

Jordan University of Science and Technology
Faculty of Applied Medical Sciences
Department of Applied Dental Sciences
Academic Year 2013-14, Second Semester

Course Information	
Course Title	Introduction to Dental Hygiene
Course number	ADS 382
Prerequisites	ADS 364 or corequisite
Credit Hours	3 (1 theory; 2 practical)
Course coordinator	Suhair R. Obeidat, MSDH saobeidat@just.edu.jo
Office location	Faculty of AMS 2 nd floor
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Office hours	-
Teaching assistant	Abeer Gtaish, Abed Al-malek Tabanjah

Course Description	
<p>Practical application of the fundamental concepts, theories, and principles of dental hygiene practice. Emphasis is placed on mastering basic skills necessary for providing dental hygiene services to clients including the dental hygiene process of care (assessment, diagnosis, planning, implementation and evaluation), instrument selection, basic instrumentation, and ergonomics. Students must successfully achieve pre-clinical competencies to advance to the clinical aspect of the program where they start providing dental hygiene services to patients.</p>	

Text Book	
Required texts	1. Nield-Gehrig, J.S. <i>Fundamentals of Periodontal Instrumentation</i> , ed 6 Philadelphia, Lippincott Williams and Wilkins, 2008
	2. Nield-Gehrig, J.S. <i>Patient Assessment Tutorials, A Step-by Step Guide for the Dental Hygienist</i> . Philadelphia, Lippincott Williams and Wilkins, 2007
	3. <i>Clinical Dental Hygiene Manual- Part I. 2011/ 2012. Jordan University of Science and Technology, Irbid, Jordan</i>
	4. Darby ML, Walsh MM. <i>Dental Hygiene Theory & Practice. 3rd ed.</i> Elsevier Saunders, 2010.
	5. Darby, ML. <i>Comprehensive Review of Dental Hygiene</i> , ed 6. Elsevier Saunders, 2006.
References	<p>Wilkins E. <i>Clinical Practice of the Dental Hygienist. 10th ed.</i> Philadelphia: Lippincott Williams & Wilkins; 2009.</p> <p>Thomson EM. <i>Case Studies in Dental Hygiene. 2nd ed.</i> Upper Saddle River, NJ: Prentice Hall; 2009.</p> <p>Gage, T., and Pickett, F. (2002). <i>Mosby's Dental Drug Reference. 6th ed.</i>, St Louis, Mosby</p>

***Methods of Evaluation**

Practical Evaluations involve instructor observation of the student's performance of clinical skills. Evaluations will be conducted 6 times during the semester (the last practical examination will be given during finals week). Demonstration of skills according to the criteria in the *Manual* will constitute satisfactory completion of the requirement.

Under no circumstances are students to practice the skills being evaluated during the session designated for evaluation. Once the instructor has arrived in the cubicle for the practical, a "warm-up" period maybe used prior to the instrumentation skill evaluations. After the "warm-up" period, the assigned areas for instrumentation will be provided to the student and the evaluation will commence. The student will be evaluated on the first performance of the skill.

Students who do not meet minimal competence on three or more practical exams or (portions of General Objectives) will be considered for discontinuance from the program.

The following weights are assigned for grade calculation purposes:

*Assessment Policy		
Assessment Methods	*Expected Due Date	Weight
Inter-Semester Evaluation:		60%
1. First Theoretical Exam	Week 6	10%
2. Second Theoretical Exam	Week 10	10%
3. Practical Examinations	See Practical Planner	30%
4. MH Case Study	TBA	10%
Final Evaluation:		40%
1. Final Practical Examination	Week 15	25%
2. Final Theoretical Exam	Week 16	15%
Extra Credit	Web activity: http://www.dentalcare.com/drn.htm Login as new user; go to student corner; select user as Dental Hygiene Student, look at list of CE courses available. You will receive extra credit if you complete a Caries Risk Assessment CE course from this list.	

** Subjected to modification according to the changes that may occur during the semester*

Objectives and Competencies: Upon completion of the course, the student will be able to:

General Course Objectives:

1. Convey the attitudes, conduct and personal appearance befitting a health professional.
2. Demonstrate advanced preparation, attendance, punctuality, professional demeanor and dress code, and effective time management
3. Function effectively in a structured pre-clinical environment.
4. Develop an awareness of the knowledge, responsibilities, skills, and scope of practice of dental hygiene.
5. Recognize the relationship of the basic, dental and behavioral sciences to the clinical practice of dental hygiene.
6. Identify the components and functions of the dental unit and operator and patient chair
7. Apply ergonomic patient, operator, and light positioning principles during patient care.
8. Seek out and utilize the instructor as a learning resource, based upon self, peer and instructor evaluation and feedback.
9. With guidance, distinguish any discrepancy between standards and/or demonstrated models of behavior and pre-clinical performance.
10. Demonstrate proper infection control (standard precautions) and disease transmission prevention techniques including personal protection equipment, hand washing, treatment area cleaning and disinfection, and instrument sterilization and recycling.
11. Display safety consciousness and the prevention of medical emergencies.
12. Comply with established policies and procedures.
13. Perform complete and accurate dental hygiene assessment including health history, dental history, pharmacologic history, vital signs, and oral deposits
14. Develop skills for accurate, consistent and complete dental hygiene services documentation.
15. Apply correct dental hygiene instrumentation techniques including modified pen grasp, intra- and extra-oral, hard and soft tissue fulcrum/ finger rest, adaptation, activation, angulation, and stroke.
16. Utilize the dental mirror and compressed air correctly during assessment and treatment.
17. Exhibit correct use of dental explorers (caries detection versus periodontal explorers) for dental calculus, dental caries, dental restorations, and tooth/root anatomy assessment.
18. Demonstrate correct adaptation, angulation, and activation for supra- and sub-gingival dental calculus removal when using sickle scalers, universal and Gracey curets. Demonstrate correct adaptation, angulation, and activation for explorers and periodontal probes.
19. Correctly detect, differentiate, assess, record, and remove dental deposits including plaque biofilm, material alba, dental calculus, and intrinsic and extrinsic tooth stains.
20. Identify the need for and effectively sharpen sickle scalers, universal curets, and area-specific curets.
21. Develop an awareness of the disease risk factors and strategies that promote health related quality of life.

22. Describe the role of dental plaque biofilm as an etiologic agent/sustainer of the chronic inflammatory process in gingival and periodontal diseases.
23. Assess and remove extrinsic tooth stain from teeth using the appropriate prophylaxis paste and rubber cup polisher (selective polishing)

Specific Laboratory/Clinic Objectives:

Through homework, reading assignments, demonstration, laboratory/clinic experience, and at home practice, the student will:

