PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

POLICIES AND PROCEDURE MANUAL

OF THE

PARKLAND COLLEGE

DENTAL HYGIENE PROGRAM

2017-2018

[1]
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IV. Appeals
Welcome to the Parkland College Dental Hygiene Program. This program offers students an opportunity to learn the theory, skills, and values to practice as a competent, licensed and professional dental hygienist.

This Policy and Procedure Manual has been prepared to assist you as you progress through the Parkland College Dental Hygiene Program. It is intended to be used in addition to your Clinical Handbook, Pre-Clinic Guidebook, each course syllabi, and information on the Cobra Learning Management System. Thorough understanding of the profession of dental hygiene, as well as program expectations are essential for successful completion of the program. It is your responsibility to abide by the contents of this manual.

The manual and the policies and procedures are subject to regular update by the college and/or program faculty.

I. Parkland College Dental Hygiene Program

Parkland College Mission
The mission of Parkland College is to engage the community in learning.

Parkland College Core Values
We believe strongly in the Core Values espoused by Parkland College: Honesty and Integrity, Fairness and Just Treatment, Responsibility, Multiculturalism, Education, and Public Trust.

Parkland College Civility Statement
Our College Core Values of fair and just treatment and responsibility serve as guide posts for civility. Parkland College is committed to campus wide civility by cultivating a community where the faculty, staff, and students:

- Respect people and property
- Show empathy and tolerance
- Demonstrate concern for and fairness towards others
- Employ critical thinking and patience
- Accept accountability for their actions.

Philosophy, Goals and Values
The present statement of philosophy of the Dental Hygiene Program is consistent with that of Parkland College. The purpose of the Dental Hygiene Program is to provide a balanced curriculum of general education and dental hygiene knowledge and skills, which will enable qualified persons to become dental hygiene practitioners in a variety of settings.

In keeping with the philosophy of Parkland College, the Dental Hygiene Program faculty believe the student is a unique, thinking, feeling individual. The role of the faculty is to facilitate the student’s optimal intellectual and professional development.

Education is a social process in which the instructors strive to pass on standards of their professions to their students. The Dental Hygiene Program faculty believes that each student should render his/her best service at all times in order to advance the public interest. Through their guidance, the faculty hope that
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each student will develop an appreciation for quality dental health care and will strive at all times to provide this care for his/her patients.

The Parkland College Dental Hygiene Program’s goals are as follows:

1. The program will provide career education to prepare entry-level dental hygienists. The students will possess the knowledge, skills, values and ethics to practice the dental hygiene process of care. (Teaching, Patient Care, Research, Service)

2. The program will provide the community with excellent dental hygiene patient care that is in the best interest of the patient, appropriate and complete. (Teaching, Patient care, Research, Service)

3. The program will provide instruction in research principles, research analysis and interpretation to enable a commitment to evidence-based decision making and lifelong learning. (Teaching, Patient Care, Research)

4. The program will promote beneficence by participation in community health promotion and outreach services. (Teaching, Patient Care, Service)

**Scope of Practice of Dental Hygienists**

*Standards for Clinical Dental Hygiene Practice, 2016*

Dental hygiene practice as defined by the American Dental Hygiene Association, “Standards for Clinical Dental Hygiene Practice” revised 2016, states, “Dental hygiene is the science and practice of recognition, prevention and treatment of oral diseases and conditions as an integral component of total health. The dental hygienist is a primary care oral health professional who has graduated from an accredited dental hygiene program in an institution of higher education, licensed in dental hygiene to provide education, assessment, research, administrative, diagnostic, preventive and therapeutic services that support overall health through the promotion of optimal oral health. In practice, dental hygienists integrate multiple roles to prevent oral diseases and promote health.”

Dental hygienists work in partnership with all members of the dental team. Dentists and dental hygienists practice together as colleagues, each offering professional expertise for the goal of providing optimum oral health care to the public. The distinct roles of the dental hygienist and dentist complement and augment the effectiveness of each professional and contribute to a collaborative environment. Dental hygienists are viewed as experts in their field; are consulted about appropriate dental hygiene interventions; are expected to make clinical dental hygiene decisions; and are expected to plan, implement, and evaluate the dental hygiene component of the overall care plan. All states define their specific dental hygiene practice scope and licensure requirements.

Dental hygienists can apply their professional knowledge and skill in a variety of work settings as clinicians, educators, researchers, administrators, entrepreneurs, and public health professionals, and as employees in corporate settings. The private dental office continues to be the primary place of employment for dental hygienists. However, never before has there been more opportunity for professional growth. Clinical dental hygienists may be employed in a variety of health care settings including, but not limited to, private dental offices, schools, public health clinics, hospitals, managed care organizations, correctional institutions, or nursing homes.

**Professional Values**

The Parkland College Dental Hygiene Program Faculty follows the ADEA Statement on Professionalism in
VALUES DEFINING PROFESSIONALISM IN DENTAL EDUCATION

**Competence:** Acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.

**Fairness:** Demonstrating consistency and even-handedness in dealings with others.

**Integrity:** Being honest and demonstrating congruence between one’s values, words, and actions.

**Responsibility:** Being accountable for one’s actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.

**Respect:** Honoring the worth of others.

**Service-mindedness:** Acting for the benefit of the patients and the public we serve, and approaching those served with compassion.

The statements were evaluated and modified by the Parkland College Dental Hygiene Faculty to reflect our values when practicing dental hygiene. Because the faculty believes that the values listed are fundamental to the practice of dental hygiene, the students will be evaluated according to these values each semester. Students will be able to learn their strengths and begin to improve on any weaknesses. Students are expected to demonstrate competence of the knowledge and values of the following dental hygiene professional standards.

1. Exposure Control-Values the dental hygienist’s role in preventing disease transmission and maintains a safe clinical environment that minimizes risk of harm to patients, clinicians, and all members of the dental team as demonstrated by:

   - Following established guidelines in the Parkland College Clinical Handbook, the Policy and Procedures Manual, the Centers for Disease Control and Prevention (CDC) Infectious Disease Control Guidelines, and current Occupational Safety and Health Administration (OSHA) mandates.
   - Promoting disease transmission prevention by all persons using the clinical facilities.

2. Initiative-Values the need for being dependable and self-directing when performing dental hygiene treatment or other duties as demonstrated by:

   - Being prompt and punctual for clinical sessions
   - Being prepared for patient treatment procedures
   - Requiring minimal help or direction from instructors for routine tasks
   - Using unscheduled time to maintain equipment, assist the clinic assistant (CA) or other clinicians.

3. Dental Hygiene Treatment-Values the need for being efficient and thorough when performing dental hygiene treatment and other duties as demonstrated by:

   - Using initiative to perform appropriate procedures without direct supervision
   - Using effective patient/operator positioning
   - Using sharp, well-maintained instruments
   - Applying time/motion management skills
   - Anticipating the need for and securing the appropriate forms and documentation
4. Medical History/Emergencies-Values the dental hygienist’s role in preventing and managing emergencies as demonstrated by:

- Maintaining CPR certification
- Reviewing the medical history prior to treatment to screen for medical conditions that may lead to an emergency situation (i.e. high blood pressure, asthma, allergies, etc.)
- Informing the instructor and dentist of a medical condition that may lead to an emergency situation
- Acting to prevent the development of a condition that may jeopardize a patient’s health
- Postponing treatment for patients when an active disease state exists

5. Documentation-Values thorough documentation of patient assessment, dental hygiene diagnosis, treatment planning, treatment implementation, treatment evaluation and self-evaluation of treatment rendered as demonstrated by:

- Completing and updating the summary of the oral condition
- Formulating, recording and modifying as necessary, an appropriate treatment plan for each individual based on the assessment.
- Evaluating the results of dental hygiene care and any necessary changes.
- Self-evaluating technical skill and patient care decisions, as appropriate.
- Reviewing all documentation with an instructor or dentist, as appropriate.
- Recommending further patient care based on individual needs.

6. Standard of Care-Values the patient’s right to dental hygiene treatment consistently provided at an acceptable standard of care as demonstrated by:

- Providing each patient with appropriate information and education necessary to make informed decisions about their oral care.
- Including and encouraging each patient to participate in making decisions about treatment procedures, goals and individual homecare.
- Causing no unnecessary discomfort to the patient during treatment.
- Limiting personal conversations and remaining focused on the treatment during instructor/patient interactions.

7. Professional/Ethical Behavior-Values the principles of professional and ethical behavior when providing patient care and interacting with all members of the healthcare team as demonstrated by:

- Being respectful in all interactions.
- Being non-prejudicial in all interactions.
- Being kind and compassionate in all interactions.
- Placing patient’s needs above one’s own needs.
- Showing concern for quality patient care over concern for a grade.
- Being honest in all dealings with patients, peers, faculty and staff.
- Respecting the confidentiality of patient records.
- Accepting responsibility for one’s own actions.
ADHA CODE OF ETHICS FOR DENTAL HYGIENISTS

1. **Preamble**

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

2. **Purpose**

   The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession.

   Specific objectives of the Dental Hygiene Code of Ethics are:

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

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

3. **Key Concepts**

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

4. **Basic Beliefs**

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

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

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

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

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

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

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

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

6. **Core Values**
We acknowledge these values as general for our choices and actions.

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

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

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

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

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

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

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

### 7. Standards of Professional Responsibility

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

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

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

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

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

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

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

To the Dental Hygiene Profession...
• Participate in the development and advancement of our profession.
• Avoid conflicts of interest and declare them when they occur.
• Seek opportunities to increase public awareness and understanding of oral health practices.
• Act in ways that bring credit to our profession while demonstrating appropriate respect for colleagues in other professions.
• Contribute time, talent, and financial resources to support and promote our profession.
• Promote a positive image for our profession.
• Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

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

To Scientific Investigation...

- We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects.
- We acknowledge our ethical obligations to the scientific community:
  - Conduct research that contributes knowledge that is valid and useful to our clients and society.
  - Use research methods that meet accepted scientific standards.
  - Use research resources appropriately.
  - Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
  - Submit all proposals involving human subjects to an appropriate human subject review committee.
  - Secure appropriate institutional committee approval for the conduct of research involving animals.
  - Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46.
  - Respect the confidentiality and privacy of data.
  - Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.

Parkland College Graduates’ Competencies for Entry-Level Dental Hygienists

A major competency is the ability to perform or provide a particular, but complex, service or task. The complexity of the competency suggests that multiple and more specific abilities are required to support the performance of any major competency.

A supporting competency requires foundational knowledge and is a subdivision of a major competency. The supporting competency identifies specific abilities to be performed related to the specific service or task.

I. Professionalism and Ethics

A. The graduate must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management. Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

  1. Apply the professional ADHA Code of Ethics in all endeavors.
2. Assume responsibility for professional actions and care based on accepted scientific theories, research, and accepted standards of care.
3. Apply the principles of ethical decision-making with patients and members of the healthcare team.
5. Provide humane and compassionate care to all patients, maintaining honesty and confidentiality in all interactions.

B. The graduate must demonstrate competence in interpersonal and communication skills to interact with diverse populations and other members of the healthcare team.

1. Serve all patients without discrimination by acknowledging and appreciating diversity.
2. Communicate professional knowledge, verbally, in writing and electronically, considering health literacy and the needs of the patient.
3. Communicate the plan with the interdisciplinary team to determine its congruence with the overall plan for systemic and/or oral health.
4. Provide accurate documentation, in writing and/or electronically, that is appropriate and complete.

C. The graduate must be competent in the evaluation of current scientific literature.

1. Critically analyze scientific literature and apply information to the evidence-based practice of dental hygiene.
2. Evaluate the safety and efficacy of oral health products, interventions and treatments.

D. The graduate must be competent in the application of self-assessment skills to prepare them for life-long learning.

1. Assume the roles of the professional dental hygienist as defined by the ADHA. (Clinician, Corporate, Public Health, Researcher, Educator, Administrator, Entrepreneur)
2. Continuously perform self-assessment, committing to lifelong learning and professional growth.
3. Advance the values of the profession and the oral health of the public through service, leadership, and affiliations with professional and public organizations.

II. Dental Hygiene Process of Care

A. Graduates must be competent in providing dental hygiene treatment needs for the child, adolescent, adult and geriatric patient.
Graduates must be competent in assessing the treatment needs of patients with special needs.
Graduates must be competent in providing the dental hygiene process of care.
Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease. Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice. Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

1. Assessment: The dental hygienist must be able to systematically collect, analyze, and record data to identify patient needs and oral health problems.
   a. Obtain, review, and update a complete medical, dental and personal history including assessment of vital signs.
   b. Perform a comprehensive extra/intra oral examination using periodontal and dental examinations, radiographs, indices, and other data collection procedures to assess the patient’s needs.
   c. Recognize predisposing and etiologic risk factors that require intervention to prevent disease (i.e. caries, periodontal disease, tobacco, systemic diseases)

2. Dental Hygiene Diagnosis and Planning: The dental hygienist must be able to establish a dental hygiene diagnosis and care plan that reflects realistic goals and treatment strategies to facilitate optimal oral health.
   a. Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.
   b. Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient’s dental hygiene care needs.
   c. Establish oral health goals with the patient, family and/or guardian as active participant.
   d. Establish a dental hygiene treatment plan and sequence of clinical and educational dental hygiene services based on assessment of oral conditions, risk factors, patient goals, needs and preferences, and treatment modalities.
   e. Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.
   f. Obtain informed consent based on an appropriate comprehensive treatment plan and case presentation.

3. Implementation: The dental hygienist must be able to provide patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health.
   a. Utilize accepted infection control procedures within compliance with OSHA and CDC.
   b. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral
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conditions. Dental hygiene interventions include, but are not limited to the following: periodontal debridement and scaling, application of chemotherapeutic agents, fluoride therapy, application of pit and fissure sealants, polishing, care of oral prostheses, care and maintenance of restorations, health education and preventive counseling, and nutritional counseling related to oral and systemic health.

c. Control pain and anxiety during treatment through the use of accepted clinical and behavior techniques, including nitrous oxide sedation and local anesthesia.
d. Provide patient applied tooth whitening agents including: fabrication of custom bleaching trays, patient application information, follow up care, and use of over-the-counter whitening products.
e. Manage medical emergencies, should they occur in the patient care environment, and maintain basic life support.

4. Evaluation: The dental hygienist must be able to evaluate the extent to which the goals identified in the dental hygiene care plan were achieved.
   a. Evaluate the clinical outcomes of dental hygiene interventions using indices, instruments and examination techniques and patient feedback to determine improvement of patient health.
   b. Determine subsequent treatment needs and continuing care (recare) intervals and inform the patient.
   c. Provide subsequent treatment and/or referrals based on evaluation findings.
   d. Evaluate patient satisfaction with the oral health care received and the oral health status achieved.

5. Documentation: The dental hygienist must be able to produce complete and accurate recordings of the patients’ information, interactions, assessment data, treatment and treatment outcomes.
   a. Produce complete and accurate recording or patient assessment information.
   b. Record information pertaining to patient verbal interactions.
   c. Record information pertaining to patient assessment data including indices.
   d. Record information pertaining to patient treatment provided.
   e. Record information pertaining to patient treatment outcomes obtained from subsequent visits.

III. Health Promotion and Disease Prevention

A. Graduates must be competent in assessing, planning, implementing and evaluating community-based oral health programs including health promotion and disease prevention activities.
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1. Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
2. Participate in planning, implementation and evaluation phases of community-based oral health programs.
3. Present educational information to diverse client populations, in a variety of settings, using appropriate teaching strategies.
4. Provide community oral health services in a variety of settings.

Program Accreditation

The Parkland College Dental Hygiene Program is accredited by the Commission on Dental Accreditation and has been granted accreditation status of “approval without reporting requirements.” The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611-2678. The Commission’s web address is http://www.ada.org/en/coda
## Program Admission

**Essential Qualifications** Students matriculating in and graduating from a Parkland College (Dental Hygiene) health career program must be able to meet the Essential Requirements of the academic program and must not pose a threat to the well-being of patients, other students, staff, or themselves. As an incoming dental hygiene student you will need, at a minimum, the following types of skills and abilities and will need to maintain and demonstrate these abilities throughout the program. The student must have the ability to perform the following with or without reasonable accommodations:

<table>
<thead>
<tr>
<th>Essential Qualifications</th>
<th>Behaviors</th>
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<tbody>
<tr>
<td>1. Cognitive</td>
<td>Learn and perform quickly without repetition of instructions. Utilize a variety of teaching/learning methods and strategies in both individual and collaborative learning situations. Engage in decision-making and problem-solve in stressful situations. Access, evaluate, and use a variety of information resources such as library services, electronic catalogs, databases in an efficient, ethical and legal manner. Demonstrate the ability to self-reflect and respond to feedback. Comp I, II, III</td>
</tr>
<tr>
<td>2. Affective</td>
<td>Demonstrate professional attitudes including but not limited to excellence, accountability, initiative, responsibility, honesty, service, integrity, respect for others and compassion. Comp I.A, D, II, III</td>
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<tr>
<td>3. Psychomotor</td>
<td>Stoop, bend, reach, pull and push with full range of motion of body joints. Sit for long periods of time. Repeat same motions. Maintain adequate skin integrity, without the presence of open, weeping lesions of the skin. Provide direct patient care and cardiopulmonary resuscitation (as needed). Distinguish right from left. Utilize fine motor skills, such as finger dexterity and eye-hand coordination for manipulation of the x-ray equipment, to grasp and hold a variety of dental instruments, to perform data entry on a computer, for patient assistance and written communication. Comp II</td>
</tr>
<tr>
<td>4. Communication</td>
<td>Utilize the English language to communicate effectively in a rational, coherent manner with others, both orally and in writing, with individuals of all professions and social levels. Comp I.B, II, III</td>
</tr>
<tr>
<td>5. Sensory/Observation</td>
<td>Examine and critically analyze images or other forms of output created by diagnostic equipment. Observe and assess a patient with functional visual and auditory acuity to sufficiently assist and perform diagnostic procedures. Effectively attend to multiple features of a task, while focusing on personal and/or group interaction, and use divided/alternating attention between two or more tasks in a quick and safe manner. Comp II</td>
</tr>
<tr>
<td>6. Behavioral/Emotional</td>
<td>Maintain composure when subjected to high stress levels. Respond in an emotionally controlled manner in learning situations and emergencies. Refrain from intoxication or personal misuse of any drugs in such a manner as to adversely affect performance or activities in the classroom, lab or clinical setting. Comp II</td>
</tr>
<tr>
<td>7. Professional Conduct</td>
<td>Organize and efficiently use time to prepare for class and clinical. Maintain punctuality, positive work attitude and respect for others, professionalism and the ability to interact with persons of diverse backgrounds. Access transportation to attend classes and clinical assignments in a timely manner. Recognize and abide by the ADHA Code of ethics regarding education, licensure, quality patient care, and responsibility of actions toward ourselves, family, friends, clients, colleagues, employers, community and</td>
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society. Deliver appropriate and compassionate care to all patients, maintaining honesty and confidentiality. Commit to lifelong learning to maintain competence. Comp I, II, III

8. Criminal Background Checks

No disqualifying conditions according to IDFPR which may prevent Illinois state licensure at time of application.

