

2025-2026



DIVISION OF
DENTAL EDUCATION
Vera Z. Dwyer School of Health Sciences



PROGRAM

HANDBOOK

DENTAL EDUCATION



Entry-level Clinical Program

Welcome...

It is an honor to welcome you to the Dental Hygiene Program in the Dwyer School of Health Sciences as you enter the health professions. Today marks a new beginning with new challenges and opportunities; make today the beginning of a path to a better you!

The dental hygiene program started more than 57 years ago and is the oldest health professional program on campus. Graduates of our program serve the Michiana region, the rest of Indiana, the Midwest, and beyond. With a long history and a rich tradition of graduating first rate professionals, the dental hygiene program has a strong and wide alumni network across the nation with some alumni as far as Australia.

A strong indication that you are surrounded by people who care about you is the fact that many of our full and part-time faculty members are alumni of this program. The department prides itself on a work-family atmosphere and the shared values of *Wisdom, Integrity, Learner-Centered, and Excellence*. You have the opportunity to reaching your full potential with your daily investment in coursework and clinical practices together with our commitment to working with you. Each day may bring new challenges that will help you grow; make each day count!

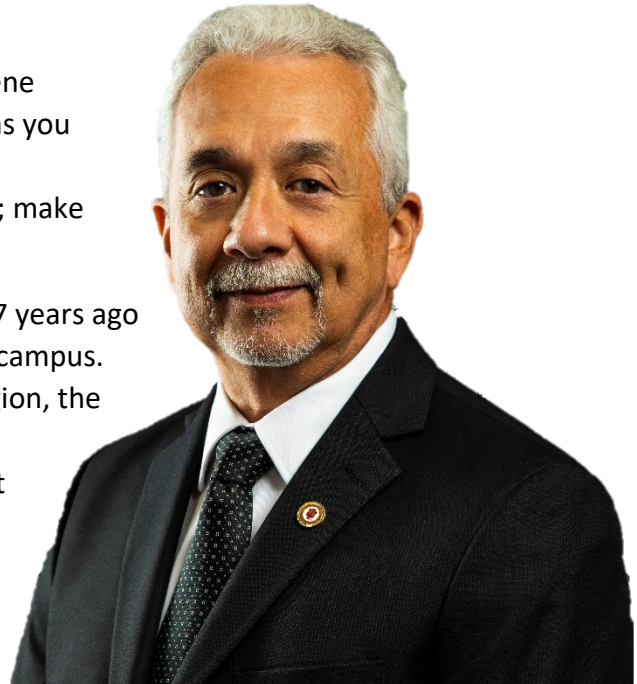
As you progress in the program, you will make new friends while developing into a new health professional. We are confident you will always serve the community and your clients in a professional, respectful, and ethical manner.

We hope that you will find a lot of useful information in this handbook and that it answers most of your questions. Additionally, we encourage you to reach out to the faculty in the program and other individuals across campus if you need further support and or resources.

Welcome again and congratulations on becoming part of the Dental Hygiene Program and the Titan family at IUSB.

Warm regards,

Jesús García-Martínez, MD, MSc, PhD, FSAHP
Interim Dean, College of Professional Studies
Professor of Health and Rehabilitation Sciences
Indiana University South Bend



The information provided in the Handbook Chapters constitutes procedures and expectations of all faculty, staff, and students of the Division of Dental Education. Expectations that are commonly called upon for reference have been translated into policy format for easy reference. All information must be adhered to regardless of the verbiage used to title the expectation.

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Right to Revision

While every effort is made to provide accurate and current information about the degree and certificate programs offered, the Division of Dental Education reserves the right to change without notice statements concerning rules, guidelines, policies, fees, curriculum, courses, or other matters related to the programs. The Dental Hygiene Program has a curriculum management plan, program assessment process, and quality assurance process which conducts ongoing evaluation of the curriculum, course offerings, experiences, and patient care offered by the program. As assessment is completed and opportunities are addressed, changes may be necessary. Due process will be provided to students and communication of changes shared as new information becomes available.

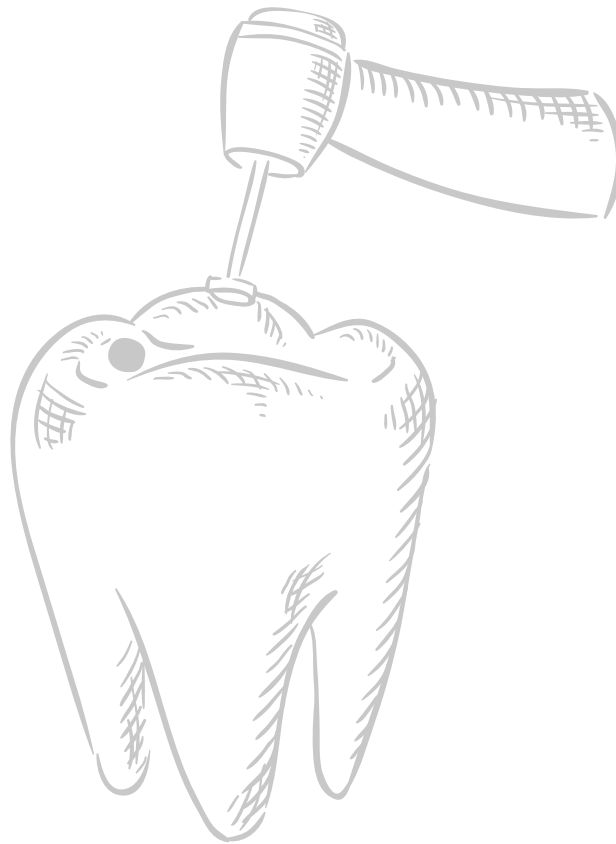
2025-2026



DENTAL EDUCATION

PROGRAM

HANDBOOK



CHAPTER 1

INTRODUCTION TO THE DIVISION
OF DENTAL EDUCATION

PURPOSE OF THE STUDENT HANDBOOK

This handbook is a guide to the academic program requirements for the Division of Dental Education, specifically the Entry-level Bachelor of Science in Dental Hygiene degree. It is also used to convey information related to program structure and philosophy, provide support for student success, and provide structure for faculty calibration and alignment in decision-making. The Clinic Manual, course syllabi, as well as the applicable policies and procedures of IU, IUSB, the College of Professional Studies, Vera Z. Dwyer School Health Sciences, and the Division of Dental Education are the sources for the official guidelines, procedures, standards, and expectations. It is the responsibility of each student, faculty, and staff to become familiar with the content of all program and university materials. **While every effort is made to provide accurate and current information, IUSB and IU reserve the right to change without notice guidelines, policies, procedures, programs, and other matters when circumstances dictate.**

Introduction to the Division of Dental Education

The IU South Bend campus offers the Bachelor of Science in Dental Hygiene (BSDH), an entry-level program for those new to the field and RDH-to-BSDH completion program for those holding a previous dental hygiene degree and license. The Bachelor of Science in Dental Hygiene entry-level degree program is accredited by the Commission on Dental Accreditation. Our students are the driving force behind our program. The IU South Bend Dental Hygiene school is unlike any other college experience. Classmates, faculty, and staff will work as a team to make sure each student feels a sense of inclusion, belonging, and value.

We work hard to develop the most highly qualified faculty and staff. We have five full-time faculty, including a full-time dentist, available to assist our students. We also have practicing dental hygienists and dentists as adjunct (part-time) faculty. Part-time faculty members are vital to the success of our program. They come to us with a variety of patient experiences and a plethora of knowledge of the field of dentistry. Students benefit from the diversity of backgrounds of our faculty and staff and the experiences they bring to our program.

The BSDH program strives to offer a creative curriculum for meeting the current and future oral health needs of society. The curriculum prepares a generalist in professional dental hygiene and serves as a basis for graduate study. The purpose of the bachelor's program is to produce graduates who think critically, are culturally, ethically, and legally competent; are effective, politically aware, communicators and coordinators of community resources; and are competent providers of health care, professional role models, and responsible managers. The curriculum focuses on health and wellness as alterations of states of wellness and viewing persons as part of their environments.

The Dental Hygiene Program is dedicated to helping those in need in the region. We conduct community outreach events throughout the year, facilitated by faculty, staff, and students within the program. Each year, senior dental hygiene students plan community outreach programs to address oral health education and needs within our community in partnership with the Bachelor of Health Science Health Promotion Concentration students.

Our campus dental hygiene clinic is open to the public at a reduced fee and provides rich clinical experiences of over 700 hours of hands-on patient treatment for each student. With the economic times uncertain, our clinic provides a wonderful service to the community here in South Bend.

Dedication to Humanistic Environment

In the Division of Dental Education's humanistic environment, students, staff, and faculty experience freedom from intimidation and judgment, close professional relationships, freedom to explore their environment, the opportunity to take appropriate risks within the environment, and the development of trusting and accepting relationships among members, regardless of institutional position or diversity of background.

Dedication to Non-discrimination/Equal Opportunity

Indiana University pledges itself to continue its commitment to the achievement of equal opportunity within the University and throughout American society. In this regard, Indiana University will recruit, hire, promote, educate, and provide services to persons based upon their individual qualifications. Indiana University prohibits discrimination based on age, color, disability, ethnicity, sex, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sexual orientation, or veteran status. Indiana University does not discriminate based on sex in its educational programs and activities, including employment and admission. Questions specific to Title IX may be referred to the Office for Civil Rights or the University Title IX Coordinator. See [University Policy UA-01](#).

Diversity, Equity, Inclusion, and Belonging

The Division of Dental Education advances diversity, equity, inclusion, and belonging throughout the programs and events by partnering with faculty, staff, and students. We model our shared values through our daily practices and programs. Specific efforts include student recruitment, admission, retention, and student success initiatives, and working with community and campus stakeholders. Our individual social, economic, and cultural identities shape and influence our experiences and perspectives. We recognize that our diverse population comes with unique lived experiences and various perspectives that provide our faculty, staff, students, and stakeholders, valuable opportunities, and "teachable" moments to be the best versions of ourselves and give the best services to the community. We will continually engage in meaningful ways to learn from each other so that all feel valued, seen, included, and a sense of belonging within our programs and professions.

Shared Values

In 2018, the Division of Dental Education identified four shared values that were common threads used within the operations of all aspects of the programs. These values are shared by all members and help to provide an understanding of who we are and guide decisions.

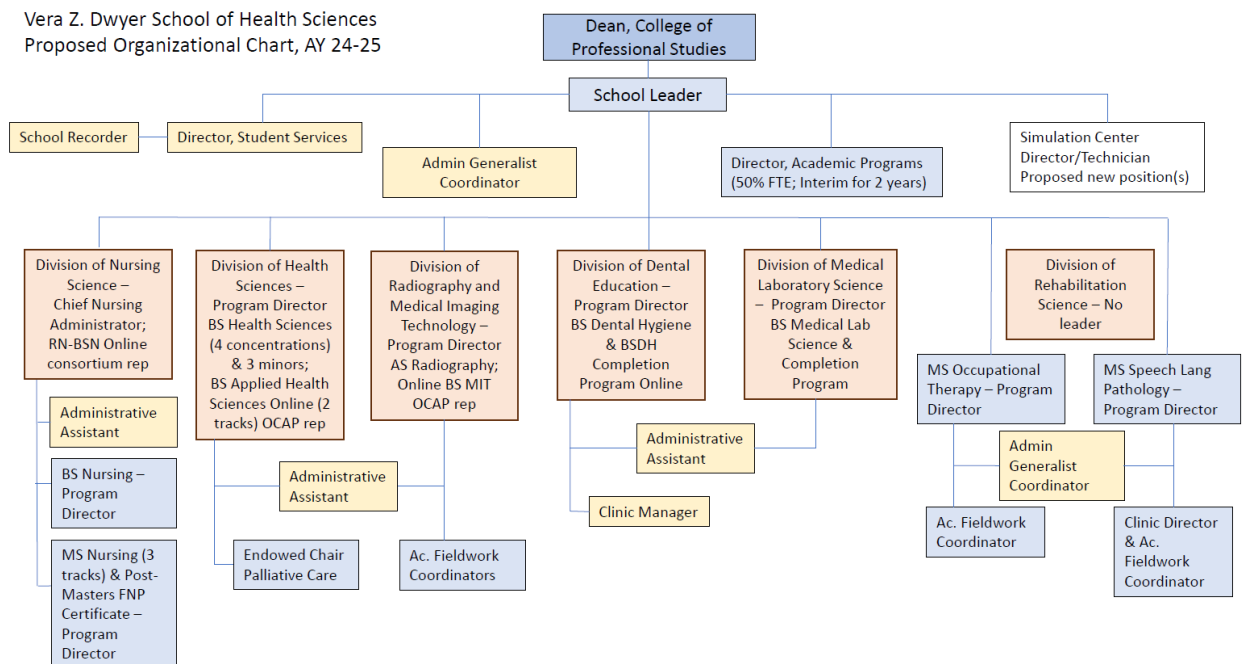
- **Wisdom** We interpret a broad knowledge base by viewing it from a variety of perspectives and experiences to share this understanding with the campus community.
- **Integrity** We work with others and conduct ourselves in a respectful, ethical, honest, and trusting manner.

- **Learner-centered** We engage students and the community in lifelong educational opportunities tailored to their specific needs.
- **Excellence** We deliver superior programs, services, and educational experiences that distinguish our program from its peers.

Organizational Structure

An organizational structure provides a framework for how work and responsibility flows through a group to accomplish a common goal or outcome. The Vera Z. Division of Dental Education is situated within the Vera Z. Dwyer School of Health Science within the College of Professional Studies as part of the IU South Bend campus system, which is part of the larger Indiana University system. The organizational chart below provides a visual of how the college is structured. The Dean is the highest administrator within the college. Roles and responsibilities are delegated to the School Leader and further divided as depicted in the chart. If a concern arises at a level, the most efficient choice for a solution is to communicate with the next level administrator on the chart to address the concerns prior to skipping multiple levels.

Vera Z. Dwyer School of Health Sciences
Proposed Organizational Chart, AY 24-25



University, College, and School Level Policy Information

Indiana University Code of Student Rights, Responsibilities, and Conduct

Each student has access to the [Indiana University Code of Student Rights, Responsibilities, and Conduct](#) (formerly Indiana University Code of Ethics) upon admission or transfer to the Division of Dental Education as a pre-dental hygiene or Student Dental Hygienist. [The Code](#) applies to all Indiana University students, containing the following sections: I. Student Rights and Responsibilities, II. Student Complaint Procedures, III. Student Misconduct, IV. Student Disciplinary Procedures, V. General Provisions, VI. Adoption Provisions and VII. Appendix.

College of Professional Studies Student Policy and Procedures

At the start of the 2024-2025 academic year, the IUSB campus underwent a significant restructuring resulting in the newly formed College of Professional Studies. At the time of publication of this handbook, college specific policies were not ready for inclusion. As policies and processes are finalized, each will be communicated to students via email and on multiple platforms (website, Canvas course, or emails). Students enrolled in programs offered by the Division of Dental Education are expected to comply with college level policies.

Vera Z. Dwyer School of Health Sciences Student Policy and Procedures

As a student enrolled in a Dwyer School of Health Science program, all students enrolled in programs offered by the Division of Dental Education are expected to comply with school level policies. School-level student policy and related procedures can be found [on the college website](#).

Division of Dental Education Policy and Procedures

The Division of Dental Education policy and procedures can be found on the school webpage. Additional information and procedures specifically related to the clinical area can be found in the IUSB Dental Hygiene Clinic Manual. Updates to program policy and procedures will be communicated to students through the learning management system, and/or IU email system.

Vera. Z. Dwyer School of Health Sciences Outcomes

The Vera Z. Dwyer Vision and Mission statements provide inspiration and direction for the day-to-day operations of the school. The vision outlines the shared desired future of the school. The mission statement defines the core work of the school, the motivations for operating, and outlines the shared approach to achieving the vision for the school. Both the vision and mission statements form the basis of the Strategic Plan of the Dwyer School of Health Sciences.

VZDSHS Vision

The Vera Z. Dwyer School of Health Sciences will be recognized as a community collaborator offering flexible, high quality, evidence-based, interprofessional healthcare education.

VZDSHS Mission

The Vera Z. Dwyer School of Health Sciences (DSHS), in collaboration with the community, fosters the education and development of healthcare professionals who address the current, diverse, and evolving health and wellness needs of the people in our region, state, and beyond.

Division of Dental Education Mission

The mission of the Division of Dental Education is to be a leader in providing high quality education, clinical experiences, and interprofessional collaborative opportunities to undergraduate students for future roles as oral health professionals. The Division of Dental Education faculty and staff are committed to excellence in the theory and practice of dental hygiene and in the development of competent, socially sensitive, culturally diverse, and ethically responsible professionals.

Bachelor of Science Dental Hygiene Entry-level Program Outcomes

Entry-level BSDH program level goals, Student Program Objectives, Program ADEA Competencies, and minimum required evidence of competence can be found in **Appendix 1A Program Goals, Objectives, and Student Competencies**.

Faculty and Staff Information

The faculty and staff of the Division of Dental Education are second to none. Their mission is to see every student succeed in the program and their professional career beyond graduation.

Staff

- Ann Freeze
 - Administrative Assistant
 - 574-520-4158
 - akfreeze@iu.edu
- Ashley Zielinski
 - Clinic Manager
 - 574-520-4156
 - asfeyos@iu.edu

Clinical Assistant Professor

- Angela Alwine, BSDH, RDH
 - Senior Year Cohort Coordinator
 - 574-520-4196
 - angecamp@iu.edu
- Cristen Austin, BSDH, RDH
 - Radiology Coordinator
 - 574-520-4139
 - cgburke@iu.edu
- Morgan Batie, BSDH, RDH
 - Junior Year Cohort Coordinator
 - 574-520-4139
 - momillik@iu.edu

Clinical Associate Professors

- Dr. David Douglas, DDS
 - Faculty Dentist
 - 574-520-4150
 - davdoug@iu.edu
- Mallory Roberts, MSDH, EdD, FADHA, RDH
 - Program Director
 - 574-520-4518
 - mledmond@iu.edu

Adjunct Faculty

Our program could not function without the expertise of our adjunct (part-time) faculty. Adjuncts bring a wealth of knowledge and expertise to our clinical experiences. Adjuncts are still working chairside in the dental industry and bringing this perspective to our educational environment. This perspective brings a variety of viewpoints, strategies, and theories to patient treatment that supplements the didactic information the students receive in the classroom. Often information flows bidirectional between students and all faculty as new evidence-based practices are uncovered, tested, and implemented in the program.

Organizations and Committees Relevant to the Program

Guest Speakers, Vendors, and Invited Guests

Students are not to meet with vendors one-on-one using campus facilities and must prearrange for approval.

The approval process for outside speaker and vendor requests, including room reservations, begins by submitting the event and vendor information to the Administrative Assistant for routing for approval (e.g., Lunch and Learn, fundraising events, etc.). This process may include submitting the presentation materials and objectives for review for content approval. Guest speakers are expected to present for educational purposes only and not for personal or organizational gain. Any event must follow IU policy, IUSB Campus Policy and procedures (including catering), and Indiana state law.

ADHA Student Member

The Student American Dental Hygiene Association (SADHA) is the only group dedicated to students enrolled in dental hygiene. The ADHA is an excellent way for students who are in all phases of the dental hygiene program to network with others in the field. By attending meetings, students can learn about many topics of interest to students and Registered Dental Hygienists. By becoming professionally involved in the ADHA, students can shape their future as dental hygienists. Contact the ADHA for further information either through the program or through the website at <http://www.adha.org/students-type>

Hoosier Hygienists

The Hoosier Hygienists is the only club dedicated to Student Dental Hygienists in the professional program. It serves as a mechanism for interaction between hygiene students, as well as being utilized for fund-raising and community outreach.

Membership

Once admitted to the program, all students are members of the Hoosier Hygienists club. The general club membership is represented by two categories of leadership roles: Cohort Representatives and Officers.

Benefits Of Participation in Leadership Roles

1. Opportunity to exercise leadership and initiate change
2. Opportunity to voice the opinions, concerns, and ideas of your classmates so they may be addressed
3. Receiving first-hand information from program leaders regarding their activities and services

COHORT REPRESENTATIVES

Each class elects class representatives to act as an extension of the class they represent to link their cohort with the academic leaders of their program, the community, alumni, and the other cohorts. To become a class representative, a student must be enrolled in a full-time program, be in good-standing, and must be elected by the students in their cohort. The Class Representatives are to bring forward any opinions, concerns, and ideas from their classmates regarding their academic experience as a collective voice. Representatives are encouraged to provide documentation of agreement of the majority of the cohort when bringing concerns forward.

The named class representatives represent the interests of all members of the cohort. A class representative must adequately and fairly represent the class members. This means that a class representative must always consider the interests of the cohort member just as he/she would consider his/her own interests.

While acting as a Class Representative, it is expected that the opinions, values, and needs of the cohort are adequately explored prior to communicating with faculty and staff of the program as a representative. Representatives must always pay attention to word choice, especially when using “we” “us” “they” and “everyone” when talking with faculty and staff. Best practice is to explicitly state at the start of the conversation that the Representative is acting on behalf of the cohort or for themselves.

OFFICERS

Qualified students may serve in formal leadership positions (described below). The officers represent the enrolled clinical student body as a single entity. Nominations for all positions are sought in spring semester and votes are collected prior to the end of the academic year. Terms are one year with no term limit. Votes will be decided by the majority of votes received by the due date for submission. At the end of each term, all officers must provide the faculty mentor a copy of all organizational documents, evidence of work completed, and a summary of major actions for the term with a charge for the incoming Officers. As a rule, the Officers are expected to communicate as a whole to the group.

PRIMARY RESPONSIBILITIES

1. Act as an impartial liaison between the students, cohorts, and the academic leaders
2. Represent your class and program at Class Rep Meetings, on search committees, and in special projects
3. Ensure your classmates are properly represented and are well informed.
4. Train and orientate newly elected Officers for their positions
5. Mentor Representatives in their roles

President

- Serves as the contact person for the whole program study body
 - Clinic and program changes
 - Community outreach activities
 - Career Fairs, IUSB orientations, screening events, health fairs, etc.

- Group events (carry-ins, holiday parties, etc.)
- ❑ Serves as a liaison between faculty and members
- ❑ Oversees class functions such as fundraisers, class trips to professional meetings, etc.
- ❑ Assists and oversees other representatives in carrying out their duties.
- ❑ Represents the class in meeting with faculty
- ❑ Facilitates peer mentor relationship building activities
- ❑ Distributes and collects voting ballots for Mentor Award
- ❑ Attends senior awards to present Mentor Award

Vice President/Community Outreach and Event Coordinator

- ❑ Serves as the contact person for any community outreach activities and special events
 - Organizes Welcome Week table
 - Career Fairs, IUSB orientations, screening events, health fairs, etc.
- ❑ Publicizes clinic through media with approval from the advisor
 - As a minimum each semester a notice will be placed in the IUSB Preface and/or the Daily Titan electronic newsletter at <https://dt.iusb.edu/>
- ❑ Supports the other committee members in their tasks and roles
- ❑ Organizes peer mentor relationship building events
- ❑ Oversees functions such as class trips to professional meetings, etc.
- ❑ Assists and oversees other representatives in carrying out their duties

Treasurer

- ❑ *Maintains class funds by collecting and depositing funds and manages class accounting records*
- ❑ *Signs check, deposit slips, etc.*
- ❑ *Collects funds from fundraisers or for class dues, etc.*
- ❑ *Requests an account statement for reconciliation in:*
 - *August for the year starts up*
 - *March to reconcile prior to the completion of annual reports*
- ❑ *Creates detailed list of reimbursement letters from all fundraising activities before the end of March each academic year*
- ❑ *Maintains detailed financial records for the group and ensures financial policies are upheld*
- ❑ *Oversee the creation and implementation of fiscal activities to benefit the group*

Secretary

- ❑ Liaison between class and other representatives.
- ❑ Responsible for assembling meeting agenda, taking minutes, disseminating minutes to meeting participants, and other class reps for accuracy, and finally sending them to the entire class for inclusion in decisions and discussion
- ❑ Collecting and archiving committee reports and documentation
- ❑ *Maintains breakroom bulletin boards, updates hall bulletin board as necessary*
- ❑ *Assists and oversees other representatives in carrying out their duties*

CLASS REP MEETINGS with Mentor and/or Director

The purpose of Class Rep Meetings is to facilitate conversation between the students and the program by discussing and gather the opinions, concerns, and ideas from Class Representatives regarding their experiences. The other aspect is to seek feedback from the Class Representatives regarding policies, changes to the learning environment, academics, effectiveness of communication, etc. The program is dependent upon the invaluable feedback they receive from Class Representatives to make the best decisions for the student population and the future of the program. Meetings can be called to order by the President, faculty mentor, and/or Program Director. The Secretary should maintain records of all meetings. At the end of each year, a summary of actions and activities along with meeting minutes will be submitted to the program to be archived officially for historical record keeping. Students may elect additional students into roles with titles based on the guidance of the president and faculty mentor to the club.

Fundraising Considerations

Student groups hold fundraisers to generate resources for class activities. All fundraising efforts must be approved prior to the fundraising event by the Program Director or student group advisor. Any use of IU- or IUSB- copyrighted phrases or logos must receive approval from the Director of Public Relations and Marketing in the Office of Communications and Media Relations. Unlicensed vendors who sell merchandise with “Indiana University” or other copyrighted logos (“IU” for example) to student groups may be subject to prosecution by the University. In addition, University policy forbids the sale of food items that have not been prepared in a commercially licensed kitchen.

Classes or student groups that wish to engage entities external to IUSB (e.g., websites, commercial dental labs, dental suppliers, individual or group private practitioners, professional organizations, etc.) for fundraising events must seek approval prior to entering into agreement.

IU-EVAL

Students are invited and encouraged to complete teacher and course evaluations for each course enrolled. This information is confidentially compiled and reported. This feedback is used to improve course instruction and should focus specifically on teaching. Additional feedback will be requested by the Director for extracurricular positions such as Cohort Coordinators, staff, and other faculty volunteer service roles. Your participation is highly valued.

Family Education Rights and Privacy Act (FERPA)

Basic Rules

As a student you and your family need to be informed about this law. For more information about this law please go to <https://southbend.iu.edu/students/registrar/policies/ferpa.html>

Accreditations and Memberships

Indiana University South Bend is accredited by the **Higher Learning Commission (HLC)**. The HLC reviews colleges and universities every 10 years to ensure that they continue to meet the criteria for accreditation through a peer review process. Accreditation affects many aspects of the university,

including financial aid eligibility, course transfers, and the overall value of a degree. IU South Bend was reviewed for reaffirmation of accreditation during the fall semester of 2017.

