COURSE SYLLABUS

COURSE NO., HOURS AND TITLE: DH 341-3 Periodontics & Local Anesthesia Practicum

COURSE INSTRUCTORS: Faith Y. Miller, RDH, MSEd (Lecture/Lab)
Associate Professor, Dental Hygiene
School of Allied Health
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Clinical Instructor
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OFFICE HOURS: Monday 9-10 12-1; Tuesday 11:30-1; Wednesday 12-1

MEETING TIME/LOCATION: Lecture, two hours weekly: Thursdays 10-11:50, ASA Room 70
Lab, two hours weekly: Mondays, Section 1: 10-11:50 am and Section 2: 1-2:50 pm ASA Room 17 (Wetlab/Pre-clinic)
18 August 2014 to 4 December 2014; Finals Week: 8-12 December 2014

ACADEMIC HONESTY: Students are expected to adhere to the policies regarding academic dishonesty and plagiarism, found in the latest edition of the SIUC Student Conduct Code http://policies.siu.edu/documents/StudentConductCodeFINALMay32011.pdf and http://studentlife.siu.edu/policies_resources/resources.html.
All students are expected to adhere to a strict code of academic honesty. Academic dishonesty will be addressed according to the “Policies and Procedures Applicable to Academic Dishonesty” as stated in the Important Information for Students, Faculty, & Staff booklet.

From the Student Conduct Code, section II, article A:

Acts of Academic Dishonesty:

1. Plagiarism, representing the work of another as one’s own work;
2. Preparing work for another that is to be used as that person’s own work;
3. Cheating by any method or means;
4. Knowingly and willfully falsifying or manufacturing scientific or educational data and representing the same to be the result of scientific or scholarly experiment or research;
5. Knowingly furnishing false information to a university official relative to academic matters;
6. Soliciting, aiding, abetting, concealing, or attempting conduct in violation of this code.
Sanctions will be imposed for violations of this policy in accordance with the Student Conduct Code. A copy of the Important Information for Students, Faculty & Staff booklet can be obtained from the Office of the Vice Chancellor for Student Affairs, Mailcode 4308, Southern Illinois University, Carbondale, IL 62901-4308.

**ADA ACCOMMODATIONS:** In keeping with the goal of the implementation of the Americans with Disabilities Act (ADA), all students for whom this act applies should notify the instructor immediately. If any student needs special services, please contact a faculty member or Disability Support Services at 453-5738. Peer tutors are also available; see Robert Broomfield, Academic Advisor for the School of Allied Health for details.

**EMERGENCY PROCEDURES:**
Southern Illinois University Carbondale is committed to providing a safe and healthy environment for study and work. Because some health and safety circumstances are beyond our control, we ask that you become familiar with the SIUC Emergency Response Plan and Building Emergency Response Team (BERT) program. Emergency response information is available on posters in buildings on campus, available on the BERT’s website at [www.bert.siu.edu](http://www.bert.siu.edu), Department of Public Safety’s website [www.dps.siu.edu](http://www.dps.siu.edu) (disaster drop down) and in the Emergency Response Guidelines pamphlet. Know how to respond to each type of emergency.

Instructors will provide guidance and direction to students in the classroom in the event of an emergency affecting your location. **It is important that you follow these instructions and stay with your instructor during an evacuation or sheltering emergency.** The Building Emergency Response Team will provide assistance to your instructor in evacuating the building or sheltering within the facility.

**COURSE DESCRIPTION:**
341-3 Periodontics and Local Anesthesia Practicum- The student will be introduced to identification, treatment and prevention of pathological conditions that affect the periodontium. Emphasis will be placed on anatomy and histology of the periodontium, current advances in periodontics, and soft tissue management. This course will also provide a working knowledge of local anesthesia as applied to the practice of dental hygiene. Students will be provided with the knowledge and skills necessary to administer both maxillary (infiltration) and mandibular (block) injections proficiently and safely. Course is two hours lecture and two hours laboratory each week. Prerequisite: DH 212, 226, and concurrent enrollment in DH 340. Laboratory fee: $50.

**PREREQUISITE TO:** 355, 441

**PROGRAM COMPETENCIES**

**Core Competencies (C)**
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.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.

**Patient Care (PC)**

**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.

*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.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.

Source: American Dental Education Association. ADEA Competencies for Entry into the Allied Dental Professions J Dent Educ 75, 7, 941-948, July 2011.

COURSE OBJECTIVES:
Upon completion of this course, the student will be able to:

Basic periodontology
1. State the goal of nonsurgical periodontal therapy (NSPT).
2. Identify clinical radiographic and histological characteristics of the periodontium
3. Explain the etiology and pathogenesis of periodontal disease including systemic factors and microbiology.
4. Classify periodontal disease based on clinical characteristics and observations in accordance with the American Academy of Periodontology (AAP).
5. Prepare a clinical record of a patient’s existing periodontal conditions: plaque scores, state of gingival tissues, pocket depths, gingival levels (attachment loss), radiographic appearance, occlusion, and other pertinent findings.
6. Develop an appropriate dental hygiene treatment plan based on clinical findings employing ADPIE(D). See Core Competencies included with this syllabus.
7. Identify and use techniques and instrumentation involved in periodontal debridement: scaling and root planing.
8. Identify and use procedures in the prevention of periodontal diseases: mechanical, drugs, nutrition, local factors, and index scores.
9. Describe various periodontal surgical procedures and soft tissue management techniques. (Covered more in-depth in DH 441)
10. Use effective communication with patients and peers on providing information about the various aspects of periodontics and disease prevention.

