



**DHYG 2010 Clinical Dental Hygiene II Lecture
COURSE SYLLABUS
Summer Semester 2018**

COURSE INFORMATION

Credit Hours/Minutes: 2 Semester Credit Hours and 1500 minutes
Campus/Class Location: Vidalia/Health Sciences Annex C, Room 906
Class Meets: Wednesday 8:00-11:00
Course Reference Number (CRN): 60178

INSTRUCTOR CONTACT INFORMATION

Course Director: Melanie Bryson, RDH, BS
Email Address: [Melanie Bryson \(mbryson@southeasterntech.edu\)](mailto:mbryson@southeasterntech.edu)
Campus/Office Location: Vidalia/Health Sciences Annex C, Office 910
Office Hours: Monday 7:30-12:00; Tuesday 4:30-5:30; Wednesday 11:00-4:00
Phone: 912-538-3250
Fax Number: 912-538-3278

SOUTHEASTERN TECHNICAL COLLEGE'S (STC) CATALOG AND HANDBOOK

Students are responsible for all policies and procedures and all other information included in Southeastern Technical College's [Catalog and Handbook \(http://www.southeasterntech.edu/student-affairs/catalog-handbook.php\)](http://www.southeasterntech.edu/student-affairs/catalog-handbook.php).

REQUIRED TEXTS/DVD

Dental Hygiene Theory and Practice. Fourth edition. Darby and Walsh. 2015. Elsevier.
Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation. Eighth edition. Gehrig, Sroda, and Saccuzzo. 2017. Wolters Kluwer.
A Focus on Fulcrums (Periodontal Instrumentation DVD). Leiseca.

REFERENCE TEXTS

Clinical Practice of the Dental Hygienist. Twelfth edition. Wilkins. 2017. Wolters Kluwer.
Southeastern Technical College Dental Hygiene Clinic Manual

REQUIRED SUPPLIES

Pen, pencil, paper, highlighter, USB jump drive, Hu-Friedy After Five Rigid Gracey Curettes

Students should not share login credentials with others and should change passwords periodically to maintain security.

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COURSE DESCRIPTION

Continues the development of student knowledge in treating patients and preventing oral disease. Topics include: instrument sharpening, patient assessment, antimicrobial use, pulp vitality testing, treatment of hypersensitivity, whitening, implant care, tobacco cessation, pit and fissure sealants, scaling, debridement and root planing, ultrasonics and air polishing, and dietary analysis.

MAJOR COURSE COMPETENCIES (CC)

1. Instrument Sharpening
2. Patient Assessment
3. Use of Antimicrobials
4. Pulp Vitality Testing
5. Treatment of Hypersensitivity
6. Whitening
7. Implant Care
8. Tobacco Cessation
9. Pit and Fissure Sealants
10. Scaling, Debridement and Root Planing
11. Ultrasonics and Air Polishing
12. Dietary Analysis

PREREQUISITE(S)

DHYG 1070, DHYG 1110

COREQUISITE

DHYG 2020

GENERAL EDUCATION CORE COMPETENCIES (GC)

Southeastern Technical College has identified the following general education core competencies that graduates will attain:

1. The ability to utilize standard written English.
2. The ability to solve practical mathematical problems.
3. The ability to read, analyze, and interpret information.

STUDENT REQUIREMENTS

Students are responsible for the policies and procedures in the STC Catalog and Handbook, Dental Hygiene Program Handbook, and Dental Hygiene Clinic Manual. During an examination, the following procedures must be followed: all books and personal belongings must be placed at the back of the classroom. Students will be asked to rotate seats prior to the beginning of the test. Test proctor will personally examine each desk to ensure that no writing is present on desk. Computer monitors should be facing the front of the classroom during test. When a student completes the test, he/she may raise hand and turn paper in to proctor. Student must remain in seat until test time is complete to avoid distracting other students. Students who have completed testing should be as quiet as possible and avoid any activity that might make those students who are still testing feel pressured or rushed. Students may not go to the bathroom during the test session. Test proctor must observe students at all times and notify students when there are ten remaining minutes left of the total exam time. Test proctor should routinely walk around classroom and observe testing. Test proctor

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should refrain from grading papers, reading materials, or using computer during the test. Students caught with cheat sheets or cell phones will be considered cheating and a zero will be issued for the examination. The STC academic dishonesty policy will be enforced. Once the test begins, no talking is allowed. Once the test begins, tardy students may not enter the classroom.

Students are expected to exhibit professional behavior at all times. Each student must show respect and concern for fellow students and for the course instructors/supervising dentists. Insubordination will not be tolerated, and disciplinary measures will be enacted. No cell phones or smart electronic devices are allowed to be turned on in the classroom, clinic, or locker area. If a student is observed in possession of his/her cell phone or smart electronic device during class, a critical incident will be issued. A student cannot use his/her cell phone or smart electronic device during class. There are no exceptions to this rule and do not ask. If you have a personal situation going on, please advise your instructor and give your family the clinic receptionist's phone number for emergency contact. You should not have your cell phone or smart electronic device in the class! Personal phone calls must be handled after class.

By completing the assignments below prior to class, students will become familiar with course material prior to classroom facilitation. As a result, higher-level learning will be fostered in the classroom.

1. Read the assigned chapter(s) and be prepared to actively participate in class discussions and activities.
2. Learn the key terms at the beginning of the chapter(s).
3. Complete the objectives at the front of the chapter(s).
4. Check lesson plan daily for scheduled assignments/due dates.

ATTENDANCE GUIDELINES

Class attendance is a very important aspect of a student's success. Being absent from class prevents students from receiving the full benefit of a course and also interrupts the learning process. Southeastern Technical College considers both tardiness and leaving early as types of absenteeism. Responsibility for class attendance rests with the student. Regular and punctual attendance at all scheduled classes is required for student success. Students will be expected to complete all work required by the instructor as described in the individual course syllabus. Students who stop attending class, but do not formally withdraw, may receive a grade of "F" (Failing 0-59) and face financial aid repercussions in upcoming semesters. Instructors are responsible for determining whether missed work may be made up and the content and dates for makeup work is at the discretion of the instructor. Excused absences will be evaluated on a case-by-case basis by the program director. Examples of excused absences would be a car accident on the way to class/clinic or unexpected hospitalization of the student. Please do not plan a vacation or schedule a routine medical/dental appointment during the designated class/clinical times. Unexcused absences will not be made up and may lead to the student's failure of the course. Program director must be notified of any absences prior to scheduled clinic/class session.

