



# PROGRAM HANDBOOK

2020-2021



The mission of the Division of Dental Education is to be a leader in providing high quality education and clinical experiences to undergraduate students for future roles as oral health professionals. The program is 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.

We appreciate your patience as we update our policies and move to electronic/web format. During this transition time, all printed materials (handbooks and policy/procedure manuals) remain in effect except in the case where a more updated version is posted on the website.

## Welcome From the Dean of Vera Z. Dwyer College of Health Sciences:

Let me be one of the first to officially welcome you to our college and to your journey in becoming a health professional.

The Vera Z. Dwyer has a long history and tradition in educating health professionals in the Michiana region. Our graduates serve not only our region, but the rest of the state of Indiana and beyond. The employers are complimentary about our graduates' work performance. Many employers report our graduates are what make them the employers they are. The alumni of Indiana University South Bend are committed to excellence. You have now become a part of this tradition. Congratulations!

As a college, we look forward to facilitating your journey of learning, professional development and completion of the program for which you were admitted. You have embarked on a career that will provide you opportunities to grow not only as a student but as an individual and a competent and compassionate health professional.

Upon graduation and passing an examination, you will earn credentials as a health professional. We trust you will value those credentials and serve clients professionally and ethically.

The handbook is provided to you as a resource to answer questions you might have during the time in the program. In addition, there are other services and resources available to you on campus. We encourage you to take advantage of these.

Again, welcome!

Thomas F. Fisher, PhD, OT

Dean, Vera Z. Dwyer College of Health Sciences

Indiana University South Bend



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## Introduction

The IU South Bend campus offers the Bachelor of Science in Dental Hygiene (BSDH), entry level for those new to the field and completion for those holding a previous dental hygiene degree and license. The Bachelor of Science in Dental Hygiene degree program is accredited by the Commission on Dental Accreditation. The Dental Hygiene Program is an agency member of the American Dental Educator's Association and the American Dental Association.

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 well as alterations in states of wellness and viewing persons as part of their environments.

Our students are the driving force behind our program and who make coming to work fun for each one of our faculty. IU South Bend Dental Hygiene program becomes family for each of our students. Hygiene school is like no other program. Classmates and faculty are in it together and will work as a team to make sure each student makes it across the stage at graduation. Students will receive our faculty's undivided expert attention.

The Dental Hygiene Program is dedicated to helping those in need in the region. We conduct several community outreach events throughout the year, all designed by faculty, staff, and students within the program. In 2014 alone, our program donated \$167,000 through Access to Care Day, Dental Access Day for the Center for the Homeless, Sealant Clinic, Head Start Fluoride Varnish program, and Operation Stand Down: South Bend.

IU South Bend has an on campus dental hygiene clinic. Our dental hygiene clinic is open to the public and provides a rich clinical experience with over 700 hours of hands-on patient treatment time for each student. Students will treat members of the Michiana community. With the economic times uncertain, our clinic provides a wonderful service to the community here in South Bend. IU South Bend Dental Hygiene Program has been in existence for 50 years graduating highly trained quality dental hygienists.

We work hard to build and maintain the most highly qualified faculty and staff. Our faculty come to us from a variety of universities all with excellent private practice experience. 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 in our clinic. These 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 the experiences they bring to our program.

## Shared Values

- I. Wisdom
  - a. We interpret a broad knowledge base by viewing it from a variety of perspectives and experiences to share this understanding with others.
- II. Integrity
  - a. We conduct ourselves in a respectful, ethical, honest, and trusting manner.
- III. Learner-centered
  - a. We engage students and the community in lifelong educational opportunities tailored to their specific needs.
- IV. Excellence
  - a. We deliver superior programs, services, and educational experiences that distinguish our program from its peers.

## Bachelor's Program Outcomes

### Mission Statement

The mission of the Division of Dental Education is to be a leader in providing high quality education and clinical experiences to undergraduate students for future roles as oral health professionals. The program is 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.

### Program Goals

At the completion of the dental hygiene program students will be able to:

1. Exhibit the highest level of professionalism.
2. Deliver high quality patient care by the use of sound judgment, critical thinking skills, and evidence based decision making.
3. Emphasize the role of the dental hygienist as a patient educator involved in community health engagement activities related to health promotion and disease prevention.

### Program Objectives:

To be able to fulfill the requirements of a Bachelor Degree in Dental Hygiene and promote the overall program goals, graduates of the Division of Dental Education at Indiana University South Bend will be able to:

1. Apply didactic information through patient care.
2. Demonstrate critical thinking through writing, speaking, and listening.
3. Adhere to the ethical, legal, and professional codes of conduct expected of the dental hygiene practitioner.
4. Evaluate the different career roles of the dental hygienist.
5. Assess, plan, implement, and evaluate oral health community events that provide solutions to access to care and health education.

## Program Competencies

Competencies for the 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. These flow directly from the program goals. They are stated in terms of what a student must be able to do to be considered competent by the profession after the completion of the Dental Hygiene curriculum. "Competency" implies performance at a clinically acceptable level.

These competencies will serve to:

- 1) Define the core content of the curriculum by:
  - a) Providing a method of stating what the graduate must know at the end of each semester, as well as what the graduate must 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 be a reflection of this educational plan.

### ORGANIZATION:

The competencies are organized into five objectives or major competencies based on the program's goals:

- I. Core Competencies
- II. Health Promotion and Disease Prevention
- III. Community Involvement
- IV. Patient Care
- V. Professional Growth and Development

Within each core objective there are supporting competencies. Each supporting 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 as Introductory, Developmental, and Competent to show the level of progression.

### Major competencies:

The major competencies are defined as the ability to perform and provide a particular, but 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.

Supporting Competencies:

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

INDIANA UNIVERSITY SOUTH BEND STUDENT DENTAL HYGIENIST COMPETENCIES:

**I. Core Competencies**

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.

- C.1 Apply the ADHA code of ethics in all professional endeavors.
- C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
- C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness
- C.4 Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.
- C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
- C.6 Continuously perform self-assessment for lifelong learning and professional growth.
- C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
- C.8 Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.
- C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
- C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
- C.11 Record accurate, consistent, and complete documentation of oral health services provided.
- C.12 Initiate collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
- C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.
- C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.



**II. Health Promotion and Disease Prevention**

Key component of health care. 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.

HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.

HP.2 Respect the goals, values, beliefs and preferences of all patients.

HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive evaluation.

HP.4 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.

HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.

HP.6 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

**III. Community Involvement**

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.

CM.1 Assess the oral health needs and services of the community to determine the action plans and availability of resources to meet the health care needs

CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the health care system.

CM.3 Provide community oral health services in a variety of settings.

CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.

CM.5 Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care.

CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.

CM.7 Advocate for effective oral health care for underserved populations.

**IV. Patient Care**

Allied dental professionals have different roles regarding patient care. These are reflected in the competencies presented for each discipline. The roles of the allied dental disciplines in patient care are

ever-changing, yet central to the maintenance of health. Allied dental graduates must use their skills following a defined process of care in the provision of patient care services and treatment modalities. Allied dental personnel must be appropriately educated in an accredited program and credentialed for the patient care services they provide; these requirements vary by individual jurisdiction.

*Assessment:*

PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.

PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.

PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.

PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

*Dental Hygiene Diagnosis:*

PC.5 Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient's dental hygiene care needs.

*Planning:*

PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.

PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.

PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.

PC.9 Obtain the patient's informed consent based on a thorough case presentation.

*Implementation:*

PC.10 Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.

*Evaluation:*

PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.

PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.

PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

**V. Professional Growth and Development**

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.

PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.

PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.

PGD.3 Access professional and social networks to pursue professional goals.

## Program Organizations and Committees Relevant To Student Success at the IU South Bend Dental Hygiene Program

### 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 have the opportunity to shape their future as dental hygienists. ADHA dues are very reasonable and a very good value. 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 junior and senior hygiene students, as well as being utilized for fund-raising and community outreach.

### IU SOUTH BEND HEALTH AND WELLNESS CENTER

The IU South Bend Health and Wellness Center, located in Vera. Z. Dwyer Hall, offers free or reduced rate services to IU South Bend students, faculty and staff. Services for a nominal fee include physical exams, assessment of minor injuries and illness, routine health monitoring such as taking blood pressure, and answering health related questions. For a reasonable fee, lab services including Pap smears and cholesterol testing are offered. Hours vary by semester. Check the IU South Bend Daily Titan email or the Bulletin Board for announcements of health and wellness activities offered by the Center.

## IU-EVAL

Students are invited and encouraged to complete teacher and course evaluations (using IU Blue) for each course enrolled in. This information is confidentially compiled and reported. This feedback is used to improve course instruction. Your participation is highly valued.

## STUDENT SERVICES, COLLEGE OF HEALTH SCIENCES

Student Services located on the fourth floor at Northside Hall is dedicated to assisting our growing body of pre- Student Dental Hygienists. The advisors and staff are knowledgeable and skilled in their abilities to counsel students throughout their journey at IU South Bend. Whether it is a question regarding the admission process, course planning, scholarship and financial assistance, or graduation process, the staff and advisors are available, able and willing to assist you.

## 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, the 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.edu portal.*

## FERPA

### Family Education Rights and Privacy Act – What are the 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://students.iusb.edu/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 bachelor (B.S.) degree dental hygiene 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.

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 COMMISSION ON DENTAL ACCREDITATION

The Commission on Dental Accreditation will review 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 individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, Illinois 60611 or by calling 1-800-621-8099 extension 2719.

### 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.

It is important to note that beginning fall 2019 the dental hygiene program will undergo a curriculum revision. This revision will transition the program from a 2-year-prerequisite-2-year-professional program (2-plus-2) to a 1-year-prerequisite-3-year-general-education-infused-professional program (1-plus-3). The 2-plus-2 program will be phased out with the graduating class of 2021. Your patience is appreciated as we update policy and procedure as we transition to the new curriculum. Please do not hesitate to reach out to the Program Director with questions, or concerns.

## Faculty and Staff Information

The faculty and staff of IU South Bend Dental Hygiene program is second to none. Their mission is to see every student succeed in the program and their lives.