Local anesthesia administration
11. Evaluate patient medical history and physical status relative to administration of local anesthetics and vasoconstrictors.
12. Describe preparation of patient for administration of local anesthesia.
13. Select appropriate armamentarium for administration of local anesthesia.
14. Apply proper techniques in the administration of local anesthesia.
15. Administer local anesthesia properly, proficiently, and safely.
16. Provide post-operative instructions and proper record keeping techniques.
### TOPICAL OUTLINE:

<table>
<thead>
<tr>
<th>Topics</th>
<th>Percentages</th>
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<tbody>
<tr>
<td>I. Tissues of the Periodontium</td>
<td>5%</td>
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<tr>
<td>a. Structures of the periodontium</td>
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<td>b. Structure of relationship to disease</td>
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<td>II. Clinical Examination</td>
<td>20%</td>
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<tr>
<td>a. Health history</td>
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<td>b. Oral hygiene assessment</td>
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<td>c. Dental hygiene diagnosis &amp; process of care (ADPIE[D)</td>
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<tr>
<td>III. Gingival Diseases</td>
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<td>a. Plaque-induced gingival lesions</td>
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<tr>
<td>b. Non-plaque-induced lesions</td>
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<tr>
<td>i. Acute herpetic gingivostomatitis</td>
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<tr>
<td>c. Drug-influenced gingival lesions</td>
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<tr>
<td>i. Gingival enlargement</td>
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<td>IV. Periodontal Diseases</td>
<td>20%</td>
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<tr>
<td>a. Chronic periodontitis</td>
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<tr>
<td>b. Localized/generalized periodontitis</td>
<td></td>
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<tr>
<td>c. Aggressive periodontitis</td>
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<tr>
<td>d. Occlusal trauma</td>
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<tr>
<td>e. Necrotizing periodontal disease</td>
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<tr>
<td>f. Periodontitis as a manifestation of systemic disease</td>
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<tr>
<td>V. Instrumentation Techniques/Probing/Detection/Root Plane</td>
<td>10%</td>
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<tr>
<td>VI. Local Anesthesia Practicum</td>
<td>25%</td>
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<tr>
<td>(Lab Competency, practice only; Written examination 75%)</td>
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<tr>
<td>a. Armamentarium, patient/operator preparation</td>
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<tr>
<td>b. Injection and administration techniques</td>
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<tr>
<td>c. Post-operative instructions and record keeping</td>
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### TEXTBOOKS:

**Required:**

### Attendance Policy:  (Applies to both class [lecture] and lab sessions)

Students are expected to attend **all class and lab sessions** as scheduled. The student MUST inform the course instructor **PRIOR** to a class or lab meeting if he/she intends to be absent. Failure to do so will result in a zero for the day. **Any two (2) sessions missed, class AND/OR lab will result in the lowering of ONE letter grade.** If the student missed class due to health or emergency reasons, he/she must submit appropriate documentation as proof the absence was health/emergency related. Schedules for both lecture and lab along with planned activities are included.
Expectations of Professionalism: (Applies to lecture and lab sessions)

- Students are expected to arrive to class on time and prepared (assignments ready to hand in, readings accomplished, etc.). Late arrivals will receive a deduction of points from the final point total. As stated in the attendance policy, students are expected to attend all class/lab sessions.
- Do not wait until the last minute to consult with the instructor if you are having difficulty with the course or even a fellow classmate. Any missed quizzes or tests will not be made up unless an acceptable excuse is given along with accompanying documentation.
- The student is responsible for obtaining any missed course notes from a fellow classmate.
- All work submitted for the course should be typewritten (see applicable criteria for individual assignments), well-organized, and multiple pages stapled together, not torn corners, or paper-clipped.
- Students seen reading the newspaper, magazines, (dental or non-dental) texting, “Facebooking”, “Tweeting,” etc., or “napping” during class/lab will be promptly dismissed from the classroom/lab.
- All pagers, cell phones, MP3 players, iPods™, or other electronic devices with the exception of those directly related to the well-being of the student MUST be turned off or silenced. If you must receive a phone call during class, please sit to the rear of the room nearest the door to make a quiet exit, if necessary for an emergency.
- Excessive talking and chatter while the instructor or classmate has the “floor” is not only disrespectful, but also disruptive towards the accomplishment of the objectives---DO NOT DO IT.
- Students are expected to dress appropriately for all lab sessions (see lab schedule). Absolutely no jewelry will be worn during lab where direct patient contact occurs.

(Adapted from: The Purposes of a Syllabus, Jay Parke and Mary B. Harris)

COURSE DELIVERY/METHODOLOGY:
Multiple methodologies are used to deliver course material: lecture/discussion, educational modules, components of problem-based learning, demonstration/performance (laboratory), web-based (Desire2Learn™) and printed media via handouts to supplement textbooks, as well as videos, and review of case studies. Whenever possible class notes will be placed on Desire2Learn™ prior to the class session to allow students the option of printing before or after the lecture. Guest lecturers may be scheduled throughout the semester as well. The student is expected to be present during the guest lectures.

GRADING/FINAL GRADE/GRADING SCALE:
The final grade received in the course will be based on the number of points earned on the tests, quizzes, and final examination from the lecture portion combined with the cumulative total from all laboratory competencies, review questions, and the local anesthesia examination. The actual number of overall (lecture + lab) points earned will be divided by the number of total points possible and multiplied by 100 to arrive at the percentage (or standard score) for the course final grade. THERE WILL BE NO EXTRA CREDIT.

| Example: 430 (total points earned) ÷ 500 (total points possible) = 0.86 x 100 = 86.00 or 86% = B (final course) grade |

No incomplete grades (“INC”) will be given. The student’s grade will be computed based upon the cumulative total. The student MUST attain a grade of “C” or better to advance otherwise the course MUST be repeated when offered in the fall.

**Grading scale**

<table>
<thead>
<tr>
<th>Score</th>
<th>Grade</th>
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<tbody>
<tr>
<td>90-100</td>
<td>A</td>
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<tr>
<td>80-89</td>
<td>B</td>
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<td>70-79</td>
<td>C</td>
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<tr>
<td>60-69</td>
<td>D</td>
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<tr>
<td>50-59</td>
<td>F</td>
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**REPEAT THE COURSE**
INSTRUCTIONAL OBJECTIVES: Mastery of the following instructional objectives will lead toward mastery of SIU Dental Hygiene Program Core Competencies. Upon completion of each module, mastery of instructional objectives will be determined by means of written (WE) and/or clinical evaluation (CE), or Demonstration/Performance (D/P) (not tested). The following Learning Objectives correspond with the required text for the course (Nield-Gehring, et al), the page numbers are indicated at the end of each objective.

