

Course Information

Course Number: *DDHS 4820*
Course Title: *Clinical Dental Hygiene II*
Section: *500*
Time: *Tuesday 1:00 PM- 5:00 PM,
Wednesday 8:00 AM-5:00 PM, Thursday 8:00 AM-5:00 PM*
Location: *CEB, Off-campus rotations*
**Individual clinic schedules vary. Student check personal schedule to determine rotation start/end times and location.*

Student check clinic schedule

Credit Hours: *2*

Instructor Details

Course Director: *Ariana Vargas, RDH, MPH, BSDH, Chelsea Moorman, RDH, BSDH*
Office: *139 G, 138 A*
Phone: *214-828-8224, 214-828-8342*
E-Mail: *Arianavargas@tamu.edu, Chelseamoorman@tamu.edu*
Office Hours: *By appointment*

Additional Participating Faculty

Brandy Cowen, RDH, BSDH, MS
Maureen Brown, RDH, BSDH, MS- HIED
Jane Cotter, RDH, MS
Rocio Estrada, RDH
Eric Fox, RDH, MS
Eliska Gauthier RDH, BSDH, MBA
Chelsi Graham RDH, BSDH
Thao Kim, RDH, BSDH
Leah Spittle, RDH, MS

Course Description

Comprehensive dental hygiene care through clinical application of procedures. Includes intramural dental hygiene and dental college rotations.

Course Prerequisites

None

Special Course Designation

None

Course Learning Outcomes

For Course Objectives, see "Standards for Clinical Performance" in the DH Clinic Handbook.

The following list of beginning competencies identifies the knowledge, skills and attitudes the dental hygiene student must acquire by graduation to become a competent, curious and caring practitioner of dental hygiene. This course will begin to address these specific competencies that will be needed to treat patients in a professional and competent manner. Refer to **Competencies for the Dental Hygienist**, Caruth School of Dental Hygiene.

1. Deliver comprehensive dental hygiene care by assessing, planning, implementing, and evaluating treatment for patients with varying levels of need.
2. Apply evidence-based principles and critical thinking in the management of clinical cases and patient-centered care.
3. Demonstrate clinical competence through simulated and real-patient scenarios performance, including completion of a 4820-OSCE.
4. Exhibit professional communication, behavior, and collaboration with patients, peers, faculty, and staff in the clinical setting.
5. Review clinical performance and progress using self-assessment and self-reflection discussion board prompts to support ongoing professional development.

Program Learning Outcomes

Ethics

- 1.1 *Apply ethical reasoning to dental hygiene and practice with professional integrity.*
- 1.2 *Comply with state and federal laws governing the practice of dentistry and dental hygiene.*

Information Management and Critical Thinking

- 2.1 *Apply critical thinking skills and evidence-based decision-making to the practice of dental hygiene.*
- 2.2 *Commit to self-assessment and lifelong learning to provide contemporary clinical care.*
- 2.3 *Communicate effectively with diverse populations without discrimination.*

Self-Care Instruction

- 4.1 *Promote positive values of overall health and wellness to the public and organizations within and outside of dentistry.*
- 4.2 *Identify the health needs of individuals and assist them in the development of appropriate and individualized self-care regimens.*
- 4.3 *Encourage patients to assume responsibility for their health while respecting their goals, values, beliefs, and preferences.*

Community Involvement

- 5.1 *Identify services and agencies that promote oral health and prevent oral disease and related conditions.*
- 5.4 *Use screening, referral, and education to bring consumers into the health care delivery system.*

Assessment

- 6.1 *Determine medical conditions that require special precautions or consideration prior to or during dental hygiene treatment.*
- 6.2 *Perform an extraoral and intraoral examination of the patient, including assessment of vital signs and radiographic examination, and distinguish normal from abnormal findings.*

- 6.3 *Manage the patient at risk for a medical emergency and be prepared to handle the emergency should it occur during an appointment.*
- 6.4 *Recognize predisposing, etiologic risk factors, and lifestyle choices that may require intervention to prevent disease.*
- 6.5 *Analyze and interpret the assessment data to formulate a dental hygiene diagnosis related to and congruent with the diagnosis of the dentist and other health professionals.*
- 6.6 *Determine the need for referral to the appropriate health professional.*

Planning

- 7.1 *Determine priorities and establish oral health goals with the patient/family and/or guardian as an active participant.*
- 7.2 *Acknowledge cultural differences in populations when planning treatment.*
- 7.3 *Establish a planned sequence of educational and clinical services based on the dental hygiene diagnosis using the problem-based approach.*
- 7.4 *Communicate the plan for dental hygiene services to the dentist or other interdisciplinary health team members to determine its congruence with the overall plan for oral health care.*

Implementation

- 8.1 *Provide an environment conducive to health by using accepted infection control procedures.*
- 8.2 *Control pain and anxiety during treatment through the use of accepted clinical techniques and appropriate behavioral management strategies.*
- 8.3 *Select and administer the appropriate preventive and/or antimicrobial (chemotherapeutic) agents and provide pre- and post-treatment instructions.*
- 8.4 *Apply basic and advanced principles of instrumentation.*
- 8.5 *Provide dental hygiene services in a variety of settings.*

Evaluation

- 9.1 *Determine the clinical outcomes of dental hygiene interventions using indices, instruments, examination techniques, and determine the appropriate maintenance schedule.*
- 9.3 *Compare actual outcomes to expected outcomes when expected outcomes are not achieved and modify therapy as necessary.*

Textbook and/or Resource Materials**Required Textbooks and Resources**

- *Darby and Walsh Dental Hygiene Theory & Practice* Pieren JA, Gadbury-Amyot C. Elsevier, 6th Ed, 2024. ISBN 0323877826
- *Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation* Gehrig JR, Sroda, R, Saccuzzo, D, Lippincott Williams & Wilkins, 8th Ed, 2019.
- *Patient Assessment Tutorials: A Step-By-Step Guide for the Dental Hygienist*, Gehrig JS. Jones & Bartlett Learning, 4th Ed, 2017
- *Lexicomp online for Dentistry*. Access via College Library
- *Texas A&M College of Dentistry Clinic Manual*
- *Dental Hygiene Clinic Handbook via Canvas*
- *DH Visual Membership* <https://www.visualdh.com/student>
- *axiUm Training Guide via Canvas*

- *Clinic Resources/ Building Blocks via Canvas*

Additional Clinic Supplies (*optional)

- [Ziploc Slider Freezer Gallon Bag](#) (1)
- [Silicone adjustable head strap for safety glasses](#) (2)
- *Bottle of hand sanitizer **with pump (no fragrance and at least 60% alcohol content)***
- *Black or blue pen (1)*
- *Fine point black permanent marker (1)*
- *Electronic touchless thermometer with oral disposable sleeves as needed*
- [Patient Hand Mirror](#) (1)
- *Fabric scrub cap (2) ****
- *Loupes*

Students are encouraged to acquire the “required or recommended” course material from vendors that provide the best value and amenities for their needs.

Grading Policy

Dental Hygiene Students*

LETTER GRADE	NUMERICAL GRADE RANGE	GRADE POINTS	DESCRIPTOR
A	90-100	4.0	Excellent
B	80-89	3.0	Good
C	75-79	2.0	Fair
F	Below 75	1.0	Poor, may require remediation, failure
S		0.0	Satisfactory
U		0.0	Unsatisfactory
I			Incomplete (work or assignments)

Final grades will be calculated as earned and will not be rounded.

Evaluation Criteria/Methods: Conscientious attention to deadlines, course-meeting times, completion of reading and/or written assignments, and active participation in all class activities can have a favorable impact on your learning, as well as that of your classmates. The final grade will be based on the following metrics:

Assessment Category	Value	Format
Assignments	10%	Individual Grade
Patient Competency <ul style="list-style-type: none"> • Minimum of 2 patients completed to competency. 	15%	Individual Grade

(1 of those patients must be Healthy, Gingivitis, or Stage I Perio)		
Skill Evaluation	15%	Individual Grade
Objective Structured Clinical Exam (OSCE)	30%	Individual Grade
Evaluation of Clinical Performances (ECP)	30%	Individual Grade
Note: Assessment specific guidelines and rubrics are available as appendices. *Students that make <75 on any assignments are required to meet with the course director to review individual performance and seek remediation, where necessary.		

