx.) Most likely will be done with a cavitron.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) NEW Pedo</td>
<td>ANY Calculus Level</td>
<td></td>
<td>By DENT 281 must have seen at least 2 pedo and 2 adolescent but a total of 6 Pedo/Adolescent</td>
</tr>
<tr>
<td>(4-9 y old)/ Adolescent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10-17y. old)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Recommend a max. of 1 clinic sessions ea. to complete tx.)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combo Patient</td>
<td>Must have 7 pieces of BW (Board Worthy calculus may be included in the 36 total pieces needed for the semester, just needs to be on a perio patient to qualify for ‘combo’)*</td>
<td>Stage II, III, or IV</td>
<td></td>
</tr>
<tr>
<td><em>(completed in either DENT 252/281)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Recare Clients</td>
<td>(2) Originally 1 piece BW Healthy Gingivitis</td>
<td>See definition of a recare</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Any type</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### DENT 281

<table>
<thead>
<tr>
<th>TYPE OF CLIENT</th>
<th>CALCULUS LEVEL</th>
<th>AAP CASE TYPE</th>
<th>PATIENT STATUS</th>
</tr>
</thead>
</table>
| (6) NEW Adults                 | A & B Calculus patients = 36 pieces of Board Worthy (BW) Calculus of which only 6 pieces may be found in sextant 5. *All BW calculus must be subgingival.* *(Recommend a max. of 4 clinic sessions ea. to complete tx.)* | (3) of these patients need to by Stage II, III, OR IV | 2- Medically compromised/Special Needs  
2- Geriatric |
|                               | C or D Calculus patients = *(Recommend a max. of 5 clinic sessions ea. to complete tx.) Most likely will be done with a cavitron.* |                                |                                                     |
| (1) NEW Pedo                   | ANY Calculus Level                                                              |                                | By DENT 281 must have seen at least 2 pedo and 2 adolescent but a total of 6 Pedo/Adolescent |
| (4-9 y. old)/ Adolescent       |                                                                                  |                                |                                                     |
| (10-17 y. old)                 |                                                                                  |                                |                                                     |
| *(Recommend a max. of 1 clinic sessions ea. to complete tx.)* |                                                                                  |                                |                                                     |
| **Combo Patient**  
*Completed in either DENT 252/281* | Must have 7 pieces of BW  
(Board Worthy calculus may be included in the 36 total pieces needed for the semester, just needs to be on a perio patient to qualify for ‘combo’) | Stage II, III, or IV |
| --- | --- | --- |
| **(4) Recare Clients**  
*Completed in either DENT 252/281* | (2) Originally 1 Piece BW  
(2) Any type | Healthy Gingivitis  
(2) Stage II, III, IV | See definition of a recare |
| **Adjunctive services**  
**4 Sealant** |  | Must have clinical exam from dentist or outside Rx before placing |
| **Bleach Tray** |  | Must have authorization from dentist or outside Rx |

**A. Definitions:**

- **New Client:** Has never been treated by assigned student clinician. It is important that you ask the client if they have been a client in the clinic prior and what treatment was rendered before scheduling them. It is critical clinicians help their clients understand the importance of establishing a “dental home” to receive continued comprehensive dental care in order to maintain good overall health. The Great Falls College MSU dental clinic cannot be their dental home. Please review clinic resource manual for guidelines on updating patient paperwork if the client has been treated at GFC MSU dental clinic in the past.

- **Recare:** Any client treated at Great Falls College MSU Dental Clinic based on oral health needs. See guidelines for recare requirements below.
  - Re-evaluations can also be used as recare patients (not in the same appointment!).
  - Students must complete four (4) recares during their 2nd year (fall and spring).
  - 2 of 4 recares must originally have had at least one piece of Board Worthy calculus (it is encouraged students fulfill this part of the requirement during fall semester, but not required)
  - 3 month recare must be II, III or IV perio
6 month recares can be exchanged with 3 month recares BUT 3 month recares cannot be exchanged with 6 month recares (i.e. students can have 3 or 4-month recares but not 3 or 4 6-month recares).

- 6 month recares are gingivitis or healthy
- 3 month recares 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.
- Recares can be used as a med comp, geriatric, pedo/adolescent, and/or special needs requirement in the semester the recare is completed.
- Students may share recare requirements if unable to schedule their own New Patient clients for a return visit.

- **Medically Compromised/Patients with Special Needs:** Medically compromised/patients with special needs clients are defined as any medical, physical, or psychological need that requires dental hygiene treatment to be altered to safely treat that client.

  **Examples of client’s medical conditions that would be considered medically compromised are:**
  - Diabetes (controlled or uncontrolled), Immunocompromised, Neurologic disorder, Premedication required, Surgically corrected heart disease, Heart disease, STD, Psychiatric disorder, Prosthetic implants, Cancer or High Blood Pressure.

  **Examples of client’s with special needs that would be considered:**
  - Visually or physically impaired such as blindness, severe arthritis, client relies on walker, wheelchair, cane, etc. Something that would cause the client to require alteration of treatment such as treating them standing up, treating in another area of the clinic due to anxiety, etc.

- **Geriatric Client:** Any client 60 years of age or older. No exceptions. Client must be at least 60 years old on first appointment.

- **Pediatric (**4-9 yr. old) and Adolescent (10-17 yr. old) Clients** must not have had comprehensive care in the last 12 months. (**Children younger than 4 years old do not have the attention span needed for longer appointments needed in an educational setting; therefore, are not allowed to be seen in our clinic). This is the only requirement you may transfer from one semester to another. **It is recommended you see as many pedo/adolescents as can during summer semester.**

- **2 Client/Session:** Any 2 clients can be scheduled during (1) clinic session. Student must alert POD instructor of planned appointments for that clinical session. Students must consider CoVid/infection control protocol if seeing two clients in one session (e.g. must change jacket, clean face shield, completely sanitize room between patients, etc.).

- **Reevaluation appointments (Refer to Competency Assessment & Designated Process of Care Forms):** Any client deemed necessary for re-evaluation should be scheduled 3-6 weeks after initial clinical endpoint has been reached.

- **Client routinely treated by a primary provider:** Client must not have had comprehensive care in the last 6 months.
CALCULUS DEFINITIONS:
Type A: No calculus or only local “rough” calculus on the anterior.
Type B: Generalized “rough” 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 throughout the mouth.
Type C: A minimum of 12 pieces of BW subgingival calculus scattered throughout the mouth. May use a 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. Remaining calculus must be located in maxillary anterior and max/mand posterior sextants. If the patient has more than 40 pieces of BW calculus (12 pieces maximum from mandibular sextant), the student may opt to use the patient to satisfy two D patient requirements (aka a “combo patient”) but they cannot count it as two patients for total number seen in one semester.
A combo patient (ex. one patient counting toward two D-patient requirements) only counts once toward ONE perio requirement.

<table>
<thead>
<tr>
<th>Periodontal Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>No clinical inflammation or bleeding is less than 10% of mouth. No radiographic evidence of bone loss is present. 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</td>
</tr>
<tr>
<td>Gingivitis</td>
<td>Inflammation of the gingival 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. May be generalized (greater than 30%) or localized (10%-30%)</td>
</tr>
<tr>
<td>Stage 1 Perio</td>
<td>1 to 2 mm of CAL with radiographic bone loss in the coronal third (&lt;15%). Max probing depths no greater than 4mm. Horizontal bone loss</td>
</tr>
<tr>
<td>Stage 2</td>
<td>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.</td>
</tr>
<tr>
<td>Stage 3</td>
<td>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.</td>
</tr>
<tr>
<td>Stage 4</td>
<td>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</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Grades</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hx of bone loss</td>
<td>Less than .5</td>
<td>=.5</td>
<td>&gt;1</td>
</tr>
<tr>
<td>Modifiable Risk Factors</td>
<td>Smoking</td>
<td>&lt;10 cig/day</td>
<td>&gt;10 cig/day</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>Smoking</td>
<td>NON</td>
<td>&lt;10 cig/day</td>
<td>&gt;10 cig/day</td>
</tr>
<tr>
<td>Diabetes</td>
<td>NO diagnosis</td>
<td>HbA1c &lt;7%</td>
<td>HbA1c &gt; 7%</td>
</tr>
<tr>
<td>Inflammation (CRP)</td>
<td>&lt;1 mg/L</td>
<td>1 to 3 mg/L</td>
<td>&gt;3 mg/L</td>
</tr>
</tbody>
</table>

Stain Classification

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

**ASA Physical Status Classification**

**ASA I** a normal, healthy client without systemic disease

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

Examples:
- Well-controlled epilepsy
- Well-controlled hyperthyroid or hypothyroid disorders
- Otherwise healthy clients with allergies, especially to drugs
- Otherwise healthy clients with extreme dental fear
- Healthy clients over 60 years of age
- Adults with blood pressure between 140-159 systolic reading and/or 90-94 diastolic readings

Generally, the ASA II patient can perform normal activities without experiencing distress.

**ASA III** a client with severe systemic disease that limits physical activity but is not incapacitating (Treatment modifications should be considered.)

Examples:
- Stable angina pectoris
- Status post myocardial infarction more than 6 months before treatment with no residual signs or 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 III patient usually can perform normal activities without experiencing distress but may need rest during activity should they become stressed.**

**ASA IV** a client 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 IV clients are unable to walk up one flight of stairs or two level city blocks. Distress is present at rest. The risk involved in treatment is too great to permit elective care.**

**ASA V** a moribund client not expected to survive 24 hours with or without an operation.

Examples:
- End-stage renal disease
- End-stage hepatic disease
- End-stage cancer
- End-stage infectious disease
- End-stage cardiovascular disease
- End-stage respiratory disease

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

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

**Example entry:** Injections: R-IA/LB PASS-D. Dachs, DDS.

In preparation for the WREB Clinical Local Anesthesia Examination, students will be held accountable for all aspects of Atraumatic Injection Technique. Proper tray protocol, needle protocol and Process “call-outs” will be required. Instructors will be grading according to WREB exam protocol. Please reference WREB Local Anesthesia Candidate Guidelines at [www.ada.org](http://www.ada.org).
Proper documentation of the procedure on the treatment record should include: Expiration date of anesthetic, MRD for client, Type of injection administered, results of aspiration, anesthetic utilized and volume of solution deposited, vasoconstrictor utilized and volume deposited, outcome of injection and post-operative instructions provided (Additional information may need to be included based on variety of circumstances).

**Instructors reserve the right to identify students who may need a 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 will not be permitted to administer anesthetic on the public until the remediation has produced the desired outcome.**

Students may complete local anesthesia requirements during simulation days on peers. Please keep in mind that there will only be two clinic sessions set aside for simulation and peer requirements. Please plan accordingly. This must be done on a student you have not administered LA to before. Only 1 injection of each requirement can be done on a peer. The other one must be done on a patient.