Chapter 1- Periodontium- Tooth Supporting Structures

1-1 List and recognize the clinical features of periodontal health.................................................................3 (WE, D/P)
1-2 Describe the function that each tissue serves in the periodontium, including the gingiva, periodontal ligament, cementum, and alveolar bone...............................................................................................................................4 (WE)
1-3 Identify the following anatomical areas of the gingiva in the oral cavity: free gingiva, gingival sulcus, interdental gingiva, and attached gingiva.............................................................................................................................................5 (WE, D/P)
1-4 Identify the tissues of the periodontium on an unlabeled drawing depicting the periodontium in cross section...... 6 (WE)
1-5 Identify the following boundaries of the gingiva in the oral cavity: gingival margin, free gingival groove, and mucogingival junction. If the free gingival groove is not visible clinically, determine the apical boundary of the free gingiva by inserting a probe to the base of a sulcus on an anterior tooth..................................................................................................................................................................................7 (WE, D/P)
1-6 In the oral cavity, identify the free gingiva on an anterior tooth by inserting a periodontal probe to the base of the sulcus........................................................................................................................................................................................................8 (WE, D/P)
1-7 In the oral cavity, contrast the coral pink tissue of the attached gingiva with the darker, shiny tissue of the alveolar mucosa.........................................................................................................................9 (WE, D/P)
1-8 In the oral cavity, use compressed air to detect the presence or absence of stippling of the attached gingiva....... 10 (WE, D/P)
1-9 Identify the alveolar process (alveolar bone) on a human skull...........................................................................13 (WE, D/P)
1-10 Describe the position and contours of the alveolar crest of the alveolar bone in health...................................14 (WE, D/P)
1-11 Describe the nerve and blood supply to the periodontium..............................................................................15 (WE)
1-12 Explain the role of the lymphatic system in the health of the periodontium......................................................17 (WE)

Chapter 2- Microscopic Anatomy of the Periodontium

2-1 Define the term epithelial tissue and describe its function in the body..............................................................3 (WE)
2-2 List and define the layers that comprise the stratified squamous epithelium of the skin.................................. 4 (WE)
2-3 Define keratin and describe its function in the epithelium...................................................................................5 (WE)
2-4 Define the term cell junction and describe its function in the epithelial tissues..................................................6 (WE)
2-5 Compare and contrast the terms desmosome and hemidesmosome...............................................................7 (WE)
2-6 Describe the epithelium–connective tissue interface found in most tissues of the body, such as the interface between the epithelium and connective tissues of the skin.................................................................8(WE)

2-7 Describe the function of connective tissue in the body.................................................................10(WE)

2-8 List and recognize the histologic features of periodontal health.........................................................11(WE)

2-9 List and define the layers that comprise the stratified squamous epithelium of the gingiva.................12(WE)

2-10 Identify the three anatomic areas of the gingival epithelium on an unlabeled drawing of the anatomic areas of the gingival epithelium.................................................................13(WE)

2-11 Define the term oral epithelium and describe its location and function in the gingival epithelium..............14(WE)

2-12 Define the term sulcular epithelium and describe its location and function in the gingival epithelium.......15(WE)

2-13 Define the term junctional epithelium and describe its location and function in the gingival epithelium...........16(WE)

2-14 State which of the anatomical areas of the gingival epithelium have an uneven, wavy epithelium–connective tissue interface in health and which have a smooth junction in health.................................................................17(WE)

2-15 State the level of keratinization present in each of the three anatomical areas of the gingival epithelium (keratinized, nonkeratinized, or parakeratinized).................................................................18(WE)

2-16 Identify the enamel, gingival connective tissue, junctional epithelium, internal basal lamina, external basal lamina, epithelial cells, desmosomes, and hemidesmosomes on an unlabeled drawing depicting the microscopic anatomy of the junctional epithelium and surrounding tissues.................................................................19(WE)

2-17 Describe the function of the gingival connective tissue.................................................................20(WE)

2-18 Define the term supragingival fiber bundles and describe their function in the periodontium.................21(WE)

2-19 Define the term periodontal ligament and describe its function in the periodontium............................22(WE)

2-20 Identify the principle fiber groups of the periodontal ligament on an unlabeled drawing............................24(WE)

2-21 Define the term Sharpey fibers.................................................................................................25(WE)

2-22 Define the term cementum and describe its function in the periodontium............................................26(WE)

2-23 State the three relationships that the cementum may have in relation to the enamel at the cementoenamel junction.................................................................................................................27(WE)

2-24 Define the term alveolar bone and describe its function in the periodontium...........................................28(WE)

Chapter 3 – The Progression of Periodontal Disease

3-1 Define the term pathogenesis.................................................................................................................3(WE)

3-2 Define the term periodontal disease and contrast it with the term periodontitis.........................................4(WE)

3-3 Name and define the two types of periodontal disease.............................................................................5(WE)

3-4 Compare and contrast the clinical and histologic characteristics of the periodontium in health, gingivitis, and periodontitis.................................................................................................................6(WE)
3-5 Looking in a patient’s mouth, point out visible clinical signs of health, gingivitis, and/or periodontal disease.7 (WE)
3-6 Looking in a patient’s mouth with periodontal disease, point out any visible clinical signs of periodontal disease. Using a periodontal probe, measure the depth of the sulcus or pockets on the facial aspect of one sextant of the mouth. Using the information gathered visually and with the periodontal probe, explain whether this patient’s disease is gingivitis or periodontitis.8 (WE, D/P)
3-7 Describe the sequential development of inflammatory periodontal disease.10 (WE)
3-8 Describe the position of the crest of the alveolar bone in gingivitis.11 (WE)
3-9 Describe the position of the junctional epithelium in health, gingivitis, and periodontitis.12 (WE)
3-10 Describe the epithelial–connective tissue junction in health, gingivitis, and periodontitis.13 (WE)
3-11 Explain why there is a band of intact transseptal fibers even in the presence of severe bone loss.15 (WE)
3-12 Describe the progressive destruction of alveolar bone loss that occurs in periodontitis.16 (WE)
3-13 Compare and contrast horizontal and vertical bone loss.17 (WE, D/P)
3-14 Describe the pathway of inflammation that occurs in horizontal bone loss.18 (WE)
3-15 Describe the pathway of inflammation that occurs in vertical bone loss.19 (WE)
3-16 Define the terms active disease site and inactive disease site.20 (WE)
3-17 Define the term attachment loss.21 (WE)
3-18 Define the term gingival pocket. Explain why a gingival pocket sometimes is referred to as a false pocket.22 (WE)

