

**POLICY AND PROCEDURE MANUAL  
FOR THE  
DENTAL HYGIENE STUDENT**



**DENTAL HYGIENE PROGRAM  
SCHOOL OF ALLIED HEALTH**

**SOUTHERN ILLINOIS UNIVERSITY  
CARBONDALE, IL**

**FALL 2016**

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**AGREEMENT AND CONSENT**

I have received a copy of the "Policies and Procedures Manual for the Dental Hygiene Student." The contents have been explained to me, and I have been given the opportunity to read the manual. I understand the policies, requirements, rules, and protocol. I formally agree to abide by the requirements of this document as long as I remain a Dental Hygiene Student at Southern Illinois University.

---

NAME

DATE

Please retain this upper portion in your manual.

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PLEASE TEAR OFF THIS LOWER PORTION AND RETURN TO:  
Faith Y. Miller, RDH, MSED Program Director.

## INTRODUCTION

The Dental Hygiene program functions to prepare the student to successfully enter the profession of dental hygiene. Upon completion of the Program, the graduate should be capable of passing the written National Board Dental Hygiene Examination and the regional and/or state clinical practice examination for the state in which he or she wishes to practice dental hygiene.

### Dental Hygiene Program Mission

The mission of the Dental Hygiene Program is to provide quality educational experiences in an evidence-based curriculum, patient-centered clinical care, and interprofessional community-based service. The program strives to comprehensively prepare competent graduates to enter any one of six designated roles of the dental hygienist as defined by the American Dental Hygienists' Association (ADHA): Clinician, educator/health promoter, manager, researcher, consumer advocate, and change agent.

### Dental Hygiene Program Goals

1. Comprehensively prepare dental hygiene graduates who are competent in the utilization and integration of knowledge and critical thinking skills related to general education, biomedical sciences, dental science, and dental hygiene science.
2. Provide students with dynamic and diverse clinical opportunities that support the development of psychomotor and communication skills relevant to dental hygiene practice.
3. Prepare graduates who demonstrate professionalism and ethical leadership in the delivery of patient-centered evidence-based care.
4. Support students' needs and development to help them fully reach their potential.
5. Encourage student participation in community involvement to improve the well-being of others.
6. Provide students with the skills necessary to advance the practice of dental hygiene through research, involvement with professional associations, and life-long learning.

The Program supports the university mission in several ways including service to southern Illinois region by:

1. Providing preventive and therapeutic services through the Dental Hygiene Clinic and Community Dental Center (CDC).
2. Promoting consumer advocacy through educational service outreach activities at primary and elementary schools throughout the community.
3. Organizing activities that support those community members in need of economic support through the Student Association of Dental Hygienists' Association (SADHA) which is a Registered Student Organization (RSO) on campus through Student Life.

As a student, you will develop the cognitive, affective, and psychomotor competencies necessary to become a registered dental hygienist. Dental hygiene faculty will guide you toward successful completion of the objectives associated with mastery of the competencies.

Your goal of successfully completing the dental hygiene course of study can be achieved by applying the knowledge you acquire from study of the basic and pre-clinical sciences to the practical application in the Dental Hygiene Clinic. This requires you to assimilate the course content of four years of learning and incorporate it into the performance of oral health care services. Your educational experiences will be challenging and rewarding.

Your professors are available to guide and assist you. They will serve as resource liaisons during your course of study in dental hygiene.

The purpose of this manual is to provide you with a guide and a reference regarding the policies and procedures utilized by the Dental Hygiene program. The policies set forth in this manual are from Southern Illinois University, the College of Applied Sciences and Arts, the School of Allied Health, and the Dental Hygiene Program. These policies are to be your basic guide during your dental hygiene education.

## **AIDS Policy**

[The following was approved on August 26, 1988, in accordance with provisions set forth in SIU Board of Trustees 2 *Policies C.*] [http://policies.siu.edu/personnel\\_policies/chapter4/ch4-all/aids.html](http://policies.siu.edu/personnel_policies/chapter4/ch4-all/aids.html)

The following policies are based on the current state of medical knowledge and are subject to change as new information becomes available.

### **I. Policy Foundations**

- A. University decisions involving persons who suffer from AIDS shall be based on current and well-informed medical information.
- B. Current prevailing medical authorities agree that AIDS is not communicated through casual contact but requires intimate sexual contact or exchange of bodily fluids.

- C. For the purpose of this policy statement, the term "AIDS" shall include AIDS, AIDS-Related Complex, and a positive test for Human Immunodeficiency Virus.
- D. This policy should be reviewed periodically to ensure that it reflects the most current information available from both governmental and medical authorities.

## II. Non-Discrimination

- A. The university shall not discriminate in enrollment or employment against an individual with AIDS.
- B. No one shall be denied access to campus activities or facilities solely on the ground that they suffer from AIDS.