**MINIMUM LOCAL ANESTHESIA INJECTION REQUIREMENTS:**

<table>
<thead>
<tr>
<th>TYPE OF INJECTION</th>
<th>REQUIRED QUANTITY</th>
<th>REQUIRED QUANTITY</th>
<th>REQUIRED QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DENT 251</td>
<td>DENT 251</td>
<td>DENT 281</td>
</tr>
<tr>
<td>Posterior Superior Alveolar NB</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Middle Superior Alveolar NB</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Anterior Superior Alveolar NB</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Naso Palatine NB</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Greater Palatine NB</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Inferior Alveolar / Long Buccal NB</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Mental / Incisive NB</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>AMSA</td>
<td>Not Allowed to administer</td>
<td>Can be used as a substitution for MSA, ASA, GP, NP</td>
<td></td>
</tr>
</tbody>
</table>

**Radiographic Exposure:**

Students are required to provide a rationale for all radiographs and obtain a prescription for the radiographic series from the supervising dentist. Rationale and client radiographic history will be documented within the Dental Hygiene Process of Care Plan and signed by the patient and POD instructor prior to any radiographic exposure. Clients 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 is required to be
completed prior to receiving authorization to proceed with retakes. The following information must be noted on the radiographic evaluation form or the instructor will not approve retakes:

- Client name
- Date of exposure
- Type of series
- Type of armamentarium utilized
- Other pertinent information regarding client 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

Retakes must be logged with correct information in the QA log sheet prior to student departure from radiology lab. Students may be asked to re-expose retakes under direct supervision of instructor in radiology lab 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 radiology manual. This would include proper infection control procedures, proper patient coverage with the protective apron and thyroid collar, and proper radiology technique employed by the student at all times. *If a student is found to be in violation of any radiographic guidelines and procedures, a Critical Error could result and the client series could be considered NULL & VOID and will not count toward clinical client requirements. Therefore, it is the responsibility of the student to acquire an additional client to fulfill the deficiency. The lead instructor will notify the student of the Critical Error and if the error is deemed to be of a significant nature, it may result in student dismissal from the Dental Hygiene Program.*

Evaluation of radiographs must take place during clinical sessions. The student is required to address the evaluation of radiographs immediately following radiographic exposure. This is a good time to allow your client to take a break. Once the student has completed the evaluation form, clinic protocol must be followed and the student is required to have the Rotations POD instructor grade the radiograph series. *NO dental or periodontal assessments will be addressed by faculty without appropriate radiographs and a completed radiographic evaluation form. NO radiographs will be forwarded to the supervising dentist for evaluation until the student has completed the required evaluation form and patient authorization form.* Radiographic evaluation is an important aspect of the dental hygiene process of care. It is not to be neglected or taken lightly. It is not up to the supervising dentist to evaluate the series for you. *The supervising dentist’s evaluation is primarily for diagnostic purposes and final approval of the series prior to being sent outside of GFC MSU Dental Clinic. The supervising dentist and faculty reserve the right to deny the release of any undiagnostic radiographic series.*

All graded radiographic series must be correctly entered into the Taleval grading system immediately following the clinic session in which they were graded. 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 either receive an + or x for their series. These series will count towards the final clinic grade. Taleval only calculates the number of checks a student receives. One check is equal to two checks. Do NOT dismiss patient until radiographs are graded by instructor, regardless of need for retakes.
Radiographic Grades

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 x</td>
<td>85%</td>
</tr>
<tr>
<td>5 x</td>
<td>50%</td>
</tr>
<tr>
<td>0 x</td>
<td>100%</td>
</tr>
<tr>
<td>3 x</td>
<td>75%</td>
</tr>
<tr>
<td>6 x</td>
<td>40%</td>
</tr>
<tr>
<td>1 x</td>
<td>92%</td>
</tr>
<tr>
<td>4 x</td>
<td>65%</td>
</tr>
<tr>
<td>7 x</td>
<td>30%</td>
</tr>
</tbody>
</table>

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

Grades for radiology series will be determined based on grading scaling noted on assessment sheet. All grades will be determined by originals. For an FMX: Students may earn 4 bonus points for each retake with at maximum of 3 retakes if retake corrects error and no new error results. If a new error occurs but 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 for a maximum of 4 points if the error is corrected and no new error occurs. If a student cannot pass their radiograph requirements then they must complete a remediation assignment by the end of the semester which will involve attending an open lab session and count toward completion toward radiology requirement. Instructors reserve the right to identify students who may need remediation due to poor radiographic technique patterns or poor radiographic evaluation patterns. In the event that a student is identified by an instructor as needing remediation, the student will be notified and a one-on-one session utilizing DXTTR trainers 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 requirement if they feel the student requires additional practice taking radiographs and the student must find this 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 amount of radiographic series in a semester, all passed radiographs will be considered for final grade first, then failed images will be counted up to required number for course

MINIMUM RADIOGRAPHIC REQUIREMENTS:

<table>
<thead>
<tr>
<th>TYPE OF SERIES</th>
<th>NUMBER REQUIRED DENT 151 Passing not required</th>
<th>NUMBER REQUIRED DENT 251 Passing not required</th>
<th>NUMBER REQUIRED DENT 252</th>
<th>NUMBER REQUIRED DENT 281</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMX</td>
<td>1 FMX OR Pano</td>
<td>2 FMX and 1 Pano</td>
<td>2 FMX (1 passing)</td>
<td>2 FMX (must pass 1 FMX)</td>
</tr>
<tr>
<td>Pano</td>
<td>1 Pano</td>
<td>1 Pano (passing)</td>
<td>2 Pano (may substitute 1 BWX for 1 of the 2 Pano)</td>
<td></td>
</tr>
</tbody>
</table>
**Due to the fact, this is a skill that must be continuously practices students are not allowed to transfer radiographs from one semester to another.**

### SKILL ASSESSMENTS

Competency/Skill Assessments are designed to provide students the opportunity to demonstrate 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 clients 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. These competencies are graded tests. Therefore, it is the student’s responsibility to prepare for and recruit the appropriate clients to successfully complete the required competency assessments. No instructor assistance will be permitted during final competency assessments.

All competencies on PATIENTS must be completed by lead instructor’s deadline as noted in syllabus unless it has been approved and documented by an instructor that a student may complete a competency the last week. 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, the student may not seek out a different instructor to complete the competency without permission. If a student is found to be in violation of this policy, professional points could be deducted which will be effect the cumulative grade for this course via the Taleval grading system. This may result in a reduction of the clinical grade and thus potential dismissal from the Dental Hygiene Program.

Students are encouraged to receive maximum help from the instructors while they are learning to perform procedures and prepare for the competency assessment. No instructor assistance will be permitted during final competency assessments. A failed assessment cannot be attempted again until a reflection on the challenge has been written and signed by the evaluating instructor. Self-assessment 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 that 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 competency assessments must be correctly entered into the Taleval grading system immediately following the clinic session in which they were completed or attempted. Specific competency must be listed under the comment section of Taleval along with grade received on the
The competency grade will be determined from the original competencies not the second attempts. Instructors reserve the right to determine consequences if competency is not passed on the second attempt. Competency completed as a tutorial will not count towards grade.

**Example entry:** Competency Assessment: INSTRUMENTATION 75% - Instructors initials

Students are asked to complete (2) competencies per clinic session in an attempt to successfully complete the required number of assessments prior to the end of the semester.

**Clinic competencies are meant to demonstrate a student has achieved the minimum level of clinical skill required for working on live patients. If a student is unable to pass a 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 will result in failure of this course and the student will not be allowed to advance in the Dental Hygiene Program.**

See individual course syllabi for specific information on each assessment required for that course.

**Program Competencies**

**Program competencies testing Mastery must be passed by the second attempt or student will be dismissed from the program.** Students must be able to complete certain skills at specific points in the program to continue. It is recommended that the student meet with their instructor and work on the skills required to pass the competency before attempting 2nd try. Each course syllabus will list each program competency and expectations of that program competency.

**2020-2021 Dental Hygiene Competencies/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 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 as well as they should be able to determine a dental hygiene diagnosis. These strategies should consider predisposing and etiologic risk factors to prevent disease. In addition, these strategies should recognize how systemic diseases, meds, and oral health conditions influences 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 260)

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 emergency, and manage patient care to prevent emergency. Manage a medical emergency by using professional judgement that may include providing life support and CPR as well as 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, as well as 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 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. In addition, advocate for effective oral health care for underserved populations. (DENT 232)

14. Provide screenings, referrals, and educational services that allow patients to access the resources of the health care system. (DENT 281)

15. Provide community oral health services in a variety of settings and evaluate the outcomes of community-based programs, and plan for future activities. (DENT 280 or DENT 281)

16. Evaluate reimbursement mechanisms and their impact on the patient’s access to oral health care. (DENT 205)

Incompletes

College Requirements for an Incomplete

- must have adequate information and documentation to verify a true extenuating circumstance.
- the student has been in attendance, is doing passing work (C- or better), and has completed at least 75% of the required coursework.
- must have an Incomplete grade set and understands will change to an F if coursework is not submitted on time

Program requirements for a clinic course incomplete

Students will only be allowed 1 incomplete for the program.

It is strongly recommended that students strive to complete all requirements required in each semester they are assigned. One incomplete will be offered to students who have met most of their requirements and can present a plan on how they will meet the remainder of requirements within the first 4 weeks of fall semester of the next year. Students are required to submit this plan by final chart audit. All incompletes must be finished during the following clinic semester hours and no other time will be given for student to complete either semesters. It will be up to the lead instructor to determine if it is possible to complete remaining clinical requirements during fall semester. Due to the fact, 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 4 weeks and still give the student enough time to complete fall requirements. For example an incomplete for summer semester: students would need to complete all remaining summer requirements in 2 or 3 clinic sessions fall semester. If it were going to take more than that, the student would get too far behind and not be able to finish fall semester. If minimum required client experiences are not completed by the end of the semester or by incomplete deadline, a failing grade will be awarded. If all competencies are not completed by the end of the semester or by incomplete deadline a failing grade will be awarded. If the course grade, is below a 75% a failing grade will be awarded even if the minimum client requirements have been completed.
Lead instructor must be notified 2 weeks prior to 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 student problem solve situation. Timeline for DENT 281 Incompletes will be based on requirements needed and availability of clinic space.