Chapter 4- Classification of Periodontal Diseases and Conditions
4-1 List, describe, and differentiate the various periodontal diseases according to the 1999 classification system established by the American Academy of Periodontology.2 (WE)
4-2 Define and contrast the terms gingival disease, periodontal disease, and periodontitis.3(WE)
4-3 Define and contrast the terms plaque-induced gingival diseases and non-plaque-induced gingival lesions.4(WE)
4-4 Define and contrast the terms chronic periodontitis and aggressive periodontitis.5(WE)

Chapter 5- Etiology of Periodontal Disease
5-1 Describe variables associated with periodontal disease that an epidemiologist might include in a research study.2 (WE)
5-2 Define prevalence and incidence as measurements of disease within a population.3(WE)
5-3 Discuss historical and current theories associated with the progression of periodontal disease.5(WE)
5-4 Describe how clinical dental hygiene practice can be affected by epidemiological research.5(WE)

Chapter 6- Oral Biofilms and Periodontal Infections
6-1 Define the terms innocuous, pathogenic, virulent, Gram-positive, and Gram-negative.3(WE)
6-2 Recognize that not all bacteria are equally capable of causing periodontal disease.4(WE)
6-3 Define the term biofilm and explain the advantages to a bacterium of living in a biofilm.5(WE)

8
6-4 Name three everyday examples of biofilms in the environment.

6-5 Name the three bacteria designated by The World Workshop in Periodontology as periodontal pathogens.

6-6 Identify bacteria associated with health, gingival diseases, and periodontitis.

6-7 Describe how the numbers of bacteria vary from health to disease in the periodontium.

6-8 Name and describe the components of the biofilm structure.

6-9 Given a drawing of a mature biofilm, label the following: bacterial microcolonies, fluid channels, extracellular slime layer, acquired pellicle, and tooth surface.

6-10 Explain the significance of the extracellular slime layer to a bacterial microcolony.

6-11 Explain the purpose of the fluid channels in the biofilm.

6-12 Define coaggregation and explain its significance in bacterial colonization of the tooth surface.

6-13 Explain why systemic antibiotics and antimicrobial agents are not effective in eliminating dental plaque biofilms.

6-14 State the most effective ways to control dental plaque biofilms.

6-15 Explain why frequent periodontal instrumentation is vital in the control of dental plaque biofilms located within periodontal pockets.

6-16 Given a drawing of the subgingival plaque biofilm, label the zones of bacterial attachment.

6-17 Explain to a patient how to prevent and delay the development of dental plaque biofilms.

Chapter 7-Local Contributing Factors

7-1 Define the terms pathogenicity and local contributing factors.

7-2 Identify local etiologic factors that contribute to the retention and accumulation of microbial plaque biofilm.

7-3 Explain the meaning of the phrase “pathogenicity of plaque”.

7-4 Identify and differentiate the location, composition, modes of attachment, mechanisms of mineralization, and pathologic potential of supragingival and subgingival calculus deposits.

7-5 Describe four local contributing factors that can lead to direct damage to the periodontium.

7-6 Describe the role of trauma from occlusion as a contributing factor in periodontal disease.

Chapter 8-Basic Concepts of Immunity & Inflammation

8-1 Define the term immune system and name its primary function.

8-2 Define the term inflammation and name two events that can trigger the inflammatory response.

8-3 Name the five classic symptoms of acute inflammation and explain what events in the tissues result in these classic symptoms.

8-4 Give an example of a type of injury or infection that would result in inflammation in an individual’s arm. Describe the symptoms of inflammation that the individual would experience.

8-5 Compare and contrast acute inflammation and chronic inflammation.
8-6 Define the term phagocytosis and describe the steps in this process. 8 (WE)
8-7 Describe the role of polymorphonuclear leukocytes in the immune system. 9 (WE)
8-8 Describe the role of macrophages in the immune system. 10 (WE)
8-9 Contrast the terms macrophage and monocyte. 11 (WE)
8-10 Describe the role of B lymphocytes in the immune system. 12 (WE)
8-11 Describe the role of T lymphocytes in the immune system. 13 (WE)
8-12 Describe the three ways that antibodies participate in the host defense. 14 (WE)
8-13 Define the term inflammatory mediator. 15 (WE)
8-14 Define complement system and explain its principle functions in the immune response. 16 (WE)

Chapter 9 - Host Immune Response to Periodontal Pathogens
9-1 Define the term immune system and name its primary function. 3 (WE)
9-2 Examine the periodontium of a patient with gingivitis and point out the signs of inflammation that are visible in the tissues. 8 (WE)
9-3 Define the term biochemical mediator and name three types of mediators. 16 (WE)
9-4 Describe the tissue destruction that can be initiated by the biochemical mediators secreted by the immune cells. 17 (WE)
9-5 Describe the sequential development of periodontal disease. 18 (WE)
9-6 Describe the role of the host response in the severity and tissue destruction seen in periodontitis. 19 (WE)
9-7 Explain the immunologic interactions of the host in periodontal diseases. 20 (WE)
9-8 Describe and differentiate the mechanisms of tissue destruction in periodontal disease. 21 (WE)
9-9 Describe and discuss current knowledge of the immunopathology of periodontal disease. 22 (WE)