National Accreditation of the entry-level BSDH clinical program is through the **Commission on Dental Accreditation**. The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. The program most recently successfully completed the site visit process in the fall semester of 2017 and will complete the next site visit in 2025.

The Division of Dental Education is an institutional member of the **American Dental Education Association (ADEA)**. ADEA is The Voice of Dental Education. ADEA's mission is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public. Members include all 76 U.S. and Canadian dental schools, more than 1,000 allied and advanced dental education programs, 66 corporations and more than 20,000 individuals. Our activities encompass a wide range of research, advocacy, faculty development, meetings and communications, including the esteemed Journal of Dental Education®, as well as the dental school application services ADEA AADSAS®, ADEA PASS®, ADEA DHCAS® and ADEA CAAPID®.

NOTICE OF OPPORTUNITY AND PROCEDURE TO FILE COMPLAINTS WITH THE PROGRAM OR COMMISSION ON DENTAL ACCREDITATION

A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-accredited educational program, a program which has an application for initial accreditation pending, or the Commission may not be in substantial compliance with Commission standards or required accreditation procedures.

The Division of Dental Education will review internal complaints that relate to a program's compliance with accreditation standards. All complaints may be submitted via email to the Program Director or using the lock box suggestion box located outside the Program Director's office. The same location can be used to provide suggestions and comments anonymously.

The Commission on Dental Accreditation will review official complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-312-440-4653.

Policy on Complaints Directed at CODA-Accredited Educational Programs

Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation (CODA) regarding any CODA-accredited dental, allied dental or advanced dental education program, or a

program which has an application for initial accreditation pending. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or account as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

An appropriate complaint is defined as one alleging that 1) Commission-accredited educational program, or a program which has an application for initial accreditation pending, may not be in substantial compliance with Commission standards or required accreditation procedures and 2) the practice, condition or situation is of a continuing and pervasive nature, as opposed to an unfair or arbitrary act of an individual or isolated nature.

In accord with its responsibilities to determine compliance with accreditation standards and require policies, the Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This investigative approach to complaints does not require that the complaint be identified to the program.

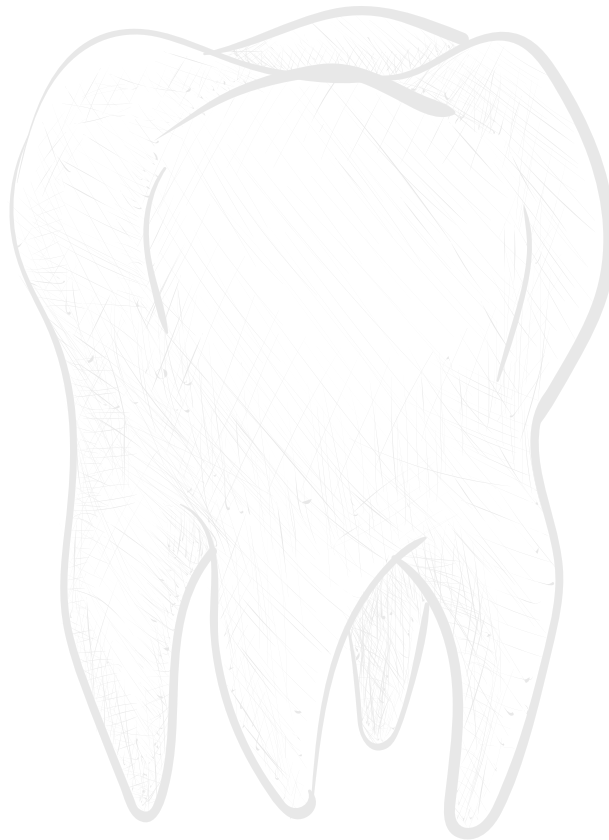
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CHAPTER 2

ETHICS AND PROFESSIONAL
CONSIDERATIONS

CODE OF ETHICS FOR DENTAL HYGIENISTS

The Indiana University South Bend Dental Hygiene Program strictly adheres to the American Dental Hygienists' Association Ethical Code for Dental Hygienists. Each student is expected to consistently uphold these standards. These standards are used as a foundation for determining professional development in the recommendation of students to advance to the next semester and for graduation.

As approved and ratified by the 1995 ADHA House of Delegates.

Preamble

As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world. Our actions, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

- to increase our professional and ethical consciousness and sense of ethical responsibility.
- to lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
- to establish a standard for professional judgment and conduct.
- to provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public's expectations of our profession and supports dental hygiene practice, laws and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

Key Concepts

Our beliefs, principles, values and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics and are interrelated and mutually dependent.

Basic Beliefs

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

- The services we provide contribute to the health and well-being of society.

- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall health care, and we function interdependently with other health care providers.
- All people should have access to health care, including oral health care.
- We are individually responsible for our actions and the quality of care we provide.
- We are obliged to be inclusive, diverse and to promote equity for access to our services and career opportunities

Fundamental Principles

These fundamental principles, universal concepts and general laws of conduct provide the foundation for our ethics.

Universality

The principle of universality expects that, if one individual judge an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

Complementarity

The principle of complementarity recognizes the existence of an obligation to justice and basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.

Ethics

Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compels us to engage in health promotion/disease prevention activities.

Community

This principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

Responsibility

Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

Core Values

We acknowledge these values as general for our choices and actions.

Individual autonomy and respect for human beings

People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

Confidentiality

We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of confidence.

Societal Trust

We value client trust and understand that public trust in our profession is based on our actions and behavior.

Non-maleficence

We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them, and others involved in their treatment.

Beneficence

We have a primary role in promoting the well-being of individuals and the public by engaging in health promotion/disease prevention activities.

Justice and Fairness

We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral healthcare.

Veracity

We accept our obligation to tell the truth and expect that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

Standards of Professional Responsibility

We are obligated to practice our profession in a manner that supports our purpose, beliefs, and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities:

To Ourselves as Individuals...

- Avoid self-deception and continually strive for knowledge and personal growth.
- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.
- Assert our own interests in ways that are fair and equitable.
- Seek the advice and counsel of others when challenged with ethical dilemmas.
- Have realistic expectations of ourselves and recognize our limitations.

To Ourselves as Professionals...

- Enhance professional competencies through continuous learning in order to practice according to high standards of care.
- Support dental hygiene peer-review systems and quality assurance measures.
- Develop collaborative professional relationships and exchange knowledge to enhance our own lifelong professional development.

To Family and Friends...

- Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

To Clients...

- Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- Maintain a work environment that minimizes the risk of harm.
- Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- Hold professional client relationships confidential.
- Communicate with clients in a respectful manner.
- Promote ethical behavior and high standards of care by all dental hygienists.
- Serve as an advocate for the welfare of clients.
- Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
- Educate clients about high-quality oral health care.
- Recognize that cultural beliefs influence client decisions.

To Colleagues...

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
- Encourage a work environment that promotes individual professional growth and development.
- Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
- Manage conflicts constructively.
- Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care.
- Inform other health care professionals about the relationship between general and oral health.
- Promote human relationships that are mutually beneficial, including those with other health care professionals.

To Employees and Employers...

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, open, and candid.
- Manage conflicts constructively.
- Support the right of our employees and employers to work in an environment that promotes wellness.
- Respect the employment rights of our employers and employees.

To the Dental Hygiene Profession...

- Participate in the development and advancement of our profession.
- Avoid conflicts of interest and declare them when they occur.

- Seek opportunities to increase public awareness and understanding of oral health practices.
- Act in ways that bring credit to our profession while demonstrating appropriate respect for colleagues in other professions.
- Contribute time, talent, and financial resources to support and promote our profession.
- Promote a positive image for our profession.
- Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

To the Community and Society...

- Recognize and uphold the laws and regulations governing our profession.
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by a health care provider, to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care provided by dental hygienists.
- Comply with local, state, and federal statutes that promote public health and safety.
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of which our profession is a part.
- Create a healthful workplace ecosystem to support a healthy environment.
- Recognize and uphold our obligation to provide pro bono service.

To Scientific Investigation...

We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the scientific community:

- Conduct research that contributes knowledge that is valid and useful to our clients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.
- Systematically review and justify research in progress to ensure the most favorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate human subject review committee.
- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.

- Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice

COMPONENTS OF PROFESSIONAL BEHAVIOR

Approved by the Faculty of the Dental Hygiene Program Fall Semester 1994, revised 2014, 2023, & 2025

The Dental Hygiene Faculty and staff at IUSB have specified the components critical to the development of professionalism expected of our students. Students must demonstrate the behaviors and uphold the standards and values outlined in addition to meeting all other program and university Code of Conduct criteria. Students are expected to uphold the ADHA Code of Ethics for Dental Hygienists while enrolled in the program.

CLINICAL EXPECTATIONS

- Retains and builds upon previously learned information and skills
- Demonstrates consistent skill development and improvement in clinical procedures.
- Practices within the scope of dental hygiene and legislative rules and seek guidance when unsure
- Proactively reviews patient records prior to communicating with or treating the patient and actively investigates current literature on treatment protocols and considerations relative to patient needs.
- Uses accepted instrumentation techniques
- Follows accepted protocols in the dental hygiene process of care, practice management, infection control, safety procedures, and education
 - Can safely treat patients consistently
 - Recognizes and responds appropriately to medical and dental emergencies.
 - Applies evidence-based decision-making in patient care
 - Accurately documents clinical findings and patient information.
- Protects patient information and maintains confidentiality in accordance with HIPAA and other applicable laws and regulations.
- Arrives punctually and prepared for clinical sessions.
- Accepts responsibility for actions, errors, and professional growth.
- Completes clinical requirements and assignments in a timely manner.
- Works effectively as part of the dental team, respecting the roles of others.
 - Shares responsibilities and offers assistance when needed.
 - Maintains a cooperative, non-disruptive presence in the clinical environment.

ACADEMIC EXPECTATIONS

- Follows policies according to the course syllabus and handbooks/manuals
- Maintain at least minimum academic standards on all assignments, quizzes, and tests
- Retains and builds upon previously learned information and skills

- D. Demonstrate honesty in all academic and clinical work, including records, exams, assignments, projects, and research.
 - a. Avoid all forms of academic dishonesty, including cheating, plagiarism, fabrication, and falsification of data or records.

PROFESSIONAL DEVELOPMENT

- A. Attends clinic and classes as scheduled; arrives on time and leaves when dismissed or as scheduled
- B. Respects patients:
 - a. Prioritizes patient needs over academic requirements
 - b. Upholds patient's rights and responsibilities expectations
 - c. Utilizes clinic time appropriately for patient treatment
 - d. Confirms patient appointments
 - e. Maintains patients' appointments
 - f. Ensures patients are scheduled for treatment
 - g. Talks in quiet tones to patients to protect patient confidentiality and privacy
 - h. Does not interrupt classmates who are treating patients
 - i. Focusing conversation on patient
 - j. Addresses patient concerns and needs
 - k. Provides care without discrimination
- C. Communicate effectively
 - a. Uses clear, professional verbal, non-verbal, and written communication.
 - b. Proactively communicates needs and concerns
 - c. Communicates effectively with populations with different life experiences, backgrounds, cultures, and needs
 - d. Demonstrates active listening and empathy in patient interactions.
 - e. Accepts and gives constructive feedback professionally.
- D. Works cooperatively with faculty:
 - a. Demonstrates active listening when receiving feedback
 - b. Demonstrates constructive application of feedback
 - c. Advocates for self in a respectful manner
 - d. Participates in the processes involving faculty in the clinic (ex. Check in)
 - e. Has documentation completed at check in and by the end of clinic
 - f. Reviews documentation regularly, reflects, and sets personal benchmarks for self-development and meeting outcomes
- E. Demonstrates integrity in communication and behavior with classmates, patients, and faculty
- F. Fulfills role as clinic assistant is effective, cooperative, and efficient
- G. Use sound judgment to proactively anticipate and solve problems
- H. Practices ethically
- I. Has professional appearance:
 - a. Follows program standards for appearance with respect to learning environments and activities
 - b. Models exemplary oral and personal hygiene

- J. Consistently follows policies and procedures without prompting
- K. Maintains a professional environment on and off campus
- L. Maintains accurate documentation of achievements
- M. Maintains civility standards
- N. Upholds the program's dedication to a humanistic environment and commitment to non-discrimination and equal opportunity
- O. Helps to advance inclusion and belonging within the program, profession, and learning environment

CIVILITY

Students are expected to conduct themselves in a courteous and civil manner in interactions with faculty, staff, fellow students, patients, and community members on and off campus while enrolled in the program. This requires each person to be courteous, tolerant, and respectful in all interactions with one another, including face-to-face interactions, e-mail, and telephone conversations. The use of language, tone, or gestures that are inappropriate or offensive is also unprofessional. These behaviors are not acceptable, and faculty and staff will address these problems as they arise either in class or on an individual basis.

Disorderly conduct that interferes with learning, teaching, research, administration, or other University or University- authorized activity will not be tolerated.

DE.020 Fitness for the Practice of the Profession Policy

As the result of unethical, unprofessional, inconsistent, or illegal behavior(s) a student may be determined to be unfit for the profession of dental hygiene. This determination may be the result of the deliberation of the program APG committee, Health Sciences Council, or the judgment of the Program Director in consultation with appropriate Associate Deans, Program Directors, Division Directors, Staff and/or Faculty. If a determination of lack of fitness is made, the Program Director will inform the student that the student's preclinical, didactic, or patient care experiences may be modified or suspended, repetition of a term or year may occur, or the student may be dismissed from the academic program.

See Appendix 2B DE.020 Fitness for the Practice of the Profession Policy for additional information including definitions, expectations, procedures, and processes related to this policy.

Volunteering as a Representative of the Program

Students in the Division of Dental Education are often asked to volunteer in a variety of capacities such as at health fairs and other health related activities. Being asked to volunteer as a dental hygiene student is considered representing the program due to the specificity of your status as a dental hygiene student.

Students should not commit to volunteering as a dental hygiene student unless the activity is a part of approved volunteer work for the program, an approved experience for a course, or an event endorsed by the Division of Dental Education. Activities sponsored through a student organization or club, which are approved by the faculty representative are exempt. Otherwise, prior to volunteering as a dental

hygiene student, please submit the event details including sponsors, messaging, supervision, and required resources to the Cohort Coordinator and/or Director for approval.

Copyrighted Materials

Physical and electronic materials generated by faculty for instructional use in a course may be considered the intellectual property of the faculty member and/or the University. All posted/distributed materials may be used for the purposes of study within a course or other academic courses. Students may NOT copy, photograph, or video- record these materials for distribution or sharing in any format including posting materials to YouTube or a website without the express written permission of the individual faculty member who prepared the materials.

Dental Hygiene Oath

“In my practice as a dental hygienist, I affirm my personal and professional commitment to improve the oral health of the public, to advance the art and science of dental hygiene, and to promote high standards of quality care.

I pledge continually to improve my professional knowledge and skills, to render a full measure of service to each patient entrusted to my care, and to uphold the highest standards of professional competence and personal conduct in the interest of the dental hygiene profession and the public it serves.”

Author Unknown

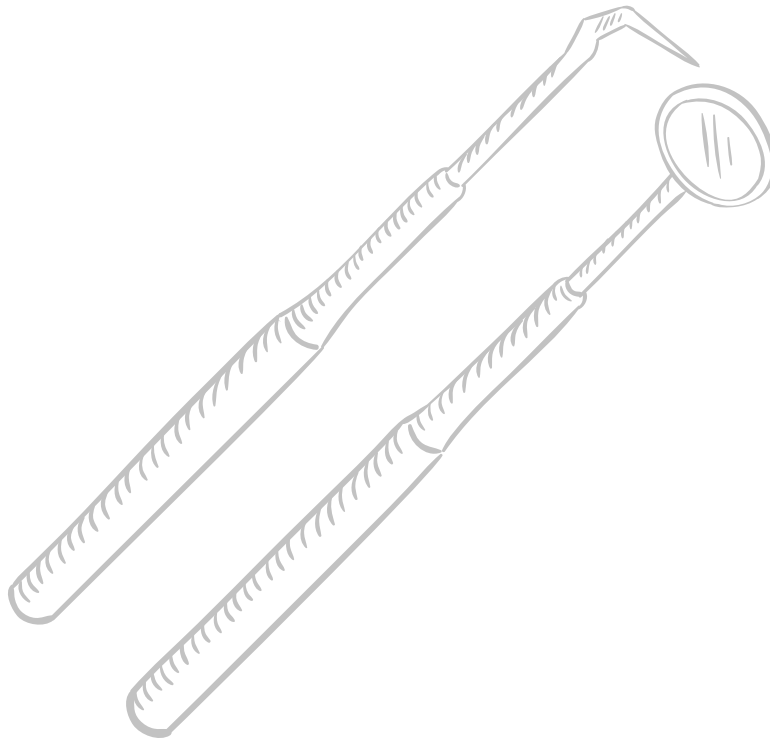
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CHAPTER 3

ENTRY-LEVEL BSDH ACADEMIC PROGRAM OVERVIEW

BSDH Entry-level Program Journey Overview

The BSDH Entry-level program is a full-time program that is completed in four full academic years. The program is referred to as a 1-plus-3 program with one representing the first year and three representing the 3 years of the entry-level clinical program integrated with general education coursework. The first year on campus students will complete prerequisite coursework, some of the campus general education requirements, and apply to the program. During the summer after the first year on campus, the top twenty competitive students, as ranked by the objective admission criteria, are admitted to the clinical program.

Dental programs have limited access. Limited access programs have admissions processes and criteria beyond general college admissions. While any student meeting the minimum criteria are encouraged to apply, not all qualified applicants may be accepted.

First Year BSDH Entry-level Experience (Sophomore Year)

The first year of the entry-level program provides foundational knowledge to prepare students to achieve competence in all components of dental hygiene practice. In the fall, students will enroll in microbiology lecture and are highly recommended (not required) to complete microbiology lab to aid student success. Microbiology, along with other prerequisites and program coursework, provides a basis for infection and hazard control management and the provision of health care services to patients with infectious diseases.

Students will begin their dental hygiene education focusing on dental science, specifically disease etiology, progression, immunology, and host response in DHYG-H206 General Pathology. Concepts introduced in fall are threaded in spring semester coursework by narrowing the focus from systemic response to the clinical presentation of disease in the oral cavity in DHYG-H321 Periodontics. Simultaneously, students will complete an interprofessional learning experience in HSC-W314 Ethics for Health Professionals. Radiology concepts, skills, and competencies are taught, practiced, and assessed in DHYG-H303 Radiology Lecture.

Students are expected to complete all documentation to meet clinical compliance, including CPR certification, no sooner than June 1 at the end of sophomore year.

Second Year BSDH Entry-level Experience (Junior Year)

Students begin the clinical portion of the program in their junior year. All clinical compliance documentation must be completed and verified prior to the start of the fall semester. Clinical experiences first focus on the oral health of individuals and have a strong emphasis on healthy patients and patients in a maintained disease state. Clinical hours start with simulation and lab practice on campus in the fall DHYG-H218 Fundamentals Lab. Dental hygiene process of care skills are taught and practiced in the lab on mannequins and student partners. Preclinic hours are scheduled for approximately 8 hours/week on average for the fall semester. Students will begin to develop their clinical awareness as they learn about medical and dental emergencies in DHYG-H205.

Limited patient care responsibility begins under supervision and students begin to adapt newly learned process of care competencies and skills and documentation skills in the dental hygiene clinic during the

spring semester in the program. Students will be scheduled in clinic an average of 8-12 hours per week treating patients for spring semester.

Outside activities in this semester may include health fairs (examples include assisting the senior students in community outreach), community health promotion activities, professional meetings, interprofessional education events, professional and second year shadowing, and assisting in other promotional activities for the program.

Third Year BSDH Entry-level Experience (Senior Year)

Students are considered seniors in the dental hygiene program at the start of Summer Session 1, following the successful completion of spring junior year and meeting minimum expectations on the Senior Qualifying Exam. Senior year focuses on care of patients with alterations in oral health who are in an active disease state and are in need of complex care. Students provide care for patients on average of 12-16 hours a week.

In the fall semester of the senior year, the student will assess a population, plan, implement, and evaluate a community health program. Students may work alone or in teams to achieve their goals and objectives. Students may begin taking the CDCA Computer Simulated Clinical Examination (CSCE) CDCA Local Anesthesia Board, National Board of Dental Hygiene Examination (NBDHE) during this semester after successfully completing DHYG-H250. The CDCA Patient Treatment Clinical Board Exam is typically held in the IUSB Dental Hygiene Clinic at the end of Spring semester. NBDHE preparation and review are important in this semester and students are assisted through the licensure, graduation/job selection process. Students will not be released to complete board exams until all portfolio and program requirements are up to date and are within 90 days of graduation.

The spring senior semester will have many outside obligations as the student's professional responsibilities grow. These are individualized to personal interest and the opportunities available. Interprofessional education events continue through the senior year within the program.

Attending professional organization meetings and participating in program events is an expectation of the professional student dental hygienist.

BSDH Entry-level Program Curriculum

A curriculum is a standards-based sequence of planned learning experiences where students are introduced to, practice, and show mastery of content and skills. The structure and organization of a curriculum are carefully crafted to enhance student learning and facilitate instruction. Each component is strategically considered to ensure students meet intended outcomes. From the student perspective, the curriculum is the planned sequence of courses required to fulfill degree requirements.

Student's Responsibility for Monitoring Completion of Degree Requirements

Each student has an individualized academic record that lists all past and current coursework and how that coursework fulfills the requirements for the student's academic program. The program curriculum strategically builds and is in alignment to support student success within the program and on licensure exams. Students who do not follow the prescribed pathway for coursework, including general education

requirements are accepting the known implications of this decision. **It is the student's responsibility to ensure the information is accurate and reflects the completion of all requirements before graduation.**

Academic Advisors

Academic advisors are a critical partner in fostering student success at IU South Bend and beyond. Academic advisors will help students explore academic majors and careers, choose classes, discuss internships and jobs, navigate campus processes, and much more. Students are advised to schedule advising appointments well in advance of registration to stay on track for on-time graduation and to get the classes scheduled at the preferred days and times. Working with an advisor does not negate the student's responsibility for monitoring and proactively addressing the completion of degree requirements and necessary sequencing for success.

SCHEDULES & DENTAL HYGIENE CLINICAL COURSES

Clinical learning is focused on developing and refining the knowledge and skills necessary to manage care as part of an inter-professional team. Simulation and lab experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional dental hygienist. Clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills. See program policies related to progression and reinstatement for information related to sequencing such as critical coursework.

Clinical dental hygiene experiences are designed to provide students with the best possible learning experiences to provide all learners the opportunity to be introduced to, practice, and master the competencies, skills, and concepts necessary to fulfill the roles of a dental hygienist. In order to achieve intended outcomes, it is often necessary to make changes to the published schedule as the semester nears. Every effort by the dental hygiene program is made to keep these changes to a minimum and to notify students as soon as the changes are known.

In general, it is best to keep the following list in mind:

- Clinical courses are typically arranged between the times of 8:00 a.m. and 5:00 p.m. on any business day of the week. Students must be available for assignments between these hours during clinical semesters on days published in the final semester.
- Clinical courses are scheduled based on the total number of hours required for the semester, and therefore schedules may reflect a more concentrated presentation of hours.
- The course meeting times are subject to change on a week-by-week basis, as dictated by the learning experience.
- Clinical group sizes need to be as uniform as possible to provide students with the best learning and supervision possible. It is possible that students will be switched between clinical sections after registration in order to achieve balance.
- Strict faculty to student ratios must be maintained in all clinical and lab sessions as outlined by the Commission on Dental Accreditation (CODA).
- CODA requirements are considered a minimum by the program and additional expectations may be established to provide learning experiences necessary for all to meet stated outcomes.
- Learning opportunities, including direct clinical experiences, must be sufficient in breadth and depth to ensure the baccalaureate graduate attains these practice-focused outcomes and integrates the

delineated knowledge and skills into the graduate's professional dental hygiene practice. This is based on the Commission on Dental Accreditation Standards.

Example Semester Weekly Schedules*

Provided as an example of the time commitment for the semester. Actual schedule and faculty information is dependent on campus resources.