**Advanced Standing: Transfer or Credit**

Students requesting advance standing via transfer or credits from another dental hygiene program will be considered for admission if the following requirements are met:

1. Previous program was accredited by the American Dental Association Commission on Accreditation.
2. Student’s GPA is “B” or above in the Dental Hygiene courses
3. No more than three years has lapsed since attendance in previous program
4. The number of credit hours for each course is equivalent to those required in the Parkland College Dental Hygiene Program.

Students must submit a request for admission, in writing, to the program director. Students must forward a copy of transcripts and the previous program’s dental hygiene catalog page from the college they attended to the program director. The faculty may place certain requirements on the student which must be fulfilled prior to admission, i.e., completion of BIO 122 with a “C” or better grade, counseling, attendance records, etc.

The following options may apply to course work:

1. Lecture content proficiency exam can be taken if student has previously achieved at least a “C” or better grade in a course with the same or similar title and description.
2. Laboratory experience must be completed as an Independent Study
3. No proficiency credit is given
4. Laboratory proficiency exam can be taken if student has previously achieved at least a “C” grade in a course with the same or similar title and description.
5. Course accepted if less than three years old
6. Clinic experience must be completed as Independent Study.

The maximum number of credit hours, if all proficiencies are passed, could be 21 hours.

**Professional Liability Insurance**

Student insurance information. All dental hygiene students are required to carry professional liability (malpractice) insurance prior to beginning patient treatment in the clinic each year. The cost of this insurance is included in the course fee for DHG 114, Pre-Clinic for the first year, and for DHG 218, Clinic III for the second year.

Student professional liability insurance for second year students expires on the last day of DHG 219, Clinic IV.

Students are responsible for purchasing liability insurance coverage prior to their candidacy for clinical examinations, if taken after graduation.

Students are advised to carry personal medical insurance to cover accidents or other health problems.
Mandated Reporter

Elder and Child Abuse Reporting

“Pursuant to Public Act 91-0244, effective January 1, 2000 if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to Department on Aging at 1-800-252-8966.”

“Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the Department of Children and Family Services at 1-800-25abuse.”

Illinois Department of Professional Regulation/Dental Hygiene Licensure

Health Requirements

Personal Health
Good personal health is necessary for dental hygiene students.
Students who become ill and cannot attend class must follow the absence policy from each course syllabi for each course to be missed.
Students who experience an extended illness must discuss possible alternative arrangements for completing course requirements with the course instructor and Program Director.

Pregnancy
A student must notify the program director as soon as pregnancy is determined. Confidentiality will be maintained, but the safety of the student/fetus is most important. The student will meet with the program director and the Dean of Students.
Students may be exposed to radiation, bacteria and chemicals. These agents may be hazardous to a developing fetus. Students are informed of these work-related hazards and will not hold the program or Parkland College responsible for any harm done to themselves or their child. A statement will be signed by the student acknowledging this. An additional radiation badge will be provided as needed.
Title IX of the Education Amendments of 1972 provides pregnant students with certain rights regarding their education. For information, contact Dr. Marietta Turner, Dean of Students at 217-351-2505 or via email at mturner@parkland.edu.

Children
Students are not allowed to bring children to class, labs or clinics. (Parkland College Catalog)

Chronic Communicable Diseases
Students who contract a communicable disease or manifest an active lesion must inform the lead course instructor and program director. Appropriate precautions and/or postponement of patient treatment will be decided upon by the lead instructor and program directors. (Flu, mono, salmonella, chicken pox, mumps)

Parkland College places a high priority on the need to prevent the spread of chronic communicable diseases on campus. The College is committed to educating its staff, students and the community about communicable diseases. (See Parkland College Student Handbook)
Communicable Disease Policy

Policy 3.05 2017

The Illinois Department of Public Health (IDPH) has specified disease which are contagious, infectious, communicable, and dangerous to the public health in Section 690.100 of the Rules and Regulations for the Control of Communicable Diseases. The purpose of this policy is to insure College compliance with those and other existing state and federal rules, regulations, and laws.

Parkland College places a high priority on protecting the health and safety of its campus community and aims to reduce communicable disease exposure risk without unlawfully discriminating in enrollment or employment practices. To that end, Parkland College will adhere to the following guidelines:

1. Parkland College will be in full compliance with the Americans with Disabilities Act (ADA) as it relates to those students and employees who have communicable diseases. Any college decisions made resulting from a student or employee’s health-related circumstances will be made with input from the office of Disability services and will depend on each unique instance, applicable confidentiality considerations, and relevant medical facts.

2. Parkland College will follow guidelines as directed by the Illinois Department of Public Health.

3. Parkland College will consider the welfare of the campus community while respecting the privacy and needs of the individuals involved.

4. Parkland College will make available to all members of the college community educational opportunities about disease transmission and prevention and will encourage preventive measures including, but not limited to, immunizations against meningitis and flu as recommended by the Centers for Disease Control and the American College Health Association.

5. Parkland College will provide appropriate and non-discriminatory services for persons living with infectious disease(s).

6. Parkland College will comply with NCAA regulations to reduce infection risk for those students involved in varsity and intramural contact sports.

7. Parkland College will follow occupational safety and health standards mandated under federal and state law with regard to the transmission of blood-borne pathogens in an effort to prevent transmission of disease in classrooms, laboratories, and work spaces as outlined in the Exposure Control Plan. This compliance will be coordinated by the Wellness Coordinator.

8. Parkland College will, when necessary, isolate infected persons and/or quarantine their contacts in accordance with the Illinois Department of Public Health guidelines and within the parameters of the College Emergency Plan as managed by the Crisis Management Team.

9. The Vice President for Student Services will administer this policy subject to applicable personnel policies and collective bargaining agreements. Any actions undertaken pursuant to this policy will be in accordance with applicable federal and state laws. Parkland College policies and the best interest of all parties involved. The Vice President for Student Services will also act as a spokesperson for the campus regarding all communicable disease policy-related decisions and/or changes.
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

Hepatitis Vaccine
Students are required to receive/begin the series of the hepatitis B vaccine before entering the program. Appropriate vaccine follow up is also required. Documentation is uploaded to www.mycb.castlebranch.com. Failure to comply will prevent the student from attending any clinical course. If you are not able to complete the entire series of 3 hepatitis B immunizations, then you will need to submit a declination form but, for your protection, complete the series as scheduled. http://www.parkland.edu/academics/departments/health/forms.aspx

TB Testing
Parkland requires an initial two-Step TB test or documentation of three successive annual tests. Documentation of three annual TB tests must be completed in the last three years. Yearly updates will require a single one step test only. TB results must state if results are positive or negative to be accepted.
1. Due to the shortage of TB test serum, the QuantiFERON-TB blood test is an acceptable option. Be sure to request a copy of the lab result for submission.

Previous Positive TB Test
If you have had a positive T.B. test in the past, you will need to submit a copy of a follow-up x-ray report. You do not need another chest x-ray unless you have symptoms. Your health care provider must document you are currently symptom free when they do the physical examination to meet this requirement.
Must be current through the entire semester you are entering. You may need to renew before it is actually due and before you are notified by Castle Branch to renew.

Renewal Schedule for TB and CPR:
- if administered between January and April, the renewal will be set for 12/15 of the same year
- if administered between May and August, the renewal will be set for 5/15 of the following year
- if administered between September and November, the renewal will be set for 7/15 of the following year
- if administered in December, the renewal will be set for 12/15 of the following year

CPR Certification/Recertification
1. All dental hygiene students will be certified in BLS Health Provider CPR
2. First year students must be certified prior to the fall semester. Documentation of current certification must be uploaded to www.mycb.castlebranch.com prior to July 15th. Students are not allowed to attend clinical sessions without current certification and will lose professional values scores each day they are not in compliance.
3. Second year students must remain current with certification throughout the two year curriculum. The renewal date is also recorded and monitored through CastleBranch. Students are not allowed to attend clinical sessions without current certification and will lose professional values scores each day they are not in compliance.

The student is responsible for maintaining current immunization, TB skin testing and CPR certification. To be considered current, they must not expire during the semester of a clinical course. If the student fails to maintain these requirements, the student will not be able to attend clinical courses until compliant.
Failure to meet deadlines set forth by CastleBranch will result in an automatic drop from your classes. First offense students will be required to meet with the Dean or Department Chair of Health Professions before being re-registered.
Parkland College Health Professions faculty, staff, and students (“personnel”) have the obligation to maintain standards of health care and professionalism that are consistent with the public’s expectations of the health professions.

1. All personnel are ethically obligated to provide patient care with compassion and demonstrate respect for human dignity.

2. No personnel may ethically refuse to treat a patient solely because the patient is at risk of contracting, or has, an infectious disease such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or Hepatitis B infection. These patients may not be subjected to discrimination.

3. Personnel are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.

4. Parkland College will protect the privacy and confidentiality of any personnel who test positive for an infectious disease. Personnel who pose a risk of transmitting an infectious agent must consult with appropriate health care professionals to determine whether continuing to provide professional services represents a material risk to the patient. If a faculty member learns that continuing to provide professional health services represents a material risk to patients that person should so inform the Health Professions Dean or the Wellness Coordinator. The Dean will take steps consistent with the advice of health care professionals and with current federal state, and/or local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission.

5. The Dean of Health Professions, along with the faculty, has established and enforced written preclinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous waste disposal. These protocols are consistent with current federal, state, and/or local guidelines, and have been provided to all faculty, students, and support staff. The protocol is complete including the availability and use of gloves, masks, and protective eye wear by faculty, students, and patients in both the preclinical and clinical settings. The protocols are reviewed annually by faculty and the Wellness Coordinator to ensure accuracy and compliance.

6. The Dean of Health Professions requires personnel to abide by current immunization standards set by clinical agencies. Parkland College requires pre-matriculation and annual testing for tuberculosis of all health profession students. Hepatitis B vaccine and appropriate vaccine follow-up to all employees, such as faculty and staff, will be provided. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines, all students in Dental Hygiene will: (1) demonstrate proof of immunity to Hepatitis B, (2) be immunized against the Hepatitis B virus as part of their preparation for clinical training, or (3) formally decline Hepatitis B vaccination.
PARKLAND COLLEGE

PROTOCOL FOR OCCUPATIONAL EXPOSURES IN DENTAL HYGIENE CLINIC

STUDENT

1. Immediately after the incident, flood the exposed area with water and clean the wound with soap and water or a skin disinfectant if available. Do not dismiss your patient.

2. Notify your instructor and the clinical dentist.

3. If between 7 a.m. and 5 p.m., Monday - Friday, call the Carle Occupational Medicine Department (383-3077), 810 W. Anthony Dr, Urbana, IL. (Occupational Medicine Entrance is on the west side of the street under a red awning.) Identify yourself as a Parkland dental hygiene student and explain you’ve had an occupational exposure to blood/body fluids and wish to be evaluated. You will be instructed as to how to proceed. At other times, go to the Carle Emergency Department (E.D.), 611 W. Park Street, Urbana, and tell the admitting clerk the same. There’s no need to notify the E.D. in advance of your arrival.

4. **Immediately:** go to the appropriate facility (see #3) to have blood tests performed and for an evaluation of the clinical exposure and counseling as to possible treatment. Parkland College will cover any charges you incur for immediate follow-up care by Carle Occupational Medicine or Emergency Departments. Instruct Carle personnel to send the bill to: Wellness Coordinator, Parkland College – U112, 2400 West Bradley Avenue, Champaign, IL 61821, (373-3879). *You or your insurance carrier will be responsible for paying for any treatment or care beyond that which is given immediately following the exposure incident.*

5. Call Parkland’s Wellness Coordinator (room L-234, 373-3879) at your earliest convenience to schedule an appointment to discuss the recommended follow-up.

6. If you want to talk about the situation, call the National AIDS Hotline (1-800-342-AIDS), the Wellness Coordinator (373-3879), the Dental Hygiene Program Director (351-2386) or the Health Professions Department Chair (351-2383).

7. Follow-up testing is recommended at 3 months, 6 months and one year.

Effective Date 2/25/98
rev. 8/10, 9/12, 11/13, 6/14
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

PARKLAND COLLEGE

PROTOCOL FOR OCCUPATIONAL EXPOSURES IN DENTAL HYGIENE CLINIC

PATIENT
An instrument or needle used on you has inadvertently punctured the skin of one of our students. Since you have agreed to have an evaluation which includes blood tests for Hepatitis B and C viruses and HIV, please do the following:

1. Carle Occupational Medicine Department (383-3077) 810 W. Anthony Dr, Urbana, IL. (Monday - Friday, between 7 a.m. and 5 p.m., 217/383-3077) will be informed that a Parkland dental hygiene student had an occupational exposure while working on you and you need an appointment for an evaluation and to have your blood drawn as soon as possible. (Occupational Medicine Entrance is on the west side of the street under a red awning).

2. If the exposure occurred after 5:00 p.m., go to the Carle Emergency Department (611 W. Park Street, Urbana) and tell the admitting clerk the same. There’s no need to notify the E.D. in advance of your arrival.

3. **Immediately** go to the appropriate facility to have blood tests performed and for an evaluation of the clinical exposure and counseling as to possible treatment. Parkland College will cover any charges you incur for *immediate* follow-up care by Carle Occupational Medicine or Emergency Departments. Instruct Carle personnel to send the bill to: Wellness Coordinator, Parkland College - Room U-112, 2400 West Bradley Avenue, Champaign, IL 61821 (373-3879). *You or your insurance carrier will be responsible for paying for any treatment or care beyond that which is given immediately following the exposure incident.*

4. After signing a release, your test results will only be given to you, the student who had the occupational exposure, and Parkland’s Wellness Coordinator. Carle personnel will keep your results confidential and follow-up with you as needed.

5. If you have any questions about this process, please call the Wellness Coordinator at Parkland College (217/373-3879).

Effective Date 2/25/98
*rev. 8/10, 7/14, 2/15, 2-17*
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

PARKLAND COLLEGE
INCIDENT REPORT: EXPOSURE TO BLOOD OR BODY FLUIDS

Name: ___________________________________________________________________ Faculty/Staff/Student

Department: __________________________________________________________________________

Date of incident:___________________________________Time of incident:  _____________________

Incident reported to: _________________________________________________________Instructor/Supervisor

Witnesses to the incident: ________________________________________________________________

____________________________________________________________________________________

Description of incident (provide all details of what happened, including location of incident, how it happened, work being performed, type of exposure, part of body exposed, etc.):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Personal protective equipment used at time of incident:

____________________________________________________________________________________

Actions taken: ________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Date Hepatitis B vaccine series completed:  _________________________________________________

Was an incident report completed at another facility?  Yes / No
If yes, where? _________________________________________________________________________

Signature:_____________________________________________________ Date: __________________
PARKLAND COLLEGE
PROTOCOL FOR OCCUPATIONAL EXPOSURES IN DENTAL HYGIENE CLINIC

FACULTY and DENTIST

1. Identify the student and patient. Be sure the student has cleansed the contaminated area thoroughly. If the student needs emergency medical care, call Parkland’s Department of Public Safety at ext. 2369. **If no emergency first-aid is needed, there is no need to call a Public Safety Officer.**

2. Give the student and patient a copy of the appropriate protocol and advise each of them to follow it. If the patient has left, the consulting dentist* will phone him/her and explain our policy.

3. If between 7 a.m. and 5 p.m., Monday – Friday, assist the student in calling the Carle Occupational Medicine Department at 383-3077. The student should ask for a nurse and explain that he/she is a Parkland dental hygiene student and has had an occupational exposure to blood/body fluids and needs to be evaluated. At other times, send the student to the Carle Emergency Department (611 W. Park Street, Urbana); there is no need to call ahead. The student should go to Carle immediately following the incident so it can be determined if medications called protease inhibitors for HIV infection are warranted.

4. Maintain confidentiality of all persons involved. Share information on a “need-to-know” basis only.

6. Complete an incident report and submit it to the Wellness Coordinator in Room U-112.

*The consulting dentist is Dr. Mark Williams.

Effective Date 2/25/98
rev. 8/10, 7/14, 2/15, 2-17
Clinic Infection Control Standard Operating Procedures

Standard Operating Procedures (SOP) are designed to guide students and faculty on clinical policies in support of quality infection control based on Parkland College’s clinical procedures and guidelines, in accordance with the seven standard precautions of the Centers for Disease Control and Prevention (CDC) Guidelines for Infection control in the Dental Health-Care Setting-2003. The SOP’s are designed to provide consistency in the clinical setting to ensure the safety of patients, administrative staff, students and faculty. The SOP’s include hand hygiene, personal protective equipment, respiratory hygiene/cough etiquette, sharps safety, safe injection practices, sterilization and disinfection of patient-care items and devices and environmental infection prevention and control.

I. PROCEDURE: Handwashing

CDC STANDARD1: Hand Hygiene (page 14); Selection of Antiseptic Agents (page 15) ; Storage and Dispensing of Hand Care Products (page 16); Lotions (page 16); Fingernails and Artificial Nails (page 16); Jewelry (page 16)

UPDATED: March 2017

TECHNIQUE – First of Day or when hands are visibly soiled

1. Remove all hand jewelry
2. Wet hands and wrists under cool running water.
3. Dispense sufficient soap from hands free dispenser to cover hands and wrists.
4. Rub the hand wash gently onto all areas, with particular emphasis on areas around nails, between fingers and back of hand for 15 seconds minimum before rinsing under cool water.
5. Repeat steps 2 and 3
6. Dry thoroughly with paper towels.
7. Put on exam gloves.