Attendance is counted from the first scheduled class meeting of each semester. To receive credit for a course, a student must attend at least 90% of the scheduled instructional time. Assignments missed due to tardiness or absences must be made up at the convenience of the instructor. Any student attending less than the required scheduled instructional time (90%) may be dropped from the course as stated below in the Withdrawal Procedure.

Tardy means arriving after the scheduled time for instruction to begin. Early departure means leaving before the end of the scheduled time. Three (3) tardies or early departures equal one (1) absence for the course.

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For this class, which meets 1 session per week for 9 weeks, the maximum number of sessions a student may miss for attendance purposes is 1 session during the semester.

ADDITIONAL ATTENDANCE GUIDELINES FOR HEALTH SCIENCES

Requirements for instructional hours within Health Science programs reflect the rules of respective licensure boards and/or accrediting agencies. Therefore, these programs have stringent attendance policies. Each program's attendance policy is published in the program's handbook and/or syllabus which specify the number of allowable absences. All provisions for required makeup work in the classroom or clinical experiences are at the discretion of the instructor.

SPECIFIC ABSENCES

Provisions for Instructional Time missed because of documented absences due to jury duty, military duty, court duty, or required job training will be made at the discretion of the instructor.

WITHDRAWAL PROCEDURE

Students wishing to officially withdraw from a course(s) or all courses after the drop/add period and prior to the 65% portion of the semester (date will be posted on the school calendar) must speak with a Career Counselor in Student Affairs and complete a Student Withdrawal Form. A grade of "W" (Withdrawn) is assigned when the student completes the withdrawal form from the course.

Students who are dropped from courses due to attendance (see your course syllabus for attendance policy) after drop/add until the 65% point of the semester will receive a "W" for the course. Abandoning a course(s) instead of following official withdrawal procedures may result in a grade of "F" being assigned.

After the 65% portion of the semester, the student will receive a grade for the course. (Please note: A zero will be given for all missed assignments.)

There is no refund for partial reduction of hours. Withdrawals may affect students' eligibility for financial aid for the current semester and in the future, so a student must speak with a representative of the Financial Aid Office to determine any financial penalties that may be assessed due to the withdrawal. All grades, including grades of 'W', will count in attempted hour calculations for the purpose of Financial Aid.

Remember - Informing your instructor that you will not return to his/her course does not satisfy the approved withdrawal procedure outlined above.

MAKEUP GUIDELINES (TESTS, QUIZZES, HOMEWORK, PROJECTS, ETC.)

Students are allowed to make up only one missed exam excluding the final examination. This is only if they have an excused absence approved by the instructor. The makeup exam may be given in a different format than the original exam. A doctor's excuse and/or additional documentation will be requested. Ten points will be deducted from the test for taking the test late. All other missed exams/class preparation assessments will result in a grade of zero. If you enter the classroom late, you will not be allowed to take the exam, and you will be issued a zero for the exam. PLEASE be on time! Projects are due on the date specified on the lesson plan at the start time of the class. Projects will not be accepted late for any reason!

Homework assignments will be assigned throughout the semester. Failure to complete homework assignments will result in one point being deducted from the final course grade for each assignment not

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completed by the deadline specified. No exceptions. Late or incomplete assignments still need to be completed and turned in for instructor review and feedback. If you are going to be absent, you should deliver your homework/assignment to your instructor prior to the deadline to ensure credit.

SPECIAL NEEDS

Students with disabilities who believe that they may need accommodations in this class based on the impact of a disability are encouraged to contact [Helen Thomas](mailto:hthomas@southeasterntech.edu) (hthomas@southeasterntech.edu), 912-538-3126, to coordinate reasonable accommodations.

PREGNANCY

Southeastern Technical College does not discriminate on the basis of pregnancy. However, we can offer accommodations to students who are pregnant that need special consideration to successfully complete the course. If you think you will need accommodations due to pregnancy, please advise me and make appropriate arrangements with [Helen Thomas](mailto:hthomas@southeasterntech.edu) (hthomas@southeasterntech.edu), 912-538-3126.

ACADEMIC DISHONESTY POLICY

The Southeastern Technical College Academic Dishonesty Policy states that all forms of academic dishonesty, including but not limited to cheating on tests, plagiarism, collusion, and falsification of information, will call for discipline. The policy can also be found in the Southeastern Technical College Catalog and Handbook.

PROCEDURE FOR ACADEMIC MISCONDUCT

The procedure for dealing with academic misconduct and dishonesty is as follows:

1. First Offense

Student will be assigned a grade of "0" for the test or assignment. Instructor keeps a record in course/program files and notes as first offense. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus. The Registrar will input the incident into Banner for tracking purposes.

2. Second Offense

Student is given a grade of "WF" (Withdrawn Failing) for the course in which offense occurs. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of second offense. The Registrar will input the incident into Banner for tracking purposes.

3. Third Offense

Student is given a grade of "WF" for the course in which the offense occurs. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of third offense. The Vice President for Student Affairs, or designee, will notify the student of suspension from college for a specified period of time. The Registrar will input the incident into Banner for tracking purposes.

STATEMENT OF NON-DISCRIMINATION

The Technical College System of Georgia and its constituent Technical Colleges do not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, spouse of military member or citizenship status (except in those special circumstances permitted or mandated by law). This school is in compliance with Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, or national

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origin; with the provisions of Title IX of the Educational Amendments of 1972, which prohibits discrimination on the basis of gender; with the provisions of Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of handicap; and with the American with Disabilities Act (ADA).

The following individuals have been designated to handle inquiries regarding the nondiscrimination policies:

American With Disabilities Act (ADA)/Section 504 - Equity- Title IX (Students) – Office of Civil Rights (OCR) Compliance Officer	Title VI - Title IX (Employees) – Equal Employment Opportunity Commission (EEOC) Officer
Helen Thomas, Special Needs Specialist Vidalia Campus 3001 East 1 st Street, Vidalia Office 108 Phone: 912-538-3126 Email: Helen.Thomas@southeasterntech.edu	Lanie Jonas, Director of Human Resources Vidalia Campus 3001 East 1 st Street, Vidalia Office 138B Phone: 912-538-3230 Email: Lanie.Jonas@southeasterntech.edu

ACCESSIBILITY STATEMENT

Southeastern Technical College is committed to making course content accessible to individuals to comply with the requirements of Section 508 of the Rehabilitation Act of Americans with Disabilities Act (ADA). If you find a problem that prevents access, please contact the course instructor.