### Staff

- Ann Freeze
  - Department Secretary
  - 574-520-4158
  - [akfreeze@iu.edu](mailto:akfreeze@iu.edu)
- Ashley Zielinski
  - Clinic Manager
  - 574-520-4156
  - [asfeyos@iusb.edu](mailto:asfeyos@iusb.edu)

### Clinical Lecturers

- Diane Lemanski, MSED, RDH
  - Second Year Coordinator
  - 574-520-4155
  - [dmlmans@iusb.edu](mailto:dmlmans@iusb.edu)
- Kelsey Miller, BSDH, RDH
  - First Year Coordinator
  - 574-520-4155
  - [klimeric@iusb.edu](mailto:klimeric@iusb.edu)
- Sandra Peek, MPA, RDH
  - 574-520-4139
  - [sepeek@iusb.edu](mailto:sepeek@iusb.edu)

### Clinical Assistant Professors

- Mallory Edmondson, MSDH, RDH
  - Program Director
  - 574-520-4518
  - [mledmond@iusb.edu](mailto:mledmond@iusb.edu)

### Clinical Associate Professors

- Dr. David Douglas, DDS
  - Faculty Dentist
  - 574-520-4150
  - [davdougl@iusb.edu](mailto:davdougl@iusb.edu)

## Adjunct Faculty

Our program could not function without the expertise of our adjunct (part-time) faculty. Many adjunct have been with us for over 10 years!

## BSDH (Entry-Level) Application and Admission Information

Each fall the IUSB Division of Dental Education welcomes 20 new student dental hygienists to the program. 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 late spring/early summer of preliminary acceptance into the program. Final full acceptance will be granted once students have successfully submitted all required documentation including, but not limited to: background check, immunizations, and CPR certification.

### 2-Plus-2 BSDH Entry Level Selection Criteria

Students will be selected for preliminary acceptance to the dental hygiene program (2 plus 2 program) based on the following selection criteria:

- Science GPA 35%
  - Anatomy, Physiology, Microbiology, Chemistry (C101/121 or higher), and Nutrition
- Application GPA 40%
  - ENG-W131, SOC-S161, PSY-P103, SPCH-S121, and science courses listed above
- Completion of General Education Requirements by the end of spring semester 10%
- Course Repeat 5%
- Essay 10%
  - Titled: Earning a BS in Dental Hygiene provides a diverse career path for hygienists. Beyond clinical practice, how do you plan to use your education after graduation?
  - Grading criteria: Grammar, punctuation, spelling, content, and organization

### 1-Plus-3 BSDH Entry Level Selection Criteria

Students will be selected for preliminary acceptance to the dental hygiene program (1 plus 3 program) based on the following selection criteria (GPA calculated as average of all attempts at each course listed):

- Science GPA 35%
  - Anatomy, Physiology, Chemistry (C101/121 or higher)
- Application GPA 40%
  - ENG-W131, SOC-S161, PSY-P103, SPCH-S121, and science courses listed above
- Completion of General Education Requirements by the end of spring semester 10%
- Course Repeat Score 5%
- Essay 10%
  - Titled: Earning a BS in Dental Hygiene provides a diverse career path for hygienists. Beyond clinical practice, how do you plan to use your education after graduation?
  - Grading criteria: Grammar, punctuation, spelling, content, and organization

In the event an admitted student needs to withdraw 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 and competitive nature of the applicant pool. The Program Director will work with the APG Chair and Assistance Dean for Student Success to determine the course of action on a case-by-case basis.

## BSDH Program Journey

### Orientation:

The BSDH (entry-level) program begins with a mandatory multi-day orientation for all newly enrolled students the Wednesday-Friday the week prior to the start of the fall 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 assigned student mentor (referred to as Big).

Additional mandatory orientation will occur at the start of fall semester for all enrolled IUSB student dental hygienists. This orientation will take place in conjunction with the newly enrolled 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. Enrolled students will meet their assigned mentee (referred to as Little), and will begin the process of mentorship at orientation.

### 1-Plus-3 Sophomore Year:

Beginning fall 2020 the Division of Dental Education will transition to a 3-year dental hygiene curriculum. In fall students will enroll in microbiology lecture, and are highly recommended to complete microbiology lab to aide in student success. Students will begin their dental hygiene education focusing on disease etiology and progression in General Pathology, and continue in spring semester applying the concepts learned in fall to the oral cavity in Periodontics. Students will begin to develop their clinical awareness as they learn about medical and dental emergencies.

Students are expected to complete all clinical medical documentation, including CPR certification and drug dscreening, no sooner than May 1 at the end of sophomore year.

### Junior Year:

Students begin the clinical portion of the program in their junior year. Clinical experiences first focus on health assessments with individuals in "well settings." Clinical hours start with simulation and lab practice on campus. Assessment skills are taught and practiced in the lab on mannequins and student partners. Limited patient care responsibility begins under supervision and students begin to adapt newly learned assessment skills and medical history taking skills to clients in the dental hygiene clinic during their second semester in the program. This year looks at the oral health of individuals and has a strong emphasis on healthy patients and patients in a maintained disease state.

Students will be in clinic an average of 8-12 hours per week treating patients.

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.

### Senior Year:

Students are considered senior dental hygienists at the start for Summer Session I following the successful completion of spring junior year. This 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 spring 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. This semester students are attempting to find clinical board patients (part of the Commission on Dental Competency Assessment - CDCA). Students may begin to take the CDCA Computer Simulated Clinical Examination (CSCE) CDCA Local Anesthesia Board, National Board of Dental Hygiene Examination (NBDHE) during this semester. 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.

This semester can 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.

### SCHEDULES & DENTAL HYGIENE CLINICAL COURSES

Clinical dental hygiene experiences are designed to provide students with the best possible learning experiences. In order to achieve this it is often necessary to make changes from the published schedule as the clinical rotation 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 in mind:

- Clinical courses are arranged between the times of 8:00 a.m. and 5:00 p.m. on any day of the week. Students must be available for assignments between these hours.
- 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 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 this equity.
- Strict faculty to student ratios must be maintained in all clinical and lab sessions as outlined by the Commission on Dental Accreditation.

## Semester Course Listing

<i>Junior Year-Fall</i>	<i>Junior Year-Spring</i>
DHYG-H214 Oral Anatomy, Histology, and Embryology DHYG-H218 Fundamentals of Dental Hygiene DHYG-H240 Introduction to Dental Ethics DHYG-H303 Radiology-Second Year DHYG-H217 Preventive Dentistry	DHYG-H205 Medical and Dental Emergencies DHYG-H211 Head and Neck Anatomy DHYG-H206 General Pathology I DHYG-H219 Clinical Practice 1 DHYG-H221 Clinical Dental Hygiene Procedures DHYG-H321 Periodontics DHYG-H305 Radiology Clinic
<i>Senior Year- Summer I</i>	
DHYG-H300 Clinical Practice A-S DHYG-H308 Dental Materials	
<i>Senior Year- Fall</i>	<i>Senior Year- Spring</i>
DHYG-H215 Pharmacology/Therapeutics-First Year DHYG-H250 Local Anesthesia and Pain Control DHYG-H301 Clinical Practice 2 DHYG-H222 Advanced Clinical Dental Hygiene Procedures DHYG-H304 Oral Pathology- Second Year DHYG-H306 Radiology Clinic II DHYG-H312 Radiology Lecture II DHYG-H477 Community Assessment and Program Planning	DHYG-H302 Clinical Practice 3 DHYG-H400 Evidence Based Decision making DHYG-H478 Evaluation of Health Promotion Programs DHYG-H320 Practice Management, Ethics, and Jurisprudence DHYG-H497 Topics in Dental Hygiene DHYG-H444 Bachelor Degree Capstone Course DHYG-H307 Radiology Clinic III

## 1-Plus-3 Semester Course Listing

<i>Sophomore Year Fall 14 Cr.</i>	<i>Sophomore Year Spring 13 Cr.</i>
<b>DHYG-H206 General Pathology</b> MICR-M250 Microbial Cell Biology B190 or B390/399 Human Behavior and Social Institution Common Core HPER-N220 Nutrition for Health T190 or T390 Literary and Intellectual Traditions Common Core *Recommended MICRO-M255 Lab	N190 or N390 Natural World Common Core DHYG-H205 Medical and Dental Emergencies DHYG-H214 Oral Anatomy, Histology, and Embryology HSC-W314 Ethics and Health Professionals DHYG-H321 Periodontics
<i>Junior Year-Fall 16 Cr.</i>	<i>Junior Year-Spring 15 Cr.</i>
DHYG-H211 Head and Neck Anatomy DHYG-H218 Fundamentals of Dental Hygiene DHYG-H303 Radiology-Second Year DHYG-H217 Preventive Dentistry HSC-H434 Diversity and Cultural Competence	DHYG-H219 Clinical Practice 1 DHYG-H221 Clinical Dental Hygiene Procedures DHYG-H215 Pharmacology/Therapeutics-First Year DHYG-H308 Dental Materials DHYG-H304 Oral Pathology- Second Year Quantitative Reasoning (HSC-H322 or SOC-S351)
<i>Senior Year- Summer I 6 Cr.</i>	
DHYG-H301 Clinical Practice 2 DHYG-H403 Advanced Community Dental Hygiene	
<i>Senior Year- Fall 16 Cr.</i>	<i>Senior Year- Spring 12 Cr.</i>
DHYG-H250 Local Anesthesia and Pain Control DHYG-H302 Clinical Practice 3 DHYG-H333 Management of Special Needs Patients DHYG-H312 Radiology Lecture II	DHYG-H478 Evaluation of Health Promotion Programs DHYG-H497 Topics in Dental Hygiene DHYG-H444 Bachelor Degree Capstone Course DHYG-H420 Advanced Clinical Procedures

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DHYG-H477 Community Assessment and Program Planning DHYG-H400 Evidence Based Decision making	Select from approved Critical Thinking courses
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Example 2-Plus-2 Semester Weekly Schedule

(Subject to change based on course offering and department need)