## III. Confidentiality

- A. The university shall comply with all pertinent statutes and regulations which protect the privacy and welfare of persons in the university community who suffer from AIDS as well as the welfare of others within the university community.
- B. The university will maintain procedural safeguards throughout the university with the objective of protecting the privacy of persons living with AIDS.
- C. All confidential medical information about an individual will be handled in compliance with legal requirements and professional ethical standards.
- D. The university will not disclose the identity of any student or employee who has AIDS, except as authorized by law or pursuant to guidelines following the general standards included in the [American College Health Association's Recommended Standards and Practices for a College Health Program](#), fourth edition:

In general, it is recommended that no specific or detailed information concerning complaints or diagnosis be provided to faculty, administrators, or even parents, without the expressed written consent of the patient in each case.

## IV. University Responsibilities

- A. The university shall develop and maintain a comprehensive educational program about AIDS.
- B. The university shall identify sources of competent and confidential testing for AIDS as well as counseling services upon request.
- C. The university shall identify sources of qualified medical care and encourage those with AIDS to utilize such sources.
- D. The university shall adopt and implement safety guidelines as proposed by the [U.S. Public Health Service](#) for handling and disposing of blood and other

body fluids.

- E. Decisions in all situations involving students or employees with health problems are to be made on a case by case basis, based on the medical facts in each case and with concern for the confidentiality and best interests of all parties involved. The chancellor or designee shall identify the person(s) to be involved in each case.

[http://policies.siu.edu/personnel\\_policies/chapter4/ch4-all/aids.html](http://policies.siu.edu/personnel_policies/chapter4/ch4-all/aids.html)

## **PROFESSIONAL STUDENT RESPONSIBILITIES AND EXPECTATIONS**

Health care providers are set apart from others by virtue of the dignity, worthiness, and responsibility of their work. Service to mankind is the primary objective of the dental hygienist and is the reason for the existence of the profession.

Others look to the health care provider for leadership and expect more than ordinary demonstration of good human relations. Being professional requires a high standard of interpersonal, professional, interdisciplinary and community relationships.

Each dental hygienist represents the entire profession to the individual patient or groups of people they serve. The dental hygienist's attitude toward his or her profession, health, appearance and associations is often reflected in the subsequent attitude of the public toward other dental hygienists, and dental hygiene and dental care in general.

Members of the health professions need to exemplify the traits which they hold as objectives for others if response and cooperation is to be expected. As future members of the health profession, dental hygiene students must be willing to accept the responsibilities placed on them in order to prove they are capable of assuming future responsibilities.

The transition from a layman to a professional person, which must be made during professional training and education, is not easy. From past educational experiences, emphasis may have been placed on learning to receive high grades in order to be admitted to a university, special program of study, or graduate school. During professional education, this emphasis must shift to learning for the sake of learning.

One must strive to thoroughly understand what one is learning in order to be able to transfer this knowledge from the classroom to the laboratory and from the laboratory to the clinic. As an individual adopts this philosophy of learning and is being educated in the true sense of the word, it becomes easy to receive high grades. This philosophy of learning prepares the student to accept future professional responsibilities.

A professional person never stops learning. Professional knowledge is challenged daily due to differences of individual health problems and new knowledge in the scientific world.



## **EDUCATIONAL OBJECTIVES OF THE DENTAL HYGIENE PROGRAM AT SOUTHERN ILLINOIS UNIVERSITY**

1. To prepare individuals who are capable of meeting the needs of society, dentistry and dental hygiene now and in the future;
2. To prepare dental hygienists who are able to participate effectively in an interdisciplinary approach to meeting the health care needs of an increasingly complex world;
3. To prepare dental hygienists with strong theoretical base in humanities, psychosocial sciences, basic sciences, and dental hygiene sciences who are able to synthesize and apply this knowledge in all professional interactions;
4. To prepare liberally educated professionals who are capable of problem solving, decision making, and are motivated to be life-long learners;
5. To prepare dental hygienists who are aware of the need, motivated and have appropriate knowledge and skills to provide access to care for all segments of the population with emphasis on children, elderly, culturally diverse, individuals living in rural areas, and those with special care needs.
6. To prepare dental hygienists who are capable of functioning in a variety of settings; to include the functional roles of practitioner, researcher, manager, change agent, consumer advocate, and education/health promoter in order to better meet the oral health care needs of the public;
7. To facilitate the development of dental hygienists who will uphold the ethics of the dental hygiene profession;
8. To facilitate the development of dental hygienists who are committed to contributing to the betterment of the profession through membership and active participation in professional associations;
9. To provide an articulation pathway for efficient completion of a baccalaureate degree in dental hygiene for dental hygienists who have completed an associate degree from any of the dental hygiene programs located in community colleges in Illinois and/or other programs throughout the United States.
10. To continue to help meet the oral health care needs of southern Illinois through provision of care in the Dental Hygiene Clinic, the Community Dental Center, long-term care facilities, and through community involvement.
11. To provide sufficient numbers of dental hygienists to meet the state and regional employment needs.
12. To prepare dental hygienists with communication and leadership skills needed to participate effectively in the maintenance of community health in areas of prevention,

education, and care;

13. To prepare dental hygienists to actively participate in health promotion;
14. To prepare graduates who have the desire and the ability to complete graduate and professional education programs.