First Year-Fall

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
8 - 9				
9 - 10		MICRO-M250 3 Credits 8:30-9:45 NS125		MICRO-M250 3 Credits 8:30-9:45 NS125
10 - 11		DHYG-H206 General Path Douglas 10:00-11:45 EA1233		
11 - 12		F2F preferred*		
12 - 1				
1 - 2				
2 - 3		COURSES STUDENTS ALSO SCHEDULED NOT PICTURED DUE TO VARIATION IN SCHEDULING ACROSS CAMPUSES Global Cultures course HPER-N 220 Nutrition for Health T190 or T390 Literary and Intellectual Traditions Common Core		
3 - 4				
4 - 5				HPER-N220 5:30-8:00 or ONLINE

Second Year-Fall

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 - 9		H218 Fundamentals 8:00 - 12:00 Section A Lab 14707	H218 Fundamentals 8:00 - 12:00 Section A Lab 14707	H218 Fundamentals 8:00 - 12:00 Section A Lab 14707	
9 - 10	H211 Head & Neck Anat. Lecture 8:30-9:45 Hathfield 3 cr EA1231		H211 Head & Neck Anat. Lecture 8:30-9:45 Hathfield 3 cr EA1231		Radiology Lab 9:00-11:00 Austin Miller
10 - 11	H218 Fundamentals 4 or (3) 10-11:15 Batie EA1231	BATIE Austin Miller Deniston	H218 Fundamentals 4 or (3) 10:00-11:15 Batie EA1231	BATIE Austin Miller Deniston	15912 Room 1233 Radiology Lab 11:00-1:00
11 - 12					
12 - 1	H217 Preventive Dentistry 11:30-12:45 Batie 3 cr EA1231	EA 1231/H205	H217 Preventive Dentistry 11:30-12:45 Batie 3 cr EA1231	EA 1231/H205	Austin Miller Radiology Lab 15913 Room 1233
1 - 2	H303 Radiology Lecture 14712 Room 123 1:00-2:15 Miller 3 cr	Diversity in cultural 1-2:15	H303 Radiology Lecture 14712 Room 123 1:00-2:15 Miller 3 cr	Diversity in cultural 1-2:15	
2 - 3					

First Year-Spring

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
8 - 9				
9 - 10		H214 Oral Anatomy, Histology, and Embryology 8:30-9:45 Lemanski	H205 M&D Emergencies 9-9:50 Batie	H214 Oral Anatomy, Histo 8:30-9:45 Lemanski
10 - 11	H321 Periodontics Lecture 10:00-11:15 Miller		H321 Periodontics Lecture 10:00-11:15 Miller	
11 - 12				
12 - 1				
1 - 2				
2 - 3				
3 - 4		N190 or N390 Natural World Common Core		
		HSC-W314 Ethics and Health Professionals		

Second Year-Spring

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 - 9		H219 Clinic I 8:00 - 12:00 Group 1 Douglas Austin Batie Miller		H219 Clinic I 8:00 - 12:00 Group 2 Collins Miller Batie Austin	
9 - 10					
10 - 11	biostats		biostats		Clinic Discuss 9:15-11:15 Batie
11 - 12					
	H221 Clinical Dental Hygiene 3 cr 11:30-12:45 Batie 17033 EA1231	16037 EA1205	H221 Clinical Dental Hygiene 3 cr 11:30-12:45 Batie 17033 EA1231	16038 EA1205	
12 - 1					
1 - 2	hour 1:00-1:50 Douglas 1 cr	H219 Clinic I 1:00 - 5:00 Group 2 Douglas Austin Batie Miller		H219 clinic 1:00 - 5:00 Group 1 Douglas Miller Batie Curtis	
2 - 3	oral pathology 2 credits 2:30-4:55 douglas				
3 - 4					
4 - 5		16038 EA1205	PHARMACOLOGY 2 cr 4-5:45 Shambry		

CHAPTER III: ENTRY-LEVEL BSDH ACADEMIC PROGRAM OVERVIEW

2025/2026

Third Year-Summer

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 - 9	H300 Summer 8-Noon Douglas Lemanski	H300 Summer 8-Noon Douglas Batie	H300 Summer 8-Noon Douglas Lemanski	H300 Summer 8-Noon Metzler Batie	
9 - 10	Johnson Knepper	Austin Curtis	Holmes Miller	Austin Miller	DHYG-H403 Advanced Community Dental Hygiene Edmondson
10 - 11					
11 - 12					
12 - 1					
1 - 2	H300 Summer 1-5:00 pm Douglas Lemanski	H300 Summer 1-5:00 pm Douglas Batie	H300 Summer 1-5:00 pm Douglas Lemanski	H300 Summer 1-5:00 pm Metzler Batie	
2 - 3	Johnson Knepper	Austin Curtis	Holmes Miller	Austin Miller	
3 - 4					
4 - 5					

Third Year Fall

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 - 9	H302 Clinic III 8:00-12:00 Group B		H302 Clinic III 8:00 - 12:00 Group A	H31	2 Radiology Lectur 15865 Miller 8:00-8:50 1 cr
9 - 10	14711 Metzler Curtis Johnson Knepper	H400 8:30-9:45 Lemanski 3 cr 1233	14710 Douglas Owens lemanski HOLMES?	H400 8:30-9:45 Lemanski 1233	
10 - 11	4 cr	H477 Com Assess & Prog Plan 10-1115 Edmondson EA1010 hybrid		H477 Com Assess & Prog Plan 10-1115 Edmondson EA1010 hybrid	
11 - 12		H333 Management of Special Needs Patients 1231 Lemanski 15843 3 cr	EA 1205	H333 Management of Special Needs Patients 1231 11:30-12:45 Lemanski 15843 3 cr	
12 - 1					
1 - 2	H302 Clinic III 1:00 - 5:00 Group A 14710 Metzler Curtis Johnson Knepper	250 Local Anesthes Lab 15457 1:00-3:00 Douglas Klauser EA 1205 EA1011 3 cr	H302 Clinic III 1:00 - 5:00 Group B 14711 Douglas Owens lemanski HOLMES	H302 Discussion 1-3:30 Lemanski 1233 4 cr	
2 - 3					
3 - 4		Douglas 3:00-5:00 EA1233 3 cr			
4 - 5					
- -	EA 1205		EA 1205		

Third Year-Spring

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 - 9	0 Adv Clinical Procedures Group A 8-12pm Metzler		H420 Adv Clinical Procedures Group B 8-12pm		
9 - 10	Johnson Miller Curtis	DHYG-H444 BSDH Capstone 9-9:50	douglas Lemanski Curtis Holmes		
10 - 11		H320 Ethics & Jur Lectu 10-10:50 50 minutes lemanski			Clinic Discussion 9:15-11:15 Lemanski
11 - 12		H497 Topics in Dental Hygiene Lecture 11:30-12:20 Edmondson 30391	EA1205 16040		
12 - 1					
1 - 2	0 Adv Clinical Proce Group B 1-5pm METZLER Johnson Miller Curtis	H478 Com Assess & Prog Plan 1-2:15 Edmondson EA1025	0 Adv Clinical Proce Group A 1-5pm DOUGLAS Lemanski Curtis Holmes	H478 Com Assess & Prog Plan 1-2:15 Edmondson EA1025	
2 - 3					
3 - 4					
4 - 5					
	16040		16039		

Communication Considerations

Official Form of Communication

The IU South Bend provided email system is the official method of communication within the program. All students are required to use the provided email system for correspondence within the program. At no point should email be forward to an external email system due to security concerns. Many of the communications within the course of the program will require communication of sensitive data. Additionally all emails with PHI or potential PHI should be encrypted using the appropriate process.

In rare circumstances faculty may provide personal cell phone or other contact information to students to permit students to call or text. This communication should only pertain to clinical or course issues and be within the standard working day. Course or Clinical emergency calls or texts outside of these hours are restricted to emergency use only. Exceptions to this policy may apply at the discretion of individual faculty members and be reported to the director with details of the parameters and rationale prior to release of contact information.

Communication over social media with current students between faculty and staff of the program is prohibited regardless if faculty and staff are full- or part-time.

Expectation of Communication Response

Faculty and staff make every effort to respond within two standard working days. The timeline for expecting a response to correspondence that occurs after 4 pm or extending to the weekend will not begin until the next standard working day. The defined working day of the program is 8 am until 4 pm Monday through Friday with the exception of known breaks, campus holidays, and campus closures. Please note, due to limitations on the 40-hour work week, staff may not be available on all business days listed due to extended hours to cover clinical and/or special events. Program staff will provide expectations for hours should a shift occur.

Attendance Considerations

Orientation Attendance Policy

Orientation attendance is an expectation of all cohorts each fall, and at other necessary times. The purpose and structure of each orientation session will vary throughout the program based on the needs of the planned upcoming program experiences. Orientation activities are structured using best practices to support clinical students in their transition from college student to clinical student to professional. The mandatory orientation occurs Wednesday-Friday the week before classes begin in the fall semester for all cohorts with the potential for additional meetings communicated throughout the semester.

First Year BSDH Entry-level Orientation (Sophomore Year)

The BSDH (entry-level) program begins with a mandatory multi-day orientation for all newly enrolled students in the program. This orientation requirement spans the entire fall semester to allow students to learn more about the program, meet faculty, staff, and their peers, and to provide a mechanism for the program to foster a culture of support and success for the student as they transition from “college” student to “clinical” student. The orientation may include an expectation of meeting once a month

following an on-campus scheduled DHYG course to best fit the student's schedule. Each session will include a variety of team and resiliency building activities.

Second Year BSDH Entry-level Orientation (Junior Year)

The BSDH (entry-level) clinical portion of the program begins in junior year when students start the preclinical DHYG-H218 Fundamentals of Dental Hygiene Course. The mandatory multi-day orientation for all newly enrolled Year 2 (Junior Year) clinical students is planned prior to the summer break at the end of sophomore year and the Wednesday-Friday the week prior to the start of the fall junior year semester. Students will participate in various team-building activities and learn about important policies and procedures while on campus. While on campus, students will meet their student peer mentor (referred to as Big) and begin orientation to the clinical environment. An additional clinical orientation will occur prior to treating patients in the clinical environment.

Third Year BSDH Entry-level Orientation (Senior Year)

The Year 3 (Senior Year) mandatory orientation will occur at the start of fall semester for all enrolled IUSB student dental hygienists in their final year of the program. This orientation will take place in conjunction with the newly enrolled clinical students on Thursday the week prior to the start of fall semester. Faculty and staff will orientate students to program policies and changes affecting the potential for success prior to the start of the school year. The focus of orientation topics will include interprofessional education preparation, clinical course syllabus and requirement review, clinic set up and preparation for the first day of the semester. Enrolled students will meet their assigned mentee (referred to as Little) and will begin the process of mentorship at orientation.

DE.014 Attendance Policy

Purpose:

The purpose of this policy is to define attendance expectations for students enrolled in the IUSB Dental Hygiene Program.

Policy:

As a professional program, attendance and punctuality is required at all scheduled didactic, discussion, lab, clinic, preclinic, and other course or program related sessions and events, including IPE.

The syllabus must clearly state the attendance policy for each course.

Student Absence

It is understood that students may occasionally be absent from class or clinic for unavoidable personal reasons. Students are expected to email the appropriate course contact prior to or as early as possible to report an absence. Although a student contacts the course director/faculty, the absence may still not be considered excused. It is the responsibility of the student to coordinate missed assignments or makeup quizzes with course directors and other involved faculty in a timely fashion, if allowable. A student who is absent and fails to communicate with course directors in a timely manner regarding missed assignments is accountable for any negative outcomes based on the attendance policy of the course director.

It is recommended that the decision to excuse a student's absence results from a conversation between the faculty involved and student.

Faculty are not permitted to require written or specific information to excuse a student's absence for medical/psychological reasons. Requiring a student to share private information of this type is inconsistent with patient confidentiality, FERPA, and runs counter to educating our students in the wise use of healthcare resources.

Below is a list of acceptable and unacceptable reasons for absence(s). The lists are not exhaustive, and each case will be carefully considered. The lists will be used to guide decision making about excusing absences from didactic, preclinical, and lab coursework.

Acceptable Reasons for Absence

- Illness
- Military Duty
- Jury Duty
- Rapidly declining health and/or death in the immediate family or persons in an immediate family role
- Victim of recent serious crime
- Quarantine
- Overlap with another course final

Unacceptable Reasons for Absence

- Holiday Plans
- Travel Arrangements including "living far away from campus"
- Alarm Clock Malfunctions
- Events and event planning (Birthdays, showers, wedding and wedding planning in most cases, etc.)
- Sport and Leisure Activities (student athletes should work within the attendance policies)
- Vacations (including those pre-planned)
- Computer system network and other technology issues

Unexcused clinic/labs cannot be made up. Missing clinic or assigned labs will jeopardize the student's ability to meet course requirements and may result in a failing grade, failure to progress, or dismissal from the program.

Assessment/ Major Project Absence Policy

Except for extenuating circumstances, students are prohibited from missing any type of summative assessment/Major Project (e.g., midterm/final exam, summative OSCE, practical/practicum, team assessment, mock board, final pre-clinical lab competency, presentation, etc.), unless in the rare situation of being excused by the Course Director in consultation with the Program Director.

Students who are or will be absent for a summative assessment must contact the course directors involved in addition to the Program Director prior to the absence, who will review and determine if the request is approved. If approved, the student will be required to make arrangements for alternate assessment date(s).

Rationale for mandatory attendance and punctuality:

- The practice of dental hygiene is complex and requires higher ordered learning experiences to meet outcomes. The learning environment cannot be recreated.
 - To successfully pass all dental hygiene didactic courses with a C or higher, the student needs to attend lecture to fully understand all theory/concepts associated with the dental hygienist's role for competent patient care.
 - All material in both clinical and didactic courses builds/interchanges with all coursework. For the student to successfully be exposed to the material, attendance to all classes and clinics is mandatory.
- Faculty use clinic and lab hours as part of the equation to determine the minimum requirements to complete to meet the expected competency level for the related semester of experience of students. Missing scheduled time will reduce the time available to the student to obtain the practice time and minimum requirements and thus demonstrate competency to progress.
- CODA requires strict faculty to student ratios and minimum scheduling of student experiences. Missing time, including tardiness, can be in violation with these standards.
- The dental hygiene program strives to prepare the graduate for the workplace. In the dental office, the dental hygienist will be treating patients that are on a scheduled basis, on an hour-to-hour schedule. Many patients schedule their appointments well in advance and must adjust in their daily life for dental treatment. Therefore, the expectation of the patients as well as the employer (the dentist) is that the dental hygienist is punctual and does not miss work or misses on a *very limited basis*. This differs from many professions where being absent or late does not jeopardize other individuals' schedules or the overall production for the office. The attendance requirement provides a learning opportunity for students to practice this professional expectation.

Estimated Program and Professional Costs

Program costs will vary based on each student's situation. The following is a general estimate to help students plan expenses.

IUSB 2025-2026 Tuition Rates & Fees

Undergraduate Tuition	In-State	Out-of-State
12-18 Credit Hours (flat fee)	\$3,858.39	\$11,162.27

Fee Name/Description	Fee Value
Health & Human Services Undergraduate Program Fee	\$12.60 per unit (up to 15 credits)
Student Services Fee >6 hours	\$353.67/semester
DH Instrument fee*	\$250.00/semester

**In addition to instruments purchased by students, a rental fee is charged for use of IU instruments in the laboratories and the clinics. The fee is based on the cost to IU to provide this service. The instrument rental fee is charged each semester enrolled in the program, even if hygiene courses are not enrolled. Students should plan to follow the suggested degree plan to minimize costs.*

For updated tuition and fees see: <https://southbend.iu.edu/administration/bursar/tuition-and-fees/index.html>

University fee list search: <https://southbend.iu.edu/administration/bursar/tuition-and-fees/index.html>

Estimated Cost of Required Purchases

Fee Name/Description	Fee Value
Textbooks (1 st year estimate; use same texts across semesters)	\$1,500/year
Instrument Kit Purchase (summer prior to junior year)	\$3,000
Safety/Personal Protective Equipment	\$400/year
Uniforms	\$300/year

Estimated Cost of Compliance Requirements

Fee Name/Description	Fee Value
Personal Medical Insurance	\$\$\$ (varies)
Hepatitis B Vaccination or Proof of Immunity	\$200
Tuberculosis Test	\$40
Flu Vaccination (during clinical phase)	\$30
Varicella 1 Vaccination or Proof of Immunity	\$300
Measles, Mumps, Rubella (MMR)	\$100

Estimated Cost of Licensure Requirements

Fee Name/Description	Fee Value
National Board Dental Hygiene Examination	\$600
CDCA Patient Treatment Clinical Exam & CSCE	\$1150
Clinical Board Site Fee	\$100
Local Anesthesia CDCA Test	\$140
Indiana Licensure fee and background check	\$200
Graduation Fees (Cap/gown/class picture)	\$150

DIVISION OF DENTAL EDUCATION SCHOLARSHIPS

The Dental Hygiene Program is fortunate to have received monies from several generous donors to fund scholarships for our students. On the IU South Bend campus, Vera Z. Dwyer, Carol D. Minichillo, Ralph Schimmele, Dorothy Fromm, and Alfred Fromm, DDS scholarships are available annually to reward students for their academic and clinical achievements, and to help meet their financial needs. Other scholarship monies are available from the Indiana University South Bend Financial Aid Office.

Applications are due MARCH 1 for all students through the One.IU scholarship portal.

Academic Information

Instructional Methods

Teaching is defined as all the activities employed by the faculty in order not only to transmit knowledge but to transform and extend it as well. Teaching begins with what the teacher knows and is a dynamic endeavor involving all the analogies, metaphors, and images that build bridges between the student's understanding and the student's learning. Courses will be conducted utilizing a multi---sensory approach to learning, which includes:

- Lectures
- Audio--visual materials
- Programmed instruction: interactive video and other independent study modules
- Computer programs/CD ROM/DVD/Applications (apps)
- Individual, class and small group discussions, demonstration, and case studies
- Laboratory assignments
- Interprofessional experiences and assignments
- Team assessments
- Peer-to-peer learning, skill demonstration, and testing
- Quizzes, tests, oral, written and practical exams including comprehensive examination
- Self-reflection
- Field trips, site visits, facility tours
- Service-learning
- Supplemental reading: textbooks, printed material, assignments, handouts, etc.
- Clinical, practicum, externship, and internship experiences

The faculty will engage in other activities related to developing the knowledge, skills, attitudes, and behaviors of students necessary for entry to the dental hygiene profession. These activities include, but are not limited to:

- design, implementation, and evaluation of classroom, laboratory, clinical, and other teaching/learning activities
- design, implementation, and evaluation of methods to assess student learning
- student mentorship and professional advisement
- supervision of student research, service-learning, and honors projects

Evaluation Methods

Course grades are determined by evaluation of the degree to which the student met the course objectives. Course syllabi outline the course grading or weighting criteria by which scores from evaluation methods determine a final grade. Methods are determined by the course director in alignment with program assessment and quality assurance plans and may include tests, quizzes, written assignments, performance, clinic assignments, attendance at special events, etc.

DE.007 Grading Policy

Purpose:

The purpose of this policy is to define the minimum course grade for degree, grading scale used in all courses specific to the IUSB Vera Z. Dwyer School of Health Sciences Division of Dental Education.

Policy:

Minimum Course Grades

All courses counting towards the BSDH Entry-level program degree must be at the C minimum except for MICR-M250 Microbial Cell Biology (C-) if offered by IUSB during the program. If transferring in an equivalent to M250 or prior coursework the requirement for microbiology is "C". Courses counting towards the BSDH Completion program, beyond the ASDH program, will be evaluated upon transfer in

on a case-by-case basis scenario. All BSDH Completion courses completed at IUSB after the earned associate degree must be at the C minimum to count towards the degree.

Critical Course Repeats

Critical courses are courses with the prefix DHYG or DAE or (some) HSC (W314, H434, H322) on the degree plan by the program. Critical courses may only be repeated once, including withdrawing from a course. Students who do not successfully complete all required courses with a minimum grade of C by the second attempt will be permanently dismissed from the dental hygiene program.

Division of Dental Education Grading Scale

All courses in the Indiana University South Bend, Vera Z. Dwyer School of Health Sciences, Division of Dental Education in South Bend use the following grading scale in dental hygiene courses:

A+ = 97-100	B+ = 87-89	C+ = 77-79	D+ = 67-69
A = 93-96	B = 83-86	C = 73-76	D = 63-66
A- = 90-92	B- = 80-82	C- = 70-72	D- = 60-62
			F = 0-59

Student Initiated Grade Appeals

The grade appeal process is a campus process. Details can be found here:

<https://southbend.iu.edu/students/registrar/grades/grievances.html>

DE.012 Late Student Work Policy

Purpose:

The purpose of this policy is to define late work and evaluation policies specific to missing a submission deadline.

Policy:

All student work, assignments, and quizzes must be submitted according to the established due dates and time, and according to specified criteria in the course documents.

If a student is experiencing extenuating circumstances requiring an assignment extension, he/she must contact the course instructor as soon as possible before the assignment due date and time. Faculty will decide if an extension is appropriate. It is the student's responsibility to initiate communication with the instructor promptly. Computer system, network, and other technology issues are not considered extenuating circumstances.

Late Work Grading

A penalty of a 10% total grade deduction **per day** is standard for late assignments and/or quizzes that have not received approval for an extension. The first 10%-day deduction goes into effect as soon as the submission deadline has passed, even if the student submits the work on the same calendar day as the due date. Exceptions to this policy may be initiated by individual instructors. All exceptions will be listed in the course syllabus and or Canvas course site.

DE.013 Test Taking Policy

Purpose:

The purpose of this policy is to define test taking protocol and procedures for a regularly scheduled exam in the Division of Dental Education.

Policy:

All exams must be submitted according to established due dates and time, and according to specified criteria. The IUSB proctoring center and/or Academic Support Services will be the primary site for all make-up exams, and for exams needing testing accommodations. All exams and assignments are considered individual work, unless otherwise specifically stated by the instructor in the assignment instructions and/or syllabus. Students are required to self-regulate testing environments by reporting any academic misconduct on tests or other evaluation methods.

All exams will be administered on campus unless approved by the Division of Dental Education Curriculum Committee.

Exam Methods

A variety of testing methods will be used throughout the curriculum including written and practical examinations and quizzes. For this policy and the reporting exams policy, “exam” will refer to quizzes, exams, and final exams unless otherwise stated. Exams may be delivered via paper and pencil or electronically. Achievement of a minimal level of competence may be required on individual examinations in addition to overall competence in the course material.

Missed Exams

If a student is experiencing extenuating circumstances requiring an exam submission extension or make-up exam, they must contact the course instructor immediately (before the scheduled start time of the exam unless incapacitated). The faculty will decide if an extension or make-up is appropriate. It is the student’s responsibility to initiate communication with the instructor promptly. Computer system, network, and other technology issues are not considered extenuating circumstances.

After an appropriate notification of absence, faculty will determine if a make-up exam is appropriate. Faculty will determine an appropriate make-up exam option including but not limited to the following: the same exam, an alternate exam, and/or an assignment. Make-up exams must be completed within three calendar days of the original exam date.

Failure to notify the faculty member of exam absence will result in a “0” for the exam without an option for alternate submission.

Proctor and Student Responsibilities

Due to changing technology, test-taking policies are subject to change. Exam proctors will address specific policies prior to the exam.

1. Examinations will be scheduled, and all students are required to take all examinations.
2. The proctor of the examinations will:
 - Distribute the exam and answer sheet; or, with computer-based exams, ensure students have logged in properly and received passwords.

- Give any instructions and corrections verbally prior to commencement of the exam.
 - Write corrections on the dry erase board.
 - Not answer any content related questions during exams.
 - Not define terms.
3. The student(s) taking the examinations will:
- Arrive at the designated room on time.
 - Download exam files in the timeframe set forth by the course instructor.
 - Update all computer programs as required by exam taking software prior to each exam.
 - Leave all personal belongings securely under the desk or area designated by proctor.
 - Turn electronic devices off, remove smart devices (example Apple Watch), and place securely in designated area. If calculators are permitted, **only freestanding** pocket calculators are allowed. **Cell phones cannot be used as a calculator.** In computer-based exams, calculator is embedded within the software.
 - Refrain from opening any computer program other than the one to take the exam; this includes e-mail, internet, and cell phones.
 - Accept responsibility for transposing answers from test form to the computer answer sheet. Credit will not be given for any answer erroneously transposed.
 - Report any misconduct to the proctor during the exam.
 - Place his/her name and student identification number on the answer sheet and the test booklet when paper is used.
 - Return the exam and answer sheet as directed. Make sure answers are uploaded in software database before leaving the test environment.
 - Provide written documentation of any computer malfunction, pop-up, or rationale for reasons the student deviated from the exam screen prior to leaving the designated testing space.
 - i) Evidence of leaving browser window as reported by Canvas will be considered academic misconduct if documentation is not provided.
 - ii) Written documentation does not automatically excuse an academic misconduct investigation and reporting to the campus Office of Student Conduct. Each case will be evaluated based on individual factors.
4. Those students coming late or do not have files downloaded in the allotted time will:
- Wait until all initial directions are given and questions answered.
 - Be given the exam and answer sheet or passwords by the proctor.
 - Be given no additional verbal directions.
 - Be given no extension beyond the time allotted for the exam.
5. Questions about test content will not be answered during an exam. If the student has some other difficulty, he/she will raise their hand and a proctor will come to the student.
6. Exams are to be stopped or will expire after the allotted time. With traditional paper exams, all papers will be collected at the end of the class session. Both the test booklet and the answer sheet must be returned.

7. The student will have his/her exam removed and receive a grade of zero “O” for academic misconduct. The course instructor will proceed with Indiana University South Bend’s Academic Misconduct procedures and policies.
8. **Disclosure of exam material including its nature or content during or after the exam to current or future students is considered academic misconduct and addressed according to university process and policy.**

DE.010 Reporting of Exam Results Policy

Purpose:

The purpose of this policy is to define the criteria for reporting exam results in the IUSB-CHS, Division of Dental Education.

Policy:

- The faculty require a **minimum** of two full business days to review exam results including item analysis.
- Final Examination scores will be posted to Canvas within seven calendar days of the due date for the exam.
- Faculty will release the results of exam in manner deemed appropriate by course faculty.
- Exams are not subject to exam review unless deemed appropriate by faculty.

DE.015 Opportunity for Success Documentation Policy

Effective Date 1/1/2020 Revised 7/26/2023, 7/21/2025

Scope

This policy is for all students enrolled in the programs offered by the Division of Dental Education.

Purpose:

The purpose of this policy is to define the expectations for documentation for student success in the Division of Dental Education.

Policy:

Per IU Policy, all students will be provided with due process and procedural fairness, to ensure equal protection for all students, and for the imposition of similar sanctions for similar acts of misconduct or opportunities for improvement.

Students will be notified in writing of opportunities for improvement when unsatisfactory progression towards course objectives and/or requirements and/or program goals, objectives, competencies, or supporting competencies occur. Notification may be provided in instructor feedback on assignments, in emails, verbally, or with the use of formal documents such as Notifications of Opportunity for Improvement or Success Plans. Students will have the opportunity to respond to the notification and provide evidence, as necessary. Students will have the opportunity to develop and implement a personal plan for success with the support of their faculty. It is the student's responsibility to ensure requirements and expectations are met.

Procedure:

Notification of Opportunity for Improvement

The goal of the Notification of Opportunity for Improvement is to alert students as early as possible when their demonstrated behavior and outcomes are not consistent with progression toward expectations. The document lists commonly identified areas for improvement. Additional areas may be outlined in the narrative portion of the document.

When a faculty or staff identifies a student with an area(s) of concern, the faculty or staff will request a face-to-face conversation with the student to discuss the identified opportunity for success and complete a Notification of Opportunity for Improvement to document the conversation. During or following the notification conversation, the student will complete the 'Student Response, Comments, and Chosen Success Strategies' section. During the meeting, the student and faculty will discuss the opportunity for improvement. The student will present their response and corresponding evidence. Together they will revise the Notification of Opportunity for Improvement form (if necessary) and sign the completed form indicating that they had an opportunity to meet. If the student refuses to sign the form, the faculty will document this in the signature line. A copy of the completed form will be provided to the student.

The original signed form is confidentially sent to the Cohort Coordinator for review for trends across curriculum and then the Program Director. The final copy will be placed in the student file. A corresponding entry may be made in the SER or campus tracking system if appropriate. Receipt of a Notification of Opportunity for Improvement may correspond with grade deductions as outlined in course documents.

The following forms are used for this process:

- Notification of Opportunity for Improvement-Didactic & Discussion Course
 - Faculty and staff members use the Notification of Opportunity for Improvement Form to identify and document specific opportunities for improvement a student may be facing in their course.
- Notification of Opportunity for Improvement-Pre-clinical/Clinical/Lab Component
 - Faculty and staff members use the Notification of Opportunity for Improvement Form to identify and document specific opportunities for improvement a student may be facing in their course.