First Year-Fall

IU South Bend  
Division of Dental Education  
First Year Dental Hygiene

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 - 9	<b>H218 Fundamentals</b> Lecture 8:00-9:45 Peek EA1231 14706	<b>H218 Fundamentals</b> 8:00 - 12:00 Section A Lab 14707	<b>H240 Intro to Dent Ethics</b> Lecture 8:00-9:45 Peek EA1231 15774	<b>H218 Fundamentals</b> 8:00 - 12:00 Section A Lab 14707	
9 - 10					
10 - 11	<b>H217 Preventive Dentistry</b> 10:00-11:15 Miller EA 1231	Peek Adjunct (Cox) Adjunct (Deniston) Lemanski  EA 1231/1205	<b>H217 Preventive Dentistry</b> 10:00-11:15 Miller EA 1231	Peek Adjunct (Cox) Adjunct (Deniston) Miller  EA 1231/1205	
11 - 12					
12 - 1					
1 - 2	<b>214 Oral Anatomy/Histolog</b> Lecture 1:00-2:15 Lemanski EA1233	<b>Radiology Lab</b> 1:00-3:00 Miller ADJUNCT (Knape)  15912 Room 1233	<b>214 Oral Anatomy/Histolog</b> Lecture 1:00-2:15 Lemanski EA1233	<b>Radiology Lab</b> 1:00-3:00 Miller ADJUNCT (Knape) Radiology Lab  15913 Room 1233	
2 - 3					
3 - 4	<b>H303 Radiology</b> Lecture 14712 Room 1233 2:30-4:15 Miller  EA 1233				
4 - 5					

First Year-Spring

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 - 9		H219 Clinic I 8:00 - 12:00 Group 1		H219 Clinic I 8:00 - 12:00 Group 2	
	H205 M & D Emergencie 8:30-9:20 EA1231 Miller		H205 M & D Emergencie 8:30-9:20 EA1231 Miller		
9 - 10		Douglas Peek Miller Adjunct (Knape)		Green Peek Adjunct (Deniston) Miller	Clinic Discussion 9:00-9:50 Lemanski, Peek, Miller
10 - 11	H221 Clinical Dental Hygiene 10-11:45 17033 EA1231 Peek		H321 Periodontics Lecture 10-11:45 16926 EA1231 Miller		H206 General Pathology 10:00-11:45 Douglas
11 - 12		16037 EA1205		16038 EA1205	
12 - 1					
1 - 2	H211 Head & Neck Anat. Lecture 1:00-2:15 Lemanski 16035 EA1231	H219 Clinic I 1:00 - 5:00 Group 2 Douglas Peek ADJUNCT (Knape) Lemanski 16038 EA1205	H211 Head & Neck Anat. Lecture 1:00-2:15 Lemanski 16035 EA1231	H219 clinic 1:00 - 5:00 Group 1 Green Peek Deniston Lemanski	Students register for: H305 Radiology Clinic One section ONLY 16041, 16042
2 - 3					
3 - 4					
4 - 5					

Second Year- Summer

H300 Clinical Practice II  
H308 Dental Materials  
Summer 2018

Clinic begins May 14th  
and ends June 25th

Weeks 1-3/flip days 4-6-see rotation and clinic schedule for details					
Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 - 9	H300 Summer 8-Noon Group A Douglas	H300 Summer 8-Noon Group B Douglas	H300 Summer 8-Noon Group A Douglas	H300 Summer 8-Noon Group B Green (Adjunct DDS)	H308 Dental Materials Douglas 8:00-9:45 all students/all summer 1 EA1233 sect 2882
9 - 10					
10 - 11					H300 Summer 10:00-2:00pm all students Douglas
11 - 12					
	Section 2677	Section 2677	Section 2679	Section 2678	
12 - 1					
1 - 2	H300 Summer 1-5:00 pm GROUP A Douglas	H300 Summer 1-5:00 pm Group A Douglas	H300 Summer 1-5:00 pm Group B Douglas	H300 Summer 1-5:00 pm Group B Green (Adjunct DDS)	Section 2678
2 - 3					
3 - 4					
4 - 5					
	Section 2677	Section 2678	Section 2678	Section 2678	

Second Year-Fall

IU South Bend  
Programs in Dental Education  
2nd Year

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 - 9	<b>H301 Clinic II</b> 8:00-12:00 Group B  14711 Douglas Iemanski Deniston Stevens  EA 1205	<b>H304 Oral Path</b> Lecture 8:00-9:45 Douglas EA1233 14713	<b>H301 Clinic II</b> 8:00 - 12:00 Group A 14710 Douglas Iemanski Rosado Knappe  EA 1205	<b>H301 Discussion</b> 9:00-9:50 Iemanski 1233	Students must register for DHYG H306 Radiology Clinic II section 15352
9 - 10		<b>H250 Local Anesthesia</b> Lecture Douglas 10:00-11:15 EA1233		<b>H222 Advanced Clinical Procedures</b> 10:00-11:45 Iemanski 15843  EA 1233	
10 - 11					
11 - 12					
12 - 1					
1 - 2	<b>H301 Clinic II</b> 1:00 - 5:00 Group A 14710 Douglas Peek Deniston Stevens  EA 1205	<b>H477 Com Assess &amp; Prog Plan</b> 1:00-2:15 Edmondson/Quimby EA1231	<b>H301 Clinic II</b> 1:00 - 5:00 Group B 14711 Douglas Miller Rosado peek  EA 1205	<b>H477 Com Assess &amp; Prog Plan</b> 1:00-2:15 Edmondson/Quimby EA1231	
2 - 3		<b>H250 Local Anesthesia</b> Lab 15457 2:30-4:30 Douglas Adjunct (Klauer)  EA1205		<b>H312 Radiology Lecture-II</b> 15865 Rosado 3:15-4:15 EA 1233	
3 - 4				<b>H215 Pharmacology</b> 4:30-6:15 Adjunct (Shambry) EA 1233 15746	
4 - 5					
5 - 6					

Second year- Spring

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8 - 9	<b>H302 Clinical Practice III</b> <b>Group A</b> <b>8-12pm</b> Douglas <b>Lemanski</b> Deniston Stevens		<b>H302 Clinical Practice</b> <b>Group B</b> <b>8-12pm</b>  Douglas <b>Lemanski</b> Adjunct (Rosado) Adjunct (Knappe)			
9 - 10					Clinic Discussion 9:00-9:50 Lemanski, Peek, Miller	
10 - 11		<b>H400 Evidence Based Decision Making</b> Lemanski <b>10-11:15 EA1231</b> EA1231 17106		<b>H400 Evidence Based Decision Making</b> Lemanski <b>10-11:15 EA1231</b> EA1231 17106	<b>H320 Ethics &amp; Jur Lectur</b>  <b>10:00-10:50</b> Peek	
11 - 12		EA1205 16039		<b>97 Topics in Dental Hygiene</b> Lecture <b>11:30-12:20 EA1231</b> Edmondson 30391	EA1205 16040	<b>97 Topics in Dental Hygiene</b> Lecture <b>11:30-12:20 EA1231</b> Edmondson 30391
12 - 1						
1 - 2	<b>H302 Clinical Practice</b> <b>Group B</b> <b>1-5pm</b> Douglas <b>Miller</b> Deniston Stevens	<b>H477 Com Assess &amp; Prog Plan</b> 1:00-2:15 <b>Edmondson</b> EA1025	<b>H302 Clinical Practice II</b> <b>Group A</b> <b>1-5pm</b>  Douglas <b>Miller</b> Adjunct (Rosado) <b>Peek</b>	<b>H477 Com Assess &amp; Prog Plan</b> 1:00-2:15 <b>Edmondson</b> EA1025		
2 - 3		<b>DHYG-H444</b> BSDH Capstone <b>2:30-3:45</b> Miller Hybrid?		<b>DHYG-H444</b> BSDH Capstone <b>2:30-3:45</b> Miller Hybrid?		
3 - 4						
4 - 5						
		16040			16039	



## 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.

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.

## 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 judges 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 compel 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 a 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 insure 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

The Dental Hygiene Faculty at IUSB has 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 criteria. Students are expected to sign the *Components of Professional Behavior Statement* found in the appendix of this document prior to beginning the program.

### CLINICAL EXPECTATIONS

- Uses accepted instrumentation techniques
- Is able to safely treat patients
- Follows accepted protocols in treatment

### ACADEMIC EXPECTATIONS

- Respects fellow classmates and faculty
- Follows policies according to the course syllabus
- Maintain academic standards on all assignments, quizzes, and tests

### PROFESSIONAL DEVELOPMENT

- Attends clinic and classes as scheduled; arrives on time and leaves when dismissed or as scheduled
- Respects patients:
  - Utilizes clinic time appropriately for patient treatment
  - Confirms patient appointments
  - Keeps patient's appointments
  - Talks in quiet tones to patients to protect patient confidentiality and privacy
  - Does not interrupt classmates who are treating patients
  - Focuses conversation on patient
  - Addresses patient concerns and needs
- Communicates effectively with patients and their families
- Provides care without discrimination
- Works cooperatively with faculty:
  - Listens to their feedback; accepts constructive criticism
  - Pays attention while being checked in and out

- c. Has documentation completed at check in and by the end of clinic
- F. Is honest and has integrity in communication and behavior with classmates, patients, and faculty
- G. Fulfills role as clinic assistant: is effective, cooperative, and efficient
- H. Uses sound judgment to solve problems
- I. Practices ethically
- J. Has professional appearance:
  - a. Neat, with clean clothing and shoes (follows guidelines)
  - b. Models exemplary oral and personal hygiene
- K. Consistently follows program policies and procedures
- L. Maintains professional environment

## 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.

### Policy:

Students must demonstrate the defined essential abilities to succeed in their program of study. Qualified applicants are expected to meet all admission criteria, and matriculating students are expected to meet all progression criteria, as well as these 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. Applicants to the program must possess the following general qualities:

### *Communication- speech, reading, writing*

Be able to:

- Establish 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

### *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 hand written 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*

Be able to:

- Have normal tactile feeling, such as sensitivity to heat, cold, pain, pressure, etc.
- Have extremely fine motor control with correspondingly 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 cardio pulmonary procedures
- Possess the strength to assist a patient in transferring themselves to and from a dental chair

*Emotional Stability and Personal Temperament*

Be able to:

- Have high levels of 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*

Be able to:

- Use critical thinking skills necessary for sufficient clinical judgment
- Have the abilities to measure, assess, calculate, reason, analyze, and integrate information
- Identify cause/effect relationships
- Develop dental care treatment plans
- Problem solve, prioritize, evaluating outcomes and synthesize data for documentation
- Comprehend focus and process information
- Use long and short term memory skills

*Procedure*

1. The essential abilities criteria are incorporated into informational packets given to those demonstrating an interest in dental hygiene.
2. Applicants accepting admission in the 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. Students questioning their ability to meet these essential abilities criteria will be encouraged to address their inquiries to The Division of Dental Education and Health Sciences Academic Advising Center.