## **ETHICS**

Ethics is defined as a system of rules, right conduct, morals, and principles governing the conduct of a professional group planned by that group for the common good.

Understanding the ethics of the profession is vital to professional development. It is not difficult to belong to a profession, but it requires personal commitment to ethical principles to become a "professional."

The dental hygiene students belong to the Student Chapter of the American Dental Hygienists' Association. Involvement in this organization provides the student with a means of interacting in a way which contributes to professional development, based on the Code of Ethics established by the American Dental Hygienists' Association.

**This Code of Ethics begins on page 18 of this document.**

## PROFESSIONAL CONDUCT

Part of attaining professionalism is to have strived to acquire the maximum amount of knowledge and skills possible while in school and to continue learning after graduation to assure patients will receive the highest quality of care.

The Dental Hygiene Program has the responsibility to prepare students for the dental workforce who will provide a high standard of preventive oral health care while meeting the needs of the individual patient and the community.

### A. ATTENDANCE

Dental hygiene students are expected to attend all lectures, labs, clinics, and special assignments. Excused absences must be discussed in advance with appropriate faculty. Approval will be at the discretion of the faculty.

### B. COURSE POLICIES

Policies for each course concerning attendance, absenteeism, and tardiness will be given in the syllabus at the beginning of the semester. In the spirit of academic freedom and due to the diverse nature of each course, policies may vary slightly from course to course. The Dental Hygiene faculty supports each professor's policy and will help in implementation of the procedures and stipulations of each policy.

## STUDENT CONDUCT CODE

Students must abide by the regulations set forth in the Student Conduct Code for Southern Illinois University. <http://srr.siu.edu/common/documents/SCC>  
It is the responsibility of the student to be thoroughly acquainted with the definitions, policies and procedures in the Code. The program professors will enforce the provisions of the code as well as specific policies outlined above and in each course syllabus.

The Student Conduct Code contains specific information on violations and sanctions covering both academic and social behavior. By accepting membership in this University and, specifically, Dental Hygiene, the student implies consent to abide by these rules and regulations.

**ACADEMIC HONESTY:**

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 2. Standards of Conduct  
[http://srr.siu.edu/\\_common/documents/SCC.pdf](http://srr.siu.edu/_common/documents/SCC.pdf)

Acts of Academic Dishonesty: (Summarized)

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. Or by accessing this link: [http://srr.siu.edu/student\\_resources/sanctions/index.html](http://srr.siu.edu/student_resources/sanctions/index.html)

**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 no later than the second session of the course so that arrangements can be made for accommodations to meet your educational needs and maximize learning.

<http://policies.siu.edu/policies/disability-services.html>

## **STUDENT SUGGESTIONS, COMMENTS, COMPLAINTS, AND PROTOCOL**

Proper protocol is a necessity in handling suggestions, comments, and complaints. It is both professional and mature to discuss concerns directly with the individuals involved. This avoids unnecessary time lags and misunderstandings stemming from indirect communication. Most appropriately, comments concerning program policy and/or procedure should be directed to the specific professor who is responsible for that aspect regarding the incident in question. Should a situation arise in a particular class, protocol dictates that the student approach the individual professor involved to discuss the matter before pursuing any alternatives. Professional decorum is expected to be maintained in exchange of dialogue.

While we recognize that some situations require immediate attention or discussion, we suggest that you seek consultation and advisement during designated office hours. Appointments are encouraged for convenience of both student and faculty. Just as students have commitments to other courses, so do faculty. Professors also have other administrative types of responsibilities that may be time consuming but necessary to keep the program running efficiently.

If all appropriate alternatives have been explored and the student feels that a particular problem needs further attention, communication may be continued through the appropriate order as follows:

1. Individual professor
2. Program Director, Dental Hygiene
3. Director, School of Allied Health
4. Dean, College of Applied Sciences and Arts

### **Student Complaint Notice**

"The Dental Hygiene Program at Southern Illinois University is accredited by the Commission on Dental Accreditation which will review complaints that relate to program's compliance with the accreditation standards. The Commission is interested in the sustained quality and 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 the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099, extension 4653.

## **STUDENT RETENTION AND RE-ENTRY**

A student's academic progression in the dental hygiene program may be suspended due to academic problems, health problems or other extenuating circumstances. The following retention and re-admission policies have been established.

- 1) The student must maintain an acceptable academic status in order to adequately prepare for the National Board Dental Hygiene Examination
- 2) The dental hygiene curriculum is designed so that one course builds on another. If a student does not complete a course with a passing grade of "C", he/she will not be able to continue in the program until the course is repeated and a minimum grade of "C" is earned.
- 3) Students falling below the minimum academic standards for the University may be suspended.

## **RETENTION POLICIES**

The student is expected to complete the curriculum in eight consecutive semesters. Students who drop out of the sequence must apply for re-admission to the program if they wish to re-enter at a later date.