Success Plan

A Success Plan is intended to help the student identify opportunities for improvement, clarify expectations, and develop an individualized plan for long-term success to meet the expectations and outcomes of a course or program. The student is expected to take ownership of the responsibility for achieving desired outcomes for success in the course. The faculty member can be a mentor for navigating program expectations and accountability facilitator in the plan for success, however the plan must focus on the student action. The student will be provided feedback regarding progress toward meeting identified goals as agreed in the plan.

Repeated receipt of the Notification of Opportunity for Improvement form by a student with lack of evidence of improvement may lead to a course-level or program-level Success Plan and/or dismissal. A

Success Plan may be implemented with or without prior Notification of Opportunities for Improvement depending on the area identified for success.

When a student is identified to have a need for a Success Plan, the Program Director/Coordinator/Course Director will notify the student in writing via email with the Success Plan form completed up to “Student Response” for review. The email will include a request for a meeting no later than one week from the receipt of the email and a deadline for the return of the success plan document no more than 72 hours from the receipt of the email. The faculty will provide suggestions and specific minimum components to include in the plan for success at this time.

The purpose of the requested meeting is to discuss the situation, review the student response, and discuss the student’s plan outlined in the document. The student will prepare for the meeting by completing the ‘Student Response’ section and returning the success document with relevant evidence to the faculty within 72 hours. During the meeting, the student and faculty will discuss the student’s response and corresponding evidence. If necessary, together they will revise the Success Plan document (if necessary) and sign the completed form under “Acknowledgement of Meeting and Next Steps” section.

A copy of the completed form will be provided to the student. The original signed form is confidentially sent to the Program Director for documentation. The final copy will be placed in the student file. A corresponding entry may be made in the SER or campus tracking system if appropriate.

- **Course Level Success Plan**
 - A Course Level Success Plan is initiated by a Course Director and addresses a single semester course.
 - Course Level Success Plans end when the associated semester course ends.
 - Themes identified in a Course Level Success Plan could be translated to a Program Level Success Plan if a pattern for the need of improvement for success is identified across multiple courses and/or semesters.
- **Program Level Success Plan**
 - A Coordinator and/or Director may initiate a Program Level Success Plan. A Program Level Success Plan is initiated if an opportunity for improvement for success associated with meeting program goals, objectives, competencies, or supporting competencies is identified.
 - A Program Level Success Plan may be updated as the student identifies strategies for success and can continue into subsequent semesters and/or for the duration of the program when appropriate.
 - A written summary of evaluation and recommendations will be provided to the student as outlined in the Program Level Success Plan. If not specified, Success Plans will be minimally evaluated at the end of each semester.

It is important to note that due to the nature of the clinical program, the identification of success indicators may not provide the opportunity to progress through all documentation listed in this policy. Every attempt will be made to identify potential struggling students. Dismissal from the program

and/or out of clinical progression status may occur without prior Alerts or Success Plans.

DE.016 Academic and Personal Conduct

Purpose:

The purpose of this policy is to define the expectations for academic and personal conduct in the Division of Dental Education.

Policy:

The Division of Dental Education has a zero-tolerance policy for academic and personal misconduct as outlined by the university Code of Student Rights, Responsibilities & Conduct, found [here](#).

Procedure:

All allegations of personal and/or academic misconduct will be reported to the university following the current protocol found [here](#).

In addition to course specific outcomes outlined in the syllabus, in consultation with the Office of Student Conduct, students found to have participated in academic or personal misconduct will be placed on a program level success contract and/or dismissed from the program depending on the nature of the misconduct.

Instances of misconduct demonstrate a pattern of behavior not consistent with the ethics and professional values of the dental hygiene profession. Students with an established pattern of misconduct will be permanently dismissed from the BSDH program(s) at IU South Bend. Refer to DE.020 Fitness for the Profession Policy for additional information related to conduct expectations.

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DENTAL EDUCATION

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CHAPTER 4

**BSDH ENTRY-LEVEL PROGRAM ADMISSION,
PROGRESSION, AND GRADUATION
STANDARDS AND CONSIDERATIONS** ⁴⁷

Disclaimer: University Standards

The following section does not supersede, nor does it include all university, college, and school policy and procedures documented elsewhere. Additionally, this section does not include information contained in the bulletin, clinic manual, course documents, and other documents provided to the students as part of the program experience.

ADMISSION

Standards for Admission

Admission to the BSDH Entry-level Dental Hygiene Program is open to qualified individuals and complies with all applicable state and federal non-discrimination laws, including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, and the Indiana Civil Rights Law. Indiana University South Bend Division of Dental Education will consider applicants who have met the minimal eligibility requirements for the program.

To be eligible for admission a student must minimally:

- Be admitted to Indiana University South Bend with an active admission offer on file at the time of application closure (February 1)
- Minimum 2.0 CGPA
- Demonstrate the defined essential abilities with or without reasonable accommodations
- Comply with all policies and procedures of the program, school, college, campus, and/or university, including
 - Compliant background check with [IU Policy PS-01](#)
 - Provide proof of active and continuing medical insurance
- Never been dismissed from previous health care program and/or have negative action on a certificate or licensure
- Completed the appropriate application process
- Completed all prerequisite courses by the end of spring semester the year of beginning the program
- Attend orientation event(s)

BSDH Entry-level Program Essential Abilities

The faculty and staff at IUSB recognize that the award for the Bachelor of Science (B.S.) degree carries with it the full authority of the institution and communicates to the public that the individual who has earned this degree is competent to practice dental hygiene. The B.S. is a comprehensive degree, unique in that the graduate, after passing a licensing examination, is permitted to offer dental hygiene patient care. This means that every dental hygiene student must acquire and demonstrate the didactic knowledge, as well as motor, sensory/observational, communication, cognitive, and behavioral skills, to complete the curriculum and to be fully prepared for dental hygiene practice.

The program faculty recognizes that the dental hygiene curriculum is unique and requires a myriad of technical, intellectual, and interpersonal skills of its graduates. The faculty is mindful that the curriculum is stressful, requiring both emotional stability and physical stamina. Applicants to the program thus must possess the skills and abilities that will allow them to successfully complete the course of study and

receive the full benefit of the education. It is important to note that during the dental hygiene program, students are required to both perform direct treatment on patients. The faculty has the responsibility of ensuring the safety and proper care of these patients. This includes the completion of treatment safely and within a reasonable amount of time. The faculty is mindful of the rigors of the curriculum, the immense responsibility for safe patient treatment, and the fact that the B.S. Degree signifies readiness for dental hygiene practice. Because of this, a student can be denied admission to the dental hygiene program or dis-enrolled from the program if accommodating a student's disability would result in undue hardship to the institution, would pose a direct threat to patients or would compromise the academic integrity of the program or create a fundamental alteration in the degree program.

Qualified applicants must meet all admission criteria, and matriculating students are expected to meet all progression criteria, as well as the program essential abilities (technical standards) with or without reasonable accommodations. The attendance requirements and physical demands on the Student Dental Hygienist require students to be in good physical and mental health. ***See Appendix 3A Entry-level BSDH Program Essential Abilities for a complete listing of all essential abilities.***

Background Check Considerations

According to [Indiana University Policy PS-01 Programs Involving Children](#), all university academic appointees, staff, students, university volunteers, or other individuals who will work with children must have a criminal background check, which includes a sex offender registry check. Vera Z Dwyer School of Health Science Policy outlines additional requirements related to background checks of clinical students. The policy minimally requires two components: a background check at admission to the program that is compliant with Indiana University Policy PS-01 and an annual college Requirement to Disclose form.

Requirement to Disclose Positive Response and/or Criminal History

Once this part of the admission process is over, criminal history information is not part of any decision, grading, or other aspect of your experience in the program. The Program Director is the only person teaching in the program with access to the information shared in the requirement to disclose and the background check process unless necessary information must be shared for educational experiences. Feedback, grades, and expectations will be upheld as outlined in course documents, policy, and established procedures. If you ever have concerns that this is not the case, please communicate with the Program Director immediately

Licensure Considerations for Criminal History

Admission to the IUSB Dental Hygiene Program and completion of the degree requirements does not guarantee licensure if you have a past criminal history. It is up to the student to determine if they would like to continue the degree knowing their situation.

Indiana Code 25-1-1.1-1 explains that a license may be denied, revoked, or suspended because an individual has been convicted of an offense (<https://iga.in.gov/laws/2022/ic/titles/25#25-1-1.1>) . If you need to respond "yes" to being convicted of a crime you must submit with your licensure application a notarized affidavit of the incident (such as the date, where it occurred, what happened, the charge and the outcome of the incident) and any court documents. Based upon your response, you may be required

to make a personal appearance before the Board. Please note that an appearance before the Board may delay your license or approval for a license.

Students with a past criminal history are recommended to contact the Board of Dentistry to discuss their situation to be proactive and to prevent any surprises. The program is 3 years of intensive study and time commitment. It is recommended that students work to gather the required requested documentation as soon as possible to make life easier after graduation.

- Current Board Contact Information <https://www.in.gov/pla/professions/dentistry-home/>
- Dental Hygiene Licensure Application Information https://www.in.gov/pla/professions/dentistry-home/dentistry-licensing-information/#Dental_Hygienist_by_Examination_clinical_exam_less_than_5_years

Prerequisite Courses

All Health Science clinical programs will accept courses counting toward the degree outside of the seven-year timeframe, except for required sciences and discipline specific coursework. Program Directors may allow exemptions to students whose sciences have been completed over 7 years ago. Exemptions include, but are not limited to, work experience, licensures, and certifications and will be examined on a case-by-case basis.

- Non-science Prerequisite Courses
 - ENG-W131 Elementary Composition 1
 - SOC-S161 Principles of Sociology
 - PSY-P103 General Psychology
 - SPCH-S121 Public Speaking
- Science Prerequisite Courses
 - CHEM-C102-Elementary Chemistry 2
 - ANAT-A210 Human Anatomy
 - PHSL-P130 General Psychology

BSDH Entry-level Program Admission Process

Each fall the IUSB Division of Dental Education welcomes twenty new student dental hygienists to the program. The application cycle begins November 1 each year. Applications for best consideration are due February 1 if the students are planning to begin the program the following fall. Students will be notified in early summer of provisional acceptance into the program. Final full acceptance will be granted once students have attended orientation and successfully submitted all required documentation including, but not limited to background check, medical insurance, and requirement to disclose. Applicants who have met all program criteria and policies but are not of the top full-time candidates for the new cohort will be placed on the waitlist. Waitlisted candidates will be invited to join the program if a position becomes available until classes begin in fall. Once the fall semester begins the waitlist is closed.

Candidates are objectively reviewed based on stated selection criteria. The admission committee will use rubrics to evaluate candidates as appropriate. All scoring results and GPA scoring are entered into a

spreadsheet for side-by-side comparison of all candidates with names redacted to provide impartiality. The Health Science Council will review the spreadsheet to ensure the data, formulas, and information is correctly calculated. The top 20 candidates will be offered provisional acceptance status.

Entry-level BSDH Selection Criteria

Criteria are reviewed at the start of the academic year based on assessment and performance data of previous application cycles. The program is actively researching admission practices that afford the most equitable experience possible for all applicants. Criteria will be published in the program website prior to the application going live in November. Students will be selected for preliminary acceptance to the entry-level dental hygiene program minimally based on performance in prerequisite coursework, interview, Canvas module scores, and other criteria.

Weighting of scores include:

- 30% Application GPA
- 35% Science GPA
- 20% Multidimensional Evaluation Criteria
- 5% Cumulative GPA
- 10% Completion of General Education Coursework

Enrollment

Enrollment in the Dental Hygiene Program cannot be considered final until the student has been officially registered, paid the required fees by the established deadlines, completes all provisional acceptance requirements, and attends the first day of all first semester professional program coursework. **Students who are not officially enrolled and registered for classes may not treat patients in the clinics or on behalf of the Program at an affiliated site or event.**

Applicants to the Dental Hygiene Program are admitted on a provisional (conditional) basis following an offer of admission. It is the student's responsibility to complete requested documentation and actions required as a condition of admission to the Program.

Enrollment Postponement

In the event an admitted student needs to postpone enrollment from the program prior to the start of the first program semester, the available cohort opening will be offered to the next available alternate. A position in the next admitted cohort is not guaranteed, and subject to the candidate's academic standing, reason for withdrawing and competitive nature of the applicant pool. The Program Director will work with the appropriate administrator to determine the course of action on a case-by-case basis.

RETENTION

Requirements for Good Standing

To be in good standing for the program, a student must continue to meet the standards for admission, expectations for fitness for the profession, and the following:

- A passing grade for each course in which the student was enrolled, with at least a cumulative 2.0 grade point average, a semester GPA of 2.0, and no grade lower than a C (2.0).
 - See Chapter 2 for grading and academic information
- Demonstration of acceptable progress, in the judgment of the faculty, towards the requirements for the degree.
- Demonstrate professional development
- Demonstration of acceptable retention and translation of previously demonstrated skills, competencies, and knowledge of concepts.
- Demonstration of safe practice including all aspects of the dental hygiene process of care and infection control
- Meet minimum standards for all related policies including [IU Policy PS-01](#)
- Maintain active medical insurance and provide updated documentation throughout the program
- Acceptable ethical and professional behavior.

Failure to Demonstrate Professional Development

Incidents which do not align with the Components of Professional Behavior as outlined by the program, including but not limited to, unsafe practice, academic misconduct and/or unprofessional behavior by a student will constitute a pattern of unprofessionalism and indicate a student's failure to demonstrate professional growth and therefore could be grounds for suspension or dismissal from the entry-level clinical dental hygiene program. When deciding whether to be promoted to the next semester or graduate a student with a history of unprofessionalism or lack of professional development, the Director, Admission, Progression, Graduation Committee and/or Health Council (whichever is appropriate for the situation) must discuss the student's professional growth. The appropriate committee can make a recommendation for suspension from the program, suspension in clinical progress, or dismissal based upon a student's failure to demonstrate professional growth as documented by Notifications of Opportunities for Improvement, Success Plans, faculty, and staff feedback, and/or multiple low clinical grades in professionalism. See DE.020 Fitness for the Profession Policy for more details.

Promotion with Cohort

Requirement for advancing in good standing with one's cohort a student must be considered in good standing, pass all critical courses necessary to enroll in next semester's coursework, complete all portfolio assignments, attend orientation, and be recommended to advance by the faculty of the program.

Any student in the lower one-third of their class in clinical or GPA achievement will be ineligible to participate as a student instructor, peer tutor, serve on a committee or represent the Division of Dental Education at a local or national meeting.

Separation from the Program

Students separating from the program (suspension, withdrawing, or who have been dismissed) should immediately communicate with the Program Director. The Program Director, Administrative Assistant,

and student will manage separation procedures to ensure all appropriate items for the student are resolved (i.e., locker clearance, return of equipment, Crimson Card access).

Temporary Leave of Absence

A student may request a leave of absence for a period of non-enrollment of more than three consecutive days, which may or may not be approved by the Program Director in consultation with the faculty and appropriate administrators. See the **Appendix 4A Leave of Absence Form**. Official documentation related to the leave may be required. Contingent upon approval, as well as the semester of enrollment coupled with the reason and the number of days missed, the faculty and/or APG Committee (as appropriate) will determine the plan regarding the student's re-entry into the curriculum upon their return, ensuring that any missed work, assessments, or requirements are accounted.

Withdrawals

Voluntary withdrawals from the DH program may be arranged by contacting the Program Director. In such instances, grades of "W" or "F," depending upon student academic achievement at the time and date of request, will be entered in the official University record.

The student may also forfeit part or all the current term tuition depending on the timing of the withdrawal per university policy. The withdrawal refund schedule can be found on the IUSB's Bursar's site: <https://southbend.iu.edu/administration/bursar/billing-and-payment/refunds.html>

A student should consult with the Program Director and is encouraged to use all campus resources available if a withdrawal is under consideration. More detailed information on support services can be found here: <https://southbend.iu.edu/students/student-support-services/index.html>

Withdrawing from a critical course will lead to out-of-progression status. All students who leave the program will have to apply for reinstatement. Reinstatement is dependent on resources available at the time of the request for reentry. Reentry is not guaranteed.

Administrative Dismissal from the BSDH Entry-level Program

Administrative dismissal from the program is a function of the Dental Hygiene Program faculty in consultation with the appropriate administrators with regards to due process and legality. Students will be invited to meet with the Program Director to respond to a motion for their dismissal prior to action. Dismissal may be recommended for any of the following reasons (although not limited to them):

- Failure to comply with the policy on attendance.
- A failing grade in any required course in which the student is enrolled.
 - o Failing a critical course resulting in out of progression status that does not provide a part-time option for enrollment
- Earning a semester grade point average below 2.0.
- Academic misconduct and /or lack of acceptable professional behavior and ethics.
- Lack of acceptable progress, in the judgment of the faculty and promotions committee, toward the requirements for the degree.
- Failure to demonstrate professional growth.

DE.004 Clinical Promotion Policy

Purpose:

The purpose of this policy is to define the requirements for promotion through clinical course sequences as outlined by the Commission on Dental Accreditation.

Policy:

In addition to the general academic policies, Entry-level BSDH program students must meet the following requirements to be promoted through the clinical course sequences:

- Student will be promoted to the Fall Year 2 Clinical sequence with enrollment in H218 Fundamentals of Dental Hygiene preclinical course upon the successful completion of:
 - CPR Certification no sooner than June 15 of the summer immediately before the first clinical fall semester and lasting 2 years before expiration
 - MICR-M250 Microbial Cell Biology
 - DHYG-H321 Periodontics
 - DHYG-H303 Radiology Lecture and Lab
 - H303 lab component must be passed at the minimum competency level to progress into H305 and H219 due to patient treatment
- Students will be promoted to the Spring Year 2 Clinical sequence with enrollment in H219 Clinical Practice I upon successful completion of:
 - H218 Fundamentals of Dental Hygiene
 - DHYG-H308 Dental Materials
 - DHYG-H205 Medical and Dental Emergencies
 - H217 Preventive Dentistry
 - DHYG-H205 Medical Dental Emergencies
- Students will be promoted to Summer Year 3 Clinical sequence with enrollment in H301 Clinical Practice II upon successful completion of:
 - H219 Clinical Practice I
 - H221 Clinical Dental Hygiene Procedures
 - H215 Pharmacology/Therapeutics-First Year
 - DHYG-H320 Ethics, Practice Management, and Jurisprudence
 - HSC-H322 Epidemiology and Biostatistics
- Students will be promoted to Fall Year 3 Clinical sequence with enrollment in H302 Clinical Practice III upon successful completion of:
 - H301 Clinical Practice II
 - Program Qualifying Exam at 75% minimum
- Students will be promoted to Spring Year 3 Clinical sequence with enrollment in H420 Advanced Clinical Procedures upon successful completion of:

- H302 Clinical Practice III
- H250 Local Anesthesia and Pain Control
- H333 Management of Special Needs Patients

DE.009 Reinstatement Policy

Purpose:

The purpose of this policy is to identify the process for students seeking reinstatement to the academic programs in the School of Applied Health Sciences at Indiana University South Bend.

Policy

Students may request to be reinstated to the clinical program from which they withdrew or were dismissed. The student will be reinstated based on academic standing, potential for progress toward the degree, availability of resources to take on the additional student, and satisfactory completion of any conditions and/or faculty recommendations existing at the time of dismissal. Reinstatement depends on if there is the availability of resources at the time of clinical reentry. Students out of progression for more than 2 academic years are required to reapply to the program if eligible due to the evolving nature of the practice of dental hygiene and necessity to successfully pass board exams. The student may be required to complete previous coursework.

Reinstatement to resume progression is dependent on space availability and student success indicators. In the event, multiple students are contenders for limited openings in the program, student overall GPA, program GPA, and programmatic success indicators will determine open position fulfillment. Program documentation and student submitted materials will be used to determine the reinstatement decision. Programmatic success indicators are the identified skills and abilities that relate to the essential abilities outlined for each program and evidence of professional development. If denied reinstatement the student may appeal according to the procedures outlined in the School of Health Sciences Appeal Policy.

Procedure:

Step 1: Reinstatement to the University

Students who have been dismissed from the University and wish to return must apply through the Office of Admission by the established due dates.

Step 2: Reinstatement Approval by the Health Science Council

Students who wish to be reinstated must submit the written reinstatement request and all supplemental documentation to the Program Director of the program which they are requesting reinstatement by the established due dates. Students are encouraged to collaborate with the Program Director for reinstatement requests. Students are encouraged to submit request for reinstatement as early as possible to support planning for placement and opportunities for success.

To be reinstated for spring semester: July 1

To be reinstated for fall or summer semester: November 1

The Health Sciences Council (HSC) will review the reinstatement request and supplemental documentation and make decisions in eligibility for reinstatement based on provided documentation. An appointed member of the HSC will provide notification of decision to the student, Program Director, and Recorder at a minimum of two weeks prior to the start of the semester for which reinstatement was requested.

Required supplemental documentation:

- From student
 - Reinstatement request letter
 - Include the timeline for requested reinstatement including:
 - Semester request for reinstatement and enrollment in the program
 - Request for semester for validation
 - Include background and relevant information related to the reason for leaving the program and factors self-identified resulting in leaving the program
 - Action plan for success that addresses factors resulting in the interruption of progress
 - Outline the work done to address identified factors while away from the program
 - Outline a plan for long-term success (future focused) in a meeting the expectations and outcomes of the program
 - Include clear benchmarks that will be used to determine success
 - Include plan that has evidence continued self-reflection and accountability
 - Include a communication and accountability plan for upholding the plan for success
- From program
 - Records, including documents tied to course requirements, held by the program will be provided by the program after redacting PHI and student identifiers.

Step 3: Validation of Theory and Clinical Competencies

All previous course objectives and skill competencies must be validated before a student can re-enroll and begin clinical course work to ensure patient safety and regulatory compliance. Validation course work must be completed with a passing grade of C or better. Skill assessment evaluations are subject to procedures defined in the Division of Dental Education Skill Assessment Grading Policy.

The student will enroll in an IUSB Dental Hygiene course and validate all course objectives and skill competencies within the defined timeframe to be reinstated into the program clinical sequence. Course credit will vary depending on specific student validation needs. Validation must occur within the semester prior to the intended reinstated clinical course.

- An attempt of the Division of Dental Education validation of theory and clinical competencies course or related course is permitted once. An unsuccessful attempt of theory and clinical competencies validation will result in permanent dismissal from the Dental Hygiene Program.

Suggested course objectives, and skill validations required for each clinical sequence for the 1-Plus-3 Curriculum include all critical coursework “mapped” in the degree prior to the semester of enrollment. If a student is being reinstated into a non-clinical course but will be continuing in the clinical sequence following the successful completion of the course, then the student must pass all clinical competencies

and demonstrate safe clinical practices prior to beginning the clinical semester following the expectations of revalidation for clinical coursework.

Step 4: Reinstatement in Clinical Sequence

Upon successful demonstration of academic and clinical competencies within the designated time, the student will be reinstated into the Dental Hygiene Program to begin the clinical course work of the program. Reinstatement will result in updating the student to the current degree mapped curriculum offered by the program. Previous degree maps may not be possible due to changes in curriculum offerings.

GRADUATION

Requirements for the Degree

The appropriate degree is conferred by Indiana University upon candidates who have successfully completed the following requirements:

- Complied with the policies, procedures, rules, and regulations of the Division of Dental Education, School of Applied Health Science, Vera Z. Dwyer School of Health Science, IU South Bend, and Indiana University South Bend
- Completed all required coursework and/or received documented approval for exemption or prior learning credit as appropriate, including:
 - IU South Bend Campuswide General Education
 - Biomedical sciences
 - Social Sciences
 - Major requirements (professional program requirements)
 - Completed a minimum 120 semester credits
 - A minimum 30 credit hours at the 300 or 400 level
- Earned a passing grade of C in all coursework
- Earned a minimum 2.0 cumulative GPA
- Successfully completed all course, laboratory, and clinical requirements
 - Demonstrated minimum levels of evidence for all competencies as stated
- Completed all program portfolio assignments and requirements
- Returned all assigned equipment and supplies
- Discharged all financial obligations to the university
- Behavior and ethics consistent with acceptable professional standards
- Been recommended by the faculty of the Division of Dental Education for the degree due to meeting all stated program outcomes

Requirement for Licensure Board Exams

Dental hygiene students will be certified to take the National Board examination only if they have passed (or currently enrolled in) all courses pertaining to those examinations and have progressed to the point where satisfactory completion of all remaining courses is anticipated within that grading period

(semester). Students will be approved to take board exams no sooner than 90 days prior to anticipated graduation and after all portfolio documents have been completed. Faculty will be consulted to determine who is academically and professionally prepared for the written boards. Local anesthesia board exam approval will occur after significant progress in the corresponding course and no sooner than November.

Faculty and Committee Involvement in APG

Division of Dental Education Faculty and Staff

The Program Director will collaborate with full-time program faculty and staff to coordinate, evaluate, and determine admission criteria and procedures as well as student promotion and retention criteria. All full-time employees are members of the Division of Dental Education Admission, Progression, and Graduation Committee.

The function of the committee is to monitor and review student performance to determine whether a student has met professional development outcomes throughout the entire curriculum and to make recommendations and decisions concerning promotion of the students at the end of each semester. All recommendations and decisions will be provided to the Program Director prior to implementation. All documentation will be retained in the student's confidential file.

All faculty and staff, regardless of appointment status, are responsible for supporting the professional growth and development of student dental hygienists by providing objective timely feedback with documentation and following all relevant policies and procedures

Administrators

Administrators are individuals who have responsibility to oversee units and people. The Director is the dental hygiene program administrator. The Associate Dean (School Leader) of the Dwyer School of Health Science are also administrators involved in the admission, progression, and graduation of students enrolled in programs operated by the Division of Dental Education. See Chapter 1 Organizational Structure and policy for details on levels of involvement.

Health Science Council

The Health Science Council (HSC) functions to develop and implement the relevant policies and procedures regarding the academic programs from the Health Sciences, the Vera Z. Dwyer School of Health Sciences, and Indiana University South Bend; and make recommendations and decisions to the Program Director of the presented case in accordance with the appropriate policies and procedures for the student. See Appendix **4B HSC Bylaws** and Processes.

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CHAPTER 5

CLINIC AND LABORATORY
CONSIDERATIONS

Below are policies pertinent to the care of patients in the clinics. The Clinic Manual, faculty calibration documents, and clinical course documents should be consulted for the complete overview of clinical policies and procedures.