Clinic Procedures

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. Student must be ready to see patient by POD meetings, which begin at 8am or 1pm. Patients are to be seated by 8:15 or 1:15. Students who are running late will receive a Taleval error for time management. All patients must be entered into the book no later than 10am Friday mornings for Monday’s patients, Monday 4pm for Tuesday’s patients and Tuesday 4pm for Wednesday’s patient. Changes to patient clinic schedule must be emailed to Terri no later than 7am for that day’s patient. Please provide the patient’s name and if they are continued care or new patient. Patients not entered in the book by the designated time will receive an error for not completing documents on time in Taleval. Students with duties are expected to arrive at 7:30 or 12:30. Students late to duties will also receive an error in taleval for time management. NO ONE on duty may leave until all of the duties are finished and everyone leaves together. This is about working as a dental team.
**Weekly Objectives**

*During each clinical session, students are expected to:*

A. Demonstrate the following procedures, *with instructor supervision* on every client 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
- Dental & Periodontal Assessments
- Oral Hygiene Education & Tobacco Use Cessation/Education
- Determine Risk Assessment
- Dental Hygiene Process of Care Plan
- Rational for radiographic exposure and use of digital radiographic equipment
- 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. **Mandatory that all needed signatures are obtained prior to treatment being performed. Also, require instructor’s approval/signature.**
• Chairside chart audit. **Mandatory to be completed within one week post last seen date. If not completed correctly could result in an error in Taleval.**

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

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

C. The Dental Hygiene Process of Care Plan must address ALL of the clients’ needs, expected outcomes, planned treatment needs, appropriate CDT codes, referrals and actual outcomes of treatment. The following items must be available for the instructor review during the DH Care Plan consultation:

• Medical History
• Dental History
• Periodontal & Dental Assessments
• Radiographs: if prescribed-radiograph box signed by patient and instructor
• Risk Assessment worksheet

D. All students will be expected to obtain signature for informed consent from the consulting POD instructor as well as patient prior to all treatment sessions. Informed consent for treatment cannot be obtained prior to periodontal diagnosis by supervising dentist. Referral letter from supervising dentist must also be given to patient when consent is obtained. The student must provide full disclosure to the client for the following:

• Prescribed treatment recommendations
• Possible ramifications of patient refusal of recommended treatment
• All treatment modifications
• Length and number of required appointments
• Fee for services

E. Periodontal Diagnosis

Supervising Dentist Schedule- before a student may scale a patient or treatment plan a cleaning the patient must have a periodontal diagnosis from the supervising dentist. All assessments must be obtained first before the doctor and diagnosis the patient’s periodontal status. The supervising dentist has designated specific protocols for patients regarding these assessments. These protocols change as needed 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, student will need to submit patient for a
diagnosis. Supervising dentist has one week to review all charts, therefore, patient will have to wait until at least the following week to begin scaling.

DENT 251 Exception- Supervising Dentist will do 5 exams on Monday evenings for patients returning the following Tuesdays all other exams will be completed by the following Monday. Please see DENT 251 lead instructor for more information.

If treatment proceeds without periodontal diagnosis, the client requirements will result in a Null and Void towards this semester’s requirements. If treatment proceeds without client informed consent and proper signatures from faculty, it will be considered an error. If treatment proceeds, a second time without a signed informed consent the client requirement will result in a NULL & VOID towards your clinical requirements. Therefore, it is the responsibility of the student to acquire an additional client to fulfill the deficiency. The lead instructor will notify the student of the error.

F. Students will be expected to maintain and practice within a safe and healthy environment. Anything that will be deemed threatening to the health, safety, and wellbeing to you, your clients, peers, staff and faculty at any given situation constitutes a Critical Error. This could result in a NULL & VOID towards your clinical requirements (client will not count towards clinical requirements). Therefore, it is the responsibility of the student to acquire an additional client to fulfill the deficiency. The lead instructor will notify the student of the error and if the error is deemed to be of a significant nature, it may result in student dismissal from the Dental Hygiene Program.

G. In all aspects of clinical activities and client care, students will be expected to:

- Comply with the GFC MSU Dental Hygiene Program Handbook
- Infection Control Plan
- Hazard Communication Program
- Radiation Exposure Guidelines
- 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.

Perform all outlined duties related to clinical rotations as stated in the clinic manual and CA evaluation sheets. 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 it has been approved by lead instructor. All changes must be planned two weeks prior to date requesting change. Clinical rotations must be for the same duty if there is a change.
needed. 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. Failure to appear for externship sites and onsite clinic without calling is unprofessional.

**Students with duties are expected to arrive at the appropriate time and are not allowed to be doing other activities like homework during duty time.**

**Clinic Assistant (CA)** will perform a variety of duties including but not limited to:

- Report ALL equipment and supplies concerns to the Clinical 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 closure
- Collaborate with the Dental Clinic Manager to maintain an adequate supply of clinic supplies

*(Refer to clinical assistant rotation sheet)*

**H. Clinical Procedures:**

Clinical patients will be completed with instructor supervision. All teeth must be scaled to completion. Sub gingival and supra gingival calculus will be checked together followed by evaluation of stain/soft deposit removal. All clinic procedures must be completed during scheduled clinical sessions. Students are required to dismiss their clients at the designated time during clinic sessions unless approval is granted by the POD instructor to complete remaining necessary treatment. *Regardless of receiving instructor permission to complete the client beyond the clinic session time parameter, “Time Management” points for the session will be assessed to the student upon verification of student performance in Tal-Eval. Please remember that students who receive permission to proceed past the designated clinic session are doing so dependent upon circumstances unique to their client as per instructor discretion and should not be thought of as automatic.*

**Patient Dismissal Times:**

- Tuesday am – 11:00 am
- Tuesday pm – 4:00 pm
- Wednesday – 4:00 pm

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

- Student has delivered comprehensive care
- Client is exhibiting no concerns following treatment or fluoride application
- Client understands all outstanding treatment needs listed on DH Care Plan and Dental Referral form.
- Client understands all post-operative instructions discussed and dispensed
- Client has completed “Satisfaction Survey”
- Client has received, and it is documented, dental referral form
- Client has had all questions and concerns addressed
• **Client has all signatures present on all necessary documentation**

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

**Chart Audit**

**Chart Audit Process:**

**Chair Side Audit Protocol:** All completed clients 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 complete prior to the student request of an instructor review of 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 Tal-Eval points.

**Final Audit Protocol:** Students are required to arrive at final chart audit with the following preparation complete to help expedite the process:

- All completed client charts
- All in-progress client charts
- Accompanying table with clients arranged according to classification
- Competency Assessment packet
- All Tal/Eval Clinic rotation sheets
- All client Tal/Eval grade sheets
- All client radiology grade sheets
- All Local Anesthesia grade sheets
- A list of all patients not continuing care with our clinic
- A list of all patients who do wish to continue care with our clinic (notecards for each) **Create a card** for each patient wanting to continue care in our dental clinic. Write significant information/helpful information about each patient on the card for the next student provider you think might be helpful (e.g. best time to reach/schedule, patient likes pillow, needs inhaler, etc.) Each card must include the following information:
  - Patient name
  - Patient phone number
  - Patient email
  - Date AND Type of last service in our clinic
  - Date DUE for next service
Any student who arrives at final audit ill prepared for this process will be awarded professional points. Any Tal/Eval 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 Tal/Eval will count as a critical error (i.e one (1) full point deduction from student Tal-eval grade). *This may result in a reduction of the clinical grade and thus potential dismissal from the Dental Hygiene Program.*

### No Client Session

Client recruitment is a skill that all dental hygiene students must become competent in to successfully pass their practical board exams and enter the workforce. Client recruitment is a learned skill that requires student practice to become competent. This is a challenge for students but necessary for their successful completion of the program and Board exam. This skill will also be utilized as a practicing dental hygienist to promote preventative health, their dental office and establishing client bases. Being a prevention specialist is the focus of this profession, prevention of dental disease. Educating the public on the need for preventative care and that dental disease does not have to occur was impetus for the development of this profession. Client 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 client for the entire clinic session a score of (✓) will result. The student will complete the Taleval grading form indicating a “no-client” session with POD instructor verification listed in the comment section and the client treatment record. The POD instructor will assign the student to a specific area in the clinic in order to facilitate an appropriate learning experience, please see Appendix F for writing assignment for no client session. 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 client care and will not be permitted to work at the student desk in the dental office. 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 had better prepare for WREB and for practice as a licensed and registered Dental Hygienist. If a student does not have a client and does not have a Plan B or Plan C client 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:

- 1\(^{st}\) no client session – no points deducted
- 2\(^{nd}\) no client session – 1 critical error point deducted
- 3\(^{rd}\) no client session – 2 *additional* critical error points deducted (that is, 3 total points total will be deducted if the student has three no-client sessions).
- 4\(^{th}\) no client session – 3 *additional* critical error points deducted (6 points total for 4 no-client sessions)
- 5\(^{th}\) no client session – 4 *additional* critical error points deducted
- 6\(^{th}\) no client session – 5 *additional* critical error points deducted, and so on.

Failing to gain patient experiences, regardless of completing clinic requirements, equates to limited skills practice and missed chances for instructor feedback; and may ultimately result in a failing clinic grade.
and dismissal from the dental hygiene program. Patients dismissed early, (for example, less than 2 hours after arriving during a 3-hour clinic session) when the student does not have a second patient scheduled to fill the remaining hour(s) of patient experience time may also result in Taleval point deductions for “Time-Management”.

Clinical Remediation Policy

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 him/her with additional instruction/training specific to these deficiencies.

In a clinical situation, skill deficiencies can cause concern when providing care to clients. Safety of the client, 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 individualized 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 and/or clinic coordinator, 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 and/or the clinic coordinator, with input from other faculty members.

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 client treatment is struggling and working through the treatment.

Your clinical instructors are there to assist you with treating clients so be open to the learning and feedback your instructors are providing.

Analogy: When learning to ride a bike the rider may start out with training wheels to learn the basics to riding in a safe manner, instruction on a typodont is similar in dental hygiene education. When the rider removes the training wheels and falls they don’t go back to the training wheels, they get back on the bike, try again and work through it. When a student is challenged by difficult client treatment the best learning comes from treating that type of client and working through the challenge with instructor feedback, not to go back to the typodont. Students must realize that clinical skills are a work in progress even years after graduation. Each client you treat will provide a challenge to work through which will add to your knowledge base and skill set. Enjoy the educational journey and rise to the challenge.

A student may be identified for clinical remediation when

- 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 the direction of a clinical instructor.
• Review course and program requirements and develop a plan to meet requirements. Meet with faculty members on an ongoing basis to review progress.
Great Falls College MSU Dental Hygiene Program

CLINICAL REMEDIATION AGREEMENT

I, ________________________________, have agreed to participate in the Remediation Session.

This Course will have one-on-one instruction in instrumentation and other clinical skills. If an instructor has specified that remediation is needed dates and times of the sessions must be confirmed. If a student has signed up for a remediation session and does not show up and no call has been made in advance NO other remediation sessions will be scheduled.

I agree to meet on the following dates with ____________________________ for on-one session(s). (Instructor’s name)

Dates for clinical remediation to occur:

I understand that I will be evaluated during this remediation session, and the dental hygiene faculty member will assess my progress.

I agree to fully prepare PRIOR to each practice session by reviewing:

I understand that I am the only person who can assure my success in learning and retaining the skill level necessary for competent care delivery in the next level of dental hygiene clinics.

______________________________________       _______________
Student Signature             Date

______________________________________       _______________
Lead Instructor Signature          Date
Dental Hygiene Program
CONTRACT FOR CLINICAL REMEDIATION

Student:  
Course:  

Remediation Instructor:  
Date:  

Deficiencies requiring remediation:  

Activities/resources to be used for remediation:  

Expected student outcome and completion date:  

Consequences of non-achievement of expected student outcome:  

_____________________________________________  __________
Student Signature                      Date

_____________________________________________  __________
Lead Instructor Signature            Date
Children of Patients in the Clinic

Child 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 unsafe environment when the parent is getting treatment done and cannot keep a close eye on their child. Due to these concerns for the 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 Patient deduction in Taleval will result, unless you are able to fill your chair with a back-up patient.