TECHNIQUE – In between patients or procedures

1. Dispense alcohol based hand rub from hands free dispenser
2. Rub hands for 15 seconds until dry
3. If hands are not wet with antiseptic spray for entire 15 seconds, add more
4. Put on exam gloves

PARKLAND COLLEGE DENTAL HYGIENE CLINIC STANDARD GUIDELINES:

- Soap should be stored in closed containers and dispensers
- Wash and dry dispensers thoroughly before refilling
- Do not add soap to partially empty dispensers
- No petroleum based lotions (weaken gloves and increase permeability)
- Keep nails short and clean
- No sharp nail edges or broken nails
- No artificial nails – harbor bacteria involving potential fungal and bacterial infections
- No painted nails – chip nail polish can harbor added bacteria
- No nails longer than finger from the palm side
- No hand jewelry (skin under rings is more colonized)
II. PROCEDURE: Personal Protective Equipment (PPE)

CDC STANDARD1: Page 16-20

UPDATED: August 2017

TECHNIQUE – The order of the PPE is:

1. Initial hand hygiene
2. Disposable gown with sleeves that cover forearms, close at the neck, cover lap when sitting, change daily or when visibly soiled
3. Hand hygiene (if needed)
4. Disposable mask, covers both the nose and mouth, >95% bacterial filtration efficiency, change between patients or when wet, do not wear around neck or carry
5. Add protective eyewear, with solid side shields, cleaned with soap and water, disinfect if visibly soiled
6. Face shield (if needed) is placed over protective eyewear, cleaned with soap and water, disinfect if visibly soiled
7. Hand hygiene
8. Gloves, place with thoroughly dry hands, change between patients or when torn
9. Remove gloves
10. Hand hygiene
11. Remove protective eyewear by handling headband or ear piece
12. Remove disposable gown: unfasten neck tie, pull away from neck and shoulders, turn gown inside out, bundle and discard, touch inside of gown only
13. Remove mask by grasping ear piece
14. Hand hygiene

PARKLAND COLLEGE DENTAL HYGIENE CLINIC STANDARD GUIDELINES:

· Remove all PPE before leaving patient-care areas
· Hand hygiene should be performed immediately before putting on gloves and immediately after removing gloves
· Shoes: only white leather shoes are permitted

III. PROCEDURE: Sterilization and Disinfection of Patient-Care Items

CDC STANDARD1: Page 20-25

UPDATED: August 2017

CDC GUIDELINES

1. Non-critical items are cleaned with an EPA hospital disinfectant
2. Items visibly contaminated with blood or OPIM should use a tuberculocidal, intermediate level disinfectant
3. Non-critical items that are potentially damaged by disinfectant should have disposable barrier protection.
2. Instruments should be placed in an appropriate container at the point of use to prevent percutaneous injuries during transport to the instrument processing area.
3. The central processing area should be divided into sections for receiving, cleaning and decontamination, preparation and packaging, sterilization and storage.
4. Dental healthcare worker should wear puncture-resistant, heavy duty utility gloves when handling and cleaning contaminated instruments.
5. Store clean supplies and instruments in closed or covered cabinets.

PARKLAND COLLEGE DENTAL HYGIENE CLINIC STANDARD GUIDELINES:

- Instruments are transported in cassettes
- Utility gloves are used to carry contaminated cassettes
- Processing area is divided into a contaminated counter and non-contaminated counter
- Instruments are placed in ultrasonic tank for 20 minutes. Instruments are rinsed under running water when removed from ultrasonic tank. Dry cassette with paper towel.
- Visible debris after ultrasonic, must be scrubbed with designated brushes
- Carts will transport instruments to and from sterilizing process area
- Carts are placed near the contaminated counter or non-contaminated counter
- Use forceps to remove items that have fallen into ultrasonic tanks
- Mask, protective eyewear and disposable gown should be worn during instrument processing.
- Place a sterilizing indicator into contaminated instrument cassette, wrap with blue sheets, tape with heat activated masking tape. Set on contaminated tray on cassette’s edge.
- Wrap individual instruments in sterilizing pouch. Include an indicator strip.
- Date all items.

8/2017 “SOP – Sterilization” HB

IV. PROCEDURE: Environmental Infection Control

CDC STANDARD1: Page 25-28

UPDATED: August 2017

CDC GUIDELINES

1. Environmental surfaces (items that do not contact patients directly) require barrier protection, cleaning or disinfection to protect against transfer of microbial agents.
2. Cleaning is first step to remove debris and visible soils.
3. Barriers are ideal for difficult to clean items and are removed between patients. Surfaces are only cleaned if contamination is evident.
4. If barriers are not used, surface should be cleaned and disinfected between patients with EPA hospital disinfectant with HIV, HBV (low level disinfectant) or tuberculocidal claim. (intermediate level disinfectant).
5. Intermediate level disinfectant is used when the surface is visibly contaminated with blood or Other Possibly Infectious Material (OPIM).
6. Housekeeping surfaces should be cleaned with detergent and water unless potential for contamination is possible.

PARKLAND COLLEGE DENTAL HYGIENE CLINIC STANDARD GUIDELINES:
· Unit Barriers: chair, saliva ejector, air water syringe, lower instrument tray (and paper placemat),
· Unit No Barriers: top tray (paper placemat only), cavitron
· Surfaces without barriers or visibly soiled are disinfected between patients
· Housekeeping surfaces are cleaned/swept daily

8/2017 “SOP Environmental” HB

I. Personal Care

A. Keep fingernails short, clean and well-manicured. Nail polish may not be worn. Nail length should be short enough so that nails are not visible above the fingertips when viewed from palm side.
B. Guard against offensive body odors by bathing frequently and by using deodorant/antiperspirant.
C. Avoid use of strongly scented perfumes, colognes, deodorants or hair sprays.
D. Wash hair often.
E. Maintain optimal oral hygiene by brushing and flossing teeth daily.
F. Do not smoke, eat or drink in a clinical or laboratory areas.
G. Avoid eating onions or garlic before clinical sessions.
H. If female, wear only natural looking make-up.
I. If male, face must be clean-shaven or display neatly trimmed facial hair.

II. Clinical Attire
A. A disposable gown is to be worn over street clothes. A new gown is to be worn for each clinic session.

The following attire is to be worn under the gown:

1. Scrub pants: Choose fabrics that are solid colored and minimally see through. Avoid wrinkled scrub pants.
2. Tops: Only solid colored (no prints or words) scrub tops are acceptable. The neckline may be round-necked orcollared as long as the collar does not extend above the yellow gown. The sleeves may be short or long. The scrub top length must be long enough to tuck in or not expose the back when bending over. Scrub tops must match or compliment the scrub pants.

B. Shoes: Professional brands, white leather shoes only are allowed. They are to be:
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

1. Worn only in clinic, lab or extramural sites
2. Clean

C. Jewelry: The only acceptable jewelry are earrings (worn in the ear) and a nose stud. Earrings must be no larger than 1 1/2 inch in diameter and nose stud 2mm. No jewelry is to be worn on the hands. No jewelry on wrists or neck unless it can be covered.

D. Name tags: A name tag is to be worn on the upper left side of the disposable gown at all times.

E. Hair: Hair is to be kept clean and have natural colors. Students are to adhere to the following guidelines:

1. The back section of the hair may hang over the collar but not be longer than the lowest part of the shoulders or be worn in such a manner that allows it to fall forward.
2. If the sides of the hair are longer than the earlobe, they must be secured so that no hair will touch the eye or block visibility of the eyes or mouth when the student is viewed from the side.
3. Long hair is to be worn in a secure style which does not allow it to fall forward.

F. Tattoos: A tattoo must be covered during patient treatment.

III. Laboratory Attire

A. When performing intraoral procedures the same attire is to be worn as in clinic.
B. For labs in which intraoral procedures are not performed, see individual course syllabus.
HIPAA Compliance

Parkland College Health Professions Department will implement and adhere to the HIPAA Act of 1996. All students who will be attending to patients/clients will receive HIPAA education and training. It is the practice and philosophy of the Health Professions programs to protect the interest of patients and to fulfill the legal obligations mandated under HIPAA.

Definition

Protected Health Information (PHI) is any information that identifies an individual AND relates to:

1) The individual’s past, present or future physical or mental health; OR
2) The provision of health care to the individual; OR
3) The past, present or future payment for health care.

Information is deemed to identify an individual if it includes either the patient’s name or any other information taken together that enables someone to determine an individual’s identity, such as, date of birth, gender, medical record number, address, phone number, email address, social security number, or full face photograph.

Implications for Students

HIPAA has important implications for Health Profession students and their education. Protecting the privacy of your patients’ health information must be foremost in your mind as you are considering how you will communicate what you are learning with faculty, clinical staff, and fellow students. When preparing case specific presentations, papers, discussions, and reports, you must avoid disclosing patient information that could identify the patient.

Consequences

Students providing information to the media will be dismissed immediately.

The student will receive a written warning when the HIPAA violation appears accidental (such as leaving a chart open).

The student will be expelled if a willful HIPAA violation occurs, such as looking up information on a patient without good reason; taking pictures of images with a cell phone, etc.

Any violation of confidentiality may result in removal from a clinical site and dismissal from the program.

Student Expectations

_Students are expected to observe the standards of conduct established by the college and health care agencies._

1. All patient/client/resident records, verbal or written, are confidential (i.e. the chart, reports, notes from the record, images and any other information).

2. Patient/client/resident records may _not_ be duplicated or _removed_ from the health care setting with patient-identifiable PHI.

3. Students must be protective of patient/client/resident information once it is removed from the health care setting (notes from records must not contain PHI, be left open for public view, left open in the classroom, etc.).

4. All identifying patient/client/resident information (surgical schedules, printed orders, EMR, etc.) should be disposed of properly at the health care setting.
5. Students must not discuss patient/client/resident, staff or care issues in public with friends, family, fellow students, or other patients, including cafeterias, elevators, bars, restaurants, etc.

6. If a patient chooses to be “anonymous” in the hospital, no information should be discussed, even the room number.

7. If inquiries are made by family or other individuals, the patient/client/resident must give full consent before disclosure of information is discussed or shared.

8. Release of medical information to other agencies requires a signed release from the patient/client/resident. Once the release is signed, send only the requested information and nothing more.

9. Students are responsible for computer login and password information, if applicable.

10. Students must report any HIPAA violations to the course instructor/coordinator or program director immediately.

All students will review the HIPAA policy at Parkland College, pass an assessment test, and sign the HIPAA agreement, prior to attending clinical.

HIPAA Identifiers
Information is deemed to identify an individual if it includes either the patient’s name or any other information that taken together could enable someone to determine an individual’s identity such as:

- Names
- ALL geographic subdivisions smaller than the state
- All elements of dates smaller than a year (i.e. birth date, admission, discharge, death, etc.)
- Phone numbers
- Fax numbers
- E-mail addresses
- SS numbers
- Medical record number
- Health plan beneficiary
- Any other account numbers
- Certificate/license numbers
- Vehicle identifiers
- Device identification numbers
- WEB URL’s
- Internet IP address numbers
- Biometric identifiers (fingerprint, voice prints, retina scan, etc)
- Full face photographs or comparable images
- Any other unique number, characteristic or code.
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

Parkland College Dental Hygiene Program
Notice of Privacy Practices
Patient Information

This Notice describes how health information about you possessed by the Parkland College Dental Hygiene Program (Program) and the Parkland College Dental Hygiene Clinic (Clinic) (collectively we) may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

1. Our Legal Duty

We are required by applicable Federal and State law to maintain the privacy of your health information. We are also required to make available our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice took effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and to change the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice, post any revised Notice at the Parkland College Dental Clinic and on our Web Site and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

2. Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations (collectively TPO). For example:

Treatment: We may use or disclose your health information to a dentist, dental hygienist, faculty member, Program student or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Clinic healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of dentists, dental hygienists, faculty members, Program students and other healthcare professions, evaluating practitioner and provider performance, conducting educational training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information
or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person’s involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information as allowed by law to appropriate authorities if we reasonably believe that you are a possible victim or abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information as allowed by law to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information required for lawful intelligence, counterintelligence, and other national security activities to authorized federal officials. We may disclose protected health information to a correctional institution or law enforcement official having lawful custody of an inmate or patient under certain circumstance allowed by law.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).


Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request an alternative format that we are able to provide, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information.

Disclosure Accounting: You have the right to receive a list of instances in which we disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities as permitted by law.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances as permitted by law.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices and procedures or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.
These Health Information Privacy Policies and Procedures (Policies and Procedures) implement the Parkland College Dental Hygiene Program (Program) and the Parkland College Dental Clinic’s (Clinic’s) obligations to protect the privacy of protected health information (PHI) that we create, receive, or maintain as a healthcare provider.

We implement these Health Information Privacy Policies and Procedures as a matter of sound business practice, to protect the interests of our patients, and to fulfill our legal obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), its implementing regulations at 45 CFR Parts 160 and 164 (Privacy Rules), and State law that provides more stringent protection or rights to patients than the Privacy Rules.

As a member of our faculty, staff or workforce, including without limitation, our Program students, you are obligated to follow these Policies and Procedures. Failure to do so can result in disciplinary action, including, without limitation, employment termination, academic course failure or student dismissal from the Program.

These Policies and Procedures address the basics of HIPAA and the Privacy Rules that apply in our Clinic. They do not attempt to cover everything in the Privacy Rules. The Policies and Procedures sometimes refer to forms we use to help implement the policies and to the Privacy Rules themselves when added detail may be needed.

Please note that while the Privacy Rules speak in terms of “individual” rights and actions, these Policies and Procedures use the more familiar word “patient” instead; “patient” should be read broadly to include prospective patients, patients of record, former patients, patients’ authorized representatives, and any other “individuals” contemplated in the Privacy Rules.

If you have questions or doubts about any use or disclosure of individually identifiable health information or about your other obligations under these Privacy Policies and Procedures, the Privacy Rules or other federal or state law, consult Kim Pankau, Program Co-Director at 217-353-2160 or kpankau@Parkland.edu

Adopted Effective: April 13, 2003

1. General Rule: No Use or Disclosure
Our Clinic must not use or disclose PHI except as these Privacy Policies and Procedures permit or require.

2. Acknowledgement

Our Clinic will make a good faith effort to obtain a written Acknowledgement of access to our Notice of Privacy Practices (see Paragraph 9) from a patient before we use or disclose his or her PHI for treatment, payment for that treatment, or for our healthcare operations (collectively referred to as TPO).

Our Clinic’s use or disclosure of PHI for our payment activities and healthcare operations may be subject to the minimum necessary requirements (see Paragraph 7).

3. Authorization

In some cases we must have written Authorization from the patient (or the patient’s personal representative) before we use or disclose a patient’s PHI for any purpose (except for TPO purposes) or as permitted or required by law without consent or authorization (see Paragraphs 3, 4, or 5).

Our Clinic has prepared an Authorization form and we will act in accordance with that Authorization.
   a) Authorization Revocation – A patient may revoke an Authorization at any time by written notice. Our Clinic will not rely on an Authorization we know has been revoked.
   b) Authorization from Another Provider – Our Clinic will use or disclose PHI as permitted by a valid Authorization we receive from another healthcare provider.
      Our Clinic may rely on that healthcare provider to have requested only the minimum necessary protected PHI. Therefore, our Clinic will not make our own minimum necessary determination, unless we know that the Authorization is incomplete, contains false information, has been revoked or has expired.
   c) Authorization Expiration – Our Clinic will not rely on an Authorization we know to be expired.

4. Oral Agreement

Our Clinic may use or disclose a patient’s PHI with the patient’s oral agreement or if the patient is unavailable when allowed by law. Our Clinic will document a patient’s oral agreement.

Our Clinic faculty may use professional judgment and our experience with common practice to make reasonable inferences as to the patient’s best interest in allowing a person to act on behalf of the patient to pick up PHI including, without limitation, dental records, X-rays, or other similar records.

5. Use and Disclosure Permitted Without Acknowledgement, Authorization or Oral Agreement

Our Clinic may use or disclose a patient’s PHI in certain situations, without Authorization or Oral Agreement as allowed by law.

   a) Verification of Identity – Our Clinic will verify the identity of any patient, and the identity and authority of any patient’s personal representative, government or law enforcement
official, or other person, unknown to us, who requests PHI before we will disclose the PHI to that person. Our Clinic will obtain appropriate identification and, if the person is not the patient, evidence of the person’s authority. Examples of appropriate identification include photographic identification card, government identification card or badge, or an appropriate document on government letterhead. Our Clinic will document the PHI request and how we responded.

b) Uses or Disclosures Permitted under this Paragraph 5 – The situations in which our Clinic is permitted to use or disclose PHI in accordance with the procedures set out in this Paragraph 5 are listed below.

Our Clinic may disclose a patient’s PHI to that patient on request.

Our Clinic may disclose to a patient’s personal representative PHI relevant to the representative capacity. We will not disclose to a personal representative we reasonably believe may be abusive to a patient any PHI we reasonably believe may promote or further such abuse.

Our Clinic will not use or disclose a patient’s PHI for fundraising purposes without the patient’s Authorization.

Our Clinic will not use or disclose PHI for marketing without a patient’s Authorization unless the marketing is in the form of a promotional gift of nominal value that we provide, or face-to-face communications between the patient and us.

Our Clinic may use or disclose PHI as required by law in the following types of situations, provided procedures specified in the Privacy Rules are followed:

For public health activities;
To health oversight agencies;
To coroners, medical examiners, and funeral directors;
To employers regarding work-related illness or injury;
To the military;
To federal officials for lawful intelligence, counterintelligence, and national security activities;
To correctional institutions regarding inmates;
In response to subpoenas and other lawful judicial processes;
To law enforcement officials;
To report abuse, neglect, or domestic violence;
As authorized by State worker’s compensation laws
As part of research projects; and
As otherwise required by law.

6. Required Disclosures
Our Clinic will disclose PHI to a patient (or to the patient’s personal representative) to the extent that the patient has a right of access to the PHI (see Paragraph 10); and to the U.S. Department of Health and Human Services (HHS) on request for complaint investigation or compliance review.

Our Clinic will create and use a PHI disclosure log to document each disclosure we make to HHS.
7. Minimum Necessary Standard

Our Clinic will make reasonable efforts to disclose, or request, only the minimum necessary PHI from another health care provider or entity covered by HIPAA (Covered Entity) to accomplish the intended purpose.

There is no minimum necessary requirement for the following:

Disclosures to or requests by another person in our Clinic or by a healthcare provider for treatment;

Permitted or required disclosures to or for disclosure requested and authorized by a patient;

Disclosures to HHS for compliance reviews or complaint investigations; disclosures required by law; or

Uses or disclosures required for compliance with the HIPAA Administrative Simplification Rules.