The course includes a variety of assignments and clinical requirements designed to support and evaluate students' clinical competence, professionalism, and understanding of course material. Assignments may include the syllabus agreement, clinical documentation, rotation reflections, discussion board posts, and a full chart audit—all of which must be completed to pass the course. Students are also required to successfully complete the ADPIE process on at least five patients, two of whom must meet specific competency criteria. Failure to meet the minimum patient requirement results in a 10-point deduction from the final grade. Additional assessments include a timed, clinic based OSCE that evaluates practical and clinical reasoning skills in standardized scenarios, and a clinical skill competency for intraoral photography (IOP), all of which require a minimum passing score of 75%. Clinical performance is also evaluated through mid-semester and final advising sessions, chart audits, and formal performance evaluations. These cumulative elements are essential to ensure students are developing safe, effective, and competent patient care practices throughout the semester.

Assignments:

There will be several assignments assigned during your time in this course including but not limited to the syllabus agreement contract submission, rotation reflections, discussion board posts, and a full chart audit. These assignments are intended to enhance and assess your understanding of course content throughout the semester and provide practice opportunities to develop professionalism and clinical skills. Therefore, completion of assignments is required for successful completion of the course.

- Syllabus Agreement Contract Submission
 Submit through Canvas, due 06/18/2025 by 11:59 p.m.
 Find the rubric in Addendum A.
- Rotation Reflections
 The purpose of the clinical reflection redo is to support your growth in meeting professional standards and to encourage meaningful reflection on your clinical experiences. Each discussion board entry is due by the Sunday following your rotation and should be a minimum of **300 words** to demonstrate thoughtful reflection and sufficient detail. You will be provided with **five prompts** to guide your response. If a journal reflection receives a rating of "**Needs Improvement**" or "**Incomplete / Minimal Effort**," you will be required to revise and resubmit the entry to meet the expected level of thought, reflection, and completeness. Please note that while resubmission is mandatory for improvement, the original grade will remain unchanged.
 Find the rubric in Addendum B. Students can also find the rotation attendance questionnaire in Addendum C.

- Discussion Boards

There will be two discussion board prompts throughout the course. **Discussion Post #1 is due by June 23, 2025, at 11:59 p.m.**, with replies to at least two classmates due **by June 30, 2025, at 11:59 p.m.** **Discussion Post #2 is due by July 7, 2025, at 11:59 p.m.**, with replies to at least two classmates due **by July 14, 2025, at 11:59 p.m.**

While there is no minimum word count for the initial post, responses must fully address all aspects of the prompt. Thoughtful and respectful engagement with at least two peers is required for each discussion. Active participation in discussion boards fosters critical thinking, enhances understanding through peer perspectives, and promotes collaborative learning. Engaging in dialogue with classmates helps develop communication skills essential to professional practice and reinforces course content through real-world application and reflection.

When responding to peers, students should aim to build on ideas, ask follow-up questions, or offer alternative viewpoints supported by evidence. All responses must be written in a respectful and professional tone. Disagreement is a natural part of academic discourse, but it must be expressed constructively and courteously to maintain a positive and inclusive learning environment.

Refer to Addendum D for the discussion board rubric.

- **Full Chart Audits**

Students are required to complete a full chart audit on **one patient assigned** to them during the previous semester. This assignment is designed to reinforce accurate documentation, encourage attention to detail, and promote reflection on clinical care and charting standards. **Grade based on ability to find and fix (if applicable) previous errors.** Find the rubric in addendum A-5.

Patient Competency- regardless of percentage grade, all the following criteria must be met to complete the course. Rubric for patient requirement will be found in Addendum F.

- **Patient competency**-Complete **two (2)** of your five patients to achieve competency.

**Competence in 4820 is defined as no more than a total of one (1) "0" on the Evaluation of Clinical Performance in the areas of #1-#11 and #13 (Assessment and Implementation), and #12 (Evaluation of Deposit Removal) for all appointments with the patient. See Addendum F: Competence Report to see clinical graduation requirements and the definition of competence.*

- One of these competent patients must be Health/Gingivitis/Stage I Perio.

OSCE- Complete the Objective Structured Clinical Examination (OSCE). The OSCE will be administered in the dental hygiene clinic- see block schedule for planned OSCE day. OSCEs are helpful in healthcare education because they allow students to practice and demonstrate clinical skills in a standardized healthcare scenario. Students can demonstrate competency in communication, history taking, physical examination, clinical reasoning, medical knowledge, and integration of these skills. It is meant to be a fair and accurate way to assess competence and identify areas that need more work and practice. During the clinical component, students will progress through stations where they will perform procedures and skills that they've learned and practiced during the semester. The OSCE is timed; if you arrive late, you will not receive a time extension. Information regarding OSCE stations, topics, and

instructions will be given closer to the time of the OSCE. OSCE stations may include but are not limited to: Safety and Infection Control, Medical emergencies, HHX review, Medication search, vital signs, EOIO, dental charting, gingival description, periodontal probing, periodontal assessment, instrumentation, treatment planning, axiUm navigation and documentation, polishing & fluoride, and power scaling. Scoring less than 75% on the OSCE will require remediation, however you will retain your original grade.

Skill Evaluations- For 4820 you are required to complete a skill evaluation for intraoral pictures (IOP). Each student will be scheduled for an IOP rotation to ensure the opportunity to complete this requirement in a clinical setting. See Addendum G for the rubric. Specific clinical skill competencies will be required throughout each clinical semester to ensure you are demonstrating continued competency on patients. This allows the student an opportunity to demonstrate their ability to safely perform a skill or clinical procedure in the clinical setting on a live patient as well as demonstrating advanced skills based on the difficulty of each case. All competencies must be passed with a minimum score of 75%. Students not achieving a passing score will receive remedial instruction and must re-take and pass the evaluation. The highest score you can receive on the retake is a 75% and all attempts and scores will be average into the overall percentage for the final grade.

Evaluation of Clinical Performance- This section includes the submission of the chart audit form submission, midsemester advising forms submission, final advising form submission, and the evaluation of clinical performance. See Addendum L for the rubric on mid-semester-final advising, see addendum H for the evaluation of clinical performances.

- Chart Audits- Chart audits must be completed within two weeks of patient completion, including weekends. Students are responsible for tracking and meeting this deadline.
- Mid Semester & Final Advising: Students are expected to demonstrate professionalism, preparedness, and accountability during both mid-semester and final advising. This includes arriving on time and ready for the meeting, completing the session within the assigned timeframe, and ensuring all advising components are addressed in a single appointment. Students should have no more than three patients marked “in progress” and must show active efforts to schedule and treat these patients in a timely manner. All carryover patients from previous semesters must be completed or appropriately accounted for. Accurate and up-to-date documentation is required in both the Completed Patient Report and the Request/Active Report, with correct grade entries for all completed patients in Teams.
 - Competence Report- Students should complete the report as thoroughly as possible before advising meetings, noting all patients who have met the criteria for competence based on the course’s definition. It is the student’s responsibility to accurately reflect completed competencies to support timely evaluation and progression.

- Unacceptable or continued areas for improvement in the Standards & Evaluation Guidelines for Clinical Performance. Any documented grades of 1s or 0s + faculty feedback in any of the following areas would be subject to possible point deduction as well as continual reoccurrence.
 - Lack of improvement in any areas of the grade sheet (HH, EIOE, DC, Perio, Tx Planning, Instrumentation- consistent patterns showing that the student is not improving skills based on the feedback given to them at previous clinic sessions.
 - Clinical Management (*records, armamentarium, and punctuality*)
 - Aseptic Technique
 - Clinic Conduct
 - Professionalism
- Rotation & Patient Scheduling Professionalism (issues inside and outside the clinical setting or as it relates to scheduled clinic days) following the clinic protocols and policies and TAMU Professionalism Document under the Course Intro and Clinic Information Module

Late Work Policy

- Any work submitted after the assigned due date will receive **10 points off for each day** it's not turned in.*
- Make-up work for an excused absence is not considered late work, however, if the make-up work is submitted after the make-up assignment due date, 10 points will be deducted for each day it's not turned in.*
- Regardless of lateness, all course assignments must be completed prior to the last week of the semester in order to pass the course. You will receive an incomplete grade in you do not complete all assignments for the course.*
- IMPORTANT:** *Failure to remediate and repeat a score of <75% exams or make up assignments for all absences (excused or unexcused) by July 18, 2025, may result in an "F" for the course.*

Makeup assessments for excused absences must be administered either in advance of the scheduled exam or within 5 business days of the student's return from the absence.