Patient Client Acceptance Policy

Recruiting clients will be a skill that will be developed throughout the program which will prove to be beneficial and necessary when recruiting clients with strict qualifications to successfully pass the Western Regional Board Exam (WREB) or other regional exams to become a licensed dental hygienist.

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

The following must be met prior to acceptance as a client to the dental clinic:
Free from medical or dental conditions which would make treatment hazardous to client or operator:

- Oral conditions considered acceptable for learning;
- Client interest in learning preventive oral care techniques;
- Client cooperation in keeping clinic appointments on time.
- Payment from client prior to service completed

The following information provides a basis for an agreement between the client and the Great Falls College MSU Dental Hygiene Clinic.
Services provided are:

- Complete medical/dental history review
- Screening of vital signs
- Intra/Extra oral screening exam
- Dental x-rays
- Prophylaxis (cleaning)
- Periodontal therapy (deep tissue cleaning)
- Fluoride application
- Pit and fissure sealants
• Local anesthesia and nitrous oxide sedation provided for pain management (if deemed necessary)
• Oral hygiene instruction and nutritional counseling

Fees

• All clients 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 the Eaglesoft Dental Software.
• A minimal charge is made for the various services offered. **Payment must be made before treatment begins** as the dental clinic has no method of monthly billing, insurance processing, or credit card processing. **There are NO REFUNDS. Payments are to be made in the form of cash.**

Fee for Service Collection Dental Clinic Manager (DCM)

All clients must check in at the front desk with the dental clinic manager on arrival for their dental appointments. Clients are checked in based on appointment book entries completed by dental hygiene students. Dependent on the type of appointment fee for service is obtained.

Once fee for service has been received the dental clinic manager enters the fee into Eaglesoft Software in conjunction with the specific appointment. If the client is new to the clinic client information must be entered into the software based off of information received on the Medical/Dental History. A receipt of fee for service payment is generated by the entry of payment into Eaglesoft and given to client. The client’s appointment status will then be updated to “Arrived” in the Eaglesoft OnSchedule software.

Client Record Management

Client records are important confidential legal documents and are to be developed and maintained with accuracy and thoroughness in mind.

- Patient health records provide a means of communication between the members of the health team themselves, as well as with their patients.
- The records serve as a basis for the evaluation of the quality of care and aid when a review is made of the effectiveness of patient care practices.
- Data from health records are utilized in research and education.
- Comprehensive health histories, informed consent forms and accurate documentation are considered both a business and legal document for the protection of health-care workers.

**Clinical Practice of the Dental Hygienist**  
8th Edition, Esther M. Wilkins

Maintaining client confidentiality is imperative. Under no circumstances should client records be taken out of the Dental Clinic office or lab. Charts should NEVER be in public areas, such as waiting area, locker room, hallways, etc. They are of no value if lost, destroyed or
There are only three “legal” places a record should be:

- File cabinet in dental clinic manager’s office
- Dental clinic during client treatment
- Dental clinic filing cabinet

**REMOVING A CHART FROM THE DESIGNATED CLINIC AREAS will result in a deduction of points in Taleval.**

**Confidentiality**
Patient records contain confidential information between the client and the Great Falls College MSU Dental Hygiene Program.

‘Without written authorization, this information should be released to no one except the client. Original records should never be released to anyone and duplication will be done after a written authorization is completed and signed by the instructor and the patient.

Client records are to be kept in a place where confidentiality is maintained. Charts will be kept in the locked file cabinet when not being used during the clinical sessions.

**Students are required to keep all client information confidential.**

**Informed Consent and Verbalization/Demonstration of Understanding**
No client treatment will be provided without the treatment plan being explained, full disclosure, client questions answered and informed consent received with their original signature/date placed on the treatment plan.

If clients refuse care dependent on the treatment prescribed for example fluoride treatment or radiographs an entry in treatment record and possibly a declination of service will need to be completed and signed by client.

If self-care instructions are provided clinicians will be asked to verbalize and demonstrate understanding, along with it being documented in the client’s treatment record.

**Documentation of Dental Clients’ Charts**

Medical/Dental Records should be an accurate document that truthfully records the care and the time it is provided.

Falsifying the medical record can result in serious consequences to the patient, health care provider and dental hygiene student in this case.

Since the chart is a legal document, entries must be permanent and pertinent to the patient only.

Abbreviations should be held at a minimum with only using universally known abbreviations such as bpm, mmHg, BP etc. Proper chart documentation is critical; abbreviation open up
the documentation for various interpretations.

If the wrong information is accidentally entered, please discuss with instructor on how to correct the entries

Entry will be signed by the person who put the information into the medical record. The signing of the entry provides a method of demonstrating accountability for the data and allows someone else to go back to that person to clarify the data.

The legal system includes the premise that the client should make reasonable efforts to cooperate with healthcare providers and follow instructions for self-care. It is important to document when patient refuses care.

Missed appointments are recorded on patient’s chart along with attempts to reach patient to reschedule care, including the use of letters, postcards, or phone calls, should be documented in the medical record. These contacts should be documented in the treatment record immediately after the contact. Entries should include date, time, type of, and outcome of the contact.

**Utilization of Client Charts during Clinical Sessions**
The following techniques will be used in patient charting to eliminate the cross contamination of dental chart forms.

In accordance with standard precautions, students must NOT handle patient documents with procedural gloves as it is assumed this type of glove is contaminated. Clean hands or over gloves must be donned in order to write on student worksheets or barriers must be used to protect the computer.

In a quest to ensure confidentiality with client/student records and conversations along with providing equal time for all students to access the front desk area to complete comprehensive client treatment policies and procedures need to be developed and maintained.

**Guidelines to allow each student an equal share of the front office attention and time along with ensuring confidentiality of client/student records and conversations:**

- If a client or student is already talking to the Dental Clinic Manager (DCM) please stand back and wait your turn to voice your request. Please give clients priority when they are checking in for clinic sessions and requesting information from the Dental Clinic Manager.
- Be aware of the type and content of conversations when standing outside of the office area at the front desk or when you are on your cell phone in reception area. Confidentiality is essential with all client records.
- Office Hours are 8:00 - 4:00 pm Monday through Thursday and 8 - 12 on Fridays. Each semester the office will be closed during office hours for 4 hours so Dental Clinic Manager can work on projects without interruption. The Dental Clinic Manager will not be available for questions at that time.
- One student at a time is allowed in the front desk area to utilize the computer and phone.
- Students are not allowed to retrieve client charts or go back behind the Dental Clinic Manager’s desk without the DCM’s permission.
- Appointments will be scheduled for front desk time outside of regular
If the DCM is not at the front desk due to illness, vacation, or a college meeting students will not have access to the area without instructor assistance. Students may be asked to leave the office area if the DCM has to leave the front desk for some reason.

- No food or drinks are allowed at the front desk.
- There will be no personal printing from computer in front office.
- No copies are to be made.
- If students find they are unable to complete the required paperwork documentation and chart audit during the scheduled clinic time, students should utilize open lab times or clients may have to be dismissed earlier so as this can be facilitated during the scheduled clinic time.

If students are unable to complete required paperwork documentation and chart audit during the scheduled clinic session the client chart should be placed on the upper left side of the dental clinic filing cabinet for use during open lab or requested for the next clinical session to complete the outstanding documentation at the beginning of that scheduled clinic session.

In our quest to prepare you for the profession and the workforce these policies will be enforced to ensure:

- All students realize the importance of clients being safely treated in an ethical, legal, and confidential manner.
- All students understand the importance of respecting the time and needs of everyone involved in client care and working together at a team to reach a common goal.

The policies and procedures listed above are in effect immediately. If applicable, dependent on the type of infraction professional points may be given or dismissal from the program could occur.

**These policies are reviewed annually by the Great Falls College MSU’s Controller, Dental Hygiene Program Director, Dental Clinic Manager, Clinical Coordinator, and Clinical Instructors.**

**Oral Hygiene Education and Instruction**

As a dental hygiene student one of the most important aspects of the dental hygiene profession is “PREVENTION”.

Oral hygiene education for the prevention of periodontal disease and decay is crucial as ultimately it is the client that will have to routinely cleanse and keep their teeth and periodontium healthy.

The student is required to perform client education and home care instruction on all clients at each clinical visit. Oral Hygiene Instruction (OHI) should be given during the clients’ first visit even if the student has not progressed through the “Progress Sheet” to the plaque index and patient education checks off.

Remember as soon as you start educating the client on taking care of their mouth the
possibility of prevention of further disease is more likely.

Providing OHI can be facilitated without completing a plaque index if the first appointment does not progress to that point. Use your imagination and critical thinking skills to determine the best way you should introduce this education to your client based on their individual condition and needs.

The Plaque Index is a wonderful tool to assess the amount of plaque on your clients’ teeth along with a great visual aid to show your client where plaque accumulation is occurring. Do not keep the plaque index percentage to yourself show your client and provide education accordingly. It is a great educational tool and motivator to show your client their progress in plaque removal from visit to visit. Feedback on how your client is doing with their oral hygiene is so important at each and every visit.

The Plaque Index should be obtained at all appointments utilizing disclosing solution after the Periodontium Inspection and Periodontal Charting check offs have taken place. Utilizing the disclosing solution prior to those check offs can alter the look and color of the tissue not allowing an accurate assessment being completed by the clinical instructor or supervising dentist. Plaque index percentages should be documented on the plaque chart each visit and in the treatment record. Along with the type of oral hygiene instruction given to address the percentage. (Remember to include any oral hygiene aids demonstrated and given to the patient)

The student should request a parent to be present during the plaque control and client education portion of pediatric and adolescent client clinical sessions. The caregivers of children need to be aware of the instruction you are giving so they can be involved in the care of their child’s mouths and understand what is necessary to that though plaque removal occur daily to prevent dental disease.

Instructors will be assessing students in their pod for OHI occurring at each visit. Attention to items being out and available during clinical sessions for the facilitation of instruction will be observed by the instructors and noted on daily evaluation sheets.

Items to have out and utilized for Oral Hygiene Instruction are:

- Toothbrush on instrument tray at each visit (disposable toothbrush at subsequent visits)
- Typodont and large toothbrush
- Completed plaque index and percentage determined after periodontal chart-ing and periodontium inspection is completed
- Advanced Oral Hygiene Aids if applicable
- Power toothbrush models
- Flip chart
- Students own fabricated visual aids

Individualized Oral Hygiene Instruction and feedback at every appointment is the key to the prevention of dental disease! As dental hygiene students that is what our profession is all about!

