



الهيئة السعودية للتخصصات الصحية  
Saudi Commission for Health Specialties

Curriculum Development Manual\*

# Advanced Oral Health and Dental Hygiene Diploma



2022

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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# PREFACE

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- The primary goal of this document is to enrich the training experience of postgraduate trainees by outlining the learning objectives for them to become independent and competent future practitioners.
- This curriculum may contain sections outlining some regulations regarding training. However, such regulations need to be sought from training's "General Bylaws" and "Executive Policies" published by the Saudi Commission for Health Specialties (SCFHS), which can be accessed online through the official SCFHS website. In the instance of discrepancy in regulation statements, the one stated in the most updated bylaws and executive policies will apply.
- As this curriculum is subjected to periodic refinements, kindly refer to the electronic version posted online for the most updated edition at [www.scfhs.org.sa](http://www.scfhs.org.sa).

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## II. COPYRIGHT STATEMENT

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## III. FOREWORD

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The Curriculum Development Team of the Saudi Graduate Diploma in Advanced Dental Hygiene (SD-ADH) acknowledges the valuable contributions and feedback from the Scientific Committee Members in the development of this program. Special appreciation and gratitude are extended to all the members who have been pivotal in the completion of this booklet, especially the Curriculum Group, the Curriculum Specialists, and the Scientific Council for Public Health. Acknowledgement that the CanMEDS framework is a copyright of the Royal College of Physicians and Surgeons of Canada is hereby made—many of the descriptions' competencies have been acquired from their resources.



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# V. INTRODUCTION

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## 1. Context of Practice

Dental hygiene education has evolved rapidly and crossed many milestones since the establishment of the first dental hygiene school in 1913 at Bridgeport, Connecticut (1). In the U.S., there are more than 220,000 dental hygienists, over 300 dental hygiene programs, and 11 master's degree dental hygiene programs (2). Most graduate programs offer administration, education, or public health tracks. In 2004, a clinical track named the Advanced Dental Hygiene Practitioner (ADHP), was developed and supported by the American Dental Hygiene Association (ADHA) (3). The ADHP was developed as a mid-level practitioner position that provides expanded duties similar to dental therapists in the United Kingdom. Dental therapists are allowed to perform simple extractions, fillings, and prosthodontic procedures in rural areas to compensate for the shortage of dentists in these areas. In 2009, the University of Minnesota offered the first master's degree in advance dental therapy. Subsequently, Minnesota State became the first to offer an ADHP or Advanced Dental Therapy License (3).

In Saudi Arabia, the dental hygiene profession commenced at King Saud University almost 35 years ago (4). Currently, there are around 400 dental hygienists (5), six undergraduate dental hygiene programs, and no further graduate education is available. This highlights the importance of the curriculum and its implementation. To accomplish this task scientifically, the following situational need assessment tools were used: a review of relevant literature (6), a survey-based assessment of 60 dental hygienists (7), and a



group-based assessment of experts in the field of dental hygiene to help identify the clinical and educational needs for the program. This curriculum was also developed to align with the Saudi Dental Hygiene Society Scope of Practice (8), the ADHA Policy Manual (9), and the Standards for Clinical Dental Hygiene Practice (10).

The Advanced Dental Hygienist (ADH) is an expert in the field of dental hygiene who provides advanced diagnostic, therapeutic, preventive, cosmetic, and educational services for comorbid patients. Further, the ADH supports patients with complex dental problems to ensure optimal oral and general health. Advanced dental hygienists must meet the diverse needs and interests of the dental hygiene profession and its trainees, as well as prepare graduates to meet the complex oral health needs of diverse populations using contemporary professional knowledge, judgment, and skills. As diagnosing primary healthcare professionals (11), they must be prepared to practice in a rapidly changing environment, where therapy and ethical issues are influenced by advances in science and technology, regulatory action, economics, social policy, cultural diversity, and health care delivery systems.

The SD-ADH curriculum allows for the acquisition of competencies that build upon the fundamental knowledge, skills, and attitudes achieved at the baccalaureate level. The biomedical and psychosocial complexities of providing dental hygiene care for diverse population groups require more in-depth knowledge, abilities, and advanced clinical expertise. A continuum of educational opportunities is required to provide ADH professionals with a range of knowledge and clinical abilities related to the quality and safety of patient care. In addition, as the first postgraduate educational opportunity designed for dental hygienists in Saudi Arabia and the Middle East, it will facilitate building a cadre of educators and future leaders.

## 2. 2. Goals and Responsibilities of Curriculum Implementation

This curriculum ultimately seeks to guide dental hygiene trainees to become competent in the field of advanced dental hygiene. Accordingly, this goal requires a significant amount of effort and coordination from all stakeholders involved in postgraduate training. As “adult-learners,” trainees must be proactive, fully engaged, and exhibit the following characteristics: a careful understanding of learning objectives, the ability to engage in self-directed learning, a capacity for problem solving, an eagerness to apply learning by means of reflective practice from feedback and formative assessment, and a willingness to ask for support when needed. The program director plays a vital role in ensuring the successful implementation of this curriculum. Moreover, training committee members, particularly the program administrator and the chief resident, have a significant impact on program implementation. Trainees should be called on to share responsibility for curriculum implementation. The SCFHS applies the best models of training governance to achieve the highest quality of training. Additionally, academic affairs in training centers and the regional supervisory Diploma Training Committee (DTC) play a major role in training supervision and implementation. The Scientific Council of Public Health will guarantee that the content of this curriculum is constantly updated to match the highest standards in postgraduate education for each trainee’s specialty.

In addition, the program should be directed by a Senior Specialist/Consultant in Dental Hygiene, who should report to the assigned regional DTC. This person should report to the Scientific Committee for Dental hygiene, which should in turn report to the Scientific Council for Public Health. Advanced dental hygiene practice rotation and related specific learning activities



should also be provided by a senior specialist/consultant in dental hygiene. A consultant from each related dental specialty should be assigned to supervise rotations and provide related practice-based learning workshops.

- Core competencies



A rigorous graduate curriculum that fosters independent thinking and learning prepares trainees for a level of evidence-based clinical decision making, scope of practice, and responsibility required of the advanced dental hygienist (ADH) (Appendix A). The educational framework is organized by seven CanMEDS roles and core competencies and three more integrated competencies that represent broad categories of professional responsibilities, knowledge, skills, and attitudes that define the ADH. The following domains provide the structure for curriculum development:

**Dental Expert:** Effectively provides advanced patient-centered therapeutic and preventive dental hygiene care to enable patients with complex medical and dental problems to achieve optimal oral and general health.

**Communicator:** Effectively helps patients and their families embrace healthy behaviors

of all types that allow them to attain and maintain optimal oral and overall health.

**Collaborator:** Effectively works within healthcare teams to achieve optimal patient oral health care and well-being.

**Leader and Practice Manager:** Contributes abilities in health administration, practice management, and clinical supervision to inspire individual, community, and/or organizational excellence. Create and communicate a shared vision, and successfully manage change to attain an organization's strategic ends and successful performance.

**Oral Health Advocacy and Promotion:** Contributes expertise and influence in working with communities and patient populations in the promotion of optimal oral health and its relationship to general health.

**Scholar and Educator:** Demonstrates a lifelong commitment to excellence in utilizing scientific methods and critical appraisal skills through continuous learning and teaching clinical dental hygiene practice, evidence-based decision-making, and contribution to scholarship.

**Professional:** Committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behavior, accountability to the profession and society, dental hygiene-led regulation, and maintenance of personal health.



## VI. ABBREVIATIONS USED IN THIS DOCUMENT

Abbreviation	Description
SCFHS	Saudi Commission for Health Specialties
ADH	Advanced Dental Hygienist
SD-ADH	Saudi Graduate Diploma in Advanced Dental Hygiene
D (1)	(First) Year of Diploma
D (2)	(second) Year of Diploma
Q	Quiz
OSCE	Objective Structured Clinical Examination
OSE	Oral Structures Examination
Mini-CEX	Mini-Clinical Experience Report
DOPS	Direct Observation of Procedural Skills Report
CBD	Case-Based Discussion
CBE	Competency-Based Education
ITER	In-Training Evaluation Report
CCP	Clinical Case Presentation
DTC	Diploma Training Committee

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## VII. PROGRAM ENTRY REQUIREMENTS

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- 1- A bachelor degree in Dental Hygiene from a recognized university with a GPA (3.6–4) or (4.5–5).
- 2- Active license as a dental hygiene specialist.
- 3- 4 years of experience as a full-time dental hygienist.
- 4- English requirement.
- 5- Dental hygiene specialist licensing exam.
- 6- Passing an interview.
- 7- Employer approval to join the program on a full-time basis.



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# VIII. LEARNING AND COMPETENCIES

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Training should be guided by well-defined learning objectives that are driven by targeted learning outcomes of a particular program to serve specific specialty needs. Learning outcomes are supposed to reflect the professional competencies and tasks that are aimed to be entrusted by trainees upon graduation. This will ensure that graduates meet the expected demands of the healthcare system and patient care in relation to their particular specialty. Competency-based education (CBE) is an approach of adult-learning that is based on achieving pre-defined, fine-grained, and well-paced learning objectives that are driven by complex professional competencies.

Professional competencies related to healthcare are usually complex and contain a mixture of multiple learning domains (knowledge, skills, and attitude). CBE is expected to change the traditional way of postgraduate education. For instance, the time of training, though a precious resource, should not be viewed as a proxy for competence (e.g., the time of rotation in certain hospital areas is not the primary marker of competence achievement). Furthermore, CBE emphasizes the critical role of informed judgment of learners' competency progress, which is based on a staged and formative assessment process that is driven by multiple workplace-based observations. Several CBE models have been developed for postgraduate education in healthcare (e.g., CanMEDS by the Royal College of Physicians and Surgeons of Canada (RCPSC), the CBME-Competency model by the Accreditation Council for Graduate Medical Education (ACGME), Tomorrow's

doctors in the UK, and multiple others). The following are concepts that enhance the implementation of CBE in this curriculum:

- **Competency:** This is a cognitive construct that assesses the potential to perform efficiently in a given situation based on the standard of the profession. Professional roles (e.g., dental experts, advocates, communicators, leaders, scholars, collaborators, and professionals) are used to define competency roles to make it mendable for learning and assessment.
- **Milestones:** Milestones are stages of the developmental journey throughout the competency continuum. Trainees, from junior to senior levels, will be supported in transforming from supervised novices to unsupervised master practitioners throughout their learning journey. This should not undermine the role of supervisory/regulatory bodies in the malpractice of independent practitioners. Milestones are expected to enhance the learning process by pacing training/assessment to match the developmental level of trainees (junior vs. senior).
- **Learning Domains:** Whenever possible, efforts should be directed to annotate the learning outcomes with the corresponding domain (K=Knowledge, S=Skills, and A=Attitude). One might have more than one annotation for a given learning outcome.
- **Content Area Categorization:** It is advisable to categorize learning outcomes in broad content areas related to the practice of profession. For example, diagnostic versus therapeutic, simple versus complex, urgent versus chronic, etc.
- Trainees are expected to progress from the novice to the mastery level in a certain set of professional competencies. The SCFHS has endorsed CanMEDS to articulate professional competencies. This curriculum applies principles of competency-based medical education.



# I. Dental Expert

## Definition:

As dental experts, advanced dental hygienists effectively provide advanced patient-centered therapeutic and preventive dental hygiene care for patients with complex medical and dental problems.

## Key and competence-enabled Advanced Dental Hygienists are able to:

1. Practice independently within their defined scope of practice, standards of care, and clinical expertise:
  - Conduct a consultation including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request or referral from another health care provider.
  - Recognize and respond to ethical dimensions in advanced dental hygiene clinical decision-making.
  - Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems.
2. Establish and maintain clinical knowledge, skills, and attitudes appropriate to advanced dental hygiene through advanced abilities in the dental hygiene process of care (Appendix B):
  - Deliver advanced dental hygiene care at an optimal level of quality and safety.
  - Deliver advanced dental hygiene care including assessment, diagnosis, treatment planning, and referral of medically compromised patients.
  - Present, discuss, and defend clinical cases utilizing evidence-based knowledge.
3. Perform a complete and appropriate assessment of a patient:

- Elicit medical, dental, social, family, nutritional history, and risk factors that are relevant, concise, and accurate to context and preference for the purposes of prevention, health promotion, diagnosis, and management.
  - Perform and document an extraoral and intraoral examination that includes soft and hard tissues of the head, neck, and oral cavity.
  - Demonstrate sufficient abilities using all types of relevant indices and periodontal charting.
  - Identification of the chief complaint assists in the identification of ongoing or active diseases.
  - Proficiently practice treatment planning and management.
  - Recognize conditions that necessitate special consideration prior to or during treatment.
  - Perform patient assessment at a professionally accepted standard of care for the following:
    - Basis of future comparison to evaluate the progression of disease.
    - The efficacy of treatment.
    - The appearance of new findings.
4. Synthesize patient assessment findings and risk factors in formulating a patient-centered dental hygiene diagnosis, treatment plan, and case presentation:
- Synthesize patient assessment findings and risk factors in formulating a patient-centered dental hygiene treatment plan and case presentation.
  - Formulate a dental hygiene and a periodontal diagnosis from comprehensive assessment findings or evidence.



- Discuss prognosis and proposing measurable patient outcome goals for oral health.
  - Identify factors contributing to the patient's preventive, educational and/or therapeutic oral health needs.
  - Select dental hygiene intervention strategies that will guide the patient to achieve patient-centered oral health outcomes, including oral and systemic health education strategies.
  - Plan appointments and the sequence of dental hygiene care to meet patients' oral health goals.
  - Obtain consent by discussing a patient's oral health findings, goals, and treatment strategies.
  - Practice patient-centered care and concepts of health promotion.
5. Implement dental hygiene strategies and services that address the factors contributing to the patient's preventive, educational, and/or therapeutic oral health needs:
- Implement dental hygiene strategies and services that address the factors contributing to the patient's preventive, educational, and/or therapeutic oral health needs.
  - Implement cognitive, psychomotor and affective strategies to manage barriers to oral self-care.
  - Perform nutritional and tobacco cessation counseling for oral health management.
  - Perform initial and supportive periodontal therapies.
  - Demonstrate excellent clinical skills in implementing non-surgical therapeutic periodontal debridement procedures supportive of the patient's oral health condition.
  - Apply advanced principles of hand instrumentation.

- Apply advanced principles of therapeutic powered (ultrasonic) periodontal debridement.
  - Maintain hand instrument sharpness.
  - Apply preventive and therapeutic topical agents for disease management that include fluoride, antimicrobial agents, topical anesthetic, desensitizing agents, and local delivery/controlled release agents.
  - Apply selective coronal polishing procedures that include engine-driven polishing, air-powder polishing, and selection of a polishing agent.
  - Perform and evaluate the need for selective procedures, including laser de-epithelialization and probiotic use.
  - Perform and evaluate the placement of pit and fissure sealants.
  - Perform and evaluate the need for in-office vital teeth whitening (bleaching) and recommend home whitening products, including the fabrication of bleaching trays.
  - Perform and evaluate the need for using a laser in periodontal management and soft tissue conditions.
  - Perform preventive, educational, and/or therapeutic dental hygiene services at professionally accepted standards of care.
6. Apply principles and methods of evaluating outcomes of advanced dental hygiene care:
- Evaluate and document the results of preventive and/or therapeutic dental hygiene interventions in meeting the proposed treatment plan goals.
  - Recommend a re-care schedule for continued supportive care.
  - Demonstrate the importance of evaluation in monitoring patient oral health.



- Assess overall patient satisfaction when care is provided.
7. Establish plans for ongoing care and, when appropriate, timely consultation:
- Demonstrate insight into their own limits of expertise.
  - Demonstrate effective, appropriate, and timely consultations of a dentist as needed for optimal patient care.
  - Arrange and facilitate appropriate referrals and follow ups
8. Contribute actively, as an individual and as a member of a team, in providing care to the continuous improvement of health care quality and patient safety.

## II. Communicator

### Definition:

As a communicator, the Advanced Dental Hygienist effectively helps patients and their families to embrace healthy behaviors of all types that allow them to attain and maintain optimal oral and overall health.

### Key and competence-enabled Advanced Dental Hygienists are able to:

1. Develop rapport, trust, and ethical therapeutic relationships with patients and their families:
  - Communicate using a patient-centered approach that encourages patient trust and autonomy, and is characterized by empathy, respect, and compassion.
  - Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety.

- Recognize when the values, biases, or perspectives of patients, physicians, or other healthcare professionals may have an impact on the quality of care and modify the approach to the patient accordingly:
    - Respond to a patient's non-verbal behaviors to enhance communication.
    - Manage disagreements and emotionally charged conversations.
    - Adapt to the unique needs and preferences of each patient and to their clinical condition and circumstances.
2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families:
    - Use patient-centered interviewing skills to effectively gather relevant biomedical and psychosocial information.
    - Provide a clear structure for and manage the flow of an entire patient encounter.
    - Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent.
  3. Share health care information and plans with patients and their families:
    - Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding.
    - Disclose harmful patient safety incidents to patients and their families accurately and appropriately.
  4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals:
    - Facilitate discussions with patients and their families in a respectful, non-judgmental, and culturally safe manner.
    - Assist patients and their families to identify, access, and use information and communication technologies to support their care and manage their health.



- Use communication skills and strategies that help patients and their families to make informed decisions regarding their health.
5. Document and share written and electronic information about medical encounters to optimize clinical decision-making, patient safety, confidentiality, and privacy:
- Document clinical encounters in an accurate, complete, timely, and accessible manner in compliance with regulatory and legal requirements.
  - Communicate effectively using written health records, electronic medical records, or other digital technology.
  - Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding.

### III. Collaborator

#### Definition:

As a collaborator, the Advanced Dental Hygienist works effectively within healthcare teams to achieve optimal patient oral health care and well-being.

#### Key and competence-enabled Advanced Dental Hygienists are able to:

1. Participate effectively and appropriately in an interprofessional health care team:
  - Establish and maintain positive relationships with physicians and other colleagues in healthcare professions to support relationship-centered collaborative care.
  - Negotiate overlapping and shared responsibilities with physicians and other colleagues in the healthcare profession in episodic and ongoing care.

- Engage in respectful shared decision-making with physicians and other colleagues in healthcare professions.
2. Work with physicians and other colleagues in healthcare professions to promote understanding, manage differences, and resolve conflicts:
    - Show respect toward collaborators.
    - Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture.
  3. Hand over the care of a patient to another healthcare professional to facilitate continuity of safe patient care:
    - Determine when care should be transferred to another physician or health care professional.
    - Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different healthcare professional, setting, or stage of care

## IV. Leader and Practice Manager

### Definition:

As a leader and practice manager, the Advanced Dental Hygienist contributes his or her abilities in health administration, practice management, and clinical supervision to inspire individual, community, and/or organizational excellence. Such professionals create and communicate a shared vision, and successfully manage change to attain an organization's strategic ends and successful performance.

### Key and competence-enabled Advanced Dental Hygienists are able to:

1. Contribute to the improvement of dental hygiene care delivery of staff, teams, organizations, and systems:

- Examine the dynamic interactions of human and social systems and how they affect relationships among individuals, groups, organizations, and communities.
  - Develop strategic planning skills to motivate others for improved collaborative problem-solving, decision-making, and evaluation processes in the provision of dental hygiene care services.
  - Demonstrate team building, negotiation, and conflict management skills.
2. Engage in the stewardship of health care resources:
- Allocate health care resources for optimal patient care.
  - Apply evidence-based and management processes to achieve cost-effective advanced dental hygiene care.
3. Demonstrate leadership in professional practice:
- Disseminate new knowledge and contribute to best practices in the profession.
  - Apply leadership skills, theories, and principles in interactions with groups and organizations to enhance innovation and performance improvement.
  - Demonstrate knowledge of coaching, mentoring, and networking skills in interactions with individuals, groups, organizations, and communities.
  - Advocate for the advancement of the dental hygiene profession and oral health improvement through service activities and affiliation with continuing professional development activities.

## V. Oral Health Advocacy and Promotion

### Definition:

As an oral health advocate and promotor, the Advanced Dental Hygienist contributes his or her expertise and influence in working with communities or patient populations in the promotion of optimal oral health and its relationship to general health. He or she serves to reduce inequities in oral health status or access to oral health services, to determine and understand needs, to speak on behalf of others when required, and support the mobilization of resources to effect change.

### Key and competence-enabled Advanced Dental Hygienists are able to:

1. Respond to patient groups' health needs by advocating patients within and beyond the clinical environment:
  - Work with medically compromised patient groups to address determinants of health that affect them and their access to needed health services or resources.
  - Work with patients and their families to increase opportunities to adopt healthy behaviors.
  - Develop and revise oral health instructional materials and educational techniques for various medically compromised patient groups and healthcare professionals.
  - Incorporate disease prevention, health promotion, and health surveillance in interactions with medically compromised patient groups.
  - Use effective motivational techniques, behavioral change principles, and the best scientific evidence. Develop and present oral health



lectures, demonstrations, and visual displays to patient groups and hospital personnel.

2. Respond to the needs of communities or populations that he or she serves by advocating with them for system-level change in a socially accountable manner:
  - Conduct preventive oral health activities to reduce health risks and promote oral health.
  - Develop methods and execute studies to evaluate the effectiveness of preventive dentistry programs and activities.
  - Establish channels of communication to promote interdisciplinary community collaboration.

## VI. Scholar and Educator

### Definition:

As a scholar and educator, the Advanced Dental Hygienist demonstrates a lifelong commitment to excellence in utilizing scientific methods and critical appraisal skills through continuous learning and teaching clinical dental hygiene practice, evidence-based decision making, and contribution to scholarship.

### Key and competence-enabled Advanced Dental Hygienists are able to:

1. Engage in the continuous enhancement of their professional activities through ongoing self-learning commitment:
  - Develop, implement, monitor, and revise a personal learning plan to enhance professional practice.

- Identify opportunities for learning and improvement by regularly reflecting on and assessing his or her performance using various internal and external data sources.
  - Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.
2. Teach the practice of dental hygiene and provide clinical training to dental trainees, specialists, residents, the public, and other health care professionals:
- Demonstrate care and commitment to trainees by recognizing their shared responsibility and leadership role in facilitating student success.
  - Participate in respectful practice and be sensitive to factors that influence individual student learning.
  - Protect the privacy and dignity of the learner.
  - Work collaboratively with other educators and faculty members.
  - Promote intra-professional collaboration.
  - Provide adequate supervision, direction, and feedback to trainees.
3. Integrate best available evidence into practice of advanced dental hygiene:
- Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them.
  - Apply a dental hygiene human needs conceptual model.
  - Identify, select, and navigate pre-appraised resources.
  - Critically evaluate the integrity, reliability, and applicability of health-related research and literature.
  - Integrate evidence into decision-making in their practice.



4. Contribute to the creation and dissemination of knowledge and practices applicable to oral health promotion and diseases prevention:
  - Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in healthcare.
  - Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations.
  - Contribute to the work of a research program.
  - Pose questions amenable to scholarly inquiry and select appropriate methods to address them.
  - Summarize and communicate the findings of relevant research and scholarly inquiry to professional and lay audiences, including patients and their families,.

## VI. Professional

### Definition:

As a professional, the Advanced Dental Hygienist is committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behavior, accountability to the profession and society, dental hygiene-led regulation, and maintenance of personal health.

### Key and competence-enabled Advanced Dental Hygienists are able to:

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards:
  - Exhibit appropriate professional behaviors and relationships in all aspects of advanced dental hygiene care, demonstrating honesty,

integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality.

- Demonstrate a commitment to excellence in all aspects of advanced dental hygiene care.
  - Recognize and respond to ethical issues encountered in practice.
  - Recognize and manage conflicts of interest.
  - Exhibit professional behaviors in the use of technology-enabled communication.
  - Ensure the privacy of the patient/client during advanced dental hygiene care and counseling, and maintain confidentiality of patient records.
2. Demonstrate a commitment to society by recognizing and responding to societal expectations in advanced dental hygiene care:
- Demonstrate accountability to patients, society, and the profession by responding to the societal expectations of the advanced dental hygienist.
  - Demonstrate a commitment to patient safety and quality improvement.
3. Demonstrate a commitment to the dental hygiene profession by adhering to standards of dental hygiene practice, participating within the scope of senior specialists in dental hygiene practice, and governing laws:
- Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice.
  - Recognize and respond to unprofessional and unethical behaviors.
4. Demonstrate a commitment to his or her own health and well-being to foster optimal advanced dental hygiene patient care:
- Exhibit self-awareness and manage influences on personal well-being and professional performance.



- Manage personal and professional demands for sustainable practice throughout the life cycle of the advanced dental hygienist.
- Promote a culture that recognizes, supports, and responds effectively to colleagues in need.

## Program Duration

The program duration is two years.

### 3. Program Rotations

The clinical component will include seven mandatory clinical rotations and two selective capstones to choose from over a period of 104 weeks. Each rotation will be supervised and clinically evaluated by a senior specialist/consultant in a relevant discipline. The clinical rotations will be as follows as depicted in Table 1 below:

	Rotations	Duration	Setting	Requirement
1	Advanced Dental Hygiene Practice	30 Weeks	Hospital Dental Department	Mandatory
2	Periodontics	12 weeks	Multidisciplinary Dental Department	Mandatory
3	Maxillofacial Surgery	6 weeks	Hospital Dental Department	Mandatory
4	Vacation	4 weeks		
End of year 1		52 weeks		
5	Oncology and palliative oral care	12 weeks	Oncology Center	Mandatory

	Rotations	Duration	Setting	Requirement
6	Pediatric dentistry	6 weeks	Multidisciplinary Dental Department	Mandatory
7	Prosthodontics	8 weeks	Multidisciplinary Dental Department	Mandatory
8	Orthodontics	10 weeks	Multidisciplinary Dental Department	Mandatory
9	Dental Public Health Capstone	12 weeks	TBA	Selective
10	Clinical Teaching Capstone	12 weeks	TBA	selective
11	Vacation	4 weeks		
End of year 2		104 weeks		

#### 4. Mapping of learning objectives and competency roles to program rotations:

This section matches the competencies and objectives of each rotation. Trainees and trainers should work together to achieve these objectives during teaching and formative assessments. Expectations should evolve as the training level progresses (e.g., training stage, milestones).

### EXPECTED OUTCOMES OF THE CLINICAL ROTATIONS

#### 1- Advanced Dental Hygiene Practice Rotation

This rotation provides trainees with essential knowledge and skills in

mastering the application of the process of care along with the management of a community of patients with comorbidities, geriatrics, and pregnancy in a hospital setting. It also provides a foundation for the application of laser therapy and non-vital teeth bleaching.

**On successful completion of this rotation, trainees will be able to:**

- Conduct a consultation including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request or referral from another health care provider. K.S.A.
- Recognize and respond to ethical dimensions in advanced dental hygiene clinical decision-making. K.S.A.
- Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems. K.S.A.
- Demonstrate clinical knowledge, skills, and attitudes appropriate to advanced dental hygiene through advanced abilities in the application of the dental hygiene process of care (Appendix B) to special needs and medically compromised patients. K.S.A.
- Perform a complete and appropriate assessment of a patient. K.S.
- Recognize conditions that necessitate special consideration prior to or during treatment. K.S.
- Synthesize patient assessment findings and risk factors in formulating a patient-centered dental hygiene diagnosis, treatment plan, and case presentation. K.S.A.
- Implement dental hygiene strategies and services that address factors contributing to the patient's preventive, behavioral, therapeutic, and cosmetic oral health needs. K.S.A.