1. Utilize correct dental terminology and professionalism when communicating with peers, patients, and instructors.
2. Properly execute all forms as outlined in the *Manual*.
3. Identify the components and functions of the dental unit and chair.
4. Position self, client, the mobile cabinet and/or bracket table and dental light according to principles of body mechanics and motion economy for working in all areas of the mouth.
5. Demonstrate the ability to control all dental instruments utilizing a modified pen grasp and intra-oral hard tissue fulcrum.
6. Demonstrate the correct use of the dental mouth mirror for retraction, indirect vision, transillumination and indirect illumination in all areas of the mouth, orally without striking the teeth.
8. Demonstrate the use of the dental light to illuminate all areas of the mouth.
9. Demonstrate insertion, adaptation, and activation of the Shepherd's Hook explorer and 11/12 Periodontal explorers on all surfaces of all teeth.
10. Demonstrate insertion, adaptation, and activation of the periodontal probe on all appropriate surfaces of all teeth.
11. Demonstrate insertion, angulation, adaptation, activation, and stroke of the Columbia 13/14, Gracey 1/2, Gracey 11/12, and Gracey 13/14 on all indicated surfaces of teeth to remove deposits.
12. Demonstrate the proper adaptation, angulation, activation, and stroke of anterior and posterior/universal sickle scalers.
13. Apply principles of infection control to establish and maintain the chain of asepsis throughout treatment:
 - a. utilize the prescribed hand washing procedures prior to, during and subsequent to treatment;
 - b. obtain sterile materials from closed containers using forceps according to accepted technique; and
 - c. clean and disinfect the dental unit and chair prior and subsequent to treatment.
14. Correctly utilize the interview technique in obtaining or updating a health, dental and pharmacologic history.
15. Identify conditions which necessitate special considerations prior to and during treatment of the client using information obtained from the health history, Dental Drug Reference (DDR) Physician's Desk Reference (PDR), Merck Manual, or other references.
16. Consult the dental drug reference text for information concerning all medications which the client is taking and record the findings according to specified format.

17. Measure client's pulse, respirations, and blood pressure and record the measurements.
18. Observe all indicated precautions to safeguard the health of the client.
19. Perform a general and oral examination utilizing correct techniques of inspection and palpation.
20. Identify the range of normal and deviations from normal found in the oral cavity.
21. Describe the deviations from normal found in the oral cavity.
22. Using appropriate armamentarium, recognize and record dental and periodontal conditions on the chart using designated symbols.
23. Recognize and differentiate plaque biofilm, dental calculus, and tooth stain utilizing disclosing agents, compressed air, explorer, and visual examination.
24. Identify risk factors which contribute to plaque biofilm retention.
25. Recognize deviations in gingival color, consistency, texture, and form which would indicate the presence of disease.
26. Apply minimally invasive principles of caries detection.
27. Maintain a clear operative field utilizing the saliva ejector, compressed air, dry angles, and gauze sponges.
28. Recognize the signs and symptoms of syncope and hyperventilation and render appropriate treatment.
29. Apply principles of infection control to prevent disease transmission prior to, during and after the process of care.

Specific Unit Objectives and Study Guide

Prevention of Disease Transmission

1. Identify the theories of disease transmission and the necessity for asepsis in dentistry.
2. Identify common pathogenic microorganisms that may be found in the oral cavity and the disease entities they produce.
3. Identify direct and indirect contamination and examples that illustrate these terms.
4. Identify precautionary measures that must be taken by dental personnel to prevent disease transmission from patient to patient, patient to operator, and operator to patient.
5. Identify and differentiate among the terms: surface cleaning, disinfection and sterilization.
6. Identify the major sources of contamination in the dental environment and methods of controlling or eliminating each source.
7. Identify accepted methods of sterilization and the advantages and disadvantages of each method.
8. Explain the terms: universal precautions, standard precautions, and blood borne pathogens.
9. Apply the OSHA standards to practice. Explain zones of contamination and classification of equipment.
10. Identify the use of chemical disinfectants and the advantages and disadvantages of a variety of types available.
11. Demonstrate effective hand washing.
12. Identify the preparation of instruments for sterilization/disinfection.
13. Identify the operation of the autoclave and the dry heat oven.

14. Identify the indications for use of personal protection equipment (PPE): gloves, face mask, and safety glasses.
15. Identify the indications and procedures for reducing oral bacteria pre-operatively.
16. Identify the four methods of storing sterile items and instruments and the effective time period of storage.
17. Describe the methods and procedures to test for sterilization (spore tests).
18. Describe the process of instrument re-circulation.
19. Explore the risks to healthcare providers from occupational exposure to bloodborne pathogens.
20. Act according to protocol should an occupational exposure occur.
21. Apply the general preventive measures to prevent the transmission of bloodborne infections diseases.
22. Describe the disease process and clinical management for transmissible diseases.
23. Describe the special problems in personal and patient care created by tuberculosis, viral hepatitis, acquired immunodeficiency syndrome and herpetic infections.
24. Describe the use, handling and disposal of personal protection equipment (PPE) for dental health care workers (DHCW).
25. Explain the concepts of health and wellness.
26. Differentiate between the three levels of prevention and provide oral health examples for each.

Ergonomic Patient and Operator Positioning

1. Explain how ergonomic positioning of the patient and practitioner, at the dental chair, enhances instrumentation effectiveness and prevents repetitive strain injuries (RSI).
2. Identify common RSIs in dental healthcare workers, their cause and symptoms.
3. Identify operatory safety precautions to be observed before seating a patient.
4. Recognize an appropriate patient greeting and self-introduction.
5. Identify operator positioning criteria:
 - a. seated operator
 - b. standing operator
6. Identify the sequence for positioning the dental chair.
7. Identify one way to avoid dizziness or faintness after a patient has been in a supine position for a prolonged period.
8. Identify positioning of the dental unit:
 - a. relative to the clinician.
 - b. chair position for patient reception
9. Identify one means of preventing patient discomfort from shining the dental light in the client's eyes during light adjustment.
10. Identify the distance and height of the patient (see information on the height of the client's mouth) in relation to equipment, instruments and working surfaces.
11. Identify the four basic zones of operation for a clinician. NOTE: clinician's legs will not fit under the dental chair and allow for waist level operation. The clinician must straddle the dental chair to allow for waist level operation.
12. Identify positioning criteria for the seated chairside assistant.
13. Identify criteria for positioning bracket trays and cabinets to enhance positioning and time/motion management.

14. Identify the sextants and quadrants of the client's mouth.

Principles of Instrumentation

1. Identify the characteristics and advantages of a modified pen grasp.
2. Identify the characteristics of a palm grasp.
3. Identify the major purpose of a fulcrum.
4. Identify the finger used as a fulcrum when employing a modified pen grasp.
5. Identify the correct/incorrect location of standard fulcrums (does include the extraoral fulcrum) according to the principles of fulcrum locations.
6. Identify 2 substitutes that can be used when there are missing teeth where a fulcrum is required.
7. Apply the concepts of "over-learning" and "transfer of learning" to his/her instrumentation skills acquisition.

Dental Mouth Mirror

1. Identify 4 uses of the dental mouth mirror.
2. Identify types of dental mouth mirror surfaces.
3. Identify the precautions to be used when using the mirror for retraction.
4. Identify techniques that prevent mirror fogging during intra-oral use. NOTE: Mirrors may also be dipped in a mouthwash or special defogging solution to alleviate this problem.
5. Identify the recommended fulcrums for use of the mirror in all segments of the mouth.
6. Identify the 2 steps in application of compressed air in the oral cavity.
7. Identify precautions used when applying compressed air to:
 - a. avoid startling the patient
 - b. prevent sensitivity
 - c. prevent contamination
8. Identify 2 ways of supplementing or substituting the compressed air for maintenance of a dry operative field.

Instrument Design and Classification; Adaptation, Activation, and Angulation

1. Identify the name and number of each tooth, e.g., mandibular, left, first molar; #19.
2. Identify the classification, design name and design number of any dental hygiene instrument.
3. Distinguish between rigid and flexible shank designs and anterior and posterior shank designs.
4. Recognize design characteristics of instrument handles and shanks and discuss how these design features relate to the instruments use.
5. Identify the face, back, lateral surfaces, cutting edges, and toe or tip of the working end of an instrument.
6. Determine the intended use of an instrument by evaluating its design features and classification.
7. Define instrument adaptation, angulation and activation.
8. Demonstrate two types of motion activation used during instrumentation.
9. Demonstrate two types of motions to maintain instrument adaptation.
10. State the importance of proper adaptation of the instrument's working end to the tooth.