Sterilization Protocols
Standard precautions will be utilized in the following areas of the dental clinic:

- Sterilization
- Clinic floor
- Lab floor
- Radiology lab

Utility gloves shall be donned for operatory set-up and break-down, transfer of contaminated instruments into sterilization and any duty which requires possible exposure to blood-borne pathogens or hazardous chemicals. Utility gloves are color coded for each specific area which they are utilized to prevent cross-contamination:

- Sterilization
- Clinic floor/lab floor

Personal protective equipment shall include the following:

- Protective clothing: long sleeved lab coats, jackets or gowns
- Utility gloves: for cleaning purposes
- Over gloves: to be worn over procedural gloves to prevent cross-contamination during patient care
- Procedural gloves: to be worn during patient care
- Surgical face mask that covers both the nose and mouth: to be worn during patient care, sterilization and operatory break-down
- Face shield: to be worn during procedures and patient-care activities likely to generate splashes or sprays of blood or body fluids
- Protective eyewear with solid side shields: to be worn at all times while in lab or clinic facilities

Sterilization and disinfection of patient-care items:

Client-care items (dental instruments, devices, and equipment) are categorized as critical, semi-critical, or noncritical, depending on the potential risk for infection associated with their intended use. (CDC–2003)

<table>
<thead>
<tr>
<th>Category</th>
<th>Sterilized</th>
<th>Disinfected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Semi-critical</td>
<td>Heat-tolerant: YES</td>
<td>Heat-sensitive: high-level disinfectant</td>
</tr>
<tr>
<td>Noncritical</td>
<td>Use of barriers Disinfection with EPA-registered hospital disinfectant with tuberculocidal</td>
<td></td>
</tr>
</tbody>
</table>

**Critical:** items used to penetrate soft tissue or bone = greatest risk of transmitting infection = sterilization

**Semi-critical:** items touch mucous membranes or non-intact skin = lower risk of transmission = sterilization if heat-tolerant
**Noncritical:** items that pose the least risk of transmission of infection, contacting only intact skin = disinfection with high-level or intermediate-level EPA-registered hospital disinfectant with tuberculocidal claim.

**Transporting and Processing Contaminated Critical and Semi Critical Client-Care Items:**

1. All contaminated instruments, instrument cassettes and patient-care items will be processed in the sterilization processing room.
2. Instruments, cassettes and patient-care items will be transferred wearing utility gloves to sterilization and placed on the tray holder in the receiving area.
3. The clinic assistant will remove all disposable items from the tray and discard in appropriate receptacles. All contaminated instruments, cassettes and patient-care items will be placed in the pre-soak container (filled with instrument enzyme pre-soak) for 10 minutes.
4. Instruments, cassettes and patient-care items will be removed from the pre-soak, rinsed with tap water and placed into the ultrasonic for 10 minutes.
5. Instruments, cassettes and patient-care items will be removed from the ultrasonic container, rinsed with tap water and placed to dry in designated holding area.
6. Following drying, sterilization indicator strips will be placed into instrument cassettes. Cassette will be placed into sterilization pouches and taped closed with indicator tape. The tape will be labeled with date, 
7. # of autoclave or statim unit, student name and CA name.
8. Instruments without cassettes will be placed into sterilization bags, labeled with date, # of autoclave or statim unit, student name and CA name.
9. Following packaging and labeling, the pouches and bagged instruments will be placed into holding bin or placed into appropriate autoclave and secured for designated sterilization time as per autoclave unit.
10. Upon completion of sterilization and drying cycle, instruments will be removed from autoclave and placed in designated “clean” area. Sterilization tape will be checked for proper markings and instruments will then be placed in appropriate student storage locker or clinic cabinets.

**Sterilization Monitoring:**

GFC MSU sterilizers and statim units will be monitored utilizing a combination of processes which include mechanical, chemical, and biological. These processes will evaluate both the sterilizing conditions and the procedure’s effectiveness.

**Mechanical Indicators** - the following areas will be assessed on a daily basis as well as a weekly basis:

- Cycle time
- Temperature
- Pressure
Incorrect readings may be the first indicator of a problem with the sterilization cycle. In the event of abnormal readings, the chain of command will be as follows:

- Clinic Assistant will close down autoclave exhibiting problem and notify supervising instructor. Instruments within said autoclave will be re-bagged and re-sterilized in properly operating autoclave.
- Supervising instructor will note error code on sterilizer, attempt to troubleshoot issue following manufacturer’s instructions and report problem to Clinic Coordinator.
- If problems cannot be corrected, Clinic Coordinator will contact certified technician to evaluate and correct problems. Any service by GFC MSU maintenance department or outside technician will be documented on appropriate equipment maintenance log by Clinical Coordinator.

Chemical Indicators

Internal and external indicators will be utilized in all sterilization at GFC MSU dental clinic sessions.

- External – indicator tape will be placed outside of all pouches, cassette packets, and reusable sterilization bags.
- Internal – indicator strips will be placed inside instruments cassettes prior to being wrapped in sterilization packets.

In the event that any external or internal indicators are not properly marked following sterilization, the abovenoted chain of command will be strictly adhered to.

Biological Indicators – (spore tests) will be utilized on a weekly basis at GFC MSU dental clinic.

- Each unit will be tested by placing a biological indicator into the designated instrument cassettes which will be placed at the front of each unit and processed through a sterilization cycle.
- Cassettes will be removed following the sterilization cycle and the strip will be removed and placed into the appropriate dated and initialed solution-filled test-tubes. (purple solution)
- A control strip will NOT undergo sterilization and will be removed from its packaging and placed in the appropriate (yellow) solution-filled test-tube.
- All test tubes will be placed in the incubator which will remain plugged into a wall outlet until the end of the week.
- At the end of the week, the incubator will be unplugged, the results will be documented in the designated log book and the tubes will be discarded into a designated sharps container.
- Negative spore test: purple solution does not change color Positive spore test: purple solution changes to yellow color

In the event of a positive test, the CA will repeat the test for the specific sterilizer unit.
• If the repeat test is positive, and packaging, loading and operating procedures have been confirmed as performing correctly, the sterilizer will be closed by the Clinic Coordinator. Items from suspected loads will be recalled, rewrapped, and re-sterilized in an appropriate autoclave.
• The unit will be inspected, repaired, and re-challenged with BI tests in 3 consecutive empty chamber sterilization cycles.

**Storage of Sterilized Items:**
• Instruments which have been sterilized will be kept on the designated “Clean” side of the sterilization area. Clean supplies and instruments will be stored in closed designated cabinets which will be locked during non-clinic sessions.
• Each sterilized pouch or package should be labeled with the date, identification number of the sterilizer in which the package was sterilized, identification initials of student instruments belong to and identification initials of clinic assistant who was responsible for processing said instruments.
• Instruments which are properly sterilized will be inspected prior to use to verify barrier integrity and dryness.
• GFC MSU will abide by “event-related” practices which recognize that the product should remain sterile indefinitely, unless an event causes it to become contaminated (e.g., wet or torn packaging).
• If the packaging is compromised, the instruments should be reprocessed and re-sterilized.

**Housekeeping Surfaces:**
• All counters, cupboards and sinks will be cleaned with an EPA-registered hospital disinfectant/detergent, depending on the nature of the surface and the type and degree of contamination on a daily, weekly, monthly and quarterly basis.
• Floors will be cleaned by GFC MSU maintenance department on a regular basis according to their maintenance schedule.
• All spills will be cleaned up promptly utilizing paper towels, designated cleaning towels, EPA-registered hospital disinfectant/detergent or spill kit depending on the nature of the surface and type and degree of contamination.

Internet Resources/References:
CDC. *Guidelines for Infection Control in Dental Health Care Settings*. MMWR 2003; 52 (No. RR17);
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm
American Dental Association http://www.ada.org
Emergency Policies And Procedures
CPR Certification

All students, faculty, and staff in the Dental Hygiene program are required to be currently certified in CPR. It is strongly suggested that students and faculty become certified in the American Heart Association's Healthcare Provider CPR. This CPR course allows attendees to have an educational experience in the use of an Automated External Defibrillator (AED). CPR courses that do not provide training in the use of an AED are not accepted.

The administration of local anesthesia is a common occurrence in the GFC MSU Dental Clinic and there is always the possibility that patients may have adverse side effects that may affect their heart. Having an AED located just outside of the clinic is a definite benefit if cardiac arrest occurred with a client. All dental hygiene students must know how to safely operate an AED if an emergency arises.

Stanley Malamed stressed the importance of having an Automated External Defibrillator (AED) in the dental office. He goes as far to say that it is the minimum standard of care for treating dental patients and without one in the office the site shall be considered to be practicing below the minimum standard of care. In 2006 Florida made it a law that all dental offices have an AED on site and as of March 2009 Washington State has mandated the presence of an AED in the dental office to be the Standard of Care.

All students, faculty, and staff enrolled in the dental hygiene program will be currently certified in CPR that provided AED training in the chance that an emergency occurred warranting the use of the AED.
EMERGENCY PROTOCOL

Adapted from Emergency Medicine in the Dental Office by Stanley F. Malamed, D.D.S.

“Medical Emergencies CAN and DO happen in the practice of dentistry.” “75% of medical emergencies in the dental office are related to stress and anxiety”

PREVENTION OF MEDICAL EMERGENCIES:
Obtain both a written and verbal Medical and Dental History Obtain a list of all current prescribed medications 
Medical and Dental history updated yearly; reviewed at each appointment 
Vital signs obtained

PREPARATION FOR MEDICAL EMERGENCIES:
Emergency plan and protocol in place
Current CPR training (verified by CPR card on file) 
Emergency Equipment updated

In the event of a medical emergency the provider working with the client will call out: “Code 99” to a neighbor which will initiates the emergency plan

EMERGENCY TEAM:

Member #1:
- First on scene of emergency
- Stay with victim; Call for “Code 99” to person in next operatory
- PABCD: POSITIONING, AIRWAY, CIRCULATION, DEFINITIVE CARE (Administer BLS as needed)

Member #2: Upon hearing “Code 99”
- Obtains (1) Emergency drug kit (2) Portable O2 cylinder (3) AED
- Brings all of above to site of emergency
- Informs the supervising dentist of the situation and its location

Member #3:
- Activate EMS (911)
- Go outside building and await arrival of EMS
- Assist EMS in getting to victim

Member #4 and on… Assigned ancillary tasks such as:
- Monitoring vital signs (BP, heart rate & rhythm)
- Assist with BLS
- Prepare emergency drugs for administration
- Keep written time and event log during emergency
EMERGENCY DRUGS & EQUIPMENT: Emergency drugs and O2 tank located in the emergency cart in kiosk area and emergency equipment located just inside the entrance to the clinic on wall and AED just outside entrance on wall.

RECOGNITION AND MANAGEMENT:
Rule of Thumb; the very first step in management of all medical emergencies is Basic Life Support. Basic Life Support (CPR) is the single-most important step in the management of ALL medical emergencies.

As Healthcare Providers we are LEGALLY and MORALLY obligated to:
- Recognize the problem
- Activate the EMS system
- Keep the victim alive until either recovery occurs or until help arrives to take over management

Recognition of a medical emergency is based upon presenting SIGNS & SYMPTOMS

MOST COMMON MEDICAL EMERGENCIES:
- Altered consciousness
- Seizures
- Respiratory distress
- Drug-related emergencies
  1. Overdose
  2. Allergy
- Chest pain

Emergency Management: P-A-B-C-D
P-POSITION
A-AIRWAY
B-BREATTHING
C-CIRCULATION
D-DEFINITIVE TREATMENT (DRUGS)

Emergency Telephone Numbers:
911 Police, fire department, and ambulance (no need to dial 8 prior)
455-5200 Emergency Center at Benefis Healthcare
788-1188 Cell # of Maintenance

The emergency numbers and the institutions address and directions to the clinic will be listed next to telephones in the instructor station, the dental reception area, and kiosk area outside the clinic.