3. Faculty has the responsibility to determine whether a student has demonstrated these essential abilities. Faculty has the right to request consultation from recognized experts as deemed appropriate.
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 time frames. Prescribed standards of performance will be determined by the course instructor and/or the IUSB-CHS APG Board.
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 Indiana University's and IUSB-CHS's appeal procedures.
7. 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. 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. A clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills.

### 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."

## University and College 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. This document, found [here](#), which applies to all Indiana University students, contains 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.

### Vera Z. Dwyer College of Health Sciences Student Policy and Procedures

As a student of a Dwyer College of Health Science program, all Student Dental Hygienists are expected to comply with college level policies. The Student Policy and Procedures Manual can be found [here](#). As we update and move to an electronic/web format, all printed materials, department handbooks, and policy/procedures manuals remain in effect except where more updated versions are posted on the website.

## Regulatory Requirements

### Clinical Health and Education Requirement

#### *Rationale for the Policy*

OSHA recommendations and 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. Annual TB documentation, is also required. This policy is necessary so that we are in compliance with 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 immunizations, (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 by 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 August 1 for each clinical year. See IUSB-CHS Policy for details on due dates and procedures.

**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.**

### Newly Admitted to the Dental Hygiene Program

When a Student Dental Hygienist is first admitted to the clinical dental hygiene courses, the student receives information regarding the need for proper immunization verification (including Hepatitis B series, DT booster, MMR, and Varicella), a health evaluation (history and physical examination)

completed by a primary care provider, current professional-level CPR certification, TB (PPD or X-ray), dental health, and vision screening. Every student must provide written verification of a history of chicken pox or a Varicella Zoster Titer before entering clinical. Newly admitted Student Dental Hygienists must provide written documentation of the above stated items in advance of beginning their clinical. For students who are enrolled in clinical dental hygiene courses in the fall semester, the above materials must be filed with the Programs in Student Dental Hygienist Services office by the specified deadline (August 1 prior to the fall start). Failure to submit all required health documentation by the appropriate deadline 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.

Students who are admitted late to the dental hygiene program will be handled on a case-by-case basis. However, those applicants who are on a “waiting list” or “alternate list” are encouraged to begin gathering the necessary documentation to avoid delays. Even students who are admitted late must have all documentation on file with the Dental Hygiene program prior to beginning the clinical dental hygiene courses. Failure to do so will result in the student being automatically withdrawn from all clinical dental hygiene courses for which they are registered.

### **Continuing Student Dental Hygienists**

Student Dental Hygienists are responsible for making sure they receive annual TB documentation and current professional-level CPR re-certification. In addition, immunization status must be updated as necessary. It is the student’s responsibility to monitor the status of these and to submit proper documentation to the Division of Dental Education in a timely manner no later than August 1.

Documentation of annual TB documents and current professional-level CPR re-certification needs to be submitted no later than one week prior to the date they expire each year. Heart saver certification is inadequate. 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. Clinical requirements will be reassigned to eligible student clinicians. The program is not responsible for 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.

#### **Lab & Simulation Rules**

- Children 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; assure that the doors are closed if you are the last one to leave
- Simulation sessions are treated as clinical and require expected professional behavior and dress
- If you do not know how to use the equipment, please seek assistance
- 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

## Division of Dental Education Policy and Procedures

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

### DE.001 Appearance Policy

#### Purpose:

The purpose of this policy is to provide IUSB-CHS Division of Dental Education Student Dental Hygienists with information necessary to select on-duty attire.

#### Policy:

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

#### *Article I: General Guidelines*

Attire must be appropriate, well fitting, clean, unstained, and professional in appearance.

Uniform accommodations may be requested. Contact the Cohort Coordinator and/or Program Director.

#### *Article II: Name Pin*

An IU South Bend Student Dental Hygienist name badge is required to be worn and visible at all times during clinic, and lab times unless otherwise instructed. Name badges 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.

#### *Article III: Shoes*

Shoes need to be purchased for the exclusive use of clinical and are not worn until entering the clinic. Shoes must meet all OSHA and CDC guidelines/regulations. Shoes must be made of an impermeable material such as leather. No open-toe shoes or clogs 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.

#### *Article IV: Clinical Attire*

See CDC recommendations found [here](#). Students will wear a regulation IU South Bend Programs in Dental Education scrub student uniform and meet all regulation protocols including CDC and OSHA. Scrub color will coordinate with the student's cohort as specified at the time of ingress. A uniform consists of scrubs, lab jacket, clinical shoes, and surgical caps.

Personal protective equipment must be worn in the healthcare setting including gloves, gowns/jackets, masks and respirators, goggles, and face shields.

Gloves 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.

Lab coats matching the scrub uniforms are required to be worn when the student is in clinic. Lab coats must have the ability to be buttoned to the neck, cuffed, tight sleeve openings in the designated cohort color, and extend past the waist. Students must have at minimum 2 lab coats for back to back clinic days.

Masks must protect the nose and mouth and should be the appropriate level for the procedure. Eyewear must provide a barrier protection for the eyes. Personal prescription lenses do not provide optimal eye protection and should not be used as substitute for eye protection. Face shields should protect the face, nose, mouth and eyes and should cover the forehead, extend below the chin and wrap around the side of the face. Face shields should be worn when appropriate.

Sequence for donning PPE: gown→mask→ face shield/goggles→hand wash→gloves

Sequence for removing PPE: gloves→face shield/goggles→gown→ mask→ perform hand hygiene

Clothing contaminated with bodily fluids cannot be worn outside the clinic. Clothing that is contaminated with bodily fluids should be laundered immediately after patient treatment. Laundry is available onsite for mandatory scrub sanitization. Students are to enter campus in street clothing and change into scrubs on site. Students must change out of their scrubs before leaving clinic.

#### *Professional Wear for Volunteer Activities:*

In a professional capacity and as a representative of the IUSB Vera Z. Dwyer College of Health Sciences Division of Dental Education, the Student Dental Hygienist is expected to dress and behave in a professional manner at all times. The dental hygiene program student nametag is to be worn for these activities regardless of attire.

#### *Picture ID:*

A valid IU South Bend student ID must be carried with the student at all times to access protected department areas.

#### *Clinic Appearances Other:*

- Fingernails must be neatly trimmed and clean. Artificial nails or polish may not be worn in the clinical setting.
- Hair and beards must be clean, neatly groomed, restrained (pinned), and kept off the face and shoulders in the clinical setting. Surgical caps must cover hair. Disposable or reusable caps may be used.
- Beards must comply with facemask manufacture recommendations for appropriate, safe use.

- Tattoos are not to be visible in the clinical setting.
- Exposed body piercing(s), and dangling earrings are not permitted in the clinical setting.
- Maximum two stud earrings are permitted per ear in the clinical setting.
- Gauges must be flesh colored.
- Good personal hygiene is expected.
- Smelling of tobacco smoke is prohibited; it is not acceptable to leave patient care areas to smoke. IU South Bend is a smoke free environment and these policies are strictly enforced for students.
- Light cologne and simple make-up may be worn.
- No necklaces, watches, rings, or other types of jewelry fomites may be worn in the clinical setting.
  - Exception: Medical identification jewelry may be worn if protective procedures are taken by the clinician.
- Eating, drinking, and gum chewing is prohibited in direct patient/client care areas and roles.
- Pant hems are to be clean.

### 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. Failure to meet minimum semester requirements will result in course failure. 1st year students are required to have at minimum 8 hours of clinic per week. 2nd year students are required to have a minimum of 12 hours of clinic per week. The term clinic count indicates 4 hours of clinical time.

- The Student Clinician must be set up and ready to seat patients at the beginning of each scheduled clinic session. The student clinician and CA must arrive on the clinic floor 30 minutes prior to the beginning of each session ready to report and in appropriate PPE. The student must set up the assigned unit, and prepare for treatment regardless of patient schedule in the case of a late schedule, or walk-in.
  - Late arrival 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 3<sup>rd</sup> late arrival in a semester, regardless of time late, students will no longer receive clinic count for the session
- If a student does not have a patient within the first 30 minutes of the scheduled clinic start time the student is permitted to leave clinic without point deductions after making every effort to find a replacement patient.
- If a patient cancels their appointment with short notice every attempt must be made to find a replacement patient.
- If a clinician chooses to leave early from clinic, they will not receive clinic count for the day

- A student must always notify the faculty member and/or the faculty in clinic if the student leaves the clinic for any unscheduled reason.
- Students who are dressed inappropriately will be sent home as an unexcused absence.
- If a student ends treatment greater than 1 hour early from the end of clinic, the student is to remain on the clinic floor (i.e. not in the break or locker room) clean their unit as outlined in the clinic manual, help fellow students and CA, and discuss with faculty how they can help housekeeping in the clinic for the remainder of the clinic session.
- To award clinic count, patient treatment clinics must include clinical dental hygiene assessment, planning, treatment, evaluation, and/or documentation.
- Sealant-To earn clinic count for Sealant procedure, the students must successful complete all assessment, planning, sealant treatment, evaluation, and documentation procedures with an instructor
- Students impaired in any way will be sent or escorted home. See Essential Abilities Statement. Alcohol and drug impairment will result in dismissal; faculty can request testing at the student's cost if the faculty or staff identify behaviors or signs consistent with impairment per VZD CHS policy
- Inclement Weather: make-up time for clinic cancelled or delayed due to weather is determined, and set by the program

#### *Clock In/Out*

In the clinic attendance book, clinic assistants and student clinicians must sign with their name and time of arrival and departure. In computerized systems, students must have time stamps indicating arrival and departure within the specified time limit and at the correct location.