The minimum necessary requirement will apply as follows:

a) Routine or Recurring Requests or Disclosures – Our Clinic will follow the policies and procedures that we adopt to limit our routine or recurring requests for our disclosures of PHI to the minimum reasonably necessary for the purpose.

b) Non-Routine or Non-Recurring Requests or Disclosures – No non-routine or non-recurring request for or disclosure of PHI will be made until it has been reviewed on a patient-by-patient basis against our criteria to ensure that only the minimum necessary PHI for the purpose is requested or disclosed.

c) Other’s Requests – Our Clinic will rely, if reasonable for the situation, on a request to disclose PHI being for the minimum necessary, if the requester is: (1) a covered entity; (2) a professional (including an attorney or accountant) who provides professional services to our practice, either as a member of our workforce or as our Business Associate, and who represents that the requested information is the minimum necessary; (3) a public official who represents that the information requested is the minimum necessary; or (4) a researcher presenting appropriate documentation or making appropriate representations that the research satisfies the applicable requirements of the Privacy Rules.

d) Entire Record – Our Clinic will not use, disclose, or request an entire record, except as permitted in these Policies and Procedures or standard protocols that we adopt reflecting situations when it is necessary.

e) Minimum Necessary Workforce Use – Our Clinic will use only the minimum necessary PHI needed to perform our duties.

8. Business Associates
Our Clinic will identify its Business Associates, if any, and will ask Parkland College Administration (the College) to obtain satisfactory assurance in the form of a written contract that our Business Associates will appropriately safeguard and limit their use and disclosure of the protected health information (PHI) we disclose to them.

These Business Associate requirements are not applicable to our disclosures to a healthcare provider for treatment purposes. Any Business Associate Contract will contain terms required in the Privacy Rules.

Breaches by Business Associate – If our Clinic learns that a Business Associate has materially breached or violated its Business Associate Contract with College, we will notify the College so that it may take prompt, reasonable steps to see that the breach or violation is cured. If the Business Associate does not promptly and effectively cure the breach or violation, the College may terminate the Business Associate contract, or if contract termination is not feasible, report the Business Associate’s breach or violation to the U.S. Department of Health and Human Services (HHS).

9. Notice of Privacy Practices

Our Clinic will maintain a Notice of Privacy Practices as required by the Privacy Rules.

a) Our Notice – Our Clinic will use and disclose PHI only in conformance with the contents of our Notice of Privacy Practices and these Policies and Procedures. We will promptly revise a Notice of Privacy Practices whenever in our professional judgment there should be a change in our uses or disclosures of PHI as permitted by law, a change in our legal duties, a change in the patients’ rights or to other privacy practices that render the statements in that Notice no longer accurate.

b) Distribution of Our Notice – Our Clinic will have our Notice of Privacy Practices available for patients, will provide our Notice of Privacy Practices to any person who requests it and to each patient no later than the date of our first professional service delivery for such patient on and after April 14, 2003.

We will also post our Notice of Privacy Practices on our Web Site and in a clear and prominent location at our Clinic where it is reasonable to expect patients seeking services from us will be able to read the Notice.

c) Acknowledgement of Notice – Our Clinic will make a good faith effort to obtain a written Acknowledgement of receipt of our Notice of Privacy Practices from the patient and, failing that, document our Clinic’s attempt to obtain such Acknowledgement.

10. Patients’ Rights

Our Clinic will honor the rights of patients as required by law regarding their PHI.

a) Access – With rare exceptions, our Clinic must permit patients to request access to the PHI our Business Associates or we possess.
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No PHI will be withheld from a patient seeking access unless we confirm that the information may be withheld according to the Privacy Rules. We may offer to provide a summary of the PHI in the chart. The patient must agree in advance to receive a summary and to any fee we will charge for providing the summary. If necessary our Clinic will contact Business Associates to retrieve any PHI not in our Clinic’s possession they may have with respect to the patient.

b) Amendment – Patients have the right to request to amend their PHI for as long as our Clinic maintains such information.

Our Clinic may deny a request to amend PHI or records if: (1) we did not create the information (unless the patient provides us a reasonable basis to believe that the originator is not available to act on a request to amend); (2) we believe the information is accurate and complete; or (3) we do not have the information.

Our Clinic will follow procedures required by the Privacy Rules for denial or approval of amendment requests. We will not, however, physically alter or delete existing notes in a patient’s chart. We will inform the patient when we agree to make an amendment, and we will contact our Business Associates, if any, to help assure that any PHI they possess for the patient is appropriately amended. We will contact any individuals whom the patient requests we alert to any agreed amendment to the patient’s PHI. If we agree to an amendment we will also contact any individuals or entities of which we are aware that we have sent unamended information and who may have acted on the unamended information to the detriment of the patient.

When we deny a request for an amendment, we will mark any future disclosures of the contested information in a way acknowledging the patient’s amendment request.

c) Disclosure Accounting – Patients have the right to an accounting of certain disclosures our Clinic made of their PHI within the 6 years prior to their request. Each disclosure we make, that is not for treatment payment or healthcare operations, must be documented showing the date of the disclosure, what was disclosed, the purpose of the disclosure, and the name and (if known) address of each person or entity to whom the disclosure was made. The Authorization or other documentation must be included in the patient’s record. We use the patient’s chart to track each disclosure of PHI as needed to enable us to fulfill our obligation to account for these disclosures.

We are not required to account for disclosures we made: (1) before April 14, 2003; (2) to the patient (or the patient’s personal representative); (3) to or for notification of persons involved in a patient’s healthcare or payment for healthcare; (4) for treatment, payment, or healthcare operations; (5) for national security or intelligence purposes; (6) to correctional institutions or law enforcement officials regarding inmates; (7) according to an Authorization signed by the patient or the patient’s representative; or, (8) incident to another permitted or required use disclosure.
We will temporarily suspend the accounting of any disclosure when requested to do so pursuant according to the Privacy Rules by health oversight agencies or law enforcement officials. We may charge for any accounting that is more frequent than once in any 12-month period, provided the patient is informed of the fee before the accounting is provided. We will contact our Business Associates, if any, to assure we include in the accounting any disclosures made by them for which we must account.

d) Restriction on Use or Disclosure – Patients have the right to request our Clinic to restrict use or disclosure of their PHI, including for treatment, payment, or healthcare operations. We have no obligation to agree to the request, but if we do, we will comply with our agreement (except in an appropriate emergency).

We may terminate an agreement restricting use or disclosure of PHI by a written notice of termination to the patient. We will contact our Business Associates, if any, whenever we agree to such a restriction to inform a Business Associate of the restriction and its obligations to abide by the restriction. We will document any such agreed to restrictions in the patient’s chart.

e) Alternative Communications – Patients have the right to request us to use alternative means or alternative locations when communicating PHI to them. Our Clinic will accommodate a patient’s request, if reasonable, for such alternative communications if the request is in writing.

Our Clinic will inform the patient of our decision to accommodate or deny such a request. If we agree to such a request, we will inform our Business Associates of the agreement and provide them with the information necessary to comply with the agreement.

11. Staff Training and Management, Complaint Procedures, Data Safeguards, Administrative Practices

Staff Training and Management

Training – We will train members of our faculty, staff and workforce including, without limitation, our Program students in these Privacy Policies and Procedures, as necessary and appropriate for them to carry out their functions.

We will train each new member of our faculty, staff and workforce including, without limitation, our Program students within a reasonable time after the member starts. We will also retain each person whose functions are affected either by a material change in our Privacy Policies and Procedures or in the person’s job functions, within a reasonable time after the change.

We will document that our faculty, staff and workforce including, without limitation, our Program students have received and read a copy of these Policies and Procedures.

Discipline and Mitigation – Our Clinic will develop, document, disseminate, and implement appropriate disciplinary policies for our faculty, staff and workforce including, without limitation, our Program students who violate our Privacy Policies and Procedures, the Privacy Rules, or other applicable Federal or State privacy law.

Faculty, staff and workforce including, without limitation, our Program students who violate our Privacy Policies and Procedures, the Privacy Rules or other applicable Federal or State privacy law

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will be subject to disciplinary action including, without limitation, termination of employment or Program dismissal.

b) Complaints – Our Clinic will implement procedures and provide appropriate forms for patients to complain about our compliance with our Privacy Policies and Procedures or the Privacy Rules. We will also implement procedures to investigate and resolve such complaints.

A patient may lodge a complaint using our Clinic’s complaint form. Each complaint received must be referred to a Program co-director immediately for investigation and resolution. We will not retaliate against any patient, member of our faculty, staff and workforce including, without limitation, our Program students who file a Complaint in good faith.

c) Data Safeguards – Our Clinic will amend these Privacy Policies and Procedures when HIPAA security policies and procedures are implemented.

Our Clinic will take reasonable steps to limit incidental uses and disclosures of PHI made according to an otherwise permitted or required use or disclosure.

d) Documentation and Record Retention – Our Clinic will maintain in written or electronic form all documentation required by the Privacy Rules for six years from the date of creation or when the document was last in effect, whichever is greater.

e) Privacy Policies and Procedures Amendment – These Privacy Policies and Procedures may be amended on with the approval of our Program co-directors and Department Chairperson.

12. State Law Compliance

Our Clinic will comply with Illinois state laws that provide more stringent protections or rights to patients than the Privacy Rules.

13. HHS Enforcement

Our Clinic will give the U.S. Department of Health and Human Services (HHS) access to our facilities, books, records, accounts, and other information sources (including PHI without patient authorization or notice) during normal business hours (or at other times without notice if HHS presents appropriate lawful administrative or judicial process).

We will cooperate with any compliance review or complaint investigation by HHS, while preserving the rights of our practice.

14. Designated Personnel

Our Clinic will designate a Privacy Officer and other responsible persons as required by the Privacy Rules.
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

Ionizing Radiation Policies and Procedures

A. OPERATOR SAFETY

1. Maximum Permissible Dose (MPD) and Maximum Accumulated Dose (MAD)
   a. To assure the optimum safety for all personnel and students, the maximum permissible dose (MPD) shall not exceed 100 mR per week. Maximum 13-week dose is 3R and maximum accumulated dose for a year is 5R as governed by this formula: maximum accumulated dose equals 5(N-18), where N equals the age of the worker.
   b. Pregnant personnel and students will notify the program director of their pregnancy. The pregnant person will be informed by the Directors and the Radiation Safety Officer of the hazard areas to avoid and will be closely monitored by film badges. All pregnant students will wear a badge at the waist to indicate a baby’s exposure and a badge at the collar to indicate the student’s exposure. If any film badge shows any exposure, the pregnant person and the program director will be notified immediately.

2. Monitoring Personnel and Maintaining Records
   a. All students will wear personal monitors while in the course DHG 117. The monthly reports provided by the company that supplies the monitors will be reviewed by the program director and will be available online for review by the students at any time.
   b. Film badges will be stored in room L-155 when the student is not operating x-ray equipment.

3. Operation of Equipment
   a. Dental x-ray equipment will be operated only with the supervision of the faculty during class/lab time or during remedial sessions.
   b. The students will never remain in the room or hold an image receptor during x-ray exposure.
   c. Students must demonstrate knowledge of radiation safety measures prior to making any radiographic exposures.

4. Technique and Exposure Factors
   a. The paralleling technique is recommended for all intra-oral periapical radiographs. The XCP holding device with rectangular collimator and lead diaphragm in the P.I.D or cone is recommended. In cases where use of the paralleling technique is not possible, the bisecting angle technique will be used.
   b. A chart of impulse settings is listed in each treatment room as determined by IEMA.

5. Positioning of Operator
   All personnel and students operating the x-ray equipment will stand at least 6 feet away from the source of radiation behind a lead barrier during exposure.

6. Supervision of students
   a. Students in DHG 117 Dental Radiology labs will be directly supervised while they are using radiation.
   b. Students in clinical courses must have qualified for exposing radiographs through the successful completion of an accredited course in oral radiology. In clinical courses, the clinical instructor will intermittently supervise the students’ use of radiation. Instructors will verify the exposure setting, P.I.D length and shape, and image receptor placements and then return frequently for continued supervision.
c. Students are encouraged to ask for assistance with image receptors as needed. Retake images will be exposed only under the direct supervision of the clinical instructor. During the last 8 weeks of the clinical course DHG 219 Clinic IV, students are expected to expose retake images without instructor assistance.

d. The number and reason for retakes will be monitored. Any dental hygiene student who has 4 or more retakes due to the same error within a semester will be required to have remedial instruction with the course or lab instructor.

7. Regulations

a. The program is in compliance with the State of Illinois and the Federal Laws related to radiation. The following references are used:

1) Federal Health and Safety Act of 1969
2) NCRP #35 on X-Ray Protection
3) A.D.A. Regulation on Acceptable Practices
4) Rules and Regulations for Protection against Radiation, by Illinois Department of Public Health.

8. A.L.A.R.A. Concept

All personnel and students will receive x-ray exposures as low as reasonably achievable. The design of the facilities incorporated lead walls for barriers to radiation, by providing a totally safe environment for the operator. Human error is the only contributing factor to operator exposure. Radiographs will be exposed only to provide a direct health care benefit to the patient, not only to meet course objectives or requirements. Students, personnel or patients will not be exposed solely for the purpose of teaching radiographic technique.

B. PATIENT SAFETY

1. Patient Selection Criteria

a. After a complete oral and dental examination, the patients' medical dental and oral histories are evaluated to determine previous radiation exposures and oral conditions.
b. The need, extent, and frequency of radiography are determined by the ADA guidelines and confirmed by the supervising dentist. The guidelines that will be sued to screen suitable patients are in chart A. Pregnant patients will not be radiographed unless a request is received from the patient’s doctor or dentist
c. A cumulative record of the patient exposures will be kept on the front of the patient file including the date, number of exposures, types of images, areas exposed and total number of retakes.
d. No radiographs will be exposed for post-treatment analysis.
e. Radiographs will be sent upon the request of the patient’s dentist. A copy will be retained electronically in the patient’s file. Patient radiographic images will be utilized during patient treatment.

2. Radiograph Acceptability

The following are the criteria for radiographic acceptability. Retakes will be ordered if the following criteria are not met. Direct supervision by an instructor is required for all retakes except in the last 8 weeks of DHG 219, Clinic IV. During these last 8 weeks, the students are expected to expose retakes without instructor assistance.

Periapical Surveys

a. The radiograph should be an accurate representation of the area being radiographed.
b. The radiograph should be within an acceptable density range, not too light or too dark as per our quality control system.
c. The image of the teeth should be of the proper length – neither excessively foreshortened or elongated.
d. There should be no overlapping of the interproximal spaces surrounding the roots of the teeth.
e. There should be at least 3 mm of alveolar bone visible around the apex of each root.
f. The apex plus 3 mm of bone of each root should be visible at least once in any CMX series for every tooth.
g. There should be a 1/8 to 1/4 inch margin between the crown of each tooth and the edge of the image.
h. There should be no excessive cone cuts. At least 2/3 of the digital image must have dental anatomy.

For interproximal surveys: (Bitewings)

a. The proximal tooth surfaces should not be overlapped from the distal of the canine to the mesial of the third molar. The premolar view should include open contacts between the maxillary 1st and 2nd premolar and the molar view should include open contacts between the maxillary 1st and 2nd molars.
b. There should be an equal distribution of teeth in both maxillary and mandibular arches on the film.
c. The crest of the alveolar bone in each interproximal space should be clearly visible.
d. The occlusal plane should be straight or curved slightly upward in the distal portions of the image.
e. The crowns of the teeth should be an accurate reproduction of the teeth being radiographed, and not magnified or distorted.
f. Premolar Interproximal Survey (bitewings) Radiograph should include the distal half of both canines, crowns of premolars, first molars and a portion of the second molar crowns. Retakes are necessary if the distal half of the canines is not visible, if excessive horizontal overlapping is present, if unequal distribution of maxillary and mandibular teeth exists, or if any other distortion exists that would render the image unacceptable for diagnosis.
g. Molar Interproximal Survey (bitewings) The radiograph should show all of the second and third molar crowns and at least the distal of the first premolar crown. Retakes are necessary if errors exist similar to premolar errors.
h. Retakes are not necessary if each proximal surface from the distal of the canine to the third molar is clearly visible at least once in the premolar or molar bitewings.
i. Retakes will be taken but will not be charged to the student's grade if overlapped contacts are judged by an instructor to be due to malpositions of the patient's teeth and not due to faulty horizontal angulations by the operator.
j. Exception: It is necessary to be able to view each proximal surface of the molars and premolars in at least one of the views of the CMX. Retakes are not necessary if each interproximal space between canines, premolar and molars is open at least one of the views of the premolar region, molar region or the bitewings.
k. In special cases of third molar periapical malpositions, the entire third molar may not be clearly visible in the molar region radiograph. The clinical dentist may recommend taking a panoramic image to best diagnose third molar areas.

3. Definitions:

1. Excessive horizontal overlapping is defined as any super imposition of the crowns of the teeth such that the dentino-enamel junction is not visible in the appropriate proximal surfaces.
2. Excessive cone cut is defined as a cone cut in excess of 1/3 of the image.
3. Density range is defined as acceptable if the dentino-enamel junction is visible.
4. Excessive elongation is defined as evidence of the periodontal membrane space not visible at the apex of the tooth.

4. Preventative Equipment Checks

a. The lead apron and thyrocervical shield will be inspected annually for cracks or defects and repair or replacement made as needed. The inspection and necessary repairs will be documented. Annual inspection and subsequent documentation will be done by the instructor for DHG 117.
b. A daily preventive inspection will be done by the DHG 117 instructor during the spring semester.

5. Exposure Settings
a. The paralleling technique is recommended for all intra-oral periapical radiographs. The XCP holding device and position indicating device (P.I.D. or cone) with rectangular collimator are recommended. In cases where the paralleling technique is not possible due to the patient's oral condition, the bisecting angle technique with a round cone can be used.
b. The XCP holding device and the rectangular collimator with position indicating device (P.I.D. or cone) are recommended for bitewing images.
c. All P.I.D. (cones) must provide at least a 12" source film distance.
d. Impulse varying depends on the area to be radiographed. A chart of impulse settings is listed in each treatment room. The exposure factors match the guidelines of the Illinois Emergency Management Agency (IEMA).
e. CCD censors will be used to provide digital images on patients.

6. Lead Barriers

a. Each patient will wear a lead apron with a thyrocervical shield.
b. Additional protection for the operator is provided by lead barriers and lead walls which separate all rooms.

7. Equipment Certified

a. All x-ray equipment will be inspected by the State of Illinois at least every five years. Equipment is registered with IEMA http://www.illinois.gov/iema/NRS.RadSafety/Pages/Xray.aspx.
b. The equipment will be calibrated for beam quality, geometry and exposure rate and output. Records of each inspector will be kept with the radiation safety office.
c. The x-ray generating equipment meets Federal Performance Standards and ADA specifications.

8. Asepsis

a. The disinfection of equipment and aseptic technique policies recommended for clinical patients will be used followed for x-ray patients:
b. The CCD sensor will be covered with a barrier and disinfected after patient treatment.