Students, faculty, and staff will be instructed to state the following when dialing 911:
“There is a medical emergency at the Great Falls College MSU Dental Hygiene Clinic.

Please send an ambulance to the Dental Clinic door on the Eastside of 2100 16th Ave S.”
The person telephoning will be required to describe patient’s condition, time of incident, identify him/herself who is calling, the telephone number being called from, and will wait until the person taking the information hangs up before hanging up themselves.
Clinic/Laboratory Safety

Basic laboratory safety rules are as follows:

- No running, jumping, or horseplay is permitted in laboratories.
- All biohazard, hazardous, and radioactive materials must be properly labeled and stored.
- Stairways, hallways, exits, and access to emergency equipment such as fire extinguishers, safety showers, and eyewash fountains must be kept clear.
- No eating, drinking, applying cosmetics, or smoking is allowed in the laboratory.
- On completion of work, always thoroughly wash your hands before eating or smoking.
- Do not store food or drinks in refrigerators, freezers, or containers designated for chemical or biohazards.
- Do not work alone in a laboratory if the procedures being conducted are deemed hazardous by the instructor or laboratory supervisor.
- Laboratory coats and other protective clothing worn in the laboratory area are not to be worn outside the laboratory.
- Sandals or open-toed shoes should not be worn in the laboratory.
- Protective eye wear needs to be worn during laboratory procedures. It is recommended that contact lenses not be worn in the laboratory.

Safety Showers:
Safety showers are designed to flood the entire body in the event of a clothing fire or a major spill of hazardous liquid. In either case, the victim should stand under the shower and activate the shower by pulling on the handle. Flood the area of chemical contact for at least 15 minutes to be sure there is no residue of the chemical. In the case of a hazardous liquid spill, remove that portion of the clothing affected to reduce potential contact while under the shower. To stop the flow of water, push the handle back up. After using the safety shower, notify your instructor or laboratory supervisor as soon as possible and obtain medical care immediately. Do not test safety showers without drains, unless provisions such as buckets are provided.

Safety Eyewashes:
Remove both red caps and slide rod to the outside of faucet head. Turn on water and position eye/eyes over eyewash after temperature of water has been adjusted. Always flood the eyes for at least 15 minutes to be sure there is no residue of the chemical. After thoroughly washing, notify your instructor or laboratory supervisor and obtain medical care immediately, even if there appears to be no damage.

Locations of Eyewash Stations:
- Between Operatory 3 & 4 in the main clinic
- Between Operatory 1 & 2 in the clinic/lab
- Sterilization room

FIRST AID
Standard precautions should be used when responding to emergencies, which provide potential exposure to blood and other potentially infectious materials. The use of personal protective equipment (i.e., gloves, masks, and protective clothing) will provide a barrier between the responder and the exposure source. For most situations in which first aid is given, the following guidelines should be adequate.

- For bleeding control with minimal bleeding, disposable gloves alone should be sufficient.
- For bleeding control with spurting blood, disposable gloves, a gown, a mask and protective eye wear are recommended.
- For measuring temperature or measuring blood pressure, no protection is required.
PUCCURE PROTOCOL:
Every precaution should be taken to avoid needle or instrument puncture. A needle protective sheath or cap and sharps container must be used with every injection given. Careful use of all instruments is recommended.
In the event of a puncture, the Dental Hygiene Program Infection Control Protocol & Exposure Control Plan must be followed along with instructions located in the Great Falls College MSU Communicable Disease Prevention Policy. Refer to those policies and Report of Exposure located in this manual.

PROTOCOL FOR BROKEN INSTRUMENT TIP IN THE ORAL CAVITY:
If an instrument tip is broken off during patient treatment it is up to the clinician to take immediate action for retrieval. To retrieve the small metal fragment broken off the clinician stops treatment and requests patient not to swallow and informs patient of the situation. Low speed or high speed aspiration or suction should be discontinued immediately. The patient should utilize a cup to expectorate into until the piece of instrument is located. Summon for a clinical instructor as soon as the opportunity arises. Remember do not leave your patient and continue to examine mouth to locate the broken tip. Ask a fellow student (Code 99) to summon the clinical instructor and to bring the magnetic-tip Periotrievers.
Techniques for locating the broken piece include the following:
- Re instrument with another instrument in sulcular area
- Utilize trans illumination with mouth mirror
- Utilize gauze squares to wipe out the vestibular area and under patient’s tongue
- Utilize the magnetic– tip Periotrievers
- Open flap periodontal surgery
- Radiographic examination to locate tip
In the event that the tip cannot be located, a chest radiograph is indicated to rule out the possibility that the client has aspirated it.
Refer to the Protocol for a Broken Instrument tip Incident Report located in this manual.

PROTOCOL FOR FOREIGN OBJECT IN THE ORAL CAVITY
Every precaution should be taken in handling objects (for example, prophy cups, prophy paste containers, etc.) that they do not fall into the patient’s oral cavity. In the event that this does occur, follow this procedure.
- Inform the patient and ask them not to swallow.
- Bring the patient to an upright position.
- Notify your instructor.
- Ask the patient to attempt to remove it.

PROTOCOL FOR SWALLOWED FOREIGN OBJECT
Every precaution should be taken in handling objects (for example, prophy cups, prophy paste containers, etc.) that they do not fall into the patient’s oral cavity. In the event that this does occur and the patient swallows the object, follow this procedure.
- Remain calm and reassure the patient.
- Inform your instructor about the swallowed object.
- Inform the patient and be specific as to what the object is.
- Depending on the nature of the object the patient may be informed to watch for the object to be passed. A medical consultation may be necessary depending on the object or if the object does not pass.
CHEMICAL SPILLS

General Lab Spill Guide
Spills must be reported to your instructor and cleaned immediately. Never assume gases or vapors do not exist or are harmless because of lack of smell.
*Master Spill Kit located as you enter the main entrance of the clinic along with the First Aid Kit

Minor Chemical Spills
Minor spills are defined as small chemical leaks that are detected early and present no immediate danger to personnel or the environment.
General procedures are as follows:

- Know the locations of the emergency shower and eyewash ahead of time.
- If the spilled material is flammable, turn off ignition and heat sources.
- Notify nearby persons and evacuate as necessary. Protect yourself, then remove injured person(s) to a safe place, if safe to do so.
- Close doors to the affected area.
- If personnel are contaminated, remove contaminated clothing. Flush skin/eyes with water at least 15 minutes.
- Once the spill is identified, if clean-up procedures can be handled safely by departmental personnel, proceeds with spill clean-up procedures and clean-up kits designated on the MSDS or in departmental standard operating procedures.
- Clean the spill area with soap and water.

Major Chemical Spills
Major chemical spills are defined as accidental chemical discharges that present an immediate danger to personnel and/or the environment.
General procedures for major spills are as follows:

- Under these circumstances, leave the spill site immediately and call for help.
- Management of these spill is the responsibility of specially trained and equipped personnel.
- If the spilled material is flammable, turn off ignition and heat sources if safe to do so.
- Close doors to the affected area.
- Know the locations of the emergency shower and eyewash ahead of time.

Mercury Spills
Mercury vapors are odorless, colorless, and tasteless. A quantity as small as 1 milliliter can evaporate over time and potentially raise levels in excess of allowable limits. Mercury is also absorbed through the skin readily. Therefore, mercury spills should be addressed immediately. Contact clinic instructor for cleanup & disposal of mercury. If mercury has been spilled on the floor, take extra precaution to not step in the area. Mercury can absorb into leather readily and be a potential source of long-term exposure to the wearer. Any exposure should be addressed by a medical facility.
Great Falls College MSU
Dental Hygiene Program Incident Report

Protocol for a Broken Instrument Tip
If an instrument tip is broken off during patient treatment it is up to the clinician to take immediate action for retrieval. To retrieve the small metal fragment broken off the clinician stops treatment and requests patient not to swallow and informs patient of the situation. Low speed or high speed aspiration or suction should be discontinued immediately. The patient should utilize a cup to expectorate into until the piece of instrument is located. Summon for a clinical instructor as soon as the opportunity arises. Remember do not leave your patient and continue to examine mouth to locate the broken tip. Ask a fellow student (Operatory 99) to summon the clinical instructor and to bring the magnetic-tip Periotriever. Techniques for locating the broken piece include the following:
Re-instrument with another instrument in sulcular area
Utilize trans illumination with mouth mirror
Utilize gauze squares to wipe out the vestibular area and under patient’s tongue
Utilize the magnetic –tip Periotriever
Open flap periodontal surgery
Radiographic examination to locate tip
In the event that the tip cannot be located, a chest radiograph is indicated to rule out the possibility that the client has aspirated it.

Patient Name: Date:

Description of the incident:

Procedure utilized to retrieve broken tip:
Tip was retrieved: _____ yes _____ no

Able to be retrieved follow-up:
Needed chest radiograph: _____ yes _____ no

Prescribed:

Declination of follow-up chest radiograph
I understand the reasons of a chest radiograph is warranted if a tip is not located and have been informed of its importance. I decline having this procedure completed.

Signature:_________________________ Date:___________

Follow-up result of chest radiograph is:

Student Clinician:______________ Date:___________

Clinical Instructor:______________ Date:___________
Professional Behavior and Conduct
PROFESSIONAL BEHAVIOR/CONDUCT

The students enrolled in this program are expected to conduct themselves in a manner which will be a credit to their school and the profession of Dental Hygiene. They are expected to abide by the code of ethics for this profession provided by the American Dental Hygiene Association (ADHA) and the Montana Dental Hygiene Association (MDHA), as well as the policies and procedures of the clinical sites they are assigned to. Courtesy, cheerfulness, tact, kindness, and consideration should govern your communication with other healthcare professionals and clients, for example referring physicians, visitors, and employees encountered at locations where you are representing the school. What you say, do, and how you are dressed becomes associated, in people’s minds, with the school and the clinical site. The time you are provided at the clinical site is a privilege that the clinical site provides for you to learn this profession.

Student Achievement

Every student should aspire to achieve academic excellence in all aspect of the dental hygiene program. No student should be made to feel inhibited to achieving academic excellence due to verbal or emotional harassment from their fellow students. If this occurs disciplinary action will be taken with possibility of dismissal. Student achievement is personal and should remain that way.

Student conduct in the Dental Hygiene Program must allow for a safe and comfortable atmosphere that is conducive to learning. Violation of any of the program specific rules and/or any of the college rules and regulations as outlined by the college will subject the student to disciplinary action.

Disciplinary Action will be taken against a student enrolled in the Dental Hygiene program for the following list of reasons which is illustrative of, but not inclusive of, situations that can result in discipline, counseling, and/or dismissal.