- Perform non-vital teeth bleaching for appropriately indicated cases. K.S.A.
- Perform laser therapy for appropriately indicated clinical cases and conditions. K.S.A.
- Apply principles and methods for evaluating outcomes of advanced dental hygiene care. K.S.A.
- Establish plans for ongoing care and, when appropriate, for timely consultation. K.S.A.
- Contribute actively, as an individual and as a member of a team, in providing care for the continuous improvement of health care quality and patient safety. K.S.A.

## 2- Periodontal Rotation

This rotation provides trainees with essential core clinical expertise and knowledge of infiltration anesthesia application. Trainees will have the opportunity to work in conjunction with others during open-flap periodontal surgeries and implant placement.

**On successful completion of this rotation, trainees will be able to:**

- Demonstrate periodontal assessments including charting of periodontal findings, periodontal classification, and periodontal risk assessment. K.S.A.
- Formulate treatment plans based on clinical and radiographical assessment. K.S.A.
- Perform chairside surgical assistance to different periodontal surgeries. K.S.A.
- Perform local anesthesia (infiltration) under direct supervision. K.S.A.



- Perform nonsurgical periodontal therapy to periodontally involved teeth and dental implants. K.S.A.
- Recognize periodontal disease and patterns radiographically. K.S.
- Remove sutures, place periodontal dressings, and subgingival chemotherapeutics (irrigation and chip). K.S.A.
- Provide customized oral hygiene self-care plans with regard to dental implant characteristics. K.S.A.
- Prescribe appropriate oral hygiene tools with regard to periodontal health and dental implants, abutment length and position, prosthetic design, and access to biofilm removal. K.S.A.

### 3- Maxillofacial Surgery Rotation

Advanced Dental Hygienists with knowledge of care and instruction before, during, and after oral and maxillofacial surgery will improve patients' oral health and general well-being.

**On successful completion of this rotation, trainees will be able to:**

- Perform appropriate physical and oral assessments for oral surgery cases. K.S.A.
- Manage emergency cases with appropriate knowledge and skills. K.S.A.
- Follow standard protocols to refer clinical cases in case of dental injuries. K.S.
- Provide proper oral hygiene instructions for patients with traumatic injuries as well as post-surgery patients. K.S.A.
- Perform nonsurgical periodontal therapy for pre-surgery patients. K.S.A.
- Assist maxillofacial surgeons in operating rooms. K.S.A.
- Provide nonsurgical periodontal debridement in operating rooms as needed. K.S.A.

- Recognize and manage signs and symptoms of a fractured and dislocated jaw. K.S.A.
- Reduce the potential of oral complications associated with jaw immobilization through appropriate instructions regarding diet, nutrition, and oral hygiene self-care. K.S.A.

#### 4- Oncology and Palliative Oral Care Rotation

As trainees, Advanced Dental Hygienists encounter patients with cancer or a history of cancer on a regular basis. They must understand cancer risk factors, treatments, oral complications of treatment, and how the Dental Hygienist can provide oral healthcare before, during, and following cancer treatment as an integral part of the interprofessional healthcare team.

**On successful completion of this rotation, trainees will be able to:**

- Explain diverse types of cancers, treatments, and complications. K.
- Identify major oral health concerns and risk factors. K.S.
- Review medical histories, dental histories, radiographs, and perform comprehensive oral examinations. K.S.A.
- Communicate with oncology team members to arrange dental visits and consultations. K.S.A.
- Provide oral health preventive services for cancer patients in all cancer therapy phases. K.S.A.
- Identify and manage oral complications arising from cancer therapy. K.S.A.

#### 5- Pediatric Dentistry Rotation

Advanced Dental Hygienists with knowledge of how to promote early oral health preventive measures through addressing oral health literacy and interprofessional collaboration, and delivering evidence-based dental



hygiene care can positively impact the oral health of children and parents.

**On successful completion of this rotation, trainees will be able to:**

- Describe the prevalence, etiology, consequence, management, and prevention of Early Childhood Caries (ECC). K.
- Recognize various stages of ECC during oral examination. K.S.
- Apply pit and fissure sealants on properly indicated teeth. K.S.A.
- Provide proper oral and nutritional instructions to child care givers K.S.A.
- Explain common developmental issues such as teething and non-nutritive sucking with a caregiver K.S.
- Perform dental examination, risk assessment, fluoride application, and dental prophylaxis for children K.S.A.
- Practice behavior management for children. K.S.A.
- Implement oral hygiene maintenance programs for children receiving full mouth rehabilitation and for those undergoing general anesthesia.
- Provide prenatal dental hygiene programs for pregnant women. K.S.A.

## **6- Orthodontics Rotation**

Advanced Dental Hygienists with an understanding of the underlying indications, processes, and goals of orthodontic treatment often help prepare patients for orthodontic treatment. This role includes identifying potential candidates and discussing what to expect during the process. Dental hygienists help patients to maintain their dental and periodontal health during and after orthodontic treatment.

**On successful completion of this rotation, trainees will be able to:**

- Classify malocclusion during assessment. K.
- Explain the three dimensions of the facial structure. K.
- Practice orthodontic patient selection and referral for treatment. K.S.

- Explain the forces applied in orthodontic treatment and their effects on the teeth and periodontium to educate patients. K.S.A.
- Describe basic orthodontic treatment for space management, detrimental oral habits, orthopedic development problems, orthodontic correction, and retention devices.
- Evaluate the oral hygiene of orthodontic patients and develop a customized plaque-control plan. K.S.
- Perform effective nonsurgical periodontal therapy, nutritional counseling, fluoride therapy for orthodontic patients' pre-, during-, and posttreatment. K.S.A.
- Perform effective methods for cement removal during or after debonding procedures. K.S.
- Practice interdisciplinary roles in regular or alternative orthodontic treatment. K.A.

## 7- Prosthodontics Rotation

Tooth loss can occur at any age for a variety of reasons. Advanced Dental Hygienists may encounter patients with a fixed or removable dental prosthesis on a daily basis. Therefore, a good understanding of how and why tooth loss is restored will aid in patient care and education.

**On successful completion of this rotation, trainees will be able to:**

- Identify appliances used in fixed and removable prosthodontic therapy, such as fixed and removable partial dentures, complete removable dentures, overdentures, crowns, bridges, implant abutments, veneers, splints, bleaching trays, maxillofacial prostheses, and various esthetic restorations. K.S.



- Demonstrate skills in assessing the loss of retention, stability, and support for different types of dental prostheses, both clinically and radiographically. K.S.A.
- Recognize and explain soft tissue pathoses associated with improperly maintained dental prostheses K.S.
- Use appropriate materials and methods according to the dental prosthesis material and type. K.S.
- Explain instruments, products, and procedures used to clean and maintain removable and fixed dental prostheses and esthetic restorations. K.S.
- Educate prosthesis-wearing patients about expectations, personal responsibility, oral hygiene measures, and regular professional care. K.S.A.
- Demonstrate skills in smile assessment. K.S.

## 8- Dental Public Health Capstone (Selective):

This capstone project is designed to provide trainees with an opportunity to apply their knowledge of concepts and skills to identify significant dental hygiene problems. Identification of the idea for the community project by trainees will be encouraged during the first year of the program and through the Dental Public Health course. The project could be provided off-site.

**On successful completion of this capstone, trainees will be able to:**

- Respond to the needs of the communities or populations that they serve by advocating in a socially accountable manner. K.S.A.
- Conduct preventive oral health activities to reduce risks and promote oral health. K.S.A.

- Perform a needs assessment of the target group through surveillance. K.S.
- Develop methods and carry out studies to evaluate the effectiveness of preventive dentistry programs and activities. K.S.
- Establish channels of communication to promote interdisciplinary community collaboration. K.S.A.

### 9- Clinical Dental Hygiene Teaching Capstone (Selective):

This capstone project is designed to provide trainees with an opportunity to apply their knowledge of concepts and skills in teaching dental hygiene trainees. This includes planning, implementation, evaluation of instruction, instructional strategies, delivery models, presentation skills, and techniques for communicating health information.

**On successful completion of this capstone, trainees will be able to:**

- Teach the practice of dental hygiene and provide clinical training to dental trainees, specialists, residents, the public, and other healthcare professionals. K.S.
- Demonstrate care and commitment to trainees by recognizing their shared responsibility and leadership roles in facilitating student success. K.S.A.
- Participate in respectful practice and be sensitive to factors that influence individual trainee learning. K.S.A.
- Protect the privacy and dignity of the learner. K.A.
- Works collaboratively with other educators and faculty. K.S.A.
- Promote intra-professional collaboration. K.A.
- Provide adequate supervision, direction, and feedback to trainees. K.S.A.



# IX. CONTINUUM OF LEARNING

This includes learning that should take place in each key stage of progression within the specialty. Trainees are to be reminded of lifelong Continuous Professional Development (CPD). Trainees should acknowledge the necessity of CPD for every healthcare provider to meet the demands of their vital profession. The following table shows how the role is progressively expected to develop throughout the junior, senior, and consultant levels of practice. (For a list of privileges and supervision level, see Appendix C)

Undergraduate	D1 (Junior Level)	D2 (Senior Level)	Senior Specialist
Non-practicing	Dependent/supervised practice	Dependent/supervised practice	Independent practice/unsupervised practice
Obtain basic oral health science and foundational level to core dental hygiene knowledge.	Obtain fundamental knowledge related to core clinical problems and procedures as management of medically compromised, bleaching, lasers, and anesthesia.	Apply knowledge to provide appropriate clinical care related to patients with complex dental problems.	Acquire advanced and up-to-date knowledge related to core clinical problems of the specialty.

Undergraduate	D1 (Junior Level)	D2 (Senior Level)	Senior Specialist
Internship to the practice of the discipline.	Apply clinical skills such as physical examination and practical procedures related to the core presenting problems and procedures of the specialty.	Analyze and interpret the findings from clinical skills to develop appropriate differential diagnoses and a management plan for the patient.	Compare and evaluate challenging, contradictory findings and develop expanded differential diagnoses and a management plan.



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# X. TEACHING METHODS:

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The teaching process in SD-ADH is based mainly on the principles of adult learning theory. The trainees feel the importance of learning and play active roles in the content and process of their own learning. The training programs implement the adult learning concept in each feature of the activities where the trainees are responsible for their own learning requirements. Formal training time will include the following four formal teaching activities:

## 1.1. Program specific learning activities:

- A. Academic half day.
- B. Practice-based learning.
- C. Case-based discussions.
- D. Clinical case presentations.

## 1.2. Online courses.

## 1.3. Universal topics.

## 1.4. General learning opportunities.

### 1.1 Program specific learning activities:

Program-specific activities are educational activities that are specifically designed and intended for trainees' teaching during their training time. The trainees are required to attend these activities, and non-compliance can subject trainees to disciplinary actions. It is advisable to link attendance and participation in these activities to continuous assessment tools (see formative assessment section below). Program administration should support these activities by providing protected time for trainees to attend

these activities to allow them to participate in such activities.

### A) Academic half day:

Over the course of 40 weeks per training year, specific time should be reserved. In this case dedicated time for different courses should be allocated explicitly as follows: twice a week with four hours of formal teaching time each day. Formal teaching time denotes an activity that is planned in advance with an assigned tutor, time slots, and venue. Formal teaching time excludes bedside teaching, clinic postings, etc. The academic half day courses cover the core specialty topics that are determined and approved by the specialty's scientific council and are aligned with specialty-defined competencies and teaching methods. The core specialty topics will ensure that important clinical problems of the specialty are well-taught. It is recommended that lectures be conducted in an interactive format. The learning objectives of each core topic need to be clearly defined, and it will be preferable to use pre-learning material. Whenever applicable, core specialty topics should include workshops, team-based learning (TBL), and simulation to develop skills in core procedures. Regional supervisory committees in coordination with academic and training affairs, program directors, and the trainee's chief should work together to ensure the planning and implementation of academic activities, as indicated in the curriculum. There should be an active involvement of the trainee in the development and delivery of the topics under faculty supervision—the involvement might be in the form of delivery, content development, research, etc. The supervisor's educator should ensure that each topic is stratified into three categories of the learning domains: knowledge, skills, and attitude.

The recommended number of academic half day courses to be conducted annually is 40 sessions per training academic year, with reserved time for



other teaching methods such as clinical/practical teaching, case-based discussions, and online learning. The following is a list of academic half-day courses with appropriate durations and descriptions. (Details of academic half day courses are shown in Appendix D, and the prescribed textbooks are listed in Appendix E).

#### Year One (D1):

1. **FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II) (15 sessions):** This course focuses on knowledge of primary dental care as the supporting framework for advanced dental hygiene practice. Emphasis is placed on the application of the process of care and focuses on the community of patients with comorbidities in a hospital practice setting. The topics selected in this course are intended to provide dental hygienists with an understanding of the role of advanced dental hygienists in disease prevention, treatment, and referral. This course will introduce the theory and research related to the concepts of health promotion and risk reduction, providing trainees with the opportunity to incorporate strategies of risk analysis and reduction, screening, lifestyle change, and disease detection and prevention in the family oral healthcare.
2. **PERIODONTOLOGY (10 sessions):** This course will emphasize several aspects of periodontology, including anatomy, pathology, risk assessment, clinical and radiographical assessment, classification, therapy, and connection to systemic health.
3. **ORAL PATHOLOGY (nine sessions):** This course provides an overview of the key content of oral pathology in dental hygiene practice. It discusses various oral lesions, including etiology, modes of transmission, epidemiology, distinguishing characteristics, dental implications, and oral

medicine. The course prepares trainees to be involved in the differential diagnosis and treatment planning.

4. **HEALTH BEHAVIORS (six sessions):** This course provides the basic concepts of sociology and psychology of behavioral management of patients in dental practice. The course covers the non-pharmacological control of pain and anxiety, including motivational interviewing. Trainees will differentiate between a variety of patients, including pediatric and geriatric patients.

#### Year Two (D2):

1. **DENTAL PUBLIC HEALTH (eight sessions):** This course provides basic knowledge and understanding of dental public health, dealing with the promotion of oral health and disease prevention of oral and dental diseases. Dental public health entails the assessment of key dental health needs and devising effective solutions to improve dental health at the population level. This is a part of dentistry that requires leadership, advocacy skills, and expertise in population-based dentistry. It also deals with conducting oral health surveillance, policy development, reducing inequalities, increasing access to dental services, supporting the mobilization of resources, and maintaining the dental safety net.
2. **PUBLIC SPEAKING (eight sessions) :** This course is designed to provide effective tools to enhance professional growth in public speaking. It helps trainees to deliver impactful presentations by learning how to research, develop, organize, outline, and deliver speech effectively.
3. **PRACTICE MANAGEMENT (eight sessions):** This course provides dental practice insights from a business perspective, including the management of dental teams, appointments, office designs, inventories, office publications, and office policies.



4. **LITERATURE REVIEW AND EVALUATION (eight sessions):** This course prepares trainees to conduct a systematic literature review by identifying research topics and developing a research question by reviewing and evaluating the current literature. The trainees will be familiar with several types of literature reviews and will be able to select the appropriate review format for their topic.
5. **EDUCATIONAL METHODOLOGY (eight sessions):** This course is designed to explore various educational concepts, principles, and methods of teaching for adults. Trainees will learn to present educational information to a diverse client population in a variety of settings, in an ethical and professional manner. Topics include, but are not limited to, objectives, planning, implementation, and evaluation of instruction, instructional strategies, delivery models, presentation skills, and techniques for communicating health information.

## **B) Practice-based learning:**

Training exposures such as bedside, laboratory, operating rooms, and other work-related activities, including courses and workshops (e.g., simulations, standardized patients, bedside teaching) represent excellent targets for learning. Trainees are expected to build their capacity based on self-directed learning.

Conversely, practice-based learning allows the educator to supervise trainees to become competent in the required program practical skills that ensure fulfilling knowledge, psychomotor, and/or attitude learning domains during rotations. Each trainee needs to maintain a logbook documenting the procedures observed, those performed under supervision, and those performed independently. Successful supervised clinical sessions must be recorded and verified by the program director, as they are a core element of

a trainee’s success in the program. Senior specialists and consultants will provide workshops, guidance, evaluation, and feedback on trainees’ clinical skills and procedures. They will also contribute to case-based discussion sessions.

Practice-based learning workshops focus on relevant clinical knowledge, procedures and techniques, manipulation of materials, and use of equipment. This will take place weekly for one session of four hours, with structured practical guidance and supervised hands-on assistance. The following is a list of workshops and corresponding rotations (see Appendix F for more details on practice-based learning workshops):

ROTATION		PRACTICE-BASED LEARNING WORKSHOPS
1	Advanced dental hygiene care	<ul style="list-style-type: none"> <li>- Advanced probing techniques</li> <li>- Advanced techniques for root instrumentation</li> <li>- Therapeutic air polishing</li> <li>- Host modulation and adjuvant therapy</li> <li>- Implant therapy</li> <li>- Vital teeth bleaching</li> <li>- Laser or photodynamic therapy</li> <li>- Special needs patients               <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Geriatrics</li> </ul> </li> <li>- Patients with disabilities               <ul style="list-style-type: none"> <li>• Disability and oral health</li> <li>• Intellectually and developmentally challenged</li> <li>• Orofacial clefts.</li> <li>• Neurologic disorders.</li> </ul> </li> <li>- Medically compromised patients               <ul style="list-style-type: none"> <li>• Cardiovascular</li> <li>• Diabetes</li> </ul> </li> </ul>



ROTATION		PRACTICE-BASED LEARNING WORKSHOPS
		<ul style="list-style-type: none"> <li>• HIV and oral health</li> <li>• Autoimmune disease</li> <li>• Organ transplant and renal disease</li> <li>• Respiratory disease</li> <li>• Substance misuse</li> <li>• Eating disorder</li> <li>• Child abuse and family violence.</li> </ul>
2	Periodontics	<ul style="list-style-type: none"> <li>- Oral systemic relationship</li> <li>- Local anesthesia</li> </ul>
3	Maxillofacial surgery	<ul style="list-style-type: none"> <li>- Maxillofacial oral care</li> </ul>
4	Oncology and palliative oral care	<ul style="list-style-type: none"> <li>- Cancer oral care</li> <li>- Palliative oral care</li> </ul>
5	Pediatric dentistry	<ul style="list-style-type: none"> <li>- Pediatric oral care I</li> <li>- Pediatric oral care II</li> </ul>
6	Prosthodontics	<ul style="list-style-type: none"> <li>- Prosthodontic oral care</li> </ul>
7	Orthodontics	<ul style="list-style-type: none"> <li>- Orthodontic oral care</li> </ul>

### C) Case-based discussion:

Case-based discussions (CBDs) are considered to be teaching sessions. However, some will be graded as required (see table of CBD topics in the assessment section). Trainees meet with the supervising consultant from the assigned rotation every week. The goals for weekly meetings are to discuss practice-based learning, teach efficient handover strategies, and case presentation skills. These allow discussion of the management of selected cases and assigned literature, and enhance problem-solving and

multidisciplinary team skills. (See Appendix G for more details regarding the assigned literature)

#### **D) Clinical case presentations:**

Clinical case presentations (CCPs) are organized presentations of documented patient care from each rotation. This clinical exercise provides the framework of information necessary for complex clinical decision-making and treatment recommendations for individual patients' needs. All components of a selected clinical case are gathered and presented along with visual images to support objective clinical and radiographic findings, patient information, clinical evidence, and case management. (For details, see clinical case development at practice-based learning workshops Appendix-F).

### **1.2. E-Learning courses:**

Trainees must complete the following courses from the SCFHS e-learning platform:

- Infection prevention control.
- Communication skills.
- Patient safety.
- Telemedicine.
- Healthcare empowerment.

### **1.3. Universal topics**

#### **Intent:**

These are high-value interdisciplinary topics of utmost importance to the trainee. The reason for delivering the topics centrally is to ensure that every



trainee receives high-quality teaching and develops essential core knowledge. These topics are common across all specialties.

The topics included here should meet one or more of the following criteria:

- **Impactful:** Topics that are common or life-threatening.
- **Interdisciplinary:** Topics that are difficult to teach by a single discipline.
- **Orphan:** Topics that are poorly represented in the undergraduate curriculum.
- **Practical:** Topics that trainees will encounter in hospital practice.

#### **Development and Delivery:**

Core topics for the postgraduate curriculum will be developed and delivered centrally by the Commission through an e-learning platform. A set of preliminary learning outcomes for each topic will be developed. Content experts, in collaboration with the central team, may modify the learning outcomes. These topics will be didactic in nature, with a focus on practical aspects of care. These topics will be more content-heavy than workshops and other face-to-face interactive sessions planned. The suggested duration of each topic is one and a half hours.

#### **Assessment:**

The topics will be delivered in a modular fashion. At the end of each learning unit, there will be an online formative assessment. After completion of all topics, there will be a combined summative assessment in the form of a context-rich multiple choice questionnaire (MCQ). All trainees must attain minimum competency in the summative assessment. Alternatively, these topics can be assessed in a summative manner, along with a specialty examination. Universal topics are educational activities developed by SCFHS and are intended for all specialties. Priority will be given to topics that:

- Are high-value.

- Are interdisciplinary and integrated.
- Require expertise that might be beyond the availability of the local clinical training sites.

Universal topics have been developed by the SCFHS and are available in the form of e-learning using personalized access for each trainee to access the online modules. Each universal topic will have a self-assessment at the end of the module. As indicated in the “executive policies of continuous assessment and annual promotion” universal topics are mandatory components of the criteria for the annual promotion of trainees from their current level of training to the subsequent level. Universal topics will be distributed over the entire training period. (See Appendix H for more details on the universal topic).

### 1.3.1 List of mandatory universal topics modules:

- Hospital acquired infections.
- Cancer
- Diabetes and metabolic disorders.
- Frail elderly.
- Ethics.

## 1.4. General Learning Opportunities:

The formal training time is suggested to be supplemented by other academic development opportunities, such as:

- Item author workshops by the SCFHS.
- Continuing professional development provider workshops by the SCFHS.
- CPD activities relevant to specialty (conferences and workshop).



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# XI. ASSESSMENT AND EVALUATION

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## 1. Purpose of Assessment

Assessment plays a vital role in the success of postgraduate training. Assessment will guide trainees and trainers to achieve defined standards, learning outcomes, and competencies. Contrarily, the assessment will provide feedback to learners and faculty regarding curriculum development, teaching methods, and quality of the learning environment. A reliable and valid assessment is an excellent tool for assessing curriculum alignment between objectives, learning methods, and assessment methods. Finally, assessment assures patients and the public that health professionals are safe and competent to practice.

Assessment can serve the following purposes:

- a. **Assessment for learning** may take place when trainers use information from trainees' performance to inform their learning for improvement. It enables them to use information about trainees' knowledge, understanding, and skills to provide feedback to trainees about learning and how to improve.
- b. **Assessment as learning** involves trainees in the learning process, which enables them to monitor their own progress. Trainees use self-assessment and educators' feedback to reflect on their progression. This develops and supports trainees' metacognitive skills. Assessment as

learning is crucial in helping residents/fellows to become lifelong learners.

- c. **Assessment of learning** demonstrates the achievement of learning. This is a graded assessment and usually counts towards the trainee's end-of-training degree.
- d. **Feedback and evaluation** in the form of assessment outcomes will represent quality metrics that can improve learning experience.

For the sake of organization, assessment will be further classified into two main categories: formative and summative.

## 2. Formative Assessment

### 2.1 General Principles

Trainees, as adult learners, should strive for feedback throughout their journey of competency from “novice” to “mastery” levels. Formative assessment (also referred to as continuous assessment) is the assessment component that is distributed throughout the academic year, which aims primarily to provide trainees with effective feedback.

Every month, at least one hour should be assigned by trainees to meet with their mentors to review performance reports (e.g., ITER, e-portfolio, mini-CEX, etc.). Input from the overall formative assessment tools will be utilized at the end of the year to determine whether individual trainees will be promoted from the current to the subsequent training level. Formative assessment will be defined based on the Scientific Council for Public Health recommendations. These are usually updated and announced for each individual program at the start of the academic year.



According to the executive policy on continuous assessment (available online: [www.scfhs.org](http://www.scfhs.org)), formative assessment will be characterized by the following features:

- a. Multisource: minimum four tools.
- b. Comprehensive: covering all learning domains (knowledge, skills, and attitude).
- c. Relevant: focusing on workplace-based observations.
- d. Competency-milestone oriented: reflecting trainees' expected competencies that match their developmental level.

Trainees should play an active role in seeking feedback during training. However, trainers are expected to provide timely and formative assessments. The SCFHS will provide an e-portfolio system to enhance communication and analysis of data arising from formative assessments.

Trainers' and trainees are directed to follow the recommendations of the scientific council regarding the updated forms, frequency, distribution, and deadlines related to the implementation of evaluation forms.

## 2.2 Formative Assessment Tools

Learning Domain	Formative Assessment Tools	Important Details ( e.g., frequency, specifications related to the tool)
Knowledge	Case Based Discussion (CBD)	Vary across rotations*
	Clinical Case Presentation (CCP)	End of each rotation
	Quiz (Q)	End of each academic half day course
	Structured Oral Examination (SOE)	End of D1
Skills	Portfolio	End of each rotation and capstone

Learning Domain	Formative Assessment Tools	Important Details ( e.g., frequency, specifications related to the tool)
	Direct Observation for Procedural Skills (DOPS)	Vary across rotations*
	Mini Clinical Evaluation Exercise (Mini-CEX)	Vary across rotations*
Attitude	(ITER):In-Training Evaluation Report	End of each rotation and capstone

\* Refer to the tables below (summary of assessment for the program and specific topics for each assessment tool)

## SUMMARY OF formative ASSESSMENT FOR THE PROGRAM

\*Academic activities: Q-Quizzes of academic half day courses, Clinical Case Presentation (CCP)

ROTATION	KNOWLEDGE			SKILLS			ATTITUDE		
	SO E	ACADEMIC ACTIVITIES *	CPD	RESEARCH	PORT FOLIO	DOPS	MINI -CEX	ITER	FITER
Advanced Dental Hygiene		3 Q 1 CCP	3		+	5	5		
Periodontology		1 Q 1 CCP	2		+	2	3		
Maxillofacial Surgery		1 Q 1 CCP	1		+		1		
End of D1	+							+	
Pediatric Dentistry		1 Q 1 CCP	1		+		1		
Oncology		2 Q 1 CCP	1		+	1	1		



ROTATION	KNOWLEDGE			SKILLS			ATTITUDE		
	SO E	ACADEMIC ACTIVITIES *	CPD	RESEA RCH	PORT FOLIO	DOP S	MINI -CEX	ITE R	FIT ER
Prosthodontics		1 Q 1 CCP	1		+		1		
Orthodontics		1 Q 1 CCP	1		+		1		
Dental Public Health Capstone					+			+	
Clinical Teaching Capstone					+			+	
END OF D2									+

The evaluation of each component will be based on the following equation:

Percentage	< 50%	50-59.4%	60-69.4%	>70%
Description	Clear fail	Borderline fail	Borderline pass	Clear pass

To achieve unconditioned promotion, the candidate must score a minimum of “borderline pass” in all five components.

- The program director may still recommend the promotion of candidates if the above is not met in some situations.
- If the candidate scores a “borderline failure” in a maximum of one or two components, then these scores should not belong to the same area of assessment (for example, both borderline failures should not belong to both skills).
- The candidate must pass all the other components and score a minimum of a clear pass in at least two components.