9. Patient's Consent

a. The patient will sign at the bottom of the treatment plan in the Oral Exam Booklet, giving informed consent to have radiographs taken by a dental auxiliary student under the supervision of the faculty. This form is filed in the patient's permanent record. The Radiographic Authorization form with the clinical dentist’s signature is also filed in the patient’s folder.
b. A record will be made of the number of images exposed. This information will be recorded on the patient’s treatment sheet sequentially and cumulatively. The patient’s folder will contain a sequential list of exposures and the radiographs will be documented in the electronic record.
c. All images will be emailed to the patient’s dentist upon request.

10. Student Competency in DHG 117

a. Each student will meet competency on manikins during pre-clinic instruction before exposing images on patients. The students will demonstrate competency by exposing 3 complete series (CMX or FMX) of periapicals and 4 bitewings sets at 80%.
b. After meeting competency exposing radiographs on manikins, the student will expose two complete sets of radiographs on patients with direct supervision at competency.
c. Any students not meeting the above competency levels will be permitted additional practice during laboratory hours until competency is reached. If competency is not reached within the DHG 117 Dental Radiology Course, a grade of F is given and the student is not permitted to continue in the Dental Hygiene Program.

Student competency is also measured in DHG 215, Clinic II, DHG 218, Clinic III and DHG 219 Clinic IV.

III. Program Progression

Academic Standards

The Dental Hygiene Program grading scale was established to ensure that students will be well prepared to enroll in successive courses in the program. The scale is also consistent with the National Board Dental Hygiene Examination and other dental hygiene programs. The overall GPA for graduation must be 2.0 or higher on a 4 point scale.

Dental Hygiene students are expected to retain knowledge from previous semesters. The evaluation of clinical performance is based on the application of previously learned knowledge and skills as well as the comprehension and application of new skills and information each semester.

A. The program grading scale is as follows:
   A – 93-100
   B - 92-85
   C - 84-75
   F - 74 or below

B. Midterm Grades
   Students who receive a “U” or a failing grade at midterm are required to make an appointment with the instructor who distributed the grade report as soon as the report is received by the student.

C. Final Grades
   Students who receive less than a “C” (F) as a final grade in any dental hygiene program course will be required to repeat the entire course and gain a “C” or better grade if they are readmitted to the program.
   Students are required to earn a grade of “C” or higher in BIO courses, or their transfer equivalent from another college to continue in the program (BIO 121, 122, 123).

D. Students who withdraw from any DHG, BIO or supportive course in any semester while enrolled in the Dental Hygiene Program will not be permitted to continue into the next semester of the program or advance toward graduation. These students may apply for readmission to the program for the next academic year.

E. Students who leave the Dental Hygiene Program with an “I” (Incomplete) grade on their record will receive an “F” (Failure) grade for the course.

F. Students who leave the Dental Hygiene Program without withdrawing will receive an “F” grade in courses in progress that are not completed.
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

G. Grades can be tracked on Cobra for each dental hygiene course and TalEval for each clinical course. Students can access midterm and final grades through my.parkland.

Attendance

A. Regular attendance in each lecture, lab, clinical session and off-site rotation in the curriculum is required. Absences for personal reasons are discouraged.

B. Students must inform the course instructor by email or telephone prior to being absent.

C. Each course syllabus will provide specific requirements for attendance and absences from class, as well as make-up requirements for a missed quiz or examination.

D. It is the student’s responsibility to collect missed assignments, handouts and lecture notes.

E. Dates of holidays, semester breaks and finals weeks are provided in the Parkland College catalog, the semester course timetables, and at the Orientation to the Dental Hygiene Program. Please schedule all activities around these dates.

F. If an extended illness occurs, please notify the program director to discuss.

G. Students needing personal leave for reasons such as bereavement need to discuss options with the program director.

Classroom Behavior

A. All faculty members have the responsibility to conduct class in an atmosphere that is conducive to teaching and learning; conversely, all students have the right to an atmosphere that is safe and respectful while engaged in learning.

B. All students have a right to expect to learn in an environment free from distraction, disruption, or threat. Students who cannot or will not conduct themselves appropriately will not be allowed to continue to attend.

C. Students are expected to be on time when reporting to classroom, lab, clinical and offsite rotation experiences.

D. Students are expected to be awake, attentive, and courteous at all times. Students that are found asleep in the classroom or lab will be woken up one time. A second occurrence will count as an absence.

E. Any required textbooks, needed supplies, bookstore packets, etc must be available for all classes, including the first day of class. All textbooks must be the current edition.

F. Class or laboratory sessions are not considered adjourned until the lab and classroom are in proper order. It is the responsibility of all students to clean practice areas.

Cell Phone Policy

All cell phones should be on the corner of the desk, in both lecture and lab, on vibrate in order to receive emergency calls only. If a student must take a phone call or a text they should leave the room. No texting on your cell phone is allowed in the classroom. A five point deduction will be given each time a student violates this policy. During
testing or quizzing all cell phones will be on the table at the front of the room. When you are finished testing you may pick up your phone and take it back to your desk.

In the clinic you may have your cell phone in your supply box in case you would need it for an emergency evacuation. Personal electronic devices must not be used in patient care areas.

**Email, Cobra Policies**

The college and program will communicate with the student via student’s @stu.parkland.edu account. It is the responsibility of the student to check student email weekly. Parkland email can be automatically forwarded to a personal account through the preferences.

All course material included on the course Learning Management System (Cobra) requires a student to utilize a secure log in and password to access their content. Email policy, 3.41 ensures that students protect their user information and do not share with anyone. “Users are responsible for safeguarding their username and password and for using them only as authorized. Sharing email accounts and/or passwords with another person, or attempting to obtain access to another person’s account is prohibited. Each user is responsible for all email transactions made under the authorization of his or her Parkland email username.” Verification processes are used to protect student privacy.

For online courses in which tests are proctored, a photo ID that matches the user at the computer is required; or students may be required to go to a testing center in person with photo ID. All dental hygiene exams and quizzes offered online are proctored.

All student records are protected by FERPA and faculty do not provide access to student information within the course without a need to know. Students are notified of projected additional costs through the listing of course fees in the class schedule, and any additional costs for course-related materials will be included in the course syllabus.

**Student Monitoring and Tracking System/Clinical Courses**

A faculty member closely monitors each student during patient treatment procedures. A faculty member is present during all clinical sessions to integrate social, basic, dental, and clinical sciences with patient experiences. When evaluating students for specific competencies, the faculty uses clinical evaluation forms with listed performance criteria.

The students are providing dental hygiene services for a variety of patients in all age groups who exhibit a broad range of oral and systematic health characteristics and treatment difficulty. Many of the patients exhibit moderate to severe periodontal disease. Maintenance appointments are assigned to monitor and evaluate the outcome of dental hygiene care.

Each lab and clinical course has a faculty member of record (lead instructor) who is responsible for following the progress of the students toward completion of the course objectives. That person provides feedback to the students on their progress and information to the faculty on the student’s progress or lack of progress. Students’ individual clinical grades/competencies can be tracked by the student via Cobra Learning and TalEval.

**Policy for Prohibiting a Student to Treat a Clinical Patient**

Occasionally it is deemed necessary to prohibit a student from providing clinical dental hygiene treatment. Such circumstances would include:
1. Inconsistently demonstrating the ability to apply previous knowledge from Pre-Clinic and previous dental hygiene courses. The inability to progress may result in dismissal from the Dental Hygiene Program for patient and clinician safety.

2. The health of the student is unsafe or considered communicable to patients, fellow dental hygiene students, faculty and staff. (i.e. strep throat, severe cold, etc.)

3. The student has demonstrated irresponsibility to clinic patients by not coming to clinical sessions. In this case, the student may be allowed to use the clinic facilities as scheduled, but will assume the responsibility for making her/his own dental hygiene clinic appointments.

**Program Progression & Remediation**

A. Student’s responsibilities:

1. The student is responsible for preparing for exams, clinical activities, practical exams and projects.
2. Students should note the grade received when the item is returned or posted on Cobra.
3. If the grade received is “C” or below, the student needs to see the course instructor for additional help. Each course instructor has office hours every week or will be available at another time that is convenient to both faculty and student.
4. The student is responsible for following through with any “U” or “F” mid-term grade report.
5. Students are encouraged to visit the Center for Academic Success for additional help with study skills and/or test taking.

B. Faculty Responsibilities

1. The course instructor is responsible for notifying the student of progress or lack of progress in the course by returning exams, quizzes and assignments in a timely manner.
2. The course instructor will indicate an “F” or “U” grade on the midterm report if the student is not progressing with a passing grade at midterm.
3. The course instructor has the responsibility of notifying the program director if a student is not passing a course.
4. The course instructor has the responsibility of providing remediation, either by meeting with the student or assisting the student in setting up meetings with a tutor. Tutors are arranged through the program director.

**Academic Honesty**

Parkland College’s values include responsibility, honesty and integrity. Students, faculty, and staff are all expected to maintain academic integrity in their work and take collective responsibility for preventing violations of intellectual ownership.

Healthcare professionals are held to the highest standard and must be trusted to be honest in any situation. Academic dishonesty is unacceptable, and the institution is committed to helping students learn these values through development and growth. Personal commitment, honest work, and honest achievement are necessary characteristics for an educated person and a health care professional. Parkland faculty and administration can no longer make assumptions about what is considered cheating (academic dishonesty) and what students understand to be cheating (academic dishonesty).
The process of determining the consequences of academic dishonesty begins with the faculty member and may proceed to include the department chair, the division dean, and/or the Office of the Vice President for Academic Services. All incidents of academic dishonesty, including developmental or punitive action, should be referred in writing to the Office of the Vice President for Academic Services.

Definition of Academic Honesty from the Student Policies and Procedures Manual:
1. Academic Honesty can be broadly defined as performing academic work without cheating, fabrication, or plagiarism:
   - **Cheating:** Using or attempting to use unauthorized materials, information, or study aids in any academic activity. Submitting as one’s own work term papers, homework, and examinations that are not one’s own work or for which a student received unauthorized help.
   - **Fabrication:** Falsifying or inventing any information or citation in an academic activity.
   - **Plagiarism:** External information borrowed and directly quoted must be indicated by use of quotation marks, and any changes, omissions, or addition to the direct quotation must be shown in bracket, and the source documented. All cited external information that has been paraphrased and summarized must also be documented.
   - **Collaboration:** Students at Parkland College are encouraged to work together on group projects, study, and other activities. However, work submitted to fulfill an assignment not specifically identified as a group activity must be substantially the work of the author. Collaboration beyond this constitutes academic misconduct.

Examples of Cheating:
1) Taking pictures of exams
2) Taking pictures of a computer screen with test questions
3) Texting each other while sitting at your own computers sharing answers
4) One student looking up answers while another student answers questions on an assignment/test.
5) Taking pictures of cadavers
6) Posting, texting, or communicating parts of a test or quiz.
7) Taking quizzes together
8) Unless your instructor has said, “this is a group project” or use any resource, including your classmate, your work should be just YOUR work or it is cheating.

Consequences of Cheating:
1) Fail the quiz, test or assignment- and/or
2) Fail the course- and/or
3) Be dismissed from the Program- and/or
4) Be dismissed from the College

**Ethical Statement:**
Dental hygiene students are expected to demonstrate ethical and professional behavior and behave in a way that engenders trust. Students who display incompetent, unethical, illegal or impaired behavior may fail the didactic/clinical/lab course and be dismissed from the program if their behavior demonstrates a breach of trust or professional behavior at any time.

**Instructor Withdrawal from a Class Section:**
A census of class attendance is taken at the end of the first week of instruction for the session regardless of class session length and the day(s) and frequency of scheduled class meetings.

At the census date for each class section, faculty are required to assess your attendance. If you have not attended up to that point, you will be withdrawn with no refund of tuition and fees and a grade of “W” will be recorded on your academic transcript. After this census date, if you cease to attend, the faculty member has the right to withdraw you at or before midterm. (Check for the date of midterm for each class on my.parkland or ask your instructor.) However, if you decide not to complete the class, you should not assume an instructor withdrawal.
You are ultimately responsible for your own withdrawal by the withdrawal deadline (see following section). Non-withdrawn classes where the student has stopped attending will be graded.

**Student Initiated Drop or Withdrawal from a Class Section:**
When you enroll in a course, you automatically assume certain student responsibilities. One of these responsibilities is to properly remove yourself from a course if you decide not to complete the course. Once you register for a course, you remain enrolled until you initiate a withdrawal or you are withdrawn by the instructor under the instructor withdrawal provisions stated in the section above. There are two procedures for you to withdraw yourself from a course depending on the time of the semester:

1. Within the first week of a class session, you may drop the class with no record. The course does not appear on the transcript and you receive a full credit of tuition and fees. The deadline for this is 11.59 p.m. on the Sunday following the class start date. To do this:
   a. Log in to my.parkland.
   b. From the Registration menu, click/choose the Register and Drop Sections menu option and follow the screen prompts.
   If you need help, call the Tech Service Desk at 217-353-3333. Watch the “Check Out WebAdvisor” video for tips and information on resources.
2. Beginning on Monday of the second week of the class session, and up to 5 p.m. on the last business day of the week before the last week of instruction for that class, you may withdraw from the class. The course will appear on the transcript with a grade of W and there is no refund of tuition and fees. To do this:
   a. Obtain the Request to Withdraw From Courses form either online at my.parkland or in person from Admissions and Records in U214.
   b. Contact your instructor, department chair, or program director for their signature. The signature can be obtained in person or via email. If you have gotten the signature via email, attach the email to the form and send it to registration@parkland.edu.
   c. If you are a degree-seeking student withdrawing from all courses, you should have an exit interview with a financial aid advisor. Call 217-351-2222 or stop by Financial Aid in U286.
   d. Submit the completed form to Admissions and Records (U214) with a picture ID.

**Student Withdrawals and Failures**

Students should withdraw from dental hygiene courses only when the probability of attaining a passing grade of “C” is doubtful. The final day for withdrawal is published in the College Class Schedule each semester. The final day for withdrawal is one week before the last day of class.

A. Students should discuss the possibility of withdrawal with their course instructor and then with the program director(s) before making a final decision. Those individuals on financial assistance should also consult with the Office of Financial Aid (U-286) as to the effect of withdrawal on that aid before withdrawal. Failure to consult with the Financial Aid office could be very costly to the student.

B. Students who fail any course in the dental hygiene curriculum will be automatically dismissed from the program. Grades lower than “C” constitute failure in both didactic (lecture) and clinic/lab courses.

C. Students are required to have an exit conference with the dental hygiene program director to explore the reason(s) for withdrawal or failure and potential readmission.

D. Students that withdraw or fail any time during the freshmen year or first three semesters can expect to repeat the first year courses either in part or entirely on readmission to the program. (There is a repeat course fee of
E. Students who withdraw or fail any time after the first three semesters may be considered for readmission with sophomore status. Readmission requirements will then be established on an individual basis.

**Request for Readmission**

Students who are requesting readmission to the program for the following academic year will:

A. Submit a letter of request to the Program Director, and the college Admissions and Records Office.

B. The letter of request to the Program Director will be examined by the program faculty to determine the student’s potential for success if readmitted to the program. The program faculty will determine the specific requirements which must be fulfilled as a consideration for readmission into the program.

C. Readmitted students will be reviewed individually. Plans for their success will be determined on an individual basis according to the student’s needs as determined by the program faculty and director.

D. Readmitted students may be expected a repeat successfully completed didactic courses and register for them as Independent Study (IND) courses if the course instructor(s) believe the student needs to increase/review course knowledge to succeed in subsequent courses and to become adequately prepared the Board examinations.

E. Readmitted students will receive their individual plans (contracts) that will specifically list the activities/courses the student must follow in order to be readmitted and subsequently have the opportunity for success.

Students may be denied readmission to the program. Such reasons for denial include:

1. Breach of the Code of Conduct (involvement in any form of cheating, stealing, or making threats to harm the person or property of any fellow student, faculty of staff or Parkland College.)
2. Demonstrated inability of the student to act in a professional and ethical manner.
3. Demonstrated inability of the student to perform delicate hand skills needed for the safe treatment of dental hygiene patient.
4. Demonstrated inability to perform spatial relationship skills as may be required for exposing dental radiographs and /or operating high speed rotary instruments in the oral cavity with indirect vision techniques.
5. Demonstrated inability to perform Essential Qualifications with or without reasonable accommodations.
6. Failure to meet the entry-level eligibility score of 2.75 points required for Selective Admissions into the Dental Hygiene Program.

**IV Appeals**

1. **Due Process**

Students always have the right to be heard and to appeal decisions made by the program director and/or faculty.

a. If an issue arises in class, you must speak to the course instructor first.
b. If an issue arises in clinical, contact the lead clinical instructor.
c. If the issue is unresolved, then the program director will meet with the student and the instructor or lead clinical instructor.
d. If the student is still not satisfied and the issue is unresolved, the student may set up an appointment with the department chair of Health Professions.
e. If the issue remains unresolved, an HP Review Committee may offer advice or possible solutions to resolve the grievance (optional step in process).
f. If the issue remains unresolved, the student may file a grievance according to the college policy located in the Student Policy and Procedure Manual.

2. Students who wish to appeal a grade should follow the Chain of Command.
a. Speak with the instructor that assigned the grade
b. If that is unsuccessful, speak with the Program Director.
c. If that is unsuccessful, speak with the Health Professions Department Chair
d. If that is unsuccessful, the student can request a Health Professions’ Review hearing.
e. If that is unsuccessful, the student should follow the Grievance Procedure outlined in the Parkland Student Policy and Procedure Manual.

Notification to Students of Their Right to Complain

Students have the right to complain about the Parkland College Dental Hygiene Program. The following references can be used to communicate your complaint and make suggestions for Program Improvement:

Peg Boyce, Dental Hygiene Program Director, 2400 W. Bradley Ave., Champaign, IL 61821. You can reach her by phone at 217-351-2381 or via email pboyce@parkland.edu.

Bobbi Scholze, Dean of Health Professions, 2400 W. Bradley Ave., Champaign, IL 61821. You can reach her by phone at 217-351-2383 or via email bscholze@parkland.edu.

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


Scholarships

Scholarships tend to be under-utilized. There are scholarships available for many students and some specifically for health professions students. As scholarships are announced that may be specifically for dental hygiene or health professions, the program director or faculty will provide this information.

All scholarship information may be optioned through the Parkland Office of Financial Aid, as well as information on loans, grants, and part time employment. Information may be obtained on the Parkland College website under Financial Aid, or by meeting with an advisor in the Financial Aid office. A scholarship “search is also available online under “Student Services.”
V Graduation/Licensure

Licensure

Specific dental hygiene licensure requirements vary among jurisdictions, but all jurisdictions have three types of requirements:

1. You must graduate from a CODA accredited Dental Hygiene Program
2. You must pass the National Board Dental Hygiene Examination
3. You must pass a clinical (regional) Board Examination

All jurisdictions accept graduates of dental hygiene programs accredited directly by the Commission on Dental Accreditation of the American Dental Association as fulfilling the educational requirements.