Course Schedule

Course Topics, Calendar of Activities, Major Assignment Dates

*****Schedule is subject to change at any time during the semester*****

DATE	TOPICS	ASSIGNMENT	FACULTY
06/10		QA/RM Program 1-4	Clinic Faculty
06/11		Clinic Orientation	Prof. Vargas & Moorman
06/12		First Day of Clinic	Clinic Faculty
06/17		Clinic	Clinic Faculty
06/18		Clinic	Clinic Faculty
06/19	HOLIDAY- No Clinic	HOLIDAY- No Clinic	N/A

06/23		Discussion Post #1 due	
06/24		Clinic	Clinic Faculty
06/25		Clinic	Clinic Faculty
06/26		Clinic Midsemester advising documents due	Clinic Faculty
06/30	Midsemester Advising	Discussion Post #1- Peer response due	
07/01	Midsemester Advising	Clinic	Clinic Faculty
07/02	Midsemester Advising	Clinic	Clinic Faculty
07/03	Midsemester Advising	Clinic	Clinic Faculty
07/07		Discussion Post #2 Due Full Chart Audit Due	
07/08		Clinic	Clinic Faculty
07/09		Clinic	Clinic Faculty
07/10		Clinic	Clinic Faculty
07/14		Discussion Post #2- Peer response due	
07/15		Clinic	Clinic Faculty
07/16	Periodontal Probing, Explorer, Treatment planning, and Ultrasonic use and theory	OSCE	Clinic Faculty
07/17	Last Day of Clinic	Clinic	Clinic Faculty
07/18	Final Advising	N/A	Prof. Vargas & Moorman

Traditionally Delivered Course – The calendar must include the number of weeks that correspond to the traditionally delivered course semester (e.g., Fall/Spring = 15 weeks; Summer = 5, 7 or 10 weeks as appropriate)

Traditionally Delivered Courses with Embedded Lab – The calendar must include the number of weeks that correspond to the traditionally delivered course semester (e.g., Fall/Spring = 15 weeks; Summer = 5, 7, or 10 as appropriate) with identification of contact hours for both course and lab.

Non-Traditionally Delivered Course – The weeks on the calendar of activities for a non-traditional syllabus will vary according to need. Faculty members in departmental units will determine whether the contact hours for a non-traditional course are appropriate for and equivalent to a traditional course. Examples of non-traditional courses include: may-mester, winter-mester, fully online courses etc. (See University Rule 11.03.99.M1.)

Optional Course Information Items

Technology Support

Students are responsible for maintaining their devices and ensuring that they are in proper working order throughout the semester. This includes maintaining access to the college wireless network, access to all accounts (both TAMU and TAMU Health) and keeping passwords up to date. Students are expected to keep their devices up to date in regard to patches and OS updates.

Division of IT

If the student experiences issues with an electronic device, wifi access, axiUm, Zoom, or user accounts, their first point of contact should be the Division of IT Central Help Desk or the local Division of IT at COD. The Central Helpdesk provides 24-hour support.

Division of IT Central Help Desk Website: https://it.tamu.edu/help/ Phone: 1-979-845-8300 Email: helpdesk@tamu.edu	SOD Local Division of IT Office Room: 519 Phone: 214-828-8248
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COD Instructional Design Team

For electronic exam support or problems concerning other academic technology, such as the LMS (Canvas), ExamSoft, or Examplify, students should contact the Instructional Design team.

Room: 516 - Academic Affairs

Carmina Castro	ccastro@tamu.edu	(214) 828-8316
Jeff Lowry	lowryj1@tamu.edu	(214) 828-8243
Canvas support 24-hours		(877) 354-4821

Lecture Recordings and Mediasite Support

Lecture recordings are posted to the Mediasite course catalog typically no more than 24 hours after they have been received. Unless otherwise specified, all course recordings are available via the Mediasite channel link within the Canvas course.

For missing recordings, contact your instructor and the Instructional Design Team.

For problems with recording playback, Mediasite access, or performance, contact IT's Health Technology Care Team (979.436.0250).

University Policies

Attendance Policy

The university views class attendance and participation as an individual student responsibility. Students are expected to attend class and to complete all assignments.

DH students, please refer to student rule 7 for information about excused absences, including definitions, and related documentation and timelines.

Attendance Policy:

Attendance and punctuality are expected and required. Punctuality means that you arrive for class on time and that you are prepared to begin scheduled activities for the class session on time. Failure to meet this requirement will result in the student being marked tardy.

Clinic- If you are absent or will be late to a clinic session, please notify Ms. Lisa Pradarits (lpradarits@tamu.edu) and your Clinic Coordinator and Director (CC) (chelseamoorman@tamu.edu) (arianavargas@tamu.edu) of your absence or tardiness ASAP or prior to 8AM. It will be up to the discretion of the CC if the tardy or absence is considered excused or unexcused. Make up clinic sessions are not guaranteed due to scheduling issues and available faculty.

Texas A&M University views class attendance as an individual student responsibility. Regular and punctual attendance is **mandatory** for scheduled or rescheduled classes, clinics, labs and related activities/events. The clinical faculty will take attendance at each session. Students who are not present at that time will be marked absent. Excessive absences (excused or unexcused) may result in an "F" for the course due to the lack of time in clinic to meet clinical requirements of the course. However, for any absences (excused or unexcused), it will be the student's responsibility to contact the Clinic Coordinator to discuss the student's plan of action for remain on track with clinical requirements for the semester.

Unexcused Absences:

Tardiness and non-emergent appointments—including illnesses not deemed severe or contagious—scheduled during clinic, rotation, or class time will be considered unexcused absences. Unexcused absences may result in the loss of scheduled clinic time in a future semester to make up the missed rotation.

All absences and tardies must be reported by phone and email to **Lisa Pradarits at 214-828-8421** and the **clinic coordinator/clinic director by 8:00 AM or earlier**, if possible, to allow time for patient or supervisor notification. A voicemail must be left if the call is not answered. Failure to follow this communication protocol may negatively impact the student's clinical grade under the ECP.

- Each unexcused absence will result in a **four (4) point deduction** from the final clinical grade per missed session.
- Two (2) tardies are equivalent to one (1) unexcused absence and will also result in a **four (4) point deduction**.
- Unexcused absences without proper notice may result in formal documentation of unprofessional behavior in addition to the point deduction.
- Accumulation of three (3) unexcused absences may lead to all the above consequences and may also result in failure of the course.

Excused absences:

It is understood that absences due to severe or contagious illness, injuries or emergencies may occur. An absence due to illness may require a medical confirmation note from a student's medical provider. For injuries or illnesses that require a student to be absent from class for three or more business days, a note from his or her medical provider is mandatory. If a student has frequented sick days, the program director may require a medical provider's note for each absence.

Religious holy day:

A student whose absence is excused under, or the observance of a religious holy day will be allowed to take an examination or complete an assignment from which the student is excused within 3 days after the absence. **If the student fails to schedule and complete the exam or assignment within three days, a grade of zero will be given.** Make-up sessions must be completed within **one week** of the excused absence. Late assignments due to an excused absence will be accepted with no point deduction, however, if you turn in assignments after the assigned “make up” due date, the assignment is considered late, and 10 points will be deducted from the assignment grade for each day it’s late.

Rotations

Internal and external rotations are used to enhance and expand clinical learning experiences. It's required to attend all rotations and conduct yourself professionally: punctual, respectful, and intentional with your time. External rotations will complete an evaluation form on you by scanning a QR code on the back of your badge. This document will also serve as your attendance on the rotation. [Find the rotation attendance questionnaire information in addendum C](#). It is the responsibility of the student to ensure the supervising faculty scans your QR code and completes the evaluation. Tardiness and unprofessionalism will result in points deducted from your final course grade. You will be required to complete a self-reflection of your external rotations to provide insight to your rotation experience and its impact on you as a health care provider. Self-Reflections are due the Sunday following your rotations by 11:59 pm.

Rotations requiring a self-reflection include Now Forward Dr. M. C. Cooper, SCC, floor assistant (FA).

During these rotations patients will not be used for your patient count.

Rotations where you can use patients for your patient count include: Perio maintenance (PM) and peds/ortho (PE).