Clinic Manual Provisions

The Clinic Manual outlines the specific procedures and related policies used in the patient treatment areas used for pre-clinic, clinic, and labs. The information provided in the Clinic Manual constitutes procedures and expectations of all faculty, staff, and students of the Division of Dental Education. Expectations that are commonly called upon for reference have been translated into policy format for easy reference. All information must be adhered to regardless of the verbiage used to title the expectation or document of reference.

Adherence to the Clinic Manual

When students are accused of or caught violating provisions of the Clinical Manual and/or Program Handbook, the Director of the Division of Dental Education has the right to suspend students from all clinical activity up to and including dismissal. Given that violations of policies and procedures governing the clinics can impact patient health, impair student safety, and imperil school liability, clinical suspensions are not subject to appeal.

Students dismissed from the program due to violations of the clinic manual and must apply for reinstatement in a future cohort if interested in finishing the degree. As outlined in policy, reinstatement is not guaranteed. Consideration for eligibility for reinstatement will be dependent on rationale for dismissal.

Compliance & Regulatory Requirements

Clinical Health and Education Requirements

IUSB-SHS Division of Dental faculty, staff, and students whose job or requirements potentially exposed to bloodborne pathogens as a duty of their job are required to meet minimum requirements to be in spaces that put them at risk for exposure. 100% compliance must be met to participate in labs or clinical activities.

Consequences of failing to comply with the stated policy may include suspension from didactic or clinical activities until the requirement has been met. Missed time due to non-compliance is not considered an excused absence and may impact progression.

Clinical agencies affiliated with IU South Bend require that students engaged in clinical contact with clients must provide evidence of current professional-level CPR certification valid for the duration of the clinical portion of the dental hygiene programs. OSHA recommendations and Annual TB documentation are also required. This policy is necessary so that we are following accreditation and community health agency policies.

The Division of Dental Education may provide the community health agencies with proof that each student has completed all health requirements, (including Hepatitis B series, DT booster, MMR, and Varicella), CPR certification, background checks, and annual TB documentation. The program must also have these available should they be required to show proof to the Commission on Dental Accreditation.

It is the student's responsibility to update their health records and have all documentation submitted to the Division of Dental Education by the established due dates. See the approved credential tracker for details on due dates and procedures.

Any student who has undue hardship or has an extenuating circumstance may request a deadline extension to the Program Director in writing with a letter explaining the rationale for the extension, the timeline for submitting required documentation, and any other relevant details. This extension may delay their ability to participate in clinical experiences.

A student is considered compliant if all of their information is current for the entire semester of enrollment.

A student is not compliant with this process if any compliance data is past due or will expire prior to the end of the semester. Any student who is considered non-compliant is unable to be present at the clinical site until such time they become compliant. **Failure to submit all required health documentation by the appropriate deadline and/or the beginning of the clinical semester (whichever comes first) will result in administrative withdrawal from all dental hygiene courses and the student will be considered out-of-progression in the dental hygiene degree program.**

Compliance and Credential Tracking

Tracking credentials is done through a variety of systems depending on the requirement and type of data collected.

IU Credential Tracker (ICT) is a web-based digital tracking system used to monitor and enforce compliance for credentials and compliance requirements for enrolled volunteers, students, faculty, and staff. To access ICT, go to <https://dhct.iusm.mednet.iu.edu>, click on the ICT button. Log in requires University credentials.

The program also uses an approved third-party program known as CastleBranch. The background check process will be completed in CastleBranch.

Additional requirements will be tracked in the Canvas Cohort Portfolio site.

Immunizations

All students must provide proof of required immunizations and screenings through One.IU and by going to Med+Proctor registering under Bloomington. All other stakeholders will use a tracking form. Matriculating (beginning) students are required to have a tuberculosis (TB) test. An annual TB questionnaire must be completed as indicated.

Credentials

To be in credentials compliance, students must also complete Basic Life Support Certification (CPR), through the American Heart Association the BLS Provider Course card is the only one accepted by the Dwyer School of Health Sciences, annual Bloodborne Pathogens Training, and Programs Involving Children. Additional training may be listed on the credential tracker site.

Background Check

All DH students will interact with children in clinics and potentially during class projects, community outreach, and research projects. It is University policy that all students interacting with children have a

criminal background check and sex offender registry check. The Division of Dental Education implements this University policy by requiring a background check as a requirement for admission. Standards for PIC and ethical/professional obligations must be maintained throughout the student's enrollment in the program. The details of the administration of the background checks and monitoring of the policy are subject to change. For more information: <https://protect.iu.edu/police-safety/policies/programs-children/background-checks.html>

DE.018 Clinical Compliance Policy

Purpose

The purpose of this policy is to outline the components necessary to be Immunization Compliant. The purpose of immunization compliance is to be in alignment with current CDC immunization recommendations to protect health care workers, patients, and the public against infectious disease.

Policy

All students, faculty, and staff at risk of coming into contact with blood and other infectious materials in the dental clinic or labs are required to meet clinical compliance prior to being permitted in the area. Health requirements are established in response to current CDC and Indiana State Department of Health guidelines and requirements.

Consequences of Noncompliance

In case of noncompliance with this policy, students will be prohibited from attending clinical and related courses. Absences due to noncompliance will be considered unexcused and may result in disruption in academic progress. Consequences for failing to comply with stated policy may include suspension from didactic or clinical activities until the requirement has been met. All exemption requests should be communicated through the Director of the Division of Dental Education.

Faculty and staff non-compliance will follow established university, campus, and/or department procedures where appropriate. Loss of hours scheduled or scheduling preferences for future semesters may result due to non-compliance.

Cost Coverage

Students are fiscally responsible for the requirements. The department will pay for the employee's requirements.

Providing Evidence of Compliance

Evidence of receipt of all immunization requirements should be in the form of a signed statement from a healthcare provider OR proof of immunity from a licensed provider OR on a form provided by the program. All documentation must clearly indicate name of provider, address of provider, contact information for follow up questions, and dates of service.

Evidence must be reviewed and approved prior to due dates or clinical session to be compliant.

All entering students must provide proof of required immunizations and screenings through One.IU and by going to Med+Proctor Immunization and their health care provider. IU School of Dentistry IUI Campus Health provides a schedule of the required immunizations and screenings during the matriculation intake process for the IU School of Dentistry that IUSB dental hygiene clinic models which includes tetanus, rubella, rubeola, mumps, tuberculosis, and hepatitis B. Proof of immunity to varicella and proof

of TDaP vaccine are also required. Matriculating students are required to have a tuberculosis (TB) test. IUSB works closely with IUSD for an update of compliance dates for tracking purposes.

To help ensure the safety of all persons who operate within, or visit IUSB, an annual flu vaccine is required for all enrolled clinical dental hygiene students. Compliance must be met by the annual deadline set by the institution.

Religious exemptions are considered temporary, and will be considered on an individual basis, annually. Medical exemptions, temporary or permanent, will be granted for those who have an approved exemption from the Program Director or appropriate administrator. Changes in vaccine technology may impact medical exemptions.

Consequences for failing to comply with the stated policy may include suspension from didactic or clinical activities until the requirement has been met. All exemption requests should be communicated through the Director of the Division of Dental Education.

Compliance Due Dates

Faculty and Staff- One week prior to the 1st scheduled day in the clinical or laboratory setting

Students-prior to August 1 beginning the 1st clinical or laboratory semester (spring sophomore year) or as outlined in this policy. If a requirement expires after this initial submission or during a semester, all documentation must be submitted at least 1 week prior to the start of the semester to provide a window for review. Submission of documents with less than 1 full week for review may result in loss of clinical and/or laboratory experiences until documents can be reviewed accordingly.

Individuals must be compliant for the entire semester to be considered “in compliance”. If a requirement expires midsemester individuals will be required to update the documentation prior to the start of the semester, except where a medical provider recommends otherwise in writing with signature. In this situation the individual must submit proof of appointment to meet compliance requirements at the recommended interval.

Declinations or Exemptions

Employees or students declining immunizations will be required to sign an “Informed Refusal Form” (when allowable) which will be kept in their confidential file. Medical exemptions are allowable for allergy and medical conditions when accompanied by a physician’s statement and signed off by a medical doctor. Religious exemptions required a statement outlining the conflict.

- a. Medical exemptions of requirements must include *either*:
 - i. physician's written statement of immunity including proof of immunity
 - ii. a statement of contraindication to a vaccine (accompanied by a physician's statement)

To Meet Immunization Compliance, Submit Evidence of:

For detailed information on vaccination recommendations and schedules, refer to the [Centers for Disease Control and Prevention \(CDC\) Vaccines and Immunizations webpage](#). Below is a listing of requirements as of the last revision of this document.

Hepatitis B

Must submit proof of prior immunization with a 2-dose or 3-dose hepatitis B vaccine series in accordance with CDC recommendations **OR** serologic (i.e. blood test) proof of immunization to hepatitis.

MMR

Must submit proof of prior immunization with a measles, mumps, rubella (MMR) or measles, mumps, rubella, varicella (MMRV) vaccine in accordance with CDC recommendations **OR** serologic proof of immunization against measles, mumps, and rubella.

Measles, mumps, and rubella immunization is provided as a combination vaccine. Therefore, loss of immunity for any one component requires a booster for all.

Varicella (chickenpox)

Must submit proof of prior immunization with a single component varicella-zoster virus (VZV) vaccine or MMRV vaccine in accordance with CDC recommendations **OR** serologic proof of immunity to varicella-zoster virus.

Tetanus, diphtheria, pertussis

Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy. Give Td or Tdap boosters every 10 years thereafter.

Requiring annual updates with specific dates:

Influenza

Must submit proof of influenza vaccine for current year administered between September and October 31 of current flu year. Due November 1, annually. Documentation must include Date given, manufacturer, type of vaccine, lot number, expiration date, and name and credentials of person who administered the vaccine.

Tuberculosis

Two components minimally for compliance including baseline establishment **AND** annual screening. Additional TB considerations based on exposure. See the program director for guidance.

1. Baseline Establishment: Must submit either (1) two-step TB skin test (TST) **OR** (2) serologic interferon-gamma release assay (IGRA) (i.e. QuantiFERON Gold or T-Spot) results AND TB risk assessment form.

2. Annual Screening Form: Annual completion of TB screening form and education about exposure risks for all health care providers.

Related Policies

[Management of Infections and Communicable Disease PS-EHS-03](#)

[Healthcare Personnel Vaccination Recommendations](#)

[Tuberculosis Screening, Testing, and Treatment of US Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019](#)

[ADA Staff Immunization Recommendations](#)

Student Responsibility for Compliance

When a Student Dental Hygienist is first admitted to the clinical dental hygiene courses, the student receives information regarding the need for compliance. Requirements are reviewed annually at the required orientation event. It is the student's responsibility to monitor the status of their compliance and to submit proper documentation in a timely manner as outlined in the approved tracker. It is the student's sole responsibility to provide documentation of updates prior to expiration. Clinical instructors will be notified, and students will be prohibited from attending clinical if these vital documents are not submitted. Patients and scheduled appointments will be reassigned to eligible student clinicians. The program is not responsible for the replacement of requirements due to lack of preparation exhibited by the student. These unexcused absences could lead to course failure in clinical courses.

Some community agencies require more recent verification of TB screening before they will allow our students to be on site. Therefore, students may be required to submit this documentation just prior to beginning a semester even if it is not yet expired. Students will be informed if this is required.

- For students enrolled in clinical dental hygiene courses during the summer sessions, TB screening, immunizations, and CPR certification must be valid through the final day of the summer session in which the student is enrolled.
- For students who are finishing an "Incomplete" grade in a dental hygiene course with a clinical component, the CPR re-certification, immunizations, and TB screening must be valid until the course requirements are completed.

Respiratory Program

The Division of Dental Education follows the IU Respiratory Program Process and Policy. All students, faculty, and staff will complete training annually and provide medical clearance for wearing a respirator. The department will provide fit testing.

Insurance

Health Insurance

All students are required to maintain personal health insurance coverage while enrolled in any of the IUSB Vera Z. Dwyer School of Health Science (IUSB-SHS) programs. Students are responsible for providing updated proof of insurance. Should it be necessary for the student to obtain medical treatment as a result of the learning experiences occurring during lab, clinical or community hours, it would be the responsibility of the student to cover the costs of this treatment. If there are any changes to a student's coverage, they are responsible for submitting updated information to the appropriate office. Students are not permitted to participate in any school activity without documentation of current adequate health insurance.

Malpractice Insurance

All students registered with the University for the relevant term/semester are covered by university malpractice insurance while engaged in required dental hygiene clinical coursework. School malpractice insurance coverage is limited to registered students enrolled in approved clinical coursework required for degree completion. Guest students and/or volunteers from other schools participating in clinical rotations or outreach events at Indiana University cannot be covered under Indiana University's

malpractice insurance and must carry appropriate malpractice coverage through their home institution or through their own purchase. Dental hygiene students who participate in an externship at an institution other than IUSB must obtain their own malpractice coverage for the duration of the activity. The insurance policy is in effect only during the time the student is engaged in scheduled clinical field experiences and does not cover part-time employment or time spent in the clinical setting which is unrelated to IUSB student activities and coursework.

General Lab & Simulation Rules

- Children that are not patients are not allowed in the labs at any time
 - Clean up after your practice or lab time, returning the lab to the state you found it in
 - Sign in for practice time
 - Expensive, high-tech equipment is in the labs and should be cared for appropriately; ensure that all doors are closed if you are the last one to leave the area. When in doubt, lock it out.
 - Simulation sessions are treated as clinical and require expected professional behavior and appropriate dress
 - If you do not know how to use the equipment, please seek assistance before beginning
 - Simulations provide essential learning (or evaluation) and are to be taken seriously including any assigned preparation
 - Inappropriate use of the lab and equipment can result in disciplinary action. Including inappropriate display of lab, equipment, and facility on social media
-

Adverse Weather Closings

If adverse weather conditions are severe, the IUSB Academic Affairs Administrators, such as the Chancellor, may cancel classes and/or close the campus. If the IUSB campus is officially closed, then the clinic is closed.

Closing the campus is distinct from the decision to cancel classes. Students are advised to listen carefully to local news and media regarding cancellations and campus closings. IU has an emergency notification system (IU-Notify) that permits messages to be sent as voice or text messages to cell, home and office phones to university or non-university email accounts. To receive notification of class cancellations and campus closings via phone and email, students must update their contact information through One.IU at Emergency Notification Settings.

In the event of an adverse weather closing, it is the responsibility of the student to contact the patient immediately to notify them of the situation and to reschedule the patient in the next available appointment that meets the patient's scheduling needs following all scheduling guidelines and principles. The first day the campus is open after closure, the students must document all conversations and next appointment in a progress note.

DE.001 Appearance Policy

Purpose:

The purpose of this policy is to provide the Division of Dental Education Student Dental Hygienists, faculty, and staff with information necessary to select on-duty attire.

Policy:

Student Dental Hygienists are required to dress appropriately for the situation.

Acceptable Dress

Integral to any health care facility's standards of excellence is the professional appearance and demeanor of every person who contributes directly or indirectly to the care of patients. Patients, potential employers, alumni, and other stakeholders regularly visit the Education and Arts Dental Suite. Due to the stakeholder presence in the building, students should strive for a professional appearance when present in the dental hygiene suite, regardless of the reason for being in the building. Any clothing item not in good repair; or that is frayed, torn, ripped, or wrinkled is not appropriate. Individuals are encouraged to err on the conservative or modest side if in doubt about the appropriateness of certain items of apparel, or to consult their program director or cohort coordinator if there are questions.

Professional Dress

Professional dress is expected for most activities at the school beyond regularly scheduled class sessions. Class sessions with guest speakers, presentations, and/or special visits are considered special events and require appropriate professional attire. The following are examples of acceptable professional dress:

1. Dress slacks, khakis, chinos for men
2. Dress slacks khakis, chinos, skirts, or dresses that fall at or below the knee for women
3. Dress shirts for men, blouses for women
4. Closed toe dress shoes
5. Dress socks for men
6. Dress socks or hose for women

The following are examples of unacceptable professional dress:

1. Any clothing item not in good repair; or that is frayed, torn, ripped, or wrinkled
2. Any item of clothing that does not cover the shoulders, abdomen or back is not acceptable.
3. Any item of clothing that is above the knee
4. Any item of clothing with inappropriate language or images (profane or offensive language; items promoting alcohol, tobacco, drugs; items making inappropriate political or religious statements)
5. Athletic wear, sweat suits, jogging suits, or bib overalls
6. Yoga pants, tights, or leggings as an outer garment (without a skirt or dress)

Professional Wear for Volunteer Activities:

In a professional capacity and as a representative of the IUSB Vera Z. Dwyer School of Health Sciences Division of Dental Education, the Student Dental Hygienist is expected to always dress and behave in a professional manner. Appropriate dress will depend on the activity. Clinic or Laboratory standards are expected when providing patient care and/or the potential for being exposed to infectious disease. Professional dress is expected for all other times a student is representing the program. The dental hygiene program student nametag is to be worn for volunteer activities regardless of attire.

Clinic or Laboratory Settings

General Clinic Uniform Guidelines

A clinic uniform that meets the CDC infection control recommendations will be worn for all clinic and laboratory settings. A uniform consists of scrubs, lab jacket, clinical shoes, surgical caps, and nametag. Attire must be appropriate, well fitting, clean, unstained, and professional in appearance. Uniform accommodation may be requested. Contact the Cohort Coordinator and/or Program Director for more information. See [CDC Infection Control recommendations](#).

Clothing and personal protective equipment contaminated with bodily fluids, including aerosols, cannot be worn outside the clinic floor and designated locker room space. Clothing that is contaminated with bodily fluids should be laundered immediately after patient treatment. Laundry is available onsite. Clinicians are to enter campus in street clothing and change into scrubs on site. Clinicians must change out of their scrubs before leaving clinic. If clinicians choose to launder scrubs at home, scrubs must be placed in a secure sealed bag for transport. It is the responsibility of the clinician to protect the health of themselves, those that they live with, and the public. Additional information on infection control and handling of contaminated items is outlined in the Clinic Manual and course materials.

Scrubs

Students will wear an IU South Bend Division of Dental Education scrub set student uniform and meet all regulation protocols including CDC and OSHA. Approved dental hygiene scrub colors and brands include Cherokee brand Eggplant, Cherokee brand Pewter, and black (any brand). A set is an appropriate top and bottom. Students must have a minimum of 3 sets of scrubs for semesters when treating patients. More than three full sets are recommended due to the length of time needed to properly launder jackets and the potential to treat multiple patients in a single clinic session. Pants, skirts, or socks must cover all exposed skin. In addition to the general guidelines, the pant hems are to be clean and not touch the floor.

Lab Jacket

Lab jackets are required to be worn when the student is in clinic and/or as outlined by regulatory agencies. Lab coats must have the ability to be buttoned to the neck, cuffed, tight sleeve openings in the designated brand and color, and extend past the waist. Students must have at least 3 lab coats for semesters when treating patients. More than three are recommended due to the length of time needed to properly launder jackets.

Clinic Shoes

Shoes are for the exclusive use of clinical and are not worn until entering the clinic. Once worn in the clinical area for patient treatment, clinic shoes must only be worn in the clinical setting. Shoes must meet all OSHA and CDC guidelines/regulations. Shoes must be made of impermeable material such as leather. No open-toe shoes or clogs with open backs may be worn in the clinical setting.

OSHA Standard 1910.136(a)

General requirements. The employer shall ensure that each affected employee uses protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, or when the use of protective footwear will protect the affected employee from an electrical hazard, such as a static-discharge or electric-shock hazard, that remains after the employer takes other necessary protective measures.

Nametag

An IU South Bend Student Dental Hygienist nametag is required to be worn and visible at all times during clinic and lab times unless otherwise instructed. Name tags are to be worn when participating in a professional setting, volunteering for community health programs; and as designated by the faculty in varied clinical and non-clinical settings.

Personal Protective Equipment and Infection Control

Personal protective equipment must be worn and handled in the healthcare setting as recommended by OSHA and other regulatory agencies and minimally as outlined in the Clinic Manual. Personal Protective Equipment includes, but not limited to treatment gloves, utility gloves, gowns/jackets, scrub caps, masks and respirators, goggles, and face shields.

- Gloves-protect hands; must be nitrile, single use, and for the user's hands comfortably. Heavy duty utility gloves must be used to process instruments and sterilize patient treatment areas.
- Face masks-protect the mucous membranes of mouth and nose; must protect the nose and mouth and should be the appropriate level for the procedure. Most patient procedures require the minimum of a Level 3 mask. Levels lower than 3 are not permitted in the IUSB Clinic.
- Eyewear-protect eyes and mucous membranes of the eye; must provide a barrier protection for the eyes and be approved by OSHA. Personal prescription lenses do not provide optimal eye protection and are not a substitute for eye protection.
- Face shields- protect mucous membranes of face, mouth, nose, and eyes; must cover the forehead, extend below the chin and wrap around the side of the face. Face shields should be worn when appropriate for the procedure, such as aerosol generating procedures. Face shields should appear clean.
- Surgical cap-protects hair and head; must cover all hair. Disposable or reusable caps may be used.

Clinic Appearances Other:

- Fingernails must be neatly trimmed and clean. Artificial nails or polish may not be worn in the clinical setting due to cross-contamination concerns.
- Beards must comply with facemask and PPE manufacturer recommendations for appropriate, safe use. Facial hair must be clean, neatly groomed, and restrained in the clinical setting.
- Hair must be clean, neatly groomed, restrained (pinned), and kept off the face and shoulders in the clinical setting by being placed under/in a surgical cap.
- Tattoos are not to be visible in the clinical setting. Healing tattoos must be covered with a medical grade bandage in the clinical setting until all skin is intact.
- Good personal hygiene is expected.
- Smelling of tobacco smoke or any other strong odors is prohibited; it is not acceptable to leave patient care areas to smoke.

Jewelry Considerations

- Exposed body piercing(s), including skin-colored bars are not permitted in the clinic or lab setting.
- Maximum two earrings are permitted per-ear in the clinical setting. Dangling earrings are not permitted in the clinical setting.
- Gauges must be flesh colored if unable to remove for the clinical session.

- Necklaces, watches, rings, or other types of jewelry fomites may not be worn in the clinical setting by all faculty, staff, and students.
 - Exception: Medical identification jewelry may be worn if protective procedures are taken by the clinician. Communicate with cohort coordinator and Program Director about the need for exceptions prior to the start of the semester or as soon as a need arises.

DE.002 Clinic Attendance Policy

Purpose:

The purpose of this policy is to provide IU South Bend Student Dental Hygienists with information necessary to know the expectations of clinic attendance.

Policy:

Clinic Attendance

All scheduled clinical time is mandatory. Clinical time includes treatment clinics and clinics assistant duties. Failure to meet minimum semester requirements will result in course failure. Junior year students are required to have at minimum 8 hours of treatment clinic per week. Senior year students (beginning Summer between year 2 and year 3) are required to have a minimum of 12 hours of treatment clinic per week. The term clinic count indicates one unit of scheduled 4 hours of clinical time.

The number of clinic assistant clinics assigned will vary by semester. Every attempt to balance the number of clinic assistant duties among students within the cohort. An equal number of clinic assistant duties cannot be guaranteed. Students must fully participate in all scheduled CA to meet minimum course requirements.

Clinic requirements, including attendance levels, will be determined by, and monitored by, the appropriate cohort coordinator or as delegated. Students falling below the required level of productivity and participation are not progressing to meet course and program outcomes. Performance below the required level of productivity and participation will result in course failure and/or out-of-progression status.

- The student clinician and CA must arrive prepared in alignment with appearance policy on the clinic floor a minimum of 30 minutes prior to the beginning of each session ready to report and in appropriate PPE.
 - Late arrival of clinicians will result in a 5-point deduction (1-15 minutes), 10-point deduction (15-30), 15-point deduction (30+).
 - If a student does not treat a patient, the late arrival deduction will be applied to the next clinical session.
 - Upon the 3rd late arrival in each cohort year (Junior vs. Senior) for any scheduled session, regardless of the amount of time late, students will receive a 5% grade deduction on their final grade
 - No show to a scheduled clinic session will result in a 10% final grade deduction at the end of the semester (exceptions for emergencies can be made with appropriate documentation and program level approval)
- Clinicians must remain on the clinic floor actively supporting patient treatment and clinical services until 1-hour before the scheduled end of clinic.

- If a student ends treatment greater than 1 hour early from the end of clinic, the student is to remain actively supporting the clinic operations by being present on the clinic floor (i.e. not in the break or locker room or sitting in unit or alcove) to clean and stock their unit, help fellow students and CA, and discuss with faculty how they can help in the clinic for the remainder of the clinic session. Phones and computers should not be used on the clinic floor unless specifically for patient treatment.
- Sitting in a unit not supporting treatment will be considered an early check out and the time clock will be adjusted accordingly.
- CA is scheduled to remain on the clinic floor until 30 minutes after the scheduled end of the session.
 - In the rare event a CA is seeking early dismissal, the student should speak with all faculty in the clinic, remaining clinicians, and clinic manager prior to leaving the clinic floor. Supervision faculty will be responsible for approving CA dismissal and grading.
 - All sterilization, laundry, assigned tasks, and cleaning must be completed prior to requesting dismissal.
- The Student Clinician must be set up and ready to seat patients 10 minutes prior to the scheduled beginning of each scheduled clinic session.

Clinicians Without Patients

- Every attempt must be made to find a patient by the student. Documentation of attempts is highly recommended to demonstrate professional development.
- The student must set up the assigned unit and prepare for treatment regardless of patient scheduled for all assigned clinical sessions.
- If a patient cannot be found, then the student should engage in instrumentation time for approximately one hour, using their typodont and setting goals on a preclinic comment sheet. Students completing instrumentation should sign up for a progress check with their zone faculty to gain feedback on instrumentation. The skill should be selected based on identified deficiencies and areas in need of improvement.
- Leaving early from a scheduled clinic or CA session is not permitted with the exception of emergency situations with prior approval for leaving. Leaving early will result in a 5% total grade point deduction if not approved
- Students without a patient should also assist the clinic manager, faculty, and CA until the expected dismissal time of the clinic for all students, at which time they may clock out.
- A pickup clinic (if available) must be scheduled prior to leaving the clinic floor during the scheduled session on the day of the missed clinic. After this time, a replacement clinic will not be permitted. See Make-Up Clinics section below.
 - Replacement clinics will only be permitted for no shows or late cancellations. Failure to schedule a patient is not a valid excuse for picking up a clinic.
- Failure to meet minimum requirements due to not scheduling patients, filling scheduled, or attending as scheduled will be the responsibility of the student.
- The student is required to manage their schedule and progress towards requirements to ensure minimum course requirements are met as a demonstration of progression towards program goals.
 - A student must always notify the faculty in clinic if the student leaves the clinic for any unscheduled reason.