- 1) All dental hygiene courses and prerequisites must be completed with a passing grade of "C". Should the student fail to pass a course, they must drop out of the program and retake the course and obtain a passing grade.
- 2) The student must maintain a cumulative grade point average of 2.0 in order to remain in good standing in the University and dental hygiene program. Failure to maintain the minimum GPA will result in suspension from the program.

## **REAPPLICATION PROCEDURES**

If, for any reason, the student is unable to complete the curriculum in the required sequence, he/she is encouraged to apply for re-admission. Applications of re-entry students are reviewed by the Dental Hygiene Admissions Committee. Students may be re-admitted according to qualifications and positions available. Completing re-application procedures and meeting minimum requirements does not guarantee re-admittance.

Procedures for re-entry:

- 1) State, in writing your intentions to re-enter or not re-enter the dental hygiene program. Submit this to the Admissions Committee.

### Reapplication Procedures (continued)

- 1) Submit evidence of having acquired a cumulative grade point average of 2.0 (on a 4.0 scale) at the time of re-application. (Cumulative GPA's based on all college credit earned, both transferred from other colleges and from SIUC).
- 2) Submit evidence of having acquired a cumulative grade point average of 2.0 at the time of readmittance.
- 3) Submit updated transcripts to the screening committee as each semester's coursework is completed.
- 4) Complete current application/reapplication procedures as determined by the admissions committee.
- 5) Submit application materials for re-entry according to the following timetable:

#### TO RE-ENTER

Fall semester  
Spring semester  
Summer semester

#### TO REAPPLY

first month of spring semester  
first month of fall semester  
first month of spring semester

### GRADING POLICIES

The University has maintained a grading scale of:

90 to 100 = A  
80 to 89 = B  
70 to 79 = C  
60 to 69 = D  
0 to 59 = F

As a program, Dental Hygiene courses will be evaluated following this scale UNLESS SPECIFIED DIFFERENTLY BY THE INDIVIDUAL PROFESSOR. When this is the case, the grading scale and criteria specified by the individual professor in a given course takes precedence over the general grading scale. Dental Hygiene courses require a "C" to pass the course. Differences in grading scales and/or course requirements will be given to the students in writing in the course syllabus. **IT IS THE RESPONSIBILITY OF THE STUDENT TO READ AND UNDERSTAND EACH SYLLABUS FOR EACH COURSE.**



### Grading Policies (continued)

Course requirements may be defined as grade requirements (such as 75% on a test), certain procedures to be completed at a certain level of proficiency (such as 2 alginate impressions on a patient at 75% or better), or a specified number of practical experiences also at a specified degree of competency (such as 5 sets of radiographs on a Dexter mannequin at a specific grade). These requirements will also be given to each student in writing in the course syllabus at the beginning of each semester. Exceptions to these requirements due to extenuating circumstances will be granted only upon consent of the professor in charge of the course and the program director.

Extenuating circumstances must be discussed with the professor and program director on an individual basis which may make the student eligible for a grade of Incomplete. If the student disagrees with an individual course grade, University procedures for a grievance should be followed.

### **SPECIAL EDUCATIONAL ASSIGNMENTS**

In order to familiarize the dental hygiene student with all areas of dentistry and to increase understanding of the teamwork necessary to provide optimum patient care, students will be given the opportunity to become involved in various special rotations. The student will learn through practical experience the role of the dental hygienist in each setting. The student may be providing dental hygiene care, assisting other members of the oral health team, or observing patient treatment.

Rotations include The Veteran's Administration Hospital in Marion, a home visit with a nurse from the H-Group Early Head Start, community dental centers, a periodontist's office, and other assignments as determined by faculty. The student will also participate as clinic assistant, x-ray assistant, receptionist, and provider of dental health education programs. The student must participate in these areas and strive to gain as much experience in each situation as possible. This degree program requires the successful completion of clinical internships. In accordance with Federal and State guidelines, the clinical sites will require proof of the following: vaccination for measles, mumps, rubella, tetanus, and Hepatitis B; proof of current negative TB test, current certification in CPR for the Health Care Provider, and proof of completion of HIPAA and blood-borne pathogens training. Affiliation sites will also require students to undergo a criminal background check and drug screening. Expenses incurred for these rotations must be paid for by the student.

Students are also required to attend 3 to 4 continuing professional education programs. There will be a fee ranging from \$5.00 to \$40.00 for attendance at each program. The costs must be paid for by the students.

## **CODE OF ETHICS FOR DENTAL HYGIENISTS**

### **1. 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.

### **2. 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 existing 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.

### **3. 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.

### **4. 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 and we function collaboratively with other healthcare providers.
- All people should have access to healthcare, including oral healthcare.
- We are individually responsible for our actions and the quality of care we provide.