GRIEVANCE PROCEDURES

Grievance procedures can be found in the Catalog and Handbook located on Southeastern Technical College’s website.

ACCESS TO TECHNOLOGY

Students can now access Blackboard, Remote Lab Access, Student Email, Library Databases (Galileo), and BannerWeb via the mySTC portal or by clicking the Current Students link on the [Southeastern Technical College \(STC\) Website \(www.southeasterntech.edu\)](http://www.southeasterntech.edu).

TECHNICAL COLLEGE SYSTEM OF GEORGIA (TCSG) GUARANTEE/WARRANTY STATEMENT

The Technical College System of Georgia guarantees employers that graduates of State Technical Colleges shall possess skills and knowledge as prescribed by State Curriculum Standards. Should any graduate employee within two years of graduation be deemed lacking in said skills, that student shall be retrained in any State Technical College at no charge for instructional costs to either the student or the employer.

INSTRUCTIONAL DELIVERY METHODS

The following methods may be utilized to facilitate learning: lecture, PowerPoint presentations with handouts, multimedia presentations, group discussions, independent reading assignments, interactive websites, role play, and case studies.

EVALUATION PROCEDURES

MIDTERM

Instrument Sharpening, Ultrasonics, Air Polishing, Whitening, Patient Assessment, Use of Antimicrobials

FINAL

Comprehensive-all chapters included in lesson plan

TOBACCO CESSATION PROJECT

The tobacco cessation is designed to educate and support your patients (who have a dependency to tobacco products) through the challenges of cessation and to improve their overall health. Tobacco intervention is a valuable service to offer any patient. There are numerous types of cessation programs. Each student will be assigned an individual topic of cessation and will research the topic and create a PPT (PowerPoint) presentation. An oral presentation of 5(min)-10(max) minutes will be given using the cessation topic assigned. The PPT presentation created by the student will then be used in the clinic for patient tobacco cessation plans. The PPT presentation must define the use of the assigned topic and how it may benefit the patient. Students must understand the adverse health effects (both systemic and oral) and the addiction in order to provide a means of tobacco cessation to the patient. Get all the facts. Textbooks from class may be used for resources but will need to support findings with other sources such as the internet, American Cancer Society, physicians, and health professionals. The template for the PPT presentation as well as the self-assessment and grading rubric must be accessed from the M: drive. The self-assessment and grading rubric will assess the information covered in the PPT presentation. Students must print out the self-assessment and grading rubric from the M: drive and self-assess their project. The self-assessment and grading rubric must be turned in along with the paper copy (in notes format) of the PPT presentation. This will eliminate the likelihood of any omissions from the project. Practice the presentation prior to class to maintain time parameters as well as develop patient communication skills for tobacco cessation. Submit the project on the due date on the lesson plan. Late submissions will not be accepted and will result in a grade of ZERO. A topic will be assigned to each student. Each student will complete a tobacco cessation project. Deadline is listed on the lesson plan. If you are going to be absent on the date of the deadline, please deliver the project to the instructor prior to the deadline. NO EXCEPTIONS!

Tobacco Cessation Project Topics

1. ADHA Program
2. Quit Smoking Programs and Support Groups
3. Hypnosis
4. Cold Turkey
5. Acupuncture
6. Electronic Cigarette
7. Smoking Cessation Classes
8. Pharmacotherapy – Zyban and Chantix
9. Nicotine Replacement therapy – Patch, gum, Lozenge, Inhaler, Spray
10. Quitnet.com
11. Quit for Life Program

Clinical Skill Evaluations

Clinical skill evaluations will be performed on the following topics: air polishing, local anesthesia set-up, Oraqix, subgingival irrigation, and advanced instrumentation. Students will perform the clinical skill evaluations on the tyodont during the assigned sessions designated on the lesson plan. Students must achieve 100% on the clinical skill level of each skill to progress in the course or remediation will be required. There is a mandatory 2-hour practice that must be performed prior to any skill evaluation check-off. This is the minimum requirement and must be performed during the scheduled practice time. The practice log book is

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provided at the front desk. Students must sign in before entering the clinic and sign out upon exiting the clinic. Instructors are not assigned to the clinic during these practice sessions, but the clinic is always monitored. Students are encouraged to practice on their own. Reminder: students have signed the Dental Hygiene Practice policy and violation of this may result in dismissal from the dental hygiene program. Upon completion of the 2-hour mandatory practice, students may discuss any questions or issues they may have with an instructor on an individual basis. Failing to maintain the learning environment during the practice session will result in an infraction or critical incidence. Students must achieve 100% on each clinical skill evaluations on the first attempt or remediation will be required prior to the second/final attempt of the skill. The student will begin with a 30-point deduction if a second/final attempt is necessary. Remediation will consist of a minimum of 2 hours of additional practice during the scheduled practice time. Students will be allowed two attempts to reach 100%. The following list of attempts illustrates the grade that will be issued for the first and second/final attempts.

First Attempt = 100 is the grade for 100% competency

Second/Final Attempt = 70 is the grade for 100% competency

If a student fails to achieve 100% on the skill evaluation at the end of the second/final attempt, the student will be given a grade of "0" for the skill evaluation. The student will also be assigned an "F" for the final course grade, and the student will not be allowed to proceed in the dental hygiene program. If a student misses a clinical skill evaluation due to an approved absence from the program director, they will receive a grade of "0" on the clinical skill evaluation. Students are not allowed to make up clinical skill evaluations. However, the student must demonstrate 100% competency on the skill evaluation that was missed due to an excused absence to progress in the program. It is mandatory to master one skill before progressing to the next skill in the clinic sessions. It is the student's responsibility to see the instructor and set up a time to be evaluated in that competency before moving on to the next skill evaluation. Self and peer assessments must be completed on each skill evaluation prior to the scheduled skill evaluation session. The skill evaluations are posted on the course material drive under Clinic II Skill Evaluations of the DHYG 2010 folder. Students must be on time for all skill evaluations. Failure to be in assigned seat/operator at the start time of the class will result in inability to take the skill evaluation and a zero will be assigned. Failure to have a skill evaluation sheet completely filled out as specified to include self and peer evaluations with feedback will result in a failed attempt and the student will have to re-schedule to take the skill evaluation as the second/final attempt and begin with a 30-point deduction.