11. Identify location of the “Get Ready Zone”.
12. Describe instrument angulations for insertion and calculus removal.
13. Describe the preparatory steps for instrument activation.
14. Describe the rationale for “locking” the toe-third against the tooth surface.
15. Touch a vertical line on an eraser to an abstract pattern using adaptation and activation motions.

Anterior Instruments and Sickle Scalers

1. Differentiate the sickle face, back, lateral surfaces, cutting edges or blades, point and working end.
2. Identify the uses of the sickle scaler.
3. Identify the correct technique for use of the sickle scaler.
 - a. Blade selection
 - 1) facial, lingual and mesial tooth surfaces
 - 2) distal tooth surfaces
 - b. Grasp
 - c. Fulcrum
 - d. Insertion
 - 1) location for placement/insertion: posterior (proximal); anterior (midline)
 - 2) position of instrument blade
 - 3) angulation
 - 4) insertion stroke
 - 5) adaptation
 - e. Convex tooth surfaces, line angles and narrow tooth surfaces
 - f. Exploratory strokes (assessment)
 - 1) angulation
 - 2) pressure of grasp, of instrument against tooth and of fulcrum finger
 - 3) direction of strokes on facial/lingual and proximal surfaces
 - g. working (scaling) strokes
 - 1) angulation
 - 2) pressure (see list above)
 - 3) direction and length of strokes on facial/lingual and proximal surfaces
 - 4) scaling zones
 - h. Sequence

Soft and Hard Dental Deposits

1. Identify and differentiate the following terms: acquired pellicle, dental biofilm, dental calculus, materia alba, extrinsic stain, intrinsic stain, exogenous stain, endogenous stain.
2. Identify the relationship between the acquired pellicle and biofilm formation.
3. Identify the clinical appearance and distribution of acquired pellicle, materia alba and dental biofilm.
4. Identify the composition of acquired pellicle, materia alba and dental biofilm.
5. Identify the distribution of dental biofilm in reference to where formation begins and the location of tooth surfaces where dental biofilm occurs more frequently.

6. Identify the effect diet has on the formation and retention of dental biofilm.
 - a. sucrose verses xylitol
 - b. texture of food
 - c. acidity and sugar content of beverages
7. Differentiate supramarginal and submarginal biofilms.
 - a. anatomical form
 - b. microorganisms
8. Identify the bacterial changes in the composition of dental biofilm as the mass matures.
9. Identify the significance of dental calculus to dental biofilm and pocket formation.
10. Identify the etiology of intrinsic and extrinsic stain.
11. Identify the composition of extrinsic stain.
12. Identify the stains and discolorations which are classified as extrinsic and intrinsic.
13. Identify the clinical appearance and distribution of extrinsic and intrinsic stains and discolorations.
14. Identify the classifications of enamel hypoplasia.
15. Identify the classification used to describe dental fluorosis.
16. Identify what stage of pregnancy administration of tetracycline to a mother may result or child that will result in the discoloration of the child's teeth.
17. Identify two drugs used topically in the mouth which may cause staining or discoloration.
18. Identify the effect age has on the incidence and occurrence of dental calculus.
19. Differentiate the clinical characteristics and supramarginal and submarginal calculus.
20. Identify the source of minerals found in supramarginal and submarginal calculus.
21. Identify the modes of calculus attachment.
22. Identify what effect the mode of attachment of calculus has on the removal of calculus from the tooth surface.
23. Identify the two main inorganic salts found in calculus.
24. Identify the principle crystalline salt present in calculus.
25. Identify the role of disclosing in deposit detection and client education.

Area -Specific Curets

1. Distinguish between rigid and flexible area specific instruments.
2. Discuss the use of Gracey curets.
3. Describe the characteristics of miniature blades and extended shanks
4. Use Gracey curets in the anterior and posterior treatment areas.
5. Identify the angle of face to tooth of a Gracey curet.
6. Identify the design features of the Gracey curets and advantages and disadvantages of these features.
7. Identify the lower cutting edge when the terminal shank is held perpendicular to the floor.
8. Select the correct working end of area specific curets.

Universal Curet and Sickle Scaler

1. Differentiate among the curet face, back, lateral surfaces, cutting edges or blades, toe and working end.

2. Identify the uses of the universal curet.
3. Identify the correct technique for use of the universal curet.
 - a. Blade selection
 - 1) facial, lingual, distal and mesial tooth surfaces
 - 2) anterior versus posterior areas
 - b. Grasp
 - c. Fulcrum
 - d. Insertion
 - 1) location for insertion on posterior and anterior teeth
 - 2) position of instrument blade
 - 3) angulation
 - 4) insertion stroke
 - e. Adaptation
 - 1) convex tooth surfaces, line angles, and narrow tooth surfaces
 - 2) proximal depressions and furcations
 - 3) facial or lingual depressions and furcations
 - f. Exploratory (assessment) strokes
 - 1) angulation
 - 2) pressure of grasp of instrument against tooth and of fulcrum finger
 - 3) direction of strokes on facial/lingual and proximal surfaces
 - g. Working (scaling) strokes
 - 1) angulation
 - 2) pressure
 - 3) direction & length of strokes on facial/lingual and proximal surfaces
 - h. Sequence

Dental Explorers

1. Identify the purposes/uses of the dental explorer.
2. Define the term “tactile sensitivity”.
3. Identify tissue observations that predict the presence of subgingival calculus.
4. Identify the portions of the explorer referred to as the “point” and “side tip”.
5. Identify how tooth surface irregularities are detected with the explorer.
6. Identify the uses of the right angle explorer, pigtail explorer, Shepherds Hook explorer, and periodontal explorer.
7. Identify the correct technique for use of explorers.
 - a. Grasp
 - b. Fulcrum
 - c. Insertion
 - 1) location for insertion on posterior and anterior teeth
 - 2) position of instrument tip
 - 3) insertion stroke
 - d. Adaptation
 - e. Strokes
 - 1) direction of strokes for exploring facial/lingual and proximal surfaces
 - 2) proximity of strokes
 - 3) apical and occlusal/incisal boundaries of strokes on all surfaces

Periodontal Probes and Probing Techniques

1. Identify five ways to maintain a clear field in which to work while probing (saliva ejector, compressed air, gauze, cotton roll, dry-angles).
2. Identify the millimeter calibrations on periodontal probes.
3. Identify the correct manner in which to read the periodontal probe when the:
 - a. gingival margin is halfway between two of the millimeter calibrations
 - b. gingival margin is level with a calibration
 - c. gingival margin covers a calibration
4. Identify the manner in which calculus deposits are negotiated when probing the sulcus.
5. Identify the technique for traversing the sulcus using the probe. NOTE: the probe is “walked” in 1mm steps from beneath the distal contact to beneath the mesial contact.
6. Identify proper probe positioning for exploring:
 - a. proximal sulci
 - b. facial and lingual sulci

NOTE: Tip remains in contact with tooth surface and entire working end is parallel to long axis of the tooth.
7. Identify the number of probe readings recorded for each tooth and the area from which each reading is taken. Identify the determining factor regarding what measurements are recorded.