## 5. Fundamental Principles

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

### **Universality**

The principle of universality assumes that, if an individual judges the 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 assumes the existence of an obligation to justice and basic human rights. It requires us to act toward others in the same way they would act toward us if roles were reversed. In all relationships, it means considering the values and perspective 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.

## 6. 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.

**Nonmaleficence**

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 healthcare resources. We believe all people should have access to high-quality, affordable oral healthcare.

**Veracity**

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

**7. 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 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 healthcare 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 decision.
  
- **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 colleagues.
  - Manage conflicts constructively.
  - Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care.
  - Inform other healthcare professionals about the relationship between general and oral health.
  - Promote human relationships that are mutually beneficial, including those with other healthcare 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 healthcare 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 hygienist 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.

## **GUIDELINES FOR RADIOLOGY PATIENTS---SIUC DENTAL HYGIENE PROGRAM**

\*Disclaimer: The SIU Dental Hygiene (DH) Clinic recently obtained the DEXIS Digital Radiography System. Until the system is fully integrated into the clinical examination, the following pertaining to radiographic exposure will remain in effect. DH faculty will guide the student in the proper sequencing and procedure. However, our program still teaches both film and digital techniques.

### **1A. If the patient has been through screening:**

Most all of the paperwork should be done, including having the patient pay for the procedure; if not, make sure that it is done before you begin. In order to get begin radiology for your patient, open the Dentrax chart so the faculty can see that images have been paid for at the front desk. At this point, you will be given permission to begin radiology procedures.

Forms needed:

1. Signed and completed Health History (updated if more than 6 months old)
2. Signed Consent Form and HIPAA Form (online---signed at front desk)
3. Signed Screening Consultation Form (Fee Sheet)

### **1B. If the patient has not been through screening:**

A complete patient chart in Dentrax needs to be made. When you complete the health history with the patient, you need to make sure that the patient has not had recent radiographs and that the patient is not high risk (see Radiology Instructor or Clinic Faculty for other specific health history questions to concentrate on). If the patient had recent radiographs and/or is high risk, consult with the Radiology Instructor or Clinic Faculty before proceeding further. A patient consent form and HIPAA form needs to be signed as well as a screening consultation form (fee sheet). Again, have the patient pay for the procedure beforehand.

Forms needed:

1. A complete patient record has to be established which will consist of a patient folder/Dentrax chart and all of the same forms listed in #1A above.
2. **After your films/images are exposed:**  
You are responsible for your films or images!! If you allow someone else to develop your films (pan or other images) and something goes wrong, it's your grade!!
3. **After your films/images are processed:**  
Now it is time to look for any possible retakes. Here is where you will use one of the evaluation (grading) sheets: yellow sheet (FMX), blue sheet (PAN/7 VFMX, Pedo FMX) or pink sheet (BWX). Is everything that is supposed to be on each image present? If not, what could be done to correct the image? Refer to the abbreviated error codes in viewing area and make your comments pertaining to your images by marking the appropriate codes in the boxes before you have the Radiology Instructor or Clinic Faculty review them. You will also be checking the films for any suspected abnormalities. If there are concerns present, be sure to write it on the evaluation (grading) sheet. After you have done the above, you will need to have the films/images evaluated for retakes by the Radiology Instructor or Clinic Faculty. Have them available in the viewing area of the clinic along with the proper grading sheet.



**4. After the evaluation of the films/images:**

Retakes (if necessary or recommended) are taken. Make sure all of the necessary paperwork (or documentation in the Dentrax chart) is completed before taking retakes.

**5. After the retakes are completed:**

When the retakes are processed or exposed with Dexis digital system, evaluate them and then receive a final grade with the original instructor who assigned the retakes, if possible. Your grade and the patient's name should be recorded on the grade sheet. Determination and/or confirmation of pathology should be recorded and signed by the dentist on the Dentrax chart. Please inform the patient of any treatment recommendations documented by the dentist (make sure recorded on the exit sheet or other form (treatment plan) that will be given to the patient).

**6. If the films/images need to be mailed:**

NOTE: If, for any reason, there is only one copy of radiographs in the patient's folder, a duplicate set will have to be made. Mail the duplicate set and keep the originals in the patient's folder for our records. Also, if patient's images are on Dexis, they will need to be either sent via online secure way (for Student Dental Service) or print off on photo quality paper. In the future, the images may be available on a CD for the patient to take to the dentist of their choice.

## **RADIOLOGY COORDINATOR**

The Radiology Coordinator for the SIUC Dental Hygiene Program and Clinic shall be responsible for regular review of clinic procedures relating to radiology, controlling inventory, and equipment maintenance. That individual shall be responsible for regular review of the current policy and implementation.

## **PATIENT SELECTION**

Deliberate exposure of an individual to dental diagnostic radiographic procedures for training or demonstration purposes **shall not be permitted** unless there is a documented diagnostic need for the exposure by a supervising dentist or when the patient presents with a prescription or written request for radiographs from his/her private dentist or physician, or when request is prescribed directly from the dentist's or physician's office to a clinic instructor. See Clinical Guidelines Manual for specific Dental Hygiene Clinic Procedure and documentation.