Chapter 10 - Systemic Factors Associated with Periodontal Disease
10-1 Describe systemic factors that may modify or amplify the host response to periodontal pathogens. 3 (WE)
10-2 For a patient in your care with periodontitis, explain to your clinical instructor the factors that may have contributed to your patient’s periodontitis. 4 (WE)
10-3 Define the terms Type 1 diabetes, Type 2 diabetes, and gestational diabetes. 5 (WE)
10-4 Discuss the implications of diabetes on the periodontium. 6 (WE)
10-5 Define the term osteoporosis and discuss the link between skeletal osteoporosis and alveolar bone loss in the jaw. 7 (WE)
10-6 Discuss how hormone alterations may affect the periodontium. 8 (WE)
10-7 Define the term pregnancy-associated pyogenic granuloma. 9 (WE)
10-8 Explain how abnormalities of polymorphonuclear leukocytes may affect the body’s response to periodontal pathogens. 10 (WE)
Chapter 11-Smoking and Periodontal Disease

11-1 Discuss the implications of smoking on periodontal health status. 2 (WE)

11-2 Discuss the implications of smoking on the host response to periodontal disease. 3 (WE)

11-3 Discuss the effects of smoking on periodontal treatment outcomes. 4 (WE)

11-4 Discuss current theories as to why smokers have more periodontal disease than nonsmokers. 5 (WE)

11-5 Explain why tobacco cessation counseling is a valuable part of patient care in the dental setting. 6 (WE)

11-6 Value the importance of providing tobacco cessation counseling as a routine part of periodontal treatment. 7 (WE)

Chapter 12-Etiologic Factors: Risks for Periodontitis

12-1 Define the term biologic equilibrium and discuss factors that can disrupt the balance between health and disease in the periodontium. 2 (WE)

12-2 Define and give examples of the term contributing risk factors. 3 (WE)

12-3 For a patient in your care with periodontitis, explain to your clinical instructor the factors that may have contributed to your patient’s disease. 4 (WE)

Chapter 13-Clinical Features of the Gingiva

13-1 Describe characteristics of the gingiva in health. 2 (WE)

13-2 List clinical signs of gingival inflammation. 5 (WE, D/P)

13-3 Compare and contrast clinical features of healthy and inflamed gingival tissue. 6 (WE)

13-4 Explain the difference in color between acute and chronic inflammation. 7 (WE)

13-5 Differentiate between bulbous, blunted, and cratered papilla. 8 (WE, D/P)

13-6 Write a description of gingival inflammation that includes descriptors of duration, extent, and distribution of inflammation. 9 (WE)

Chapter 14-Diseases of the Gingiva

14-1 Name and define the two major subdivisions of gingival disease as established by the American Academy of Periodontology. 2 (WE)

14-2 Compare and contrast dental plaque-induced gingival diseases and non-plaque-induced gingival lesions. 3 (WE)

14-3 Describe the clinical signs of inflammation you would expect to find in a patient with moderate plaque-induced gingivitis. 5 (WE)

14-4 List systemic factors that may modify gingival disease. 6 (WE)

14-5 Name three types of medications that may cause gingival enlargement. 7 (WE)

14-6 Explain how the use of certain medications and malnutrition can modify gingival disease. 8 (WE)
Chapter 15-Chronic Periodontitis

15-1 Name and define the three major categories of periodontitis.

15-2 Recognize and describe clinical and radiographic features of chronic periodontitis.

15-3 Define the term clinical attachment loss.

15-4 In the clinical setting, explain to your patient the signs and symptoms of chronic periodontal disease.

15-5 List systemic factors that may be contributing factors to periodontitis.

15-6 Define recurrent chronic periodontitis.

15-7 Define refractory chronic periodontitis.

Chapter 16-Aggressive Periodontitis

16-1 Compare and contrast the clinical and radiographic features of chronic periodontitis and aggressive periodontitis.

16-2 Discuss the differences between ideal and reasonable treatment goals for aggressive periodontitis.

16-3 Given the clinical and radiographic features for a patient with a history of aggressive periodontitis, determine if the disease is localized or generalized aggressive periodontitis.

Chapter 19-Clinical Periodontal Assessment

19-1 Explain which members of the dental team are responsible for the clinical periodontal assessment.

19-2 Compare and contrast a periodontal screening examination and a comprehensive periodontal assessment.

19-3 Describe how to perform one type of periodontal screening examination.

19-4 Name the components of a comprehensive periodontal assessment.

19-5 Describe how to evaluate each component of a comprehensive periodontal assessment.

19-6 Explain how to calculate the width of attached gingiva.

19-7 Explain how to calculate clinical attachment level given several different clinical scenarios.

19-8 In a clinical scenario, calculate and document the clinical attachment levels for a patient with periodontitis.

Chapter 20- Radiographic Analysis of the Periodontium

20-1 Recognize the radiographic characteristics of normal and abnormal alveolar bone.

20-2 Recognize and describe early radiographic evidence of periodontal disease.

20-3 Distinguish between vertical and horizontal alveolar bone loss.

20-4 Recognize potential etiologic agents for periodontal disease radiographically.

Chapter 21- Nutrition and Periodontal Disease

21-1 Explain the possible relationship between vitamin D and calcium deficiency and periodontal disease.

21-2 List some oral symptoms that can be seen in chronic or severe vitamin C deficiency.
21-3 Define scurvy ..................................................4(WE)
21-4 Explain the term ascorbic acid-deficiency gingivitis. ..................................................5(WE)
21-5 List several nutrient deficiencies that may increase the risk for periodontal disease. ..........6(WE)
21-6 Name two dietary factors that may increase the risk for periodontal disease in addition to specific nutrient deficiencies. ..........................................................7(WE)
21-7 Name three general functions of nutrients in maintaining periodontal health. ......................8 (WE)
21-8 Explain how nutritional counseling might be accomplished with a patient. ..........................9(WE)

Chapter 23- Decision Making and Treatment Planning
23-1 List the three fundamental diagnostic questions used when assigning a periodontal diagnosis. ..........2(WE)
23-2 Explain how to arrive at appropriate answers to each of the fundamental diagnostic questions. ....3(WE)
23-3 Explain the difference between the terms signs of a disease and symptoms of a disease. ............5(WE)
23-4 Explain the term silent disease. ..................................................................................................6(WE)
23-5 Describe what is meant by the term clinical attachment loss. ..................................................7(WE)
23-6 Describe the elements of a well-written diagnosis for periodontitis. ........................................8(WE)
23-7 List the phases of treatment. ........................................................................................................9(WE)
23-8 Explain the term informed consent. .............................................................................................11(WE)
23-9 List guidelines for obtaining informed consent. ..........................................................................12(WE)