No patient sessions

Attendance is required at all assigned clinical sessions, regardless of whether a patient is present. If a patient does not show, the student must remain for the full clinic session and participate in a clinical activity approved by the supervising clinical faculty.

Students are expected to have a patient scheduled for every clinic session. Up to three (3) “no-patient” sessions are allowed without penalty. These may be used for patient no-shows, short-notice cancellations, difficulty finding a patient, or absences. However, the student is still required to remain in clinic and complete approved clinical activities to receive credit for the session.

Any additional no-patient sessions beyond the three allotted will result in a two (2) point deduction from the final clinic grade per occurrence. A second two (2) point deduction may also be applied if scheduling practices negatively impact patient care or clinic operations.

[Proof of participation in an approved clinical activity must be submitted through Canvas on the same day as the no-patient session. Failure to submit proof may result in loss of credit for the session. See Addendum I: Clinical Graduation Requirements for the approved clinical activity.](#)

Makeup Work Policy

Students will be excused from attending class on the day of a graded activity or when attendance contributes to a student's grade, for the reasons stated in Student Rule 7, or other reason deemed appropriate by the Office of Student Affairs.

Please refer to [Student Rule 7](#) in its entirety for information about makeup work, including definitions, and related documentation and timelines.

Absences related to Title IX of the Education Amendments of 1972 may necessitate a period of more than 30 days for make-up work, and the timeframe for make-up work should be agreed upon by the student and instructor" ([Student Rule 7, Section 7.4.1](#)).

"The instructor is under no obligation to provide an opportunity for the student to make up work missed because of an unexcused absence" ([Student Rule 7, Section 7.4.2](#)).

Students who request an excused absence are expected to uphold the Aggie Honor Code and Student Conduct Code. (See [Student Rule 24](#).)

The designation of excused or unexcused absence will be determined on an individual basis by the Office of Student Affairs. For any absences (excused or unexcused), the student will need to complete a clinical approved activity and turn it into Canvas. [See Addendum I: Clinical Graduation Requirements for the approved clinical activity](#).

Academic Integrity Statement and Policy

"An Aggie does not lie, cheat or steal, or tolerate those who do."

"Texas A&M University students are responsible for authenticating all work submitted to an instructor. If asked, students must be able to produce proof that the item submitted is indeed the work of that student. Students must keep appropriate records at all times. The inability to authenticate one's work, should the instructor request it, may be sufficient grounds to initiate an academic misconduct case" ([Section 20.1.2.3, Student Rule 20](#)).

Texas A&M College of Dentistry

You can learn more about the Aggie Honor System Office Rules and Procedures, academic integrity, and your rights and responsibilities at aggiehonor.tamu.edu. You can also contact Graduate Studies at 214-828-8182, Student Affairs at 214-828-8210, or your Program Director, for guidance.

Americans with Disabilities Act (ADA) Policy

Texas A&M College of Dentistry

Texas A&M University is committed to providing equitable access to learning opportunities for all students. All students are encouraged to discuss their disability-related needs with Disability Resources and their instructors as soon as possible. If you experience barriers to your education due to a disability which may include, but not limited to: attentional, learning, mental health, sensory, physical, or chronic health conditions, visit Disability Resources for more information. <http://disability.tamu.edu>.

The primary contact for any new disability accommodation requests and for any accommodation questions/concerns:

Tracey Forman, Associate Director of Disability Resources

979.845.1637 | traceyf@disability.tamu.edu |

Staff and administration in Student Affairs, Student Development and Academic Affairs are available as needed to discuss any concerns and navigate the accommodations process with our students locally.

Title IX and Statement on Limits to Confidentiality

Texas A&M University is committed to fostering a learning environment that is safe and productive for all. University policies and federal and state laws prohibit gender-based discrimination and sexual harassment, including sexual assault, sexual exploitation, domestic violence, dating violence, and stalking.

With the exception of some medical and mental health providers, all university employees (including full and part-time faculty, staff, paid graduate assistants, student workers, etc.) are Mandatory Reporters and must report to the Title IX Office if the employee experiences, observes, or becomes aware of an incident that meets the following conditions (see [University Rule 08.01.01.M1](#)):

- The incident is reasonably believed to be discrimination or harassment.
- The incident is alleged to have been committed by or against a person who, at the time of the incident, was (1) a student enrolled at the University or (2) an employee of the University.

Mandatory Reporters must file a report regardless of how the information comes to their attention – including but not limited to face-to-face conversations, a written class assignment or paper, class discussion, email, text, or social media post. Although Mandatory Reporters must file a report, in most instances, a person who is subjected to the alleged conduct will be able to control how the report is handled, including whether or not to pursue a formal investigation. The University's goal is to make sure you are aware of the range of options available to you and to ensure access to the resources you need.

Texas A&M College of Dentistry

Students can learn more about filing a report, accessing supportive resources, and navigating the Title IX investigation and resolution process on the University's [Title IX webpage](#). College of Dentistry students can contact Graduate Studies at 214-828-8182, Student Affairs at 214-828-8210, Security at 214-828-8335, their Program Director, or their Department Head to report an incident.

Statement on Mental Health and Wellness

Texas A&M University recognizes that mental health and wellness are critical factors that influence a student's academic success and overall wellbeing. Students are encouraged to engage in healthy self-care by utilizing available resources and services on your campus.

Texas A&M College of Dentistry

Students who need someone to talk to can call the TAMU Helpline (979-845-2700) from 4:00 p.m. to 8:00 a.m. weekdays and 24 hours on weekends. 24-hour emergency help is also available through the National Suicide Prevention Hotline (800-273-8255) or at suicidepreventionlifeline.org. You can also contact Graduate Studies at 214-828-8182 or Student Affairs at 214-828-8210 for a referral to a local counselor. These counseling sessions are private and confidential, as are any referral requests. As part of

our commitment to your well-being, we offer access to Telus Health, a service available 24/7/365 via chat, phone, or webinar. Scan the QR code to download the app and explore the resources available to you for guidance and support whenever you need it.



Campus-Specific Policies

Statement on the Family Educational Rights and Privacy Act (FERPA)

FERPA is a federal law designed to protect the privacy of educational records by limiting access to these records, to establish the right of students to inspect and review their educational records and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. Currently enrolled students wishing to withhold any or all directory information items may do so by going to howdy.tamu.edu and clicking on the "Directory Hold Information" link in the Student Records channel on the MyRecord tab. The complete [FERPA Notice to Students](#) and the student records policy is available on the Office of the Registrar webpage.

Items that can never be identified as public information are a student's social security number, citizenship, gender, grades, GPR or class schedule. All efforts will be made in this class to protect your privacy and to ensure confidential treatment of information associated with or generated by your participation in the class.

Directory items include name, UIN, local address, permanent address, email address, local telephone number, permanent telephone number, dates of attendance, program of study (college, major, campus), classification, previous institutions attended, degrees honors and awards received, participation in officially recognized activities and sports, medical residence location and medical residence specialization.

College and Department Policies

Clinical Graduation Requirements:

The student must complete the following requirements to competence* prior to graduation:

- (2) Children between the ages of 0-12
- (2) Adolescents between the ages of 13-19
- (2) Patients with Special Needs
- (5) Adults between the ages of 20-64
- (5) Geriatric patients ages 65+
- (1) Healthy/Gingivitis/Stage I Perio

- (1) Stage II Perio
- (1) Stage III/Stage IV Perio
- (1) Re-evaluation

**Competence in 4820 is defined as no more than a total of one (1) "0" on the Evaluation of Clinical Performance in the areas of #1-#11 and #13 (Assessment and Implementation), and #12 (Evaluation of Deposit Removal) for all appointments with the patient. See Addendum F: Competence Report to see clinical graduation requirements and the definition of competence.*

Course (Class/Lab/Clinic) Policies and Procedures

Dress Code

See TAMU DH dress code policy in the [professionalism document](#) located on Canvas.

Clinic Sessions

Students are expected to follow the block schedule and seek clarification when needed. Daily review of messages and announcements in Canvas, axiUm, and MS Teams is required to stay informed of any weekly changes. Borrowing another student's badge for any reason—including checking items out of the dispensary, logging into axiUm, or accessing the clinic—is strictly prohibited. Failure to bring a personal badge or to follow the proper protocol for obtaining a temporary badge from Human Resources will result in a deduction of professionalism points.