Pain Control and Topical Anesthetics

1. Explain the relevance of topical anesthesia to dental hygiene procedures.
2. Explain the potential of toxicity, adverse reactions and medical complications
3. Describe the procedures to be performed to administer topical anesthetic.
4. State the mode of action and limits of effectiveness of topical anesthesia.
5. Describe emergency procedures to be followed in medical complications.
6. Identify the types of anesthetics and differences between amide and ester type anesthetics.

Extrinsic Tooth Stain Removal (selective polishing or cosmetic polishing)

1. Explain the purpose of tooth stain removal.
2. Evaluate extrinsic stain and select most appropriate method of stain removal, ie. rubber cup/brush polishing or air polishing
3. Describe concept of selective polishing.
4. Explain rationale and technique of stain removal using a rubber cup and handpiece.
5. Describes types and uses of polishing agents.
6. Selects polishing agent appropriate for given extrinsic stains.
7. Describes technique for rubber cup polishing.
8. Evaluates whether a patient is free of dental plaque biofilm.

Statement of Student Responsibilities and Accountabilities

Attendance. JUST POLICY REGARDING ABSENCES WILL BE FOLLOWED

Due to the unique responsibilities associated with becoming a competent professional person and provider of healthcare, and the progressive nature of the curriculum and its importance to the provision of quality health services, attendance and class participation are required. Should an absence be necessary, contact the course coordinator immediately within 3 days at: saobeidat@just.edu.jo.

A note from a physician, student health center nurse or other appropriate individual must be submitted to constitute an excused absence. Each unexcused absence will result in a grade penalty of one percentage point reduction from the final grade.

According to JUST policy, Unexcused Absences of more than 10% and Excused absences of more than 20% will result in dropping the student from the course. Make up quizzes, exams, and practical examinations for unexcused absences will not be given. Late arrivals to class/clinic of more than 10 minutes are considered to be unexcused absences. Students who miss a regularly scheduled exam are to follow the steps below:

- a. Schedule a meeting with course coordinator immediately upon return to campus.
- b. Have ready documentation for excused absence. If absence is unexcused, a grade of zero (0) will be recorded for the exam.
- c. For an excused absence, a makeup examination will be given. Failure to do so will result in a zero for that exam.
- d. Possible exam formats may include: oral exam, essay, short answer, listing, demonstration/performance, or combination of the above.
- e. Missed laboratory sessions cannot be made up. Clinic use for other classes prevents scheduling extra lab sessions. Make-up work will be at the discretion of the course coordinator.

Meeting Established Deadlines. The student is responsible for all material covered in lecture and laboratory sessions as well as all reading and homework assignments. All course related assignments are to be submitted to the course instructor on the established due dates at the beginning of the class session. Work submitted after the established deadlines will be penalized by one point if submitted after the start of class and for each day late (including Saturdays and Sundays). Students are encouraged to keep a duplicate copy of all submitted written assignments.

Honor Code. By attending JUST you are accepting the responsibility to abide by the following Honor Code: “We, the dental hygiene students aspire to be honest and forthright in our academic endeavors. Therefore, we will practice honesty and integrity. We will meet the challenge to be beyond reproach in our actions and our words. We will conduct ourselves in a manner that commands the dignity and respect that we also give to others.” This commitment applies to all assignments

Plagiarism. All academic work submitted to fulfill a course requirement is expected to be result of each student’s own thought, research and self-expression (unless otherwise specified as a group project). A student will have committed plagiarism if he or she reproduces someone else’s work without acknowledging its source; or if a source is cited which the student has not cited or used. Examples of

plagiarism include: submitting a research paper obtained from a commercial research service, the Internet, or from another student as if it were original work; making simple changes to borrowed materials while leaving the organization, content, or phraseology intact; or copying material from a source, supplying proper documentation, but leaving out quotation marks. Plagiarism also occurs in a group project if one or more of the members of the group does none of the group's work and participates in none of the group's activities, but attempts to take credit for the work of the group. Commitment of the Acts of Cheating and deceit such as copying during examinations is dishonest and will not be tolerated; JUST policy will be applied

Code of Student Conduct. All students are expected to abide by a professional Code of Conduct, e.g., American Dental Hygienists' Association *Code of Ethics* found at <http://www.adha.org/downloads/ADHA-Bylaws-Code-of-Ethics.pdf> and to practice according to the Clinical Standards of Dental Hygiene Practice http://www.adha.org/downloads/adha_standards08.pdf Please download and read these documents carefully. Refer to them, or their updated versions, throughout your professional careers.

The Department of Applied Dental Sciences' Dental Hygiene Program undertakes to provide persons treated in the Dental Hygiene Care Facility (clinic) with safe, ethical, and evidence-based oral healthcare. Endangering health and welfare by use of unsafe and unethical practices and/or by not following standard dental hygiene treatment protocols is grounds for the removal of students from the dental hygiene program.

Course Requirements & Policies:

1. Student Responsibilities & Preparation

- a. Read and follow the "Statement of Student Responsibilities and Accountability". **Pre-clinical instruction cannot be made up.** Additionally, your partner's instruction is effected by your absence.
- b. Arrive to lab and clinic sessions properly attired as specified in the *Dress Code*.
- c. Begin laboratory practice on time. Be prepared with hands washed and gloved, unit cleaned and disinfected, and equipment set up prior to the beginning of the session. Students must prepare for laboratory 30 minutes prior to the start time. Late arrivals are penalized in the grade. For preparation instructions, see the daily schedule in the course outline.
- d. Due to the time limitation and the intense schedule, students must be prepared for lab which includes:
 - i. Reading all assignments prior to lab
 - ii. Practicing skills outside of class.
 - iii. Knowing the activities for the lab, and
 - iv. Bringing all necessary supplies as requested
 - v. Dressing professionally per dress code
- e. The faculty have designed this course schedule to maximize learning experiences and to fulfill the objectives of the course. To fulfill these objectives and goals, each student must use the laboratory/clinic sessions efficiently, following the designated schedule. Every skill on the schedule must be practiced during the allotted time. If the schedule

is not followed, the end result may be a deficiency in the student's skill level at the completion of the semester. Each student is expected to practice the skills outside of the laboratory sessions to enhance clinical skill development.

2. Progress Notebook

- a. The progress notebook consists of a 3" binder with loose leaf forms designated for this purpose that is brought to every laboratory session. The student should describe his/her learning experience, identify perceived strengths and weaknesses, and determine specific strategies for improvement based on the areas noted for improvement. The student should reflect on clinical progress after each clinical session (twice a week).
- b. A record of skill practice outside of class should be recorded each time and should include the date and length of practice time and the instrument or skill practiced.
- c. The progress notebook also will be used to collect professional reference/client education materials maintained in plastic sleeves. Begin collecting these handy reference materials now.
- d. Faculty will conduct reviews of the Progress Notebook throughout the semester and at midterm advising appointments and will provide written feedback. Faculty comments are for feedback only and will not be included in the course grade.

3. Daily Practice of Clinical Skills/Process Evaluations will be observed and assessed by the section instructor on a 2x/week basis. Areas of strengths and weaknesses will be noted by the instructor and discussed with the student.