## **OPERATOR PROTECTION STANDARDS**

1. The operator or dental auxiliary shall never hold the film in place during the exposure. The use of film holding devices, bite tabs, or other methods are appropriate to position the film during exposure.
2. The tube housing, the cone or PID must **never** be hand held during the exposure. If equipment is not stable, report the problem to the radiology coordinator and use a different unit.
3. The operator must stand outside the x-ray cubicle with the door closed while observing the patient and remain there during the exposure, maintaining a distance of at least 6 feet from the primary beam.
4. Only shielded open-end cones or PID's will be used in order to minimize scatter radiation in compliance with state regulations.

## **EQUIPMENT PERFORMANCE STANDARDS**

1. See rules 2 and 4 above.
2. When a cylindrically collimated x-ray machine is being used, the circular beam striking the face should not be more than 2.75 inches in diameter.

3. Each dental x-ray unit should contain filtration of 1.5 mm of aluminum equivalent if operating at less than 70 kilovoltage peak and 2.5 mm of aluminum equivalent if operating at 70 kilovoltage peak or greater.
4. Periodic radiation protection surveys and inspections will be made **yearly** by the radiation safety officer at Southern Illinois University, Carbondale, or the duly designated state inspector. All recommendations by the safety officer or inspector concerning collimation, filtration, beam alignment, roentgen output, radiation leakage, etc., will be implemented immediately.
5. Only films of ANSI (ASA) speed group rating of “E” or faster shall be used in the Dental Hygiene Clinic or Dexis/Gendex digital sensors.
6. Lead shielding shall be used on all patients regardless of age, sex, or physical disability. These shields shall include a lead apron on all exposures and a thyroid shield (collar) on all techniques **EXCEPT THE PANORAMIC**. Such shields shall be inspected semi-annually by the radiology coordinator.

### **EXPOSURE TECHNIQUES**

1. It is the recommendation of the SIUC Dental Hygiene Program that the “long cone/paralleling” technique be implemented whenever possible to maintain the highest quality radiographs with the least amount of radiation to the patient. To further this purpose, this is the technique of choice taught in Dental Radiology to the dental hygiene students. Bisecting angle technique and other special procedures are presented to the students as supplemental techniques to enhance their skills and as a resource for extenuating circumstances when other techniques are not acceptable.
2. Exposure factors for specific recommended techniques are posted on or directly adjacent to the control panel of each x-ray unit.
3. Films will be processed according to written instructions whether processed manually or automatically. (See Clinic Manual for specific processing instructions.)
4. Quality Assurance Programs for maintaining optimal processing will be followed at the beginning of each clinic session by the designated clinic/x-ray assistant. (See Clinic Manual for specific instructions.)
5. Quality Assurance Programs for the maintenance of optimal functioning of x-ray equipment shall be followed as specified in the Clinic Manual.
6. Deficiencies in the quality of either processing or the x-ray units shall be reported immediately to the clinic instructor responsible for supervising the clinic/x-ray assistant. If the deficiencies cannot be taken of immediately, they shall be reported to the Radiology Coordinator.

## **PREGNANT PATIENTS**

It shall be the policy of the SIUC Dental Hygiene Clinic that no radiographs be made of a patient during pregnancy unless emergency care requires such a procedure. The patient shall be shielded and only those radiographs absolutely necessary will be taken.

## **RADIATION RECORDS**

### Operator

***\*NOTE: SIUC's Center for Environmental Health and Safety (CEHS) has determined that students and faculty involved in dental radiography do not require routine radiation monitoring.***

1. No person other than licensed dental hygiene faculty shall use or otherwise operate the x-ray equipment in the Dental Hygiene Clinic unless under the direct supervision of the Radiology Coordinator.
2. Any deliberate tampering with equipment or monitoring devices shall be dealt with under severe disciplinary measures.

### Patient

1. No patient shall have radiographs made at the Dental Hygiene Clinic without first completing a medical and dental history, reading and signing the letter to the patient giving consent, having radiographs assigned by either the supervising dentist and faculty or a prescription or written request from the patient's dentist or physician.
2. A record of the radiation history of the patient will be monitored and kept within the patient's file as a permanent record.
3. Dental hygiene students are responsible for maintaining proper records.

## **QUALITY ASSURANCE OF STUDENT PERFORMANCE**

1. The student shall have successfully completed DH 218 and DH 219 before being allowed to expose radiographs with indirect supervision on clinic patients as part of the clinic treatment.
2. The student will be indirectly supervised while exposing radiographs on clinic patients. This is defined as there being a faculty member in the clinic during exposure who is aware that such a procedure is taking place.
3. After completing the radiographic procedure, the student shall present radiographs to appropriate clinic faculty for evaluation for retakes. Students will not be allowed to retake films without a faculty agreement and documentation.