## 3. Summative Assessment

### 3.1 General Principles

Summative assessment is a component that aims primarily to make informed decisions on trainees' competency. In comparison to formative assessment, summative assessment does not aim to provide constructive feedback. For further details on this section, please refer to the general bylaws and executive policy of assessment (available online: [www.scfhs.org](http://www.scfhs.org)). To be eligible to sit for the final exams, trainees will be granted a "Certification of Training Completion" upon successful completion of all training rotations.

### 3.2 Final In-training Evaluation Report (FITER)

In addition to approval of the completion of clinical requirements (Resident's Logbook) by the supervising committee, the FITER is also prepared by program directors for each resident at the end of his or her final year of training. This report shall be the basis for obtaining the Certificate of Training Program Completion, along with the qualification which will be set for the final specialty examinations.

### 3.3 Certification of Training Completion

To be eligible for the final specialty examinations, each trainee is required to obtain the "Certification of Training-Completion." Based on the training bylaws and executive policy (please refer to [www.scfhs.org](http://www.scfhs.org)) trainees will be granted "Certification of Training-Completion" once the following criteria is fulfilled:

- a) Successful completion of all training rotations.
- b) Successful completion of all educational courses.



- c) Completion of training clinical requirements (e.g., portfolio, research, others) as outlined in the FITER, which is approved by the Scientific Council for Public Health. (See Appendix I for details on specific clinical requirements).
- d) Clearance from the SCFHS training affairs ensures compliance with tuition payments and the completion of universal topics.

A “Certification of Training-Completion” will be issued and approved by the supervisory committee or its equivalent according to the SCFHS policies.

### 3.4 Final Specialty Examinations

The final specialty examination is the summative assessment component that grants trainees the specialty’s certification. It has two elements:

- a) Final written exam: To be eligible for this exam; trainees are required to have a “Certification of Training-Completion.”
- b) Final clinical/practical exam: Trainees will be required to pass the final written exam to be eligible to sit for the final clinical/practical exam.

**Blueprint Outlines:** The content of the following table is for demonstration purposes only. Please refer to the most updated version published on the SCFHS website. A blueprint of the final written and clinical/practical exams is presented in the following table:

#### Example of Written Exam Blueprint

Contents							
Categories	Sections	Proportions	Assessment	Diagnosis	Treatment Planning	Implementation	Evaluation and Documentation
Advanced Dental Hygiene Care 45%	Advanced dental hygiene clinical skills (probing, air polishing, instrumentation, etc.)	5%	1	1	0	2	1
	Special needs	8%	2	1	2	2	1
	MCP	11%	3	2	3	2	1
	Disability	8%	1	2	2	2	1
	Laser	4%	1	1	1	1	0
	Bleaching	4%	1	1	0	1	1
	Oral pathology	3%	1	1	0	0	1
	Pain control	2%	1	0	0	1	0
Specialty Dental Health Care 25%	Periodontology	10%	2	2	1	3	2
	Pediatric dentistry	5%	1	0	1	2	1
	Prosthodontics	5%	1	1	2	1	0
	Orthodontics	5%	1	1	1	1	1
Core Professional Roles 15%	Dental Public Health	5%	1	1	1	1	1
	Educational Methodology	5%	1	1	1	1	1



Contents							
Categories	Sections	Proportions	Assessment	Diagnosis	Treatment Planning	Implementation	Evaluation and Documentation
	Practice management	5%	1	0	1	2	1
Scholarly Activities and Others 15%	Research	6%	1	1	1	2	1
	Ethics and law	4%	1	1	0	1	1
	Communication and public speaking	3%	1	0	1	1	0
	Patient safety	2%	1	0	0	1	0
	<b>Total</b>	<b>100%</b>	<b>23</b>	<b>17</b>	<b>18</b>	<b>27</b>	<b>15</b>

Example of Final Clinical Exam Blueprint

		DIMENSIONS OF CARE				
		Health Promotion & Illness Prevention 1±1 Station(s)	Acute 5±1 Station(s)	Chronic 3±1 Station(s)	Psychological Aspects 1±1 Station(s)	# Station(s)
DOMAINS FOR INTEGRATED	Patient Care 7±1 Station(s)	1	2	3	1	7
	Patient Safety & Procedural Skills 1±1 Station(s)	0	1	1	0	2

		DIMENSIONS OF CARE				
		Health Promotion & Illness Prevention 1±1 Station(s)	Acute 5±1 Station(s)	Chronic 3±1 Station(s)	Psychological Aspects 1±1 Station(s)	# Station(s)
	Communication & Interpersonal Skills 2±1 Station(s)	0	0	1	1	2
	Professional Behaviors 0±1 Station(s)	1	0	0	0	1
	<b>Total Stations</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>12</b>

For further details on the final examinations, please refer to general bylaws and executive policy of assessment (available online: [www.scfhs.org](http://www.scfhs.org)).

Learning Domain	Summative Assessment Tools	Frequency	Passing Score
Knowledge	Final Written Examination (FWE)	End of D2	At least a borderline pass in each tool in accordance with the standard setting method used by the executive administration of assessment
	Structured Oral Examination (SOE)	End of D1	
Skills	Objective Structured Clinical Examinations (OSCE)	End of D2	At least a borderline pass in each tool in accordance with the standard setting method used by the executive administration of assessment
Attitude	(FITER): In-Training Evaluation Report	End of D2	Successfully pass FITER



DOPS	
Advanced dental hygiene practice	<ul style="list-style-type: none"> <li>- Advanced techniques for root instrumentation-manual instrumentation</li> <li>- Advanced techniques for root instrumentation-powered instrumentation</li> <li>- Therapeutic air polishing</li> <li>- Teeth bleaching</li> <li>- Laser therapy</li> </ul>
Periodontology	<ul style="list-style-type: none"> <li>- Local anesthesia</li> <li>- Nonsurgical periodontal therapy for a periodontal patient</li> </ul>
Oncology and palliative oral care	<ul style="list-style-type: none"> <li>- Nonsurgical periodontal therapy for a head and neck cancer patient</li> </ul>

Mini-CEX	
Advanced dental hygiene practice	<ul style="list-style-type: none"> <li>- Motivational interviewing</li> <li>- Smoking cessation</li> <li>- Diet analysis</li> <li>- Geriatric management</li> <li>- Pregnancy management</li> </ul>
Periodontology	<ul style="list-style-type: none"> <li>- Periodontal abscess management</li> <li>- Pericoronitis management</li> <li>- Nonsurgical periodontal therapy for implants</li> </ul>
Maxillofacial surgery	<ul style="list-style-type: none"> <li>- Plaque control for a post-surgical extraction patient</li> </ul>
Oncology and palliative oral care	<ul style="list-style-type: none"> <li>- Oral hygiene motivation for a newly diagnosed patient with cancer</li> </ul>
Pediatric dentistry	<ul style="list-style-type: none"> <li>- Behavioral management for an uncooperative child</li> </ul>
Prosthodontics	<ul style="list-style-type: none"> <li>- Plaque control for a patient with fixed dental prosthesis 3 unite bridge</li> </ul>

Mini-CEX	
Orthodontics	- Plaque control for an active orthodontic patient with poor oral hygiene

CBD	
Advanced dental hygiene practice	- Adjuvant periodontal therapy - Probing and charting - Unresolved (refractory) periodontitis
Periodontology	- Implant failure - Mucogingival defects management
Maxillofacial surgery	- Indications for dental hygiene care under GA
Oncology and palliative oral care	- Role of nonsurgical periodontal debridement before cancer therapy
Pediatric dentistry	- Parental guidance
Prosthodontics	- Gingival recession around prosthesis
Orthodontics	- Severe gingival overgrowth management



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## XII. PROGRAM AND COURSES EVALUATION

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The SCFHS will apply variable measures to evaluate the implementation of this curriculum. The training outcomes of this program will align with the quality assurance framework endorsed by the Central Training Committee at the SCFHS. Trainees' assessment (both formative and summative) results will be analyzed and mapped to curriculum content. Other evaluation indicators that will be incorporated are as follows:

- Report of the annual trainees' satisfaction survey.
- Reports from trainees' evaluation of faculty members.
- Reports from trainees' course evaluations.
- Reports from trainees' evaluation of rotations.
- Reports from the annual survey of program directors.
- Data available from program accreditations.
- Reports from direct field communications with trainees and trainers.

Goal-based evaluation: The intended achievement of milestones will be evaluated at the end of each stage to assess the progress of the curriculum delivery. Any deficiencies will be addressed in the following stage utilizing the time devoted to trainee-selected topics and professional sessions. In addition to subject-matter opinion and best practices from benchmarked international programs, the SCFHS will apply a robust method to ensure that this curriculum will utilize all the data that will be available for revision of this curriculum in the future.

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## XIII. POLICIES AND PROCEDURES

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This curriculum represents the means and materials outlining the learning objectives that trainees and trainers will interact with to achieve the identified educational outcomes. The SCFHS has a full set of general bylaws and executive policies (published on the official SCFHS website) that regulate all training-related processes. The general bylaws of training, assessment, and accreditation, as well as the executive policies on admission, registration, continuous assessment and promotion, examination, trainees' representation and support, duty hours, and leave are examples of regulations that need to be implemented. Under this curriculum, trainees, trainers, and supervisors must comply with the most updated bylaws and policies, which can be accessed online (via the official SCFHS website).



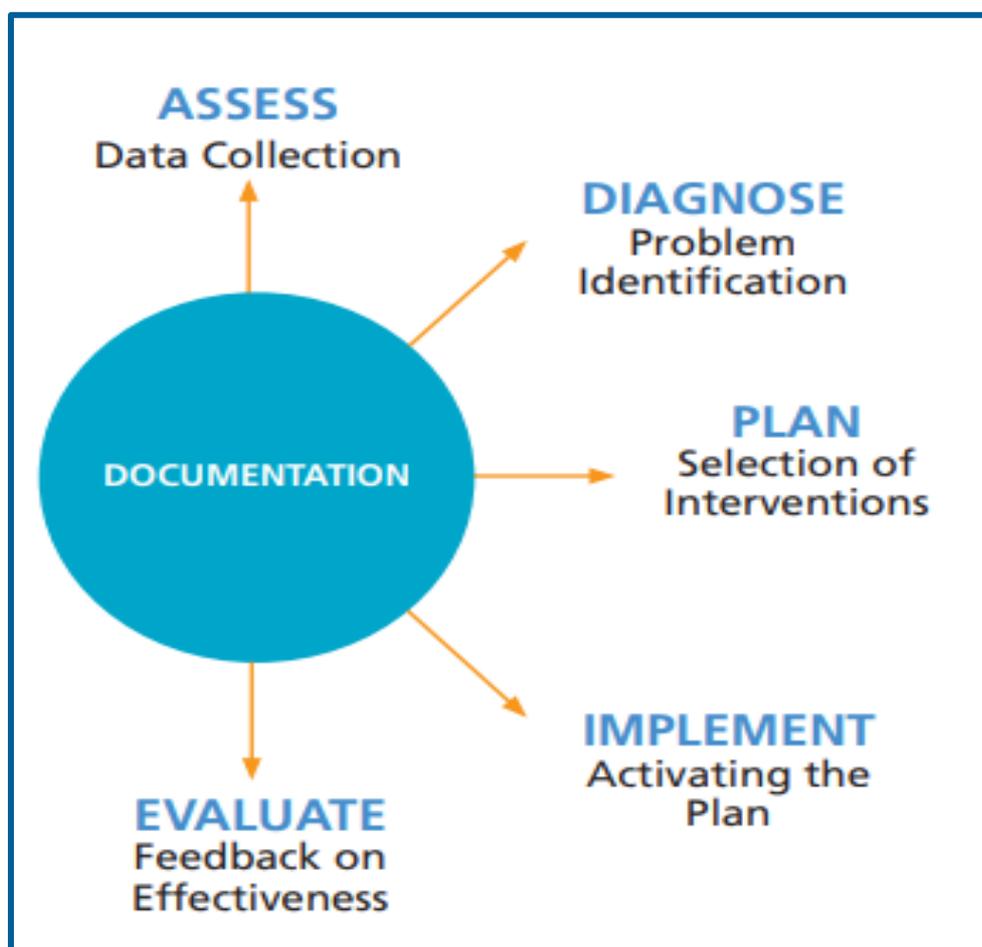
# XIV. APPENDICES

- A. Senior Specialist Scope of Practice
- B. Dental Hygiene Process of Care
- C. Privileges and Supervision Level
- D. Academic Half Day Courses
- E. List of Books Used and Abbreviations
- F. Practice-Based Learning Workshops
- G. Assigned Literature
- H. Universal Topics
- I. Clinical Requirements
- J. References

## Appendix-A

المسمى الوظيفي	Job Title
أخصائي أول صحة ورعاية الفم والأسنان	Senior Specialist in Dental Hygiene (SSDH)
هو خبير في مجال صحة الفم والأسنان حيث يوفر رعاية صحية متقدمة للفم وأسنان الأفراد والمجتمع، كما يقدم المشورة بشأن التكتلات الوقائية ويتخذ القرارات الإكلينيكية والإدارية المتعلقة بصحة الفم والأسنان.	An expert in the field of dental hygiene who provides advanced dental hygiene care to individuals and communities; is consulted about appropriate dental hygiene interventions and makes dental hygiene decisions.
1- تقديم الاستشارات والتوصيات العلاجية استجابة للإحالات الطبية الواردة من الممارسين الصحيين الآخرين.	1. Conducts consultations, including the presentation of well-documented assessments and recommendations in response to referrals from other health care providers.
2- تقديم رعاية متقدمة للفم والأسنان باستقلالية وبدرجة عالية من الإتقان، من خلال تطبيق نظام رعاية الفم والأسنان.	2. Independently delivering advanced or complex dental hygiene care at a high level of quality and sophistication through the application of the Dental Hygiene Process of Care.
3- القيام بالتقدير الموضوعي (المستل) في حال وجود شهادة معتمدة.	3. Performing local anesthesia (infiltration) if certified.
4- تبييض الأسنان السليمة.	4. Applying the principles of vital tooth bleaching.
5- اتخاذ القرارات الإكلينيكية المبنية على الأثمة والبراهين العلمية.	5. Incorporating evidence-based decision making in the management of clients.
6- الوقاية والحد من وقوع حالات صحية طارئة أثناء تقديم رعاية الفم والأسنان، وإتباع الإجراءات الصحيحة عند حدوثها.	6. Preventing and managing emergency situations.
7- عرض ومناقشة الحالات السريرية مع زملاء المهنة للأغراض التعليمية.	7. Presenting and discussing their clinical cases with colleagues.
8- المشاركة في إدارة أنشطة وبرامج التوعية بصحة الفم والأسنان في المجتمع.	8. Participating in the administration of dental public health activities.
9- تعليم صحة الفم ورعاية الأسنان الإكلينيكية.	9. Teaching clinical dental hygiene care.
10- الإشراف الإكلينيكي على أخصائيو صحة الفم والأسنان وإدارة أقسام صحة الفم والأسنان.	10. Performing the planning, organization, staffing, and management of dental hygiene services.
11- المشاركة في القيام بالبحوث العلمية التي تستهدف تحسين مستوى صحة الفم والأسنان والصحة العامة، وتطوير تخصص صحة الفم والأسنان.	11. Participating in the scientific inquiry of dental hygiene problems to improve oral healthcare, the practice of dental hygiene, and overall health.

## Appendix-B



The dental hygiene care process comprises six components. These include assessment, dental hygiene diagnosis, planning, implementation, evaluation, and documentation. These six components provide a framework for patient care activities. Adapted from Wilkins' EM. Clinical practice of dental hygienists. 12th ed. Philadelphia; PA: Wolters Kluwer 2017. pp. 12–14. 2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf (adha.org)



## Appendix-C

LEVEL OF SUPERVISOR		REFERENCE
OBSERVATION	Trainees are allowed to observe ONLY	0
DIRECT SUPERVISION	Trainees are allowed to work under direct supervision and consultant assistance	D
INDIRECT SUPERVISION	Trainees are allowed to work while the consultant is not physically present inside the clinic. However, the consultant must be immediately available via phone and within the premises	I

PROCEDURES		D1	D2	SENIOR SPECIALIST IN DENTAL HYGIENE
Anesthesia	Infiltration anesthesia	0	D	I
Assessment	Healthy history	D	I	I
	Dental examination and history	D	I	I
	Periodontal charting	D	I	I
	Risk factors	D	I	I
	Radiographs	D	I	I
	Photography	D	I	I
	Cast Models	D	I	I
Diagnosis	Dental Hygiene diagnosis	D	I	I
	Periodontal diagnosis	D	I	I
	Treatment Planning	D	I	I
Implementation	Oral hygiene guidance	D	I	I

PROCEDURES		D1	D2	SENIOR SPECIALIST IN DENTAL HYGIENE
	Nutritional and tobacco cessation counseling	D	I	I
	Delivery of infiltration anesthesia	D	I	I
	Powered non-surgical periodontal debridement	D	I	I
	Therapeutic air polishing	D	I	I
	Laser therapy	D	I	I
	Desensitizing agent	D	I	I
	Pit and fissure sealants	D	I	I
	Hand instrumentation	D	I	I
	Bleaching tray	D	I	I
	In-office bleaching	D	O	I
	Local delivery of chemotherapeutic agents	D	I	I
	Periodontal maintenance	D	I	I
	Treatment of medically compromised patients	D	I	I
Evaluation	Evaluating dental hygiene intervention	D	I	I
	Re-care	D	I	I
	Referral	D	I	I
	Documentation	D	I	I

## Appendix-D

The following table represents an academic half-day with example topics that illustrate the relevant activities over a year. The highlighted sections should be provided as workshops.

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
FOUNDATION OF ADH (I)			
INTRODUCTION			
1	Dental Hygiene Profession	<ol style="list-style-type: none"> <li>1. Apply knowledge of the discipline of dental hygiene, the role of the dental hygienist, and the dental hygiene process of care to succinctly elucidate the primary focus of dental hygiene and approaches taken by dental hygienists to prevent oral diseases and foster overall wellness.</li> <li>2. Relate the concepts in the metaparadigm for the discipline of dental hygiene to differences in clients and environment.</li> <li>3. Consider the professional roles of the dental hygienist to determine if more than one of them might appeal to a trainee, and why.</li> <li>4. Compare and contrast the different workforce models for dental hygienists and how they are affected by professional regulation in the United States and Canada.</li> <li>5. Contemplate the role and importance of various professional dental hygiene associations, highlight why participation is important for professionals, and select at least two of interest.</li> </ol>	DHT CH 1

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>1. Identify and define key terms and concepts related to the professional dental hygienist.</li> <li>2. Describe the scope of dental hygiene practice.</li> <li>3. Identify and describe the components of the dental hygiene process of care.</li> <li>4. Identify and apply components of the dental hygiene code of ethics.</li> <li>5. Explain legal, ethical, and personal factors affecting dental hygiene practice.</li> <li>6. Apply concepts in ethical decision-making.</li> <li>7. Identify and define key terms and concepts related to oral health care in alternative settings.</li> <li>8. Identify materials necessary for providing dental hygiene care in alternative settings.</li> <li>9. Plan and document adaptations to dental hygiene care plans and oral hygiene instructions for the patient who is residence-bound, bedridden, unconscious, or terminally ill.</li> </ol>	CP CH 1,4
2	Metaparadigm concepts and conceptual models applied to practice	<ol style="list-style-type: none"> <li>1. Discuss the dental hygiene metaparadigm and its four concepts.</li> <li>2. Discuss key features of the dental hygiene human needs model.</li> <li>3. Discuss key features and domains of the oral health-related quality of life model.</li> </ol>	DHT CH2



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		4. Discuss key features and domains of the client self-care commitment model.	
2	Evidence based dental hygiene decision making.	1. Define evidence-based decision making (EBDM), list the two fundamental principles of EBDM, and discuss evidence sources and levels of evidence. 2. Ask a good PICO question; identify the specific problem, intervention, comparison, and clinical outcome; and conduct a PubMed clinical query to determine if the PICO question efficiently generates relevant, high-quality sources to address the PICO question. 3. Apply the EBDM process and skills to access different sources of evidence, critically appraise and apply it when appropriate and communicate findings as it relates to providing evidence based patient care.	DHT CH3
		1. Explain evidence-based practice and its importance in clinical dental hygiene care. 2. Discuss various approaches to research including the strength of evidence that each provides. 3. Describe a systematic approach used to find credible scientific literature. 4. Describe skills needed for analyzing evidence-based health information.	CP CH2
		1. Summarize how the explosion of knowledge is impacting practitioners and patients. Identify the three components of evidence-based decision-making.	FP CH 22

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>2. Discuss the benefits and limitations of experience.</li> <li>3. Describe the role of the patient in the evidence-based model. List locations for accessing systematic reviews.</li> <li>4. Explain the difference between a peer-reviewed journal and a trade magazine. State three desired outcomes from attending continuing education courses.</li> <li>5. Formulate a question using the PICO process.</li> </ol>	
2	Professional portfolio development	<p>workshop</p> <ol style="list-style-type: none"> <li>1. Differentiate between the various types and formats of portfolios and their uses.</li> <li>2. Describe the process for creating a student portfolio and identify artifacts or projects that would demonstrate competency.</li> <li>3. Examine the role of reflection within the portfolio.</li> <li>4. Discuss the role that ethics plays in portfolio authorship.</li> <li>5. Describe how the student portfolio can be transitioned for use throughout the career of the dental hygienist.</li> </ol>	DHT CH8
	Clinical Case Design	<p>workshop</p> <ol style="list-style-type: none"> <li>1. Provide an example of how case development and documentation can be used.</li> <li>2. Analyze the purpose, the intended audience, and goal of case development in each situation.</li> </ol>	CC CH23



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Identify the component that can be developed and documented in a given case.</li> <li>4. Complete all materials necessary to document the therapeutic intervention and strategies of patient care provided in the case being developed in either written or oral format.</li> </ol>	
<b>ASSESSMENT</b>			
3	Medical and Dental Emergencies	workshop <ol style="list-style-type: none"> <li>1. Develop a plan to prevent and prepare for medical emergencies.</li> <li>2. Identify signs and symptoms related to a possible emergency.</li> <li>3. Define key words related to emergencies.</li> <li>4. Describe stress minimization techniques.</li> <li>5. Identify procedures for specific emergencies.</li> <li>6. Incorporate documentation into the emergency plan.</li> </ol>	CP CH 9
		<ol style="list-style-type: none"> <li>1. Prepare the dental team and dental environment to prevent and manage a medical emergency.</li> <li>2. Discuss the importance of documentation in relation to medical emergencies.</li> <li>3. Understand the role of anxiety in dental treatment and emergencies.</li> <li>4. Describe responses to and the management of medical emergencies.</li> <li>5. Recognize necessary legal considerations for medical emergencies.</li> </ol>	DHT CH 11

**Academic Half Day Courses and Competencies**  
**FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)**

Academic week	Module	Competencies	Assigned reading
3	Comprehensive Health History	<ol style="list-style-type: none"> <li>1. Identify the essential components of a comprehensive patient health history.</li> <li>2. List the parts of each component of the health history.</li> <li>3. Recognize the importance of each component to the acquisition of an accurate health database.</li> <li>4. Analyze patient responses to health questions to anticipate and initiate the necessary modification in the treatment plan.</li> <li>5. Analyze patient responses to health questions to recognize when a medical or dental consultation is warranted.</li> </ol>	CC CH12
3	Drug induced oral events	<ol style="list-style-type: none"> <li>1. Conduct a thorough pharmacological history review to determine whether the patient's medication use has the potential to cause adverse oral events.</li> <li>2. Assess the patient's medication list to identify those medications associated with adverse oral side effects.</li> <li>3. Identify strategies used to prevent or treat medication-induced adverse oral events.</li> <li>4. Confidently discuss the relationship of the patient's chief complaint, oral presentation, and medications with patient, the patient's physicians, and dental team.</li> </ol>	CC CH13
	Risk assessment	<ol style="list-style-type: none"> <li>1. Relate periodontal assessment and its significance to the dental hygiene process of care.</li> <li>2. Discuss the four physical units of a healthy periodontium, as well as the clinical signs and</li> </ol>	DHT CH CP CH



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<p>histologic characteristics of a healthy and diseased periodontium.</p> <ol style="list-style-type: none"> <li>3. Discuss periodontal diseases, including characteristics/signs, types, and causes. Also, classify periodontal diseases using the classification systems of the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP).</li> <li>4. Perform thorough and accurate periodontal assessment of the periodontium and implants.</li> <li>5. Discuss risk factors for periodontal diseases and their relationship stages and grades of periodontitis and dental hygiene care planning.</li> <li>6. Explain proper documentation and record keeping for periodontal assessment and treatment.</li> <li>7. List and describe the modifiable and unmodifiable risk factors for periodontal disease.</li> <li>8. Explain the signs and symptoms of periodontal disease.</li> <li>9. Define the stages of development for periodontal lesions.</li> <li>10. Compare and contrast the staging and grading of periodontal disease in the current classification system.</li> <li>11. Describe the dental hygienist’s role in educating the patient about management of modifiable risk factors for periodontal disease.</li> </ol>	



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
<b>DIAGNOSIS AND TREATMENT PLANNING</b>			
4	Diagnosis	workshop 1. List the three fundamental diagnostic questions used when assigning a periodontal diagnosis. 2. List the two fundamental diagnostic questions used when assigning a peri-implant diagnosis. 3. Explain how to arrive at appropriate answers to each of the fundamental diagnostic questions. 4. Explain the difference between the terms “signs” of a disease versus “symptoms” of a disease. 5. List several overt and hidden signs of periodontal inflammation. Define the term “silent disease.” 6. Describe what is meant by the term “clinical attachment loss.” 7. Describe the elements of a well-written diagnosis for periodontitis. 8. List the phases of treatment. Explain why a patient’s diagnosis and treatment plan may require modifications at a later point in time.	FP CH 10
		1. Compare and contrast dental hygiene and a dental diagnosis using nursing and medicine as a parallel. 2. Discuss the dental hygiene diagnostic process in action and apply the Human Needs and Oral Health-Related Quality of Life models to diagnostic decision-making in development of a dental hygiene diagnosis.	DHT CH22



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Implement the dental hygiene diagnostic process in action by identifying interventions that support various dental hygiene diagnoses, writing dental hygiene diagnoses, and educating and motivating clients to work toward positive behavior changes.</li> <li>4. Assess the process involved with validating dental hygiene diagnoses and defend the importance of taking this step. In addition, gather complete data to support recognizable patterns in formulating diagnoses.</li> <li>5. Discuss the outcomes and benefits of dental hygiene diagnoses.</li> </ol>	
		<ol style="list-style-type: none"> <li>1. Explain the significance of developing a dental hygiene diagnosis as a component of the dental hygiene process of care.</li> <li>2. Formulate a dental hygiene diagnosis based on the assessment findings.</li> <li>3. Identify and define key terms and concepts related to planning dental hygiene care.</li> <li>4. Identify and explain assessment findings and individual patient factors that affect patient care.</li> <li>5. Identify additional factors that can influence planning for dental hygiene care.</li> </ol>	CP CH22
4	Treatment planning	<ol style="list-style-type: none"> <li>1. Discuss the rationale and objectives for developing a dental hygiene care plan.</li> <li>2. Identify the components of a dental hygiene care plan.</li> </ol>	CP CH23