****Bottom Line= If you do not pass any skill evaluation on the first attempt with a grade of 100 or the second/final attempt with a grade of 70, you will receive an "F" in this course regardless of your final numerical course grade. You will not be allowed to progress in the course. If you receive an "F" in any DHYG course, you will not be able to progress in the dental hygiene program.**

CLASS PREPARATION ASSESSMENT

A class preparation assessment will be conducted during designated class sessions as outlined on the lesson plan. Each student shall randomly draw one question. The question will cover some topic or portion of the course material that the student should have read and studied as outlined on the lesson plan. If a student demonstrates prior class preparation/participation by answering the question correctly, a session grade of 100 will be recorded. If a student fails to demonstrate prior class preparation/participation by answering the question incorrectly, a session grade of "0" will be recorded. The student will be allowed to remain in class but shall be required to report to campus on Monday at 3:45 and study the course material until 4:45 to ensure adequate time has been spent studying so that application of the course material may be achieved.

GRADING POLICY

Evaluation Item	Grade	(X) %	Points
Midterm Exam		20	
Final Exam		20	
Skill Evaluations (averaged together)		30	
Tobacco Cessation Project		10	
Class Preparation Assessment (averaged together)		20	
Point Deductions for late/incomplete assignments-			
Subtotal			
Final Course Grade			

CALCULATION OF FINAL COURSE GRADE

Evaluation Item	Grade	(X) %	Points
Exam 1		.20	
Exam 2		.20	
Skill Evaluation – Air Polishing			
Skill Evaluation – Local Anesthesia Set Up			
Skill Evaluation – Oraqix			
Skill Evaluation – Advanced Instrumentation			
Skill Evaluation – Subgingival Irrigation			
Skill Evaluations (5 averaged together)		.30	
Tobacco Cessation Project		.10	
Class Preparation Assessment 1			
Class Preparation Assessment 2			
Class Preparation Assessment 3			
Class Preparation Assessment 4			
Class Preparation Assessment 5			
Class Preparation Assessment 6			
Class Preparation Assessments (1-6 averaged together)		.20	
Point Deductions for late/incomplete assignments-			
Subtotal			
Final Course Grade			

GRADING SCALE

Letter Grade	Range
A	90-100
B	80-89
C	70-79
D	60-69
F	0-59

DENTAL HYGIENE PROGRAM GOALS

- A. To provide comprehensive preparation of competent individuals in the arts and sciences pertinent to the discipline of dental hygiene.

- B. To provide comprehensive preparation of competent individuals in the clinical and laboratory experiences, which are necessary to develop skills in rendering professional dental hygiene patient care to the public.
- C. To provide an environment that will foster respect for the Dental Hygiene Professional Code of Ethics and Conduct and assure recognition and acceptance of the responsibilities of the profession of dental hygiene.
- D. To prepare the graduates of the basic two-year curriculum in dental hygiene to fulfill the dental hygienist's role in community oral health services.
- E. To teach students to conduct critical reviews of current literature as a means of research and life-long learning.
- F. To teach students to seek life-long learning through continuing education courses on the latest products and developments in dentistry and medicine.

LEARNING OBJECTIVES

Instrument Sharpening - Fundamentals Module 23, 24

1. List the benefits of using instruments with sharp cutting edges for periodontal instrumentation. (A, B, C, D)
2. Define and differentiate the terms *sharp cutting edge* and *dull cutting edge*. (A, B, C, D)
3. Given a variety of periodontal instruments, distinguish between those with sharp cutting edges and those with dull cutting edges. (A, B, C, D)
4. Demonstrate two methods for determining if a cutting edge is sharp. (A, B, C, D)
5. Describe important design characteristics to be maintained when sickle scalers and universal and area specific curets are sharpened. (A, B, C, D)
6. Differentiate the following sharpening stones according to grain, recommended use, and preferred lubricant: synthetic stone, India stone, Arkansas stone, and ceramic stone. (A, B, C, D)
7. Demonstrate the correct care of a sharpening stone. (A, B, C, D)
8. Describe common sharpening errors. (A, B, C, D)
9. Value the practice of sharpening at the first sign of dullness. (A, B, C, D)
10. Compare and contrast the moving stone and moving instrument techniques for instrument sharpening. (A, B, C, D)
11. Describe and demonstrate the proper relationship of the instrument's working end to the sharpening stone. (A, B, C, D)
12. Demonstrate the correct grasp for both the instrument and the sharpening stone when using the moving stone technique. (A, B, C, D)
13. Demonstrate the correct finger rest and grasp when using the moving instrument technique. (A, B, C, D)
14. Describe and demonstrate the sharpening procedure for sickle scalers, universal curets, and area specific curets using the moving stone technique. (A, B, C, D)
15. Describe and demonstrate the sharpening procedure for sickle scalers, universal curets, and area specific curets using the moving instrument technique. (A, B, C, D)
16. Sharpen a dull sickle scaler, universal curet, and area specific curet to produce a sharp, fine cutting edge while preserving all of the original design characteristics of the working ends. (A, B, C, D)
17. Demonstrate the procedure for using a plastic sharpening stick to determine whether the entire length of a cutting edge is sharp. (A, B, C, D)

Ultrasonics – Fundamentals Module 26

1. Discuss the history and technologic advances of powered instrumentation. (A, B, C, D)
2. Name the major types of powered instrumentation technology. (A, B, C, D)
3. Name the two subtypes of ultrasonic powered instrumentation technology. (A, B, C, D)
4. Describe the various modes of action of powered instrumentation devices. (A, B, C, D)
5. Compare and contrast the advantages and limitations of powered instrumentation. (A, B, C, D)
6. Discuss the benefits to the patient when powered instrumentation is integrated into the treatment plan. (A, B, C, D)
7. Discuss medical and dental contraindications for powered instrumentation. (A, B, C, D)
8. Discuss the terms “frequency” and “amplitude” and describe how these factors determine the cleaning efficiency of powered instrumentation. (A, B, C, D)
9. Compare and contrast the design features of standard and slim perio powered working-ends. (A, B, C, D)
10. Discuss criteria for the selection of powered working-ends in relation to the instrumentation task to be performed. (A, B, C, D)
11. Demonstrate how to determine powered working-end wear and at what point a working-end should be discarded. (A, B, C, D)
12. Define the term “active working-end area” as it pertains to a powered working-end. In a preclinical or clinical setting, demonstrate correct adaptation of the active portion of a powered instrument working-end. (A, B, C, D)
13. In a preclinical or clinical setting, demonstrate correct stroke pressure for use with a powered working-end. (A, B, C, D)
14. In a preclinical or clinical setting, demonstrate correct working-end adaptation in a (1) transverse orientation and (2) vertical orientation in all sextants of the dentition. (A, B, C, D)
15. Given a set of paired, curved working-ends, correctly identify the “right” and “left” working-end. (A, B, C, D)
16. On a typodont, demonstrate an efficient sequence for use of curved working-ends in a (1) transverse orientation and (2) vertical orientation on the posterior sextants of the dentition. (A, B, C, D)
17. Describe an effective strategy for removing tenacious calculus deposits during powered instrumentation. (A, B, C, D)
18. On an extracted tooth, demonstrate the use of a diamond-coated working-end for smoothing a defective margin on a restoration. (A, B, C, D)
19. On a typodont, demonstrate how to access and enter a furcation area of a multirrooted tooth with a ball-tipped powered working-end. (A, B, C, D)
20. Identify pretreatment considerations before the initiation of powered instrumentation. (A, B, C, D)
21. Prepare (set-up) a powered instrumentation device for use. (A, B, C, D)
22. In a clinical setting, demonstrate correct technique for use of a powered instrumentation device, including: treatment room, clinician and patient preparation; armamentarium selection/set-up and infection control; grasp, finger rest, adjustment of water flow, working-end adaptation and stroke; and fluid control. (A, B, C, D)
23. In a clinical setting, select appropriate powered working-ends for a patient case. (A, B, C, D)
24. In a clinical setting, use correct technique to effectively remove calculus deposits and plaque biofilm using a powered instrumentation device. (A, B, C, D)