• Faculty Feedback:

The faculty will provide feedback on student's strengths and weaknesses as needed and discuss observations with the student. Daily progress of the skills and processes practiced will be recorded on the **skill evaluation forms** as *Satisfactory (S)* or *Unsatisfactory/Needs Improvement (I)*. Unsatisfactory process evaluations indicate a student needs **remediation** with additional assistance. Satisfactory evaluation indicates a student readiness to move to the next skill. Such evaluations will be for feedback and will not be included in the course grade. ***However completion of all assigned skills process evaluations is required to successfully complete this course*** and move to ADS 481 Clinical Oral Hygiene I.

All completed evaluation forms must be placed in a **progress notebook** assigned for each student. The progress notebook will be also evaluated based upon **client education materials** (professional reference) kept in plastic sleeves. Students are required to collect/develop this reference material throughout the course.

4. Clinical Skills. The following skills will be assessed and graded during the semester in the Practical Examinations. See *Manual*, Volume 2 and the Nield-Gehrig Patient Assessment Tutorials and Nield-Gehrig Fundamentals of Periodontal Instrumentation for competencies and skill evaluation criteria.

- e. Prevention of Disease Transmission
 - i. Hand washing
 - ii. Unit disinfection

- iii. Sterilization
- f. Medical/Dental History
 - i. Respiration
 - ii. Blood pressure
 - iii. Radial pulse
- g. Extra/Intra Oral Exam
- h. Dental/Periodontal Charting
- i. Extrinsic Stain Removal
- j. Positioning
- k. Instrument Grasp
- l. Mouth Mirror and Fulcrums
- m. Activation & Adaptation & Strokes
- n. Instrument Design and Classification
- o. Calculus Removal
- p. Anterior Instruments
- q. Gracey Curets
- r. Universal Instruments and Explorers
- s. Probe

- 5. Forms and Confidentiality.** Most forms used in lab and clinic are located in the *Manual*, Part 1; If you cannot locate a form, see the Ms. Obeidat. Your dental hygiene client record is stored in the clinic file cabinets in the Dental Center (location to be specified). Please pull the entire file folder when obtaining clinic records.
- 6. Documentation:** Prior to practicing skills on a partner, the medical history must be completed, updated and presented to the instructor prior to any further services (with all appropriate signatures.) Services rendered for that session must be recorded in pen and signed by the section instructor.
- 7. Clinical Advising.** Each student will be assigned a Clinical Advisor for the semester. The function of this advisor is for communication of student/faculty clinical concerns and progress. Mid-semester clinical conferences for discussion of student progress and concerns are scheduled in early October. Should a student choose not to attend, his/her grade will be reduced one letter grade. Advisors are to post sign up sheets on their office doors with available dates and times for the conferences. Students are to schedule an appointment by signing the sheet. The student is to bring the *Manual*, Part 1 Nield-Gehrig textbook; and progress notebook for review by the advisor. Meetings also may be scheduled throughout the semester at the request of the student or at the discretion of the advisor or course instructor. Students must complete the mid-semester advising form (attached to this syllabus) and bring it to the clinical advising conference.
- 8. Cubicle Report Form.** Each student is responsible for his/her assigned cubicle each session. Cubicles must be secured at the end of each session. Students will be evaluated on the condition of the assigned cubicle. One point will be deducted from the clinic grade if written up 3 times; one point for each time thereafter.

9.

Mid-Semester Clinical Advising

Student Name: _____ Date: _____

Instructor Signature: _____ Student Signature _____

Instructions for Student: Be early for your clinical advising appointment and bring the Nield-Gehrig textbook; *Manual*, Volume 2; and Progress Notebook. Fill in the Grades on Practical Examinations below.

- Reviewed course requirements for ADS 382
- Reviewed Progress Notebook for documentation of reflection and outside of class practice
- Reviewed *Manual*, Volume 2 for instructor feedback. Clarified questions as needed.
- Provided skill feedback or instruction as needed using dentaform/typodont and instruments

Grades on Practical Exams so far:

#1 _____
#2 _____
#3 _____
#4 _____

- Student was prepared for advising conference.

Comments: _____

Recommendations for Skill

Development: _____

Feedback:

Concerns or complaints should be expressed in the first instance to the course instructors. If no resolution is forthcoming then the issue should be brought to the attention of the Department Chair and if still unresolved to the Dean. Questions about the material covered in the lecture, notes on the content of the course, its teaching and assessment methods can be also sent by e-mail to the following addresses saobeidat@just.edu.jo

**** Course Content and Practical part planner are subjected to change and modifications according to changes that may occur during the semester**

**Pre-clinical Course Schedule Theoretical Part		
Assignments	Topic	Week/ Instructor
<p>Syllabus distribution</p> <p>Make a Progress Notebook and bring to all future clinic sessions</p>	<p>Introduction to the course and clinic</p> <p>Explain <i>Dental Hygiene Clinical Manual-Part I</i></p>	<p>1 Theory</p> <p>Suhair Obeidat</p>
<p>Read from (E-learning): Nield-Gehrig. Patient Assessment Tutorial: Module 3 Medical History, Modules 4 Medical History References, Module 6 Vital Signs: Pulse and Respiration, & Module 7 Vital signs: Blood Pressure.</p> <p>Further Reading: Darby and Walsh Chapters 11 and 12</p> <p>Read and download a copy of Clinical Standards for Dental Hygiene Practice (from E-learning)</p> <p>Web activity: http://www.dentalcare.com/drn.htm Login as new user; go to student corner; select user as Dental Hygiene Student, look at list of CE courses available. You will have some extra credit assignments from this list. Explore the site and see the many resources for students and professionals</p>	<ul style="list-style-type: none"> - Assessment: Medical, Dental, & Pharmacologic Histories - Vital Signs - What to do in case of an emergency 	<p>2 Theory</p> <p>Suhair Obeidat,</p>
<p>Read from (E-learning): Nield-Gehrig. Fundamentals of Periodontal Instrumentation: Module 3 p. 49-57, Module 4 Anterior Rests Module 5 Mandibular Posterior Rests Module 6 Maxillary Posterior Rests</p>	<ul style="list-style-type: none"> - Instrument Grasp: modified-pen grasp - Uses of dental mirror and compressed air/ isolation - Fulcrum & finger rest for mouth mirrors - Wrist position for instrumentation 	<p>3 Theory</p> <p>Suhair Obeidat</p>
<p>Read from (E-learning): Nield-Gehrig. Fundamentals of Periodontal Instrumentation: Module 7 Instrument Design and Classification</p>	<p>INSTRUMENT DESIGN AND CLASSIFICATION</p> <ul style="list-style-type: none"> - Identification, handles, shanks, and working ends - Instrument classification: 	<p>4 Theory</p> <p>Suhair Obeidat</p>