4. Retakes will be made ONLY if the diagnostic information needed on that film IS NOT available on any other film present. Retakes ARE NEVER MADE SOLELY TO IMPROVE A STUDENT'S GRADE.
5. If more than one retake is assigned to the same image, the student will be directly supervised by a faculty member while the procedure is done.
6. Clinical requirements for FMX (full mouth x-rays) on clinic patients are a minimum of seven FMX's to be completed during the clinical year prior to graduation, thirteen sets of BWX (bitewings), three FMX on Pedo Dexter and three panoramic films, all of which will be at a minimum competency (see lab or clinic syllabi for minimum competency levels that are required).

### **DARKROOM EVALUATION**

A semi-annual inspection of each darkroom and automatic processor shall be done by the Radiology Coordinator and logged in the equipment maintenance section of the x-ray manual. An inspection of the darkroom is done once a month and recorded on a log sheet that is kept in a binder in the West Darkroom.

### **EXTRAMURAL CLINIC FACILITIES**

If such extramural facilities should contain such experiences for the students as exposing patients to ionizing radiation, a copy of these policies shall be given to that facility and an agreement between the SIUC Dental Hygiene Program and the extramural facility shall be reached concerning radiation policies before students shall be allowed to participate in that experience.

### **REVIEW AND UPDATE OF POLICIES**

The policies contained in this manual shall be reviewed annually by the Radiology Coordinator, and reported to the Dental Hygiene Faculty at the beginning of each academic year.

## Procedures to Expose Radiographs on a Patient and Selection Criteria

### A. Preliminary Procedures

1. \*Prepare appropriate documentation.
  - a. The faculty must fill out a screening consultation form (Fee Sheet).
  - b. The patient must complete a medical and dental history.
  - c. The patient must read and sign the letter to clinic patients, and pay the fee for the images before the time of exposure.
  - d. Explain the procedures to the patient.
  - e. Check the medical and dental histories to be sure there are no contraindications for radiation exposure before processing.

\*Clinic patients will have completed the preliminary documents and procedures. Radiographs normally will be assigned or excluded when the treatment plan is prepared. There may be some patients, however, who have come in solely to have “x-rays” made and sent to their dentist. These patients must complete the preliminary paperwork before exposure.

2. Do we take radiographs of pregnant patients?

No. It is our policy to delay radiation exposure until the patient is no longer pregnant unless it is an emergency situation.

### A. Determine Radiographs to be Prescribed (Normally done during screening)

Radiographs are part of a treatment plan and therefore assigned to a patient when it is determined there is a need for them by the supervising dentist or faculty. Routine exposures based on a time schedule are not the policy of the program.

Example: Bitewings are not automatically assigned once a year.

There are four areas determined to constitute a need for dental radiographs **when there are no contraindications:**

- a. Diagnostic use

If after a clinical exam the operator suspects pathology, appropriate radiographs may be assigned as an aid for diagnosis:

**Obvious**—that which may be observed clinically.

**Suspected**—unusual or abnormal appearance of tissue, previous history of pathology, discomfort, pain, or abnormal sensations or appearance as suggested by the patient.

### Appropriate radiographs:

Caries—interproximal radiographs  
 Periodontal disease—periapical radiographs  
 Impacted anterior teeth—periapical radiographs or occlusal  
 TMJ dysfunction—panoramic radiograph

\*These are just examples and by no means limitations.

- b. These radiographs are needed to begin or continue treatment. They may include radiographs requested by other professionals for their use.

Example:

1. FMX, BW, OCCLUSAL or PAN requested by an orthodontist
2. FMX, BW, OCCLUSAL or PAN requested by the patient's general dentist for treatment if previous films are not available.
3. FMX or BW on patient with periodontal disease for use with scaling and root planing procedures.

- c. Foundation for Life Long Preventive Program

This may constitute the first FMX taken on an adult patient who wishes to begin and maintain a preventive program. The intention is that these radiographs follow the patient and be used as a foundation or a “baseline”.

- d. Emergency Situations or Extenuating Circumstances

Example: Bitewings may be taken to locate a broken instrument tip lodged in the tissue that cannot be located clinically.

**NOTE:** Determining radiographs is part of the dental hygiene care plan and as such should be determined during screening. The legal and ethical limitations require that the dentist, whether it be the supervising dentist in school or the dentist at work, makes the final determination about what radiographs should be exposed. **HOWEVER**, it is your responsibility to make recommendations to the dentist as to **what** you feel is an appropriate radiographic prescription and **why**. **DO NOT ASK THE DENTIST**, “What should I do about x-rays?” Instead, be prepared to say “Dr. \_\_\_\_\_, after reviewing the patient's medical and dental history, and doing a preliminary exam, I feel \_\_\_\_\_ radiographs may be appropriate because \_\_\_\_\_.”

C. Inform the Patient

First explain the policies for taking images to the patient. If the patient refuses, contact an instructor immediately before continuing **any** treatment. It may be necessary to discontinue all treatment if films are necessary for adequate and safe procedures.

D. Determine the Number of Images to be Utilized

1. BWX:

How many are needed to get clear views of posterior teeth **in contact**? If there are no teeth in contact, bitewings are **not** necessary.