Clinic Attendance Considerations

- Students who are dressed inappropriately will be sent home as an unexcused absence with professionalism deductions at the next treatment clinic.
- Out of compliance students will be considered unexcused absences.
- Students suspected of being impaired in any way will be dismissed from clinic as an unexcused absence. See additional program policies related to student impairment for how to manage the situation.

Clock In/Out

In computerized systems, students must have time stamps and GPS location indicating arrival and departure within the specified time and from the clinic floor. Students are encouraged to review their records at the time of clock in/out to verify successful completion of the task.

- Clocking in with a location that is not mapped to the clinic floor or with location services turned off, even if on campus, will result in a loss of professionalism points (5 pts) managed by the faculty, Clinic Manager, or Cohort Coordinator.
- Error in electronic time punches, including incorrect clinic (ex, education versus CA) or a “forgot,” will result in the loss of professionalism points (5 pts).
- Multiple clock errors occurring on the same patient grade sheet may be documented in the miscellaneous section or other areas to be consistent with policy expectations for unearned points.
 - There is no limit to the number of clock in errors that can occur with a single patient grade sheet.
- In the event of technology challenges, students must:
 - Find a faculty or staff face-to-face at the time of the challenge to verify they were on the clinic floor at least 30 minutes prior to the scheduled start of the clinic session.
 - Email the cohort coordinator with the clinic manager and verifying faculty/staff copied of the issues to provide documentation of who verified that they were on the clinic floor ready at the required time, description of the error, and plan to remedy the situation to prevent future issues.
 - The email documentation must be sent no more than 5 minutes after the expected clock-in/out times.
 - Without timely documentation, verification with a faculty or staff, and prompt email communication (within 5 minutes of required clock in/out times), technology issues will not be a valid excuse for point adjustment.
 - Technology issues include GPS locating the student elsewhere.

Clinic Absence

Planned Absence

A planned absence will require the students to “swap” or “switch” clinic sessions with another student to maintain optimal opportunity for progress towards course requirements. Students may switch clinics or assigned CA duties with another student clinician IF:

- Both students agree of the switch
- Both students are available to switch (not scheduled for clinic or CA or another program requirement)

- Both students are making satisfactory progress towards all course competencies and requirements.
- Notification of the change is requested using the appropriate form to the clinic coordinator(s), clinic manager, and includes both students involved in the switch at least 48 hours prior to the schedule shift.
 - This serves as documentation of the switch and agreement of both students
- Prior approval must be given by the clinic manager, clinic coordinators, and scheduled patient using the Student Clinic Session Swap Form.

Unplanned Absence

If an unavoidable unplanned absence occurs (illness or emergency), the student must attempt to reschedule their patient with another student for the same session as not to inconvenience the patient or delay treatment. The student should first reach out to the Clinic Manager, Cohort Coordinator, and Program Director to learn if any open appointments are available. The patient may be shifted to the new clinician to directly address the issue. If another clinician has a hold on an opening in the appointment book, the student must reach out to their peer to request if they can take the patient. Once the patient has a new provider, the clinicians must communicate via email with the Clinic Manager and Cohort Coordinator of the situation. Include the new clinician on the email. Illness is defined as symptomatic with fever, cold, virus, or flu.

Order for finding a replacement clinician

- The clinician should attempt to find a classmate who is not scheduled to switch clinics.
 - The purpose for this is to not inconvenience the patient and to allow the clinicians to maintain required clinical hours. The rescheduling of the patient is the clinician's responsibility and must be done professionally and promptly.
- If a clinician is unable to find a classmate to switch scheduled clinic session, then the student should attempt to find a student clinician scheduled in the same clinic to treat the patient using the process above.
 - The purpose for this is to not inconvenience the patient and to provide the student with the optimal number of clinics to complete requirements.
- If a classmate is not available, then a CA will be pulled to cover the patient. The patient may be seen on the day of by a clinician who had a no-show patient or late cancellation allowing the CA to return to their originally schedule duty. .
 - The CA-turned-clinician may be requested to forfeit an open clinic later in the semester due to being scheduled excess clinical time.
- Once a clinician is lined up, the patient should be contacted to explain the situation and the proposed solution and seek patient approval for the change.
- After patient consent, the student should email the Clinic Manager, Cohort Coordinator, and treating clinician with the appointment information.
- The student must find coverage for missed CA duties. If a student steps in for the absent CA or clinician, the original clinician must pick up a CA of the covering clinician in the current or a future semester.

Clinic Make-Up Session

Clinic sessions are scheduled to the maximum capacity of the clinic space; therefore additional clinic sessions are rarely permitted. Consideration for special circumstances is subject to availability and student standing.

Students are encouraged to manage their patient schedule to ensure each clinic session is used to make progress for meeting minimum course requirements. Missing a single clinic session could jeopardize the student's progression within the program. The following are guidelines for the rare event clinic make-up sessions are necessary.

- Students cannot pick up excess clinical hours beyond the original number of hours provided by the program.
- The student must demonstrate satisfactory progress towards all course competencies and requirements before make-up can be offered.
- Clinical time includes all required experiences, pre/post conferences, and observations outlined by the faculty
- Unexcused absences, tardiness, and early departures will be counted as missed time, and not considered a reason to make-up a lost clinic.
- Faculty and cohort coordinators have the right to determine the nature of the experience that will make up the time missed
- Availability of additional make-up sessions is not guaranteed, and subject to unit availability
- A student must communicate via email the desire to pick up a clinic (if available) prior to leaving the clinic floor or within the window schedule for the session on the day of a missed clinic. After this time a replacement clinic will not be permitted. Failure to meet minimum requirements due to not scheduling replacement clinics will be the responsibility of the student. The student is expected to manage their schedule to ensure minimum course requirements are met as a demonstration of progression towards program goals.

DE.003 Dental Hygiene Clinic HIPAA Policy

Purpose:

The purpose of this policy is to define the department procedures and policies for handling Protected Health Information (PHI) in compliance with Health Insurance Portability and Accountability Act (HIPAA).

Policy:

The Dental Hygiene Clinic at IU South Bend treats the public 10 months a year. The data collected on each patient is stored in the Dentrix Enterprise System. UITS maintains the system and server, which is housed in the IUPUI Data Center.

- All PHI must be maintained in a secure digital or paper format
 - This includes heavily encrypted, maintained digital environment or keeping patient paper files in a locked cabinet in a locked office
- The department destroys any unneeded documentation by cross-cut shredding or through the University shredding program
- The clinic manager has a monitor screen on both workstations at the front desk.
- Students lock their computers prior to walking away from their clinical unit.
- Students are not permitted to share passwords, or to sign in for any other person.

- All computers are set by UITS to time out after 90 minutes of inactivity (exception to policy form on file).
- The x-ray suite computers are logged off immediately after finishing radiographs on patients.
- Faculty and the clinic manager walk through the clinic to verify all computers are logged off but kept on for updates.
- All computers have a sign “Don’t forget to log off!”

Security policies

Because the dental hygiene clinic is open to the public PHI should never be displayed without taking precautions to protect the information. The clinic shall remain locked during non-business hours to facilitate protection of the information. Key card access is required from the inside of the building with limited access to the clinical facilities. The exterior door (Door 6) are set to automatically lock during off hours. All other doors to the clinic are also kept locked routinely.

The Clinic Manager serves as the HIPAA liaison for the department. The Clinic Manager monitors training of faculty, staff and students. Training is done through One.iu E-training or face to face.

Attestation/training files are kept in the department and sent to HIPAA Compliance when appropriate.

No patient information data will be stored on any terminal, computer, or person. Faculty are permitted to use unmarked patient files for teaching purposes, but no patient information is stored with those files; Dentrix and MiPACs removes all PHI prior to saving the images in a jpeg format.

As soon as a resignation or hiring occurs in the department faculty, secretary, or clinic manager position, the Clinic Manager or administrator with access will revoke access.

The policies and procedures are located on department Teams and all faculty and staff have access to them. These are updated annually and shared with faculty and staff.

In the case of a security breach, UITS HIPAA Security Officer and Compliance Office would be notified immediately for assistance.

DE. 005 Confidentiality of Patient Information Policy

Purpose:

The purpose of this policy is to outline the confidentiality requirements of any/all patient care experiences of the students of IUSB-CHS Division of Dental Education.

Policy:

All students, faculty, and staff who work or learn in the clinical space, and/or have access to protected health information (PHI) must comply with the Health Information Portability and Accountability Act (HIPAA), federal and state laws, rules, and regulations, policies, procedures addressing patient confidentiality. Each is to be upheld in all scenarios regardless of location (on-campus or off). Violation of these guidelines can result in disciplinary action by the agency, the assignment of a failing grade for a dental hygiene course, and/or dismissal from the dental hygiene program.

PHI must be always secured regardless of the format (written, electronic, or spoken word). All email correspondence with PHI or patient information must be sent securely from an IU account. Written

information cannot leave the clinic space and must be stored in the designated areas (i.e. not in lockers or student personal spaces).

The following guidelines are adapted from Memorial Hospital of South Bend and the Division of Dental Education Handbook and in general reflect expectations of all students in all agencies when representing IUSB.

- Original patient records are not to be removed from their location.
- Students granted record access are accountable for the protection of the record and its contents while in their possession.
- Students accessing records from medical records shall follow the strict guidelines set forth by this department (including providing written requests for review, keeping the materials in the department and reviewing the records in the area specified for this purpose).
- It is prohibited to share the medical record with family, friends, and staff not directly involved in the patient's care. When in doubt, excuse yourself and check.
- Students are expected to always keep the medical/dental records accessible for medical/dental care purposes.
- Photocopying, photographing, or printing off any part of the medical/dental record for a student's purpose is prohibited. Students cannot photocopy or take pictures of parts of the record for their learning purposes. **Data cannot be saved to portable devices or laptops.**
- When referring to patients in written work for schoolwork purposes, only Dentrux chart numbers are to be used. When possible all identifying information should be kept to a minimum.
- Census records used for report should be properly destroyed before the student leaves the unit.
- HIPAA guidelines are to be followed at all times as outlined by each clinical agency and federal regulations.
- All documentation with patient identifiers must be secured and cannot leave the designated area. Patient tracking forms must use Dentrux chart numbers to protect information. Patient tracking forms must be secured in the clinic file cabinet located by the radiology room, unless during clinic treatment appointments.
- Professional standards expect that student hygienists withhold discussing any patient situations and confidences outside the professional setting. Situations may only be discussed in private, for the purpose of learning, as instructed by the clinical instructor. **When discussing patients in the clinical learning situation, anonymity is to be maintained.** Information is not being shared in public settings including personal e-mails, for purposes other than learning, or with family and friends.
- All patient scheduling emails should be sent using the university's secure email policy for encryption of PHI.

DE.008 Cohort Coordinator Policy

Purpose:

The purpose of this policy is to outline the formal faculty mentoring of undergraduate Student Dental Hygienists.

Policy:

Students are assigned a Cohort Coordinator. The coordinator's primary responsibility is to guide the clinical student towards success. It is the student's responsibility to initiate communication with the

appropriate coordinator when a need is identified. Students in the 1st year of the clinical dental hygiene program will work with Junior Year Cohort Coordinator. Students in the 2nd year of the clinic dental hygiene program will work with the Senior Year Cohort Coordinator. Students enrolled in the 1st Dental Hygiene Program year of the 1-plus-3 program will work with the Program Director for mentorship.

PRIDE Assignments

Spring and fall clinical semesters, students will complete routine reflective PRIDE assignments. Summer clinical semester, students will complete frequent PRIDE assignments. If the coordinator has significant findings to discuss with a student, the student will be notified via comments in the PRIDE assignments and/or email, and/or a mentor meeting will be scheduled to address student success. The meeting will be requested in writing to the student. A summary of the meeting will be emailed to the student.

PRIDE assignments must be calculated by the student correctly using only requirements completed during the current semester, and all entries completed at the time of submission. Incomplete, late, or missing mentor assignments do not meet clinical course objectives.

All skill assessment documentation, including reattempts and attempts to find a qualified patient, must be submitted to Cohort Coordinators according to syllabus due dates. PRIDE assignments serve as a timely communication channel of attempts at skill assessments or identifying appropriate patients.

It is the student's responsibility to review grade tracking forms prior to leaving the clinical session to verify all entries are correct. If edits need to be completed, the student should seek the grading clinical instructor during the same clinic session for correction and clarification. Not reviewing the forms prior to leaving the clinical session will result in loss of points on the PRIDE assignments.

Mentor Meetings

- Each student is encouraged to contact their clinical coordinator through email with concerns about their clinical progress. A student is encouraged to meet at least once during the semester with an assigned faculty mentor to evaluate clinical progress and discuss program outcomes. This meeting should be initiated by the student. The coordinator may request additional meetings.
- Failure to follow through with the meeting request or plan for success does not meet clinical course objectives.
 - Incomplete patients on the PATIENT RECORD LIST charts will be evaluated at the mentor meeting.
 - The student will document all attempted communications with the patient in the patient chart.
 - The mentor coordinator will review notes, discuss with the student, and sign the clinical notes at the mentor meeting.

Coordinators as Zone Faculty Boundaries

Please note that when a Cohort Coordinator is serving as Zone Faculty, their primary responsibility is to their assigned zone and students in that zone, not their coordinator role. Similarly Cohort Coordinators teaching didactic courses during scheduled class time have a primary responsibility to teach the subject assigned. While they may hold multiple responsibilities, it is important to respect the role they are actively fulfilling during your interaction.

When on the clinic floor, do not approach Zone Faculty with questions that would not be appropriate for general zone faculty, such as those involving program progression, scheduling, course requirements, or other coordinator-level concerns. These types of inquiries should be directed via email or discussed in your scheduled mentor meetings, not while the faculty member is on the clinical floor.

Although it might seem convenient to walk over to another zone to ask a quick question or to ask a question about your individual coordinator needs, doing so disrupts the student-to-faculty ratio and detracts from the learning experience of your peers. Please help maintain the integrity of the clinical learning environment by ensuring all faculty are able to focus fully on their assigned role.

DE.011 Skill Assessment Grading Policy

Purpose

The purpose of this policy is to define the grading procedure for skill assessment evaluations also known as competency evaluations and/or skill assessments.

Policy

All skill assessments evaluations must be completed at 100% competency by the established due dates during preclinic/clinic sessions to advance to the next clinical course. 1st year clinical students will have 3 attempts to complete skill assessment evaluations. 2nd year clinical students will have 2 attempts to complete skill assessment evaluations on previously tested skills and 3 attempts on new skills. Exception to policy will be outlined in clinical syllabus.

Procedure

The course instructor will provide skill assessment evaluation and rubrics are available electronically. The student will provide appropriate documentation as necessary to initiate a graded attempt.

Criterion and Grading

Attempts

- Skill assessment standards may be practiced on a student partner but must be completed for competency on a clinic patient, unless otherwise stated.
- Team assessment will serve as the first attempt to complete a skill assessment when applicable.
- Multiple attempts must be completed with a different instructor.
- Final attempts must be completed with the cohort coordinator or designee. Designees will be assigned after calibration and training.
 - If a student completes a final attempt at a skill assessment with any faculty other than the cohort coordinator, the attempt will be null and void. If this occurs and the student does not realize the error and no more clinics are available to reattempt, the student

will not meet minimum requirements. Students must carefully manage their requirements and schedule to ensure minimum requirements are met within the expected policies and procedures established.

- It is the student's responsibility to review assessment results to determine the need for remediation or reattempt immediately following the assessment.

If a criterion is missed, the instructor will allow the student to continue the assessment notating all areas of satisfactory or deficiencies, unless a safety concern arises. The procedure for following a skill assessment attempt is as follows:

- If any 1 criterion is not passed at competency (Not Met)
 - Remediation will be mandatory in the form of a discussion with the instructor and hands-on demonstration of the appropriate skill
 - Remediation on the same day is not guaranteed and depends on the clinic flow
 - Require independent practice prior to reattempt in a different clinic with a different instructor (unless final attempt with coordinator)
- If any 3 criteria or 1 critical criterion is not passed at competency (Not Met)
 - Remediation will be mandatory in the form of a discussion with the grading instructor, and individual instruction with the mentor coordinator
 - Required independent practice prior to reattempt
 - Reattempt must occur on a different calendar day with a different instructor (unless final attempt with the coordinator)

Qualified Patient Considerations

Every attempt must be made and documented to find a patient with the qualifying selection criteria for each assessment. In the rare circumstance a student is unable to find a qualified patient for an assessment, they must communicate with the cohort coordinator to determine a plan for success to complete the requirement with at least a month left in the semester or 16 schedule patient clinic treatment sessions. Consistent and clear documentation of attempts made throughout the semester must be made available for the coordinator to determine the next steps if available. A lack of documentation is considered a lack of attempts.

Documentation

Every skill assessment attempt is documented and counted towards the total number of attempts. The instructor will document the discussion, remediation, and student interaction for each attempt if necessary.

Intentional misrepresentation of any clinical documentation and/or failure to submit all documentation is considered academic misconduct.

DE.017 Demonstration of Infection Control Policy

Purpose

The purpose of this policy is to outline the expectations for student dental hygienists for complying with IUSB Dental Hygiene Clinic infection control standards, OSHA standards, and demonstrate universal precautions in clinical settings while enrolled in preclinic, clinical, and lab courses. The purpose of this policy is also to set expectations for consequences if standards are not met.

Policy:

All student dental hygienists must practice safe and ethical infection control procedures before, during, and after patient treatment.

Rationale for the Policy:

Professional ethics and standards highlight a priority of healthcare providers is safety of all healthcare providers, patients, and others in the clinical setting. By adhering to proper infection control procedures, the chain of disease transmission can be broken thus reducing risk for exposure so that all persons in the clinical setting will be in a safe educational environment.

Procedure:

The policy will take effect during the fall semester of a student's junior year, after all infection control competencies have been met in preclinical and stay in effect for the remainder of their clinical courses. The **Corrective Actions** will start at the beginning of each clinical semester during junior year. A maximum of 3 total **Corrective Actions** will be permitted during junior year. A maximum of 3 total **Corrective Actions** will be permitted during senior year (beginning summer semester clinic) due to the need to demonstrate professional growth and responsibility of patient safety in the clinical environment as a required program outcome.

Important Note on Infection Control Violations:

While there is a progressive system of corrective actions in place, any egregious violation of infection control that compromises the safety or health of patients, peers, faculty, or the broader community may result in immediate removal from the clinical environment regardless of whether the outlined number of violations has been met. Examples include but are not limited to intentional disregard for protocols (refusal to follow infection control procedures), disruption of clinic operations by encouraging or modeling unsafe practices to peers, working while contagious or not reporting symptoms of infectious disease, using visibly dirty or improperly sterilized instruments on a patient, using the same gloves between patients or procedures, providing care without appropriate PPE. Such actions may bypass standard corrective steps due to the severity of the risk involved.

Training on Infection Control and Standards:

Students will be introduced to infection control procedures, universal precautions, and bloodborne pathogen training during the first three weeks of the fall semester of junior year during preclinic. Students will practice and remediate infection control procedures in the clinical lab setting with direct supervision and guidance from clinical faculty. Once students have remediated infection control procedures, they will complete a total of four skill assessments to demonstrate competence and proficiency in infection control procedures (donning & doffing of PPE, infection control prior to dental treatment, infection control after completion of dental treatment, and hand washing protocol). Additional coursework will include quizzes and exams over the topics. These skills will be practiced and reassessed throughout the remainder of the fall semester. Students will be reminded of infection control procedures during their clinical instruction. Donning and Doffing of PPE skill assessment will be reassessed each clinical semester. Bloodborne pathogen training through IU Expand will be completed annually. Additional infection control activities and reminder activities will occur throughout the program to reinforce skills and knowledge.

Corrective Actions

First Corrective Action:

If a student does not meet infection control standards, the student will be given an Opportunity for Improvement form and will meet with the course director. The course director and the student will identify gaps in knowledge and skills, strategies for success, and ways that infection control standards can be consistently met. The student will need to complete the *Saliva is Red* assignment (outlined below) and return it to the course director within two business days.

Second Corrective Action:

If a student fails to practice safe and ethical infection control procedures twice during the same semester, the student will be given an Opportunity for Improvement form. The course director and the student will meet to provide the student the opportunity to present information related to the situation and if appropriate identify strategies for success and ways that infection control standards can be met using the Opportunities for Success Document course-level success plan. The student may be asked to complete an additional infection control assignment(s) based on the discretion of the course director to provide retraining.

Third Corrective Action:

If a student fails to practice safe and ethical infection control procedures three times during the same semester and breaches their course-level success plan, the student will be given an Opportunity for Improvement form. A third breach in infection control demonstrates a pattern of unsafe behavior in the clinical environment. The course director, student, and program director will meet with the student to provide the opportunity to present information related to the situation and if appropriate identify strategies for success and ways that infection control standards can be met using the Opportunities for Success Document program level success plan. The student may be asked to complete an additional infection control assignment(s) based on the discretion of the course and program director to provide retraining.

Fourth Corrective Action:

If a student fails to practice safe and ethical universal precautions four times during the same semester junior year or four times over the entirety of senior year, the safety concern of all healthcare providers, patients, and others in the clinical setting is too high of a concern to allow the student to continue. Due to the severity of the offense and the safety and health of others, the student will fail the clinical or lab course in which the student is enrolled.

Remediation Opportunity: Saliva is Red Assignment:

Purpose: The purpose of the assignment is for students to apply infection control procedures and universal precautions to be practiced effectively in a healthcare setting.

Task: Students will identify five infection control errors in the *Saliva is Red* video, develop potential solutions to the errors, and explain why universal precautions should be considered in high regard in a healthcare setting using evidence-based decision making.

Criteria for Success: Students will write a 1–2-page essay addressing the task above. The essay should explain the importance of universal precautions and standard infection control procedures and ways that the student will incorporate them in the IUSB Dental Hygiene Clinic setting. The essay needs to include an introduction, discussion, and conclusion. Appropriate sources should be provided to support

evidence and claims made within the narrative. All sources will be provided using APA 7th edition formatting. The assignment should be typed, use font 12 in Times New Roman, and spacing 1.5. Return to the course director via email within two business days of the offense.

Helpful tips for infection control success:

- Review safety standards periodically throughout the semester to reinforce understanding and skills
- Establish a routine to support appropriate procedures and expectations
- Never leave the unit with treatment gloves on.
- Never reach into a drawer with gloves on, including utility gloves.
- Paperwork that is not in a barrier should be handled with clean hands.
- Paperwork that is in a barrier should be handled with gloves on.
- Clean hands should be used to handle the radiology apron.
- Never touch your face, mask, hair, etc. with treatment gloves.
- Lab jackets should be worn on the clinic floor only, not in the locker room.

DE.019 Substance Free Learning Environment

Purpose:

The purpose of this policy is to promote a safe, healthy working and learning environments for all students by outlining the expectations for clinical program students related to substance use and procedures for drug and alcohol tested based on reasonable cause.

Policy:

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or alcohol on university premises or while conducting university business off university premises is prohibited. In addition to student conduct procedures, violation of this policy may result in immediate dismissal from the dental hygiene program.

A student who is (1) found to be under the influence of alcohol or a controlled substance while on university property, or during a university activity, or (2) convicted of a criminal alcohol or drug statute violation occurring on university property, is subject to disciplinary action, up to and including dismissal from the clinical dental hygiene program for the purpose of this policy. See Indiana University Code of Student Rights, Responsibilities, & Conduct for expectations as an IU student. Reinstatement procedures and Student Success Documentation procedures are outlined in program policy.

It is lawful for an individual to be under the influence of a controlled substance in a public place if the individual can present positive proof of the following:

- The individual is under the care of the Bureau of Addiction Services, a community mental health center, a managed care provider, or a licensed physician.
- The controlled substance constitutes medical treatment authorized by state and federal law.

Students must be able to safely provide patient care services and meet the essential abilities set forth by the program to remain in good standing for the program, regardless of documentation provided permitting use of controlled substances. Completion of the program requires specific clinical experiences to progress in the program and complete degree requirement. The inability to complete requirements safely will result in out-of-progression status.

Requirement to Disclose Drug and Alcohol Related Concerns

In compliance with Drug-free Workplace Act of 1988 and the federal Drug-free Schools and Communities Act Amendments of 1989, and as a condition of admission to the clinical dental hygiene program, all clinical students must:

- 1) Abide by the policy statement written above.
- 2) Notify the Program Director or office designated of any conviction or arrest under a criminal drug statute for violations occurring on or off university premises while conducting university business, within 5 days of the conviction or arrest. Failure to communicate may result in program dismissal.

Procedure for Drug and Alcohol Testing

The following is the testing procedure to follow when a university employee reasonably suspects a clinical student to be under the influence of drugs and/or alcohol while in the learning environment.

1. Establish a Reasonable Cause

Reasonable Cause is established through observations that would lead a reasonable person to believe that a student is under the influence of drugs or alcohol. Reasonable Cause should be determined on a case-by-case basis; however, the decision to request a test of a student may be based on, but not limited to:

- a. Direct observations of drug or alcohol use, drug or alcohol possession, or possession of drug paraphernalia; or
- b. A student who exhibits physical signs or symptoms of being under the influence of drugs or alcohol; or
- c. A student whose action's, appearance and/or conduct show a pattern of suspected impairment or abnormal or erratic behavior.

The resource, [Behaviors and Signs Attributed to Substance Abuse](#), includes a list of behaviors that may indicate drug or alcohol abuse. This list is not intended to be exhaustive. The observation of one exhibited behavior or sign may or may not be sufficient to achieve reasonable cause. If an uncertain situation arises, contact the program director immediately for assistance.

2. Attempt to Secure a Witness

The university employee should summon another university employee to witness the behaviors and signs that may be attributable to substance abuse. If another individual is not available, proceed to step 3.

3. Promote Safety and Begin Documentation

If danger is suspected, immediately safely and discreetly remove the student from the learning environment. If in the clinical environment assign another clinician to complete the treatment appointment to provide continuity of care.

Notify program administration of the concern. Begin documenting the student's behavior and responding actions using the ***Statement of Facts Supporting Reasonable Cause of Drug or Alcohol Use by a Clinical Student***.

4. Meet with Student

The university employee will meet with the student in a private location. The reasons for suspecting drug or alcohol abuse will be presented to the student in the presence of a witness. The student should be given the opportunity to respond to the observations reported and reasons stated. The student should be encouraged to cooperate and be advised of the program's desire to support them if a substance abuse problem exists. The conversation and responses (verbal and non-verbal) will be documented.