The student will maintain a professional attitude at all times and conduct themselves as a mature adult. Unprofessional conduct shall include but not be limited to:

- Performing acts beyond the limits of legal practice.
- Insubordination towards clinical preceptors, clinical staff, and/or Great Falls College MSU faculty.
- Inappropriate behavior including body language e.g. rolling eyes when receiving direction from clinical instructors, clients, dentist/physicians, and/or other members of the health care team onsite or externship sites.
- Arguing with fellow students, clients, externship faculty/staff, clinical staff, and/or Great Falls College MSU faculty/staff.
- Failure to follow the instructions of the clinical faculty or refusing to perform procedures and follow-up as directed by a supervising dentist, clinical instructor, or externship dentist and staff without just cause.
- Performing inappropriate or unsafe procedures on a client.
- Not properly identifying the clients resulting in performing the procedure on the wrong client.
- Violations of the Uniform Appearance Code and/or related requirements.
  - This would include not having your own scrub outfit available to wear during clinical courses and externships.
  - While dressed in the uniform and in the public view; whether on a clinical rotation, in school, before or after class or before or after a clinical rotation; community outreach all policies regarding the wearing of the uniform will be followed.
  - The uniform and name tags are not to be worn in public venues, other than in an official capacity.
• Receiving guests during clinical/externship rotation
• Using, possessing, distributing, or being under the influence of any alcoholic beverage, narcotic, or any other drug capable of altering a student's judgment and/or physical activity during clinic/externship activities.
• Use of any alcoholic beverage, narcotic, or any other drug capable of altering a student's judgment and/or physical activity within 12 hours of clinical or field internship shift.
• Use of tobacco products prior or during clinical/externship activities.
• Use of personal electronic devices during clinical, externship, didactic courses, including but not limited to, cell phones, MP3 players, gaming devices, radios, CD players, computer laptops with sound, etc. except when devices such as computers are used for reference and/or research related to a client contact.
• Failure to arrive to clinic, didactic course, and externship rotation on time.
• Not completing the required assessment data at each clinical visit.
• Not completing or falsifying any clinical documentation.
• Assuming duties and responsibilities without adequate training.
• Students completing a competency assessment should not request the assistance of a fellow student during the procedure as the assessment is measuring the individual’s sole ability.
• Willfully committing an unsafe act that would potentially endanger you, your client, fellow students or instructors.
• Tampering with, damaging, or theft of any equipment or personal property of clinical site, preceptors, site employees, other observers, student or instructor.
• Touching any person in any manner considered threatening, offensive, or degrading.
• Making any written statement, verbal statement or gesture to any person that is considered threatening, offensive, or degrading.
• Harassment of clients, fellow students, faculty or staff, observers, instructors during clinic/externship activities.
• Stalking. Stalking is behavior in which an individual willfully, maliciously, and repeatedly engages in a knowing course of conduct directed at a specific person which reasonably and seriously alarms, torments,
• Or terrorizes the person, and which serves no legitimate purpose.
• Possession of lethal or non-lethal weapons, firearms, and/or explosives during clinical, internship, or externship rotations.
• Diverting supplies, equipment or drugs for personal or other unauthorized use.
• Actual or threatened hostile acts, including verbal abuse against any human being.
• Falsifying or otherwise altering client or agency records.
• Failure to maintain client confidentiality/HIPPA violations.
• Failure to follow all policies, procedures, Standard Operating Guidelines, protocols, rules, and/or regulations of the clinical site.
• Abusing, neglecting, or abandoning patients/clients.
• Conduct unbecoming a dental hygiene student or detrimental to the best interests of the public.
• Failure to comply with the professional code of ethics and/or failure to demonstrate those traits necessary for success in this profession.
ATTITUDE
A cheerful, dedicated dental hygienist is an asset to the dental team. All personal problems and negative attitudes should be left outside the doors of the Great Falls College Montana State University Dental Hygiene program and various clinical externship sites. Open communication between students, peers, and instructors is crucial to successfully completing the dental hygiene program. It is essential that conflict resolution and harmonious relationships occur.

Guest speakers deserve undivided attention and courtesy. They have been chosen because of their contribution to your education. Please make guest speakers feel welcome.

Grounds for loss of clinical requirements, grade points deduction, disciplinary action, probation, and dismissal. First the complaint will be discussed with the student.

The complaint will be discussed by the school administration to determine the necessary disciplinary action. Results of this discussion will be documented and a copy will be provided to the student. This documentation will be signed and placed in the student’s permanent file. One of the following actions will be taken depending upon the seriousness of the infraction: Verbal and written reprimand usually provided in a Professional Point format. This will be used for minor infractions of non-academic policies and procedures. The program faculty will talk to the student and remind him/her of the correct behavior and answer any questions the student may have about the incident. Documentation of the discussion will be made and signed by the student and the faculty/Program Director giving the professional points. This documentation will be in a duplicate format with one copy given to the student and one copy maintained in the student’s permanent file and will be referenced when it comes to points being deducted in the specific course.

PROFESSIONAL & ETHICAL RESPONSIBILITY
Each student will be graded on his or her professional responsibility in all coursework of the program. Point deductions can be assessed for a variety of infractions and may have an effect on cumulative grade as the student progresses through the program.

The GFC MSU Dental Hygiene Program recognizes that this is a learning environment and part of learning is making mistakes. Professional and ethical infractions could be grounds for dismissal from the dental hygiene program. They are listed below, however it should be pointed out that this is not an exclusive list. Dismissal from any part of the dental hygiene program remains at the discretion of the Program Director and is based on the student’s ability to provide safe patient care, and maintenance of academic standing. Due process will be followed in applicable situations.

The following infractions could result in failure of a course resulting in not proceeding through program:
Falsification of client records or withholding radiographs is considered cheating, unethical behavior and will result in expulsion from the program.

A breach of client confidentiality has been committed including verbal statements in person or by telecommunications/social media. Removal of client information from the clinic area is also a
breach of confidentiality and will result in expulsion from the program. All client oral assessment & treatment must be completed in a clinical setting either in the college’s onsite clinic or externship clinic.

Student impairment due to drugs or alcohol prior/during clinic sessions is dangerous to you and the client and will result in expulsion from the program.

Every student is here to learn how to be a hygienist. Part of this education is learning how to be professional and ethical. It is expected that each student will work hard to follow the protocol outlined in this handbook. The following are considered violations of professionalism and ethics. It should be noted that this is not a complete list and some situations will need to be considered on a case by case basis. Infractions to the following list or others deemed appropriate could result in the loss of clinical requirements that may result in the failure of a course, deduction of points from the final grade which may result in failure of a course and or removal of the program. This will be determined by the lead instructors, input from other program instructors and the dental hygiene program director.

- Failure to perform assigned duties or perform infection control protocol.
- Failure to call in by 7:30 AM when going to be absent.
- Arguing with instructors, dental clinic manager, clients and fellow students
- Removing client records from the allowed designated area *
- Failure to properly complete paperwork:
  - recording inaccurate client information *
  - duplicating client’s chart *
  - falsification of records (to include x-rays) *
  - Consumption of alcohol/drugs prior/during clinical sessions *
- Failure to maintain professional appearance:
  - Using unprofessional language *
  - Exhibiting unprofessional behavior: crying in public, displaying anger, etc. *
  - Knowingly perform an action that could cause harm to any patient, student, instructor, or visitor to the clinic: i.e. using non sterile instruments *
  - Failure to comply with all program regulations and policies as stated in this Policy and Procedure Manual. *

The following are a list of infractions that are violation of professionalism and ethics that are deemed inappropriate in a professional environment and could result in either a check or x in clinic. These behaviors are disruptive and make it hard for students to learn. If this behavior is occurring in a didactic course, the instructor is to discuss these behaviors with the student and will follow college and course policy to discipline.
• failure to submit radiographs for supervising dentist review in 48 hours
• failure to attend/schedule advisor conference
• Taking film badges out of the dental clinic
• Failure to maintain professional appearance:
  • wearing incorrect, dirty or wrinkled uniform or lab jacket
  • fingernails too long or polished
  • not wearing film badge
  • inappropriate style of hair
  • inappropriate type/condition of shoe
  • using inappropriate make-up
  • not wearing film badge
  • wearing inappropriate jewelry
• Failure to make appropriate use of lab or clinic time
• Failure to maintain adequate appointment control
• Failure to be prepared for lab or clinic sessions with an A, B, C Plan
• Having food or drinks in lab or clinic
• Being tardy*
• Failure to maintain work area in a professional manner
• Failure to sign in with work study or cleanup work area when working outside scheduled class time or open lab
• Failure to keep operatory neat and organized
• Seating client prior to receiving POD instructor approval
• Being on the clinic floor prior to instructor being on clinic floor
• Failure to notify Dental Clinic Manager that additional services have been rendered during client treatment. *Visiting with neighbor when the instructor is lecturing/talking.
• Cell phone ringing during class, lab or clinic sessions.
• Working on another course assignment while you are in a class or lab session.
• Retrieving charts from the file cabinet without permission from the dental clinic manager. *
• Not respecting the office manager’s office hours
• Failure to properly complete paperwork:
  • not returning chart to proper place *
  • not putting client’s name in appointment book or dailylog
  • failure to update medical history/vital signs *
  • making illegible chart/appointment book entries
  • failure to request a chart from the dental clinic manager day before needed.
  • incorrect address of dentist on consent form where client x-rays are to be sent

It is not possible to include all possible infractions; therefore, any occurrence not specifically noted will be handled on a case-by-case basis. The goal of the dental hygiene faculty is to graduate mature, responsible, professional dental hygienists who are capable of functioning as integral parts of the dental team and have attention to detail.
Example form for Professionalism Infractions

Students Name: ___________________________ Date: ________________

A clinic requirement has been deducted today in __________________________ course because of an infraction that has occurred as specified below. Please schedule an appointment with the instructor that has issued the deduction to discuss how this infraction will be prevented from occurring again.

Specific reason for deduction:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Follow up discussion has occurred and signatures of both student and instructor are required to document that an agreement has been made as to how this infraction occurred and how it will be prevented from happening again.

Solution:

_____________________________________________________________________
_____________________________________________________________________

Student Signature: ___________________________ Date: ________________

Instructor Signature: ___________________________ Date: ________________
MEDICAL RECORDS/ CONFIDENTIALITY

The health care team handles a large amount of confidential information concerning the medical history and medical condition of patients that they come in contact with. Safeguarding the privacy of the patient is the responsibility of everyone on the health care team.

A client’s medical condition or personal problems must never be discussed with anyone except those who have a direct tie to the client’s care. Release of information to 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 client is cause for immediate suspension and recommendation for dismissal from the program. Discussion of your clinical assignment and information obtained while there is NOT a topic for social conversations. All clinical happenings stay in the clinic and go no further. Respectful consideration of all clinical areas and personnel is required. The students are at the clinical externship sites by invitation which could be rescinded at any time if undesirable conduct occurs. The clinical area was chosen for specific learning experiences and the value you receive will depend on you and your attitude. 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.

Dental Hygiene Program Confidentiality Agreement

Client information from any source and in any form (such as written, verbal, or computer generated) is confidential. The Dental Hygiene program adheres to strict Health Insurance Portability and Accountability Act Standards (HIPAA).