Chapter 28-Chemical Agents in Plaque/Biofilm
28-1 Describe the difference between systemic delivery and topical delivery of chemical agents. .............2(WE)
28-2 Explain the term systemic antibiotic. .............................................................................................3(WE)
28-3 Explain why systemic antibiotics are not used routinely in the treatment of patients with plaque-associated gingivitis and patients with chronic periodontitis. .....................................................................................4(WE)
28-4 Describe three examples of mouth rinse ingredients that can help reduce the severity of gingivitis. 5(WE)
28-5 Define the term controlled-release delivery device. ....................................................................6(WE)
28-6 List three antimicrobial agents that can be delivered with controlled-release delivery devices. ...7(WE)
28-7 Explain why toothpastes are nearly ideal delivery mechanisms for chemical agents. .................8(WE)
28-8 List two toothpaste ingredients that can reduce the severity of gingivitis. .................................9(WE)
Chapter 34: Documentation of Periodontal Care

34-1 Understand the foundations of tort law and how it applies to the profession of dentistry 2(WE)

34-2 Define the term liability as it applies to provision of periodontal care 3(WE)

34-3 Identify situations in the dental office that trigger liability for dental hygienists 4(WE)

34-4 Define the terms intentional torts and negligence and give examples of each 5(WE)

34-5 In the clinical setting, thoroughly document all periodontal treatment including treatment options, cancellations, patient noncompliance, refusal of treatment, and follow-up telephone calls 6(WE, D/P)

34-6 Define the terms insurance codes and insurance form and explain their use in periodontal care 8(WE)

Chapter 36: Case Studies (application of Learning Objectives) (WE, D/P)

INSTRUCTIONAL OBJECTIVES FOR LOCAL ANESTHESIA PRACTICUM

The following learning objectives are taken from Local Anesthesia for the Dental Hygienist (Demetra Daskalos Logothetis, 1st ed. Elsevier, 2012, a Mosby, Inc. publisher)

Chapter 9: Armamentarium/Syringe Preparation (pp151-176)

1. Describe and assemble all equipment necessary to deliver local anesthesia before dental or dental hygiene procedures. (WE, CE, D/P)

2. Demonstrate appropriate aseptic procedures for discarding anesthetic needles and cartridges. (WE, CE, D/P)

3. Recognize manufacturer color codes for needle gauge and discuss the parts of the needle. (WE, D/P)

4. Recognize the American Dental Association (ADA) standard color codes for anesthetic cartridges. (WE, D/P)

5. Discuss care and handling of the syringe, needle, and cartridge. (WE, CE, D/P)

6. Describe the cartridge inspection process and the ramifications of the following:
   a. Cracked cartridge
   b. Bubbles in cartridge
   c. Corroded/rusted caps
   d. Outdated anesthetic solution
   e. Extruded plunger (WE, CE, D/P)

7. Discuss problems relative to the needle, which may occur during anesthetic procedures. (WE)

8. Define the following: harpoon, gauge, bevel, deflection. (WE)

9. Recognize and label the parts of the syringe, needle, and cartridge. (WE, D/P)

10. Discuss the 8 types of syringes available in dentistry: (Ref: Malamed, SF Handbook of Local Anesthesia, 5th ed. Elsevier-Mosby, 2004)
    a. Nondisposable syringes:
       i. Breech-loading, metallic, cartridge-type, aspirating
       ii. Breech-loading, plastic, cartridge-type, aspirating
       iii. Breech-loading, metallic, cartridge-type, self-aspirating
       iv. Pressure syringe for periodontal ligament injection (Ligajet)
       v. Jet injector (“needleless” syringe) (WE, CE, D/P)
    b. Disposable syringes (WE, D/P)
    c. “Safety” syringes (WE, D/P)
    d. Computer-controlled local anesthetic delivery systems (“The Wand”) (WE)
Chapter 11-Basic Injection Techniques (pp201-223)
1. Describe the four anesthetic administration techniques. (WE)
2. Describe patient preparation and rapport strategies inherent in stress reduction protocol used for all anesthetic procedures.
3. Describe the steps to providing a successful injection and the importance of each.

Chapter 12- Maxillary Nerve Anesthesia (pp224-270)
1. List the teeth and structures anesthetized by each type of maxillary injection and describe the target areas. (WE)
2. Locate and identify the anatomic structures used to determine the local anesthetic needle’s injection site for each type of maxillary injection on a skull and a patient. (WE, CE, D/P)
3. Demonstrate the correct placement of the local anesthetic needle for each type of maxillary injection on a skull and a patient. (WE, CE, D/P)
4. Identify the correct tissue penetrated by the local anesthetic needle for each type of maxillary injection. (WE, CE, D/P)
5. Discuss the indications of successful injections as well as complications of local anesthesia of the oral cavity associated with anatomic considerations for each type of maxillary anesthesia. (WE)
6. Correctly administer local anesthesia on the maxillary arch for the management of patient pain and hemostatic control during dental hygiene clinical practice without any complications. (WE, CE, D/P)

Chapter 13- Mandibular Nerve Anesthesia (pp271-308)
1. List the teeth and structures anesthetized by each type of mandibular injection and describe the target areas. (WE)
2. Locate and identify the anatomic structures used to determine the local anesthetic needle’s injection site for each type of mandibular injection on a skull and a patient. (WE, CE, D/P)
3. Demonstrate the correct placement of the local anesthetic needle for each type of mandibular injection on a skull and a patient. (WE, CE, D/P)
4. Identify the correct tissue penetrated by the local anesthetic needle for each type of mandibular injection. (WE, CE, D/P)
5. Discuss the indications of successful injections as well as complications of local anesthesia of the oral cavity associated with anatomic considerations for each type of mandibular anesthesia. (WE)
6. Correctly administer local anesthesia on the mandibular arch for the management of patient pain and hemostatic control during dental hygiene clinical practice without any complications. (WE, CE, D/P)