Potential outcomes:

1. Self-disclosure-student admits to being under the influence of drugs or alcohol prior to the test and cooperates fully.
2. Refusal- student refuses or fails to promptly submit to the drug and/or alcohol screen or cooperate fully and completely in the proscribed procedures.
3. Cooperation- Student cooperates with testing including completing the ***Student Authorization and Consent to Submit to Substance Abuse Testing.***

5. Testing Arrangements

With the student's consent contact a spouse, family member or other individuals, or emergency contact information provided for the student, attempt to secure transportation to a testing facility. Under no circumstances may the student transport themselves or an employee transport the student to a testing facility if suspected of substance abuse.

If the student refuses to agree to any of these procedures and attempts to operate their vehicle, make appropriate efforts to discourage the student from doing so, including contacting university law enforcement officials.

6. Testing Results

Testing results should be reported in less than 5 working days. While waiting results, the student will not be permitted in the clinical environment.

Negative Result

If negative results, the student will be allowed to return to the clinical environment immediately. Missed clinical experiences will be addressed after returning.

Positive Result

If the result is positive, has been determined that the specimen was adulterated or falsified after verification, or the student refuses/fails to submit the drug test, the student will not be permitted to return to the clinical environment pending the results of due process by the program director or designee in consultation with the Office of Student Conduct. All appropriate university, campus, and/or program policies and procedures will be upheld.

The program director will provide a notice of results or refusal of testing. The student will be provided the opportunity to respond to the results or refusal of testing. Following the opportunity to respond, the resulting disciplinary action and follow up procedures, if necessary, will be communicated to the student. Documentation will be provided to the student, Office of Student Conduct as appropriate, and saved in the student file.

7. Reporting to Licensing Agencies

In addition to procedures outlined in this policy and procedure, University policy and procedure, law enforcement agencies, licensing authorities and other regulatory bodies will be notified as required by law, accreditation, or policy.

Cost Coverage

Students will be financially responsible for testing and transportation to the testing site.

Related Policies & Procedures

[HR-07-60 Substance-free Workplace](#)

[IU HR Procedure for Drug and Alcohol Testing](#)

Financials

Dental Services for Students and Family Members

Financial courtesies are provided for services provided to full-time students and all faculty and staff of the Division of Dental Education. A limited financial courtesy can be provided to family members of full-time students enrolled in the dental hygiene program via coupons distributed at the start of the 1st clinical semester. Students are expected to self-regulate the use of coupons. Minors under the care of students and/or living in the same household can be treated in the clinic at no cost to the student.

Student Payment of Services

It is understood that students may want to financially support some of their patients due to being a caregiver, friend, or known relationship with the patient. Students are in no way required to pay for treatment on behalf of their patients. The program strongly discourages the student from paying for treatment and/or offering to pay for treatment to entice patients to come to the clinic. An alternate solution should be sought via collaboration with the appropriate program faculty and staff (Cohort Coordinator, Clinic Manager, and Program Director) whenever possible. In the rare circumstance that a student pays for treatment for a patient, the student should document in the chart the conversation and rationale for the payment. Whenever possible, prior communication about the desire to pay for treatment should be communicated with the Cohort Coordinator, Clinic Manager, and Program Director.

Other Clinical Considerations

Name Change

A student's primary name reflected in the IU Student Information System (SIS) during admissions is the name used to create Dentrix profiles, mailbox labels, and other places where a student's name may appear. A student's name in the SIS system is used to create general cohort lists, files, mailboxes, etc. Students whose names have been legally changed or require editing must first request a name change as outlined with the university. Once processed, the student must contact the Program Director, Clinic Manager, and Administrative Assistant to the Program to notify them of the need to update the name in systems and documents used by the program. SIS does not notify programs of such updates. We want to support and respect you by using the appropriate name. Failure to communicate the update officially may result in the program not knowing of an update.

Assigned Storage Spaces

Students are assigned lockers, mailboxes in the student break area, and storage drawers in the sterilization room. Students must only use the spaces assigned. If the student would like to change space, they must communicate with the Administrative Assistant and Program Director to request a change. The change is not guaranteed.

Social Media Guidelines

Social media sites and downloadable applications are popular communication tools in recent years. Each presents unique opportunities for individuals to interact, remain in contact and have the potential to augment friendships and professional interactions. As health care professionals with a unique social contract and obligation, student dental hygienists are mindful of the public nature of these forums and the permanent nature of social media postings. While these sites offer excellent potential to bolster communication with friends and colleagues, they are also a potential forum for lapses of professionalism and professional behavior. While these sites may give the impression of privacy, postings and other data should be considered public and freely visible by the public. The Division of Dental Education has adopted the following guidelines and best practices to assist students in safely and responsibly using these sites and avoid lapses in professional judgement that may prevent continuation with the program.

Faculty and staff are to not “friend” students in the program until after graduation. The rationale for this is due to the impression of bias.

Ethical and Professional Behavior

Professionalism

- Postings online are subject to the same professional and ethical standards as interpersonal interaction.
- Statements made online or in applications will be treated as if verbal statements were made in a public space.
- Content, photos, videos, etc. that is not your original content must be posted with the acknowledgement that this is not your original work.
- If you choose to identify yourself as an IUSB student dental hygienist, you have chosen to create perceptions about the program by all who have access to your site. All content posted and available must be consistent with your position at the school and reflect the standards and values of the program, school, campus, and university.
- Any dentally or medically oriented weblogs should contain the disclaimer: “The posts on this site are my own and do not represent the IU South Bend Division of Dental Education positions, strategies, recommendations or opinions.”
- Use of social networking sites or weblogs may have legal ramifications. Comments made regarding the care of patients or that portray you or a colleague in an unprofessional manner can be used in court or in other disciplinary proceedings (i.e., Indiana Professional Licensing Agency: Board of Dentistry).
- Relationships online with colleagues and students are all governed by the IU policy against sexual harassment. Cyber stalking, requests from those who you supervise to engage in activities outside of work, and inappropriate postings to social networking sites while supervising trainees can all be considered forms of sexual harassment
- Avoid giving specific dental or medical advice

Privacy

- Closely monitor the privacy settings of your social network accounts to optimize their privacy and security
- Maintain the privacy of all colleagues when referring to them in a professional capacity unless they have given you permission for their names, images, or likenesses to be used.
- Make sure that you differentiate dental or medical opinions from dental or medical facts. The world of dentistry is foreign to many, and readers may take your words at face value. Try to make clear what statements reflect your personal beliefs

Confidentiality

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations apply to comments made on social networking sites, and violators are subject to the same prosecution as with other HIPAA violations.
- Patient privacy measures taken in any public forum apply to social networking sites as well.
- Online discussions of specific patients are prohibited, even if all identifying information is excluded. It is possible that someone could recognize the patient to whom you are referring based upon the context.
- Under no circumstances should photos of patients or photos depicting the body parts of patients be displayed online unless specific written permission to do so has been obtained from the patient in writing. Even if you have obtained a patient's permission, such photos may be downloadable and forwarded by others.
- Photos must be reviewed to ensure no patient information and/or identifiable images of other patients is viewable in the background.

Patient Contact

- Interaction with patients within these sites is strongly discouraged. This provides an opportunity for a dual relationship which can be damaging to the doctor-patient relationship and may also carry legal consequences.
 - Private patient information obtained on a social networking site should not be entered in the patient's record without the patient's knowledge and consent.
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2025-2026 ➤



DENTAL EDUCATION

PROGRAM

HANDBOOK



CHAPTER 6

APPENDICES



DIVISION OF

DENTAL EDUCATION

Entry-level Dental Hygiene Program Program Goals, Objectives, and Student Competencies

Mission of the Division of Dental Education

The mission of the Division of Dental Education is to be a leader in providing high quality education, clinical experiences, and interprofessional collaborative opportunities to undergraduate students for future roles as oral health professionals. The Division of Dental Education faculty and staff are committed to excellence in the theory and practice of dental hygiene and in the development of competent, socially sensitive, culturally diverse, and ethically responsible professionals.

Entry-level Dental Hygiene Program Outcomes

Division of Dental Education Goals:

The Division of Dental Education will:

1. Deliver an exceptional educational program that upholds the highest standards of professionalism while preparing students to engage with evidence-based practices throughout their careers.
2. Provide rigorous and dynamic learning experiences that challenge students to use sound judgment, critical thinking, and evidence-based decision-making in delivering high-quality patient care.
3. Emphasize the role of the dental hygienist as a prevention specialist, involving students in dental public health initiatives that promote health and prevent disease, grounded in current best practices.
4. Foster a collaborative and informed approach where the dental hygienist contributes as a leader within the healthcare team, enhancing interdisciplinary communication and improving patient outcomes.

Student Program Objectives:

To be able to fulfill the requirements of a Bachelor of Science Degree in Dental Hygiene, graduates of the Entry-level Dental Hygiene Program at Indiana University South Bend will be able to:

1. Deliver high quality person-centered care by safely applying best practices and standards of care using sound judgment, critical thinking skills, and evidence-based decision making
2. Demonstrate scientific reasoning by critically evaluating ideas and claims
3. Adhere to the ethical, legal, and professional codes of conduct expected of the dental hygiene practitioner
4. Respond to the evolving needs of the profession and public health by applying an understanding of the diverse roles of the hygienist as recognized by the ADHA
5. Engage as an oral health promotion specialist involved in public health interventions related to health promotion and disease prevention

Program ADEA Competencies:

Program ADEA Competencies for the entry-level dental hygiene graduate define and organize the knowledge, skills and professional values of an individual ready for beginning dental hygiene practice in clinical and alternative settings. The competencies flow directly from the program goals and serve as a pathway of evidence to support the achievement of program goals by graduates. Program ADEA Competencies are adapted from the [2023 ADEA Entry-Level Competencies for Allied Dental Professionals](#). They are stated in terms of what a student should be able to do to be considered competent by the profession after the completion of the Entry-level Dental Hygiene Program curriculum. “Competency” of the Program ADEA Competencies implies demonstrated performance at a minimally acceptable level. Throughout the curriculum course content and work will reference relevant competencies and specific evaluation mechanisms will be implemented across the curriculum to measure student achievement.

These competencies will serve to:

1. Define the core content of the curriculum by:
 - a. Providing a method of stating what the aim is for the graduate to know at the end of each semester or be able to do after completing the Dental Hygiene Program.
 - b. Establishing a basis for the content of all courses.
 - c. Giving guidance in decision making related to pedagogy and course sequencing.
2. Assess outcomes by:
 - a. Having methods in place to measure the degree to which a student has acquired and can demonstrate the competencies needed to care for patients and enter the profession.
 - b. Serving as benchmarks as students are promoted from one semester to the next leading to graduation and licensure.

The competencies should be viewed as standards and serve as a guide for the dental hygiene curriculum. This educational plan needs regular review for continual improvement. The degree to which the curriculum is relevant, complete, educationally sound and organized will reflect this educational plan.

ORGANIZATION:

The organization of the competencies is separated into three major categories including *Allied Dental Professional Core Competencies* and *Entry-level Dental Hygiene Competencies* in alignment with the 2023 ADEA Entry-level Competencies for Allied Dental Professionals and *Minimum Required Evidence of Competence*.

Major Domain Competencies:

The major domain competencies are defined as the ability to perform and provide a complex, service or task. The complexity of the service or task suggests that multiple and more specific abilities are required to support the performance of any major competency. The required level of proficiency will vary depending on the major domain. The Allied Dental Professional Care Competencies and Entry-level Dental Hygiene competencies are addressed in the courses and learning experiences provided in the program to align with the best practices outlined by the guidance from ADEA. The Minimum Required Evidence of Competence domain outlines the specific level of competency that must be demonstrated by the student during the relative summative assessment to be retained in the program and/or graduate as indicated by student procession timelines.

Supporting Subdomain Competencies:

The more specific abilities are considered subdivisions of the major domain competencies. The acquisition and demonstration of a “Major Competency” requires a minimum level of proficiency in all supporting subdomain competencies related to that service or task.

Each supporting subdomain competency has foundational knowledge, skills and values that are linked to individual courses. The supporting competencies are used as benchmarks in student, course, and program assessment. The supporting competencies are categorized through each course

The Core Competencies are organized into three domains with specific subdomains of related competencies. The Core Competencies include:

1. Professional Knowledge (PK)
 - Professionalism
 - Safety
 - Critical thinking
 - Scientific Inquiry and Research
2. Health Promotion and Disease Prevention (HP)
 - Health Education and Community Connection
 - Advocacy
3. Professional Development and Practice (PD)
 - Professional Growth
 - Business Practices
 - Leadership

The Dental Hygiene Discipline Specific Competencies are organized into two domains with specific subdomains of related competencies. The Dental Hygiene Discipline Specific Competencies include:

1. Essential Knowledge (DHk)
2. Person-centered Care
 - Assessment (DHa)
 - Dental Hygiene Diagnosis (DHD)
 - Planning (DHp)
 - Implementation (DHi)
 - Evaluation and Documentation (DHe)

The Minimum Required Evidence of Competence category is organized into three domains with specific subdomains of competency statements that reflect the “must be competent” statements in the dental hygiene accreditation standards. The Minimum Required Evidence of Competence category outlines the minimum level of competence necessary for students to be retained, progress, and/or graduate as outlined. Specific evidence is tracked throughout the program to measure competence in each of the items listed. The categories include:

1. Patient Care
2. Ethics and Professionalism
3. Critical Thinking

INDIANA UNIVERSITY SOUTH BEND DENTAL HYGIENE ENTRY-LEVEL STUDENT COMPETENCIES

Program ADEA Competencies (Allied Dental Core Competencies)

All dental health care providers collaborate with one another and related professionals to deliver continuing oral care and support patients by addressing health care issues affecting society. The allied dental professional must have a broad-based education and experience to demonstrate professional and ethical behavior. This includes employing effective communication and interpersonal skills, using emerging trends and technologies, applying critical thinking skills and addressing health care issues. To enhance personal and professional development, including opportunities for career expansion, dental professionals' participation in continuing education and lifelong learning is vital.

PROFESSIONAL KNOWLEDGE (PK)

Reflect the ethics, values, skills, and knowledge integral to all aspects of each of the allied dental professions. These core competencies are foundational to the specific roles of each allied dental professional.

Professionalism

PK1.1 Apply the ADHA Code of Ethics for Dental Hygienists in all endeavors.

PK1.2 Adhere to the ADHA Standards of Professional Responsibility, professional standards of practice, and federal, state and local laws and regulations.

PK1.3 Promote quality assurance practices based on accepted standards of care.

PK1.4 Demonstrate interpersonal skills to effectively communicate and collaborate with professionals and patients across socioeconomic and cultural backgrounds.

Safety

PK2.1 Comply with local, state, and federal regulations concerning infection control protocols for blood-borne and respiratory pathogens, other infectious diseases and hazardous materials.

PK2.2 Follow manufacturers' recommendations related to materials and equipment used in practice.

PK2.3 Establish and enforce mechanisms to ensure the management of emergencies.

PK2.4 Use security guidelines and compliance training to create and maintain a safe, eco-friendly, and sustainable practice compatible with emerging trends.

PK2.5 Ensure a humanistic approach to care.

PK2.6 Uphold a respectful and emotionally safe environment for patients and practitioners.

Critical thinking

PK3.1 Demonstrate critical and analytical reasoning to identify and develop comprehensive oral health care solutions and protocols.

PK3.2 Apply individual and population risk factors, social determinants of health and scientific research to promote improved health and enhanced quality of life.

Scientific Inquiry and Research

PK4.1 Support research activities and develop research skills.

PK4.2 Use evidence-based decision-making to evaluate and implement health care strategies aligned with emerging trends to achieve high-quality, cost-effective and humanistic care.

PK4.3 Integrate accepted scientific theories and research into educational, preventive and therapeutic oral health services.

HEALTH PROMOTION AND DISEASE PREVENTION (HP)

Changes within the health care environment require the allied dental professional to have a general knowledge of wellness, health determinants, and characteristics of various patient communities. Allied dental professionals must appreciate their roles as health professionals at the local, state, and national levels. While the scope of these roles will vary depending on their discipline, the allied dental professional must be prepared to influence others to facilitate access to care and services.

Health Education and Community Connection

HP5.1 Endorse health literacy and disease prevention.

HP5.2 Communicate and provide health education and oral self-care to diverse populations.

HP5.3 Facilitate learning platforms for communities of interest by providing health education through collaboration with dental and other professionals.

HP5.4 Promote the values of the dental profession through service-based activities.

HP5.5 Evaluate outcomes for future activities supporting health and wellness of individuals and communities.

Advocacy

HP6.1 Promote an ethical and equitable patient care and practice environment by demonstrating inclusion of diverse beliefs and values.

HP6.2 Uphold civic and social engagement through active involvement in professional affiliations to advance oral health.

PROFESSIONAL DEVELOPMENT AND PRACTICE (PD)

Reflect opportunities that may increase patients' access to the oral health care system or may offer ways to influence the profession and the changing health care environment. The allied dental professional must possess transferrable skills (e.g. in communication, problem-solving, and critical thinking) to take advantage of these opportunities.

Professional Growth

PD7.1 Commit to lifelong learning for professional and career opportunities in a variety of roles and settings including the recognized [ADHA Professional Roles of an RDH](#).

PD7.2 Engage in research, education, industry involvement, technological and professional developments and/or advanced degrees.

PD7.3 Demonstrate self-awareness through reflective assessment for continued improvement.

Business Practices

PD8.1 Facilitate referrals to and consultations with relevant health care providers and other professionals to promote equitable and optimal patient care.

PD8.2 Promote economic growth and sustainability by meeting practice goals.

PD8.3 Create and maintain comprehensive, timely and accurate records.

PD8.4 Protect privacy, confidentiality and security of the patients and the practice by complying with legislation, practice standards, ethics, and organizational policies.

Leadership

PD9.1 Develop and use effective strategies to facilitate change.

PD9.2 Inspire and network with others to nurture collegial affiliations.

PD9.3 Solicit and provide constructive feedback to promote professional growth of self.

Dental Hygiene Core Competencies

The dental hygiene competencies are the continuation of the allied dental core competencies, and both should be viewed as a single framework for this discipline. Dental hygienists are oral health professionals who specialize in the identification, prevention, and management of oral diseases. Dental hygienists provide evidence-based, person-centered care through assessment, diagnosis, planning, implementation, evaluation, and documentation. They practice in collaboration with dental and other professionals in a variety of settings to recognize the oral-systemic connection for improvement of oral health, general health and well-being of individuals, communities, and populations.

ESSENTIAL KNOWLEDGE (DHk)

Reflect the knowledge integral to the dental hygiene process of care and the provision of dental hygiene services within the scope of the dental hygienist.

DHk1.1 Apply the knowledge of the following sciences during the dental hygiene process of care:

- Microbiology
- Human anatomy and physiology
- Human cellular biology
- Chemistry
- Biochemistry
- Immunology and pathology
- Nutrition
- Pharmacokinetics

DHk1.2 Apply the knowledge of the following behavioral sciences during the dental hygiene process of care:

- Sociology
- Psychology
- Interpersonal communication

PERSON-CENTERED CARE

The role of the dental hygienist in person-centered care are ever-changing, yet central to the maintenance of health. Entry-level dental hygiene program graduates must use their skills following a defined process of care in the provision of patient care services and treatment modalities.

Assessment (DHa)

The Dental Hygienist must be able to systematically collect and analyze comprehensive systemic and oral health data in order to identify patient physical and oral health status.

DHa2.1.1 Accurately collect and document a comprehensive medical, dental, social health history and diagnostic data.

DHa2.1.2 Critically analyze all collected data.

DHa2.1.3 Identify predisposing, etiologic, environmental and social risk factors for person-centered care.

Dental Hygiene Diagnosis (DHd)

The Dental Hygienists must be able to use an evidence-based approach to critically analyze assessment findings to reach a conclusion about the patient's oral health care needs.

DHd2.2.1 Analyze comprehensive medical, dental, and social health history.

DHd2.2.2 Integrate observational and diagnostic data as part of the dental hygiene diagnosis.

DHd2.2.3 Use predisposing, etiologic, environmental, and social risk factors for person-centered care.

Planning (DHP)

The Dental Hygienist must be able to prioritize patient needs, establish realistic goals and objectives of treatment, plan treatment strategies, and provide appropriate referrals to support the patient's attainment of optimal oral health.

DHP2.3.1 Use the patient's assessment to establish an optimal and realistic, person-centered dental hygiene care plan through mutual communication.

DHP2.3.2 Use all aspects of the dental hygiene diagnosis in combination with the person's values, beliefs and preferences to develop a dental hygiene care plan through shared decision-making.

Implementation (DHI)

The Dental Hygienists must be able to provide comprehensive treatment as outlined in the dental hygiene care plan in a manner minimizing risk and optimizing oral health.

DHP2.4.1 Obtain informed consent based on the agreed-upon treatment plan.

DHP2.4.2 Execute individualized treatment based on the patient's dental hygiene diagnosis.

DHP2.4.3 Integrate educational, preventive and therapeutic services to provide comprehensive person-centered care.

DHP2.4.4 Use specialized skills and evidenced-based technology to promote dental and periodontal health.

DHP2.4.5 Continuously re-evaluate for modifications to achieve desired outcomes.

Evaluation and Documentation (DHE)

The Dental Hygienist must be able to measure the extent to which the patient achieved the outcomes specified in the dental hygiene care plan as compared to the baseline data collected during the initial assessment and modify plans as appropriate based on evaluation. The Dental Hygienist must be able to produce complete and accurate records relevant to patient care including patient information, interactions, assessment data, treatment, and treatment outcomes.

DHE2.5.1 Evaluate the effectiveness of completed services.

DHE2.5.2 Analyze treatment outcomes of the dental hygiene process of care to determine improved health and modifications.

DHE2.5.3 Modify dental hygiene care plans as necessary to meet goals of patient and clinician.

DHE2.5.4 Identify necessary referrals for success of the treatment outcomes, including intraprofessional and interprofessional health care providers, supporting professions and patient advocates.

DHE2.5.5 Accurately document assessment findings and data, dental hygiene diagnosis and care plan, implementation, outcome evaluation and any communication between professionals and patient and anyone else in the circle of care.

Minimum Required Evidence of Competence

The entry-level dental hygiene program is accredited through the Commission on Dental Accreditation (CODA). CODA develops and implements accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. The statements below correspond to “must be competent” statements in the [Accreditation Standards for Dental Hygiene Education Programs](#). Must is considered a requirement and sufficient evidence to demonstrate student competence is necessary to be retained in the program, progress, and/or graduate.

- **Must:** Indicates an imperative need, duty or requirement; an essential or indispensable item; mandatory.
- **Competent:** The levels of knowledge, skills and values required by new graduates to begin the practice of dental hygiene.

Patient Care

A dental hygienist must be able to provide comprehensive care for patients of all ages and needs, including those with moderate to severe periodontal disease. They must collaborate with healthcare teams, assess community oral health needs, plan and evaluate health promotion programs, and be prepared to manage medical emergencies in the dental setting.

- CPC1 Provide dental hygiene process of care for child, adolescent, adult, geriatric, and special needs patients
- CPC2 Provide dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease
- CPC3 Provide dental hygiene care for newly diagnosed and maintenance periodontal patients
- CPC4 Participate in interprofessional communication, collaboration, and interaction with other members of the health care team to support comprehensive patient care.
- CPC5 Demonstrate assessment of oral health needs of community-based programs, planning and oral health program to include health promotion and disease prevention activities, implementation, and evaluation of the program.
- CPC6 Provide appropriate support measures for medical emergencies that may be encountered in dental hygiene practice

Ethics and Professionalism

A dental hygienist must be able to apply ethical reasoning, decision-making, and professional responsibility in academic, clinical, and research settings, as well as in practice management. They must also understand and apply legal and regulatory concepts to ensure the safe and compliant delivery of oral health care services.

- CEP1 Apply principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.
- CEP2 Apply legal and regulatory concepts to the provision and/or support of oral health care services.

Critical Thinking

A dental hygienist must be able to engage in self-assessment to foster lifelong learning, evaluate current scientific literature, and apply problem-solving strategies to ensure comprehensive patient-centered care and effective management of patients and population needs.

- CCT1 Apply self-assessment skills to prepare them for life-long learning
- CCT2 Evaluate current scientific literature
- CCT3 Apply problem-solving strategies related to comprehensive patient-centered care and management of patients

Competency Evaluations

The competencies evaluations provide a clear indicator of student progression towards meeting program, course, and faculty expectations. These competencies allow faculty to stay on track in their course structure and offered curriculum. They also allow students to be evaluated consistently, according to the stated standards. Over time these standards and competencies provide benchmarks for cohort progression and minimum expectations at point in time. Outcome measures can be found in the program assessment plan.

The entry-level curriculum, consisting of 7 semesters total, begins with an academic year (2 semesters) of didactic foundational dental hygiene theory and science coursework. The foundational year provides students with the knowledge necessary to begin the clinical curriculum. All specific course learning outcomes in the didactic courses are increasing as students move through the degree plan and follow Bloom's taxonomy.

The clinical curriculum, consisting of 5 semesters, begins with a semester of preclinical preparation followed by four semesters of clinical practice. Each clinical course establishes competency levels that build on competency levels of previous semesters and requires additional experiences with higher standards of performance necessary for successful course completion. Clinical coursework builds upon the knowledge foundation established during the foundational year by applying content learned in previous didactic courses. Additionally, students continue to develop a deeper understanding of dental and dental hygiene science, biomedical sciences, social and behavioral sciences, and general education concepts through enriching courses and learning experiences for the remainder of the program. Clinical competence means that the competency must be performed to minimally a clinically acceptable level.

Evaluation Mechanisms

D=Discussion/Group Participation

H=Homework

Assignments

Reading assignments

Lecture assignments/recordings with quizzes

Non-Proctored quizzes and/or exams

Q=Quiz/Tests

Proctored quizzes

Proctored tests

Proctored final exams

P=High-impact Practices

- Projects
- Service-learning
- OSCE
- Case studies
- Research

E=Education Clinic or Lab Performance

- Other than clinic labs (ex. Radiology lab)
- Education clinic
- Simulation of skills
- Demonstration of clinical skills on student partner

C=Clinical Performance

- Skill assessments
- Team assessments
- Clinical grade sheets/Patient treatment grades
- Clinic assistant grades
- Mock patient treatment exams

COMPONENTS OF PROFESSIONAL BEHAVIOR

Approved by the Faculty of the Dental Hygiene Program Fall Semester 1994, revised 2014, 2023, & 2025

The Dental Hygiene Faculty and staff at IUSB have specified the components critical to the development of professionalism expected of our students. Students must demonstrate the behaviors and uphold the standards and values outlined in addition to meeting all other program and university Code of Conduct criteria. Students are expected to uphold the ADHA Code of Ethics for Dental Hygienists while enrolled in the program.