Clinic practice time is valuable and cannot be made up; therefore, students are expected to make full and effective use of all scheduled clinic hours, whether a patient is present. Failure to utilize clinic time efficiently will result in a reduction of the clinical conduct grade and may impact professionalism points. Independent practice outside of scheduled class time is highly encouraged and often necessary to fulfill course requirements.

Remediation Policy

Remediation will occur in the subsequent semester and will result in the student falling one semester behind in the graduation timeline. A minimum grade of 75 or "C" is required on all assignments, OSCEs, and as the final course grade. If any course work falls below 75, the student will be required to meet with the course director and/or course coordinator to engage in additional study and complete a reflective learning session focused on the relevant evaluation or examination. This process ensures that the student demonstrates an adequate level of knowledge before progressing to the next semester. Refer to Addendum K for details regarding reflective learning sessions.

Classroom Cell Phone Policy: The full attention of each student is essential for the successful completion of this course. The use of electronic devices for non-educational purposes during class is discouraged, as it can be distracting and may negatively impact the learning environment. Cell phones and other personal electronic devices should be stored in a backpack or locker unless their use is explicitly approved by the course director for educational purposes. If a device becomes a distraction to faculty or fellow students, the student will be asked to put it away or may be asked to leave the classroom. Unauthorized use of electronic devices during class may be considered an unexcused absence and point deductions may be applied to the final course grade in such instances.

Preparation: Students are expected to read, review, and complete all assignments and instructions prior to their scheduled clinic sessions. Arriving without the required supplies or materials demonstrates a lack of preparation. Repeated instances of unpreparedness will result in point deductions on the student's Evaluation of Clinical Performance (ECP). It is the student's responsibility to bring all items listed in the course outline to each class and clinic session.

Professional Written Communication (emails/assignments): Effective written communication affects all aspects of your professional career, including your ability to successfully connect with your patients and colleagues, therefore, spelling, and grammatical accuracy are critical skills for dental hygiene practice. All written communication in this course will be presented in a professional tone with the content of the message presented clearly and in an organized manner. Communicating professionally in writing requires the writer to ensure that the message is free of spelling, grammatical and sentence structure errors. A professional tone is one that is free of jargon, informal abbreviations and emotion. In addition, professional written communication always begins with an appropriate salutation and ends with the signature of the author. Any written communication in this course which does not meet these criteria shows unprofessional behavior and can affect your overall course grade. You may use the [TAMU Writing Center](#) or [grammarly.com](#) to help you with your writing. The course director may require proof of use of the use of the university writing center or grammarly.com if a student continually struggles with their writing skills for the emails and course assignments.

Announcements: Announcements posted on Canvas will be e-mailed to all students (check your preferences.) Students are responsible for checking e-mail and Canvas 2x a day and to keep their mailbox clear to receive emails. If you use a personal e-mail versus your TAMU email, you are responsible for forwarding TAMU email to your personal email.

E-mail correspondence: Any message or email sent to the course director/clinic coordinator or other clinical instructors, must come from through the student's TAMU email, Canvas, or MS Teams. The course director will not reply to emails from a non-TAMU email address. In general, emails will be sent and returned during regular business hours (within 24-48 hours.)

Grading: It is the student's responsibility to check Canvas and axiUm daily for announcements and current grade postings. Any questions regarding grades must be brought to the attention of the course director no later than two weeks after grades are posted.

Professional Behavior: Students must always demonstrate professional behavior and communication. If a student fails to demonstrate professional behavior during the course, a meeting

with the course director may be required. Unprofessional behavior includes, but is not limited to, a breach in integrity, excessive tardiness and absenteeism, unnecessary talking, loud talking/laughing, inappropriate language, or participating in any activities that do not directly relate to the course, disruptive and/or unprofessional behavior, failure to fully engage, failure to prepare for class, inappropriate handling of electronic devices, cheating, lying, and collusion, disrespect to peers, staff, faculty and refusal or lacking ability to follow all ethics, policies, and/or procedures. Unprofessional behavior or communication in clinic will be documented and addressed immediately. Unprofessional conduct subject to the Disciplinary Due Process Document will result in a permanent letter placed in the student's file and sent to Associate Dean of Student Affairs. Such infractions will be cumulative for the student's time here at the school.

- After the first occurrence, the student will meet with the supervising faculty and Clinical Coordinator.
- At the second occurrence, the student will meet with the supervising faculty, Clinic Coordinator and Program Director. In addition, **ten (10) points will be deducted** from the final course grade.
- At the third occurrence, the student will meet with the supervising faculty, Clinic Coordinator, Program Director & Associate Dean of Student Affairs. In addition, the student will receive an "F" for the final course grade. Any unprofessional conduct may be subject to the College's due process procedures set forth in the "Texas A&M College of Dentistry Disciplinary Due Process Document" can be found at [TAMU Academic Due Process Document](#)

Student Roles & Responsibilities:

1. **Be present:** Attend all classes/clinics on time as scheduled and be intentional in all aspects of the learning process.
2. **Be prepared:** Prepare for class/clinic by completing all assignments denoted on the course outline, bringing all required supplies, and actively participating in the learning discussions/activities.
3. **Be aware:** Contact the course instructor to make up missed assignments/clinics and for extra help as needed. It's the student's responsibility to self-reflect and to become self-aware of their learning and current skills and progress throughout the program.
4. **Be humanistic:** This classroom welcomes and supports all students, faculty, staff, and patients of all backgrounds and identities. Different people have different perspectives on issues, and that can be valuable for solving problems or generating new ideas. Being unable to understand why someone holds a viewpoint doesn't mean they are wrong. Don't forget that we all make mistakes and blaming each other doesn't get us anywhere. There is a ZERO TOLERANCE for harassment or discrimination of any kind. Our differences can be our strengths, so let's celebrate them!
5. **Be socially and emotionally intelligent:** Self-reflect, be aware of one's own feelings in the present moment and communicate effectively with others while controlling impulses or reactive behavior.
6. **Be considerate:** We all depend on each other to create a safe and healthy learning environment. Your decisions will affect patients, other students, faculty, and staff (your colleagues), and you should take those considerations into account when making decisions and carefully choosing your words. ***Don't make work for other people.***
7. **Be respectful:** We won't all agree all the time, but disagreement is no excuse for disrespectful behavior. An environment where people feel uncomfortable or threatened is not a productive or creative one. We will all experience frustration from time to time, but we cannot allow that frustration to become personal attacks or bleed into our dental hygiene community here at TAMU.

8. **Be optimistic:** Teams with winning attitudes are known for their competitive spirit and energy as well as their pragmatic optimism. Practicing optimism involves training yourself to make positive assumptions about your current and future circumstances and success. It also involves modeling optimism and spreading positivity to others on your team. Team optimism may not happen overnight, but with time and practice, you can generate more positivity within yourself and across your team!
9. **Be professional and ethical:** Comply with all program, college, and university policies. Take pride and uphold the Dental Hygiene Code of Ethics & Standards of Care by making a conscious effort to make sound ethical decisions that are based on the core values: Individual autonomy and respect for human beings, Confidentiality, Societal Trust, Non-maleficence, Beneficence, Justice and Fairness, and Veracity.

YOUR VOICE MATTERS TO ME- When the time comes for course evaluations, please consider providing me and our department with constructive feedback regarding this course. Helpful feedback includes giving us some ideas that you have to improve the course. The course continues to change because of past students' innovative thoughts and ideas. Students will be given classroom time to complete an anonymous and optional End of Course Evaluation Survey for the course.

Dental and Dental Hygiene Students – PHI Disciplinary Guidelines

Protected health information (PHI) is confidential and protected from access, use, or disclosure except to authorized individuals requiring access to such information. Attempting to obtain or use, actually obtaining or using, or assisting others to obtain or use PHI, when unauthorized or improper, will result in counseling and/or disciplinary action up to and including termination.

Definitions and Caveats

- PHI = Protected health information; this includes all forms of patient-related data including demographic information.
- Depending on the nature of the breach, violations at any level may result in more severe action or termination
- Levels I-III are considered to be without malicious intent; Level IV is considered malicious intent.
- At Levels II-IV, residents will be reported to the Texas State Board of Dental Examiners
- At Level IV, individuals may be subject to civil and/or criminal liability
- For any offense, a preliminary investigation will precede assignment of level of violation

Violation		Disciplinary/Corrective Action
Level I	Misdirected e-mails. Failing to log-off or close or secure a computer with PHI displayed. Leaving a copy of PHI in a non-secure area. Dictating or discussing PHI in a non- secure area (lobby, hallway, cafeteria, elevator). Failing to redact or de-identify patient information for operational/business uses.	Investigation by HIPAA Compliance Officer. Referred to Associate Dean for Student Affairs. If uncontested, Associate Dean for Student Affairs applies sanction. Subsequent infractions referred to Student Faculty Review Committee. Notify Privacy Officer of all incidents.