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Prepare a written dental hygiene care plan from a dental hygiene diagnosis.</li> <li>4. Apply procedures for discussing a care plan with a dentist and a patient.</li> <li>5. Identify and apply measures for obtaining informed consent and informed refusal.</li> </ol>	
		<p>workshop</p> <ol style="list-style-type: none"> <li>1. Define the planning step of the process of care and differentiate between the dental treatment plan and the dental hygiene care plan. Also, discuss the concept of interprofessional collaboration.</li> <li>2. Discuss the sequence of events in dental hygiene care plan development and, given a case scenario, formulate and evaluate a dental hygiene care plan including:                             <ul style="list-style-type: none"> <li>- Linking the care plan to one or more dental hygiene diagnoses.</li> <li>- Writing care plan goals.</li> <li>- Selecting professional and self-care intervention strategies.</li> <li>- Developing an appointment schedule.</li> <li>- Determining attainment of care plan outcomes and writing a supportive evaluation statement.</li> </ul> </li> <li>3. Discuss the care plan presentation, maximizing patient involvement, and the patient's potential informed</li> </ol>	DHT CH23



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<p>consent and informed refusal as related to dental hygiene care planning.</p> <p>4. Define the goal of evaluation in the process of care and explain the importance of measuring care plan outcomes including:</p> <ul style="list-style-type: none"> <li>- Discussing how evaluation is integrated into the dental hygiene process of care.</li> <li>- Discussing evaluation strategies for monitoring and measuring achievement of care plan outcomes.</li> </ul> <p>5. Discuss documentation in the dental record and its significance to the process of care.</p>	
4	DECISION-MAKING RELATED TO NSPD	<p>1. Compare and contrast concepts of dental hygiene care for patients with various classifications of periodontal health and disease, including scaling, oral prophylaxis, root planning, periodontal debridement, host modulation therapy, and therapeutic endpoints.</p> <p>2. Discuss oral hygiene instructions for self-care.</p> <p>3. Describe the assessment, diagnosis, and care planning involved with NSPT.</p> <p>4. Detail the current classifications of periodontal disease and discuss how each classification may progress and respond to NSPT given risk factors, systemic health, self-care, and adherence to periodontal maintenance recommendations.</p>	DHT CH33

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>5. Describe the process of appointment planning for NSPT and plan implementation of nonsurgical periodontal therapy, including mechanical nonsurgical pocket therapy, chemotherapy for periodontal disease, and/or full mouth disinfection.</li> <li>6. List the reasons why a patient may need a referral to a periodontist and discuss surgical intervention. Also, discuss the rationale and procedure for reevaluation following NSPT and its relationship to the decision regarding follow-up care, including possible referrals.</li> <li>7. Explain how dental insurance benefit plans relate to case presentations and implementation of nonsurgical periodontal therapy.</li> <li>8. Consider factors that influence decisions regarding periodontal maintenance therapy and suggest appropriate intervals based on individual patient needs.</li> </ol>	
		<ol style="list-style-type: none"> <li>1. Explain the goals and desirable clinical endpoints or outcomes for nonsurgical periodontal therapy.</li> <li>2. Devise a care plan for a patient with slight-to-moderate chronic periodontitis.</li> <li>3. Describe the changes in the subgingival bacteria after periodontal debridement.</li> <li>4. Describe current evidence related to laser therapy for initial therapy.</li> </ol>	CP CH39



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>5. Develop postoperative instructions for a patient following a nonsurgical periodontal therapy appointment.</li> <li>6. List the steps in the re-evaluation of nonsurgical periodontal therapy and the decisions that must be made based on the clinical outcomes.</li> <li>7. Compare and contrast the risks and benefits of systemic antibiotics and local delivery antimicrobials.</li> <li>8. Critically evaluate the benefit of local delivery antimicrobials on changes in pocket depth and clinical attachment level (CAL).</li> </ol>	
		<p>workshop</p> <ol style="list-style-type: none"> <li>1. List the three fundamental diagnostic questions used when assigning a periodontal diagnosis.</li> <li>2. List the two fundamental diagnostic questions used when assigning a peri-implant diagnosis.</li> <li>3. Explain how to arrive at appropriate answers to each of the fundamental diagnostic questions.</li> <li>4. Explain the difference between the terms “signs” of a disease versus “symptoms” of a disease.</li> <li>5. List several overt and hidden signs of periodontal inflammation.</li> <li>6. Define the term “silent disease.” Describe what is meant by the term clinical attachment loss.</li> </ol>	<p>FP CH10, 11</p>

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>7. Describe the elements of a well-written diagnosis for periodontitis.</li> <li>8. List the phases of treatment.</li> <li>9. Explain why a patient's diagnosis and treatment plan may require modifications at a later point in time.</li> <li>10. Define shared decision-making.</li> <li>11. Explain the key steps for engaging in shared decision-making.</li> <li>12. Describe how patient decision aids facilitate shared decision-making.</li> <li>13. Describe the importance of informed consent to successful periodontal care.</li> <li>14. List guidelines for obtaining informed consent.</li> <li>15. Describe two formats for documenting informed consent.</li> </ol>	
<b>IMPLEMENTATION</b>			
5	Implant therapy	<ol style="list-style-type: none"> <li>1. Describe the concepts, technology, and terminology relevant to implant dentistry.</li> <li>2. Develop a knowledge base related to osseointegration and ancillary procedures in oral implantology.</li> <li>3. Comprehend patient selection factors and education essentials.</li> <li>4. Understand maintenance of dental implant in the clinical setting.</li> </ol>	CP CH31



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>Recognize and manage dental implant problems, complications, and failures.</li> </ol>	
		<ol style="list-style-type: none"> <li>Describe the background of dental implants and discuss the indications, contraindications, and patient selection of dental implants.</li> <li>Explain the basic steps in implant treatment planning, placement, and maintenance.</li> <li>Understand the role of the dental hygienist in relation to implant maintenance.</li> <li>Define peri-implantitis and peri-implant mucositis and explain how to make the diagnoses.</li> <li>Detail the need for compliance with proper at-home implant care.</li> <li>Discuss professional maintenance of dental implants.</li> </ol>	DHT CH31
6	Periodontal debridement	<ol style="list-style-type: none"> <li>Discuss oral disease in relation to bacterial plaque biofilm.</li> <li>Outline the mechanisms for ensuring efficacy, quality, and safety of periodontal antimicrobial products.</li> <li>Explain the rationale for adjunctive antimicrobial biofilm control.</li> <li>Compare and contrast delivery methods of antimicrobial agents for both home and professional use. Also, discuss evidence regarding the effectiveness of various active ingredients included in antimicrobial products for the treatment of periodontal disease.</li> <li>Apply evidence-based indications for use of antimicrobial agents as interventions for the prevention and treatment of periodontal disease and</li> </ol>	DHT CH27

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		discuss legal, ethical, and safety issues related to antimicrobials.	
		<p>workshop</p> <ol style="list-style-type: none"> <li>1. Discuss the functional components of hand-activated instruments used in dental hygiene care.</li> <li>2. Differentiate between the treatment and assessment of dental hygiene hand activated instruments.</li> <li>3. Select design considerations for assessment and treatment instruments based on the periodontal health status and needs of a patient.</li> <li>4. Relate the basic stroke principles of hand-activated instrumentation including angulation, adaptation, and activation to the requirements for effective instrumentation.</li> <li>5. Discuss treatment instrument selection and criteria considerations in determining the appropriate instrument design and blade size, and customize details regarding their sequencing and use for periodontitis-affected teeth.</li> <li>6. Elucidate the benefits and ethical principles associated with maintaining sharp hand-activated instruments. Also, discuss proper clinician/patient positioning, body mechanics, field of vision, hand grasp, and lateral pressure.</li> </ol>	DHT CH28



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		7. Summarize the key elements of comprehensive post-treatment patient education.	
		<ol style="list-style-type: none"> <li>1. Value the role of ultrasonic instrumentation in accomplishing the objectives of periodontal debridement in terms of the advantages and indications.</li> <li>2. Relate the mechanisms of action of ultrasonic instruments to effective debridement of the tooth surface.</li> <li>3. Compare and contrast magnetostrictive and piezoelectric ultrasonic instruments and scaling techniques.</li> <li>4. Apply information about the relationship of key operational and technique variables to the mechanisms of ultrasonic debridement.</li> <li>5. Discuss the acoustic power produced by an ultrasonic scaler.</li> <li>6. Execute proper ultrasonic instrumentation technique with any tip design in any area of the dentition.</li> <li>7. Discuss assessment and management of using ultrasonic instrumentation for patient care.</li> </ol>	DHT CH29
		<ol style="list-style-type: none"> <li>1. Discuss general morphologic characteristics.</li> <li>2. Consider the significance of cemento-enamel junction location in periodontal assessment.</li> </ol>	DHT30

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Discuss root surface texture, root shapes, and teeth with one, two, or three roots.</li> <li>4. Associate furcation size and location with successful periodontitis treatment outcomes.</li> <li>5. Describe root concavities and tooth alignment and how both relate to accessing root surfaces.</li> <li>6. Consider variations in root form during periodontal assessment procedures and integrate into individualized patient treatment planning.</li> <li>7. Document variations in root form.</li> </ol>	
		<p>workshop</p> <ol style="list-style-type: none"> <li>1. Identify the three main parts of a periodontal instrument.</li> <li>2. Differentiate between various types of removal instruments based on their design.</li> <li>3. State the indications and contraindications for the use of various removal instruments.</li> <li>4. Describe and demonstrate fundamental techniques for manual and power instrumentation.</li> <li>5. Practice exercises designed to develop hand dexterity and prevent trauma.</li> </ol>	CP CH37
		<ol style="list-style-type: none"> <li>1. Explain the goals and desirable clinical endpoints or outcomes for nonsurgical periodontal therapy.</li> <li>2. Devise a care plan for a patient with slight-to-moderate chronic periodontitis.</li> </ol>	CP CH39



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Describe the changes in the subgingival bacteria after periodontal debridement.</li> <li>4. Describe current evidence related to laser therapy for initial therapy.</li> <li>5. Develop postoperative instructions for a patient following a nonsurgical periodontal therapy appointment.</li> <li>6. List the steps in the re-evaluation of nonsurgical periodontal therapy and the decisions that must be made based on the clinical outcomes.</li> <li>7. Compare and contrast the risks and benefits of systemic antibiotics and local delivery antimicrobials.</li> <li>8. Critically evaluate the benefit of local delivery antimicrobials on changes in pocket depth and CAL.</li> </ol>	
7	Stain removal	<ol style="list-style-type: none"> <li>1. Describe the difference between a cleaning agent and a polishing agent.</li> <li>2. Explain the basis for selection of the grit of polishing paste for each individual patient.</li> <li>3. Discuss the rationale for avoiding polishing procedures on areas of demineralization.</li> <li>4. Explain the effects that abrasive particle shape, size, and hardness have on the abrasive qualities of a polishing paste.</li> <li>5. Explain the types of powdered polishing agents available and their use in the removal of tooth stains.</li> </ol>	CP CH42

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<p>6. Explain patient conditions that contraindicate the use of airpower polishing.</p> <p>workshop</p> <p>1. Discuss the rubber-cup tooth polishing technique and armamentarium selection for various patient conditions and perform the procedure on a patient.</p> <p>2. Discuss the air polishing technique and armamentarium options for various patient conditions and perform the procedure on a patient.</p> <p>3. Describe client or patient education and motivation in relation to extrinsic stain removal procedures.</p> <p>4. Discuss teeth whitening including at-home products and in-office techniques. Consider the hygienist's role in in-office whitening procedures.</p> <p>5. Value the legal and ethical principles that apply to tooth polishing and whitening services.</p>	DHT CH32
8	Hypersensitivity	<p>1. Describe the stimuli and pain characteristics specific to hypersensitivity and explain how this relates to differential diagnosis.</p> <p>2. Describe the factors that contribute to dentin exposure and behavioral changes that could decrease hypersensitivity.</p> <p>3. Explain the steps in the hydrodynamic theory.</p>	CP CH41



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		4. Describe two mechanisms of desensitization and their associated treatment interventions for managing dentin hypersensitivity.	
		workshop 1. Distinguish between dentinal hypersensitivity and other sources of tooth pain. 2. Discuss oral conditions associated with dentinal hypersensitivity, elucidate the teeth and risk factors most likely contributing to dentinal hypersensitivity, and describe the prevalence and distribution of dentinal hypersensitivity. 3. Explain the specific clinical and radiographic criteria that must be applied to arrive at a diagnosis of dentinal hypersensitivity. 4. Describe the management of dentinal hypersensitivity, including the indications and effectiveness of various treatment options.	DHT CH42
<b>EVALUATION AND DOCUMENTATION</b>			
9	POSTTREATMENT EVALUATION AND SUPPORTIVE CARE	1. Identify and define key terms and concepts related to the evaluation of dental hygiene interventions. 2. Discuss standards for dental hygiene practice. 3. Identify skills related to self-assessment and reflective dental hygiene practice. 4. Describe the goals of a continuing care program in dental hygiene practice.	CP CH 44,45

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>5. Determine appointment intervals based on an individual patient's risk factors, compliance, and oral health history.</li> <li>6. Name and discuss the contributing factors in recurrence of periodontal disease.</li> <li>7. List the steps in a continuing care appointment including assessment, care plan, and therapy.</li> <li>8. Outline the methods for continuing care systems in the dental office or clinic.</li> <li>9. Explain the purpose of the evaluation phase and its significance to the process of care.</li> </ol>	
		<ol style="list-style-type: none"> <li>1. Identify patients whose oral health risks and problems require close intervals for supportive care or continuation of care for other oral problems.</li> <li>2. Recognize symptoms or conditions that indicate referral or co-management with the periodontist and discuss them with a patient.</li> <li>3. Plan a supportive care program based on the patient's disease control skills and the risk of disease recurrence.</li> </ol>	CC CH22
9	Maintenance for periodontal patients	<ol style="list-style-type: none"> <li>1. List three objectives of periodontal maintenance.</li> <li>2. Describe how periodontal maintenance relates to other phases of periodontal treatment.</li> <li>3. List the typical steps performed during an appointment for periodontal maintenance.</li> </ol>	FP CH34



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>4. Explain the term “baseline data.”</li> <li>5. Describe guidelines for determining whether the general practice office or the periodontal office should provide periodontal maintenance.</li> <li>6. Describe how to establish an appropriate interval between maintenance appointments.</li> <li>7. Define the term “recurrence of periodontitis.”</li> <li>8. List clinical signs of recurrence of periodontitis.</li> <li>9. List reasons for the recurrence of periodontitis.</li> <li>10. Define the term “compliance.” Explain the role that compliance plays in maintaining periodontal health and stability.</li> <li>11. List reasons for noncompliance with periodontal maintenance recommendations.</li> <li>12. Explain some strategies that can be used to improve patient compliance.</li> <li>13. Explain the term “root caries” and list recommendations for the use of fluorides in the prevention of root caries.</li> </ol>	
10	Documentation and insurance recording	<ol style="list-style-type: none"> <li>1. Explain the foundations of tort law and how it applies to the profession of dentistry.</li> <li>2. Define the term liability as it applies to the provision of periodontal care. Describe situations in the dental office that trigger liability for dental hygienists.</li> </ol>	FP CH35

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>Define the terms intentional torts and negligence and give examples of each.</li> <li>In a clinical setting, thoroughly document all periodontal treatment including treatment options, cancellations, patient noncompliance, refusal of treatment, and follow-up. telephone calls. Explain the use of insurance codes and forms in periodontal care.</li> </ol>	
<b>FOUNDATION OF ADH (II)</b>			
11	Oral Health Epidemiology	<ol style="list-style-type: none"> <li>Define epidemiology and its requirements.</li> <li>Describe the uses of epidemiology. Outline the steps necessary to undertake an epidemiological study</li> <li>Discuss the diverse types of epidemiological study and how they apply to dental care.</li> <li>Discuss the principles of measuring dental disease.</li> <li>Describe the ideal features of an index and know some of the limitations of existing indices.</li> </ol>	DPH CH5
		<ol style="list-style-type: none"> <li>State the difference between “morbidity” and “mortality.”</li> <li>Explain the difference between “incidence” and “prevalence.”</li> <li>Explain the importance of sensitivity and specificity for a screening test.</li> <li>Explain the differences between a screening test and diagnostic test.</li> <li>Outline the steps of investigation of an epidemic.</li> </ol>	TPH CH2



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>1. Identify and define key terms and concepts related to dental incidences and scoring methods.</li> <li>2. Identify the purpose, criteria for measurement, scoring methods, range of scores, and reference or interpretation scales for a variety of dental indices.</li> <li>3. Select and calculate dental indices for a use in a specific patient or community situation.</li> </ol>	CP CH21
12	Oral health promotion	<ol style="list-style-type: none"> <li>1. Provide a definition of oral health promotion.</li> <li>2. Outline the key principle of oral health promotion.</li> <li>3. Describe the five areas for action outlined in the Ottawa Charter and provide oral health examples of each.</li> <li>4. List potential partners and settings for oral health promotion.</li> <li>5. Discuss the concept of the health care continuum that dental hygienists practice along a continuum of care, promoting health and well-being in terms of disease treatment, disease prevention (primary, secondary, and tertiary), and health promotion.</li> <li>6. Outline key findings of the effectiveness of reviews of oral health promotion.</li> <li>7. Act and apply health promotion strategies to facilitate client and/or community oral health.</li> </ol>	DPH CH2
		<ol style="list-style-type: none"> <li>1. Describe the health care continuum of dental hygiene care and discuss related critical thinking scenarios.</li> <li>2. Define “health” and discuss health care promotion. Understand that dental hygiene practice, regardless of</li> </ol>	DHT CH 4



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<p>setting, impacts the client at the individual/family, group, community, and advocacy/policy level.</p> <p>3. Discuss the concept of the health care continuum and that dental hygienist practice along a continuum of care promoting health and well-being in terms of disease treatment, disease prevention (primary, secondary, and tertiary), and health promotion.</p> <p>4. Act on and apply health promotion strategies to facilitate client and/or community oral health.</p>	
13	PREVENTIVE DENTISTRY : Sugar and caries prevention	<p>1. Understand the principle of preventive dentistry.</p> <p>2. Present a classification of sugars based upon government recommendations.</p> <p>3. Critically outline the principal source of evidence regarding the relationship between sugar consumption and caries development.</p> <p>4. Describe ways of assisting individuals to reduce their sugar consumption to prevent dental caries.</p> <p>5. Outline approaches to reduce sugar consumption at a population level.</p> <p>6. Make recommendations for preventive of dental caries with respect to use of sugars.</p>	DPH TPH CH 29, 31 ,42
13	Fluoride and fissure sealants	<p>1. Describe how fluoride works in the prevention of dental caries.</p> <p>2. List and describe the methods of fluoride delivery.</p>	DPH TPH CH37, CH42



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Describe the advantages and disadvantages of each mode of delivery.</li> <li>4. Discuss the use of fluoride in caries prevention.</li> <li>5. Outline the public health importance of fissure sealants.</li> <li>1. Highlight the inequality in oral health and fluoride policy.</li> <li>2. Outline the global fluoride policy development recommendation.</li> <li>3. Understand the sealant importance as part of a total preventive package.</li> </ol>	TPH CH37, CH9
14	Prevention of periodontal disease	<ol style="list-style-type: none"> <li>1. Outline the main etiological factors in periodontal disease.</li> <li>2. Critically assess preventive options for periodontal disease.</li> <li>3. Outline preventive strategies and health promotion approaches appropriate for the prevention of periodontal diseases.</li> </ol>	DPH CH13
14	Oral cancer prevention	<ol style="list-style-type: none"> <li>1. Identify opportunities for prevention of oral cancer within the clinical environment.</li> <li>2. Outline a range of public health approaches to oral cancer prevention.</li> </ol>	DPH CH14
14	Prevention of traumatic dental injuries	<ol style="list-style-type: none"> <li>1. Critically assess preventive approaches in traumatic dental injuries.</li> </ol>	DPH CH15

Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		2. Present public health approaches to the prevention of traumatic dental injuries.	TPH CH45
14	Prevention for people with disabilities and vulnerable groups	<ol style="list-style-type: none"> <li>1. Understand the principle of prevention for people with disabilities and vulnerable groups.</li> <li>2. Outline the supportive role of health and social networks in prevention for people with disabilities and vulnerable groups.</li> </ol>	DPH CH16
15	Technology in advanced dental hygiene	<ol style="list-style-type: none"> <li>1. Differentiate between magnetostrictive and piezoelectric ultrasonic transduction.</li> <li>2. Define the mechanisms of action by which ultrasonic instruments remove deposits from the tooth surface.</li> <li>3. Explain the relationship of key operational variables to the acoustic power produced by the ultrasonic scaling unit.</li> <li>4. Adjust the operational variables as necessary to operate the ultrasonic scaling unit at a level of acoustic power appropriate for the treatment objective.</li> </ol>	UP CH3
		<ol style="list-style-type: none"> <li>1. Identify and define key elements of design common to all ultrasonic tips.</li> <li>2. Explain the influence of each element of design on the clinical performance of the ultrasonic tip.</li> <li>3. Recognize variables that influence tip selection.</li> <li>4. Select a tip design appropriate for the treatment objective and anatomy of the treatment site.</li> </ol>	UP CH4



Academic Half Day Courses and Competencies

FOUNDATION OF ADVANCED DENTAL HYGIENE (I,II)

Academic week	Module	Competencies	Assigned reading
		1. Describe some strategies in the management of patients with periodontal diseases that are likely to evolve in the future.	FP CH36
		<ol style="list-style-type: none"> <li>1. Differentiate between a manual office and an office using technology.</li> <li>2. List types of electronic office equipment used in technology.</li> <li>3. Describe the elements of information systems.</li> <li>4. Explain the four operations of a computer.</li> <li>5. Explain how technology can be used to increase profitability.</li> <li>6. Describe the application of technology to dental practice.</li> <li>7. Explain the purpose of a feasibility study.</li> <li>8. Explain the difference between general and specific task software.</li> <li>9. Discuss dental software, word processing, electronic spreadsheets, database, graphics, and internet software.</li> <li>10. List guidelines to follow when selecting software.</li> <li>11. Explain why implementing a change to the computer system is important to all staff members.</li> </ol>	PMD CH5

## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
1	Microscopic Anatomy of the Periodontium	<ol style="list-style-type: none"> <li>1. Describe the histology of the tissues and the function that each serves in the human body.</li> <li>2. List and define the layers that comprise the stratified squamous epithelium of the skin.</li> <li>3. Define keratin and describe its function in the epithelium.</li> <li>4. Describe the composition and function of connective tissue.</li> <li>5. Describe the epithelial–connective tissue interface found in most tissues of the body, such as the interface between the epithelium and connective tissues of the skin.</li> <li>6. Define the term “cell junction” and describe its function in the epithelial tissues.</li> <li>7. Compare and contrast the terms “desmosome” and “hemidesmosome.”</li> <li>8. Identify the three anatomical areas of the gingival epithelium on an unlabeled drawing depicting the microscopic anatomy of the gingival epithelium.</li> <li>9. Describe the location and function of the following regions of the gingival epithelium: oral epithelium, sulcular epithelium, and junctional epithelium.</li> <li>10. State the level of keratinization present in each of the three anatomical areas of the gingival epithelium (keratinized, nonkeratinized, or parakeratinized).</li> </ol>	FP CH2



## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<p>11. State which of the anatomical areas of the gingival epithelium have an uneven, wavy epithelial-connective tissue interface in health and which have a smooth junction in health.</p> <p>12. 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.</p> <p>13. Define and describe the function of the supragingival fiber bundles and the periodontal ligament in the periodontium.</p> <p>14. Identify the fiber groups of the periodontal ligament on an unlabeled drawing.</p> <p>15. Define the terms cementum and Sharpey fibers and describe their function in the periodontium. State the three relationships that the cementum may have in relation to the enamel at the cementoenamel junction.</p> <p>16. Define the term alveolar bone and describe its function in the periodontium.</p>	
1	OVERVIEW OF DISEASES	<p>1. Define the term “disease progression.”</p> <p>2. Define the term “periodontal disease” and contrast it with the term “periodontitis.”</p>	FP CH 3

## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
	AFFECTING THE PERIODONTIUM	<ol style="list-style-type: none"> <li>3. Describe and contrast the (1) position of the junctional epithelium, (2) characteristics of the epithelial-connective tissue junction, and (3) position of the crest of the alveolar bone in health, gingivitis, and periodontitis.</li> <li>4. Explain why there is a band of intact transeptal fibers even in the presence of severe bone loss.</li> <li>5. Describe the progressive destruction of alveolar bone loss that occurs in periodontitis.</li> <li>6. Describe the pathway of inflammation that occurs in horizontal bone loss and contrast it with the pathway of inflammation that occurs in vertical bone loss.</li> <li>7. Contrast the characteristics of gingival and periodontal pockets.</li> <li>8. For patients in the clinical setting, identify visible clinical signs of health and periodontal disease for the clinic instructor.</li> <li>9. For a patient with periodontal disease, measure the probing depth of the sulci 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.</li> <li>10. Given a drawing of a periodontal pocket, determine whether the pocket illustrated is a suprabony or an infrabony pocket.</li> </ol>	



## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>11. Describe variables associated with periodontal disease that an epidemiologist might include in a research study.</li> <li>12. Define prevalence and incidence as measurements of disease within a population.</li> <li>13. Describe how clinical dental hygiene practice can be affected by epidemiological research.</li> </ol>	
2	The shift from SRP to periodontal debridement.	<ol style="list-style-type: none"> <li>1. Provide a historical perspective regarding the development of instrumentation concepts in periodontal therapy.</li> <li>2. Consider the historical focus on endotoxins, and how this led to the preeminence of root planing as a treatment strategy.</li> <li>3. Consider the role of plaque biofilm in driving periodontal inflammation, and the importance of the inflammatory host response in periodontal disease breakdown.</li> <li>4. Explain the current understanding of periodontal pathogenesis and periodontal microbiology, and how this has informed the development of modern periodontal treatment strategies.</li> <li>5. Review the evidence that supports the paradigm shift away from root planing to periodontal debridement therapy.</li> </ol>	UP CH1
2	PERIODONTAL DISEASE	<ol style="list-style-type: none"> <li>1. Relate periodontal assessment and its significance to the dental hygiene process of care.</li> </ol>	DHT CH20

## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
	ETIOLOGY, RISK ASSESSMENT	<ol style="list-style-type: none"> <li>2. Discuss the four physical units of a healthy periodontium, as well as the clinical signs and histologic characteristics of a healthy and diseased periodontium.</li> <li>3. Discuss periodontal diseases, including characteristics/signs, types, and causes. Also, classify periodontal diseases using the classification systems of the AAP and the EFP.</li> <li>4. Perform thorough and accurate periodontal assessment of the periodontium and implants.</li> <li>5. Discuss risk factors for periodontal diseases and their relationship stages and grades of periodontitis and dental hygiene care planning.</li> <li>6. Explain proper documentation and record keeping for periodontal assessment and treatment.</li> </ol>	
2		<ol style="list-style-type: none"> <li>1. List and describe the modifiable and unmodifiable risk factors for periodontal disease.</li> <li>2. Explain the signs and symptoms of periodontal disease.</li> <li>3. Define the stages of development for periodontal lesions.</li> <li>4. Compare and contrast the staging and grading of periodontal disease in the current classification system.</li> </ol>	CP CH19



## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		5. Describe the dental hygienist's role in educating a patient about management of modifiable risk factors for periodontal disease.	
3	Periodontal classification	workshop 1. Explain the importance of a classification system for periodontal disease. 2. Name the three major categories of periodontal diseases and conditions. 3. Explain why clinicians need to be familiar with terminology from the 1999 disease classification, such as "chronic periodontitis" and "aggressive periodontitis." 4. Discuss some differences between the 1999 and the 2017 classification systems. 5. Name the four subcategories of the "Peri-Implant Diseases and Conditions" category	FP CH4
3	CLINICAL FEATURES OF THE GINGIVA	1. Describe characteristics of the gingiva in health. 2. List clinical signs of gingival inflammation. Compare and contrast clinical features of healthy and inflamed gingival tissue. 3. Explain the difference in color between acute and chronic inflammation. 4. Differentiate between bulbous, blunted, and cratered papilla.	FP CH5

## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		5. Write a description of gingival inflammation that includes descriptors of duration, extent, and distribution of inflammation.	
3	PERIODONTAL HEALTH, GINGIVAL DISEASE AND CONDITIONS	<ol style="list-style-type: none"> <li>1. Define periodontal health and be able to describe the clinical features that are consistent with signs of periodontal health.</li> <li>2. List the two major subdivisions of gingival disease as established by the AAP and the EFP.</li> <li>3. Compare and contrast the etiologic factors associated with dental biofilm-induced gingivitis and non-plaque-induced gingival diseases.</li> <li>4. List the conditions that are classified under the non-plaque-induced gingival diseases category.</li> <li>5. Describe the differences between an intact periodontium and a reduced periodontium. Differentiate between papillary gingivitis, marginal gingivitis, and diffuse gingivitis.</li> <li>6. Describe the clinical signs of inflammation characteristics of moderate plaque-induced gingivitis.</li> <li>7. Describe how systemic factors can modify the host response to plaque biofilm and lead to gingival inflammation.</li> </ol>	FP CH6
	PERIODONTITIS	1. Describe the clinical signs of disease present in a patient's mouth.	FP CH7



## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<p>2. Define the term “clinical attachment loss” and explain its significance in the periodontal disease process.</p> <p>3. Explain the warning signs of periodontal disease to a patient. Recognize and describe clinical and radiographic features of periodontitis.</p> <p>4. Describe the change or advancement—disease progression—typically seen in periodontitis.</p> <p>5. Explain how disease severity and complexity of management play a role in determining the staging of periodontitis.</p> <p>6. List the primary criteria used to determine the grade of periodontitis.</p> <p>7. Define the meaning of the descriptors “recurrent” and “refractory” as they pertain to periodontitis.</p>	
	<p><b>OTHER CONDITIONS AFFECTING THE PERIODONTIUM</b></p>	<p>1. Describe the clinical presentation of necrotizing periodontal diseases.</p> <p>2. Compare and contrast the tissue destruction that occurs in necrotizing gingivitis and necrotizing periodontitis.</p> <p>3. Compare and contrast the tissue destruction in periodontitis with that seen in necrotizing periodontitis.</p> <p>4. Explain the Miller and Cairo classification systems used to classify gingival recession.</p>	<p><b>FP CH8</b></p>

PERIODONTOLOGY			
Academic week	Module	Competencies	Assigned reading
		5. Name several local factors, such as tooth-related or prosthesis-related factors, which may contribute to the initiation and progression of periodontitis.	
4	ETIOLOGIC FACTORS RISK FOR PERIODONTAL DISEASE	<ol style="list-style-type: none"> <li>1. Define and give examples of the term “risk factors.”</li> <li>2. Define the term “biologic equilibrium” and discuss factors that can disrupt the balance between health and disease in the periodontium.</li> <li>3. Discuss the importance of a periodontal risk assessment in periodontal treatment planning.</li> <li>4. In a clinical setting—for a patient in a trainee’s care with periodontitis—explain to a clinical instructor the factors that may have contributed to a patient’s disease progression</li> </ol>	FP CH12
		<ol style="list-style-type: none"> <li>1. Explain the difference in the cell envelope of a gram-positive versus a gram-negative bacterium.</li> <li>2. Define the term “biofilm” and explain the advantages of a bacterium of living in a biofilm.</li> <li>3. Describe the life cycle of a biofilm.</li> <li>4. Explain the significance of the extracellular protective matrix and fluid channels to a biofilm.</li> <li>5. Define “coaggregation” and explain its significance in bacterial colonization of the tooth surface.</li> <li>6. Define “quorum sensing” and explain its significance in coordinating and regulating microbial behavior and growth.</li> </ol>	FP CH13



## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>7. Explain why systemic antibiotics and antimicrobial agents are ineffective in eliminating dental plaque biofilms.</li> <li>8. State the most effective ways to control dental plaque biofilms.</li> <li>9. Name several reasons why newer microbe detection methods have brought Socransky's microbial complexes and the Specific Plaque Hypothesis model into question.</li> <li>10. Discuss the evolution of hypotheses to explain the role of bacteria in periodontal disease and how current hypotheses are distinct from the Nonspecific Plaque Hypothesis and the Specific Plaque Hypothesis.</li> <li>11. Discuss the hypothesis that plaque biofilm is necessary but not sufficient to cause destruction of the tissues of the periodontium, and the implications for the treatment of individuals with periodontitis.</li> </ol>	
5		<ol style="list-style-type: none"> <li>1. Define the term "immune system" and describe its function.</li> <li>2. Describe the role of polymorphonuclear leukocytes, macrophages, B-lymphocytes, and T lymphocytes in the immune system.</li> <li>3. Contrast the terms "macrophage" and "monocyte."</li> <li>4. Describe the three ways that antibodies participate in the host defense.</li> <li>5. Define the complement system and explain its principle functions in the immune response.</li> </ol>	FP CH14

## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>6. Describe the steps in the process of phagocytosis. Give an example of a type of injury or infection that would result in inflammation in an individual's arm.</li> <li>7. Describe and contrast the symptoms of inflammation that an individual would experience due to acute inflammation versus chronic inflammation.</li> <li>8. Define the term "inflammatory mediator" and give several examples of inflammatory mediators of importance in periodontitis.</li> </ol>	
		<ol style="list-style-type: none"> <li>1. Define the term "host response" and explain its primary function.</li> <li>2. Name factors that can enhance the microbial challenge to the periodontium.</li> <li>3. Define the term "biochemical mediator" and name three types of mediators.</li> <li>4. Describe the role of cytokines in the pathogenesis of periodontitis.</li> <li>5. Describe the role of prostaglandins in the pathogenesis of periodontitis.</li> <li>6. Describe the effect of matrix metalloproteinases (MMPs) on periodontal tissues.</li> <li>7. Explain the phases of the bone remodeling cycle.</li> <li>8. Explain the significance of a balanced OPG-to-RANKL ratio.</li> <li>9. Describe the link between periodontitis and RANKL-mediated bone resorption.</li> </ol>	FP CH15



## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<p>10. For each of the histologic stages of gingivitis and periodontitis listed below, name one change in the host immune response likely to be encountered:</p> <ul style="list-style-type: none"> <li>- Bacterial Accumulation.</li> <li>- Early Gingivitis.</li> <li>- Established Gingivitis.</li> <li>- Periodontitis.</li> </ul>	
6		<ol style="list-style-type: none"> <li>1. Name several systemic diseases/conditions that may modify the host response to periodontal pathogens.</li> <li>2. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.</li> <li>3. Place the interests of patients at the center of interprofessional health care delivery.</li> <li>4. Recognize the importance of educating patients about the relationship between oral health and systemic diseases, states, or conditions (such as the link between diabetes mellitus and periodontitis).</li> <li>5. Discuss the potential implications of these systemic conditions on the periodontium: uncontrolled diabetes, leukemia, and acquired immunodeficiency syndrome.</li> </ol>	FP CH16

## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>6. Describe the significance of the AGE–RAGE interaction and its role in amplifying periodontal inflammation.</li> <li>7. Discuss how hormone alterations may affect the periodontium.</li> <li>8. Define the term “osteoporosis” and discuss the link between skeletal osteoporosis and alveolar bone loss in the jaw.</li> <li>9. Discuss the implications of Down syndrome on the periodontium.</li> <li>10. Name three medications that can cause gingival enlargement.</li> <li>11. For a patient in a trainee’s care with periodontal disease that is amplified by a systemic condition, explain the risk factors that may have contributed to the severity of a patient’s periodontal disease to a clinical instructor</li> </ol>	
		<ol style="list-style-type: none"> <li>1. Describe local factors that contribute to the retention and accumulation of plaque biofilm.</li> <li>2. Explain what distinguishes a local contributing factor from a systemic contributing factor.</li> <li>3. Identify and differentiate the location, composition, modes of attachment, mechanisms of mineralization, and pathologic potential of supra- and subgingival calculus deposits.</li> </ol>	FP CH17



## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>4. Describe local contributing factors that can lead to direct damage to the periodontium.</li> <li>5. Explain the role of trauma from occlusion as a possible contributing factor in periodontal disease.</li> </ol>	
		<ol style="list-style-type: none"> <li>1. Discuss the link between obesity and periodontal disease.</li> <li>2. Discuss the role of polymorphonuclear leukocytes in the production of reactive oxygen species in response to plaque biofilm.</li> <li>3. Discuss how antioxidants may influence periodontal disease onset and progression.</li> <li>4. Describe the proposed roles of micronutrients and macronutrients in periodontal disease.</li> <li>5. List some oral symptoms associated with ascorbic acid deficiency gingivitis.</li> <li>6. Explain the role of dental health care providers in addressing obesity and nutrition in the management of periodontal disease.</li> </ol>	FP CH18
7		<ol style="list-style-type: none"> <li>1. Discuss the implications of smoking/the use of tobacco products on periodontal health status.</li> <li>2. Discuss the implications of smoking on the host response to periodontal disease.</li> <li>3. Discuss the effects of smoking on periodontal treatment outcomes.</li> <li>4. Discuss current theories as to why smokers have more periodontal disease than nonsmokers.</li> </ol>	FP CH19

## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>5. Explain why tobacco cessation counseling is a valuable part of patient care in a dental setting.</li> <li>6. Value the importance of providing tobacco cessation counseling as a routine part of periodontal treatment.</li> </ol>	
8	Clinical Periodontal Assessment	<ol style="list-style-type: none"> <li>1. List the components of a comprehensive periodontal assessment.</li> <li>2. Describe how to evaluate each component of a comprehensive periodontal assessment.</li> <li>3. Explain how to calculate the width of attached gingiva.</li> <li>4. Explain how to calculate CAL given several different clinical scenarios.</li> <li>5. Compare and contrast a periodontal screening examination and a comprehensive periodontal assessment.</li> <li>6. Given a clinical scenario, calculate and document the CALs for a patient with periodontitis.</li> </ol>	FP CH20
	Radiographic Analysis of the Periodontium	<ol style="list-style-type: none"> <li>1. Describe dental radiographic characteristics of a healthy periodontium.</li> <li>2. Describe early dental radiographic evidence of periodontal disease.</li> <li>3. Name some techniques that can be employed with periodontal patients to obtain good quality dental radiographs.</li> </ol>	FP CH21



## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>4. Explain the basic principles of the vertical bitewing technique.</li> <li>5. Describe the limitations of dental radiographs that all clinicians should keep in mind when viewing radiographs.</li> <li>6. Explain the difference between vertical and horizontal alveolar bone loss as seen in dental radiographs.</li> <li>7. Given a selection of sample dental radiographs, apply the information from this chapter when analyzing those radiographs.</li> </ol>	
	Periodontal debridement	<ol style="list-style-type: none"> <li>1. Explain the term and name four goals for nonsurgical periodontal therapy.</li> <li>2. Explain the role of interdisciplinary collaborative care in nonsurgical periodontal therapy.</li> <li>3. Write a typical treatment plan for nonsurgical therapy for:               <ul style="list-style-type: none"> <li>- A patient with dental biofilm induced gingivitis, and</li> <li>- A patient with generalized Stage I, Grade A periodontitis.</li> </ul> </li> <li>4. Describe the type of healing to be expected following instrumentation of root surfaces.</li> <li>5. Explain strategies for managing dental hypersensitivity during nonsurgical therapy.</li> <li>6. Explain why re-evaluation is a crucial step during nonsurgical therapy.</li> </ol>	FP CH24

## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>7. List steps in an appointment for re-evaluation of the results of nonsurgical therapy.</li> <li>8. Describe the rationale and list the indications for referring a patient to a periodontist.</li> </ol>	
		<ol style="list-style-type: none"> <li>1. In a classroom or laboratory setting, explain the criteria for selection and correctly demonstrate the use of the following to an instructor: power toothbrush and interdental aids as presented in this chapter.</li> <li>2. Explain why interdental care is of special importance for a patient with periodontitis.</li> <li>3. In a clinical setting, recommend, explain, and demonstrate appropriate interdental aids to a patient with Type III embrasure spaces.</li> <li>4. Assist a patient in selecting an appropriate interdental aid that he or she is willing to use daily.</li> <li>5. Explain how the presence of exposed root concavities in a dentition would influence the selection of effective self-care aids.</li> <li>6. State the rationale for tongue cleaning and in the clinical setting, recommend and teach tongue cleaning to an appropriate patient.</li> </ol>	FP CH25
	Comparison of periodontal debridement instrumentation modalities	<ol style="list-style-type: none"> <li>1. Explain available methods of periodontal debridement.</li> <li>2. Discuss the evidence that compares the potential for manual and ultrasonic instrumentation.</li> </ol>	UP 2



## PERIODONTOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Assess the differences between manual and ultrasonic instrumentation in terms of root surface damage during use.</li> <li>4. Discuss the evidence concerning the use of ultrasonic instrumentation during debridement of dental implant surfaces.</li> </ol>	

## ORAL PATHOLOGY

Academic week	Module	Competencies	Assigned reading
1	Introduction to General and Oral Pathology	<ol style="list-style-type: none"> <li>1. Discuss the role of a dental hygienist in oral pathology.</li> <li>2. Practice clinical description and recording in oral pathology.</li> <li>3. Explain the steps in reaching a differential diagnosis and ways to determine a definitive diagnosis.</li> <li>4. Compare the terms “developmental,” “genetic,” and “congenital.”</li> </ol>	
2	Lesions That Have a Vesicular Appearance	<ol style="list-style-type: none"> <li>1. Describe the clinical features of vesicular lesions.</li> <li>2. Define the etiology of vesicular lesions.</li> <li>3. Recognize the mode of transmission of vesicular lesions.</li> <li>4. Describe the epidemiology of vesicular lesions.</li> <li>5. List the pathogenesis of vesicular lesions.</li> </ol>	

## ORAL PATHOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>6. Describe the extraoral, perioral, and intraoral characteristics of vesicular lesions.</li> <li>7. Identify the distinguishing characteristics of vesicular lesions.</li> <li>8. Recognize the dental implications of vesicular lesions.</li> <li>9. Identify the differential diagnosis of vesicular lesions.</li> <li>10. Discuss the treatment and prognosis of vesicular lesions.</li> <li>11. Discuss the oral medicine considerations for vesicular lesions.</li> </ol>	
3	Ulcers and Ulcer-Like Lesions	<ol style="list-style-type: none"> <li>1. Describe the clinical features of ulcers and ulcer-like lesions.</li> <li>2. Define the etiology of ulcers and ulcer-like lesions.</li> <li>3. Recognize the mode of transmission of ulcers and ulcer-like lesions.</li> <li>4. Describe the epidemiology of ulcers and ulcer-like lesions.</li> <li>5. List the pathogenesis of ulcers and ulcer-like lesions.</li> <li>6. Describe the extraoral, perioral, and intraoral characteristics of ulcers and ulcer-like lesions.</li> <li>7. Identify the distinguishing characteristics of ulcers and ulcer-like lesions.</li> <li>8. Recognize the dental implications of ulcers and ulcer-like lesions.</li> <li>9. Identify the differential diagnosis of ulcers and ulcer-like lesions.</li> </ol>	



## ORAL PATHOLOGY

Academic week	Module	Competencies	Assigned reading
		<p>10. Discuss the treatment and prognosis of ulcers and ulcer-like lesions.</p> <p>11. Discuss the oral medicine considerations for ulcers and ulcer-like lesions.</p>	
4	Lesions in Shades of Red and Purple	<p>1. Describe the clinical features of lesions in shades of red and purple.</p> <p>2. Define the etiology of lesions in shades of red and purple.</p> <p>3. Recognize the mode of transmission of lesions in shades of red and purple.</p> <p>4. Describe the epidemiology of lesions in shades of red and purple.</p> <p>5. List the pathogenesis of lesions in shades of red and purple.</p> <p>6. Describe the extraoral, perioral, and intraoral characteristics of lesions in shades of red and purple.</p> <p>7. Identify the distinguishing characteristics of lesions in shades of red and purple.</p> <p>8. Recognize the dental implications of lesions in shades of red and purple.</p> <p>9. Identify the differential diagnosis of lesions in shades of red and purple.</p> <p>10. Discuss the treatment and prognosis of lesions in shades of red and purple.</p> <p>11. Discuss the oral medicine considerations for lesions in shades of red and purple.</p>	

## ORAL PATHOLOGY

Academic week	Module	Competencies	Assigned reading
5	White Lesions	<ol style="list-style-type: none"> <li>1. Describe the clinical features of white lesions.</li> <li>2. Define the etiology of lesions in shades of white lesions.</li> <li>3. Recognize the mode of transmission of white lesions.</li> <li>4. Describe the epidemiology of white lesions.</li> <li>5. List the pathogenesis of white lesions.</li> <li>6. Describe the extraoral, perioral, and intraoral characteristics of white lesions.</li> <li>7. Identify the distinguishing characteristics of white lesions.</li> <li>8. Recognize the dental implications of white lesions.</li> <li>9. Identify the differential diagnosis of white lesions.</li> <li>10. Discuss the treatment and prognosis of white lesions.</li> <li>11. Discuss the oral medicine considerations for white lesions.</li> </ol>	
6	Pigmented Lesions	<ol style="list-style-type: none"> <li>1. Describe the clinical features of pigmented lesions.</li> <li>2. Define the etiology of lesions in shades of pigmented lesions.</li> <li>3. Recognize the mode of transmission of pigmented lesions.</li> <li>4. Describe the epidemiology of pigmented lesions.</li> </ol>	



## ORAL PATHOLOGY

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>5. List the pathogenesis of pigmented lesions.</li> <li>6. Describe the extraoral, perioral, and intraoral characteristics of pigmented lesions.</li> <li>7. Identify the distinguishing characteristics of pigmented lesions.</li> <li>8. Recognize the dental implications of pigmented lesions</li> <li>9. Identify the differential diagnosis of pigmented lesions.</li> <li>10. Describe the treatment and prognosis of pigmented lesions.</li> <li>11. Describe the oral medicine considerations for pigmented lesions.</li> </ol>	
7	Raised Lesions with a Rough or Papillary	<ol style="list-style-type: none"> <li>1. Describe the clinical features of raised lesions.</li> <li>2. Define the etiology of lesions in shades of raised lesions.</li> <li>3. Recognize the mode of transmission of raised lesions.</li> <li>4. Describe the epidemiology of raised lesions.</li> <li>5. List the pathogenesis of raised lesions.</li> <li>6. Describe the extraoral, perioral, and intraoral characteristics of raised lesions.</li> <li>7. Identify the distinguishing characteristics of raised lesions.</li> <li>8. Recognize the dental implications of raised lesions.</li> </ol>	

## ORAL PATHOLOGY

Academic week	Module	Competencies	Assigned reading
		<p>9. Identify the differential diagnosis of raised lesions.</p> <p>10. Describe the treatment and prognosis of raised lesions.</p> <p>11. Describe the oral medicine considerations for raised lesions.</p>	
8	Soft Tissue Enlargements	<p>1. Describe the clinical features of soft tissue enlargements.</p> <p>2. Define the etiology of lesions in shades of soft tissue enlargements.</p> <p>3. Recognize the mode of transmission of soft tissue enlargements.</p> <p>4. Describe the epidemiology of soft tissue enlargements.</p> <p>5. List the pathogenesis of soft tissue enlargements.</p> <p>6. Describe the extraoral, perioral, and intraoral characteristics of soft tissue enlargements.</p> <p>7. Identify the distinguishing characteristics of soft tissue enlargements.</p> <p>8. Recognize the dental implications of soft tissue enlargements.</p> <p>9. Identify the differential diagnosis of soft tissue enlargements.</p> <p>10. Describe the treatment and prognosis of soft tissue enlargements.</p>	



## ORAL PATHOLOGY

Academic week	Module	Competencies	Assigned reading
		11. Describe the oral medicine considerations for soft tissue enlargements.	
9	Hard Tissue Enlargements	<ol style="list-style-type: none"> <li>1. Describe the clinical features of hard tissue enlargements.</li> <li>2. Define the etiology of lesions in shades of hard tissue enlargements.</li> <li>3. Recognize the mode of transmission of hard tissue enlargements.</li> <li>4. Describe the epidemiology of hard tissue enlargements.</li> <li>5. List the pathogenesis of hard tissue enlargements.</li> <li>6. Describe the extraoral, perioral, and intraoral characteristics of hard tissue enlargements.</li> <li>7. Identify the distinguishing characteristics of hard tissue enlargements.</li> <li>8. Recognize the dental implications of hard tissue enlargements.</li> <li>9. Identify the differential diagnosis of hard tissue enlargements.</li> <li>10. Describe the treatment and prognosis of hard tissue enlargements.</li> <li>11. Describe the oral medicine considerations for hard tissue enlargements.</li> </ol>	
9	Radiopaque and Radiolucent Lesions	<ol style="list-style-type: none"> <li>1. Describe the clinical features of radiopaque and radiolucent lesions.</li> <li>2. Define the etiology of lesions in shades of radiopaque and radiolucent lesions.</li> </ol>	

ORAL PATHOLOGY			
Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Recognize the mode of transmission of radiopaque and radiolucent lesions.</li> <li>4. Describe the epidemiology of radiopaque and radiolucent lesions.</li> <li>5. List the pathogenesis of radiopaque and radiolucent lesions.</li> <li>6. Describe the extraoral, perioral, and intraoral characteristics of radiopaque and radiolucent lesions.</li> <li>7. Identify the distinguishing characteristics of radiopaque and radiolucent lesions.</li> <li>8. Recognize the dental implications of radiopaque and radiolucent lesions.</li> <li>9. Identify the differential diagnosis of radiopaque and radiolucent lesions.</li> <li>10. Describe the treatment and prognosis of radiopaque and radiolucent lesions.</li> <li>11. Describe the oral medicine considerations for radiopaque and radiolucent lesions.</li> </ol>	

HEALTH BEHAVIORS			
Academic week	Module	Competencies	Assigned reading
1	Oral Health and Quality of Life (OHRQoL)	<ol style="list-style-type: none"> <li>1. Explain how OHRQoL is a useful concept to gain better understanding of patients' oral health-related experiences.</li> </ol>	BD CH2



## HEALTH BEHAVIORS

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>Highlight the usefulness of (OHRQoL) in communicating oral health-related concerns to persons outside of the profession and the power of adaptation and acceptance of patients who lack access to care.</li> </ol>	
1	Stress and Inflammation	<ol style="list-style-type: none"> <li>Discuss that psychosocial stress has been associated with poor oral hygiene and smoking, and that they have a synergistic effect.</li> <li>Recognize how stress can influence patient compliance and response to treatment.</li> </ol>	BD CH3
1	Saliva in Health and Disease	<ol style="list-style-type: none"> <li>Understand a significant role in early detection of signs and symptoms of salivary gland hypofunction.</li> <li>Recognize the impact of chronic salivary gland hypofunction on oral disease.</li> </ol>	BD CH4
2	Chairside Technique for Reducing Dental Fear	<ol style="list-style-type: none"> <li>Understand how chairside behavioral techniques have been shown to be effective in reducing dental fear and anxiety for many apprehensive patients.</li> <li>Determine the needs of extremely anxious dental patients who may need to be referred to another healthcare provider for more complex behavioral interventions.</li> </ol>	BD CH10
2	Dental Fear and Anxiety Associated With Oral Health Care	<ol style="list-style-type: none"> <li>Understand the impact of dental care-related fear and anxiety on oral health, systemic health, psychological/emotional health, and quality of life.</li> <li>Determine effective intervention strategies including behaviorally, cognitively, educationally, and pharmacologically oriented methods, which</li> </ol>	BD CH 12

## HEALTH BEHAVIORS

Academic week	Module	Competencies	Assigned reading
		can be used singly, or in combination, for effectively working with highly fearful and anxious patients.	
2	Behavior Change: Thumb Sucking	<ol style="list-style-type: none"> <li>1. Understand the problems related to thumb sucking among young children when such behavior persists for years.</li> <li>2. Determine the successful treatments that involve response prevention, management of covarying behaviors, consequence procedures, and combination procedures.</li> </ol>	BD CH13
3	Management of Children's Distress and Disruption During Dental Treatment	<ol style="list-style-type: none"> <li>1. Understanding the key to good behavior management to minimize fear, anxiety, and discomfort.</li> <li>2. Determine the use of different strategies including the use of clear communication, frequent praise, modeling, engaging distractions, and brief breaks to reduce child disruption.</li> <li>3. Consider physiological, developmental, and/or language differences in behavior management.</li> </ol>	BD CH14
3	Stress, Coping, and Periodontal Disease	<ol style="list-style-type: none"> <li>1. Understand the assumption that psychological stresses and psychosocial factors may play a role in the development of chronic diseases like periodontitis.</li> <li>2. Understand that individual stress coping strategies may exert influence on the onset, development, and severity of periodontal disease.</li> <li>3. Understand that inadequate stress coping strategies might modulate the impact of stress and</li> </ol>	BD CH15



## HEALTH BEHAVIORS

Academic week	Module	Competencies	Assigned reading
		may be considered as a potential risk factor for periodontal disease.	
3	Self-Efficacy Perceptions in Oral Health Behavior	<ol style="list-style-type: none"> <li>1. Explain that dental self-efficacy is important in changing oral health behavior.</li> <li>2. Describe how the sources of dental self-efficacy inform the model received from home and school; a dental team support, one's own experience in managing oral self-care, and emotional experiences in dental care.</li> <li>3. Discuss the importance of improving parents' dental self-efficacy, which in turn is related to the oral health behavior of their children.</li> <li>4. Explain that Motivational Interviewing (MI) is a useful method for improving self-efficacy and changing health behavior.</li> </ol>	BD CH 16
4		<ol style="list-style-type: none"> <li>1. Discuss extrinsic and intrinsic motivation.</li> <li>2. Examine motivational interviewing as a client-centered approach for addressing behavior change.</li> <li>3. List and describe the four core motivational interviewing communication skills.</li> <li>4. Discuss various communication styles between a client and a healthcare provider, including guiding, following, and directing.</li> <li>5. Describe professional dental hygiene relationships, including the PACE principles.</li> <li>6. Describe factors that inhibit behavior change.</li> </ol>	DHT CH5

## HEALTH BEHAVIORS

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>7. Discuss communication with clients throughout the life span</li> </ol>	
		<ol style="list-style-type: none"> <li>1. Recognize the role of ambivalence in patient behavior change and explain the goal of MI with respect to ambivalence.</li> <li>2. Describe the primary difference between how hygienists often approach patient education and the MI approach.</li> <li>3. Give examples of specific MI methods and how they are used to enhance patient motivation for change.</li> </ol>	FP CH32
4	Listening	<ol style="list-style-type: none"> <li>1. Understand that most dental practices would benefit from better listening skills.</li> <li>2. Understand that common barriers to good listening can be identified and modulated.</li> <li>3. Understand that current trends in dental practice make it challenging to communicate with patients.</li> </ol>	BD CH 18
5	Biopsychosocial Considerations in Geriatric	<ol style="list-style-type: none"> <li>1. Discuss the oral-systemic conditions that are influenced by psychosocial influences.</li> <li>2. Behavioral risk factors modulated by psychosocial dynamics have adverse effects on specific physiological determinants of health.</li> <li>3. Chronic disease prevention requires interprofessional risk assessment and intervention.</li> </ol>	BD CH20
5	Health Behavior and Dental Care of Diabetics	<ol style="list-style-type: none"> <li>1. Discussing the importance of collaboration between a diabetic patient, a dental professional and other medical professionals is highly recommended.</li> </ol>	BD CH21