CLINICAL EXPECTATIONS

- A. Retains and builds upon previously learned information and skills
- B. Demonstrates consistent skill development and improvement in clinical procedures.
- C. Practices within the scope of dental hygiene and legislative rules and seek guidance when unsure
- D. Proactively reviews patient records prior to communicating with or treating the patient and actively investigates current literature on treatment protocols and considerations relative to patient needs.
- E. Uses accepted instrumentation techniques
- F. Follows accepted protocols in the dental hygiene process of care, practice management, infection control, safety procedures, and education
 - a. Can safely treat patients consistently
 - b. Recognizes and responds appropriately to medical and dental emergencies.
 - c. Applies evidence-based decision-making in patient care
 - d. Accurately documents clinical findings and patient information.
- G. Protects patient information and maintains confidentiality in accordance with HIPAA and other applicable laws and regulations.
- H. Arrives punctually and prepared for clinical sessions.
- I. Accepts responsibility for actions, errors, and professional growth.
- J. Completes clinical requirements and assignments in a timely manner.
- K. Works effectively as part of the dental team, respecting the roles of others.
 - a. Shares responsibilities and offers assistance when needed.
 - b. Maintains a cooperative, non-disruptive presence in the clinical environment.

ACADEMIC EXPECTATIONS

- A. Follows policies according to the course syllabus and handbooks/manuals
- B. Maintain at least minimum academic standards on all assignments, quizzes, and tests
- C. Retains and builds upon previously learned information and skills
- D. Demonstrate honesty in all academic and clinical work, including records, exams, assignments, projects, and research.
 - a. Avoid all forms of academic dishonesty, including cheating, plagiarism, fabrication, and falsification of data or records.

PROFESSIONAL DEVELOPMENT

- A. Attends clinic and classes as scheduled; arrives on time and leaves when dismissed or as scheduled
- B. Respects patients:
 - a. Prioritizes patient needs over academic requirements
 - b. Upholds patient's rights and responsibilities expectations
 - c. Utilizes clinic time appropriately for patient treatment
 - d. Confirms patient appointments
 - e. Maintains patients' appointments
 - f. Ensures patients are scheduled for treatment
 - g. Talks in quiet tones to patients to protect patient confidentiality and privacy
 - h. Does not interrupt classmates who are treating patients
 - i. Focusing conversation on patient
 - j. Addresses patient concerns and needs
 - k. Provides care without discrimination
- C. Communicate effectively

COMPONENTS OF PROFESSIONAL BEHAVIOR

Approved by the Faculty of the Dental Hygiene Program Fall Semester 1994, revised 2014, 2023, & 2025

- a. Uses clear, professional verbal, non-verbal, and written communication.
- b. Proactively communicates needs and concerns
- c. Communicates effectively with populations with different life experiences, backgrounds, cultures, and needs
- d. Demonstrates active listening and empathy in patient interactions.
- e. Accepts and gives constructive feedback professionally.
- D. Works cooperatively with faculty:
 - a. Demonstrates active listening when receiving feedback
 - b. Demonstrates constructive application of feedback
 - c. Advocates for self in a respectful manner
 - d. Participates in the processes involving faculty in the clinic (ex. Check in)
 - e. Has documentation completed at check in and by the end of clinic
 - f. Reviews documentation regularly, reflects, and sets personal benchmarks for self-development and meeting outcomes
- E. Demonstrates integrity in communication and behavior with classmates, patients, and faculty
- F. Fulfills role as clinic assistant is effective, cooperative, and efficient
- G. Use sound judgment to proactively anticipate and solve problems
- H. Practices ethically
- I. Has professional appearance:
 - a. Follows program standards for appearance with respect to learning environments and activities
 - b. Models exemplary oral and personal hygiene
- J. Consistently follows policies and procedures without prompting
- K. Maintains a professional environment on and off campus
- L. Maintains accurate documentation of achievements
- M. Maintains civility standards
- N. Upholds the program's dedication to a humanistic environment and commitment to non-discrimination and equal opportunity
- O. Helps to advance inclusion and belonging within the program, profession, and learning environment

CIVILITY

Students are expected to conduct themselves in a courteous and civil manner in interactions with faculty, staff, fellow students, patients, and community members on and off campus while enrolled in the program. This requires each person to be courteous, tolerant, and respectful in all interactions with one another, including face-to-face interactions, e-mail, and telephone conversations. The use of language, tone, or gestures that are inappropriate or offensive is also unprofessional. These behaviors are not acceptable, and faculty and staff will address these problems as they arise either in class or on an individual basis. Disorderly conduct that interferes with learning, teaching, research, administration, or other University or University- authorized activity will not be tolerated.

I, _____, have read Chapter II: Ethics and Professional Considerations of the Program Handbook which includes the Components of Professional Behavior (listed above) and ADHA Code of Ethics. I understand I will be expected to meet all of these while enrolled in the Dental Hygiene Program. I am able to meet all the Components of Professional Behavior and ADHA Code of Ethics. I understand that failure to meet one or more of any of these may hinder progress or result in dismissal from the Dental Hygiene Program.

Signature _____

Date _____

DE.020 Fitness for the Practice of the Profession Policy

Policy:

As the result of unethical, unprofessional, inconsistent, or illegal behavior(s) a student may be determined to be unfit for the profession of dental hygiene. This determination may be the result of the deliberation of the program APG committee, Health Sciences Council, or the judgment of the Program Director in consultation with appropriate Associate Deans, Program Directors, Division Directors, Staff and/or Faculty. If a determination of lack of fitness is made, the Program Director will inform the student that the student's preclinical, didactic, or patient care experiences may be modified or suspended, repetition of a term or year may occur, or the student may be dismissed from the academic program.

Lack of Fitness: Definition, Characteristics and Personal Functioning

Definition: Lack of fitness is defined as failing to meet professional standards, which is reflected in one or more of the following:

1. An inability, unwillingness, or otherwise failing to acquire and integrate professional standards into one's repertoire of professional behavior.
2. An inability or otherwise failing to acquire professional skills in order to reach an acceptable level of competency.
3. An inability or otherwise failing to prevent personal and other non-professional factors (such as personal stress, substance abuse, or interpersonal skills) from interfering with professional functioning.

Characteristics: Lack of Fitness is demonstrated by one or more of the following characteristics

1. The student does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit that can be rectified by academic, preclinical, or clinical training.
3. The quality of clinical services and/or academic performance by the student is negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by faculty and/or clinical supervisors is required.
6. The student's behavior does not change as a function of feedback, remediation efforts, and/or time.
7. Failure to follow faculty or administrative directives is evident.

Personal Functioning: The nature of the role of the dental hygienist involves working closely with other professionals and with patients and requires attention to one's presentation and personal issues. Students are expected to:

1. Recognize and deal appropriately with all personal issues and ensure that they do not adversely affect professional functioning, including the management of personal stress.
2. Demonstrate appropriate interaction with peers, colleagues, faculty, staff, patients, and any other individuals with whom the student comes into contact as part of the student's studies or professional responsibilities.
3. Dress and behave in a professional manner.

4. Develop the knowledge and skills to meet professional standards and show appropriate involvement in professional development activities.
5. Consistently demonstrate appropriate preparation, openness to feedback, application of learning to practice, appropriate self-critical and self-reliant behavior, and a willingness to recognize and correct non-professional issues that may be adversely affecting professional performance or standards.

Failure to perform and meet the standards outlined above may influence decisions concerning progress in professional programs at the School of Dentistry, including possible dismissal from the program.

Guidelines for Appeals

Request for an Appeal

The student may appeal the decision of the Program. To appeal, the student must submit a written letter to the Program Director within three (3) academic days of the decision. The letter of appeal must contain supportive documentation stating the reason(s) for the appeal and must be based on one or more of the following.

- a) Substantial evidence not previously considered
- b) Evidence of bias
- c) Significant finding of inequity in the actions/sanctions related to findings

Within one (1) academic day following receipt of the written appeal, the Program Director will send the appeal to the Health Science Council for review.

The Health Science Council shall review the merits of the appeal based on evidence provided to the Program Director by the student in light of the grounds for which an appeal may be granted. The review may include information provided by the program, student, faculty, or other relevant party acquired from individuals knowledgeable about the situation leading to the action taken. Based on that review, the Health Science Council will determine by a majority vote whether to grant the request and shall notify the student and Program Director in writing of the decision.

The Health Science Council shall review the program decision and has the authority to take any action it deems necessary, including the authority to:

- Request and Appeal Hearing,
- Uphold the program decision, or
- Modify/overturn the decision.

The Council's decision will be provided, in writing, within one (1) academic day after it is reached. See Health Science Council bylaws and documents for additional information and expectations.

BSDH Entry-level Program Essential Abilities Policy

The purpose of this policy is to define the specified essential abilities (technical standards) critical to the success of students in any dental hygiene program and outline the fitness for the practice of the profession.

Policy:

Students must demonstrate the defined essential abilities to succeed in their program of study. Qualified applicants are expected to minimally meet all admission criteria, and matriculating students are expected to meet all progression criteria, as well as the following defined essential abilities (technical standards) with or without reasonable accommodations. All graduation competencies must be met prior to degree completion.

Communication- speech, reading, writing

A student must be able to communicate effectively and efficiently with patients, faculty, staff, and students in both oral and written forms to meet professional standards. Students in the dental hygiene program must be competent in English to obtain information from a variety of learning resources, convey concepts and knowledge on written examinations administered during a specific period, elicit patient histories, problems and symptoms, record in and retrieve information from patient charts and coordinate patient care with all members of the health care team in the English language.

Be able to:

- Establish a rapport with patients, families, and classmates
- Have proficient use of the English language in speech, reading and writing
- Communicate abilities for effective interaction in verbal, non-verbal, and written form
- Obtain and disseminate information relevant to patient care and work duties
- Respect cultural diversity

Sensory/Observational Skills

Students must be able to master a defined level of information as presented through demonstrations and experiences in the biomedical and dental sciences. Students must efficiently acquire information from written documents and visualize information presented in images on paper, film, slides, or video. Students must interpret radiographic and other graphic images, with or without the use of assistive devices. Students must have functional use of visual, auditory, and tactile sensation. In practice, a dental hygienist must be able to observe a patient accurately, both at a distance or close and must notice and appreciate nonverbal communication when performing dental hygiene care.

Thus, students in the dental hygiene program must be able to perform visual and tactile dental examinations and treatment, including the use of visual acuity, accommodation, and color vision to discern the differences and variations in color, shape, and general appearance between normal and abnormal soft and hard tissues. Use of tactile senses may be either direct palpation or indirect through instrumentation. Students must also possess the visual acuity to read charts, records, small print, and handwritten notations, and distinguish color intraorally and extra orally. The type and degree of color blindness will determine the student's limitations. Of color blindness, daltonism is surmountable, while achromatic vision is not.

Visual and Perceptual Skills

Be able to:

- Use binocular vision with discrimination/perception to read anesthesia vials and medication labels
- Have visual acuity corrected to 20/40 or better with the ability to accommodate at a distance of 10-20 feet
- Document color vision deficiencies- limited to a single color
- Have visual skills necessary to detect signs and symptoms, body language, and infections
- Reading computer screens, documents with small printing, and handwritten notations

Hearing and Auditory Abilities

Be able to:

- Have auditory abilities necessary to monitor and assess patient health needs
- Monitor vital signs and auscultation with the use of a stethoscope
- Recognize sounds of alarms and emergency signals
- Correctly interpret Dentist orders, patient needs or complaints, faculty instructions

Motor Skills- physical ability, coordination, dexterity

Students must have or be able to acquire sufficient motor function so that they are able to execute movements required to provide general care and treatment to patients during the dental hygiene program and at completion of the curriculum. The student must possess motor skills necessary to perform palpation, bimanual manipulation, and fine tactile perception, and basic laboratory procedures. Such activities require coordination of both gross and fine muscular movements, equilibrium, and functional uses of the senses of touch and vision. Students must be able to perform basic life support procedures, including CPR, and position and reposition themselves around the patient and dental chair, either standing or sitting. Students must be able to operate foot controls utilizing fine movements, operate low speed hand pieces, which require controlled intra- and extraoral movements of less than one millimeter, and utilize hand instrumentation.

Be able to:

- Have tactile feeling, such as sensitivity to heat, cold, pain, pressure, etc. to adequately assess clinical conditions.
- Have extremely fine motor control with corresponding hand-eye coordination- hand functions should include rotation, squeezing, and repetitive movements
- Full manual dexterity which includes the function of both arms, both wrists, both hands and fingers
- Have motor function to elicit information such as palpitation, extension, twisting, bending, stooping, pushing, pulling, and lifting
- Physically move to a position to enable them to provide dental care and cardiopulmonary procedures
- Possess the strength to assist a patient in transferring themselves to and from a dental chair

Emotional Stability and Personal Temperament

Students must possess the emotional health and stability required for full utilization of his or her intellectual abilities, for the exercise of good judgment, in the prompt completion of all responsibility's attendant to the care of patients, and in the development of mature, sensitive and effective relationships

with patients, staff and other health care practitioners. Students must be able to tolerate physically and emotionally challenging workloads and to function effectively under stress, while in the dental hygiene program and at completion of the degree. They must be able to adapt to changing environments, to display flexibility, to function in a climate of uncertainty in health care and to treat patients with compassion and integrity.

Be able to:

- Have mental and emotional stability to provide a safe dental environment
- Provide all compliant and non-compliant patients with emotional support and maintain a consistent professional attitude and appearance
- Successfully manage the stress of the program didactic and clinical demands while performing multiple tasks concurrently
- Focus in an environment with multiple interruptions, noises, distractions, and unexpected patient needs

Intellectual and Critical Thinking Skills

Students must be able to measure, calculate reason, analyze, interpret, integrate, and synthesize. Problem solving, a critical skill demanded of dental hygienists, requires all these intellectual abilities. Students should provide dental hygiene care in a timely and orderly fashion, so they must be able to demonstrate cognitive skills in specified time and settings. Successful dental practice depends on timely and efficient rendering of patient care services.

Be able to:

- Use critical thinking skills necessary for sufficient clinical judgment
- Can measure, assess, calculate, reason, analyze, and integrate information
- Identify cause/effect relationships
- Develop dental care treatment plans
- Problem solves, prioritizes, evaluates outcomes, and synthesizes data for documentation
- Comprehend focus and process information
- Use long- and short-term memory skills

Policy Procedure

1. The essential abilities criteria are incorporated into informational sources provided to those demonstrating an interest in dental hygiene.
2. Applicants accepting admission in the Entry-level BSDH program will be required to sign a letter of agreement that specifies the essential abilities criteria. This agreement states they have read and understand that they will be expected to meet the essential abilities.
 - a. Students questioning their ability to meet these essential abilities criteria are encouraged to address their inquiries to the Director of the Division of Dental Education who will work with campus officials on identifying reasonable accommodations.
3. Faculty have the responsibility to determine whether a student has demonstrated these essential abilities. Faculty have the right to consult on essential abilities, and with those who are experts in a performance area that is of concern.
4. Students failing to meet these essential abilities, as determined by faculty, at any point in their academic program may have their progress interrupted until they have demonstrated their ability to meet these essential abilities within negotiated periods. The course instructor and/or the appropriate administrative committee will determine prescribed standards of performance.

5. Students will be dismissed from their program of study if determined they are unable to meet these essential abilities even if reasonable accommodations are made.
6. Students failing to demonstrate these essential abilities criteria, as determined by the faculty, may appeal this adverse determination in accordance with policy and procedures.



DIVISION OF

DENTAL EDUCATION

Vera Z. Dwyer School of Health Sciences

LEAVE OF ABSENCE REQUEST FORM

Division of Dental Education

Complete and Return to the Program Director

THIS FORM IS REQUIRED FOR ABSENCES OF MORE THAN 3 CONSECUTIVE DAYS.

Student Last Name	Student First Name	Student Middle Name
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Student Phone Number	Student Email Address
----------------------	-----------------------

Date of Leave	Expected Date of Return
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Check One That Applies:

- ☐ Medical Leave of Absence
- ☐ Personal / Family Leave of Absence
- ☐ Military Leave of Absence
- ☐ Other – Describe:

Please explain the reason for the request for a leave of absence:

I understand that I am responsible for providing documentation (military orders, etc.) documenting the reason for my leave of absence. I understand that the length of my leave may change depending on my circumstances. In the event of changes to my request, I will notify the Program Director documenting the reason and revised dates. I understand it is my responsibility to communicate with the Program and failure to uphold agreed timelines may result in out-of-progression or dismissal status. I understand that there is no guarantee that I will be placed back into the curriculum with my current cohort due to when the leave occurs and its duration. It will be my responsibility to work with course directors as to when, if at all, they will allow me to make up any missed examinations and/or assignments. I understand upon my return additional documentation may be required depending on the reason for the leave and that the Program Success Plan will outline expectations. I also understand that I must be able to perform all essential abilities and fulfill all policies and procedures as outlined in the program documents.

Student Signature	Date
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Date Received from Student:

Approved? Yes No If no, provide rationale:



VERA Z. DWYER

SCHOOL OF HEALTH SCIENCES
Indiana University South Bend

Health Sciences Council Bylaws

Please note the School of Health Sciences is continuing to undergo a reorganization that began during the 2024/2025 academic year. During this time, the policies and procedures outlined below may be updated to align with the new organization. Titles of positions and non-substantive changes may occur. Every attempt will be made to communicate expectations to students, faculty, and staff. If you have questions or concerns please contact your Program Director or Associate Dean.

1. Membership

- A. The Program Directors from the associated undergraduate academic programs listed here:
 - Division of Medical Laboratory Science
 - Division of Dental Education
 - Division of Health Sciences,
 - Division of Radiography and Medical Imaging
- B. In the event a Program Director is unavailable, another faculty member from the program will be identified for substitution and will hold the same role and responsibilities as the original Program Director.
- C. The membership of the HS Council will consult subject matter experts and appropriate levels of administration as appropriate. Subject matter experts serve as a consultant and not a decision making role.
- D. Undergraduate Program Director Members may be added to the Council upon agreement of upholding the bylaws, procedures, and policies of the Council. Membership requests must be provided in writing with explicit statements outlining agreement with bylaws and necessity for joining.
- E. Members may leave the Council upon written notification that outlines the rationale and will begin at the start of the next academic year.

2. Functions

- A. To develop and implement the relevant policies and procedures regarding the academic programs of membership of the Council
- B. To assess existing policies and procedures regarding the academic programs of the membership of the Council and make recommendations for revision to support student and programmatic success.
- C. To make recommendations and decisions to the Program Director of the presented case in accordance with the appropriate policies and procedures for the student. All decisions will involve the Associate Dean of the School of Health Sciences.
 1. Admissions:
 - a. The Council will review documentation compiled to verify compliance with program procedures.
 - b. The Program Director will consult the Council when changing admission criteria.

2. Progression:
 - a. The Council will make decisions for *reinstatement* based on program criteria after review of documentation to ensure eligibility prior to proceeding forward to program-specific processes for reinstatement.
 - b. The Council will make decisions for program-level *appeals* after review of documentation according to program-specific appeal processes.
 - c. The Council will make *recommendations* to the Program Director regarding student concerns, critical behaviors, and program-specific conduct as needed prior to program decision.
 3. Graduation: The Council can consult on matters related to graduation.
- 3. Communication and documentation**
- A. Communication regarding decisions from the Council will be presented in writing by an appointed representative of the council. This communication will include relevant parties as appropriate, such as the Program Director, Health Sciences Student Success Center, the Associate Dean of the School of Health Sciences, and the student.
 1. The Program Director will share recommendations and decisions with appropriate program faculty member(s).
 - B. Recommendations will be communicated in writing by an appointed representative of the voting group or verbal during the consultation.
 - A. Recommendations will be documented and archived with rational in the appropriate location for future reference.
 - C. The Health Sciences Council reserves the right to decline reviewing a case if adequate evidence is not provided by the Program Director and/or student or procedures are not followed.
 - A. An appointed representative of the voting group will communicate this decision with the appropriate parties.
 - D. All documentation will be maintained and securely stored in an agreed location. Student documents and files will be provided to the School Recorder to store in the student permanent file.
- 4. Voting**
- A. All members of the Health Sciences Council shall have voting rights
 - A. The Program Director of the case in review will be recused from the decision making/recommendation process.
 - B. Consultants shall serve in a non-voting capacity.
 - C. Voting is determined by a simple majority. In the event of a tie, the Associate Dean will be consulted for a tie breaker.

Student appeals to the decisions made by the Health Sciences Council are directed to the Associate Dean of the Vera Z. Dwyer School of Health Sciences who makes the final decision.

Student Appeals for Programs Participating in the Health Sciences Council

About This Process:

Effective Date:

07/01/2021

Date of Last Review/Update:

8/1/2025

Responsible College Administrator/Committee:

Health Sciences Council

Scope:

This process is for the students and administration within academic programs in the Health Sciences Council

Process Statement:

The purpose of this document is to outline the process for student appeals of programmatic decisions that are outside of the university appeals process (grade appeals and Student Conduct procedures).

Policy:

Students have the right to appeal academic progression decisions made by their respective program.

Process:

Students who wish to appeal a program level decision must submit the appeal request in writing to the Program Director and Health Sciences Student Success Center within 5 business days of notification of the decision for which they are appealing. The appeal request should include any relevant documentation related to the program level decisions. The Program Director will send the appeal to the Health Sciences Council (HSC) to make a decision on the appeal. The student may appeal the decision of the Council to the Associate Dean who makes the final decision.

The only valid reasons for a request for appeal are:

1. Human error- Only considered if accompanied by detailed explanations of how the errors occurred and who are affected by the errors
2. Procedural error- Only considered if accompanied by detailed explanation of the existing procedure and how the error occurred and who are affected by the errors.

Students are encouraged to work with the Health Sciences Student Success Center for all appeals. The School Recorder will be responsible for archiving all documentation in the student file related to the appeal and the decision.

For all reinstatement, visit the program policy.

For all appeals regarding final course grades, visit the Indiana University South Bend policy:

<https://southbend.iu.edu/students/registrar/grades/grievances.html>

[For all appeals regarding student conduct and the University Student Code of Conduct, visit the Office of Student Conduct for appeal procedures.](#)

History:



Introduction

As an informed client of the Indiana University South Bend (IUSB) Dental Hygiene Clinic, it is important to know what you can expect from student clinicians, faculty, and staff. Understanding your role and responsibilities in support of their efforts ensures you will receive quality and safe oral health care.

The students, faculty, and staff at the IUSB Dental Hygiene Clinic strive to provide high quality evidence-based person-centered care in a friendly atmosphere. The IUSB Dental Hygiene Clinic accepts all patients with dental needs that are appropriate for teaching novice dental hygienists regardless of race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, or sexual orientation. Person-centered care is seeing our patients as equal partners in planning, developing, and monitoring oral health care to meet their needs, while considering people's desires, values, family situations, social circumstances, and lifestyles; seeing the person as an individual; and working together to develop workable solutions.

PATIENT'S BILL OF RIGHTS

As a patient of the IUSB Dental Hygiene Clinic, you have a right to:

- Considerate, respectful, and confidential treatment in a clean and safe environment.
- Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
- Privacy concerning your dental treatment. Discussions concerning your care will remain confidential between you, the treating student hygienist, the supervising faculties, and/or appropriate staff.
- Continuity and completion of dental hygiene care that meets the professional standard of care.
- Advance knowledge of the cost of dental hygiene services.
- Access to complete and current information concerning the diagnosis and treatment of your oral condition, including prognosis in terms that you understand.
- Know the detailed treatment plan(s), risks, benefits, and alternatives for your dental condition, sufficient to give us your signed informed consent before any treatment is started. Life-threatening emergency care could be an exception.
- Refuse treatment, understand the risks of no treatment, and to be informed of expected outcomes of various treatments suggested to you.
- Entitled to adequate time to ask questions and receive answers regarding your dental condition and treatment plan for your care.
- Request a transfer to another student if you are dissatisfied with your student dental hygienists. However, requests to be transferred to another student based on race, religion, gender, age, social background, disability, sexual orientation, or ethnic or national origin will not be honored. Requests for transfer are to be made with the Clinic Manager in conjunction with the supervising faculty/program director.
- Access your dental records upon request and have the information explained or interpreted, as necessary. Your records will not be released without your written consent, except when required by law or a third-party payer contract.
- The rights and responsibilities listed do not establish legal entitlements or new standards of care but are intended to guide you through the development of a successful and collaborative oral health professional and patient relationship.



PATIENT'S RESPONSIBILITIES

As a patient of the IUSB Dental Hygiene Clinic, you have a responsibility to/for:

- Keep and confirm scheduled appointments or communicate with advance notice of at least 24 hours for the need to cancel appointments.
- Arrive on time and be available for the entire scheduled treatment window.
- Provide accurate and complete information about your present health, dental complaints, past illnesses, hospitalizations, medications, and other health matters.
- Report any changes in your health since your last visit to your treatment provider and provide feedback about your needs and expectations.
- Tell your treatment provider if you do not understand the treatment plans developed for you or if you do not understand the course of your treatment or what is expected of you.
- Participate in your health care decisions and ask questions if you are uncertain about your dental hygiene treatment or plan.
- Ask about your treatment options and acknowledge the benefits and limitations of any treatment that you choose.
- Follow the recommended instructions including home care preventive techniques, referrals, and follow-up treatment given to you by your student, staff, or faculty member.
- Assure that your financial obligations for health care received are fulfilled prior to treatment.
- Be respectful of clinic personnel and other patients as well as clinic property. Disruptive and disrespectful behavior will not be tolerated in our facilities. This includes, but is not limited to:
 - o Inappropriate or abusive language
 - o Obstructive behavior that compromises the safety of others
 - o Violence or any form of aggression
 - o Sexual, racial, or religious harassment
 - o Unwanted or without consent physical contact
 - o Audio or video recording of any faculty, student, staff member, patient, or other individual in the clinical area.
- Consequences resulting from declining treatment or from not following the agreed upon treatment plan. You have the right to refuse our suggested treatment plan(s) and the dental hygiene program has a right to not accept you as a patient. You are then responsible for any damage to your teeth, oral health complications, or circumstances that result. The dental hygiene program will only provide those services that the faculty recommend and approve with the limitation of standard recall to complete treatment.



DIVISION OF
DENTAL EDUCATION
Vera Z. Dwyer School of Health Sciences

INDIANA UNIVERSITY SOUTH BEND
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