Level II	Requesting another individual to inappropriately access patient information. Inappropriate sharing of ID/password with another coworker or encouraging coworker to share ID/password.	Investigation by HIPAA Compliance Officer. Referred to Associate Dean for Student Affairs. If uncontested, Associate Dean for Student Affairs applies sanction. Subsequent infractions referred to Student Faculty Review Committee.
Level III	Releasing or using aggregate patient data without facility approval for research, studies, publications, etc... Accessing or allowing access to PHI without having a legitimate reason. Giving an individual access to your electronic signature. Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, coworker, famous or "public" person, etc...	Investigated by HIPAA Compliance Officer. Referred to Associate Dean for Student Affairs. Student Faculty Review Committee hears case. Student Faculty Review Committee applies sanction. Notify Privacy Officer of all incidents.
Level IV	Releasing or using data for personal gain. Compiling a mailing list to be sold for personal gain or for some personal use. Disclosure or abusive use of PHI. Tampering with or unauthorized destruction of information.	Investigated by HIPAA Compliance Officer. Referred to Associate Dean for Student Affairs. Student Faculty Review Committee hears case. Student Faculty Review Committee applies sanction. Notify Privacy Officer of all incidents.

****The syllabus can be amended with an addendum with adequate notice to students. ****

Course Agreement & Statement of Understanding

****This document must be signed and turned in by the end of the first week of clinic.***

By signing my name below, I, (print name) _____, acknowledge and agree with the following statements below.

- I received a copy of the course syllabus and outline for **DDHS 4820 Clinical Dental Hygiene II**.
- The course director reviewed the syllabus and course outline in class, and I have had the opportunity to ask questions about it.
- I read the syllabus, course outline and understand the expectations and policies outlined for the course.
- I understand that when I have a question, my first step is to refer to the syllabus for assignments and policies, and my next step is to contact the course director.
- I understand the University's Academic Honesty policies and agree to abide by the policies, including avoiding plagiarism and cheating and doing my own work.
- I agree to abide by the course syllabus, outline, and professionalism document.

Student Signature _____ Date _____

****Upload a signed copy of THIS PAGE ONLY to the appropriate submission in Canvas by the due date. Due: June 18, 2025, by 11:59 p.m.****

Addendums

A-Syllabus Agreement Contract

B-Rotation Reflections

C-Rotation Attendance

D-Discussion Board Rubric

E-Full Chart Audit Rubric

F-Patient Competency Rubric

G-Intra-oral Photography Rubric

H-Evaluation of Clinical Performance Rubric

I-Clinical Graduation Requirements

J-Competence Report

K-Reflective Learning Session

L-Mid-semester & Final Advising Rubric

Addendum A: Syllabus Agreement Rubric

Assignment: Syllabus Agreement

Due Date: June 18, 2025, by 11:59 p.m.

Criteria	Points
Signed agreement is uploaded to Canvas by the due date	100
Agreement is not submitted or not signed	0

Note:

- This assignment is required and must be submitted to proceed with clinic participation.

Addendum B: Rotation Reflections**Rotation Reflection Rubric**

Criteria	Rating	
Provide an overview of how you used your time on the rotation for the day.	1	0
Acknowledge successes on the rotation.	1	0
Acknowledge areas of improvement for the rotation and provide solutions.	1	0
Discuss how your experience on the rotation today will impact you as a clinician in the future.	1	0

Is there anything important you want me to know about your experience?	1	0
Met 300-word count	1	0

Total Points: 6

If a journal reflection receives a rating of **4 out 6 points** you will be asked to **redo the entry** to demonstrate the expected level of thought, reflection, and completeness.

- **Note:** The original grade **will not change** upon resubmission.
- The purpose of the redo is to help you meet professional standards and reflect meaningfully on your clinical experiences.

Addendum C: Rotation Attendance

Please complete this form at the end of the student(s) rotation session with your department. Please contact me if you have any questions! Thank you! Chelsea Moorman (chelseamoorman@tamu.edu)

Required

1. Department/Rotation

- Children's Medical
- Dr. M.C. Cooper Clinic
- Now Forward
- Radiology
- Scottish Rite
- Public Health Science's Sealant Program
- Stomatology
- Special Care Clinic

2. Evaluator's Name

3. Evaluator's Email address

4. Date

5. Clinic Session (***Please do not submit PM or AM and PM until after the student(s) arrive for the PM session**)

- AM
- PM*
- AM and PM*

6. Students in attendance in your group

7. Was anyone late?

- No
- Yes, with adequate notice (please specify who in "Other")
- Yes, without notice (please specify who in "Other")

8. Were there any issues with a student or unprofessional behavior witnessed? If so, please contact Chelsea (chelseamoorman@tamu.edu) ASAP.

- No

Yes, issue **has already been addressed** with the student.

Yes, issue **has not been addressed** with the student.

9. Please add comments (if warranted) for students here such as if a student went above and beyond. Thank you!

Addendum D
Discussion Board Rubric

Total: 8 points per discussion board

Clinic DB Rubric				
Criteria	Ratings			Points
Reflection Questions	4 pts Provided thorough and insightful, in depth and reflective responses to ALL questions	2 pts Responded to one reflection question.	0 pts No questions are answered and lacking depth and thought in responses	4 points
Response/ Discussion with peers Responds to at least 2 peers providing compassion and encouragement, tips and tricks, and/or another point of view!	4 pts 2 peers	2 pts 1 peer	0 pts Did not respond to peers/ lacking thoughtful response to peers	4 points

Notes:

Engaging in dialogue with classmates helps develop communication skills essential to professional practice and reinforces course content through real-world application and reflection.

When responding to peers, students should aim to build on ideas, ask follow-up questions, or offer alternative viewpoints supported by evidence. All responses must be written in a respectful and professional tone. Disagreement is a natural part of academic discourse, but it must be expressed constructively and courteously to maintain a positive and inclusive learning environment.

Addendum E: Full Chart Audit

Caruth School of Dental Hygiene

Auditor:
QUALITY ASSURANCE AUDIT FORM
Record No:
Date Complete:
FACULTY:

Auditor: Complete the following and note any deficiencies in the space provided. Review with faculty and message Clinic Coordinator when complete.

A = acceptable U = unacceptable NA = not applicable			A	U	NA	DEFICIENCIES
1. PATIENT FORMS						
a.	Patient Intake Forms: -Patient Rights and Responsibility -HIPAA -Patient Understanding & Informed Consent Form					
	b. Patient Card					
	c. Medical Clearance Form					
2. PATIENT HEALTH RECORD						
a.	Medical-Dental-Medication History/Vitals					
	b. Baseline Record of Oral Conditions (EIOE)					
	c. Periodontal Assessment					
	d. Hygiene ODRA					
	e. Treatment Plan					
	f. Treatment History					
3. RADIOGRAPHIC RECORD						
4. PROGRESS NOTES						
5. RECALL RECORD						
6. TREATMENT NECESSARY/APPROPRIATE						

7. MISCELLANEOUS (e.g., spelling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Audit Grade Grade based on ability to find and fix (if applicable) previous errors <i>(10 pts excellent/no-minimal missed errors, 7 fair/ missed some errors, 3 poor/missed significant errors)</i>	Self Eval		Fac Eval	

PATIENT RECORD QUALITY ASSURANCE

GENERAL CRITERIA

1. **PATIENT FORMS**
 - a. All patient records must have a signed copy of the HIPAA, General Informed Consent, Patient Rights and Responsibilities, **NP Guidelines (either DH or General) and Consent to Disclose Info.** These documents must be updated annually.
 - b. Patient card must have emergency contact information and email address properly recorded (if no email- should have noted "none")
 - c. Medical clearance is considered current if required. The appropriate code must be marked as 'In Process' or 'Complete' when applicable.
2. **PATIENT HEALTH RECORD**
 - a. **Medical – Dental – Medication History, and Vital Signs**
 - i. Positive responses to medical and dental history have an explanation where indicated
 - ii. Current medications, vitamins and herbal supplements listed with start date and dosage (if known) and the reason the patient is taking the medication.
 - iii. Patient signature and Faculty swipe
 - iv. Vital signs recorded and approved/swiped by faculty
 - b. **Baseline Record of Oral Conditions (EIOE)**
 - i. Areas of pathosis recorded
 - ii. Approved and swiped by faculty
 - c. **Perio Assessment**
 - i. Correct type of chart is indicated for each visit, i.e. Hygiene Exam, Biofilm Index, Re-Evaluation
 - ii. Approved/swiped "Complete"
 - d. **Hygiene Oral Disease Risk Analysis (ODRA)**
 - i. Read carefully and confirm that appropriate interventions are identified for risk factors
 - ii. Radiographs section is completed when new X-rays are taken
 - iii. All appropriate sections of ODRA are updated with information from the current recall.
 - iv. Approved/swiped by faculty

****It is not critical for the ODRA to match the treatment plan - this is only a worksheet. Do not grade another faculty's decisions as to what the student should include on the treatment plan.*
 - e. **Treatment Plan**
 - i. The treatment plan includes all appropriate procedure codes for the patient.