A. National Board Dental Hygiene Examination –

A. The purpose of the National Board Dental Hygiene Examination is to assist state boards in determining qualifications of dental hygienists who seek licensure to practice dental hygiene. The Examination assesses the ability to recall important information from basic biomedical and dental and dental hygiene sciences and also the ability to apply such information in a problem solving context.
B. A score below 75% is considered a failure and does not earn National Board Credit. The exam may be retaken.
C. Students are responsible for the examination fee.
D. The student’s academic performance must be at a level which allows the Director to verify that the student is prepared to take the exam.
E. Students are encouraged to participate in the Parkland College online board review course and attend the National Board Dental Hygiene Examination Review workshop offered in the spring semester of the second year.

National Board Dental Hygiene Examination
Joint Commission on National Dental Examinations
American Dental Association
211 E. Chicago Ave., Suite 1846
Chicago, IL. 60611
Tel: (312) 440-2678
http://www.ada.org/prof/prac/licensure/hygiene/index.html (Testing Services)

B. Clinical Examination-

A. Students who plan to practice dental hygiene in the state of Illinois may select the Northeast Regional Board Examination (CDCA) Western Regional Board Examination (WREB) Central Regional Dental Testing Examination (CRDTS) or the Southern Regional Dental Testing Examination (SRTA) to become licensed.
B. The student’s clinical performance must be at a level which allows the Director to verify that the student is prepared to take the exam.
C. Students are responsible for the selection of all patients for the clinical examinations.
D. Students are responsible for all fees for the clinical examinations, including a site fee if Parkland College is hosting a clinical examination.
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

Central Regional Testing Services (CRDTS) (Subject to Change)
Approved and/or accepted by the Dental State Boards of: Alaska, Connecticut, Colorado, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Minnesota, Missouri, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming

Central Regional Dental Testing Services, Inc
1725 Gage Boulevard
Topeka, KS 66604
Tel: (785) 273-0380
www.crdts.org

Commission on Dental Competency Assessments (CDCA) Approved and/or accredited by the Dental State Boards of: Connecticut, District of Columbia, Illinois, Kansas, Kentucky, Main, Maryland, Massachusetts, Michigan, Missouri, Nebraska, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Utah, Vermont, West Virginia Northeast Regional Board of Dental Examiners, Inc.
8484 Georgia Avenue, Suite 900
Silver Spring, MD 20910
Tel: (301) 563-3300
www.cdca.org

Independent Testing Agencies (Subject to Change) Alabama, California, Delaware, Florida, Hawaii, Indiana, Louisiana, Mississippi, Nevada, North Carolina, Puerto Rico, Virgin Islands.

Other States Accepting Independent Testing Agencies (Subject to Change) Kansas, Missouri, Nebraska, New Hampshire, North Dakota, West Virginia

Student American Dental Hygienists Association (SADHA)
Students are encouraged to join and participate in the Student American Dental Hygienists’ Association. SADHA is the professional organization of the dental hygiene students. Membership enables students to participate in monthly and annual social and service activities which are financially supported and sponsored by the organization. These activities bring the dental hygiene student body together outside of the classroom laboratory and clinical environments. SADHA members participate in and support service activities within the community in an effort to improve the oral health of the community. Service opportunities include, but are not limited to, Give Kids a Smile, Parkland College Dental Day, Health Fairs and educational opportunities with SmileHealthy.

Officers are elected in the spring of each year during a general election involving all of the dental hygiene students. These officers are responsible for planning the organization’s activities for the year.

Regular and special meetings are scheduled and announced during the year. All members of the organization are encouraged to attend. Faculty advisors to the organization also attend meetings.
VI. Parkland College Policies, Student Services & Emergencies

PARKLAND COLLEGE POLICIES

Code of Conduct

A code of conduct reminder from the Dean of Students:
All Parkland students are expected to be responsible for their behavior. This includes monitoring your language and your behavior all around the campus, including in and out of classes. Please, think before you act! You are expected to respect yourself, your fellow students and your instructors. You have joined the Parkland College academic community. Be a good member of the community.

View the Student Policy and Procedures Manual and Conduct Code.

If you have questions or concerns, call the Office of the Dean of Students at 217-353-2048

Academic Honesty

Parkland College’s values include responsibility, honesty and integrity. Students, faculty, and staff are all expected to maintain academic integrity in their work and take collective responsibility for preventing violations of intellectual ownership. Academic dishonesty is unacceptable, and the institution is committed to helping students learn these values through development and growth. Personal commitment, honest work, and honest achievement are necessary characteristics for an educated person. The process of determining the consequences of academic dishonesty begins with the faculty member and may proceed to include the department chair, the division dean, and/or the Office of the Vice President for Academic Services. All Incidents of academic dishonesty, including developmental or punitive action, should be referred in writing to the Office of the Vice President for Academic Services.

Definition of Academic Dishonesty from the Student Policies and Procedures Manual:

“1. Academic Honesty can be broadly defined as performing academic work without cheating, fabrication, or plagiarism:

a. Cheating: Using or attempting to use unauthorized materials, information, or study aids in any academic activity. Submitting as one’s own work term papers, homework, and examinations that are not one’s own work or for which a student received unauthorized help. Copying the work of another, or allowing another to copy one’s own work, without proper acknowledgment.

b. Fabrication: Falsifying or inventing any information or citation in an academic activity.

c. Plagiarism: External information borrowed and directly quoted must be indicated by use of quotation marks, and any changes, omissions, or addition to the direct quotation must be shown in bracket, and the source documented. All cited external information that has been paraphrased and summarized must also be documented.

d. Collaboration: Students at Parkland College are encouraged to work together on group projects, study, and other activities. However, work submitted to fulfill an assignment not specifically identified as a group activity must be substantially the work of the author. Instructors should provide guidelines to students to maintain the academic integrity of these collaborative activities. Collaboration beyond this constitutes academic misconduct.”

Full explanation of the consequences of academic dishonesty

Academic Honesty Affirmation
The following statement is the sanctioned affirmation of academic honesty in works submitted by students:
“I honor Parkland’s core values by affirming that I have followed all academic integrity guidelines for this work.”

**General Education Objectives**

The College catalog states “…all of Parkland’s academic offerings will help [students] grow by improving their individual skills and competencies and by providing experiences in areas they have not yet explored” (page 7, 2017-18). You are encouraged to review the Course Information Form (CIF) for your course. There, you will find the general education objectives addressed in your course. Your instructor may list the particular objectives in your syllabus. You are not only learning content specific information, but Parkland is also assisting you in realizing your “potential as learners, workers and valuable participants in a global society” (page 7, 2017-18).

**SERVICES**

**Absence (Extended) from Classes**

If you are absent for more than one day due to an emergency, an accident, illness or being hospitalized, you or your family need to contact the Office of the Dean of Students at 217-353-2048, so that notification can be sent to your instructors.

You should note that instructors have their own attendance policies and you are responsible for reading each course syllabus to know these policies. Only your instructors can decide whether an absence is excused. They also determine if you can turn in late work or make up missed quizzes and/or exams on the basis of an excused absence.

**Absences Due to Religious Observances**

Parkland College recognizes and values the diverse religious beliefs of its students. The college practices shared responsibility in the event that a student’s religious observances conflicts with scheduled class work, assignments, or examinations. Students must inform instructors well in advance of a planned absence for a religious observance. Instructors will make reasonable accommodations for students in these situations. However, instructors are not obliged to teach missed class material again.

**Center for Academic Success**

If you find yourself needing assistance of any kind to complete assignments, stay on top of readings, study for tests, or just to stay in school, please contact the Center for Academic Success in D120 at 217-353-2005 or 217-351-2441. You may also email CAS at CenterForAcademicSuccess@parkland.edu.

**Disability Services**

The Office of Disability Services (DS) facilitates equal access for students with disabilities by coordinating accommodations and support services, and cultivating a campus culture that is sensitive and responsive to the needs of students. Students seeking reasonable accommodations under the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act of 1973, are required to register with the Office of Disability Services.

Registration with the DS office must be initiated by the student in a timely manner, whenever possible, to ensure that accommodations coincide with the start of the semester. Services received in high school or at other colleges/universities, or identified through a recent diagnosis do not automatically transfer to Parkland College. You must provide documentation of disability. This can include: a letter from a physician, an IEP, 504 plan, psychological evaluation or similar documents.

Note: Accommodation letters from other colleges or universities are not acceptable forms of documentation.
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

If you have questions about getting registered with the DS office, contact Kristen Murray, Department Secretary at 217-353-2338 or via email at disabilityservices@parkland.edu.

Parkland College Library
Located on two floors in the College Center, the College Library is a comfortable place to study, research, browse, and work with friends. Librarians are available to assist and guide you. Full-text databases are available online 24 hours a day 7 days a week. You may access these databases from off-campus using your ParklandOne login. While on campus, you can use your laptop and smart devices to access the Wi-Fi network.

Your Parkland ID is your Library card. You may renew library materials online in the Library catalog or call 217-353-2223. Fines and/or fees are charged for overdue, lost or damaged materials. Printing and photocopying are available in black and white (10 cents per page) and color (50 cents per page). Laptops, Kindles, calculators, headphones and more can be checked out at the Service Desk.

Get help! Use the Ask-A-Librarian service for chat, text, email, and phone assistance. For more information, see the library website or call a librarian at 217-373-3938.

Public Safety/Campus Police Department
The Parkland College Police Department, also known as Public Safety, is a full service police agency covering the campus 24 hours a day, including holidays. The officers are trained as EMTs and First Responders to provide emergency medical care. The Police Department offers many services which include escorts, lost and found, and vehicle assists. The college hours are 7 a.m. to 10 p.m. Monday through Friday and 7 a.m. to 4 p.m. on Saturdays. The campus is closed on Sundays and holidays.

The department can be reached by:
- Visiting the main office at A160
- Calling 217-351-2369
- Dialing 911 from a campus phone
- Using emergency call boxes conveniently located throughout the campus

Presentation Center
The Presentation Center in C150 provides assistance developing, organizing, and practicing individual or group presentations – including outline development as well as coping with speaking anxiety. The Presentation Center is available to all students, faculty, and staff on a drop-in basis or by appointment during the regular semester.

For additional information go to the presentation center website, send an email query to presentationcenter@parkland.edu, or contact Coordinator Jody Littleton at 217-351-2532.

Recording in the Classroom
Students who wish to record classroom or other learning activities must request permission from the instructor prior to doing so. Students may record classroom and other learning activities as an accommodation under the American with Disabilities Act once the Disability Services ID Card from the Office of Disability Services is
presented to the instructor. Permission for recordings of classroom learning activities is given solely for the student’s personal study and review and may not be used for any other purposes.

Tech Service Desk
The Tech Service Desk is a one-stop shop for Parkland students seeking assistance with Parkland technologies, including my.parkland, email, Cobra Learning, Wi-Fi, ParklandOne, Microsoft Office 365, and more.

The Tech Service Desk may be contacted in several ways. You can:

- Call 217-353-3333
- Email TechHelp@parkland.edu
- Stop by Room A184
  - Service hours:
    - 7:30 a.m. to 6 p.m. Monday through Thursday
    - 7:30 a.m. to 5 p.m. Friday
- Visit the Parkland Library
  - Tech assistance available:
    - 10 a.m. to 2 p.m. Monday through Thursday
    - 10 a.m. to 12 p.m. Friday
- Access the Tech Service Desk Website

For helpful articles, check out the Parkland College KnowledgeBase

Title IX – Sexual Harassment, Violence, and Misconduct
We are committed to assuring a safe and productive educational environment for all students. In order to meet this commitment and to comply with Title IX of the Education Amendments of 1972 and guidance from the Office of Civil Rights, the College requires faculty members to report incidents of sexual violence shared by students to the College’s Title IX Coordinator, Vice President of Student Services, Michael Trame. The only exceptions to the faculty member’s reporting obligation are when incidents of sexual violence are communicated by a student during a classroom discussion, in a writing assignment for a class, or as part of a college-approved research project. Faculty members are obligated to report sexual violence or any other abuse of a minor (any person under 18 years of age) to the Illinois Department of Children and Family Services (DCFS). Information regarding the reporting of sexual violence and the resources that are available to victims of sexual violence is available at http://www.parkland.edu/resources/safecampus/titleIXharassmentdiscrimination.aspx

Title IX – Pregnancy
Title IX of the Education Amendments of 1972 provides pregnant students with certain rights regarding their education. For information, contact Dr. Marietta Turner, Dean of Students at 217-351-2505 or via email at mturner@parkland.edu.

URLs for Accessing Relevant Online Resources

Student Policies and Procedures Manual and Conduct Code: www.parkland.edu/studentLife/policies

Consequences of academic dishonesty: http://www.parkland.edu/studentLife/policies (Student Policies & Procedures Manual, page 5)
Inclement Weather

The basic philosophy of the College is to keep the campus open if at all possible during inclement weather. Closing the College is always a difficult decision to make in view of the large geographical area which is served by Parkland. We also know that timing is important during the day AND evening, as students and/or faculty and staff may already be in route to the campus at the time the decision is made. The decision to close does include classes offered by Parkland at area learning centers throughout the District.

The conditions both on campus and in surrounding areas are monitored very closely during inclement winter weather. If it becomes necessary to close the campus during the day and/or evening when classes are in session, an announcement will be made over the public address system, to local radio/tv and on our website by 3:00 p.m. If weather conditions deteriorate overnight, a decision is made by 5:00 a.m., Monday through Saturday.

Radio and television stations are contacted always if the campus is closed due to weather conditions. The media will accept closings only; consequently, if you do not hear Parkland mentioned, then the College is open. The Switchboard on campus and the college’s radio station WPCD (88.7 FM) are kept apprised of announcements, as well as Parkland’s website. In addition, the following stations are contacted if the College closes:

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<tr>
<th>Radio Station</th>
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<tbody>
<tr>
<td>WDWS/WHMS</td>
<td>1400 AM/97.5 FM</td>
<td>Champaign</td>
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<tr>
<td>WLRW/WIXY</td>
<td>94.5 FM/100.3 FM</td>
<td>Champaign</td>
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<tr>
<td>WBCP</td>
<td>1580 AM</td>
<td>Champaign</td>
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<td>WILL</td>
<td>90.9 FM/580 AM</td>
<td>Urbana</td>
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<tr>
<td>WPCD</td>
<td>88.7 FM</td>
<td>Champaign</td>
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TV Station
- WAND
- WCIA
- WICD
Clinic Emergencies:

Activate 911 Icon on computer screen, notify instructor and clinical DDS. Remain with patient, access medical history for emergency personnel.

College Emergencies:

Students are encouraged to add Public Safety phone number into their personal cell phones. Students are encouraged to take their car keys and cell phones into clinic sessions in case of an emergency. Car keys and cell phones should be kept in their clinic boxes. Students should leave the building immediately upon notice of evacuation. Students are not allowed to return to locker room for personal belongings. If patients are present, student should assist their patient during evacuation. Students should not return to campus until notified as all clear.
BACKGROUND:
Spoken and written language skills are critical to student success in clinical courses. Accurate communication between the student and patients and families, care providers, physicians, all hospital employees, and faculty is essential to effective patient care, and patient safety. It is always with the care and safety of the patient in mind that the following procedures have been developed:

POlICy:

1. The purpose of the COMPASS exam is to evaluate if a student has the requisite reading, writing, and math skills to enter the first level of college courses at Parkland College.
2. The purpose of the ibt TOEFL exam is to evaluate if the student has the requisite English Language skills in reading, listening, speaking, and writing to enter a clinical course and to practice in such a way that they can understand and be understood, so that safe care is provided.
3. The following students will be required to take the ibt TOEFL exam:
   a. All students seeking admission into a Health Profession program for whom English is a second language and/or
   b. Have taken COMPASS ESL and/or ESL classes, and/or
   c. Have attended a high school or college where a language other than English is spoken, and/or
   d. Any student who scores greater than 61 on the ibt TOEFL, and did not take ESL classes, but scored lower than the minimum required to enter the program, must retake the ibt TOEFL to demonstrate they meet the minimum scores required of the program in reading, listening, speaking, and writing.
4. Once admitted to a Health Professions program, if oral or written communication jeopardizes patient safety, regardless of the ibt TOEFL score, the student will be asked to withdraw from the course with a recommendation to take coursework to first improve their English skills. Since readmission policies vary according to programs, students should see their Program Director and Program Student Handbook regarding the readmission procedures.
5. Students will be required to take the TOEFL iBT Assessment prior to admission to a HP program.

PROCEDURE:
1. Students must meet the minimum sub set scores required by the program in reading, listening, speaking, and writing in order to qualify for the program. See the catalogue for the minimum sub set numbers. TOEFL iBT scores below 61 do not qualify to take college level courses. Students are not accepted to a Health Profession Program until they have qualified by meeting all requirements of the program.

2. Because English language skills develop with practice over time, TOEFL scores will only be accepted six months apart, and after the student’s performance plan is implemented. Any scores more frequent will not be accepted.

3. Scores older than two years at the time of submission are invalid.

4. Students, who score at or below TOEFL iBT 61, will be advised to see the Program Director for ESL to enroll in the appropriate courses.

5. Students who score above 61, but not high enough to meet the minimum sub set score in each area should make an appointment to see a counselor to develop a performance plan that assists them to take steps to use the English language skills at a more advanced level, such as: working in a position that requires listening and speaking English every day, COM 103 Intro to Speech Communication, COM 120 Interpersonal Communication, COM 140 Voice and Diction, COM 200 Principles of group discussion, and THE 103 Performance of Literature, and/or practice with "American Speech Sounds" software on the CAS computers.

6. Any student with a qualifying TOEFL score, and demonstrates unclear verbal or written language which causes concerns regarding patient safety or failure to demonstrate progress that may affect employability during clinical, will receive a recommendation or requirement to implement a development plan that will assist them in improving their English skills.

7. Any student with a qualifying TOEFL score that demonstrates unclear verbal or written language, which causes concerns regarding patient safety, may be dismissed from the program.