2. FMX:

\*The FMX technique recommended at SIUC contains 18 periapicals (includes the necessary bitewings). Additional images may be added to provide an adequate view of the third molars, making the total possible images at 20.

\*Periapical films are made to view the supporting structures of the teeth. Even if the teeth are not present, the supporting structures are and may contain information needed. Therefore, edentulous areas are included in an FMX.

3. Retakes

Retakes are made only when a film initially exposed does not contain the critical information needed or it does not appear on an adjacent film.

Example: A premolar periapical film was placed too far posteriorly and cut off the entire first premolar. If the first premolar can be seen in the canine film, no retake is made. If the first premolar cannot be seen in the canine film, a retake should be made. However, there is a limit on the number of retakes allowed (see information on grade sheet).

Professional responsibility on your part means you should try to do it right the first time and avoid retakes. You have an obligation to avoid overexposing patients.

E. Patient Protection Procedures

1. Complete all quality assurance procedures before exposing or processing any films.
2. **All** patients should be draped with a lead apron and thyroid collar (not on panoramic image).



3. Paralleling is recommended, using an extended cone and XCP instruments to increase accuracy and quality and avoid retakes. Bisecting angle should only be used as an auxiliary technique.
4. You should use exposure factors displayed at the control panels of each unit. Pay attention to the guidelines for films and for digital, as the exposure factors are quite different.

F. Operator Protection Procedures

1. Never stand closer than six feet from the source of radiation or the “primary beam”. Stand behind a barrier (sheet rock wall or lead door).
2. Never hold films, digital sensors, or panoramic cassettes for patients.
3. Never stand in the direct line of the primary beam.

## Patient Bill of Rights

To our patients: Within the scope of dental hygiene practice, the faculty, students and staff of the SIUC Dental Hygiene Clinic and Community Dental Center pledge to:

- Treat patients with *respect* and *dignity*;
- Keep information provided by patients *confidential*;
- Serve all patients *without discrimination* (i.e., age, gender, race, religion, disability);
- Provide *high quality oral health care* reflective of the skill, care and judgment considered to be standard of care that is provided by student dental hygienists supervised by licensed dental hygienists and dentists or by licensed dental hygienists or dentists;
- Provide patients with *information* regarding their oral health status;
- *Educate* patients about oral self-care;
- Assist patients in *making informed decisions* about their oral health (i.e., explain condition, proposed treatment, treatment alternatives, risk of no treatment, and expected outcomes);
- Encourage patients to *fully participate* in treatment decisions and oral self care;
- Explain the *expected cost* of treatment and potential fees involved in treatment;
- Keep patients *informed of anticipated treatment time*, and progress toward completion of treatment;
- Meet the dental hygiene needs of each patient, maintaining *continuity of care*; and
- Make *referrals* to other professionals for care when needed that is beyond the scope of this oral health setting.

## **Program Competencies**

### **Competencies for Entry into the Profession of Dental Hygiene (As approved by the 2011 ADEA House of Delegates)**

Dental hygienists must complete an accredited educational program and qualify for licensure in any state or jurisdiction. They practice in collaboration with dental and other health care professionals in a variety of settings.

#### **Core Competencies (C)**

C.1 Apply a professional code of ethics in all 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 a 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.

### **Health Promotion and Disease Prevention (HP)**

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.

### **Community Involvement (CM)**

CM.1 Assess the oral health needs and services of the community to determine 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.

## **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.

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.

### **Professional Growth and Development (PGD)**

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.

## HELPFUL SUGGESTIONS FOR INCOMING SIU DENTAL HYGIENE STUDENTS

- Please refrain from having your dentist office or clinic expose full mouth radiographs (FMX) **PRIOR** to entry into dental hygiene school. You will be exposing images on a partner your second year of the program, so to prevent overexposure, follow these suggestions.
  
- Please do not allow upper classmen in the SIU Dental Hygiene program to expose radiographs of any kind due to the chance of overexposure. If there is an emergency or you are having problems with your teeth, please alert a faculty member and they can decide on proper procedure and protocol.
  
- You may NOT want to consider buying textbooks from current SIU Dental Hygiene students due to the changes in textbooks and editions!!!
  
- Please wait to purchase textbooks after the first class meeting or before you get the syllabus (sometimes bookstores have the wrong information).

## Clinical Patients and Fees for Services

- Students are responsible for finding clinical patients and patients for radiology labs.
- While faculty may provide assistance with obtaining qualifying patients, it is ultimately the students' responsibility to find patients.
- It is the responsibility of the student to review the "Proposed Treatment Form" with the patient after completed by the faculty. The student will be held responsible for unpaid fees for services if they are not collected from the patient.
- The SIU Dental Hygiene program **does not support** the student paying for clinical patient's treatment. Any transactions for fees should come from the patient to the SIU DH clinic.
- Should the student wish to pay for the patient's treatment, that will be between the student and the patient.