- ii. Comment 1 should include the patient's periodontal status, deposit level, any referrals, and recall interval.
- iii. Comment 2 should include the estimated number of remaining appointments and any additional important information.
- iv. The form must be signed by the patient.
- f. **Treatment History (Dental Treatment Codes)**
 - i. All treatment has been added (e.g., exam, bwx, correct scaling code, sealants, Arestin, desensitizing medicament, etc.)
 - ii. Treatment entered, completed, and swiped. Any incomplete treatment needs to be marked for deletion by faculty (e.g.- patient opted not to get fluoride but fluoride code is still "Planned")
- 3. **RADIOGRAPHIC RECORD**
 - a. Radiographic orders are ordered/swiped in axiUm by a dentist and documented in the progress notes that they were reviewed by a dentist.
 - b. Radiographs have been "approved" by supervising dentist (or DH faculty)
- 4. **PROGRESS NOTES**
 - a. Includes "health history reviewed or completed"; Interpretation of vitals
 - b. DHDx is concise and appropriate for assessment findings
 - c. Chief Complaint is addressed (if applicable)
 - d. All services are accurately entered for each visit
 - i. Biofilm score noted for each visit treatment planned (when applicable).
 - ii. Educational services are appropriately documented at each scaling appointment and individualized to meet the patient's needs.
 - iii. Pre-rinse (if applicable) accurately recorded as to product and amount of rinse time
 - iv. Type of fluoride with post-op instructions
 - e. Noted that signed, printed estimate and/or statement given to patient (if completed)
 - f. Recall interval noted.
 - g. Approved/swiped by faculty
- 5. **RECALL RECORD**
 - a. Recall is correctly entered in axiUm
 - i. Recall code indicates the time interval for the recall. Check that the time interval matches the treatment plan.
 - ii. Recall type indicates location of patient recall, ie Hygiene, Perio Maintenance, Grad Pros or Private Practice
 - iii. Status should indicate the classification of the patient
- 6. **TREATMENT NECESSARY/APPROPRIATE**
 Auditor's assessment of necessary/appropriate treatment and quality of care received is based on the treatment plan and progress notes.

Addendum F- Patient Competency Rubric

Patient Requirements: 100 pts

Patient Competency: 100 points	
Competent Patients	Points
5 competent patients	100

4 competent patients	90
3 competent patients	85
2 competent patients	75
0-1 competent patient	0

Notes:

- Competency cannot be counted on a DH student, DH faculty, or DH staff member. Competence for 4820 patient care is defined as no more than one (1) score of 0 on the clinic evaluation sheet(s) in the categories of #1-#11 and #13, and at least 3 of the 4 quadrants receive a minimum score of 1 for hard and soft deposit removal. Competency will be determined by CC.
- This will be worth 15% off your final grade for 4820 Clinic II.

Addendum G: Intra-oral Photography Rubric

Criteria	0 points (Did Not Meet Expectations)	1 point (Met Some Expectations)	2 points (Met Most Expectations)	3 points (Met All Expectations)
Unit Setup (12 points)				
Unit Setup	Assigned unit was not properly wiped down prior to barriers placed			Assigned unit was properly wiped down prior to barriers placed
Gather Materials	Did not gather any materials	Missing 4+ items	Missing 1-3 materials	Gathered all materials
Barrier Placement	Did not place proper barriers	Missing 2-3 barriers	Missing 1 barrier	Placed all proper barriers
<i>PPE Usage**</i>	Did not wear proper PPE			Wore all proper PPE
Patient Preparation (9 points)				
Procedure Explanation	Did not explain the procedure to patient	Vaguely explained the procedure to patient	Clearly explained the procedure to patient but did not ask patient if they had any questions	Clearly explained the procedure to patient and asked patient if they had any questions
Consent	Did not obtain consent from patient			Obtained consent from patient
<i>Patient PPE**</i>	Patient missing PPE			Patient given proper PPE (bib and safety glasses)
Image Capture (15 points)				

Full Direct View	5+ errors, image was not captured, or image selected is not of diagnostic quality	3-4 errors	1-2 errors	All landmarks are captured (including distals of the first molars, adequate zone of attached gingival and alveolar mucosa), picture is clearly focused, adequate lighting is present, and picture is centered.
Posterior Buccal View (Right)	Did not take image	3-4 errors	1-2 errors	All landmarks are captured (including distals of the canines to the distal of the most posterior tooth in each arch), picture is clearly focused, adequate lighting is present, and picture is centered by the occlusal plane running in a straight line horizontally across the midline of the frame.
Posterior Buccal View (Left)	Did not take image	3-4 errors	1-2 errors	All landmarks are captured (including distals of the canines to the distal of the most posterior tooth in each arch), picture is clearly focused, adequate lighting is present, and picture is centered by the occlusal plane running in a straight line horizontally across the midline of the frame.
Maxillary Occlusal View	5+ errors, image was not captured, or image selected is not of diagnostic quality	3-4 errors	1-2 errors	All landmarks are captured (including occlusal surfaces through the distals of the first molars and incisal edges are present at the top of the frame), picture is clearly focused, adequate lighting is present, and picture is centered by the median palatine suture.
Mandibular Occlusal View	5+ errors, image was not captured, or image selected is not of diagnostic quality	3-4 errors	1-2 errors	All landmarks are captured (including occlusal surfaces through the distals of the first molars and incisal edges are present at the top of the frame) picture is clearly focused, adequate lighting is present, and picture is centered by the lingual frenum.
Infection Control (3 Points)				
<i>Followed proper aseptic technique**</i>	One or more aseptic technique errors			No aseptic technique errors
Total Points				<u>39</u>

Addendum H: Evaluation of Clinical Performance Rubric
Evaluation of Clinical Performance

- **Administrative & Compliance Errors:** -2 points (per occurrence, unless otherwise noted)
 These are related to preparedness, documentation, and communication issues that reflect poor organization and follow-through.
 - Unprepared for advising meetings
 - Incomplete paperwork, competence report, or axiUm/Teams documentation
 - Late chart audit
 - Failure to follow-up with Ms. Lisa or patients
 - Evidence of poor management of patient care
- **Minor infractions:** -3 pts
 These are less severe violations that may not directly harm the patient but still indicate a lapse in professionalism or adherence to protocols. Examples include but are not limited to:
 - **Continued errors in skills or technique** without improvement at subsequent clinic sessions (e.g., Incomplete documentation of patient records, miscalculation in probing depths)
 - **Tardiness** to clinical sessions (2 tardies are equivalent to one (1) unexcused absence)
 - **Failure to follow infection control protocols and procedures that impact the clinician** (e.g., improper hand hygiene, failure to wear proper PPE (e.g., forgetting gloves or a mask temporarily))
- **Major infractions:** -3 pts
 These are serious violations that could compromise professionalism, patient safety, violate ethical standards, or result in harm. Examples include but are not limited to:
 - **Failure to follow infection control protocols and procedures that impact patients** (e.g., improper hand hygiene)
 - Failure to recognize or respond to a medical emergency
 - Neglecting patient consent before performing procedures
 - Dishonesty or falsification of patient records
 - Unprofessional behavior (e.g., disrespecting patients, faculty, or staff)