Additional Learning Objectives
1. Describe and perform the steps for topical anesthesia application. (WE, CE, D/P)
2. Assemble/disassemble the Oraqix® applicator. (WE, CE, D/P)
3. Know the difference between the ingredients in the cartridge for local anesthesia and the cartridge used for Oraqix® application. (WE, CE, D/P)
DH 341-Periodontics *Tentative* Class Meeting/Activity Schedule—Fall 2014

**Schedule Hints:**
- Refer to Text: *Foundations of Periodontics fir the Dental Hygienist, Nield-Gehrig & Wilmann, 3rd ed.* ("Text").
- Practice case studies *may* be assigned on the web or discussed in class/groups;
- We may refer to various websites throughout the semester and non-scheduled assignments will be announced accordingly.

<table>
<thead>
<tr>
<th>Session</th>
<th>Date (Thursdays)</th>
<th>Activity</th>
<th>Notes/Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>8/21</td>
<td>Introduction to DH 341; Receive syllabus, review course expectations/Chapter 1</td>
<td>Pre-course assessment Read Ch 1-5 (Text) for Weeks 2-3;</td>
</tr>
<tr>
<td>#2</td>
<td>8/28</td>
<td>Begin Ch 2-3</td>
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<tr>
<td>#3</td>
<td>9/4</td>
<td>Continue Ch 4-5</td>
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<tr>
<td>#4</td>
<td>9/11</td>
<td>TEST #1 Chapters 1-5</td>
<td>Read Ch 6-12 for weeks 5-8</td>
</tr>
<tr>
<td>#5</td>
<td>9/18</td>
<td>Begin Ch 6-7</td>
<td>Possible schedule change here</td>
</tr>
<tr>
<td>#6</td>
<td>9/25</td>
<td>Continue Ch 7-8</td>
<td></td>
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<tr>
<td>#7</td>
<td>10/2</td>
<td>Chapter 9-10</td>
<td></td>
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<tr>
<td>#8</td>
<td>10/9</td>
<td>Continue Ch 11-12</td>
<td></td>
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<tr>
<td>#9</td>
<td>10/16</td>
<td>TEST #2 Chapters 6-12</td>
<td>Read Ch 13-18 for weeks 9-12 Possible schedule change here (Guest speaker)</td>
</tr>
<tr>
<td>#10</td>
<td>10/23</td>
<td>Begin Ch 13-14</td>
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<tr>
<td>#11</td>
<td>10/30</td>
<td>Ch 15-16</td>
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<tr>
<td>#12</td>
<td>11/6</td>
<td>Ch 17-18 TEST #3</td>
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<tr>
<td>#13</td>
<td>11/13</td>
<td>Begin Ch 25; 29</td>
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<tr>
<td>#14</td>
<td>11/20</td>
<td>Ch 31-33</td>
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<td></td>
<td>11/27</td>
<td><strong>NO CLASS THANKSGIVING BREAK</strong></td>
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<tr>
<td>#15</td>
<td>12/4</td>
<td>Final review and ICE forms</td>
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<tr>
<td>Final Exam</td>
<td>12/11</td>
<td><strong>FINALS WEEK—EXAM TIME: 10-11:45</strong></td>
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</tr>
</tbody>
</table>

**NOTE:** Chapters 19, 20, 21, 23, 28, 34, and 36 also will be covered in lab via hands-on activities, case studies, case studies from Adv. Perio, and small groups. The instructor reserves the right to alter the schedule when necessary. Be flexible! Please register your book online for questions, study guides. (Inside cover of the book)
DH 341 Periodontics *Tentative* Lab Schedule—Fall 2014

**Lab attire is scrubs and PPE unless otherwise specified. PPE includes eyewear, mask, and gloves. Overgown mandatory when working on patients/partners. No jewelry or watches may be worn in lab. **Schedule may be altered to accommodate other tentative activities.**