Air Polishing – Fundamentals Module 27

1. Explain the importance of professional subgingival biofilm removal from root surfaces as a routine part of nonsurgical periodontal therapy. (A, B, C, D)

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2. Compare and contrast “subgingival air polishing with glycine powder for biofilm management” with “supragingival air polishing with sodium bicarbonate for stain removal”. (A, B, C, D)
3. Compare the types of air polishing powders available and their appropriate use. (A, B, C, D)
4. List medical and dental contraindications of subgingival air polishing for biofilm management and supragingival air polishing for stain removal. (A, B, C, D)
5. On a typodont, demonstrate the correct angulation and instrumentation stroke with a standard nozzle for stain removal. (A, B, C, D)
6. On a typodont, demonstrate correct insertion and use of the specialized plastic perio tip and glycine-based powder for subgingival biofilm removal. (A, B, C, D)
7. In a preclinical or clinical setting, demonstrate correct technique for use of an air polishing device, including: treatment room, clinician and patient preparation; armamentarium selection/set-up and infection control; grasp and finger rest; correct technique; and fluid control. (A, B, C, D)
8. Discuss the benefits to the patient when supra- and subgingival air polishing is integrated into the treatment plan. (A, B, C, D)

Whitening and Air Polishing – Darby 29

1. Define extrinsic and intrinsic tooth stains. (A, B, C, D)
2. Discuss extrinsic stain management. (A, B, C, D)
3. Discuss extrinsic stain removal, including:
Describe effects of rubber-cup and air polishing on teeth, gingiva, restorative materials, and the dental care setting. (A, B, C, D)
4. Describe indications, contraindications, precautions, and techniques for rubber-cup polishing. (A, B, C, D)
5. Describe selection, maintenance, and infection control for instruments, devices, and armamentaria used for rubber-cup polishing. (A, B, C, D)
6. Explain goals and rationales for selective polishing. (A, B, C, D)
7. Describe effects of air polishing on teeth, gingiva, restorative materials, and implants. (A, B, C, D)
8. Describe indications, contraindications, precautions, and techniques for air polishing. (A, B, C, D)
9. Describe selection, maintenance, and infection control for instruments, devices, and armamentaria used for air polishing. (A, B, C, D)
10. Discuss intrinsic stain management. (A, B, C, D)
11. Discuss whitening agents, including: Identify the advantages and disadvantages of each method of whitening. (A, B, C, D)
12. Describe side effects of tooth whitening. (A, B, C, D)
13. Explain restorative procedures to manage stained teeth. (A, B, C, D)
14. Discuss ethical and legal aspects of extrinsic stain removal and tooth whitening. (A, B, C, D)

Periodontal Disease Risk Assessment – Darby 19

1. Define risk assessment and its significance. (A, B, C, D)
2. Identify, give examples, and assess modifiable and nonmodifiable risk factors that affect onset, progression, and severity of periodontal disease and health maintenance. (A, B, C, D)
3. Explain the clinical application of risk assessment, including:
Identify the six basic tools needed to assess clinical parameters. (A, B, C, D)
4. Describe healthy periodontium by clinical signs and histologic characteristics. (A, B, C, D)
5. Describe diseased periodontium by clinical signs and histologic characteristics. (A, B, C, D)
6. Distinguish among varying types of gingivitis and periodontitis. (A, B, C, D)
7. Discuss radiographic assessment, including evaluation of radiographs for signs of periodontal disease. (A,

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B, C, D)

8. Discuss assessment of periodontal disease activity, including methods of microbiologic identification of periodontitis. (A, B, C, D)
9. Describe indices for measuring periodontal diseases. (A, B, C, D)
10. Explain proper documentation and record keeping. (A, B, C, D)
11. Define a decision-making matrix and explain its significance. (A, B, C, D)

Potential Impact of Periodontal Infections on Overall General Health – Darby 20

1. Discuss the connection between periodontal infections and overall general health, including why the presence of bleeding upon periodontal probing means that the “door is open” for a wide range of adverse effects on the overall health of the individual. (A, B, C, D)
2. Explain the potential connection between periodontal diseases and coronary heart disease (atherosclerosis, myocardial infarction), cerebrovascular disease (stroke), pregnancy complications and adverse outcomes, diabetes mellitus, pulmonary diseases, neurologic diseases, gastrointestinal diseases, and cancer of the stomach and pancreas. (A, B, C, D)

The Process of Dental Hygiene Diagnosis – Darby 21

1. Define, diagnose, and differentiate between a dental hygiene diagnosis and a dental diagnosis. (A, B, C, D)
2. Explain the dental hygiene diagnostic process, including:
Identify interventions that support various dental hygiene diagnoses. (A, B, C, D)
3. Apply human needs theory to diagnostic decision making. (A, B, C, D)
4. Discuss formulating and validating dental hygiene diagnoses, including:
Write dental hygiene diagnostic statements. (A, B, C, D)
5. Explain how to validate a dental hygiene diagnosis. (A, B, C, D)
6. Discuss the outcomes of dental hygiene diagnoses. (A, B, C, D)