	<ul style="list-style-type: none"> - Terminology - Assessment instruments (periodontal probes, explorers) - Debridement instruments (sickle scalers, periodontal files, universal curets, area-specific curets) 	
<p>Read from (E-learning): Nield-Gehrig, Fundamental of Periodontal Instrumentation: Modules 8 Adaptation and Angulation Module 9 Activation Module 10 Instrumentation Strokes</p>	<p>Principles of Periodontal Instrumentation:</p> <ul style="list-style-type: none"> - Instrument Adaptation - Angulation - Activation: hand-forearm and digital motion - Instrumentation strokes: Stroke direction/pattern - Stabilization - Lateral pressure - Shank position/ parallelism 	<p>5 Theory</p> <p>Suhair Obeidat</p>
<p>Read from (E-learning): Nield-Gehrig Fundamentals of Periodontal Instrumentation: Module 19 Problem Identification</p> <p>Further Reading: Darby, Ch. 26</p>	<p>Use of Hand-Activated Instruments in Anterior Sextants and Sickle Scalers</p>	<p>6 Theory</p> <p>Suhair Obeidat</p>
<p>Read: Darby & Walsh: Ch. 15 Oral Hygiene Assessment</p>	<p>Theories on the Development of Dental Biofilm, Soft Deposits, Calculus & Stain Composition, Oral Microbiology and Classification, Effects on Oral Cavity and Rationale for Removal Describing and recording deposits</p>	<p>7 Theory</p> <p>Arwa Mahasneh</p>
<p>Read from (E-learning): Nield-Gehrig Fundamentals of periodontal Instrumentation. Module 12 Explorers</p> <p>Video: Periodontal Explorers</p>	<p>Principles & Theories of Instrumentation: Periodontal Explorers (Universal Explorers) and Dental Explorers</p> <ul style="list-style-type: none"> - Inspection of the Teeth, Use of Explorers, Tooth Surface Irregularities, calculus - Use of explorer in dental caries detection (current changing philosophy) 	<p>8 Theory</p> <p>Arwa Mahasneh</p>

<p>Read from (E-learning): Nield-Gehrig, Fundamentals of Periodontal Instrumentation: Module 16 Area Specific Curets Module 22 Advanced Instruments</p>	<p>Use of Hand Activated Instruments in Posterior Sextants, Techniques for Successful Use of Gracey Curets, Root Morphology Considerations</p>	<p>9 Theory Arwa Mahasneh, Instructor</p>
<p>Read from (E-learning): Nield-Gehrig. Patient Assessment Tutorials: Module 9 Head and Neck Examination Module 10 Oral Examination</p> <p>Further Reading: Darby & Walsh, Ch 13 Extra and Intra oral Clinical Assessment</p>	<p>Dental Hygiene Process: ASSESSMENT- Extra- and Intra-oral Assessment</p>	<p>10 Theory Suhair Obeidat, Instructor</p>
<p>Read from (E-learning): Nield-Gehrig. Patient Assessment Tutorials: Module 12</p>	<p>Dental Hygiene Process: ASSESSMENT-Occlusion</p>	<p>11 Theory Arwa Mahasneh, Instructor</p>
<p>Read from (E-learning): Nield-Gehrig. Fundamentals of Periodontal Instrumentation: Module 15 Universal Curets Module 18 (Patient Cases only)</p>	<p>Principles & Theories of Instrumentation: Universal Instruments</p>	<p>12 Theory Arwa Mahasneh</p>
<p>Read from (E-learning): Nield-Gehrig. Fundamentals of Periodontal Instrumentation: Module 11 Calibrated Periodontal Probes and Basic Probing Technique Module 21 Advanced Probing Techniques</p> <p>Video: Periodontal Probing</p>	<p>Dental Hygiene Process: ASSESSMENT- Periodontal Assessment & Charting I</p> <ul style="list-style-type: none"> - Uses of the Periodontal Probe - Probing pocket depth 	<p>13 Theory Suhair Obeidat</p>
<p>Read from (E-learning): Nield-Gehrig Patient Assessment Tutorials: Module 11 Gingival Description</p> <p>Further Reading: Darby and Walsh Chapter 17 Periodontal and Risk Assessment</p>	<p>Dental Hygiene Process: ASSESSMENT- Periodontal Assessment & Charting II</p> <ul style="list-style-type: none"> - Gingival recession, CAL, MG examination, Furcation Involvement (FI), mobility 	<p>14 Theory Suhair Obeidat</p>
<p>Manual Practical #8 p.108</p>	<p>Final Practical Examination: Periodontal Charting</p>	<p>15</p>
<p>-</p>	<p>Final Theoretical Examination</p>	<p>16</p>

****Pre-clinical Course Schedule
Practical Part Planner**

Assignments	Topic	Week/
<p>Read: <i>Manual</i> pgs. 83-86, 57-58</p> <p><u>REQUIRED MATERIALS:</u> - Dental Hygiene Clinical Manual - Progress Notebook - Clipboard - Heavy-duty gloves - Food Wrap material - Tooth brush</p> <p>Review Infection Control in Dental Settings at: http://www.cdc.gov/oralhealth/infectioncontrol/</p>	<p><u>Unit identification & Set-up, infection control</u></p> <p>Group Demonstrations</p> <p>2 groups switch every 45 minutes:</p> <ol style="list-style-type: none"> 1. Dental Unit Identification (Handout), Dress Code and Progress Notebook, Ms Suhair Cubicle 2. Environmental Surface Disinfection (manual pg 83, A-F, P.57-58) Ms Suhair Cubicle 3. Barrier Placement, Hand washing, Infection Control during appointment & between patients (manual p.83-86) Ms Arwa Cubicle 4. Infection Control End of Day (manual p. 85G 1-12) Ms Arwa Cubicle 	<p align="center">1 Clinic 1</p>
<p><u>Read from (E-learning):</u> Nield-Gehrig. Fundamentals of Periodontal Instrumentation: Module 2 Principles of Positioning</p> <ol style="list-style-type: none"> 1. Wear PPE 2. Pre-procedure rinse 3. 2 saliva ejectors 4. patient napkin 5. hand mirror <p><u>Read from Dental Hygiene Clinical Manual:</u> Practical #1 (p. 57-58) Practical #2 (59-62)</p>	<p><u>Positioning (operator, patient, & light)</u></p> <ol style="list-style-type: none"> 1. Students practice (Switch Partners): <ul style="list-style-type: none"> - Unit Set-Up/Infection Control - Identify Parts of the Dental Unit 2. Demonstration of the Principles of Positioning (patient, operator, light) <ul style="list-style-type: none"> - Neutral position for the clinician - Patient position - Patient position relative to clinician (tooth surfaces towards and away) - Dental light position - Position terminology - Clock positions 3. End of Session Infection Control 	<p align="center">1 Clinic 2</p>

<p>REQUIRED MATERIALS:</p> <ol style="list-style-type: none"> 1. Wear PPE 3. Pre-procedure rinse 4. patient napkin 5. hand mirror <p>Sphygmomanometers and blood pressure cuffs (TA will bring)</p> <p>Read: Policy on antibiotic premedication (from manual)</p> <p><i>Manual Practical #1, #2 & #3 (p. 63-66)</i></p> <p>Nield-Gehrig. Patient Assessment Tutorial Module 3 Medical History (E-learning)</p>	<p><u>Medical History & Vital Signs</u></p> <p>SWITCH PARTNERS</p> <ol style="list-style-type: none"> 1. Unit Infection Control/Set-Up 2. Medical, Dental, & pharmacologic History 3. Demonstration of vital signs (radial pulse, respiration, blood pressure) 4. Students practice (Switch partners): <ol style="list-style-type: none"> a. Nield-Gehrig, Fundamentals of Periodontal Instrumentation Module 2, Positioning for Anteriors: Right handed p 23-31, Left-handed p 32-40 b. Patient/ Operator Positioning, Lighting 5. End of session infection control 	<p>2 Clinic 1</p>
<p>Read: Darby and Walsh, Chapters 4, 9, 10.</p> <p>Role play health history cases.</p>	<p>Practice with Partners:</p> <ol style="list-style-type: none"> 1. Unit Infection Control/Set-Up 2. Medical History & Vital signs (& signatures) 3. Practice with partner, Patient/Operator positioning/lighting <p><u>Demonstration and practice: Positioning for posterior sextants</u></p> <ol style="list-style-type: none"> a. Right Handed p. 110-115, 129-136 b. Left Handed p. 116-123,137-144 	<p>2 Clinic 2</p>
<p><u>REQUIRED MATERIALS:</u></p> <ol style="list-style-type: none"> 1. Sterile mouth mirror, patient napkin, hand mirror, safety glasses for self and patient 2. <i>Manual Practical #1 & 2</i> <p>Read: Nield-Gehrig, Fundamentals of Periodontal instrumentation, Module 5 and 6 Posterior Rests</p>	<p><u>Modified pen grasp, mouth mirror, fulcrum, & finger rest in anterior sextants</u></p> <p>Students will practice:</p> <ol style="list-style-type: none"> 1. Infection Control/Unit Set-Up 2. Medical History & Vital signs (signatures) 3. Practice with partner: Patient/Operator positioning/lighting <ol style="list-style-type: none"> a. Posteriors Technique Practice: Right Handed p. 110-115, 129-136, Left Handed p. 116-123,137-144 b. Mouth mirror and compressed air/Isolation c. Transillumination, Nield-Gehrig p. 75 	<p>3 Clinic 1</p>