- Students are permitted at maximum 3 punch errors or late arrivals per semester. After this, clinic count will not be awarded for each clinic session with error.
- Students must clock in from the clinical floor using the electronic time clock. Clocking in elsewhere, even on campus, will result in a time exemption.

#### *Clinic Absence*

If an unavoidable absence occurs, the student must contact the Clinical Coordinator, attempt to reschedule their patient with another student, and inform the Clinic Manager they will not be attending clinic prior to the absence. Illness is defined as symptomatic with fever, cold, virus, or flu with documentation

- The student should attempt to find a student to switch clinics so that the patient is not inconvenienced, and to allow the student to maintain required clinical hours. The rescheduling of the patient is the student's responsibility and must be done professionally and promptly.
- Prior to contacting the patient, the student should discuss with classmates if the patient is scheduled with other patients.
- The student must find coverage for CA duties. If a student steps in for the absent CA or clinician, the original clinician must pick up a clinic or CA of the covering clinician

#### *Clinic Make-Up Session*

Clinic sessions are scheduled to the maximum capacity of the clinic space, therefore additional clinic sessions are not permitted. Consideration for special circumstances is subject to availability and student

standing. Student are encouraged to manage their patient schedule to ensure each clinic session meets the requirements for clinic count. The following are guidelines for the rare event clinic make-up sessions are necessary.

- The student must be making satisfactory progress towards all course competencies before make-up can be offered.
- Clinical time includes all required experiences, pre/post conferences, and observations outlined by the faculty
- Tardiness and early departures will be noted and counted as missed time, and not considered a reason to make up a lost clinic.
- Faculty and course 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

#### *Clinic Switch*

Students may switch clinics or CA with another student clinician IF:

- Both students are in agreement of the switch
- Both students are making satisfactory progress towards all course competencies.
- Notification of the change is emailed to the clinic coordinator(s), clinic manager, and includes both students involved in the switch. This serves as documentation of the switch and agreement of both students
- Prior approval is given by the clinic manager, clinic coordinators, and scheduled patient.

#### 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. The outer doors are set to automatically lock during off hours. All other doors to the clinic are also kept locked routinely.

The Program Director (PD) serves as the HIPAA liaison for the department. The PD 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 PD will revoke access.

The policies and procedures are located on the department H drive 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.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, 2-Plus-2 students must meet the following requirements to be promoted through the clinical course sequences:

- Students will be promoted to the H219 Clinical Practice I upon successful completion of:
  - H218 Fundamentals of Dental Hygiene
  - H303 Radiology Lecture
  - H305 Radiology Lab I
- Students will be promoted to H300 Clinical Practice II upon successful completion of:
  - H219 Clinical Practice I
  - H221 Clinical Dental Hygiene Procedures

- H205 Medical and Dental Emergencies
- Students will be promoted to H301 Clinical Practice II upon successful completion of:
  - H300 Clinical Practice II
- Students will be promoted to H302 Clinical Practice III upon successful completion of:
  - H301 Clinical Practice II
  - H222 Advanced Clinical Dental Hygiene Procedures
  - H306 Radiology Lab II

In addition to the general academic policies, 1-Plus-3 students must meet the following requirements to be promoted through the clinical course sequences:

- Student will be promoted to the H218 Fundamentals of Dental Hygiene preclinical course upon the successful completion of:
  - CPR Certification no sooner than June 15
  - MICR-M250 Microbial Cell Biology (C- or higher)
  - DHYG-H205 Medical Dental Emergencies
  - DHYG-H321 Periodontics
- Students will be promoted to the H219 Clinical Practice I upon successful completion of:
  - H218 Fundamentals of Dental Hygiene
  - H303 Radiology Lecture
- Students will be promoted to H301 Clinical Practice II upon successful completion of:
  - H219 Clinical Practice I
  - H221 Clinical Dental Hygiene Procedures
  - H215 Pharmacology/Therapeutics-First Year
- Students will be promoted to H302 Clinical Practice III upon successful completion of:
  - H301 Clinical Practice II
- Students will be promoted to 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. 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 federal and state laws, rules, and regulations are to be upheld at all times in the clinical setting in which students are placed, regardless of location. 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. 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 accesses 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 keep the medical/dental records accessible at all times for medical/dental care purposes.
- Photocopying, photographing, or printing off any part of the medical/dental record for a student's purpose is strictly 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 Dentrix 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 Dentrix chart numbers to protect information.
- 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.

### DE.007 Grading Policy

#### Purpose:

The purpose of this policy is to define the grading scale used in all courses specific to the IUSB Vera Z. Dwyer College of Health Sciences Division of Dental Education.

*Policy:*

All courses in the Indiana University South Bend, Vera Z. Dwyer College of Health Sciences, Division of Dental Education in South Bend use the following grading scale in dental hygiene courses. An **attainment of at least a 73%, is required to successfully pass a course when enrolled in the dental hygiene program.** All courses counting towards the degree must be at the C minimum with the exception of microbiology (C-).

*Grading Scale:*

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

The official grade code of Indiana University includes quality points for the purpose of determining the cumulative grade point average. Quality points are assigned as follows:

A+	4.0	B+	3.3	C+	2.3	D+	1.3
A	4.0	B	3.0	C	2.0	D	1.0
A-	3.7	B-	2.7	C-	1.7	D-	0.7
						F	0

**DE.008 Coordinator Mentoring 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 mentor at the beginning of the academic year. 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 1<sup>st</sup> year of the clinical dental hygiene program will work with the 1<sup>st</sup> year mentor coordinator. Students in the 2<sup>nd</sup> year of the clinic dental hygiene program will work with the 2<sup>nd</sup> year mentor coordinator. Students enrolled in the 1<sup>st</sup> Dental Hygiene Program year of the 1-plus-3 program will work with the Program Director for mentorship.

*Mentor Assignments*

Spring and fall clinical semesters, students will complete biweekly reflective mentor assignments. Summer clinical semester, students will complete weekly mentor assignments. If the coordinator has significant findings to discuss with a student, the student will be notified via comments in the mentor assignments and/or email, and a mentor meeting will be scheduled to address student success. The meeting will be requested via email to the student. A meeting summary will be emailed to the student within 24 hours.

Mentor assignments must be calculated 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.

#### *Mentor Meetings*

- The recommendation is each student will meet at minimum once during the semester with an assigned faculty mentor to evaluate clinical progress and discuss program outcomes.
- Incomplete patients on the PATIENT RECORD/RECARE LIST charts will be evaluated at the mentor meeting.
  - Prior to 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.
- Failure to follow through with the meeting request or plan for success does not meet clinical course objectives.

#### DE.009 Reinstatement Policy

##### *Purpose:*

The purpose of this policy is to identify the process for students seeking reinstatement to the IUSB Vera Z. Dwyer College of Health Sciences Division of Dental Education Dental Hygiene Majors.

##### *Policy:*

##### *Step 1: Reinstatement Approval by the IUSB-CHS APG Committee*

Reinstatement must be granted as outlined by The IUSB-CHS APG Committee

##### *Step 2: Validation of Theory and Clinical Competencies*

All course objectives and skill competencies must be validated as outlined below before a student can re-enroll and begin clinical course work. 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 as instructed by the Director, and validate all course objectives and skill competencies within the defined timeframe to be reinstated into the required 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 IUSB-CHS Division of Dental Education validation of theory and clinical competencies is permitted one time. 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 2-Plus-2 Curriculum are as follows:

##### **Validation for H219 Clinical Practice I:**

- H218 Fundamentals of Dental Hygiene
- H303 Radiology Lecture

- H305 Radiology Lab I

**Validation for H300 Clinical Practice II-Summer:**

- H218 Fundamentals of Dental Hygiene
- H303 Radiology Lecture
- H219 Clinical Practice I
- H221 Clinical Dental Hygiene Procedures
- H305 Radiology Lab I
- H205 Medical Dental Emergencies

**Validation for H301 Clinical Practice II:**

- H218 Fundamentals of Dental Hygiene
- H303 Radiology Lecture
- H219 Clinical Practice I
- H221 Clinical Dental Hygiene Procedures
- H305 Radiology Lab I
- H205 Medical Dental Emergencies
- H300 Clinical Practice II

**Validation for H302 Clinical Practice III:**

- H218 Fundamentals of Dental Hygiene
- H303 Radiology Lecture
- H219 Clinical Practice I
- H221 Clinical Dental Hygiene Procedures
- H305 Radiology Lab I
- H205 Medical Dental Emergencies
- H300 Clinical Practice II
- H301 Clinical Practice II
- H222 Advanced Clinical Dental Hygiene Procedures
- H306 Radiology II

Suggested course objectives, and skill validations required for each clinical sequence for the 1-Plus-3 Curriculum are as follows:

**Validation for H218 Fundamentals of Dental Hygiene**

- H205 Medical Dental Emergencies
- H321 Periodontics

**Validation for H219 Clinical Practice I:**

- H205 Medical Dental Emergencies
- H321 Periodontics
- H217 Preventive Dentistry
- H218 Fundamentals of Dental Hygiene
- H303 Radiology Lecture

**Validation for H301 Clinical Practice II**

- H218 Fundamentals of Dental Hygiene
- H303 Radiology Lecture
- H219 Clinical Practice I
- H221 Clinical Dental Hygiene Procedures
- H305 Radiology Lab I
- H205 Medical Dental Emergencies
- H321 Periodontics

**Validation for H302 Clinical Practice III:**

- H218 Fundamentals of Dental Hygiene
- H303 Radiology Lecture
- H219 Clinical Practice I
- H221 Clinical Dental Hygiene Procedures
- H205 Medical Dental Emergencies
- H301 Clinical Practice II

**Validation for H420 Advanced Clinical Procedures**

- H218 Fundamentals of Dental Hygiene

- H303 Radiology Lecture
- H219 Clinical Practice I
- H221 Clinical Dental Hygiene Procedures
- H205 Medical Dental Emergencies
- H301 Clinical Practice II
- H302 Clinical Practice III
- H333 Management of Special Needs Patients

#### *Step 3: Reinstatement*

Upon successful demonstration of academic and clinical competencies within the designated time, the student will be reinstated into the Dental Hygiene Program on the basis of academic standing, potential for progress toward the degree availability of resources, and satisfactory completion of any conditions and/or faculty recommendations existing at the time of dismissal. Reinstatement to resume progression is dependent on space availability. In the event, multiple students are contenders for limited openings in the program, student overall GPA, success indicators, and validation scores will determine open position fulfillment.