Dental Hygiene Care Planning, Evaluation and Documentation – Darby 22

1. Discuss the planning phase in the dental hygiene process of care, including:
Explain the purpose of the planning phase and the client’s role in care plan development. (A, B, C, D)
2. Identify the sequence for developing a dental hygiene care plan and how each step relates to the dental hygiene diagnosis. (A, B, C, D)
3. Do the following regarding the evaluation phase of client care:
Explain the purpose of the evaluation phase and its significance to the process of care. (A, B, C, D)
4. Formulate a client-centered care plan from a dental hygiene diagnosis. (A, B, C, D)
5. Discuss documentation, including its significance to the process of care and practitioner liability. (A, B, C, D)

Use of Antimicrobials – Darby 31

1. Discuss indications for chemotherapeutic interventions in the prevention and treatment of inflammatory periodontal disease. (A, B, C, D)
2. Identify the organizations in the United States and Canada that ensure the safety and efficacy of oral chemotherapeutics. (A, B, C, D)
3. Discuss the rationale for chemical therapeutics. (A, B, C, D)
4. Discuss local delivery methods, including:
Distinguish between the various modes of delivery available for the client’s application of chemotherapeutics. (A, B, C, D)

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5. Distinguish between the various modes of delivery available for the clinician's application of chemotherapeutics in professional settings. (A, B, C, D)
6. Make recommendations to clients for product selection for home and professional use of oral chemotherapeutics for periodontitis. (A, B, C, D)
7. Discuss systemic delivery methods. (A, B, C, D)
8. Describe various active ingredients used in oral chemotherapeutic products for periodontal diseases. (A, B, C, D)

Nonsurgical Periodontal Therapy Overview- Darby 30

1. Discuss basic concepts of nonsurgical periodontal therapy, including:
Explain similarities and differences between disease activity and disease severity. (A, B, C, D)
2. Differentiate among nonsurgical periodontal therapy, oral prophylaxis, and periodontal maintenance therapy. (A, B, C, D)
3. Discuss implementation of nonsurgical periodontal therapy. (A, B, C, D)
4. Describe optimal clinical and therapeutic outcomes from nonsurgical periodontal therapy. (A, B, C, D)
5. Explain how dental benefit plans influence nonsurgical periodontal therapy. (A, B, C, D)
6. Explain the rationale for periodontal maintenance therapy and suggest appropriate intervals based on individual client needs. (A, B, C, D)
7. Explain the dental hygienist's role after periodontal surgery. (A, B, C, D)

Advanced Instrumentation (Scaling, Debridement, Root Planing) – Fundamentals Modules 20, 21

1. Describe characteristics of root morphology that make root instrumentation challenging. (A, B, C, D)
2. Identify instruments that are appropriate for root instrumentation of root surfaces within deep periodontal pockets. (A, B, C, D)
3. Compare and contrast standard curets, extended shank curets, miniature curets, and micro-miniature curets. (A, B, C, D)
4. Given any instrument, identify where and how it may be used on the dentition. (A, B, C, D)
5. Demonstrate the use of an explorer on extracted or acrylic teeth including exploration of root concavities and the furcations of multi-rooted teeth. (A, B, C, D)
6. Select instruments that are appropriate for root instrumentation in the presence of attachment loss. (A, B, C, D)
7. Discuss anatomical features that complicate the instrumentation of root surfaces in the presence of attachment loss (A, B, C, D)
8. Demonstrate each of the following advanced intraoral fulcrums on a periodontal typodont in an appropriate sextant of the dentition for the fulcrum: finger-on-finger intraoral, cross arch, and opposite arch, and instrumentation strokes with a finger assist technique. (A, B, C, D)
9. Demonstrate each of the following extraoral fulcrums on a periodontal typodont in an appropriate sextant of the dentition for the fulcrum: extraoral "palm out" technique, extraoral "chin-up" technique, and instrumentation strokes with a finger assist technique. (A, B, C, D)
10. Select the correct working-end of an area-specific curet for use with horizontal strokes in mesial and distal root concavities (toe-down or toe-up position). (A, B, C, D)
11. Demonstrate horizontal strokes in a proximal root concavity located on acrylic tooth or periodontal typodont and explain the rationale for using horizontal strokes in concavities. (A, B, C, D)
12. Demonstrate horizontal strokes in the facial concavity located between the CEJ and furcation area of multi-rooted teeth and explain the rationale for using horizontal strokes in this area. (A, B, C, D)

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13. Demonstrate horizontal strokes at the distofacial and distolingual line angles on acrylic teeth or periodontal typodont and explain the rationale for using horizontal strokes at line angles. (A, B, C, D)
14. Demonstrate instrumentation of the furcation area on a mandibular first molar on an acrylic tooth or periodontal typodont. (A, B, C, D)
15. Demonstrate instrumentation of the furcations on a maxillary first molar from the facial aspect. Instrument only those furcations that are best accessed from the facial aspect. (A, B, C, D)
16. Demonstrate instrumentation of the furcations on a maxillary first molar from the lingual aspect. Instrument only those furcations that are best accessed from the lingual aspect. (A, B, C, D)

Local Anesthesia – Darby 40

1. Describe the physiologic mechanism of nerve conduction. (A, B, C, D)
2. Discuss local anesthetic agents and vasoconstrictors used in dentistry, including:
Calculate the maximal safe dose of each local anesthetic agent and vasoconstrictor for each client. (A, B, C, D)
3. Explain the rationale for using a particular agent. (A, B, C, D)
4. Assess clients' health and pharmacologic history to determine their suitability to receive local anesthetics or vasoconstrictors. (A, B, C, D)
5. Identify the equipment used for the administration of a local anesthetic agent. (A, B, C, D)
6. Assemble, disassemble, and properly maintain the armamentarium required for local anesthetic administration. (A, B, C, D)
7. Discuss the trigeminal nerve. (A, B, C, D)
8. Describe the three types of injections: local infiltration, field block, and nerve block. (A, B, C, D)
9. Discuss the procedures necessary for a successful injection. (A, B, C, D)
10. Discuss injection techniques for the maxillary teeth and facial hard and soft tissues, including:
Identify the anatomic landmarks on both a skull and a client for the following injections: suprapariosteal, anterior superior alveolar nerve block, middle superior alveolar nerve block, infraorbital nerve block, and posterior superior alveolar nerve block. (A, B, C, D)
11. Identify which nerves, teeth, and soft-tissue structures are anesthetized with each injection. (A, B, C, D)
12. Discuss injection techniques for the palatal hard and soft tissues, including:
Identify the anatomic landmarks on both a skull and a client for the following injections: greater palatine nerve block and nasopalatine nerve block. (A, B, C, D)
13. Identify which nerves, teeth, and soft-tissue structures are anesthetized with each injection. (A, B, C, D)
14. Discuss injection techniques for the mandibular teeth and facial hard and soft tissues, including:
Identify the anatomic landmarks on both a skull and a client for the following injections: inferior alveolar nerve block, lingual nerve block, buccal nerve block, mental nerve block, and incisive nerve block. (A, B, C, D)
15. Identify which nerves, teeth, and soft-tissue structures are anesthetized with each injection. (A, B, C, D)
16. Identify the local complications that may result from local anesthetic administration and their proper management. (A, B, C, D)
17. Identify the systemic complications that may result from local anesthetic administration and their proper management. (A, B, C, D)
18. Discuss trends in pain management. (A, B, C, D)