Addendum I: Clinical Graduation Requirements

Semester Requirements:					
All semester requirements indicate a <i>minimum</i> number of patients that must be completed. The total number of patients completed is provided for 3830 and 4820 to ensure effective time management. While the total number of patients in 4140 and 4240 will vary, the student is expected to see all assigned patients in a timely manner. Failure to do so will result in a professionalism violation.					
<u>Students who have not completed their requirements by mid-semester advising will need to meet weekly with the Clinic Coordinator(s) until all requirements are fulfilled.</u>					
	Spring 3830	Summer 4820	Fall 4140	Spring 4240	Total

Total number of patients completed	5	5			
Total number of patients added to <i>Competence Report</i> *	1	2	7	10	20
Perio Classification and other competency requirements	1 – Healthy, Gingivitis, or Stage I	1 – Healthy, Gingivitis, or Stage I	1 – Stage II	<u>All remaining competence report patients</u> 1 – Stage III or IV	2 – Healthy, Gingivitis, or Stage I 1 – Stage II 1 – Stage III or IV
Skill Evaluations – to be completed at any time in the semester	1 - Fluoride Varnish	1 - Intraoral Photos	1 - Peer Calculus Detection 1 - LA Infiltration	1 - LA Infiltration	1 - Fluoride Varnish 1 - Intraoral Photos 1 - Peer Calculus Detection 2 – LA Infiltration

*See *Course Syllabus* and *Competence Report* for additional guidance as competence varies based on the course.

LA Infiltration may be completed in clinic or during the Dr. M.C. Cooper Dental Clinic and Now Forward rotations.

Other Program Requirements and Activities:

Skill Evaluations	No-Chair Session Activities	Competence Report Summary
Can be completed at any time once the skill has been taught in the corresponding didactic course. The student must score 75% or higher with no critical errors.	Proof of completion must be provided to the clinic coordinator for any clinic session with no patient. <i>Submissions are due the same day as the no-chair session.</i>	Students are required to keep track of their completed competencies on the <i>Competence Report</i> . This form should be updated regularly and prior to any meetings with the clinic coordinator regarding requirements.
1 – Care of Removable Appliance 2 - Instrument Sharpening (Sickle) 2 – Instrument Sharpening (Universal) 2 – Instrument sharpening (Gracey) 2 – Alginate Impressions 4 - Sealants	Calculus Detection Quiz Peer Calculus Detection Dentalcare.com Case Study Advanced Instrumentation Lesion Description Gingival Description Instrument Sharpening Alginate Impressions Stone Pour Up	1 – Healthy, Gingivitis, or Stage I Perio** 1 – Stage II Perio 1 – Stage III Perio 1 – Reevaluation 2 – Child 2 – Adolescent 2 – Special Needs 5 – Adult

	Model Trim	5 - Geriatric
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Addendum J: Competence Report

Semester Requirements:					
	Spring 3830	Summer 4820	Fall 4140	Spring 4240	Total
Total number of patients completed	5	5			
Total number of patients added to Competence Report *	1	2	7	10	20
Perio Classification and other competency requirements	1 – Healthy, Gingivitis, or Stage I	1 – Healthy, Gingivitis, or Stage I	1 – Stage II	<u>All remaining competence report patients</u> 1 – Stage III or IV	2 – Healthy, Gingivitis, or Stage I 1 – Stage II 1 – Stage III or IV
Skill Evaluations – to be completed at any time in the semester	1 - Fluoride Varnish	1 - Intraoral Photos	1 - Peer Calculus Detection 1 - LA Infiltration	1 - LA Infiltration	1 - Fluoride Varnish 1 - Intraoral Photos 1 - Peer Calculus Detection 2 – LA Infiltration

*See Course Syllabus and Competence Report for additional guidance as competence varies based on the course.

LA Infiltration may be completed in clinic or during the Dr. M.C. Cooper Dental Clinic and Now Forward rotations.

Other Program Requirements and Activities:		
Skill Evaluations	No-Chair Session Activities	Competence Report Summary
Can be completed at any time once the skill has been taught in the corresponding didactic course. The	Proof of completion must be provided to the clinic coordinator for any clinic session with no	Students are required to keep track of their completed competencies on the Competence

student must score 75% or higher with no critical errors.	patient. <i>Submissions are due the same day as the no-chair session.</i>	<i>Report.</i> This form should be updated regularly and prior to any meetings with the clinic coordinator regarding requirements.
1 – Care of Removable Appliance 2 - Instrument Sharpening (Sickle) 2 – Instrument Sharpening (Universal) 2 – Instrument sharpening (Gracey) 2 – Alginate Impressions 4 - Sealants	Calculus Detection Quiz Peer Calculus Detection Dentalcare.com Case Study Advanced Instrumentation Lesion Description Gingival Description Instrument Sharpening Alginate Impressions Stone Pour Up Model Trim	1 – Healthy, Gingivitis, or Stage I Perio** 1 – Stage II Perio 1 – Stage III Perio 1 – Reevaluation 2 – Child 2 – Adolescent 2 – Special Needs 5 – Adult 5 - Geriatric

Addendum K: Reflective Learning Session

Reflective Learning Sessions Clinical Remediation

Overview:

Clinical remediation is intended for students who:

- scored less than a 75% on the OSCE or MOCK examinations
- received one or more critical errors on the OSCE examination
- did not complete or scored less than a 75% on a required clinical competency
- accrued more than the permitted number of “0”s in a certain category on their grade sheet as stated in the *Standards & Evaluation Guidelines*
- have accumulated 2 or more aseptic technique errors
- exhibited unsafe behavior

When remediation is indicated, a reflective learning contract will be provided to the student prior to the scheduled meeting. This contract requires the student to self-reflect and prepare for the upcoming remediation session. After the session is completed, the clinic coordinator (CC) will evaluate the session and determine if additional sessions are needed.

Protocol for reflective learning session:

1. The CC will contact the student to set up a meeting time and provide the student with the appropriate Reflective Learning Session contract.
2. The student will fill out the Reflective Learning Session contract prior to the scheduled meeting.
3. The CC and the student will review and sign the completed contract.
4. The CC will determine any additional activities that need to be completed during or after the session. This may include, but is not limited to:
 - Instrumentation practice on typodonts
 - Remediation of specific questions, skills, or competencies

- Research of a related topic, such as a writing a paper on infection control or completing a related case-study
- Additional reflective learning sessions
- Referral to tutor for guidance in clinical skills and/or theory

5. The CC will complete the post-session section of the contract, review with the student, and both parties will sign.

6. The CC will upload the contract and any supporting documentation into the student's advising folder and appropriate CC folder on SharePoint or Google Drive

- To access the student's advising folder:
 - i. Go to the X:Drive – Academic_Departments – DH_Dental_Hygiene – ROOT
 - ii. Select the appropriate “Student Advising” folder (sorted by graduating class year)
 - iii. Select the appropriate student
 - iv. Upload documents

Addendum L: Mid-semester & Final Advising

Total Points Possible: 10 (per advising session)

Two (2) points will be deducted for each infraction listed below.

Criteria	Meets Expectations (2 pts)	Needs Improvement (0 pts)
Punctuality	Arrives on time and is ready for the advising meeting.	Arrives late or shows up late to clinic.
Time Management	Completes the advising meeting within the assigned timeframe.	Runs over the allotted appointment time due to being unprepared.
Completion of Advising	Completes advising in one session.	Needs to return at another time or day to complete advising.
Patient Management	Three (3) or fewer patients marked “in progress.”	More than 3 “in progress” patients (evaluated case-by-case).
Timely Completion of Cases	All “in progress” patients are actively being scheduled and treated in a timely manner.	One or more “in progress” patients not completed due to poor scheduling; may result in a letter of Unprofessional Conduct.

Carryover from Previous Semester	All carryover patients are completed and/or accounted for.	Carryover patients from previous semester remain uncompleted or unaccounted for.
Completed Patient Report Accuracy	All patient reports are accurate and up to date.	“Completed Patient Report” is inaccurate.
Grading Accuracy	Grades entered correctly into Teams for all completed patients.	Grades missing or inaccurately entered into Teams.
Request/Active Report Accuracy	All “in progress” patients appear on the Request/Active Report.	One or more patients “in progress” missing from the Request/Active Report.
Professionalism	Demonstrates preparedness, organization, and professional maturity.	Unprepared, disorganized, or displays unprofessional behavior.
Clinic Coordinator Comments:		