#### 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:

- Faculty requires a minimum of 24-hours to review exam results including item analysis.
- Examination scores will be posted to Canvas within 7 calendar days of the due date for the exam.
- Faculty will release results of exam in manner deemed appropriate by course faculty.
- Final exams are not subject to exam review unless deemed appropriate by faculty.

#### 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 during preclinic/clinic sessions to advance to the next clinical course. 1<sup>st</sup> year students will have 3 attempts to complete skill assessment evaluations. 2<sup>nd</sup> year students will have 2 attempts to complete skill assessment evaluations.**



### Procedure

The course instructor will provide skill assessment evaluation rubrics to the student at the beginning of the semester electronically. The student will provide appropriate documentation as necessary to initiate a graded attempt.

Skill assessment standards may be practiced on a student partner, but must be completed for competency on a clinic patient, unless otherwise stated.

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

All skill assessment documentation, including reattempts and attempts to find a qualified patient, must be submitted to mentor coordinators according to syllabus due dates. 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.

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 he/she must communicate with the cohort coordinator to determine a plan for success. Consistent and clear documentation of attempts made throughout the semester must be made available for the coordinator to determine next steps if available. A lack of documentation is considered a lack of attempts.

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

An \* placed next to a rubric criterion indicates a critical criterion. If a criterion is missed, the instructor will allow the student to continue the assessment, unless a safety concern or critical criterion is missed. Procedure for following a skill assessment attempt is as follows:

- If any 1 criterion (not marked with an \*) is not passed at competency (Not Met)
  - Remediation will be mandatory in the form of a discussion with the instructor
  - Require independent practice prior to reattempt
  - Reattempt can occur during the same clinic session (time permitting)
- 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**

### 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 assignments and quizzes must be submitted according to the established due dates and time, and according to specified criteria.

If a student is experiencing extenuating circumstances requiring an assignment extension, he/she must contact the course instructor prior to 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.

### 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 IUSB-CHS Dental Education.

#### *Policy:*

All exams must be submitted according to established due dates and time, and according to specified criteria. The IUSB proctoring center 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.

#### *Missed Exams*

If a student is experiencing extenuating circumstances requiring an exam submission extension or make-up exam, he/she must contact the course instructor immediately. 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 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 3 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 computer related 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 exam.
  - 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.
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.**

### 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:

Due to the nature of courses, attendance and punctuality is mandatory. Students are expected to attend all lectures, discussion, lab, clinic, and other course or program related sessions, including IPE.

Rational for mandatory attendance and punctuality:

- In order to successfully pass all dental hygiene didactic course with a C or higher, the student needs to attend lecture to fully understand all theory/concepts associated with the role of the dental hygienist for competent patient care.
- All material in both clinical and didactic courses builds/ interchanges with all coursework. For the student to successfully progress and retain the material, attendance to all classes and clinics is mandatory.
- In order to meet preclinical and clinical requirements, the students must utilize all scheduled preclinical/clinical sessions. There are no make-up sessions for students should they fall behind due to absence or failure to progress.
- 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, generally on an hour - to - hour schedule. Many patients schedule their appointment well in advance and must make adjustments 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.

#### **Absence/Tardiness Policy**

Due to the rigor of the program, students are required to attend all scheduled classes, campus labs, and clinical assignments. While there will be times when an absence may be unavoidable (a contagious illness), the student should make every attempt to avoid making appointments with doctors, dentists etc., or any other activity during scheduled class time. While policy for absence takes into consideration that the student may develop an illness, such as a stomach virus that will require them to be absent from class, it is the student’s responsibility to use the allowed absences judiciously to avoid accruing unexcused absences that will result in disciplinary action and possible dismissal from the program.

A student who has a condition or illness that can be transmitted to other students or clients in the health care setting cannot participate in class, clinical, or campus lab but is still held to the same class, clinical, or campus lab requirements for attendance. *It is the student's responsibility to ask about make-up work, turn in late assignments and/or schedule the makeup test with the faculty.*

In the event of a documented emergency, students are allowed one **excused** absence per semester from a registered didactic course. For each additional unexcused absence, the course grade will be lowered by 10%. One tardiness of more than ten minutes may be counted as an absence at the instructors' discretion in addition to APG documentation. Please note courses may have multiple components such as clinic, discussion, and education clinic. An unexcused absence from any component of a course counts towards the total allowable amount.

The student is responsible for contacting the course instructor via the preferred communication method described in the syllabus if expecting to experience an absence or late arrival. Missed course assignments due to tardiness and absences can be made up at the discretion of the faculty. 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.**

Failure to meet the course or clinical requirements due to absences may result in failure to progress and a failing grade in the course/clinic. In the event of an absence, the student is responsible for securing all course material and making up any exams or quizzes at the discretion of the instructor.

Unexcused missed clinical time/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 and dismissal from the program.

### DE.015 Opportunities for Success Documentation Policy

#### 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 of opportunities for improvement when unsatisfactory progression towards course objectives and/or requirements and/or program goals, objectives, competencies, or supporting competencies occurs. Students will develop a personal plan for success.

#### 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 is not consistent with progression towards expectations. The document lists commonly identified areas for improvement. Additional areas may be outlined in the narrative portion of the document.

At the moment a faculty or staff identifies a student with an area(s) of concern, the faculty or staff will request a face-to-face meeting with the student to discuss the identified opportunity for success and complete a Notification of Opportunity for Improvement. Prior to the meeting, the faculty or staff will provide the student the completed Notification of Opportunity for Improvement form for review. The student will complete the 'Student Comments and Chosen Success Strategies' section prior to meeting. During the meeting the student and faculty will discuss the opportunity for improvement, revise the Notification of Opportunity for Improvement form (if necessary), and sign the completed form. An electronic copy of the completed form will be provided to the student, Coordinator, and Director. The original signed form is placed in the student file. A corresponding entry will be made in the SER.

- 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.
  - Receipt of a Notification of Opportunity for Improvement may correspond with clinical grade deductions as outlined in course documents.

### **Success Plan**

A Student Success Plan helps the student identify opportunities for improvement, clarify expectations, and develop an individualized plan for long-term success in a meeting the expectations and outcomes of a course or program. The student will take ownership of the responsibility for achieving desired outcomes for success in the course. The faculty member will be a mentor and accountability facilitator in the plan for success. The student will be provided feedback regarding progress toward meeting identified goals.

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

At the moment the Program Director/Coordinator/Course Director identifies a student with a need for a Student Success Plan, the Program Director/Coordinator/Course Director will request a face-to-face meeting with the student to discuss the identified opportunity for success and complete a Student Success Plan. Prior to the meeting, the Program Director/Coordinator/Course Director will provide the student the completed Course-level or Program Level Student Success plan document for review.

Following the meeting, the student will complete the 'Student plan for success' on or before the agreed due date. Once complete the student and Program Director/Coordinator/Course Director will meet to review, discuss, and revise the Student Plan for Success, complete all areas of the form, and sign the agreed upon completed form. An electronic copy of the completed form is provided to the student, Course Director, Coordinator, and Director. The original signed form is placed in the student file. A corresponding entry will be made in the SER.

- Course Level Success Plan
  - A Course Level Success Plan is initiated by a Course Director, and addresses a single semester course. Themes identified in a Course Level Success Plan could translate 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 will continue into subsequent semesters and for the duration of the program when appropriate.

#### 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, following the Office of Student Conduct investigation, students found to have participated in academic or personal misconduct will be placed on a program level success contract and or dismissal.



**VERA Z. DWYER COLLEGE  
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND  
Dental Education

# **PATIENT'S BILL OF RIGHTS**

The students, faculty and staff at the Indiana University South Bend Dental Hygiene clinic strive to provide high quality evidence-based care in a friendly atmosphere. All of our clients are entitled 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
- 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 about his/her oral condition, including continuing health care needs
- Receive an explanation of the purpose, probable (short and long term) results, alternatives and risks involved before consenting to a proposed treatment plan
- Entitled to adequate time to ask questions and receive answers regarding your dental condition and treatment plan for your care
- 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 dentist-patient relationship.





**VERA Z. DWYER COLLEGE  
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND  
Dental Education

# **PATIENT'S RESPONSIBILITIES**

As an informed client of the Indiana University South Bend 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. All of our clients have a responsibility to/for:

- Provide, to the best of your ability, accurate, honest, and complete information about your medical history and current health status
- Report changes in your medical status and provide feedback about your needs and expectations
- Participate in your health care decisions and ask questions if you are uncertain about your dental hygiene treatment or plan
- Inquire about your treatment options and acknowledge the benefits and limitations of any treatment that you choose
- Keep and confirm scheduled appointments
- Adhere to regular home oral health care recommendations
- Assure that your financial obligations for health care received are fulfilled
- Consequences resulting from declining treatment or from not following the agreed upon treatment plan



INDIANA UNIVERSITY SOUTH BEND

## **Standards of Clinical Practice**

Vera Z. Dwyer College of Health Sciences  
Division of Dental Education

**Mallory  
Edmondson MSDH,  
LDH Director,  
Division of Dental  
Education**

**Vera Z. Dwyer  
College of Health  
Sciences**

**Indiana University  
South Bend**

## **Purpose**

The purpose of a Standard of Care is to provide a systematic process to ensure quality and equity of patient care provided within our facility. The IUSB Clinical Standards of Care is available to provide patients of all walks of life, creed, and ability the opportunity for positive oral health outcomes and patient experiences while being seen in the dental hygiene clinic.