8. If a student is not admitted due to
   a. low TOEFL scores, or
   b. is dismissed from the program due to language and safety issues, and/or
   c. is able to be considered for readmission according to the program handbook,

is required to present to the faculty and/or Program Director the following prior to being considered for admission/readmission:
   1. Evidence that a performance plan was developed with a counselor or Program Director.
   2. TOEFL scores that were taken at least 6 months after the performance plan was implemented.
PURPOSE:
Patient and Student Safety

DEFINITIONS:

ESL student – Anyone for whom English is a second language, has taken ESL classes, and/or has attended a non-English speaking high school or college.
TOEFL: Test of English as a Foreign Language
iBT: internet based test

Date: December 19, 2012

Program Directors

Rebecca Bahnke
HP Policy and Procedure Chair

Bobbi Scholze
HP Department Chair

Date: January 14, 2013

Date: January 14, 2013
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

Subject: Health Professions Student
Program: All Programs Hearing Process
Policy Number: 1
HP Policy Committee Approval Date:
Effective Date: 03/26/2012
Last Review Date:
Page: 1 of 2 Revised Date: 12/06/12, 01/14/2013
Final Draft Approval Date: 11/01/2010
Supersedes:

POLICY: This document reflects a process

PURPOSE:
The purpose of the Health Professions (HP) Faculty Committee is to extend the informal departmental process, and to provide perspective and direction to the HP faculty, Program Director, and Chair regarding difficult student/faculty issues.

PROCEDURE:

Procedure: Initiation of the Committee
1. Faculty, Program Directors, and the Dean retain their decision-making authority as outlined by Parkland College procedures. The committee is optional and has a consultative role only.
2. The committee will be comprised of three to four HP faculty members or counselors, selected by the Vice Chair, who have no knowledge or involvement in the situation to be reviewed. Each of the members selected will have a vote.
3. The Vice Chair will appoint the Committee Chair.
4. The committee will be called after all procedures outlined by the Program are exhausted.
5. The committee will be called after the informal process outlined for each program has been followed.
6. Both the student and the faculty involved will have an opportunity to present to the committee.
7. The committee decisions are recommendations for the faculty, the student, and/or the Department Dean to consider.

Procedure: The Hearing
1. The student presents first, the faculty second. The student should wait until the faculty has presented in case the committee has follow-up questions. The faculty should wait if there are follow-up questions for the student.
2. The student may bring a support person; however, the support may not speak and cannot be legal counsel.

Time Line

[69]
PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES

1. The option of a hearing should be used by midterm of the following semester of the incident.
2. Once a hearing is requested, the committee will be formed within two weeks.
3. The Committee Chair will make their recommendations to the Vice Chair and the persons involved (student and faculty) in writing within 24 hours of the hearing.
4. The Vice Chair will make their decision known to the student and the Deans (Pam Lau, Marietta Turner), as necessary, within 24 hours following the issuing of the written report.

Documentation

1. All documentation presented to the committee is confidential.
2. All documentation and notes written by the committee are collected by the Vice Chair at the end of the session and are returned to the Dean and preserved in the Health Department Dean’s office.
3. These documents, as well as a copy of the Committee response to the faculty and student are sent on to the Dean of Academic Services or anyone in charge of grade appeal, or the formal grievance and form the College’s official record of events.
4. Under no circumstances should any notes or documents be destroyed or removed from the hearing room.
5. If copies are to be shredded, they will be done so by the Department of Health Professions Administrative Assistant on the Direction of the Dean.

________________________________________  Date: __________
Program Directors

________________________________________  Date: __________
HP Policy and Procedure Chair

________________________________________  Date: __________
HP Department Chair

Attachments to Policy (on M: Drive):

Sample Agenda

Sample Findings Report to Health Professions Department Chair

[70]
POLICY: Students have the right to withdraw, and Faculty have the right to assign a grade in certain circumstances.

PURPOSE: To outline circumstances in which students retain the right to withdraw and/or faculty retain the right to assign a grade.

BACKGROUND: Parkland College Health Professions recognize the student’s right to withdraw as outlined in Parkland College Policy 8.04-8.04.01 as well as the faculty right to assign a grade. At times these rights intersect and are determined by the outcome of the student’s right to due process.

DEFINITIONS: None

PROCEDURE:

1. Students who have been dismissed from a clinical site may receive a clinical failure. Students who receive a clinical failure may not withdraw without the permission of faculty and may or may not be placed in a clinical facility.

2. A student may earn an F and not a W if the student has been involved in illegal, unethical or grossly unsafe practices at clinical.

3. Additionally, a clinical student may earn an F and not a W when the student has not successfully met the specified requirements of a remediation plan or demonstrates such behaviors during the last semester even in the absence of prior issues.

4. If a student fails clinical course with reasons previously stated, the student may not be eligible for admission to any Parkland health career program.
5. A statement should be entered on STARK by the PD that the student is no longer eligible for admission to an HP program.

6. The student has the right to dispute the faculty decision and may choose from the following procedures:

   a. Informal – Follow the Chain of Command and the Department Process – Course Instructor, Program Director, Department Chair, and Health Professions Review Committee
   b. Formal – Grievance, Policy 8.15-8.15.02
   c. Formal – Grade Appeal, Policy 8.15.03

7. The attached flow charts describe the interface of these policies, the options available to the student, and the rights of students and faculty at each step of the process. See Attachment A, B, C.

_____________________________________  Date:  _________________
Program Directors
_____________________________________  Date:  _________________
HP Policy and Procedure Chair
_____________________________________  Date:  _________________
HP Department Chair
POLICY:
1. The Health Professions Department:
ascribes to,
models,
teaches the professional behavior and
the values and work ethics of Parkland College, * expected in each graduate.

The Institute of Medicine Interprofessional Model 2011 and the American Nurses Association Principles for Social Networking 2012 are used as a model for common interprofessional behaviors for all Health Professions.

Each program also has a professional model where applicable.

Trust, as well as professional and ethical behavior is a graduation requirement for all Health Profession students.

PURPOSE:
To identify principles of social networking as
a. a model for faculty behavior
b. a model for student behavior
c. a model for curriculum content
   a. to identify the impact of social networking on public trust
   b. to identify faculty roles and responsibilities in relation to social networking and developing professional behavior.

BACKGROUND:
See the Interprofessional Teamwork Policy approved 9-17-13
See any Discipline – Specific Professionalism document publically distributed.

DEFINITIONS:
Social Networking – any method of networking including the internet.

PROCEDURE:

Faculty Responsibilities:

1. The faculty recognizes that professionalism and professional behavior is learned behavior, and as such, it is the faculty responsibility and accountability to their students and profession to: a. teach professionalism,
b. determine when and to what extent the professional behavior must be demonstrated, and
c. evaluate and judge the professional behavior of students both in and outside the classroom.

2. The faculty recognizes that Licensure and certification are the symbols of public trust. To that end,
a. Faculty has the right and an obligation to teach and develop professionalism
b. Faculty holds students accountable for behaving in a way that engenders trust.
c. Faculty also has the right and obligation to dismiss from the program, students who
demonstrate severe breeches of trust or professional behavior at any time.

3. The following concepts are important to impart to students:
a. It is the faculty obligation to introduce students to the “nature, benefits, and consequences of
participating in social networking of all types. Unintended consequences of poor judgment can
breach a patient’s privacy, damaging patient’s trust in the professional and the profession, and
damage the student’s professional and personal future”. (ANA Social Networking policy
statement)
b. Internet is both public and permanent.
c. Conduct on the internet is a public act and can be scrutinized and judged the same way as any
other public act.
d. Trust, compassion, caring, dignity, and respect are Parkland College and Health Professions
program values, and as such are observed and evaluated by faculty. These values should be
inherent in the behavior of very Health Professions student and are fundamental to professional
judgment.
e. Patient privacy is a legal and ethical obligation at all times, in all environments, even online.
f. Linking students with faculty online in a social setting is generally not advised until after
graduation.
g. The faculty teach and model the positive side of social networking:
   • Interact/learn from colleagues
   • Future relationships
   • Mentoring
   • Forum for collegial with changes and development
   • Professional vehicle for educating the public

Student Responsibilities:

1. To demonstrate:
a. Professional behaviors required: by their profession, the Interprofessional
   Teamwork Policy, and the Social Networking Policy.
b. Behavior that engenders faculty trust in their ability to be a member of their chosen
   profession.
c. Professional behaviors at all times.
d. Trust, professional and ethical behavior as a requirement for graduation
   i. Understanding that unprofessional behavior results in a loss of faculty trust.
   ii. Understanding that once lost, trust cannot always be rebuilt.
e. If faculty determines that trust can be rebuilt, it is the student’s responsibility and
   accountability to rebuild that trust.
f. Faculty have a right and a responsibility to
   i. Teach professionalism,
ii. Determine when and to what extent the professional behavior must be demonstrated, and
iii. Evaluate and judge the professional behavior of students both in and outside the classroom.
iv. Determine the action appropriate when behavior is not professional.

The Principles of Social Networking supported by Health Professions are as follows:

1. Health Professionals must not transmit or place online individually identifiable patient information. Health professionals must know their legal and ethical responsibilities, as well as their own (clinical) organization’s policies, regarding their responsibility to protect patient privacy, whether online or offline. Merely removing someone’s name (or face, in the instances of images) from a communication does not necessarily protect the person’s identity. Under federal law (HIPPA) protected “individually identifiable information” includes health information that identifies the individual or can reasonably be used to identify the individual in any form (oral, written, or otherwise) that relates to the past, present, or future physical or mental health of an individual.

2. Health Professionals who interact with patients on social media must observe ethically prescribed patient-HP boundaries. The precepts guiding health professionals in these matters are no different online than in person.

3. Health Professionals should evaluate all their postings with the understanding that a patient, colleague, educational institution, or employer could potentially view those postings. Online content and behavior has the potential to either enhance or undermine not only the individual health professional’s career but also their profession.

4. Health Professionals should take advantage of privacy settings available on many networking sites in their personal online activities and seek to separate their online personal and professional sites and information. Use of privacy settings and separation of personnel and professional information online does not guarantee, however, that information will not be repeated in less protected forums.

5. As a patient’s advocate, health professionals have an ethical obligation to take appropriate action regarding instances of questionable healthcare delivery at an individual or a systems level that reflect incompetent, unethical, illegal, or impaired practice. Health professionals that view social media content posted by a colleague that violates ethical or legal standards should first bring the questionable content to the attention of the colleague so that the individual can take appropriate action.

If the posting could threaten a patient/person’s welfare, or right to privacy regarding health information, the health professional has the obligation to report the matter to a supervisor or a designated person within the institution or entity for follow-up. If the questionable practice is not addressed in the employment setting and seriously jeopardizes the patient/person’s safety and wellbeing, the professional may need to report the problem to external authorities. Accurate reporting and factual documentation – not merely an opinion- should always support such responsible actions.
6. Health Professionals are encouraged to participate in the development of policies and procedures in their institutions and organizations for handling reports of online conduct that may raise legal concerns or be professionally unethical. Such official channels can protect the rights of those participating and can offer remedial action for the patient/person, while offering fairness, support, and nonpunitive correction and training for a nurse’s inadvertent mistakes.

_____________________________________  Date:  _________________

Program Directors

_____________________________________  Date:  _________________

HP Policy and Procedure Chair

_____________________________________  Date:  _________________
**PARKLAND COLLEGE HEALTH PROFESSIONS POLICY AND PROCEDURES**

**Subject:** HP Model for Building Professional And Interprofessional Teamwork  
**Program(s):** All Health Professions

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<th>HP Policy Committee Approval Date:</th>
<th>Effective Date: 9-17-13</th>
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**Policy Number:** 5.5.5  
**Page 1 of**  
**Final Draft Approval Date:** 9-17-13

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**POLICY:**  
1. Faculty recognizes that professionalism and professional behavior is learned behavior, and as such, it is the faculty responsibility and accountability to their students and profession to teach professionalism, and to evaluate and judge the professional behavior of students both in and outside the classroom.

2. It is the student’s responsibility to adhere to the behaviors as the competencies are introduced in each program.

3. Health Professions faculty has chosen an interprofessional model based on the work of the Institute of Medicine and the Interprofessional Education Collaborative (AACN, AACOM, AACP, ADEA, AAMC, ASPH) in Core Competencies for Interprofessional Collaborative Practice, 2011.

**PURPOSE:**  
The Model for Building Professional and Interprofessional Teamwork provides a common framework for transforming health professions education so that:

1. HP faculty has a common framework in order to build curriculum and methodologies to teach interprofessional teamwork.

2. Students are clear about the competencies that are required for interprofessional teamwork and will understand the process they experience as they develop professional and interprofessional behaviors and competencies.

3. Faculty and students are able to model interprofessional competencies and behavior.

4. Faculty establish a common goal of interprofessional learning: “Preparing health professions students for deliberately working together with the goal of building a safer and better patient-centered and community/population oriented US healthcare system.” Pg.3

**BACKGROUND:**

1. During the first IOM conference in 1972, established the goal of promoting a more team-based approach to education and practice: “Interprofessional practice has unique characteristics in terms of values, codes of conduct, and ways of working. These characteristics must be elucidated and interaction is necessary between the professional system of each profession and the education system, with research to inform and evaluate.” Pg. 8

2. Pronovost and Vohr, 2010, p137 established that, “We all have a moral obligation to work together to improve care for patients.” Pg. 19
3. The faculty accepts the general competency statements – VE. “Work with individuals of other professions to maintain a climate of mutual respect and shared values.” Pg. 19

4. Interprofessionality is a field of interprofessional practices and interprofessional education. Pg. 9

5. “Mutual trust and respect are foundational to interprofessional working relationships for collaborative care delivery across the health professions.” Pg. 18

DEFINITIONS:

- Interprofessionality – “the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population, involving continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues all while seeking to optimize the patient’s participation pg. 8
- Interprofessional Teamwork – The process of working collaboratively across the health professions with the common goal of patient-centered care.

PROCEDURE:

1. The work of the Interprofessional Education Collaborative will be used as the framework to guide curriculum development across the professions.
2. Barr’s (1998) competencies are used to develop professional competency: individual professional competencies, common competencies, and collaborative competencies. Pg. 13
3. The IOM core competencies of interprofessional teams will be utilized: Provide patient-centered care, Apply Quality Improvement, Employ Evidence-based practice, and Utilize Informatics. Pg. 14
4. The faculty support the following general competencies through role modeling and teaching:
   D1. Values and Ethics: Work with individuals of other professions to maintain a climate of mutual respect and shared values.
   D2. Roles /Responsibilities: Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.
   D3. Communicate: Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
   D4. Team/Teamwork: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable. Pg. 19
5. The faculty support and model the specific competencies under each domain. (See attached)
6. Curriculum will contain the competency/ies of focus, the goal, the knowledge, skill or attitude addressed, placement in the curriculum for each discipline (exposure, immersion, or
7. Opportunities for collaboration will be discussed in PD meetings to identify opportunities, and encourage teamwork and collaboration.

Program Directors

Date: _________________

HP Policy and Procedure Chair

Date: _________________

HP Department Chair

Date: _________________
Core Competencies for Collaborative Practice

Teamwork

Team Development, Roles & Effective Practices
Team Concensus on Ethical Principles
Engage Other Professionals in Team Problem Solving
Integration of Knowledge, Experience & Collaboration

Patient Centered Care
Respect & Dignity
Honesty & Integrity
Embrace Cultural Diversity
Public Trust
Ethical Quality Care

Respectful Language
Active Listening
Encourage Ideas
Positive Relationships
Instructive Feedback
Unique Contributions

Know Team Roles
Maintain Competence
Recognize Limitations
Use Full Scope of Knowledge
Communicate w/Members
Engage Interprofessionality

Sponsored by the Interprofessional Education Collaborative
AACN, AACOM, ADEA, AAMC, ASPH
AMERICAN DENTAL EDUCATION ASSOCIATION

Statement on Professionalism in Dental Education

As Approved by the 2009 ADEA House of Delegates
The American Dental Education Association (ADEA) is committed to developing and sustaining institutional environments within the allied, predoctoral, and postdoctoral dental education community that foster academic integrity and professionalism.

The ADEA Task Force on Professionalism in Dental Education was charged by the ADEA Board of Directors with the development of an ADEA Statement on Professionalism in Dental Education for the dental education community. All seven ADEA Councils endorsed this effort and were represented on the Task Force. Through its work, the Task Force sought to identify and clarify those personal and institutional values and behaviors that support academic integrity and professionalism in dental education and that are aligned with the existing values and codes of the dental, allied dental, and higher education professions.

The Task Force acknowledges and respects that each academic dental education institution has its own unique culture, institutional values, principles and processes, and in some cases, codes of conduct for institutional members. The ADEA Statement on Professionalism in Dental Education is not intended to replace or supersede these codes.

The Task Force hopes that this ADEA Statement on Professionalism in Dental Education stimulates broad discussions about professional behavior in dental education, provides guidance for individual and institutional behavior within dental education, and in so doing supports professionalism across the continuum of dental education and practice.

VALUES DEFINING PROFESSIONALISM IN DENTAL EDUCATION

The Task Force identified and developed the following six values-based statements defining professionalism in dental education:

**Competence**

Acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.

**Fairness**

Demonstrating consistency and even-handedness in dealings with others.

**Integrity**

Being honest and demonstrating congruence between one’s values, words, and actions.

**Responsibility**

Being accountable for one’s actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.
Respect
Honoring the worth of others.

Service-mindedness
Acting for the benefit of the patients and the public we serve, and approaching those served with compassion.

A discussion of each of these values follows and includes a more full definition of each value and a description of the behaviors that enactment of the value requires and to which all members of the dental education community can aspire.

In developing the ADEA Statement on Professionalism in Dental Education, the Task Force sought to align the Statement with existing codes of ethics and conduct within the allied, predoctoral, and postdoctoral dental communities. To illustrate the continuity of these values between the dental education community and the practicing community, the discussion of each value includes a reference to the ethical principles espoused by the American Dental Association (ADA Principles of Ethics and Code of Professional Conduct) and the American Student Dental Association (ASDA Student Code of Ethics), and the values expressed in the American Dental Hygienists’ Association’s Code of Ethics for Dental Hygienists.

Finally, examples of how the value applies to different constituencies within the dental education community are provided.

DETAILED DEFINITIONS OF THE SIX VALUES

**Competence:** acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.

Expanded Definition: Encompasses knowledge of oral health care (having acquired the unique knowledge, skills, and abilities required for effective provision of clinical care to patients); knowledge about how people learn and skills for effective pedagogy (including developing curriculum and assessments); knowledge of ethical principles and professional values; lifelong commitment to maintain skills and knowledge; modeling appropriate values as both an educator and a dental professional; developing ability to communicate effectively with patients, peers, colleagues, and other professionals; recognizing the limits of one’s own knowledge and skills (knowing when to refer); and recognizing and acting upon the need for collaboration with peers, colleagues, allied professionals, and other health professionals. Includes recognizing the need for new knowledge (supporting biomedical, behavioral, clinical, and educational research) and engaging in evidence-based practice.