	<p>Review Practical #1 & 2</p> <p>Technique Practice p 78-95 - Mirror & finger rest for anterior sextants</p>	
<p>Practical #1& #2 for groups A & C</p> <p>REQUIRED MATERIALS:</p> <ol style="list-style-type: none"> 1. Patient napkin, 2 saliva ejectors, sterile mouth mirror, hand mirror, pre-procedural rinse 2. <i>Manual</i> <p>Read: Nield-Gehrig Modules 5 Mandibular Posterior Rests & Module 6 Maxillary Posterior Rests (E-learning)</p> <p>Manual Practical #3 (p. 63-66)and #4 (p. 67-68).</p>	<p><u>Practical #1 & #2 Infection Control (hand washing, unit disinfection, instrument cleaning and disinfection) and Health History (Blood pressure)</u></p> <p><u>Modified pen grasp, mouth mirror, fulcrum, finger rest in posterior sextants</u></p> <p>Practice with Partner:</p> <ol style="list-style-type: none"> 1. Patient/Operator Positioning, Lighting 2. Mouth Mirror and Compressed Air 3. Hold 1 saliva ejector in dominant hand <p>Technique Practice p 122-168 - Mirror & finger rest for posterior sextants</p>	<p>3 Clinic 2</p>
<p>Read:</p> <p>Darby and Walsh: Chapter 24 Hand Activated Instruments</p>	<p><u>Instrument Identification & Classification</u></p> <p>Student practice:</p> <ul style="list-style-type: none"> - Unit set-up & infection control - Positioning - Mouth mirror & finger rest in ant. & post. Sextants 	<p>4 Clinic 1</p>
<p>Practical #1& #2 for groups B & D</p> <p>Read:</p> <p>Darby and Walsh: Chapter 24 Hand Activated Instruments</p>	<p><u>Practical #1 & #2 Infection Control (hand washing, unit disinfection, instrument cleaning and disinfection) and Health History (Blood pressure)</u></p> <p>Student practice:</p> <ul style="list-style-type: none"> - Unit set-up & infection control - Positioning - Mouth mirror & finger rest in ant. & post. Sextants <p>Partners Switch</p> <p>Learning Activities: Nield-Gehrig p 191-196</p>	<p>4 Clinic 2</p>
<p>Read (E-learning):</p> <p>Nield-Gehrig, Fundamental of Periodontal Instrumentation: Modules 8 Adaptation and Angulation & Module 9 Activation</p>	<p><u>Instrumentation Principles</u></p> <p>Unit set-up & infection control</p>	<p>5 Clinic 1</p>

<p>TA will bring: Anterior Sickle Scalers & Curets and typodonts</p>	<p>Update MH & VS</p> <p>Demonstration on Typodonts:</p> <ol style="list-style-type: none"> 1. Anterior Sickle Scalers 2. Anterior Gracey curets <p><u>Adaptation, Angulation, Activation (digital & hand-forearm motion), Rolling, Stabilization, lateral pressure, shank position/ parallelism, strokes pattern/ direction</u></p> <p>Students will practice on typodonts: these hand, arm and wrist actions</p> <p>Review practical #3</p>	
<p>REQUIRED MATERIALS:</p> <ol style="list-style-type: none"> 1. Anterior Sickle and Gracey instruments 2. <i>Manual</i> & Nield-Gehrig 	<ul style="list-style-type: none"> - Medical History completion & vital signs & signatures - Patient/Operator Positioning/Lighting - Mouth mirror, compressed air <p>Practice with typodonts</p> <ol style="list-style-type: none"> 1. Anterior Sickle Scalers 2. Anterior Gracey curets <p>(Students will practice with these instruments: grasp, adaptation, angulation and activation, hand, arm and wrist actions, and rolling the instrument in both hands)</p>	<p>5 Clinic 2</p>
<p>Read: Nield-Gehrig Fundamentals of Periodontal Instrumentation Module 13 Periodontal Debridement</p>	<p>Practice with Partner:</p> <ol style="list-style-type: none"> 1. Medical History completion & vital signs & signatures 2. Patient/Operator Positioning/Lighting 3. Mouth mirror, compressed air 4. Anterior Instruments: anterior scalers & curets 	<p>6 Clinic 1</p>
<p>Practical # 3 for Groups B & D Read: Nield-Gehrig Fundamentals of Periodontal Instrumentation Module 13 Periodontal Debridement</p>	<p><u>Practical #3 Positioning, & Anterior instruments (Anterior Sickle scaler & 1/2 Gracey Curet): Modified-pen grasp, fulcrum, mouth mirror, adaptation, angulation, & activation</u></p> <p>Demonstration and Practice on Partners:</p> <ol style="list-style-type: none"> 1. Medical History completion & vital signs & signatures 2. Patient/Operator Positioning/Lighting 	<p>6 Clinic 2</p>

	<p>3. Mouth mirror, compressed air 4. Anterior Instruments</p>	
<p>Bring blue and red pencils</p>	<p><u>Detecting and recording dental deposits (plaque, stain, and calculus) and Use of disclosing agent and periodontal explorer</u></p> <p>Practice with Partner: (Infection Control/Set Up Unit , Med. Hist.update):</p> <ul style="list-style-type: none"> - Body Mechanics, Lighting - Mouth Mirror & Compressed Air - Dry teeth for supragingival calculus detection - Disclose plaque <p>Practice on partners:</p> <ol style="list-style-type: none"> 1. Calculus Removal 2. Anterior Instruments 3. Disclosing 4. Recording deposits that you see <p>Review for Practical Exam #4</p>	<p>7 Clinic 1</p>
<p>Read: Nield-Gehrig . Fundamentals of Periodontal Instrumentation, Sec 2. Calculus Removal Concepts, pp 289-290</p> <p><u>REQUIRED MATERIALS:</u></p> <ol style="list-style-type: none"> 1. Manual Practical #4 p. 98 2. Nield-Gehrig materials 	<p>Principles of Calculus Removal</p> <p>Practice with Partner: (Med. Hist.update)</p> <ol style="list-style-type: none"> 1. Body Mechanics, Lighting 2. Mouth Mirror & Compressed Air 3. Dry teeth for supragingival calculus detection 4. Calculus Removal- anterior instruments 	<p>7 Clinic 2</p>
<p>Read: Nield-Gehrig Fundamentals of periodontal Instrumentation. Module 12 Explorers Module 15 Universal Curets</p>	<p><u>Use of dental explorer for caries & dental charting</u></p> <p><u>Use of periodontal explorer for subgingival calculus detection</u></p> <p>Practice with Partner:</p> <ol style="list-style-type: none"> 1. Explorers – Dental Charting 2. Explore for calculus detection and chart calculus on form 	<p>8 Clinic 1</p>