## **Intent**

In alignment with the American Dental Hygienists' Association's Standards for Clinical Dental Hygiene Practice, the Indiana University South Bend, Vera Z. Dwyer, Division of Dental Education has established the following standards for clinical dental hygiene practice for students, faculty, and volunteers. The Standards follow the dental hygiene process of care to provide a framework for a patient-centered education focused clinical experience. The Standards will be modified based on emerging scientific evidence, ADHA policy development, federal and state regulations, and changing disease patterns as well as other factors to assure quality care and safety as needed.

## **Expectations**

The student clinician with supervision of a clinical faculty member and clinical dentist will primarily treat each patient. Each patient experience is closely monitored through various evaluation methods to ensure the highest quality of patient care, respect, and professionalism. The IUSB, VZD, Division of Dental Education Clinical Standards and this document are adapted from the American Dental Hygienists' Association Standards for Clinical Dental Hygiene Practice revised 2016. The following Standards will be provided to each patient treated at the Indiana University South Bend Vera Z. Dwyer Division of Dental Education's Dental Hygiene Clinic.

SHARED  
VALUES

**Wisdom**

**Integrity**

**Learner-centered**

**Excellence**

## Standard 1: Assessment

The ADHA definition of assessment: The collection and analysis of systemic and oral health data in order to identify patient needs including, but not limited to:

### Health History Assessment

- Demographic information
- Vital signs\*
- Physical characteristics
- Medical history
- Dental history
- Social history
- Pharmacologic history

### Clinical Assessment

- Examination of the head, neck, and oral cavity
- Documentation of normal and abnormal findings
- Assessment of the temporomandibular function
- A current, complete, and diagnostic set of radiographs\*
- Comprehensive periodontal examination including
  - Full mouth periodontal charting at each re-care visit including data points reported by location, severity, quality, written description, or numerically:
    - Probing depths
    - Bleeding points
    - Suppuration
    - Mucogingival relationships/defects
    - Recession
    - Attachment level/attachment loss
  - Presence, degree, and distribution of plaque and calculus
  - Gingival health/disease
  - Bone height/bone loss
  - Mobility and fremitus
  - Presence, location, and extent of furcation involvement
- Comprehensive hard-tissue evaluation that includes charting of existing conditions and oral habits, with intraoral photographs and radiographs that supplement the data

### Risk Assessment

- Fluoride exposure
- Tobacco exposure
- Nutritional history and dietary practices including the consumption of sugar-sweetened beverages
- Systemic diseases/conditions
- Prescriptions and over-the-counter medications, and complementary therapies and practices
- Salivary function and xerostomia
- Age and gender
- Genetics and family history
- Habit and lifestyle behaviors
  - Cultural issues
  - Substance abuse (recreational drugs, prescription medication, alcohol)
  - Eating disorders/weight loss surgery
  - Piercing and body modification
  - Oral habits
  - Sports and recreation sports, energy drinks/gels
- Physical disability

- Psychological, cognitive, and social considerations
  - Domestic violence
  - Physical, emotional, or sexual abuse
  - Behavioral
  - Psychiatric
  - Special needs
  - Literacy
  - Economic
  - Stress
  - Neglect

## Standard 2: Dental Hygiene Diagnosis

The ADHA defines dental hygiene diagnosis as the identification of an individual's health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide. The dental hygiene diagnosis uses an evidence-based approach to critically analyze assessment data to reach a conclusion about the patient's needs. To formulate the dental hygiene diagnosis the student dental hygienist will:

- Analyze and interpret all assessment data
- Formulate the dental hygiene diagnosis or diagnoses.
- Communicate the dental hygiene diagnosis with patients and/or caregivers.
- Determine patient needs that can be improved through the delivery of dental hygiene care within the scope of the student dental hygiene clinical setting.
- Identify referrals needed within dentistry and other health care disciplines based on dental hygiene diagnoses.

## Standard 3: Planning of Services

Planning consists of prioritizing patient needs, establishing realistic goals and objectives of treatment, and appropriate referrals to help the patient obtain optimal oral health. During the planning phase, the student clinician will:

- Identify, prioritize, and sequence all needed dental hygiene interventions including change management, preventive services, therapeutic services, treatment, and referrals.
- Sequencing of appointments will allow for flexibility for the patient within the confines of the dental clinic scheduling parameters.
- Identify and coordinate resources needed to facilitate comprehensive quality care
- Collaborate and work effectively with the dentist and other health care providers and community-based oral health programs to provide high-level, patient-centered care.
- Present and document dental hygiene care plan to the patient/caregiver.
- Counsel and education the patient/caregiver about the treatment rationale, risks, benefits, anticipated outcomes, evidence-based treatment alternatives, and prognosis.
- Obtain and document informed consent and/or informed refusal.

## Standard 4: Implementation

Implementation is the act of carrying out the dental hygiene care plan as established through a thorough assessment, diagnosis, and successful planning. Implementation includes the following:

- At returning appointments-review and confirmation of the dental hygiene care plan with the patient/caregiver.
  - Modify the plan as necessary and obtain additional consent when necessary
- Implement the plan beginning with the mutually agreed upon first prioritized intervention.
- Monitor patient comfort throughout the appointment
- Provide any necessary post-treatment instruction
- Implement the appropriate self-care intervention; adapt as necessary throughout future interventions.
- Confirm the plan for continuing care or maintenance
- Maintain patient privacy and confidentiality
- Follow up with the patient as necessary

## Standard 5: Evaluation

Evaluation is the measurement of the extent to which the client achieved the goals specified in the dental hygiene care plan. Evaluation is built throughout the process of care, from the collection of baseline data at the initial appointment during assessment, to the evaluation of treatment outcomes at the re-care appointment. Evaluation includes the following:

- Use measurable assessment criteria to evaluate the tangible outcomes of dental hygiene care
- Communicate to the patient, dentist, and other health/dental care providers the outcomes of dental hygiene care.
- Evaluate patient satisfaction of the care provided through oral and written questionnaires.
- Collaborate to determine the need for additional diagnostics, treatment, referral, education, and continuing care based on treatment outcomes, and self-care behaviors
- Self-assess the effectiveness of the process of providing care, identifying strengths, and areas for improvement. Develop a plan to improve areas of weakness through mentoring activities.

## Standard 6: Documentation

Dental hygiene records are legal documents. As such the IUSB Vera Z. Dwyer Division of Dental Education dental hygiene records documentation should be detailed, comprehensive, and includes:

- All components of the dental hygiene process of care, including the purpose of the visit in the patient's own words
- Evidence of treatment plans being consistent with the dental hygiene diagnosis and include no evidence that the patient is placed at inappropriate risk by diagnostic or therapeutic procedure
- Objective record of all information and interactions between the patient and the practice including failure to return for treatment or follow through with recommendations.
- Legible, concise, and accurate information including
- Dates and signatures
- Ensure all components of patient record or current and accurately labeled
- Use common terminology and universal abbreviations
- Students and faculty will recognize the ethical and legal responsibilities of recordkeeping including guidelines outlined in state regulations and statutes.
- Students and faculty will ensure compliance with the federal Health Information Portability and Accountability Act (HIPAA), including electronic communications.

## References

American Dental Hygienists' Association. (2016) Standards for Clinical Dental Hygiene Practice [PDF]. Retrieved from <http://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf>




# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Dental Education

\*The faculty, staff, and administration at IUSB Vera Z. Dwyer Division of Dental Education take your health and safety seriously. Due to this we require thorough assessment procedures to ensure we provide you an appropriate dental hygiene care plan for your health status. Part of this assessment includes taking your blood pressure, and diagnostic radiographs. If your **blood pressure exceeds 140/100**, we may not be able to treat you. We adhere to the following radiographic guidelines established by the American Dental Association:

Necessary Radiographs			
	Child (Primary Dentition)	Child (Mixed Dentition)	Adult
<b>New Patient</b>	BWX	BWX w/PAN	BWX w/PAN or FMX
<b>Recare Patient</b>	BWX q 2-3years	BWX q 2-3 years PAN q 3-5 years	BWX q 2-3years PAN or FMX q 5 years
<b>Recare Patient (increased caries risk)</b>	BWX q year	BWX q year PAN q 3-5 years	BWX q year PAN or FMX q 3-5
<b>Recare Patient (with periodontal disease)</b>			BWX q 1-2 years (VBWX as needed) FMX q 3 years
<b>Patient Development</b>	Clinical judgment to monitor dentofacial growth	Clinical judgment to monitor 3 <sup>rd</sup> molars	
<b>Prior to having cancer treatment, and patients taking bisphosphonate medication should have a baseline panoramic radiograph.</b>			
 INDIANA UNIVERSITY SOUTH BEND			

INDIANA UNIVERSITY SOUTH BEND  
DIVISION OF DENTAL EDUCATION

## 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. The items below are commonly identified areas for improvement. Additional student specific needs may be addressed in the comments section.

Student Name \_\_\_\_\_ Course \_\_\_\_\_ Sem./Yr \_\_\_\_\_

Opportunity for Improvement	Comments
<b>Following Protocol</b>	
Failure to follow state and federal guidelines, regulations and recommendations (ex. HIPAA, OSHA, IN Dental Code)	
Failure to follow IUSB Standards of Clinical Care, treatment protocols, and policy	
Failure to follow patient schedule protocols/mismanagement of schedule	
<b>Safe &amp; Ethical Clinical Practice</b>	
Unsafe clinical practice, recognition of risk factors, and/or patient management	
Critical deficiencies in patient assessment	
Critical deficiencies in patient dental hygiene diagnosis	
Critical deficiencies in patient treatment planning	
Critical deficiencies in patient treatment plan implementation	
Unacceptable clinical instrumentation	
Critical deficiencies in patient treatment evaluation	
Critical deficiencies in documentation	
Inability to communicate effectively and professionally	
<b>Professionalism and Ethics</b>	
Unethical practice and/or decision making	
Unprofessional and/or disrespectful behavior, attitude, language, or dress	
Lack of organized and/or thorough record keeping	
Repeated tardiness	
Early dismissal from scheduled clinic	
Absence from scheduled clinic or CA	
Unacceptable completion of Clinic Assistant duties	
Unacceptable completion of clinician responsibilities	
Lack of preparation	
Unacceptable clinic time utilization and efficiency	
Difficulty following appropriate chain of command	
<b>Critical Thinking and Self-reflection</b>	
Difficulty displaying critical thinking and knowledge application in patient care and clinical setting	
Difficulty problem solving	
Difficulty self-reflecting on performance and assuming responsibility for professional actions and care based on accepted theories, research, and accepted standard of care	
Difficulty evaluating consequences of own actions	
<b>Good Standing</b>	
Difficulty displaying evidence of meeting or maintaining a minimum grade of C (2.0) and/or passing	
Difficulty in providing evidence of progression towards meeting course objectives/competencies/requirements	
Difficulty in meeting course objectives/competencies/requirements	
Difficulty in meeting program level competencies and outcomes	
Difficulty meeting Academic or Personal Conduct Expectations	
Other-provide details in narrative.	