HEALTH BEHAVIORS			
Academic week	Module	Competencies	Assigned reading
		2. Prevention and early diagnosis of periodontal diseases are important goals for diabetic patients, especially for children, adolescents, and patients with poor metabolic balance and complications.	
6	The Use of Humor in Pediatric Dentistry	<ol style="list-style-type: none"> <li>1. Humor may alleviate patient anxiety and assist the dentist in coping with stress associated with the practice of dentistry.</li> <li>2. Practical suggestions for application of humor in daily pediatric dental practice are presented.</li> </ol>	BD CH23
6	Work Stress, Burnout Risk, and Engagement in Dental Practice	<ol style="list-style-type: none"> <li>1. Demands from the dental environment, when not adequately coped with, may result in professional burnout.</li> <li>2. Individually tailored prevention measures are an adequate means to prevent burnout.</li> </ol>	

DENTAL PUBLIC HEALTH			
ACADEMIC WEEK	TOPICS	COMPETENCIES	ASSIGNED READING
1	INTRODUCTION TO THE PRINCIPLE OF PUBLIC HEALTH	<ol style="list-style-type: none"> <li>1. Promoting the values of good oral and general health and wellness to the public and organizations within and outside the profession.</li> <li>2. Advocating for consumer groups, businesses, and government agencies to support healthcare issues.</li> <li>3. Accepting responsibility for solving problems and making decisions based on accepted scientific principles.</li> </ol>	COH CH1

DENTAL PUBLIC HEALTH			
ACADEMIC WEEK	TOPICS	COMPETENCIES	ASSIGNED READING
		<ol style="list-style-type: none"> <li>1. Define dental public health.</li> <li>2. Identify the link between clinical practice and dental public health.</li> <li>3. Outline the criteria used to determine if a condition is a public health problem.</li> <li>4. Describe the central arguments presented by the critiques of the biomedical approach to health care delivery.</li> </ol>	DPH CH1
1	DETERMINANTS OF HEALTH	<ol style="list-style-type: none"> <li>1. Describe the underlying range of factors that determine people's health.</li> <li>2. Outline the nature of and an explanation for "inequalities in health."</li> <li>3. Describe the common risk factor approach.</li> <li>4. Outline the need for an upstream public health approach in promoting population health and reducing inequalities.</li> </ol>	DPH CH2
1	TRENDS IN ORAL HEALTH AND ORAL HEALTH INEQUALITY	<ol style="list-style-type: none"> <li>1. Describe the trend in oral health in the UK, and in US children and adults.</li> <li>2. Describe the trends in oral health inequality.</li> <li>3. Discuss the implications of these trends for oral health.</li> <li>4. Discuss why other countries may have different trends.</li> </ol>	DPH CH6 COH CH5
2	ACCESS TO ORAL HEALTH CARE AND OVERVIEW OF	<ol style="list-style-type: none"> <li>1. Evaluate reimbursement mechanisms and their impact on the patient's access to dental care.</li> <li>2. Describe dental labor force in relation to utilization and access to dental care.</li> </ol>	COH CH5



## DENTAL PUBLIC HEALTH

ACADEMIC WEEK	TOPICS	COMPETENCIES	ASSIGNED READING
	HEALTHCARE SYSTEMS	<ol style="list-style-type: none"> <li>3. Analyze need, supply, demand and the use of dental care as it pertains to utilization.</li> </ol>	
		<ol style="list-style-type: none"> <li>1. Outline the range of factors that influence the development of the health care system.</li> <li>2. Describe the different components of a health care system.</li> <li>3. Outline the criteria by which health care system could be evaluated.</li> </ol>	DPH CH 17
		<ol style="list-style-type: none"> <li>1. Describe the term “cultural diversity.”</li> <li>2. Describe the effect that culture has on oral health and dental hygiene care.</li> <li>3. Provide health education and preventive counseling to a variety of population groups.</li> </ol>	COH CH10
3	CULTURAL COMPETENCY IN HEALTH CARE	<ol style="list-style-type: none"> <li>1. Define “culture” and “cultural competence.”</li> <li>2. Discuss the relationship between culture and health, and work toward developing cultural competence through self-awareness and exploration of cultural self-identify and identity of others.</li> <li>3. Describe healthcare literacy and value the importance of cultural values, health beliefs, and cultural sensitivity.</li> <li>4. Value the importance of verbal communication, nonverbal communication, and written communication, as well as discuss the LEARN and ETHNIC Frameworks to communicate with patients in cross-cultural environments.</li> </ol>	DHT CH6

DENTAL PUBLIC HEALTH			
ACADEMIC WEEK	TOPICS	COMPETENCIES	ASSIGNED READING
		<ol style="list-style-type: none"> <li>Discuss the importance of cultural sensitivity when making shared decisions in the healthcare environment.</li> <li>Discuss the dental hygiene process of care in the cross-cultural environment.</li> </ol>	
4	PRIMARY HEALTH CARE	<ol style="list-style-type: none"> <li>Understand the principle of primary health care.</li> <li>Outline function of primary health center (PHC).</li> <li>Highlight the reasons for a lack of primary dental care.</li> </ol>	TPH CH5
4	PUBLIC HEALTH APPROACH TO PREVENTION	<ol style="list-style-type: none"> <li>Describe differing approaches to prevention.</li> <li>Outline the necessary stages for planning any strategy.</li> <li>Describe the rationale for choosing between different approaches.</li> <li>Outline the principle of "screening."</li> <li>Design a strategy to tackle a major oral health problem.</li> </ol>	DPH CH4
5	ORAL HEALTH PREVENTION PROGRAMS AND ORAL HEALTH EDUCATION IN DENTAL PRACTICE SETTINGS.	<ol style="list-style-type: none"> <li>Outline the importance and relevance of prevention in dental practice.</li> <li>Describe the key oral health preventive messages.</li> <li>Outline effective ways of supporting patients in changing their behaviors to promote and maintain good oral health.</li> <li>Present an overview of the different methods and materials used in prevention and health education.</li> </ol>	DPH CH10
		<ol style="list-style-type: none"> <li>Provide health education and preventive counseling to a variety of population groups.</li> <li>Identify services that promote oral health and prevent oral disease and related conditions.</li> </ol>	COH CH6



## DENTAL PUBLIC HEALTH

ACADEMIC WEEK	TOPICS	COMPETENCIES	ASSIGNED READING
		3. Defend the need for preventive modalities in dental public health practice.	
5	School-Based Oral Health Programs	<ol style="list-style-type: none"> <li>1. Use screening, referral, and education to bring consumers into the healthcare delivery system.</li> <li>2. Provide dental hygiene services in a variety of settings, including offices, hospitals, clinics, extended care facilities, community programs and schools.</li> </ol>	COH CH6
		<ol style="list-style-type: none"> <li>1. Understand the concept of a health promoting school.</li> <li>2. Conduct planning of a school dental health program.</li> </ol>	TPH CH 22
6	FINANCING DENTAL CARE	<ol style="list-style-type: none"> <li>1. Compare the federal, state/provincial, and local presence of government in dental care delivery.</li> <li>2. Evaluate the role of the government in financing dental care.</li> <li>3. Identify the various funding streams, programs, initiatives, and structures to finance oral health services through public health systems.</li> </ol>	COH CH6
		<ol style="list-style-type: none"> <li>1. Describe how oral healthcare may be managed and organized.</li> <li>2. Describe the structure of the primary and secondary care sector in the provision of public sector dental care.</li> <li>3. Describe the structure and features of private dental care.</li> <li>4. Describe methods of remuneration for oral health personnel.</li> </ol>	DPH CH 19 TPH CH19

DENTAL PUBLIC HEALTH			
ACADEMIC WEEK	TOPICS	COMPETENCIES	ASSIGNED READING
		5. Describe the role, training, and use of people complementary to dentists in the provision of dental care.	
6	ASSESSMENT FOR ORAL HEALTH PROGRAM PLANNING	1. Understand the dental needs of a community or population, demand of treatment and manpower available to serve a population before conducting an oral health program.	TPH CH 20
		1. Assess, plan, implement, and evaluate community-based oral health programs. 2. Recognize and use written and electronic sources of information.	TPH CH3
7	PROGRAM PLANNING PROCESS AND EVALUATION IN ORAL HEALTH	1. Describe the five steps of the community program planning process that are necessary to organize an effective community oral health program. 2. Assess, plan, implement, and evaluate community-based oral health programs.	TPH CH21 CPH CH6
7	SURVEILLANCE MEASURES AND ORAL HEALTH SURVEYS	1. Perform a needs assessment of the target population. 2. Identify evaluation tools for the program. 3. Describe and define the goals of various dental indices. 4. Discuss the national Healthy People Initiative and its significance in relation to surveillance. 5. Assess, plan, implement, and evaluate community-based oral health programs.	COH CH4
		1. Identify steps in conducting, organizing and implementing a survey.	TPH CH 16



## DENTAL PUBLIC HEALTH

ACADEMIC WEEK	TOPICS	COMPETENCIES	ASSIGNED READING
8	SOCIAL RESPONSIBILITY	<ol style="list-style-type: none"> <li>1. Promote the values of good oral and general health and wellness to the public and organizations within and outside the profession.</li> <li>2. Recognize responsibility and demonstrate the ability to communicate professional knowledge, both verbally and in writing.</li> <li>3. Accept responsibility for solving problems and making decisions based on accepted scientific principles.</li> <li>4. Advocate for consumer groups, businesses, and government agencies to support healthcare issues.</li> </ol>	COH CH9
8	SERVICE-LEARNING: PREPARING DENTAL HYGIENIST FOR COLLABORATIVE PRACTICE	<ol style="list-style-type: none"> <li>1. Identify and use community dental health activities related to the prevention and control of oral conditions and the promotion of health.</li> <li>2. Provide health education and preventive counseling to a variety of population groups.</li> <li>3. Promote the values of good oral and general health and wellness to the public and organizations within and outside the profession.</li> <li>4. Advocate for consumer groups, businesses, and government agencies to support healthcare issues.</li> <li>5. Provide dental hygiene services in a variety of settings, including offices, hospitals, clinics, extended care facilities, community programs, and schools.</li> <li>6. Accept responsibility for solving problems and making decisions based on accepted scientific principles.</li> </ol>	COH CH11

## EDUCATIONAL METHODOLOGY

Academic week	Module	Competencies	Assigned reading
1	Course Preparation	<ol style="list-style-type: none"> <li>1. Identify the student learning goals, or outcomes.</li> <li>2. Construct clinical learning activities.</li> <li>3. Choose appropriate teaching methods.</li> <li>4. Start a portfolio or teaching journal.</li> </ol>	TT CH1
2	Learning Styles, Effective and Active Learning: Group-Based Learning	<ol style="list-style-type: none"> <li>1. Recognize different learning styles.</li> <li>2. Differentiate between active and inactive learning.</li> <li>3. Differentiate between effective and ineffective learning.</li> </ol>	
3	Competency-Based Learning in Dental Hygiene	<ol style="list-style-type: none"> <li>1. Discuss competency-based learning in dental hygiene.</li> </ol>	
4	Conducting a Course Syllabus Learning Objectives	<ol style="list-style-type: none"> <li>1. Construct a course syllabus.</li> </ol>	
5	Assessing, Testing, and Evaluating	<ol style="list-style-type: none"> <li>1. Develop an assessment plan for clinical teaching.</li> <li>2. Develop an evaluation form for clinical teaching.</li> </ol>	
6	Technology in Teaching, and Simulation in Dental Hygiene	<ol style="list-style-type: none"> <li>1. Discuss different technologies in teaching and learning.</li> <li>2. Explain simulation techniques in dental hygiene.</li> </ol>	
7	Calibration in Clinical Teaching	<ol style="list-style-type: none"> <li>1. Apply calibration in different clinical settings.</li> </ol>	
8	Feedback for Trainees	<ol style="list-style-type: none"> <li>1. Construct feedback after trainees' assessment.</li> </ol>	



## PRACTICE MANAGEMENT

Academic week	Module	Competencies	Assigned reading
1	The Business of Dentistry	<ol style="list-style-type: none"> <li>1. Explain the dual role of dentistry as a business and a healthcare service.</li> <li>2. Describe the importance of patient service.</li> <li>3. Define organizational culture.</li> <li>4. Describe common organizational cultures that could exist in a dental practice.</li> <li>5. Define “communication.”</li> <li>6. Differentiate between leadership and management.</li> <li>7. Identify common leadership traits.</li> <li>8. Describe management responsibilities.</li> <li>9. List the characteristics that are necessary for establishing relationships.</li> </ol>	PMD CH1
2	Dental Team Management	<ol style="list-style-type: none"> <li>1. Determine goals and objectives for a dental practice.</li> <li>2. Explain the term “business etiquette.”</li> <li>3. List the duties of an administrative assistant.</li> <li>4. Identify the five “Rs” of good management.</li> <li>5. Identify the functions of an administrative assistant.</li> <li>6. Identify the characteristics of an effective administrative assistant.</li> <li>7. Manage interpersonal communications between staff members and a dentist.</li> <li>8. Explain “employee empowerment.”</li> <li>9. Discuss the procedures for conducting a staff meeting.</li> <li>10. Explain the importance of hiring a skilled administrative assistant.</li> <li>11. Define “time management.”</li> </ol>	CH2

## PRACTICE MANAGEMENT

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>12. Describe how to manage time efficiently.</li> <li>13. Explain the purpose of an office procedural manual.</li> <li>14. Identify the components of an office procedural manual.</li> <li>15. Describe recruitment and hiring practices.</li> <li>16. Describe the contents of a personnel policy in an office procedural manual.</li> <li>17. Explain the use of pre-employment testing.</li> <li>18. Describe new employee orientation.</li> <li>19. Manage staff conflict.</li> </ol>	
3	Patient Management	<ol style="list-style-type: none"> <li>1. Understand patient needs.</li> <li>2. Explain the special needs of patients.</li> <li>3. Identify barriers to communication.</li> <li>4. Recognize nonverbal cues.</li> <li>5. Manage interpersonal communication in the reception area.</li> <li>6. Design an office policy statement.</li> <li>7. Explain marketing techniques in dentistry.</li> <li>8. Describe external and internal marketing.</li> <li>9. Understand patient rights.</li> </ol>	CH3
4	Office Design and Equipment Placement	<ol style="list-style-type: none"> <li>1. Define “ergonomics” as it applies to a dental business office.</li> <li>2. Describe the classifications of motion.</li> <li>3. Describe the implementation of time and motion in a dental business office.</li> <li>4. Describe seasonal affective disorder.</li> <li>5. Explain the effect of the Americans with Disabilities Act on office design.</li> </ol>	CH6



## PRACTICE MANAGEMENT

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>6. Explain a work triangle as it relates to the dental business office.</li> <li>7. Identify relevant criteria for reception room design.</li> <li>8. Identify relevant criteria for business office design.</li> <li>9. Describe the factors involved in office design that relate to the Americans with Disabilities Act.</li> <li>10. Describe the arrangement of common business equipment.</li> </ol>	
5	Appointment Management System	<ol style="list-style-type: none"> <li>1. Describe appointment book styles.</li> <li>2. Describe appointment software options.</li> <li>3. Complete an appointment matrix.</li> <li>4. Identify solutions to common appointment scheduling problems.</li> <li>5. Make an appointment entry.</li> <li>6. Design an appointment schedule list.</li> <li>7. Identify common appointment book symbols.</li> <li>8. Describe the use of a treatment plan.</li> <li>9. Complete an appointment card.</li> <li>10. Complete a daily schedule.</li> <li>11. Describe a call list.</li> <li>12. Explain “advanced-function appointment scheduling.”</li> </ol>	CH11
6	Recall System	<ol style="list-style-type: none"> <li>1. Explain the purpose of a recall or re-care system.</li> </ol>	CH12

## PRACTICE MANAGEMENT

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>2. Describe motivational techniques to promote a re-call or re-care system.</li> <li>3. Identify different types of re-call or re-care systems.</li> <li>4. Develop a recall or re-care system.</li> </ol>	
7	Inventory System and Supplies Ordering	<ol style="list-style-type: none"> <li>1. Identify three types of dental supplies.</li> <li>2. Explain various types of inventory systems.</li> <li>3. Establish an inventory system.</li> <li>4. Explain factors determining supply quantity.</li> <li>5. Describe a technique for receiving supplies.</li> <li>6. Describe a computerized ordering system.</li> <li>7. Identify common supply forms.</li> <li>8. Explain how hazardous materials are stored.</li> </ol>	CH13
7	Dental Insurance	<ol style="list-style-type: none"> <li>1. Identify the four parties that are affected by dental benefit plans.</li> <li>2. Differentiate between the different dental plan models.</li> <li>3. Use the current American Dental Association (ADA) Code on Dental Procedures and Nomenclature and the Code of Dental Terminology (CDT) manual.</li> <li>4. Complete an ADA form.</li> <li>5. Submit Medicaid dental benefit claims.</li> <li>6. Apply the rules for the coordination of benefits.</li> <li>7. Explain common dental benefit and claims terminology.</li> </ol>	CH14
8	Office Publication	<ol style="list-style-type: none"> <li>1. Categorize written office publications as public relations activities.</li> </ol>	CH 21



## PRACTICE MANAGEMENT

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>2. Differentiate between public relations activities that require written communication and those that require audiovisual communication.</li> <li>3. Recognize situations where office publications are used.</li> </ol>	
8	Office Policy and Procedure Manual	<ol style="list-style-type: none"> <li>1. Describe the components of an office policy and procedures manual.</li> <li>2. Differentiate between vision, mission, and philosophy statements.</li> <li>3. Identify office policy, office treatment, and personnel protocols.</li> <li>4. Determine how salary, wages, and benefits all contribute to an overall compensation package.</li> <li>5. Recognize the importance of job descriptions.</li> <li>6. Identify disciplinary action forms and performance appraisal criteria.</li> <li>7. Create an office policy and procedures manual.</li> </ol>	CH 23

## PUBLIC SPEAKING

Academic week	Module	Competencies	Assigned reading
1	The Basics of Public Speaking	<ol style="list-style-type: none"> <li>1. Define the following terms: "Public speaking, channel, feedback, noise, encode, decode, symbol, denotative, and connotative."</li> <li>2. Explain what distinguishes public speaking from other modes of communication.</li> </ol>	EPS CH1

## PUBLIC SPEAKING

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. List the elements of the communication process.</li> <li>4. Explain the origins of anxiety in public speaking.</li> <li>5. Apply some strategies for dealing with personal anxiety about public speaking.</li> <li>6. Discuss why public speaking is part of the curriculum at this college and important in one's personal and professional life.</li> </ol>	
2	Audience Analysis and Listening	<ol style="list-style-type: none"> <li>1. Define the following terms: "audience-centered, audience analysis, and demographic characteristics."</li> <li>2. List and explain the various demographic characteristics used to analyze an audience.</li> <li>3. Define the meanings of "attitudes, beliefs, values, and needs."</li> <li>4. Illustrate Maslow's hierarchy of needs and explain its usefulness to public speaking.</li> <li>5. Describe contextual factors that should be considered when preparing a speech.</li> <li>6. Describe typical barriers to listening in public speaking situations.</li> <li>7. Explain how an individual can improve his/her listening skills when in an audience.</li> <li>8. Apply what a trainee knows about listening to improve their personal preparation of a speech.</li> </ol>	CH2
3	Ethics in Public Speaking	<ol style="list-style-type: none"> <li>1. Explain the legal, cultural, philosophical, and social origins of ethics in public speaking.</li> <li>2. Explain the difference between plagiarism and correct appropriation of source materials.</li> </ol>	CH3



## PUBLIC SPEAKING

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Understand the value of ethics in building a solid reputation as a speaker.</li> <li>4. Correctly use source material in a presentation.</li> </ol>	
4	Developing Topics for Your Speech	<ol style="list-style-type: none"> <li>1. Distinguish between the specific purpose, central idea, and main points of a speech.</li> <li>2. Differentiate between a speech to inform, persuade, and inspire, or entertain.</li> <li>3. Write a specific purpose statement</li> <li>4. Write a thesis or central idea statement.</li> <li>5. Distinguish between acceptable and unacceptable specific purpose and central idea statements.</li> <li>6. Compose appropriate specific purpose and central idea statements for informative, persuasive, and inspirational/entertaining speeches.</li> </ol>	CH4
5	Researching Your Speeches	<ol style="list-style-type: none"> <li>1. Explain the difference between primary and secondary sources.</li> <li>2. Understand how to conduct a basic library research.</li> <li>3. Distinguish between reliable and unreliable information on the Internet.</li> <li>4. Access and find reliable information on the Internet.</li> <li>5. Construct a short survey to use for analyzing an audience.</li> <li>6. Conduct short interviews for information for speeches.</li> <li>7. Recognize information that should be cited.</li> </ol>	CH5
6	Organizing and Outlining Your Speech	<ol style="list-style-type: none"> <li>1. Explain why organization is necessary and valuable to public speaking.</li> <li>2. Differentiate between the different types of organizational patterns.</li> </ol>	CH6

## PUBLIC SPEAKING

Academic week	Module	Competencies	Assigned reading
		<ol style="list-style-type: none"> <li>3. Choose an organizational pattern that is most logical to the speech's specific purpose.</li> <li>4. Construct an outline for an extemporaneous speech.</li> <li>5. Create connective statements that will help the audience understand the logic and structure of a speech.</li> </ol>	
7	Supporting Your Speech Ideas	<ol style="list-style-type: none"> <li>1. Explain why supporting materials are necessary.</li> <li>2. List the various types of verbal supporting materials.</li> <li>3. Discuss supporting material strengths in explaining and proving ideas and arguments.</li> <li>4. Incorporate supporting materials seamlessly into the speech.</li> <li>5. Use supporting materials ethically through correct citation.</li> <li>6. Explain how perception and attention affect the speech-giving process.</li> </ol>	CH7
7	Introductions and Conclusions	<ol style="list-style-type: none"> <li>1. Recognize the functions of introductions and conclusions.</li> <li>2. Identify the primary elements of a speech introduction.</li> <li>3. Identify the primary elements of a speech conclusion.</li> <li>4. Construct introductions and conclusions.</li> </ol>	CH8
8	Presentation Aids in Speaking	<ol style="list-style-type: none"> <li>1. List and explain reasons why presentation aids are important in public speaking.</li> <li>2. Explain how presentation aids function in public speaking.</li> <li>3. Describe the various computer-based and non-computer-based types of presentation aids available to the trainees.</li> <li>4. Explain the correct use of various types of presentation aids.</li> <li>5. Design professional-looking slides using presentation software.</li> </ol>	CH9



## PUBLIC SPEAKING

Academic week	Module	Competencies	Assigned reading
8	Delivery	<ol style="list-style-type: none"> <li>1. Identify the different methods of speech delivery.</li> <li>2. Identify the key elements in preparing to deliver a speech.</li> <li>3. Understand the benefits of delivery-related behaviors.</li> <li>4. Utilize specific techniques to enhance speech delivery.</li> </ol>	CH11

## LITERATURE REVIEW AND EVALUATION:

Academic week	Topic	Competencies	Assigned reading
1	Introduction to Qualitative and Quantitative Reviews	<ol style="list-style-type: none"> <li>1. Distinguish between abstracts and literature reviews.</li> <li>2. Know the steps of preparing literature reviews.</li> <li>3. Recognize the two types of reviews.</li> </ol>	PLR CH1
1	Selecting a Topic for Review	<ol style="list-style-type: none"> <li>1. Know several considerations when selecting a topic of review.</li> <li>2. Identify demographic variables.</li> </ol>	CH2
2	Searching for Literature in Professional Journals	<ol style="list-style-type: none"> <li>1. Know different electronic databases such as PsycARTICLES and PsycINFO, ERIC and MEDLINE/ PubMed.</li> <li>2. Use Boolean operators and truncated terms.</li> </ol>	CH3
2	Retrieving and Evaluating Information from the Web	<ol style="list-style-type: none"> <li>1. Recognize general web sources and professional journals.</li> <li>2. Evaluate a web-based source of information.</li> </ol>	CH4
3	Evaluating and Interpreting Research Literature	<ol style="list-style-type: none"> <li>1. Critically evaluate literature.</li> <li>2. Distinguish between a qualitative and a quantitative review.</li> </ol>	CH5
4	Taking Notes and Avoiding	<ol style="list-style-type: none"> <li>1. Define “plagiarism” and “unintentional plagiarism.”</li> <li>2. Learn how to summarize key points from literature.</li> </ol>	CH6

## LITERATURE REVIEW AND EVALUATION:

Academic week	Topic	Competencies	Assigned reading
	Unintentional Plagiarism	3. Determine when to cite a material.	
5	Preparing a Topic Outline for the First Draft	<ol style="list-style-type: none"> <li>1. Write an outline for a literature review.</li> <li>2. Know the essential elements of an introduction, the theoretical considerations, the body of the review, the summary, and the discussion.</li> </ol>	CH7
6	Writing the First Draft: Basic Principles	<ol style="list-style-type: none"> <li>1. Know the basic writing strategies for organizing and presenting the material found in the literature.</li> <li>2. Identify gaps in the literature.</li> <li>3. Know how to use appropriate sources to support a statement.</li> </ol>	CH8
7	Writing the First Draft: Optional Techniques.	<ol style="list-style-type: none"> <li>1. Describe the optional techniques that may be used when writing a literature review.</li> </ol>	CH9
7	Writing the First Draft: Statistical Issues in Qualitative Reviews	<ol style="list-style-type: none"> <li>1. Discuss issues regarding the presentation of statistical material in qualitative reviews.</li> <li>2. Consider the needs of the audience and the purpose of the review.</li> </ol>	CH10
8	Building Tables to Summarize Literature	<ol style="list-style-type: none"> <li>1. Consider building a table to show selected statistics from an important study and deriving one from a variety of studies.</li> <li>2. Consider the order of presenting studies in a table as well as establishing inclusion criteria for tables.</li> <li>3. Learn how to build table using a word processing program.</li> </ol>	CH11
8	Revising and Refining	<ol style="list-style-type: none"> <li>1. Break long paragraphs into two or more shorter ones.</li> <li>2. Use transitional terms between paragraphs and within paragraphs.</li> </ol>	CH12



## LITERATURE REVIEW AND EVALUATION:

Academic week	Topic	Competencies	Assigned reading
		3. Learn the milder and stronger transitional terms that can be used to provide coherence.	