Nitrous Oxide–Oxygen Analgesia – Darby 41

1. Discuss the chemistry, pharmacology, and physiology of nitrous oxide-oxygen (N₂O-O₂). (A, B, C, D)

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2. Explain the stages of anesthesia. (A, B, C, D)
3. Discuss the indications and contraindications for use of N₂O-O₂ sedation. (A, B, C, D)
4. Discuss the advantages and disadvantages associated with nitrous oxide-oxygen sedation. (A, B, C, D)
5. Discuss the signs and symptoms of baseline level N₂O-O₂ sedation. (A, B, C, D)
6. List and define the equipment used in N₂O-O₂ sedation. (A, B, C, D)
7. Explain the safety features associated with equipment used in N₂O-O₂ sedation. (A, B, C, D)
8. Discuss the administration of N₂O-O₂ sedation, including:
Calculate the percentage of N₂O and the percentage of O₂ from the tidal volume. (A, B, C, D)
9. Safely administer N₂O-O₂ sedation by using titration to induce the proper level of sedation, monitoring the client during analgesia, and oxygenating the client at the completion of the sedation period. (A, B, C, D)
10. Describe potential complications that may arise as a result of N₂O-O₂ sedation. (A, B, C, D)

Pulp Vitality Testing – Darby pages 263-269

1. Discuss pulp vitality testing. (A, B, C, D)
2. Discuss observations that suggest loss of vitality. (A, B, C, D)

Treatment of Hypersensitivity – Darby 39

1. Discuss dentinal hypersensitivity, including:
 - Describe dentinal hypersensitivity and its etiology. (A, B, C, D)
 - Explain the hydrodynamic theory. (A, B, C, D)
 - Explain the prevalence of dentinal hypersensitivity and list teeth most likely to experience it. (A, B, C, D)
 - Distinguish between dentinal hypersensitivity and other sources of tooth pain. (A, B, C, D)
2. Discuss the management of dentinal hypersensitivity, including:
 - Identify risk factors contributing to dentinal hypersensitivity. (A, B, C, D)
 - Explain factors that reduce dentinal hypersensitivity. (A, B, C, D)
 - Describe active ingredients available to treat hypersensitivity and mechanisms of action. (A, B, C, D)
 - Identify self-applied and professional (in-office) interventions for dentinal hypersensitivity. (A, B, C, D)

Implant Care – Darby 58

1. Discuss osseointegrated dental implants, including: Define basic components of a dental implant. (A, B, C, D)
2. Define the steps of dental implant treatment planning, implementation, and maintenance. (A, B, C, D)
3. Discuss dental implant indications, contraindications, benefits, and risks. (A, B, C, D)
4. Discuss the diagnosis and planning of dental hygiene care, including peri-implantitis and its management. (A, B, C, D)
5. Identify recommended devices and strategies for cleaning dental implants. (A, B, C, D)
6. List the professional armamentarium used in conjunction with oral self-care aids for patients with dental implants. (A, B, C, D)
7. Define a failed implant. (A, B, C, D)

Tobacco Cessation – Darby 36

1. Describe systemic effects and oral health effects of tobacco use. (A, B, C, D)
2. Explain the challenges to successful tobacco cessation. (A, B, C, D)
3. Discuss the different aspects of nicotine addiction. (A, B, C, D)

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4. Discuss how to help clients to become tobacco-free, including:
 - Apply the National Cancer Institute's Five A's approach to tobacco cessation. (A, B, C, D)
 - Assist clients with tobacco cessation based on their readiness to quit. (A, B, C, D)
 - Describe three characteristics of patient-centered communication. (A, B, C, D)
5. For clients who are not ready to quit, describe the following:
 - The brief intervention. (A, B, C, D)
 - Motivational interviewing and its four "opening strategies" to elicit change talk. (A, B, C, D)
6. For clients who are ready to quit, describe the following:
 - The initial Elicit-Provide-Elicit Model for brief assistance. (A, B, C, D)
 - The Ask, Advise, Refer (AAR) approach to tobacco cessation. (A, B, C, D)
7. Discuss the key elements of intensive tobacco cessation treatment programs, including coping strategies to prevent relapse. (A, B, C, D)
8. Name the U.S. Food and Drug Administration–approved pharmacologic products to facilitate tobacco cessation. (A, B, C, D)
9. Explain the key elements of an intensive, multiple-session tobacco cessation program. (A, B, C, D)
10. Explain the dental hygienist's role related to tobacco in the community. (A, B, C, D)

Pit and Fissure Sealants – Darby 34

1. Discuss sealant placement, including:
 - Identify the role of pit and fissure sealants in a caries management program. (A, B, C, D)
 - Explain the role of sealants in primary and secondary prevention. (A, B, C, D)
 - Define pit and fissure sealants. (A, B, C, D)
 - Explain indications and contraindications for sealant placement. (A, B, C, D)
2. Explain how sealants are classified and describe each type. (A, B, C, D)
3. Do the following regarding the procedure for sealant placement:
 - Describe the procedure for sealant placement. (A, B, C, D)
 - Select the appropriate sealant material and apply it to the tooth. (A, B, C, D)
 - Assess the retention of sealants at each re-care visit. (A, B, C, D)