Detailed objective narrative of observed behavior and contextual information (list course objectives/competencies/policies if appropriate):

Faculty Recommended Success Strategies:

Student Comments and Success Strategy:

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**By signing below, I am agreeing that:**

I have met and discussed this concern with the faculty. I am aware of the opportunity for improvement and need for a personal plan for success. I also understand that this information will be placed in a confidential file for the purpose of tracking my progress throughout the remainder of the program. Repeated receipt of this form by a student with lack of evidence of improvement may lead to disciplinary consequences.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



## 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. The items below are commonly identified areas for improvement. Additional student specific needs may be addressed in the comments section.

Student Name \_\_\_\_\_ Course \_\_\_\_\_ Sem./Yr \_\_\_\_\_

Opportunity for Improvement	COMMENTS
<b>Behavior/Accountability</b>	
Late assignments	
Incomplete assignments	
Tardiness	
Absenteeism	
Difficulty with written work	
Difficulty following directions	
Lacks preparation for software, hardware, or class activities	
<b>Professional Behavior</b>	
Attitude/language	
Difficulty demonstrating ethical and professional behavior	
Lack of preparation	
Difficulty following appropriate chain of command	
Inappropriate dress/failure to follow uniform policy	
Difficulty functioning independently	
Difficulty accepting constructive criticism	
<b>Communication</b>	
Inappropriate interaction/online etiquette	
Delayed/lack of response to email	
Difficulty expressing self	
Inappropriate/incomplete documentation	
<b>Critical Thinking</b>	
Difficulty applying previously learned knowledge and skills	
Difficulty problem solving	
Difficulty evaluating self realistically	
Difficulty demonstrating logical thought processes	
Difficulty evaluating consequences of own actions	
<b>Good Standing</b>	
Difficulty displaying evidence of meeting or maintaining a minimum grade of C (2.0)	
Difficulty in meeting course objectives/competencies/requirements	
Difficulty in meeting program level competencies and outcomes	
Difficulty meeting Academic or Personal Conduct Expectations	
Other-provide details in narrative.	

Detailed objective narrative of observed behavior and contextual information (provide course objectives/competencies/policies if appropriate):

Faculty Recommended Success Strategies:

Student Comments and Success Strategy:

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**By signing below, I am agreeing that:**

I have met and discussed this concern with the faculty. I am aware of the opportunity for improvement and need for a personal plan for success. I also understand that this information will be placed in a confidential file for the purpose of tracking my progress throughout the remainder of the program. Repeated receipt of this form by a student with lack of evidence of improvement may lead to disciplinary consequences.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Dental Education

## Course Level Student Success Plan

A Course Level Student Success Plans helps the student identify opportunities for improvement, clarify expectations, and develop an individualized plan for long-term success in a course. The student will take ownership of the responsibility for achieving desired outcomes for success in the course. The faculty member will be a mentor and accountability facilitator in the plan for success. The faculty will provide feedback to the student regarding progress toward meeting course goals.

Student:

Course:

Faculty:

Semester:

### Description of the opportunity for improvement (completed by faculty):

(Provide a clear objective description of observed behaviors and contextual information)

### Competencies/instructional objectives/policy of concern (completed by faculty):

(Provide course competencies/instructional objectives and or policies related to the areas of concern; copy and paste from syllabus/handbook/clinic manual as appropriate)

### Faculty provided suggestions for success (completed by faculty):

(Include suggested deadlines and suggested resources for improvement)

The above document was provided to the student for review following a face-to-face meeting to notify the student of the opportunity for improvement on \_\_\_\_\_.

The student is to return the completed document on or before \_\_\_\_\_.

*My signature below indicates that I met with the instructor and I understand I must complete the document on or before the date above.*

\_\_\_\_\_  
Student signature    date

\_\_\_\_\_  
Faculty signature    date

**Student plan for success (completed by the student):**

(Include clear benchmarks and deadlines, self-reflective strategies for improvement, outline how/when the instructor can support your strategies, and provide a plan for communication and follow-up.)

**Student and faculty plan for communication and follow-up on the Course Level Success Plan:**  
(completed together after the Student plan for success is outlined):

My signature below indicates that I understand and agree to the plan for success outlined above and the following:

\_\_\_ I must adhere to the identified plan and demonstrate **all** expected course competencies/objectives successfully in order to succeed in this course; the inability to do so will result in failure of the course.

\_\_\_ I understand that each course in the clinical program is essential to providing safe and competent patient care. Failure to successfully pass a course with a C or better could jeopardize my progression in the dental hygiene program.

\_\_\_ My success is my responsibility. My instructors are here to provide mentorship and support while holding each student equally accountable.

\_\_\_ I have read, understand, and have had my questions about course and program level policy answered.

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Student Signature and date

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Faculty signature and date



## **Program Level Student Success Plan**

A Program Level Student Success Plans helps the student identify opportunities for improvement, clarify expectations, and develop an individualized plan for long-term success in a dental hygiene program. The student will take ownership of the responsibility for achieving desired outcomes for success for the duration of the program. The Program Director/Coordinator will be a mentor and be the accountability facilitator in the plan for success. The Program Director/Coordinator will provide regular feedback as appropriate to the student regarding progress towards program completion.

Student:

Director/Coordinator:

Semester Initiated:

**Description of the opportunity for improvement (completed by Director/Coordinator):**

(Provide a clear objective description of observed behaviors and contextual information)

**Competencies/instructional objectives/policy of concern (completed by Director/Coordinator):**

(Provide program competencies/standards of care/instructional objectives and or policies related to the areas of concern; copy and paste from syllabus/handbook/clinic manual/program documents as appropriate)

**Director/Coordinator provided suggestions for success (completed by faculty):**

(Include suggested deadlines and suggested resources for improvement)

The above document was provided to the student for review following a face-to-face meeting to notify the student of the opportunity for improvement on \_\_\_\_\_.

The student is to return the completed document on or before \_\_\_\_\_.

*My signature below indicates that I met with the Director/Coordinator and I understand I must complete the document on or before the date above.*

\_\_\_\_\_  
Student signature    date

\_\_\_\_\_  
Director/Coordinator signature    date

**Student plan for success (completed by the student):**

(Include clear benchmarks and deadlines, self-reflective strategies for improvement, outline how/when the Director/Coordinator can support your strategies, and provide a plan for communication and follow-up.)

**Student and Director/Coordinator plan for communication and follow-up on the Program Level Success Plan:** (completed together after the Student plan for success is outlined):

My signature below indicates that I understand and agree to the plan for success outlined above and the following:

\_\_\_ I must adhere to the identified plan and demonstrate **all** expected competencies/objectives successfully in order to complete the dental hygiene program; the inability to do so will result in a change in progression status.

\_\_\_ It is my responsibility to discuss the terms of this document with each of my future faculty when appropriate to help facilitate my success.

\_\_\_ I understand that each course and requirement in the clinical program is essential to providing safe and competent patient care. Failure to successfully pass a course with a C or better could jeopardize my progression in the dental hygiene program.

\_\_\_ My success is my responsibility. My instructors are here to provide mentorship and support while holding each student equally accountable.

\_\_\_ I have read, understand, and have had my questions about course and program level policy answered.

\_\_\_\_\_

Student Signature and date

\_\_\_\_\_

Faculty signature and date

August 1 due date unless otherwise specified.

Health documentation due August prior to the start of the first clinical semester.

## Documentation Check-off BSDH

### In Student Success File

Last Name	First Name	Student I.D.	Graduation Date

- Background Check Report
- BLS CPR Certification expiration date \_\_\_\_\_
- Proof of Health Insurance
- Essential Abilities /Technical Standards form
- Statement of Adherence form
- Criminal Background Release
- Blood Borne Pathogen Training (annual requirement)** \_\_\_\_\_
- HIPPA (annual requirement)** \_\_\_\_\_

### In Health Center Student File

- Health Requirement Form
- Drug Screen Date Passed \_\_\_\_\_
- MMR 1 or Titer Date \_\_\_\_\_
- MMR 2 \_\_\_\_\_
- Varicella 1 or Titer Date \_\_\_\_\_
- Varicella 2 \_\_\_\_\_
- TDAP Date \_\_\_\_\_
- Hepatitis B 1 or Titer Date \_\_\_\_\_
- Hepatitis B 2 \_\_\_\_\_
- Hepatitis B 3 \_\_\_\_\_
- Influenza (annual requirement)** \_\_\_\_\_
- TB (annual documentation requirement)** \_\_\_\_\_
- Two-Step TST \_\_\_\_\_

### In Dental Student File

- ½ sheet cardstock about me (orientation)

August 1 due date unless otherwise specified.

Health documentation due August prior to the start of the first clinical semester.

- Dental clinic health history (Dentrix file)
- Dental clinic consent (Dentrix file)
- Dental clinic HIPAA form (Dentrix file)
- Clinic manual acknowledgement
- Radiology acknowledgement
- Local Anesthetic Certificate (December senior year)
- Local Anesthetic Letter (December senior year)
- Application for graduation (January senior year)
- Licensure application documents for each state applying to
  - o State: \_\_\_\_\_
  - o State: \_\_\_\_\_
  - o State: \_\_\_\_\_
- Additional permit application documents for each state applying to
  - o State: \_\_\_\_\_
  - o State: \_\_\_\_\_
  - o State: \_\_\_\_\_