<table>
<thead>
<tr>
<th>LAB/Week &amp; Date Mondays</th>
<th>Activity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-8/18</td>
<td>Review lab activities for the semester. Prepare to “re-familiarize” yourself with the periodontal probe and practice technique on partner. Practice calculus detection.</td>
<td>PPE; work on partners. Review patient assessment. Bring mirror, explorer, and perio probe to class. Also bring BP cuff and stethoscope and thermometer. You will need lab partner’s chart. Read/Review Text Ch 19, 20, for Lab 2, Lab 4, Lab 5, and Lab 6.</td>
</tr>
<tr>
<td>3-9/1</td>
<td>Case studies in small groups</td>
<td>NO LAB –LABOR DAY HOLIDAY</td>
</tr>
<tr>
<td>4-9/8</td>
<td>Review of radiographic anatomy as it relates to periodontal disease. Identify normal vs. diseased periodontium. Small groups.</td>
<td>No PPE required—bring books to lab for reference; Text Ch 36</td>
</tr>
<tr>
<td>6-9/22</td>
<td>Case studies in small groups</td>
<td>Each student should bring an orange to lab. Bring syringe. Sterilize syringes for week 11. PPE and observe safety &amp; infection control protocols at all times.</td>
</tr>
<tr>
<td>7-9/29</td>
<td>Familiarization with ultrasonic, sonic, and piezoelectric technology. Periodontal medicine. Anesthesia overview &amp; View Oraqix CD-Rom. Begin Oraqix on partner.</td>
<td>PPE and observe safety &amp; infection control protocols at all times.</td>
</tr>
<tr>
<td>8-10/6</td>
<td>**Begin local anesthesia unit. Review safety procedures, medical history, and medical emergencies video; Practice working with anesthesia armamentarium and identifying landmarks (2 hrs)</td>
<td>No PPE required—bring books to lab for reference.</td>
</tr>
<tr>
<td>9-10/13</td>
<td>Oraqix and maxillary CD/video; begin maxillary injections; (2 hrs)</td>
<td>FALL BREAK NO LAB</td>
</tr>
<tr>
<td>10-10/20</td>
<td>Continue maxillary anesthesia and begin with CD/video on mandibular injection technique. (2 hrs)</td>
<td>Infraorbital/ASA, MSA, PSA, palatal PPE and observe safety &amp; infection control protocols at all times.</td>
</tr>
<tr>
<td>11-10/27</td>
<td>**Begin local anesthesia unit. Review safety procedures, medical history, and medical emergencies video; Practice working with anesthesia armamentarium and identifying landmarks (2 hrs)</td>
<td>PPE and observe safety &amp; infection control protocols at all times.</td>
</tr>
<tr>
<td>Date</td>
<td>Activity</td>
<td>Notes</td>
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<tr>
<td>12-11/3</td>
<td>Continue maxillary anesthesia and begin with CD/video on mandibular</td>
<td>Infraorbital/ASA, MSA, PSA, palatal PPE and observe safety &amp; infection control protocols at all times.</td>
</tr>
<tr>
<td></td>
<td>injection technique. (2 hrs)</td>
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</tr>
<tr>
<td>13-11/10</td>
<td>Continue mandibular injections injection technique (2 hrs)</td>
<td>Mandibular injections: IA, LB, Mental PPE and observe safety &amp; infection control protocols at all times.</td>
</tr>
<tr>
<td>14-11/17*</td>
<td>Continue mandibular injections (2 hrs)</td>
<td>Mandibular injections: IA, LB, Mental PPE and observe safety &amp; infection control protocols at all times.</td>
</tr>
<tr>
<td>15-11/24*</td>
<td>Continue mandibular injections (2 hrs) (This is the week of Thanksgiving and classes meet M &amp; T)</td>
<td>Mandibular injections: IA, LB, Mental PPE and observe safety &amp; infection control protocols at all times.</td>
</tr>
<tr>
<td>16-12/1</td>
<td>OSCE’s AND Anesthesia Exam</td>
<td>No PPE required</td>
</tr>
<tr>
<td>16-12/9</td>
<td>Finals Week</td>
<td>Lab will not meet</td>
</tr>
</tbody>
</table>

*Last two sessions on anesthesia may be substituted with clinical patients if all students have completed the lab exercises.
The following is how the student will be assessed. Use this sheet to keep track of your earned points.

1. Tests and Quizzes, Lab Exercises—(Raw scores recorded)._____/_____#points.
   Quizzes will be given randomly throughout the semester so it is up to the student to come prepared, having read the required reading material for the day’s lecture. The instructor will announce at least one week prior, all exams. The point value will equal the number of questions.

2. Anesthesia Examination—100 pts. _______/_________#points. STUDENT MUST PASS WITH 75% OR BETTER OR THE EXAMINATION WILL HAVE TO BE RETAKEN.

3. Technique Evaluations—(varying point values) Application of Oraqix, Application of topical anesthetic, local anesthesia (assembly of armamentarium for maxillary and mandibular injections) Local anesthesia delivery techniques, PSA, MSA, ASA, IA, LB, mental block

4. OSCEs (Objective Structured Clinical Examinations Pass/Fail REQUIRED

5. Final Examination—100 pts. _______/________ #points.

The final will be comprehensive including material covered in lab. Local anesthesia WILL NOT APPEAR ON THE FINAL EXAMINATION—that is a separate final assessment. The points, however, will be figured into the final grade total. _______/_______ 100%
IMPORTANT DATES *
Semester Class Begins ........................................... 08/18/2014
Last day to add a class (without instructor permission): 08/24/2014
Last day to withdraw completely and receive a 100% refund: 08/31/2014
Last day to drop a course using SalukiNet .................... 10/26/2014
Last day to file diploma application (for name to appear in Commencement program): 10/31/2014
Final examinations .................................................. 12/8-12/12/2014

Note: For outreach, internet, and short course drop/add dates, visit Registrar’s Academic webpage http://registrar.siu.edu/

FALL SEMESTER HOLIDAYS
Labor Day 09/02/2014
Fall Break 10/11-10/14/2014
Veteran’s Day 11/11/2014
Thanksgiving Vacation 12/26-12/30/2014

WITHDRAWAL POLICY – Undergraduate only
Students who officially register for a session may not withdraw merely by the stopping of attendance. An official withdrawal form needs to be initiated by the student and processed by the University. For the proper procedures to follow when dropping courses and when withdrawing from the University, please visit http://registrar.siu.edu/pdf/gradcatalog1114.pdf

INCOMPLETE POLICY – Undergraduate only
An INC is assigned when, for reasons beyond their control, students engaged in passing work are unable to complete all class assignments. An INC must be changed to a completed grade within one semester following the term in which the course was taken, or graduation, whichever occurs first. Should the student fail to complete the course within the time period designated, that is, by no later than the end of the semester following the term in which the course was taken, or graduation, whichever occurs first, the incomplete will be converted to a grade of F and the grade will be computed in the student’s grade point average. For more information please visit http://registrar.siu.edu/grades/incomplete.html

REPEAT POLICY
An undergraduate student may, for the purpose of raising a grade, enroll in a course for credit no more than two times (two total enrollments) unless otherwise noted in the course description. For students receiving a letter grade of A, B, C, or D, the course repetition must occur at Southern Illinois University Carbondale. Only the most recent (last) grade will be calculated in the overall GPA and count toward hours earned. See full policy at http://registrar.siu.edu/pdf/gradcatalog1114.pdf

GRADUATE POLICIES
Graduate policies often vary from Undergraduate policies. To view the applicable policies for graduate students, please visit http://gradschool.siu.edu/about-us/grad-catalog/index.html

DISABILITY POLICY
Disability Support Services provides the required academic and programmatic support services to students with permanent and temporary disabilities. DSS provides centralized coordination and referral services. To utilize DSS services, students must come to the DSS to open cases. The process involves interviews, reviews of student-supplied documentation, and completion of Disability Accommodation Agreements. http://disabilityservices.siu.edu/

PLAGIARISM CODE


2014 E. O’Rourke