Dietary Analysis – Darby 35

1. Discuss nutrition assessment, including:
 - Identify individuals in need of nutritional counseling to control dental caries, promote postsurgical healing and tissue regeneration, reduce bone loss due to osteoporosis and osteopenia, or achieve optimal health. (A, B, C, D)
 - Calculate ideal body mass index, waist circumference, and ideal body weight. (A, B, C, D)
2. Discuss dietary assessment, including:
 - Determine client compliance with U.S. Dietary Guidelines. (A, B, C, D)
 - Evaluate a client's diet for adequacy of intake using the U.S. Department of Agriculture Food Guidance System (MyPlate). (A, B, C, D)
3. Identify methods for conducting successful nutritional counseling. (A, B, C, D)
4. Discuss the nutritional needs of different client populations, including the differences in nutritional requirements throughout the life span. (A, B, C, D)

DHYG 2010 Clinical Dental Hygiene II Lecture Summer Semester 2018 Lesson Plan

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
May 16 Week 1	Fundamentals Modules 23, 24, 26	First day of class/Introduction to Course – Syllabus, Outline, Rules, Regulations Coverage Eaglesoft Instrument Sharpening Ultrasonics	Introduction to course Eaglesoft Documentation – Checklist review Instrument Sharpening Concepts - Class Activity Ultrasonic Case Study and Skill Evaluation Role Play Tobacco Cessation topics assigned to students Students bring all printed Skill Evaluations to class next session Students will need to view all chapters of A Focus on Fulcrums DVD prior to week 4	CC 1, 11 GC a, c
May 23 Week 2	Fundamentals Module 27 Darby Chapters 19, 20, 29	Air Polishing and Tooth Whitening Patient Assessment – Risk, Dental Hygiene Diagnosis, Dental Hygiene Care Plan	Class Preparation Assessment #1 Air Polishing PPT (PowerPoint) Presentation Air Polishing Skill Evaluation Role Play Stain Management and Tooth Whitening PPT Presentation	CC 2, 6, 11, GC a, c

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
			Patient Assessment – Risk, Dental Hygiene Diagnosis, Dental Hygiene Care Plan Group Collaboration	
May 30 Week 3	Darby Chapters 21, 22, 31	Patient Assessment – Risk, Dental Hygiene Diagnosis, Dental Hygiene Care Plan continued Use of Antimicrobials	Class Preparation Assessment #2 Ethics In-Class Assignment Continue with Patient Assessment – Risk, Dental Hygiene Diagnosis, Dental Hygiene Care Plan Group Collaboration Use of Antimicrobials – Delivery agents and protocol for patient care discussion and activity – Students create a table for patient care Subgingival Irrigation Skill Evaluation Role Play Students to bring After Five Rigid Gracey Curettes, magneto cassette, typodont, and loupes to class next week	CC 2, 3 GC a, c
Jun 6 Week 4	Darby Chapter 30 Fundamentals	Exam 1 Advanced Instrumentation – Periodontal Debridement/Scaling	Exam 1 – Covers Fundamentals Modules 23, 26, Darby Chapters 19,	CC 1, 2, 3, 6, 10, 11, GC a, c

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
	Modules 20, 21 Students to bring After Five Rigid Gracey Curettes, magneto cassette, typodont, and loupes to class	and Root Planing; Decision Making, Instruments and Techniques	20, 21, 22, 29, 31 Advanced Instrumentation – Periodontal Debridement/Scaling and Root Planing: Decision Making, Instruments and Techniques PPT Presentations Advanced Instrumentation Handout (provided for students) and Skill Evaluation discussion Oraqix DVD – students will check out from Instructor; will need to view prior to next session and return to instructor	
Jun 13 Week 5	Darby Chapters 40, 41 Oraqix DVD turned back in to instructor Oraqix syringes and kits provided for students	Advanced Instrumentation Continued – Periodontal Debridement/Scaling and Root Planing: Anesthesia Selection	Class Preparation Assessment #3 Advanced Instrumentation Continued – Periodontal Debridement/Scaling and Root Planing: Anesthesia Selection to include topical, local, non-injectable, and nitrous oxide-oxygen PPT Presentations Skill Evaluation Role Play – Local Anesthesia and Oraqix	CC 2, 10, 11 GC a, c

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
Jun 20 Week 6	Darby Chapters 16 (pages 263- 269), 39	Pulp Vitality Testing Treatment of Hypersensitivity	Class Preparation Assessment #4 Pulp Testing – Methods and Procedures – Darby Chapter 16 pages 263- 269 Treatment of Hypersensitivity PPT Presentation	CC 4, 5 GC a, c
Jun 27 Week 7	Darby Chapter 58	Implant Care	Class Preparation Assessment #5 Implant Care PPT Presentation Implant instruments and adaptive aids (handout – refer to Darby Chapter 58 eBook) Tobacco Cessation Projects and Presentations due next session	CC 7 GC a, c
July 11 Week 8	Darby Chapter 36	Tobacco Cessation	Class Preparation Assessment #6 Tobacco Cessation Projects and Presentations – 10 minutes allowed per student Tobacco Cessation Role Play for Patient	CC 8 GC a, c

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
			Care Pit and Fissure Sealants – Critical Thinking Exercises Darby Chapter 34 page 606	
July 18 Week 9	Darby Chapters 34, 35	Pit and Fissure Sealants Dietary Analysis	Pit and Fissure Sealants – Critical Thinking Exercises due today – Class Discussion Dietary Analysis Implementation for Patient Care – Group Collaboration and Role Play	CC 9, 12 GC a, b, c
July 24 8:00		Exam 2 – Comprehensive final – includes all chapters covered in the lesson plan	Exam 2 – Comprehensive Final	CC 1-12 GC a, b, c
July 24 Times to be assigned		Skill Evaluations – Air Polishing, Local Anesthesia Set-Up, Oraqix, Subgingival Irrigation, Advanced Instrumentation		CC 3, 10, 11 GC a, c
July 25 Times to be assigned		Skill Evaluations – Air Polishing, Local Anesthesia Set-Up, Oraqix, Subgingival Irrigation, Advanced Instrumentation		CC 3, 10, 11 GC a, c

***Please note – Lesson plan and syllabus are subject to change at the discretion of the course director.**

MAJOR COURSE COMPETENCIES (CC)

1. Instrument Sharpening
2. Patient Assessment
3. Use of Antimicrobials
4. Pulp Vitality Testing
5. Treatment of Hypersensitivity
6. Whitening
7. Implant Care
8. Tobacco Cessation
9. Pit and Fissure Sealants
10. Scaling, Debridement and Root Planing

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11. Ultrasonics and Air Polishing

12. Dietary Analysis

GENERAL EDUCATION CORE COMPETENCIES (GC)

- a) The ability to utilize standard written English.
- b) The ability to solve practical mathematical problems.
- c) The ability to read, analyze, and interpret information.