Students, instructors, and clerical support shall protect the privacy and confidentiality of all clients, students, and faculty members that are treated in the dental clinic and/or provide information in classroom settings. Access to this information is allowed only if there is a need to know to fulfill educational responsibilities. All individuals involved in the dental clinic and program may see or hear confidential information concerning clients, students, faculty or family members.

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.

- As a student, faculty member, and clerical support 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 discard any confidential information unless it is part of my work responsibilities or course work. If it is part of my responsibilities 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 client are also protected and may not be discussed.
- I will under no circumstances discuss the medical condition, including HIV or infectious disease status, of any client 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 any confidential information if I am no longer a Great Falls College MSU Dental Hygiene Program student, faculty member, or clerical supportperson.
• I will protect the privacy of our clients, students, and employees.
• I am responsible for the use and misuse of confidential information.

As used in this policy, “social networking” is defined as communicating with other individuals over the Internet for social or professional purposes. Communication can be in a written, image or a video or audio format occurring electronically on such common sites as Facebook, Twitter, LinkedIn, Youtube, and MySpace etc. This also means the utilization of cell phones.

All confidentiality and privacy policies along with consequences of infractions set by the Health Insurance Portability and Accountability Act (HIPAA) and the program’s Confidentiality Policy are the same whether students and faculty are working face to face or online.

This confidentiality agreement covers all school sponsored externships and activities outside of the dental clinic and educational institution that involve any confidential information. Promptly report any potentially identifiable breach of confidentiality or privacy to the Program Director. The student is responsible for complying with all the rules and regulations of the college. Any new policies will be posted.

**PHONE USE**

The dental programs has telephones in clinic and lab for program use and available in case of an emergency:

• The Dental Clinic Manager’s desk and phone are off limits to students as it is designated for office use only.
• The Dental Clinic phones- The student kiosk phone is available for student and instructor use to facilitate communication with clients and other healthcare professionals in the pursuit of provide comprehensive client care. The other clinic phones are for faculty use only.

**Cell phones in class:** All cell phones must be turned OFF during class time. Please discuss any personal matter with instructor prior or make any necessary outside arrangements in case of emergency situations. Five points for each infraction will be deducted from cumulative course grade if student’s cell phone disrupts class. In addition, the instructor may give a pop quiz will be given to the ENTIRE class.

**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. If a student needs to call a client 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 client phone calls in the hallways and school entry area as it is not a confidential area.

If you are waiting for an emergent call, have them call the Dental Clinic Manager at 771-4364 so you can be notified if the need arises.
SMOKING, DRINK, AND FOOD

Great Falls College MSU is a non-smoking building. Designated areas are provided for this activity. The faculty encourages that the Dental Hygiene students consider the negative health effects of smoking. We are willing to work with the student that desires to quit smoking. The clinical sites you will be assigned to are smoke-free campuses which means that smoking is prohibited on all properties owned by the clinical site including parking lots. As such, smoking is not permitted in cars parked in the lot. Students are not permitted to utilize smokeless tobacco products during clinical rotations.

All students are asked not to have significant food or drink in the classrooms.

VISITORS

No visitors will be allowed in the classroom during class without permission of the instructor. 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.
Graduation and Licensing
GRADUATION

Great Falls College MSU students follow the catalog in effect when they began their enrollment at the College as long as 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 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, orientation and throughout their educational experience.

Courses that require a grade of “C-” or above are designated for each program in the program section of this catalog.

A student must submit a formal application for graduation by the published term deadline. Applications can be obtained from Student Central or online at www.gfcmsu.edu/admissions_records/forms2.html. A $25 non-refundable graduation fee is due upon submission of the application to Student Accounts. Students seeking multiple degrees pay $25 for 1st degree; $15 for additional degrees in same semester.

Application deadlines are published in this catalog and on the Academic Calendar located on the College’s website. Students who fail to submit an application for graduation will not receive a certificate/degree.

Students will be awarded a certificate/degree upon satisfactory completion of all program requirements, provided that 25% of the course work required in the degree program has been completed at GFC MSU.

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

Lost diplomas can be replaced at the request of the student. The cost of replacing a certificate, diploma, and/or cover is $10.
STATE LICENSURE

Dental Hygiene Post Graduation Exams
Upon receipt of the Associate of Applied Science Degree, successful completion of the National Dental Hygiene Board Examination is required. The graduate will also need to obtain a license for the state he/she wishes to practice in by successfully completing a regional practical examination (WREB). The dental hygienist must practice in accordance with the requirements of the individual state practice acts and abide by requirements to maintain licensure.

Dental Hygiene National Board Computerized Exam
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. Applications will be processed on a daily basis. The program director will determine when the student is eligible to test, typically during their last semester of the program.
To search for testing centers in your area, please visit the Pearson VUE website at www.pearsonvue.com Board Review Courses are offered in numerous states

Dental Hygiene Practical Board Exam
Western Regional Board Exam is offered here at Great Falls College MSU. Students can check the WREB website for exact dates. Local Anesthesia and Dental Hygiene practical exams are offered. Written components of exam are taken at the Pearson Vue testing center. WREB exam is recognized by numerous states. Refer to the WREB Exam website: www.wreb.org
Students are required to provide their own clients and instruments for the exams

Montana Jurisprudence Exam
Online exam required after successful completion of the National and WREB exam. Successful Completion of this exam and approval from the Montana Board of Dentistry must be obtained prior to Montana Licensure
PROFESSIONAL ORGANIZATIONS

The Dental Hygiene faculty believes that professionalism is a responsibility of individuals who work in the healthcare field. One of many methods of displaying professionalism is joining professional organizations. Students enrolled in the program are required to join the Student Member American Dental Hygiene Association (SMADHA).

**Student Member of the American Dental Hygienists’ Association (SMADHA)**

Students enrolled in 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.

Students are required to be a member of their student organization (SMADHA) while enrolled in the dental hygiene program. Dues are $65.00/year that will be collected each September/October.

*Note: dues are subject to increase at the discretion of the ADHA. Please plan for this fee accordingly as student membership is a mandatory requirement of the GFC MSU Dental Hygiene Program.

You have taken a significant step in your future and have chosen to enter an important role in the oral health care profession. Whether you have just started school, or are close to graduation, SMADHA is your critical link to the dental hygiene profession.

You are the primary driving force in your association and the essential foundation upon which the future of dental hygiene is based.

**Benefits of Student Membership in ADHA**

As a student member, you are provided with invaluable opportunities to preview your career as a dental hygienist. Your affiliation with ADHA will help secure the success of your future in dental hygiene.

- **Scholarships** - The ADHA Institute for Oral Health offers a variety of scholarship programs and research grants for students seeking careers in dental hygiene.

- **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’ve 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, as well as group health, automobile, term life and disability insurance. You are also eligible to apply for a student MasterCard.
Continuing Education - ADHA helps you stay abreast of the issues affecting the dental hygiene profession. Student Members are eligible to receive a 25% discount on self-study continuing education programs. Students will also receive information about the ADHA’s Annual Session.

After graduation...
Upon graduation from an accredited program in dental hygiene, you will be eligible to become an Active Member of ADHA. Active Membership will entitle you to all the benefits you received as a student, and many more.
The following 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 State constituent and local component member services and benefits Representation of your professional opinions in legislative action affecting your patients as well as your profession Group insurance policies at competitive rates Innovative self-study and continuing education programs

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

It is the responsibility of each student enrolled in the GFC MSU Dental Hygiene Program to read and be familiar with the information in this handbook.

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

________________________________________
Student Signature

________________________________________
Date

PLEASE SUBMIT THIS SIGNED DOCUMENT TO THE DENTAL HYGIENE PROGRAM DIRECTOR. IT WILL BE KEPT IN YOUR STUDENT FILE.
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 responsibilities 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 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 any confidential information if I am no longer a Great Falls College MSU Dental Assistant 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.
- Failure to comply with this agreement may result in the termination of my employment or enrollment related to the Dental Assistant 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.

Student/Program Personnel Signature  Date
Great Falls College-MSU
Dental Hygiene Program

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 client 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 “Client” 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 the procedures.

As a student practicing or demonstrating client 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 he/she is 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 client care skills specific 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 as a result of participating in these activities.

Student Signature ____________________________ Date __________

Director’s Signature, Dental Hygiene Program ____________________ Date __________

This signed form will be kept in the student’s file. A copy of this signed form will be provided to the student upon request.
Great Falls College Montana State University Dental Hygiene Program

Dental Hygiene Education/Profession Risk Factors

The Programs in the Health Sciences Division at the 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 patients, including exposure to body fluids contaminated with blood-borne pathogens such 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 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 and hepatitis B.

Students are required to provide documentation of Tine or IPPD (tuberculin) tests and must present evidence of having the Hepatitis B vaccine, or sign a disclaimer in order to attend clinics and before working on patients in clinic.

I verify that I have read these program requirements. I understand the risk factors associated with clinical dental hygiene practice.

Student Signature ____________________________ Date ________________
Great Falls College MSU Dental Hygiene Program
Recruitment of Clients 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 the environment in which the student will be required to competently perform that talent. For an 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 (GFC MSU) Dental Hygiene program is focused on hands-on education by the actual treatment of community clients in its onsite dental clinic. Clinical coursework is instilled in DENT 151, 251, 252, & 281 Clinical Dental Hygiene Practice I, II, III, and IV for a total of 810 clinical hours.

Included in the four clinical practice courses are requirements that various skills must be completed and performed on a variety of clients. These client requirements range from completing dental hygiene treatment on pediatric, adolescent, adults, geriatric, medically compromised and special needs clients. Each semester clinical course will have a minimum amount of client requirements that must be fulfilled in order 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 client treatment allowing them a well-rounded education along with preparing them for the workforce.

For these crucial types of client experiences students are required to recruit clients for treatment so each student has the opportunity to practice and perform dental hygiene procedures that offer a multitude of client management experiences and treatment needs.

Recruiting clients will be a skill that will be developed throughout the program which will prove to be beneficial and necessary when recruiting clients with strict qualifications to successfully pass the Western Regional Board Exam (WREB) or other regional exams to become a licensed dental hygienist.

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

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

___________________________________________  ___________
Student Signature  Date
Film, Videotape, and/or Photograph Consent Form
Great Falls College Montana State University

I (the undersigned) do hereby irrevocably grant to Great Falls College Montana State University, its officers, agents, employees, students, assigns, and licensees, [herein after 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, publicity 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 my 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.

Student Name:__________________________________________________________

Signature:________________________________________ Date: ____________
Great Falls College MSU Dental Hygiene Program
EXTERNSHIP CLINICAL CONTRACT

This clinical contract has been developed to provide protection for the clinical externship site, patient, college and student. 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 ultimately be cause of dismissal from the dental hygiene program.

- Alcohol or drug use at or 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 experience 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 students 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 ultimately 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 as a result participating in this externship activity.

Student's Name/Signature ___________________________ Date ____________

Director's Signature, Dental Hygiene Program ___________________________ Date ____________