## Appendix-E

### Textbooks used in this program and abbreviations

TEXTBOOK NAME AND EDITION		INITIALS
1	Clinical Practice of the Dental Hygienist. 13 <sup>th</sup> Edition.	CP
2	Dental Hygiene: Theory and Practice. 5 <sup>th</sup> Edition.	DHT
3	Mosby's Dental Hygiene: Concepts, Cases, and Competencies. 2 <sup>nd</sup> Edition.	CC
4	Foundations of Periodontics for the Dental Hygienist. Enhanced 5 <sup>th</sup> Edition.	FP
5	Ultrasonic Periodontal Debridement: Theory and Technique. 1 <sup>st</sup> Edition.	UP
6	Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation. 8 <sup>th</sup> Edition.	FPI
7	Community Oral Health Practice for the Dental Hygienist. 5 <sup>th</sup> Edition.	COH
8	Essential Dental Public Health. 3 <sup>rd</sup> Edition.	DPH
9	McKeachie's Teaching Tips: Strategies, Research, and Theory for College and University Teachers. 14 <sup>th</sup> Edition.	TT
10	Practice Management for the Dental Team. 7 <sup>th</sup> Edition.	PMD
11	Practice Management for Dental Hygienists. 1 <sup>st</sup> Edition.	PMDH
12	Behavioral Dentistry. 2 <sup>nd</sup> Edition.	BD

TEXTBOOK NAME AND EDITION		INITIALS
13	Textbook of Public Health Dentistry. 3 <sup>rd</sup> Edition.	TPH
14	Exploring Public Speaking. 4th Edition.	EPS
15	Clinical Teaching Strategies in Nursing. 3 <sup>rd</sup> Edition.	CTS
16	Soft-Tissue Lasers in Dental Hygiene. 1 <sup>st</sup> Edition.	STL
17	Tooth Whitening. 1 <sup>st</sup> Edition.	TW
18	Preparing Literature Reviews. 3 <sup>rd</sup> Edition.	PLR

## Appendix-F

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES		
ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
1	<p>Advanced Probing Techniques</p> <ol style="list-style-type: none"> <li>1. Discuss the uses of calibrate and furcation probes in performing a periodontal assessment.</li> <li>2. Describe the rationale for assessing tooth mobility.</li> <li>3. Demonstrate the technique for assessing tooth mobility and use of a mobility rating scale to classify the extent of mobility.</li> <li>4. Describe the rationale and technique for determining the level of the gingiva margin.</li> <li>5. Describe the consequences of loss of attachment to the tooth.</li> <li>6. Given the probing depth measurements and gingival margin levels for a tooth, compute the clinical attachment loss.</li> </ol>	FPI CH18



PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>7. Describe the rationale for furcation detection.</li> <li>8. Demonstrate correct technique for use of a furcation probe on a periodontal typodont and classify furcation involvement according to severity.</li> <li>9. Use advanced probing techniques to accurately assess a trainee partner's periodontium.</li> <li>10. For simulated patient cases, use periodontal measurements to differentiate a healthy periodontium from periodontitis and record these findings on a periodontal chart.</li> </ol>	
	<p><b>Advanced Techniques for Root Surface Debridement</b></p> <ol style="list-style-type: none"> <li>1. Discuss anatomical features that complicate the instrumentation of root surfaces in the presence of attachment loss.</li> <li>2. Demonstrate the use of an explorer on extracted or acrylic teeth including exploration of root concavities and the furcation areas of multirooted teeth.</li> <li>3. Select calculus removal instruments that are appropriate for root instrumentation in the presence of attachment loss.</li> <li>4. Demonstrate the correct sequence for instrumentation of a multirooted tooth with area specific curets, including the root trunk and individual roots of the tooth.</li> <li>5. Select the correct working end of an area-specific curet for use with horizontal strokes in mesial and distal root concavities (toe-down or toe-up position).</li> </ol>	<p>FPI CH21</p>

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>6. Demonstrate each of the following advanced intraoral fulcrums on a periodontal typodont in an appropriate sextant of the dentition or the fulcrum.</li> <li>7. Demonstrate each of the following extraoral fulcrums on a periodontal typodont in an appropriate sextant of the dentition or the fulcrum.</li> <li>8. Demonstrate horizontal strokes in a proximal root concavity on an acrylic tooth or periodontal typodont and explain the rational or using horizontal strokes in concavities.</li> <li>9. Demonstrate horizontal strokes in the facial concavity located between the CEJ and furcation area of multirooted teeth and explain the rational for using horizontal strokes in this area.</li> <li>10. Demonstrate horizontal strokes at the distofacial and distolingual line angles on acrylic teeth or periodontal typodont and explain the rational for using horizontal strokes at line angles.</li> <li>11. Demonstrate instrumentation of the furcation area on a mandibular first molar on an acrylic tooth or periodontal typodont.</li> <li>12. Demonstrate instrumentation of the furcations on a maxillary first molar from the facial aspect. Instrument only those furcation's that are best accessed from the facial aspect.</li> <li>13. Demonstrate instrumentation of the furcation on a maxillary first molar from the lingual aspect. Instrument</li> </ol>	



PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>only that furcation that are best accessed from the lingual aspect</p> <p>Therapeutic Air Polishing</p> <ol style="list-style-type: none"> <li>1. Explain the importance of professional subgingival biofilm removal from root surfaces as a routine part of nonsurgical periodontal therapy.</li> <li>2. Compare and contrast “subgingival air polishing with glycine powder for biofilm management” with “supragingival air polishing with sodium bicarbonate or stain removal.”</li> <li>3. Compare the types of air polishing powders available and their appropriate use.</li> <li>4. List medical and dental contraindications of subgingival air polishing for biofilm management and supragingival air polishing for stain removal.</li> <li>5. On a typodont, demonstrate the correct angulation and instrumentation stork with a standard nozzle for stain removal.</li> <li>6. On a typodont, demonstrate the correct insertion and use of the specialized plastic perio tip and glycine-based powder for subgingival biofilm removal.</li> <li>7. In a clinical setting, demonstrate the correct technique for use of an air polishing device, including a treatment room, clinician and patient preparation; armamentarium selection/set-up and infection control; grasp and finger rest; correct technique; and fluid control.</li> </ol>	<p>FPI CH27</p>

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>8. Discuss the benefits to the patient when supra- and subgingival air polishing is integrated into the treatment plan.</p> <p>Host modulation and adjuvant therapy</p> <ol style="list-style-type: none"> <li>1. Discuss the oral health benefits of a water flosser for the patient with periodontal disease.</li> <li>2. Distinguish the depth of the delivery between the water flosser, a toothbrush, dental floss, and other interdental aids.</li> <li>3. Name the types of agents that can be used in a water flosser.</li> <li>4. Educate a patient on how to use a water flosser, while in a clinical setting.</li> <li>5. Summarize research findings that relate to using professional irrigation to deliver chemicals to periodontal pockets.</li> <li>6. Describe the difference between systemic delivery and topical delivery of chemical agents.</li> <li>7. Define the term “systemic antibiotic” and explain why systemic antibiotics are not used routinely in the treatment of patients with plaque-induced gingivitis and patients with periodontitis.</li> <li>8. Describe three examples of mouth rinse ingredients that can help reduce the severity of gingivitis.</li> <li>9. List three antimicrobial agents that can be delivered using controlled-release delivery devices.</li> </ol>	<p>FP CH26–28</p>



PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>10. Explain why toothpastes are ideal delivery mechanisms for chemical agents.</li> <li>11. List two toothpaste ingredients that can reduce the severity of gingivitis.</li> <li>12. Explain the current scientific evidence behind charcoal-based dental products and oil pulling.</li> <li>13. Define the term “host modulation therapy.”</li> <li>14. Discuss the potential importance of host modulation therapy.</li> <li>15. Name some anti-inflammatory mediators.</li> <li>16. Name some pro-inflammatory mediators.</li> <li>17. List three types of drugs that have been studied for use as possible host modulating agents. Explain why low-dose doxycyclines are useful as host modulating agents.</li> <li>18. Explain the term “sub-antibacterial dose.”</li> <li>19. Make a list of treatment strategies for a periodontitis patient that includes host modulation.</li> </ol>	
	<p><b>Implant Therapy</b></p> <ol style="list-style-type: none"> <li>1. Describe the components of a conventional dental implant and restoration.</li> <li>2. Compare and contrast the periodontium of a natural tooth with the peri-implant tissues that surround a dental implant.</li> <li>3. Define and distinguish the key differences between peri-implant health, peri-implant mucositis, and peri-implantitis.</li> </ol>	<p>FP CH9</p>

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>4. Define the terms “osseointegration” and “biomechanical forces” as they apply to dental implants.</li> <li>5. Describe an appropriate maintenance interval for a patient with dental implants.</li> <li>6. In a clinical setting, select appropriate self-care aids for a patient with dental implants.</li> </ol>	
	<p><b>Vital Teeth Bleaching</b></p> <ol style="list-style-type: none"> <li>1. Compare bleaching to whitening.</li> <li>2. Explain the contrast between vital tooth bleaching and non-vital tooth bleaching.</li> <li>3. Discuss tooth color change and vital tooth bleaching.</li> <li>4. Discuss the materials used for vital tooth bleaching.</li> <li>5. Discuss modes of vital tooth bleaching.</li> <li>6. Explain the factors associated with bleaching efficacy.</li> <li>7. Differentiate between “reversible” and “irreversible” side effects.</li> <li>8. Identify the contraindications for bleaching.</li> <li>9. Choose appropriate bleaching methods for clinical cases.</li> <li>10. Explain patient education and the instructions needed before and after bleaching.</li> <li>11. Plan maintenance appointments.</li> <li>12. Explain proper documentation for bleaching.</li> </ol>	TW
	<p><b>Laser Therapy</b></p> <ol style="list-style-type: none"> <li>1. Describe basic concepts of laser therapy, including laser safety.</li> <li>2. Discuss the concept of laser bacterial reduction.</li> </ol>	STL



PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>3. Explain the advantage of using a laser in non-surgical periodontal therapy.</li> <li>4. Compare traditional periodontal therapy to laser periodontal therapy.</li> <li>5. Explain the role of laser therapy in teeth whitening.</li> <li>6. Explain the role of laser therapy in desensitizing teeth.</li> <li>7. Explain the role of laser therapy in managing oral lesions.</li> <li>8. Explain the role of laser therapy in the treatment of TMJ/TMD issues.</li> <li>9. Explain the role of laser therapy in Photobiomodulation (PBM).</li> <li>10. Practice laser therapy for different clinical conditions.</li> </ol>	
	<p><u>Special Care Needs</u></p> <p>Pregnancy</p> <ol style="list-style-type: none"> <li>1. Explain and classify the current state of evidence regarding maternal periodontal disease and adverse birth outcomes. Additionally, discuss potential oral manifestations during pregnancy.</li> <li>2. Describe oral disease prevention and health behaviors during pregnancy, including professional oral health care during pregnancy.</li> <li>3. Discuss oral hygiene for infants.</li> <li>4. Discuss the impact on health literacy of the oral health of pregnant women and infants.</li> <li>5. Describe the health care provider guidelines on oral health care during pregnancy, including national priorities.</li> </ol>	DHT46

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>6. Collaborate interprofessionally with non-dental providers in fostering the importance of oral health among pregnant women.</li> <li>7. Discuss various community programs that serve pregnant women.</li> <li>8. Describe the oral implications of fetal development in all stages of pregnancy.</li> <li>9. Identify common oral findings during pregnancy.</li> <li>10. Recognize the association between periodontal infection and pregnancy.</li> <li>11. Assess and develop an appropriate care plan for a pregnant patient.</li> <li>12. Identify considerations that may occur during pregnancy and the need for referral.</li> <li>13. Recognize the importance of infant oral health.</li> <li>14. Describe anticipatory guidance considerations for infant and caregiver education.</li> <li>15. Define early childhood caries and recognize methods of bacterial transmission.</li> <li>16. Describe the components and techniques for conducting an infant oral examination.</li> </ol>	
	<p><b>Geriatrics</b></p> <ol style="list-style-type: none"> <li>1. Relate demographic characteristics of the aging population to implications for older adult care.</li> <li>2. Define “geriatrics,” discuss healthcare for older adults, and perform a health assessment of an older person that</li> </ol>	<p>DHT 47</p>



## PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>includes a functional appraisal in addition to a review of health, dental, and personal histories.</p> <ol style="list-style-type: none"> <li>3. Describe how health promotion, including the Healthy People 2020 initiative, can contribute to an increase in the overall well-being and health of the nation, especially in the aging population.</li> <li>4. Elucidate various theories of aging.</li> <li>5. Differentiate age-related health changes from those health and oral health conditions that occur as a result of acute or chronic diseases or medications in the elderly.</li> <li>6. Customize each step in the process of dental hygiene care for elderly patients in light of their complex medical, dental, and related psychosocial issues.</li> <li>7. Discuss the public health role of the dental hygienist in treating older adults in both community-based and institutional settings.</li> </ol>	
	<p><u>Patients with Disabilities</u></p> <p><b>Disabilities and Oral Health</b></p> <ol style="list-style-type: none"> <li>1. Define “disability” and acquire knowledge about major developments, or circumstances, affecting patients with disabilities.</li> <li>2. Distinguish between different classifications for patients with disabilities.</li> <li>3. Consider and recommend various means to address healthcare barriers, assistive devices, and oral self-care devices for patients with disabilities. Provide oral self-care education to patients with disabilities and their caregivers.</li> </ol>	<p>DHT CH 59– 62 CP CH</p>

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>4. Explain how to use protective stabilization and patient positioning techniques throughout the delivery of professional care.</p> <p>5. Care for patients in wheelchairs and recommend opportunities to advocate for patients with disabilities.</p> <hr/> <p><b>Intellectually and Developmentally Challenged</b></p> <p>1. List and describe the levels of intellectual disabilities (IDs), relate the general characteristics and the individual needs and abilities of patients within each category of intellectual disabilities to modifications recommended for self-care education, and manage patients with intellectual disabilities.</p> <p>2. Plan alterations in dental hygiene care based on common medical conditions and intellectual disabilities associated with Down syndrome and other intellectual or developmental conditions.</p> <p>3. Discuss general theories and characteristics of autism spectrum disorders (ASDs). Select and use effective instructional strategies to manage communication barriers with a patient who has ASD.</p> <p>4. Value educational interventions for a patient with intellectual disabilities, Down syndrome, and ASD. Also, discuss the legal and ethical aspects of treating patients with developmental and/or physical challenges.</p> <hr/> <p><b>Cleft Lip and Palate</b></p> <p>1. Describe the types of cleft lip and palate that result from developmental disturbances.</p>	



PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>2. Identify and describe the role of the professionals on the interdisciplinary team for the treatment of a patient with cleft lip and/or palate.</li> <li>3. Recognize the oral characteristics that a patient with cleft lip and/or palate may experience.</li> <li>4. Explain how to adapt the dental hygiene appointment sequence for a patient with cleft lip and/or palate.</li> <li>5. Discuss the incidence, prevalence, and etiology of orofacial clefts, and differentiate between the types of treatment indicated for lip and palatal clefts.</li> <li>6. Educate patients and caregivers about the risks and oral complications for patients with orofacial clefts.</li> <li>7. Describe the dental hygienist’s role in planning individualized dental hygiene care to address prevention and treatment of oral health conditions and challenges associated with having a cleft lip and palate.</li> <li>8. Discuss the importance of interprofessional collaboration to address the multitude of needs of a patient with orofacial clefts, or the patient’s caregiver.</li> </ol> <p><b>Neurologic Disabilities</b></p> <ol style="list-style-type: none"> <li>1. Explain features, symptoms, and specialized oral care of various dysfunctions of the motor system, including tremors, Parkinson’s disease, cerebral palsy, multiple sclerosis, amyotrophic lateral sclerosis, and Huntington disease.</li> <li>2. Explain features, symptoms, and specialized oral care of various dysfunctions of the central nervous system,</li> </ol>	

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>including traumatic brain injury and post-traumatic stress disorder, spinal cord injury, seizures, and epilepsy.</p> <ol style="list-style-type: none"> <li>3. Explain features, symptoms, and specialized oral care of various peripheral neuropathies, including facial neuropathy (Bell's palsy) and trigeminal neuralgia.</li> <li>4. Explain features, symptoms, and specialized oral care of various disorders of higher cortical function, including dementia and Alzheimer's disease (AD).</li> <li>5. Explain features, symptoms, and specialized oral care of various cerebrovascular diseases, including cerebrovascular accidents (strokes).</li> <li>6. Apply knowledge of neurologic disabilities to practice, service, and interprofessional work.</li> </ol>	
	<p><u>Medically Compromised Patients</u></p> <p><u>Cardiovascular Disease.</u></p> <ol style="list-style-type: none"> <li>1. Apply knowledge of cardiovascular disease and its risk factors while critically evaluating the relationship between cardiovascular diseases and periodontal disease.</li> <li>2. Distinguish between the etiology, risk factors, signs, symptoms, and medical and dental hygiene care of patients with hypertensive cardiovascular disease, history of angina or myocardial infarction, coronary heart disease, congestive heart failure, congenital heart disease, valvular heart defects, and rheumatic heart disease.</li> <li>3. Identify the types of cardiovascular surgery and their implications for dental hygiene treatment.</li> <li>4. Discuss oral manifestations of cardiovascular medications.</li> </ol>	<p>DHT CH 48-58</p>



## PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>5. Consider the dental hygienist's role in developing a dental hygiene diagnosis and care plan for a patient with cardiovascular disease, including comprehensive dental preventive and therapeutic dental hygiene services and the prevention and management of cardiac emergencies. Also, describe how to prevent and manage cardiac emergencies.</p> <p><b>Diabetes</b></p> <ol style="list-style-type: none"> <li>1. Differentiate between prediabetes, Type 1 and Type 2 diabetes, and gestational diabetes in terms of prevalence, characteristics, pathophysiology, and potential complications.</li> <li>2. Discuss the two-way relationship between diabetes and periodontal disease. In addition, provide client education regarding self-monitoring, lifestyle changes, and pharmacological therapy to engage patients with diabetes as co-therapists in management of diabetes and oral care.</li> <li>3. Plan dental hygiene care, including all steps in the process of care, for a person with diabetes and periodontal disease, and collaborate interprofessionally with a patient's primary healthcare provider.</li> <li>4. Recognize a diabetic emergency and take appropriate action for management.</li> <li>5. Provide client education regarding lifestyle adjustments and oral self-care to engage patients or community groups with diabetes as co-therapists in management of both diseases.</li> </ol>	

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>6. Assist patients at risk for diabetes in preventing diabetes and recommend referral for screening.</p> <hr/> <p><b>HIV and Oral Health</b></p> <ol style="list-style-type: none"> <li>1. Discuss the history of human immunodeficiency virus (HIV) in relation to the current status of HIV and AIDS.</li> <li>2. Describe how HIV is transmitted, HIV latency and immune status, and medication therapy for patients with HIV.</li> <li>3. Elucidate why people with weakened immune systems may be more vulnerable to an opportunistic infection (OI) and describe the epidemiology of HIV infection and AIDS.</li> <li>4. Explain the concept of the HIV continuum.</li> <li>5. Describe the dental hygiene process of care in patients with HIV, including systemic health and oral health considerations.</li> <li>6. Discuss the risk of HIV infection among healthcare workers and mechanisms to prevent transmission in the dental office.</li> </ol> <hr/> <p><b>Autoimmune Diseases</b></p> <ol style="list-style-type: none"> <li>1. Explain immune dysfunction.</li> <li>2. Describe the pathophysiology of autoimmune diseases.</li> <li>3. Describe pharmacologic considerations for autoimmune diseases.</li> <li>4. Implement the dental hygiene process of care for patients presenting with autoimmune diseases, including: recognizing the systemic and oral manifestations of common autoimmune diseases; developing a dental hygiene care plan appropriate for persons with</li> </ol>	



## PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>autoimmune disease; and delivering dental hygiene services safely and effectively for patients with autoimmune disease.</p>	
	<p><b>Organ Transplant and Kidney Disease</b></p> <ol style="list-style-type: none"> <li>1. Explain the concept of solid organ transplantation, discuss the indications for organ transplantation, and describe the role that the United Network for Organ Sharing (UNOS) plays in organ transplantation.</li> <li>2. Determine specialized dental management considerations of patients' oral health needs before solid organ transplantation and after transplantation.</li> <li>3. Discuss the world-recognized Kidney Disease Outcomes Quality Initiative (K/DOQI), as well as compare and contrast chronic kidney disease and end-stage renal disease.</li> <li>4. Discuss dialysis treatment modalities.</li> <li>5. Describe various secondary medical conditions that could develop with kidney disease and dialysis and relate these conditions to overall oral care.</li> <li>6. Discuss the need for interprofessional communication among members of the transplant patient's medical healthcare team.</li> </ol>	
	<p><b>Respiratory Disease</b></p> <ol style="list-style-type: none"> <li>1. Discuss the etiology, risk factors, signs and symptoms, and related medications associated with asthma and chronic obstructive pulmonary disease (COPD) as they relate to the process of dental hygiene care. Develop a dental hygiene care plan applicable for a person with either asthma or</li> </ol>	

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>COPD, addressing adaptations needed for the specific respiratory disease.</p> <ol style="list-style-type: none"> <li>2. Discuss the etiology, risk factors, signs and symptoms, and related medications of tuberculosis as they relate to the process of dental hygiene care. Develop a dental hygiene care plan applicable for a person with tuberculosis, addressing adaptations needed for the disease.</li> <li>3. Discuss the etiology and types of pneumonia as they relate to the process of dental hygiene care. Develop a dental hygiene care plan applicable for a person with pneumonia and relate the role of a dental hygienist to caring for the infirmed or intubated patient, as well as educate other healthcare providers involved in oral care to prevent pneumonia.</li> <li>4. Apply knowledge of sleep-related breathing disorders to assessment, care planning, and treatment implementation by dental hygienists and other oral healthcare providers.</li> </ol> <p><b>Substance Misuse</b></p> <ol style="list-style-type: none"> <li>1. Describe concepts of substance abuse and alcohol misuse.</li> <li>2. Discuss concepts of illicit and over-the-counter drug misuse, including drug schedules, club drugs, marijuana, and the opioid crisis in the United States.</li> <li>3. List and discuss the various causes of substance abuse. Also, summarize the action of psychoactive drugs on neurotransmitters.</li> <li>4. Explain which medical treatments are used for various substance misuses.</li> </ol>	



## PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>5. Analyze the dental hygiene process of care related to patients with substance misuse problems and those in recovery and discuss why dental professionals may be at risk for chemical dependence.</p>	
	<p><b>Eating Disorders</b></p> <ol style="list-style-type: none"> <li>1. Describe the diagnosis and epidemiology of both anorexia nervosa and bulimia nervosa.</li> <li>2. Discuss oral and overall health effects of anorexia nervosa and bulimia nervosa.</li> <li>3. Develop a dental hygiene care plan for a patient with an eating disorder that includes (a) engaging the patient in a dialogue of disclosure of an eating disorder, (b) assessing oral health needs, (c) planning for reduction of harm and promotion of oral health, (d) implementing dental-hygiene interventions, and (e) evaluating outcomes of care.</li> <li>4. Discuss the need for interprofessional collaboration for patient- centered care of a patient with an eating disorder.</li> <li>5. List resources available to help patients with eating disorders.</li> </ol>	
	<p><b>Child Abuse and Family Violence</b></p> <ol style="list-style-type: none"> <li>1. Promote an atmosphere of understanding in practice by applying knowledge of indicators of abuse and neglect in clinical patient care and utilizing Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.).</li> <li>2. Incorporate assessment of child maltreatment, including physical and sexual abuse, as well as emotional maltreatment and neglect, as a routine part of the dental</li> </ol>	

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>hygiene visit. In addition, distinguish the findings detected during the physical assessment portion of the dental hygiene visit that may be mistaken for child abuse, including injuries occurring from accidents, genetic and acquired conditions, infections, and cultural practices.</p> <p>3. Collaborate with interdisciplinary healthcare providers in the education, early detection, and early intervention for victims of family violence, intimate partner violence, elder and vulnerable adult maltreatment, and human trafficking.</p> <p>4. Value the dental hygienists' ethical and legal responsibilities regarding implementing appropriate screening procedures, reporting abuse and neglect to the appropriate local and national agencies, and eliminating reporting barriers for all victims across the family violence spectrum.</p>	
2	<p><b>PERIODONTA L</b></p> <p>Oral Systemic Relationship</p> <p>1. Explain why the oral-systemic health connection is important in providing evidence-based care, and discuss how cardiovascular disease, diabetes, and pregnancy can affect oral health.</p> <p>2. Incorporate periodontal-systemic evidence into treatment and practice and educate patients about areas of association between periodontal disease and systemic disease, as well as how these associations influence the patient's risk of developing periodontal disease and/or systemic disease.</p>	<p>DHT CH21 FP CH34</p>



## PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>3. Determine the need for referrals to primary care providers for dental patients with systemic disease.</li> <li>4. Contrast the terms “association” and “causation” between a given factor (A) and a systemic disease (B).</li> <li>5. Educate patients at risk for cardiovascular diseases about the possible impact of periodontal infection on cardiovascular health and encourage oral disease prevention and treatment services.</li> <li>6. Educate pregnant women and those planning pregnancies regarding the possible impact of periodontal infection on pregnancy outcomes and encourage preventive oral care and treatment services.</li> <li>7. Educate patients with diabetes about the probable bidirectional association between periodontal disease and diabetes and encourage oral disease prevention and treatment services.</li> <li>8. Educate family members and caregivers about the association between periodontal disease and pneumonia in health-compromised individuals in hospitals and long-term care facilities.</li> <li>9. Establish collaborative relationships with other health care providers to ensure the highest standard of care for periodontal patients with systemic diseases and conditions.</li> </ol>	
	<p>Local Anesthesia</p> <ol style="list-style-type: none"> <li>1. Describe the physiologic mechanism of nerve conduction.</li> </ol>	DHT 43

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>2. Identify both topical and local anesthetic agents and indications/contraindications for safe and effective use.</li> <li>3. Know the armamentarium components, including the preparation and procedures for the appropriate setup of local anesthesia.</li> <li>4. Identify anatomical landmarks and appropriate nerves associated with specific areas to be anesthetized.</li> <li>5. Determine safe and effective procedural techniques for each type of injection.</li> <li>6. Describe various local and systemic complications that may develop despite careful pre-anesthetic patient assessment and adherence to the recommended procedures for local anesthesia administration.</li> <li>7. List and discuss other trends that promote patient's freedom from pain.</li> </ol>	
3	<p><b>MAXILLOFACIAL SURGERY</b></p> <p>Maxillofacial Surgery</p> <ol style="list-style-type: none"> <li>1. Discuss the role of the dental hygienist in the pre- and post-surgery care of the oral and maxillofacial surgery patient.</li> <li>2. Discuss the pre- and postsurgical care planning for the maxillofacial surgery patient.</li> <li>3. Identify the types of maxillary and mandibular fractures and discuss treatment options.</li> <li>4. Describe the modifications for dental hygiene treatment, diet, and personal oral care procedures needed after maxillofacial surgery.</li> </ol>	CP CH56



PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>5. Explain the dental hygiene care needed before and after general surgery.</li> </ol>	
4	<p><b>ONCOLOGY AND PALLIATIVE ORAL CARE</b></p> <p><b>Cancer Oral Care</b></p> <ol style="list-style-type: none"> <li>1. Explain the incidence of cancer and oral cancer, as well as the risk factors and common signs and symptoms.</li> <li>2. Describe various forms of cancer therapy.</li> <li>3. Discuss various oral complications from cancer treatment, including complications specific to chemotherapy, the rationale for bisphosphonate use, and the potential for osteonecrosis.</li> <li>4. Explain the dental hygiene process of care for patients with cancer before, during, and after cancer therapy in collaboration with the interprofessional oncology team.</li> </ol> <p><b>Palliative Oral Care</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate an understanding of palliative care, including:               <ol style="list-style-type: none"> <li>(a) discussing the purpose of palliative care and its goals based on the World Health Organization; (b) explaining the importance of palliative oral care at end of life.</li> </ol> </li> <li>2. Use knowledge of palliative oral care to accomplish the following: (a) explain standard oral hygiene care; (b) assess signs and symptoms of oral complications commonly found among palliative care patients and intervene appropriately to maximize comfort using oral care.</li> <li>3. Elucidate the role of the dental hygienist as part of the palliative care team.</li> <li>4. Explain the steps of the dental hygiene process of care for patients receiving palliative care.</li> </ol>	DHT 50,52



## PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>Pediatric Workshop II</p> <ol style="list-style-type: none"> <li>1. Define “pharmacosedation” and “iatrosedation.”</li> <li>2. Discuss the importance of iatrosedation and behavioral guidance for pediatric dental patients.</li> <li>3. Describe the role and effect of growth and development in patient behavior and outcomes.</li> <li>4. Discuss the variables that may impact the behavior of pediatric dental patients.</li> <li>5. During role plays or in the clinical setting, demonstrate effective communication with pediatric dental patients and their parents or caregivers.</li> <li>6. Discuss the behavioral guidance strategies for a range of pediatric dental patients representing all stages of growth and development.</li> <li>7. Review the techniques for safe and effective application of distraction techniques with pediatric patients.</li> <li>8. Demonstrate how to perform a knee-to-knee oral screening exam for infants and toddlers, gain access to a child’s mouth, and restrain a child’s body movements during an oral screening exam.</li> <li>9. Describe the normal clinical appearance of the periodontal anatomy surrounding the primary dentition and be able to explain how these features differ from the clinical appearance of the periodontium surrounding the permanent dentition.</li> <li>10. Describe the normal radiographic appearance of the periodontal anatomy surrounding the primary dentition and</li> </ol>	<p>FP CH23,31</p>

PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<p>be able to explain how these features differ from the normal radiographic appearance found around the permanent dentition.</p> <p>11. Explain the differences between a “cold sore” and a “canker sore” and be able to describe treatment strategies for each condition.</p> <p>12. Explain the importance of educating pediatric patients and their caretakers about the relationship between periodontal health and oral development.</p> <p>13. Describe the potential implications of untreated periodontal disease in the pediatric patient.</p> <p>14. Describe the common types of acute periodontal conditions that are seen in the pediatric population.</p> <p>15. Recognize the common forms of periodontal diseases that affect the pediatric patient and be able to detail the treatment regimens to manage each of these conditions.</p>	
6	<p><b>ORTHODONT</b></p> <p><b>ICS</b></p> <p>Orthodontic Workshop</p> <ol style="list-style-type: none"> <li>1. Recognize the key words and terminologies used in orthodontic therapy.</li> <li>2. Explain the advantages and disadvantages of bonded brackets.</li> <li>3. Summarize the clinical procedures for bonding and debonding.</li> <li>4. Develop oral self-care recommendations for the orthodontic patient to address effective biofilm removal and reduce risk for dental caries and periodontal disease.</li> </ol>	<p>CP CH29</p> <p>DHT CH40</p>



PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>5. Discuss malocclusion, including the effects of malocclusion.</li> <li>6. Assess and evaluate the need for a referral for orthodontic care.</li> <li>7. Educate patients and guardians to understand normal developmental changes versus orthodontic needs and describe various orthodontic considerations that affect dental care.</li> <li>8. Describe the biomechanics of tooth movement.</li> <li>9. List and describe the three types of orthodontic treatment.</li> <li>10. Detail the uses of a variety of orthodontic appliances.</li> <li>11. Identify risks associated with orthodontic treatment and communicate how to mitigate or manage the risks.</li> <li>12. Discuss the need for dental collaboration when dealing with alternative orthodontic treatment to address restorative, periodontal, and implant needs.</li> <li>13. Instruct patients on effective self-care regimens.</li> </ol>	
7	<p>Prosthodontic Workshop</p> <ol style="list-style-type: none"> <li>1. Describe the demographics, risk factors, and psychologic factors associated with tooth loss.</li> <li>2. Describe the hard and soft tissue changes associated with tooth extraction.</li> <li>3. List and describe the types of prosthodontic prostheses and discuss the challenges associated with the replacement of missing teeth.</li> </ol>	DHT CH41 CP CH30

## PRACTICE-BASED LEARNING WORKSHOPS AND COMPETENCIES

ROTATION	WORKSHOP TOPICS AND COMPETENCIES	REQUIRED READING
	<ol style="list-style-type: none"> <li>4. Explain implications for dental hygiene care with removable prostheses, including occlusion and fit, irritations, and lesions that can occur.</li> <li>5. Explain the importance of regular professional care and personal home care for individuals with fixed or removable prostheses.</li> <li>6. Discuss the nutritional considerations for individuals with fixed and removable dental prostheses.</li> <li>7. Identify the causes and prevention of tooth loss.</li> <li>8. Describe the anatomic features of an edentulous oral cavity.</li> <li>9. Describe the types and components of fixed and removable oral prostheses.</li> <li>10. Describe the methods for marking a denture for permanent identification.</li> <li>11. Develop an individualized patient oral self-care regimen for fixed and removal prostheses.</li> <li>12. Provide a careful evaluation of an oral prosthesis to include clinical examination of the prosthesis, related soft tissue, and patient concerns.</li> <li>13. Explain the causes and prevention of denture-induced oral lesions.</li> <li>14. List the steps to provide professional cleaning of fixed and removable prostheses.</li> </ol>	



## Appendix-G

### LIST OF ASSIGNED LITERATURE

Advanced Dental Hygiene Practice	<p>1- Endpoints of active periodontal therapy  <a href="https://onlinelibrary.wiley.com/doi/epdf/10.1111/jcpe.13253">https://onlinelibrary.wiley.com/doi/epdf/10.1111/jcpe.13253</a></p> <p>2- Routine scale and polish for periodontal health in adults  <a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004625.pub5/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004625.pub5/full</a></p> <p>3- Adjunctive systemic antimicrobials for the non-surgical treatment of periodontitis  <a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012568.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012568.pub2/full</a></p> <p>4- Laser therapy for dentinal hypersensitivity  <a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009434.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009434.pub2/full</a></p> <p>5- One-to-one oral hygiene advice provided in a dental setting for oral health  <a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007447.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007447.pub2/full</a></p> <p>6- A re-evaluation of scaling and root planning  <a href="https://aap.onlinelibrary.wiley.com/doi/abs/10.1002/JPER.20-0839">https://aap.onlinelibrary.wiley.com/doi/abs/10.1002/JPER.20-0839</a></p> <p>7- Oral Frailty as a Risk Factor for Physical Frailty and Mortality in Community-Dwelling Elderly  <a href="https://academic.oup.com/biomedgerontology/article/73/12/1661/4638577">https://academic.oup.com/biomedgerontology/article/73/12/1661/4638577</a></p> <p>8- Adjunctive laser or antimicrobial photodynamic therapy to non-surgical mechanical instrumentation in patients with untreated periodontitis: A systematic review and meta-analysis  <a href="https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13236">https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13236</a></p> <p>9- Oxidative stress links periodontal inflammation and renal function  <a href="https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13414">https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13414</a></p>
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## LIST OF ASSIGNED LITERATURE

	<p>10- Theory analysis of the Dental Hygiene Human Needs Conceptual Model  <a href="https://onlinelibrary.wiley.com/doi/abs/10.1111/idh.12256">https://onlinelibrary.wiley.com/doi/abs/10.1111/idh.12256</a></p> <p>11- Autofluorescence Detection Method for Dental Plaque Bacteria Detection and Classification.  <a href="https://www.mdpi.com/2304-6767/9/7/74/htm">https://www.mdpi.com/2304-6767/9/7/74/htm</a></p> <p>12- Full-mouth treatment modalities (within 24 hours) for chronic periodontitis in adults  <a href="https://pubmed.ncbi.nlm.nih.gov/25884249/">https://pubmed.ncbi.nlm.nih.gov/25884249/</a></p> <p>13- Laser therapy for recurrent aphthous stomatitis: an overview  <a href="https://link.springer.com/article/10.1007%2Fs00784-019-03144-z">https://link.springer.com/article/10.1007%2Fs00784-019-03144-z</a></p> <p>14- Interventions for managing halitosis  <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6905014/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6905014/</a></p> <p>15- Are oral hygiene instructions with aid of plaque-disclosing methods effective in improving self-performed dental plaque control? A systematic review of randomized controlled trials  <a href="https://pubmed.ncbi.nlm.nih.gov/33638295/">https://pubmed.ncbi.nlm.nih.gov/33638295/</a></p> <p>16- Comparison of the effects of different instrumentation techniques on root surface roughness and cement loss using micro-computerized tomography: An in-vitro study  <a href="https://onlinelibrary.wiley.com/doi/10.1111/idh.12543?af=R">https://onlinelibrary.wiley.com/doi/10.1111/idh.12543?af=R</a></p> <p>17- Novel Approach to Dental Biofilm Management through Guided Biofilm Therapy (GBT): A Review  <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8468826/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8468826/</a></p>
Periodontology	<p>1- 2017 periodontal classification (12 articles)  <a href="https://onlinelibrary.wiley.com/toc/1600051x/2018/45/S20">https://onlinelibrary.wiley.com/toc/1600051x/2018/45/S20</a></p> <p>2- Healing of periodontal infrabony defects following regenerative surgery  <a href="https://www.efp.org/fileadmin/uploads/efp/Documents/JCP_Digest/JCPDissue85series21.pdf">https://www.efp.org/fileadmin/uploads/efp/Documents/JCP_Digest/JCPDissue85series21.pdf</a></p>



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	<p>3-The adjunctive use of host modulators in non-surgical periodontal therapy. A systematic review of randomized, placebo-controlled clinical studies  <a href="https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13232">https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13232</a></p> <p>4-Treatment of stage I–III periodontitis-The EFP S3 level clinical practice guideline <a href="https://pubmed.ncbi.nlm.nih.gov/32383274/">https://pubmed.ncbi.nlm.nih.gov/32383274/</a></p> <p>5-The societal and economic impact of periodontitis  <a href="https://www.efp.org/fileadmin/uploads/efp/Documents/Other_publications/FINAL_article_EIU178_-_Gum_Disease_-_DV5.pdf">https://www.efp.org/fileadmin/uploads/efp/Documents/Other_publications/FINAL_article_EIU178_-_Gum_Disease_-_DV5.pdf</a></p> <p>6-Immunoglobulin G4-related periodontitis: case report and review of the literature <a href="https://pubmed.ncbi.nlm.nih.gov/34049546/">https://pubmed.ncbi.nlm.nih.gov/34049546/</a></p>
<p style="text-align: center;">Maxillofacial Surgery</p>	<p>1- Causes and Outcomes of Dental Malpractice Litigation in the Riyadh Region of the Kingdom of Saudi Arabia  <a href="https://www.karger.com/Article/Pdf/516578">https://www.karger.com/Article/Pdf/516578</a></p> <p>2- Profile in Oral Health; Nose Breathing for Good Health, Fitness and Correct Craniofacial Development by Patrick McKeown  <a href="https://www.dentaltown.com/magazine/article/4553/profile-in-oral-health-nose-breathing-for-good-health-fitness-and-correct-craniofacial-development">https://www.dentaltown.com/magazine/article/4553/profile-in-oral-health-nose-breathing-for-good-health-fitness-and-correct-craniofacial-development</a></p> <p>3- Breathing Re-Education and Phenotypes of Sleep Apnea: A Review  <a href="https://mdpi-res.com/d_attachment/jcm/jcm-10-00471/article_deploy/jcm-10-00471-v2.pdf">https://mdpi-res.com/d_attachment/jcm/jcm-10-00471/article_deploy/jcm-10-00471-v2.pdf</a></p> <p>4- Myofunctional Therapy to Treat Obstructive Sleep Apnea: A Systematic Review and Meta-analysis  <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4402674/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4402674/</a></p> <p>5- New International Classification of Orofacial Pain: What Is in It For Endodontists?  <a href="https://www.sciencedirect.com/science/article/pii/S0099239920309572">https://www.sciencedirect.com/science/article/pii/S0099239920309572</a></p>
<p style="text-align: center;">Pediatric Dentistry</p>	<p>1- Pit-and-fissure sealants on primary molars are a cost savings  <a href="https://jada.ada.org/article/S0002-8177(21)00299-3/fulltext">https://jada.ada.org/article/S0002-8177(21)00299-3/fulltext</a></p>

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	<p>2- Reorienting Oral Health Services to Prevention: Economic Perspectives  <a href="https://journals.sagepub.com/doi/full/10.1177/0022034520986794">https://journals.sagepub.com/doi/full/10.1177/0022034520986794</a></p> <p>3- Is Silver Diamine Fluoride Really a Magic Alternative in Pediatric Caries Management?  <a href="https://www.wjoud.com/doi/WJOUR/pdf/10.5005/jp-journals-10015-1845">https://www.wjoud.com/doi/WJOUR/pdf/10.5005/jp-journals-10015-1845</a></p> <p>4- Effect of probiotics on gingival inflammation and oral microbiota: A meta-analysis  <a href="https://pubmed.ncbi.nlm.nih.gov/33772970/">https://pubmed.ncbi.nlm.nih.gov/33772970/</a></p>
<p style="text-align: center;">Oncology and palliative oral care</p>	<p>1- Interventions for preventing osteoradionecrosis of the jaws in adults receiving head and neck radiotherapy  <a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011559.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011559.pub2/full</a></p> <p>2- MASCC/ISOO Clinical Practice Guidelines for the Management of Mucositis Secondary to Cancer Therapy  <a href="https://acsjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/cncr.33100">https://acsjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/cncr.33100</a></p> <p>3- Uncovering the Facts About Rare Childhood Tongue Cancer  <a href="https://www.joms.org/article/S0278-2391(21)00241-X/fulltext">https://www.joms.org/article/S0278-2391(21)00241-X/fulltext</a></p> <p>4- Human papillomavirus prevalence in oral potentially malignant disorders: Systematic review and meta-analysis  <a href="https://pubmed.ncbi.nlm.nih.gov/32144837/">https://pubmed.ncbi.nlm.nih.gov/32144837/</a></p> <p>5- Staging and grading of oral squamous cell carcinoma: An update  <a href="https://www.sciencedirect.com/science/article/pii/S1368837520302359">https://www.sciencedirect.com/science/article/pii/S1368837520302359</a></p>
<p style="text-align: center;">Prosthodontics</p>	<p>1- Bacteriological Evaluation of Gingival Crevicular Fluid in Teeth Restored Using Fixed Dental Prostheses: An In Vivo Study  <a href="https://www.mdpi.com/1422-0067/22/11/5463">https://www.mdpi.com/1422-0067/22/11/5463</a></p> <p>2- Probing dental implants: with or without prostheses?  <a href="https://www.efp.org/fileadmin/uploads/efp/Documents/JCP_Digest/JCPDi ssue88series21.pdf">https://www.efp.org/fileadmin/uploads/efp/Documents/JCP_Digest/JCPDi ssue88series21.pdf</a></p> <p>3- Recurrent Aphthous Stomatitis: A Review</p>



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	<p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5367879/#:~:text=The%20differential%20diagnosis%20for%20oral%20ulcerations%20includes%20several,for%20aphthous%20stomatitis%20have%20been%20considered%20and%20dismissed.">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5367879/#:~:text=The%20differential%20diagnosis%20for%20oral%20ulcerations%20includes%20several,for%20aphthous%20stomatitis%20have%20been%20considered%20and%20dismissed.</a></p> <p>4- Salivary Gland Diseases <a href="https://pubmed.ncbi.nlm.nih.gov/31735235/">https://pubmed.ncbi.nlm.nih.gov/31735235/</a></p>
Orthodontics	<p>1- Fluorides for preventing early tooth decay (demineralized lesions) during fixed brace treatment <a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003809.pub4/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003809.pub4/full</a></p> <p>2- Periodontal Maintenance Program in Orthodontic Patients <a href="http://asnanportal.com/images/PDF_file/Periodontal_Maintenance_Program_in_Orthodontic.pdf#:~:text=Periodontal%20problems%20are%20commonly%20seen%20during%20and%20post,promotion%20of%20oral%20health%20in%20orthodontically%20treated%20patients.">http://asnanportal.com/images/PDF_file/Periodontal_Maintenance_Program_in_Orthodontic.pdf#:~:text=Periodontal%20problems%20are%20commonly%20seen%20during%20and%20post,promotion%20of%20oral%20health%20in%20orthodontically%20treated%20patients.</a></p> <p>3- Oral and periodontal hygiene in orthodontic patients <a href="https://pubmed.ncbi.nlm.nih.gov/30040617/">https://pubmed.ncbi.nlm.nih.gov/30040617/</a></p> <p>4- Benefits of Using Fluorescence Induced Theragnosis in Fixed Orthodontic Therapy: Status, Technology and Future Trends <a href="https://www.mdpi.com/2304-6767/9/8/90/htm">https://www.mdpi.com/2304-6767/9/8/90/htm</a></p> <p>5- The Effect of Orthodontic Therapy on Periodontal Health: A Review of the Literature <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4060421/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4060421/</a></p> <p>6- The Current Trend in Management of Bruxism and Chronic Pain: An Overview of Systematic Reviews <a href="https://www.dovepress.com/the-current-trend-in-management-of-bruxism-and-chronic-pain-an-overvie-peer-reviewed-fulltext-article-JPR#:~:text=%20The%20Current%20Trend%20in%20Management%20of%2">https://www.dovepress.com/the-current-trend-in-management-of-bruxism-and-chronic-pain-an-overvie-peer-reviewed-fulltext-article-JPR#:~:text=%20The%20Current%20Trend%20in%20Management%20of%2</a></p>

## LIST OF ASSIGNED LITERATURE

	<p>0Bruxism,%28RCTs%29%20were%20included.%20To%20minimize%20the... %20More%20</p> <p>7- Diagnostic Criteria for Temporomandibular Disorders: Assessment Instruments (ARABIC)</p> <p><a href="https://buffalo.app.box.com/s/3ztw0dqicmnkx99epgpq5hvakorancsh">https://buffalo.app.box.com/s/3ztw0dqicmnkx99epgpq5hvakorancsh</a></p>
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### Appendix-H

UNIVERSAL TOPICS AND COMPETENCIES		
MODULE	TOPIC	COMPETENCIES
1- Introduction	2- Hospital Acquired Infections	<ul style="list-style-type: none"> <li>a) Discuss the epidemiology of HAI with special reference to HAI in Saudi Arabia.</li> <li>b) Recognize HAI as one of the major emerging threats in healthcare.</li> <li>c) Identify the common sources and set-ups of HAI.</li> <li>d) Describe the risk factors of common HAIs such as ventilator associated pneumonia, MRSA, CLABSI, Vancomycin Resistant Enterococcus (VRE).</li> <li>e) Identify the role of healthcare workers in the prevention of HAI.</li> </ul>
2- Cancer	6- Principles of Management of Cancer	<ul style="list-style-type: none"> <li>a) Discuss the basic principles of staging and grading of cancers.</li> <li>b) Enumerate the basic principles, (e.g., indications, mechanism, types) of:                             <ul style="list-style-type: none"> <li>b. Cancer surgery</li> <li>c. Chemotherapy</li> <li>d. Radiotherapy</li> <li>e. Immunotherapy</li> </ul> </li> </ul>



## UNIVERSAL TOPICS AND COMPETENCIES

MODULE	TOPIC	COMPETENCIES
		f. Hormone therapy
	7- Side Effects of Chemotherapy and Radiation Therapy	c) Describe important side effects (e.g., frequent or life or organ threatening) of common chemotherapy drugs. d) Explain principles of monitoring of side-effects in a patient undergoing chemotherapy. e) Describe measures (pharmacological and non-pharmacological) available to ameliorate side-effects of commonly prescribed chemotherapy drugs. f) Describe important (e.g., common and life-threatening) side effects of radiation therapy. g) Describe measures (pharmacological and non-pharmacological) available to ameliorate side-effects of radiotherapy.
	8- Oncologic Emergencies	a) Enumerate important oncologic emergencies encountered both in hospital and ambulatory settings. b) Discuss the pathogenesis of important oncologic emergencies. c) Recognize the oncologic emergencies. d) Institute immediate measures when treating a patient with oncologic emergencies. e) Counsel the patients in anticipatory manner to recognize and prevent oncologic emergencies.
	9- Cancer Prevention	a) Conclude that many major cancers are preventable.

## UNIVERSAL TOPICS AND COMPETENCIES

MODULE	TOPIC	COMPETENCIES
		<ul style="list-style-type: none"> <li>b) Identify smoking prevention and life-style modifications as major preventable measures.</li> <li>c) Recognize cancers that are preventable.</li> <li>d) Discuss the major cancer prevention strategies at the individual as well as national level.</li> <li>e) Counsel patients and families in a proactive manner regarding cancer prevention including screening.</li> </ul>
	10- Surveillance Follow-up of Cancer Patients	<ul style="list-style-type: none"> <li>a) Describe the principles of surveillance and follow-up of patients with cancer.</li> <li>b) Enumerate the surveillance and follow-up plan for common forms of cancer.</li> <li>c) Describe the role of primary care physicians, family physicians, and similar others in the surveillance and follow-up of cancer patients.</li> <li>d) Liaise with oncologists to provide surveillance and follow-up for patients with cancer.</li> </ul>
3- Diabetes and Metabolic Disorders	11- Recognition and Management of Diabetic Emergencies	<ul style="list-style-type: none"> <li>a) Describe pathogenesis of common diabetic emergencies including their complications.</li> <li>b) Identify risk factors and groups of patients vulnerable to such emergencies.</li> <li>c) Recognize a patient presenting with diabetic emergencies.</li> <li>d) Institute immediate management.</li> <li>e) Refer the patient to appropriate next level of care.</li> <li>f) Counsel patients and families to prevent such emergencies.</li> </ul>



## UNIVERSAL TOPICS AND COMPETENCIES

MODULE	TOPIC	COMPETENCIES
	12- Management of Diabetic Complications	<ul style="list-style-type: none"> <li>a) Describe the pathogenesis of important complications of Type 2 diabetes mellitus.</li> <li>b) Screen patients for such complications.</li> <li>c) Provide preventive measures for such complications.</li> <li>d) Treat such complications.</li> <li>e) Counsel patients and families with special emphasis on prevention.</li> </ul>
	13- Comorbidities of Obesity	<ul style="list-style-type: none"> <li>a) Screen patients for presence of common and important comorbidities of obesity.</li> <li>b) Manage obesity related comorbidities.</li> <li>c) Provide dietary and life-style advice for prevention and management of obesity.</li> </ul>
6- Frail Elderly	27- Assessment of Frail Elderly	<ul style="list-style-type: none"> <li>a) Enumerate the differences and similarities between the comprehensive assessment of elderly and assessment of other patients.</li> <li>b) Perform comprehensive assessment, in conjunction with other members of health care team, of a frail elderly with special emphasis on social factors, functional status, quality of life, diet and nutrition, and medication history.</li> <li>c) Develop a problem list based on the assessment of the elderly.</li> </ul>
	30- Care of the Elderly	<ul style="list-style-type: none"> <li>a) Describe the factors that need to be considered while planning care for the elderly.</li> <li>b) Recognize the needs and well-being of caregivers.</li> </ul>

UNIVERSAL TOPICS AND COMPETENCIES		
MODULE	TOPIC	COMPETENCIES
		<ul style="list-style-type: none"> <li>c) Identify the local and community resources available in the care of the elderly.</li> <li>d) Develop, with input from other health care professionals, individualized care plan for an elderly patient.</li> </ul>
7- Ethics and Healthcare	31- Occupational Hazards of HCW	<ul style="list-style-type: none"> <li>a) Recognize common sources and risk factors of occupational hazards among the HCW.</li> <li>b) Describe common occupational hazards in the workplace.</li> <li>c) Develop familiarity with legal and regulatory frameworks governing occupational hazards among the HCW.</li> <li>d) Develop a proactive attitude to promote workplace safety.</li> <li>e) Protect oneself and colleagues against potential occupational hazards in the workplace.</li> </ul>
	32- Evidence-Based Approach to Smoking Cessation	<ul style="list-style-type: none"> <li>a) Describe the epidemiology of smoking and tobacco usage in Saudi Arabia.</li> <li>b) Review the effects of smoking on the smoker and family members.</li> <li>c) Effectively use pharmacologic and non-pharmacologic measures to treat tobacco usage and dependence.</li> <li>d) Effectively use pharmacologic and non-pharmacologic measures to treat tobacco usage and dependence among special population groups such as pregnant ladies, adolescents, and patients with psychiatric disorders.</li> </ul>



## UNIVERSAL TOPICS AND COMPETENCIES

MODULE	TOPIC	COMPETENCIES
	33- Patient Advocacy	<ul style="list-style-type: none"> <li>a) Define patient advocacy.</li> <li>b) Recognize patient advocacy as a core value governing medical practice.</li> <li>c) Describe the role of patient advocates in the care of the patients.</li> <li>d) Develop a positive attitude towards patient advocacy.</li> <li>e) Be a patient advocate in conflicting situations.</li> <li>f) Be familiar with local and national patient advocacy groups.</li> </ul>
	34- Ethical Issues: Transplantation/Organ Harvesting; Withdrawal of Care	<ul style="list-style-type: none"> <li>a) Apply key ethical and religious principles governing organ transplantation and withdrawal of care.</li> <li>b) Discuss the legal and regulatory guidelines regarding organ transplantation and withdrawal of care</li> <li>c) Counsel patients and families in the light of applicable ethical and religious principles</li> <li>d) Guide patients and families to make informed decisions</li> </ul>
	35- Ethical Issues: Treatment Refusal; Patient Autonomy	<ul style="list-style-type: none"> <li>a) Predict situations where a patient or family is likely to decline prescribed treatment.</li> <li>b) Describe the concept of “rational adult” in the context of patient autonomy and treatment refusal.</li> <li>c) Analyze key ethical, moral, and regulatory dilemmas in treatment refusal.</li> </ul>

UNIVERSAL TOPICS AND COMPETENCIES		
MODULE	TOPIC	COMPETENCIES
		<p>d) Recognize the importance of patient autonomy in the decision-making process.</p> <p>e) Counsel patients and families declining medical treatment in the light of best interest of patients.</p>
	36- Role of Doctors in Death and Dying	<p>a) Recognize the key role a doctor can play during a dying process.</p> <p>b) Provide emotional as well as physical care to a dying patient and family.</p> <p>c) Provide appropriate pain management in a dying patient.</p> <p>d) Identify suitable patients and refer to patients to palliative care services.</p>

## Appendix-I

### Clinical Requirement – 180 patients

#### 1- Advanced Dental Hygiene Care - 50 patients

- 40 MCP: cardiovascular, diabetic, autoimmune, transplant, disability, orofacial cleft, and kidney disease.
- 10 pregnancy cases.
- 10 geriatrics cases.
- 5 in-office vital teeth bleaching cases.
- 5 laser therapy cases.

#### 2- Periodontology\* - 30 patients

- 10 cases of CLASS 2 GRADE 2,3
- 20 cases of CLASS 3 GRADE 1–3



- 20 cases of CLASS 4 GRADE 1–3

\*Remember that a patient's periodontal condition is always changing. Previous periodontal findings should be considered as guidelines when scheduling patients to meet clinical requirements.

3- Maxillofacial surgery - 10 patients

4- Oncology and palliative care - 25 patients

- 10 head and neck cancer cases
- 5 hematologic cancers cases
- 10 cancers affecting the rest of the body cases.

5- Prosthodontics - 25 patients

- 10 cases with removable prostheses
- 10 cases with fixed prostheses
- 5 full denture cases

6- Orthodontics - 20 patients

7- Pediatric dentistry - 20 patients

- 3 MCP cases.
- 10 fissure sealants cases.
- 7 uncooperative cases.

## Appendix-J

### REFERENCES

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