<p>Practical #3 for Groups A & C</p> <p>Read: Nield-Gehrig Fundamentals of periodontal Instrumentation. Module 15 Universal Curets</p> <p>TA will bring posterior scalers and curets.</p>	<p><u>Practical #3 Positioning, & Anterior instruments (Anterior Sickle scaler & 1/2 Gracey Curet): Modified-pen grasp, fulcrum, mouth mirror, adaptation, angulation, & activation</u></p> <p>Practice with Partner: 1. Explorers – Dental Charting 2. Explore for calculus detection and chart calculus on form</p> <p>Introduction to posterior scalers and curets</p>	<p>8 Clinic 2</p>
<p>Read: Nield-Gehrig Fundamentals of Periodontal Instrumentation, Module 18 Instrumentation Strategies and Patient Cases</p>	<p><u>Use of posterior Gracey curets for calculus removal</u></p> <p>Practice with Partner: (Med. Hist.update) 1. Body Mechanics, Lighting 2. Mouth Mirror & Compressed Air 3. Gracey Curets in Posterior Sextants 4. Practice subgingival calculus detection and removal with Gracey curets</p>	<p>9 Clinic 1</p>
<p><u>Required Materials:</u> Sterile instruments Manual Practical #6 p.102</p>	<p>Practice with Partner: 1. Body Mechanics, Lighting, Mouth mirror 2. Gracey Curets in Posterior Sextants</p> <p>Review for Practical # 4</p>	<p>9 Clinic 2</p>
<p><u>REQUIRED MATERIALS:</u> 1. Mouth Mirror, gauze, tongue blades 2. Assessment Instruments 3. Manual & Nield-Gehrig 4. Mouth moisturizer 5. Darby & Walsh: Tables 13-1 & 13-2 6. <i>Manual</i> Practical #6 p. 102</p>	<p>Infection Control/Unit Set-Up MH Up-date</p> <p><u>Demonstrate and practice extra and intraoral examination and recording of findings</u></p> <p>Practice Gracey curets</p> <p>Review for Practical # 4</p>	<p>10 Clinic 1</p>
<p>Manual Practical #4</p> <p><u>Required Materials:</u> Same as previous lab</p>	<p><u>Practical #4 Posterior Gracey Curets</u> 1. Gracey 11/12 & 13/14 2. Topical Anesthesia</p> <p>Practice with Partner: extra and intraoral examination and recording of findings</p>	<p>10 Clinic 2</p>

<p>REQUIRED MATERIALS:</p> <ol style="list-style-type: none"> 1. Mouth Mirror (faculty will bring) 2. Anterior Instruments (faculty will bring) 3. Manual & Niels-Gehrig materials 4. Mouth moisturizer 5. Darby & Walsh: Tables 13-1 & 13- 2 6. <i>Manual</i> Practical #5 p. 100 	<p><u>Demonstration of Occlusal Assessment</u></p> <p>Switch Partners Infection Control/Unit Set-Up Practice with Partner: (Med. Hist update.)</p> <ol style="list-style-type: none"> 1. Body Mechanics, Lighting 2. Mouth Mirror & Compressed Air 3. Occlusal Assessment, OE <p>Learning Activity: Occlusion Cases within the class</p>	<p>11 Clinic 1</p>
<p>REQUIRED MATERIALS:</p> <ol style="list-style-type: none"> 1. Mouth Mirror 2. Anterior Instruments 3. Manual & Niels-Gehrig 4. Mouth moisturizer 5. Darby & Walsh: Tables 13-1 & 13-2 6. <i>Manual</i> Practical #5 p. 100 	<p>Unit Set-Up Practice with Partner: (Med. Hist update.)</p> <ol style="list-style-type: none"> 1. Body Mechanics, Lighting 2. Mouth Mirror & Compressed Air 3. Oral Exam and Occlusal Assessment (Documentation) <p>Review Practical #5</p>	<p>11 Clinic 2</p>
<p>REQUIRED MATERIALS:</p> <ol style="list-style-type: none"> 1. Same 2. Darby & Walsh Chapter 24 Hand Activated Instruments 5. <i>Manual</i> Practical # 5 p. 100 	<p><u>Universal Curets and Scalers</u></p> <p>*Switch Partners</p> <ol style="list-style-type: none"> 1. Infection Control/Unit Set-Up 2. Medical History updates 3. Practice with Partner: <ol style="list-style-type: none"> a. Body Mechanics & Lighting b. Mouth Mirror & Compressed Air c. Universal curets and scalers d. ODU Explorer <p>4. Review for Practical# 5</p>	<p>12 Clinic 1</p>
<p>Practical #5 p.100</p> <p>REQUIRED MATERIALS:</p> <ol style="list-style-type: none"> 1. Topical Anesthetic 2. Posterior Graceys & Universal instruments 3. Dentaform 	<p><u>Practical Examination # 5 Deposits assessment, Universal Curets & Scalers, and ODU Explorer</u></p> <p>Practice on Partner:</p> <ol style="list-style-type: none"> 1. Universal Curets 2. Gracey Curets 2. Topical Anesthesia application to manage patient discomfort (always check for allergies first) 	<p>12 Clinic 2</p>
<p>Read</p> <p>Darby and Walsh Chapter 17 Periodontal and Risk Assessment</p>	<p><u>Periodontal Assessment I: PD measurement, recording, & evaluation</u></p>	<p>13 Clinic 1</p>

	<p>Infection Control/Unit Set-Up Update Medical History</p> <p>Practice on Partner: Periodontal Assessment: Probing depth measurement practice, recording, & evaluation</p>	
<p>Read: Darby and Walsh Chapter 17 Periodontal and Risk Assessment</p>	<p>Practice on Partner: Periodontal Assessment: Probing depth measurement practice, recording, & evaluation</p>	<p>13 Clinic 2</p>
<p>Read: Manual: Vol II, pgs. 41 (Oral Exam Competency) 70-71</p> <p>Manual Practical #7 p. 105</p>	<p>Periodontal Assessment II: GR, CAL, FI, mobility, MG examination</p> <p>Unit Set-Up Update Medical History</p> <p>Demonstration and Practice on partners:</p> <ol style="list-style-type: none"> Gingival recession CAL Mucogingival examination Furcation Involvement Mobility <p>Practice on Partner:</p> <ol style="list-style-type: none"> Gracey 11/12 & 13/14 Universal periodontal explorer ODU 11/12 & Universal scaling instruments, and periodontal probing Extra- & Intra-oral Exam <p>Review for Practical #8</p>	<p>14 Clinic 1</p>
<p>Manual Practical #7 105 & #8 p.108</p>	<p>Infection Control/Unit Set Up</p> <p>Practice on Partner:</p> <ul style="list-style-type: none"> - Periodontal Assessment - Universal & gracey curets & scalers 	<p>14 Clinic 2</p>
<p>Manual Practical #8 p.108</p>	<p>Final Practical Examination #8 Periodontal Charting</p>	<p>15</p>
<p>-</p>	<p>Final Theoretical Examination</p>	<p>16</p>