Alignment with:
- ADA Principles of Ethics: beneficence and nonmaleficence
- ADHA Code for Dental Hygienists: beneficence and nonmaleficence
- ASDA Student Code of Ethics: beneficence and nonmaleficence

Examples:
1. **For students:** Learning oral health care is a top priority. Develop the habits and practices of lifelong learning, including self-assessment skills. Accept and respond to fair negative feedback about your performance (recognize when you need to learn). Learn and practice effective communication skills. Know the limits of your knowledge and skills and practice within them; learn when and how to refer.

2. **For faculty:** Engage in lifelong learning and evaluate and enhance your abilities in this area; model continuous professional development in oral health care and pedagogy. Ensure curricular materials are current and relevant. Model effective interactions with patients, colleagues, and students; accept and respond to constructive criticism about your performance (recognize when you need to learn). Know the limits of your skills and practice within them; model how and when to refer; acknowledge and act on the need for collaboration.

3. **For researchers:** Generate new knowledge. Engage in lifelong learning and evaluate and enhance your abilities in this area; model continuous professional development. Model effective interactions with patients, colleagues, and students; accept and respond to fair negative feedback about your performance (recognize when you need to learn).

4. **For administrators and institutions:** Set high standards. Learn and practice effective self-assessment skills; accept and respond to fair negative feedback (recognize the need for institutional learning and address it); acknowledge and act on the need for collaboration. Support the learning needs of all members of the institution and encourage them to pursue lifelong learning.

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**Fairness: demonstrating consistency and evenhandedness in dealings with others.**

**Expanded Definition:** Encompasses consideration of how to best distribute benefits and burdens (to each an equal share, to each according to need, to each according to effort, to each according to contribution, to each according to merit are some of the possible considerations); encompasses evenhandedness and consistency; includes setting process standards, striving for just consideration for all parties, ensuring consistency in application of process (following the rules) while recognizing that different outcomes are possible, transparency of process, and calibration; consistent, reliable, and unbiased evaluation systems; commitment to work for access to oral health care services for underserved populations.

**Alignment with:**
- ADA Principles of Ethics: justice, beneficence, nonmaleficence
- ADHA Code for Dental Hygienists: justice and fairness, beneficence, nonmaleficence
- ASDA Student Code of Ethics: justice, nonmaleficence and beneficence

**Examples:**
1. **For students:** Follow institutional rules and regulations. Promote equal access to learning materials for all students and equal access to care for the public.
2. For faculty: Use appropriate assessment and evaluation methods for students; view situations from multiple perspectives, especially those that require evaluation; provide balanced feedback to students, colleagues, and the institution. Use evidence-based practices. Promote equal access to oral health care.

3. For researchers: Set high standards for the conduct of research and use unbiased processes to assess research outcomes. Generate data to support evidence-based practice and education.

4. For administrators and institutions: Set high standards and ensure fair, unbiased assessment and evaluation processes for all members of the institution, including applicants to educational programs. Ensure that institutional policies and procedures are unbiased and applied consistently; ensure transparency of process. Provide leadership in promoting equal access to care for the public.

**Integrity: being honest and demonstrating congruence between one’s values, words, and actions.**

Expanded definition: Encompasses concept of wholeness and unity; congruence between word and deed; representing one’s knowledge, skills, abilities, and accomplishments honestly and truthfully; devotion to honesty and truthfulness, keeping one’s word, meeting commitments; dedication to finding truth, including honesty with oneself; willingness to lead an examined life; willingness to engage in self-assessment and self-reflection; willingness to acknowledge mistakes; commitment to developing moral insight and moral reasoning skills; recognizing when words, actions, or intentions are in conflict with one’s values and conscience and the willingness to take corrective action; dedication and commitment to excellence (requires more than just meeting minimum standards), making a continual conscientious effort to exceed ordinary expectations; encompasses fortitude, the willingness to suffer personal discomfort, inconvenience, or harm for the sake of a moral good.

Alignment with:
- ADA Principles of Ethics: beneficence, nonmaleficence, and veracity
- ADHA Code for Dental Hygienists: beneficence, nonmaleficence, and veracity
- ASDA Student Code of Ethics: nonmaleficence and beneficence, dental student conduct

Examples:

1. For students: Strive for personal and professional excellence. Take examinations honestly; make entries in patients’ records honestly.

2. For faculty: Strive for personal and professional excellence in teaching, practice, research, or all of these. Represent your knowledge honestly.

4. For administrators and institutions: Strive for personal, professional, and institutional excellence. Use appropriate outcomes measures and acknowledge openly when improvements need to be made. Ensure institutional systems and structures are honest, open, and respectful and do not create undue conflicts.

**Responsibility**: being accountable for one’s actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.

Expanded Definition: Encompasses the concepts of obligation, duty, and accountability; requires an appreciation of the fiduciary relationship (a special relationship of trust) between oral health professionals and patients, and the profession and society. Accountability requires fulfilling the implied contract governing the patient-provider relationship as well as the profession’s relationship to society; includes standard setting and management of conflicts of interest or commitments as well as meeting one’s commitments and being dependable. It requires striking a morally defensible balance between self-interest and the interest of those who place their trust in us, our patients and society; keeping one’s skills and knowledge current and a commitment to lifelong learning; and embracing and engaging in self-regulation of the profession, including peer review and protecting from harm those who place their trust in us.

Alignment with:

- ADA Principles of Ethics: beneficence and nonmaleficence
- ADHA Code for Dental Hygienists: beneficence and nonmaleficence
- ASDA Student Code of Ethics: nonmaleficence and beneficence

Examples:

1. For students: Meet commitments; complete assignments on time; make your learning a top priority. Acknowledge and correct errors; report misconduct and participate in peer review.

2. For faculty: Continuously improve as a teacher; stay current; set high standards. Respect time commitments to others; be available to students when assigned to teach; meet commitments. Acknowledge and correct errors; report and manage conflicts of interest or commitment. Ensure that all patient care provided is in the best interest of the patient; ensure that patient care provided is appropriate and complete; protect students, patients, and society from harm. Report misconduct and participate in peer review.

3. For researchers: Know and practice the rules and regulations for the responsible conduct of research; stay current. Meet commitments; report and manage conflicts of interest or commitment; report scientific misconduct and participate in peer review.

4. For administrators and institutions: Continuously improve as administrators. Use appropriate institutional outcomes assessments and continuously improve institutional systems and processes; acknowledge and correct errors. Report misconduct and support institutional peer review systems.
Respect: honoring the worth of others.

Expanded Definition: Encompasses acknowledgment of the autonomy and worth of the individual human being and his/her belief and value system; sensitivity and responsiveness to diversity in patients’ culture, age, gender, race, religion, disabilities, and sexual orientations; personal commitment to honor the rights and choices of patients regarding themselves and their oral health care, including obtaining informed consent for care and maintaining patient confidentiality and privacy (derives from our fiduciary relationship with patients); and according the same to colleagues in oral health care and other health professions, students and other learners, institutions, systems, and processes. Includes valuing the contributions of others, interprofessional respect (other health care providers), and intraprofessional respect (allied health care providers); acknowledging the different ways students learn and appreciating developmental levels and differences among learners; includes temperance (maintaining vigilance about protecting persons from inappropriate over- or undertreatment, abandonment, or both) and tolerance.

Alignment with:

- ADA Principles of Ethics: autonomy, beneficence and nonmaleficence
- ADHA Code for Dental Hygienists: individual autonomy and respect for human beings, beneficence and nonmaleficence
- ASDA Student Code of Ethics: patient autonomy and nonmaleficence and beneficence

Examples:

1. For students: Develop a nuanced understanding of the rights and values of patients; protect patients from harm; support patient autonomy; be mindful of patients’ time and ensure timeliness in the continuity of patient care. Keep confidences; accept and embrace cultural diversity; learn cross-cultural communication skills; accept and embrace differences. Acknowledge and support the contributions of peers and faculty.

2. For faculty: Model valuing others and their rights, particularly those of patients; protect patients from harm; support patient autonomy. Accept and embrace diversity and difference; model effective cross-cultural communication skills. Acknowledge and support the work and contribution of colleagues; accept, understand, and address the developmental needs of learners. Maintain confidentiality of student records; maintain confidentiality of feedback to students, especially in the presence of patients and peers.

3. For researchers: Protect human research subjects from harm; protect patient autonomy. Accept, understand, and address the developmental needs of learners. Acknowledge and support the work and contributions of colleagues.

4. For administrators and institutions: Recognize and support the rights and values of all members of the institution; acknowledge the value of all members of the institution; accept and embrace cultural diversity and individual difference; model effective cross-cultural communication skills. Support patient autonomy, protect patients from harm, and safeguard privacy; protect vulnerable populations. Create and sustain healthy learning environments; ensure fair institutional processes.
Service-mindedness: acting for the benefit of the patients and the public we serve, and approaching those served with compassion.

Expanded Definition: Encompasses beneficence (the obligation to benefit others or to seek their goods as well as the primacy of the needs of the patient or the public, those who place their trust in us); the patient’s welfare, not self-interest, should guide the actions of oral health care providers. Also includes compassion and empathy; providing compassionate care requires a sincere concern for and interest in humanity and a strong desire to relieve the suffering of others; empathic care requires the ability to understand and appreciate another person’s perspectives without losing sight of one’s professional role and responsibilities; extends to one’s peers and co-workers. The expectation that oral health care providers serve patients and society is based on the autonomy granted to the profession by society. The orientation to service also extends to one’s peers and to the profession. Commitment of oral health care providers to serve the profession is required in order for the profession to maintain its autonomy. The orientation to service also extends to encouraging and helping others learn, including patients, peers, and students. Dental education institutions are also expected to serve the oral health needs of society not only by educating oral health care providers, but also by being collaborators in solutions to problems of access to care.

Alignment with:

- ADA Principles of Ethics: beneficence and justice
- ADHA Code for Dental Hygienists: beneficence, justice and fairness
- ASDA Student Code of Ethics: nonmaleficence and beneficence and justice

Examples:

1. For students: Contribute to and support the learning needs of peers and the dental profession. Recognize and act on the primacy of the well-being and the oral health needs of patients and society in all actions; provide compassionate care; support the values of the profession. Volunteer to work for the benefit of patients, society, colleagues, and the profession to improve the oral health of the public.

2. For faculty: Model a sincere concern for students, patients, peers, and humanity in your interactions with all; volunteer to work for the benefit of patients, society, colleagues, and the profession to improve the oral health of the public. Model recognition of the primacy of the needs of the patients and society in the oral health care setting and, at the same time, support the learning needs of students. Contribute to and support the knowledge base of the profession to improve the oral health of the public.

3. For researchers: Generate new knowledge to improve the oral health of the public; contribute to and support the learning needs of students, colleagues, and the dental profession. Model the values of and service to the dental profession and to relevant scientific and research associations; volunteer to serve the public and the profession; engage in peer review.

4. Administrators and institutions: Recognize and act on opportunities to provide oral health care for underserved populations. Encourage and support all members of the institution in their service activities; provide leadership in modeling service to the profession and the public.
APPENDIX

ADEA CODE OF PROFESSIONALISM IN DENTAL EDUCATION TASK FORCE MEMBERSHIP

Task Force Chair
Dr. Richard N. Buchanan, Dean, University of Buffalo School of Dental Medicine

Representing the Council of Allied Program Directors
Dr. Susan I. Duley, Associate Professor of Dental Hygiene, Clayton State University

Representing the Corporate Council
Mr. Daniel W. Perkins, President, AEGIS Communications

Representing the Council of Deans
Dr. Cecile A. Feldman, Dean, University of Medicine and Dentistry of New Jersey

Representing the Council of Faculties
Dr. Kenneth R. Etzel, Associate Dean, University of Pittsburgh School of Dental Medicine

Representing the Council of Hospitals and Advanced Education Programs
Dr. Todd E. Thierer, University of Rochester Eastman, Department of Dentistry

Representing the Council of Sections
Dr. Judy Skelton, Associate Professor, University of Kentucky, Division of Dental Public Health

Representing the Council of Students
Mr. Matthew MacGinnis, dental student, University of Southern California

ADA’s Council on Dental Education and Licensure
Dr. Frank A. Maggio, American Dental Association

Representing the ADA’s Council on Ethics, Bylaws and Judicial Affairs Dr. David Boden, American Dental Association

Representing the Commission on Dental Accreditation
Dr. James R. Cole II

Representing the American Student Dental Association
Mr. Michael C. Meru, dental student, University of Southern California

At-Large Representatives
Dr. Marilyn Lantz, Associate Dean, University of Michigan School of Dentistry Dr. Kathleen Roth, ADA Immediate Past President

References


ADEA Tool for Action on Professionalism in Dental Education

Each academic dental education institution has its own unique culture, institutional values, principles and processes, and (in some cases) code of conduct. The ADEA Tool for Action is intended not to replace or supersede these, but to help you understand and define professionalism and evaluate your own performance in this area.

**SIX VALUES DEFINING PROFESSIONALISM IN DENTAL EDUCATION**

1. Competence: acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.

   Competence includes knowledge of oral health care; a lifelong commitment to maintaining skills and knowledge; developing the ability to communicate effectively with patients, peers, colleagues, and other professionals; recognizing the limits of one’s own knowledge and skills; and recognizing and acting upon the need for collaboration with peers, colleagues, allied professionals, and other health professionals. It also includes recognizing the need for new knowledge and engaging in evidence-based practice.

**Questions to consider for self-evaluation of competence:**

Is learning oral health care my top priority?

Am I developing the habits and practices of lifelong learning, including self-assessment skills?

Do I accept and respond to fair negative feedback about my performance (i.e., recognize when I need to learn)?

Am I learning and practicing effective communication skills?

Do I know the limits of my knowledge and skills and practice within them?

Do I know when and how to refer?

Am I engaging in lifelong learning?

Am I modeling continuous professional development in oral health care and pedagogy?
Do I ensure curricular materials are current and relevant?
Do I model effective interactions with patients, colleagues, and students?
Do I acknowledge and act on the need for collaboration?
Do I generate new knowledge?
Do I set high standards?
Do I support the learning needs of all members of the institution and encourage them to pursue lifelong learning?

2. **Fairness**: demonstrating consistency and even-handedness in dealings with others. Fairness includes considering how to best distribute benefits and burdens; striving for just consideration for all; ensuring consistency in process while recognizing that different outcomes are possible; transparency in process and calibration; creating consistent, reliable, and unbiased evaluation systems; and working for access to oral health care services for underserved populations.

**Questions to consider for self-evaluation of fairness:**
Do I follow institutional rules and regulations?
Do I promote equal access to learning materials for all students and equal access to care for the public?
Do I use appropriate assessment and evaluation methods for students?
Do I view situations from multiple perspectives, especially those that require evaluation?
Do I provide balanced feedback to students, colleagues, and the institution?
Do I use evidence-based practices?
Do I promote equal access to oral health care? Do I set high standards for the conduct of research and use unbiased processes to assess research outcomes?
Do I generate data to support evidence-based practice and education?
Do I set high standards and ensure fair, unbiased assessment and evaluation processes for all members of the institution, including applicants to educational programs?
Do I ensure that institutional policies and procedures are unbiased and applied consistently?
Do I ensure transparency of process?
Do I provide leadership in promoting equal access to care for the public?

3. **Integrity**: being honest and demonstrating congruence between one’s values, words, and actions. Integrity includes congruence between word and deed (i.e., meaning what you say); representing one’s knowledge, skills, abilities, and accomplishments honestly and truthfully; willingness to engage in self-assessment and self-reflection; willingness to acknowledge mistakes; developing moral insight and moral reasoning skills; making a continual, conscientious
effort to exceed ordinary expectations; and willingness to suffer personal discomfort or inconvenience for the sake of a moral good.

Questions to consider for self-evaluation of integrity:
Do I strive for personal and professional excellence?
Do I take examinations honestly?
Do I make entries in patients’ records honestly?
Do I represent my knowledge honestly?
Do I report research outcomes honestly?
Do I use appropriate outcomes measures?
Do I acknowledge openly when improvements need to be made?
Do I ensure institutional systems and structures are honest, open, and respectful and do not create undue conflicts?

4. Responsibility: being accountable for one’s actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.
Responsibility includes the concepts of obligation, duty, and accountability, and it requires an appreciation of the trusting relationship between oral health professionals and patients, and between the profession and society. It also requires striking a morally defensible balance between self-interest and the interest of those who place their trust in us, our patients and society.

Questions to consider for self-evaluation of responsibility:
Do I meet commitments, complete assignments on time, and make learning a top priority?
Do I acknowledge and correct errors?
Do I report misconduct and participate in peer review?
Do I stay current as a teacher and set high standards?
Do I respect time commitments to others?
Am I available to students when assigned to teach?
Do I report and manage conflicts of interest or commitment?
Do I ensure that all patient care provided is in the best interest of the patient?
Do I ensure that patient care provided is appropriate and complete?
Do I protect students, patients, and society from harm?
Do I know and practice the rules and regulations for the responsible conduct of research?
Do I continuously improve as an administrator?
Do I use appropriate institutional outcomes assessments and continuously improve institutional systems and processes?

5. Respect: honoring the worth of others.

Respect includes acknowledging the worth of an individual and his or her beliefs and value system; being sensitive and responsive to diversity in patients’ culture, age, gender, race, religion, disabilities, and sexual orientation; obtaining informed consent for care; and maintaining patient confidentiality and privacy. It also includes extending the same considerations to colleagues in oral health care and other health professions, students and other learners, institutions, systems, and processes.

Questions to consider for self-evaluation of respect:
Am I developing a nuanced understanding of the rights and values of patients?
Do I protect patients from harm and support patient autonomy?
Am I mindful of patients’ time and ensure timeliness in the continuity of patient care?
Do I keep confidences?
Do I accept and embrace cultural diversity?
Am I learning cross-cultural communication skills?
Do I accept and embrace differences?
Do I acknowledge and support the contributions of peers and faculty?
Do I model valuing others and their rights, particularly those of patients?
Do I model effective cross-cultural communication skills?
Do I accept, understand, and address the developmental needs of learners?
Do I maintain confidentiality of student records?
Do I maintain confidentiality of feedback to students, especially in the presence of patients and peers?
Do I protect human research subjects from harm?
Do I recognize and support the rights and values of all members of the institution?
Do I create and sustain healthy learning environments?
Do I ensure fair institutional processes?
6. Service-mindedness: acting for the benefit of the patients and the public we serve, and approaching those served with compassion.

Service-mindedness includes seeking to benefit others and putting the needs of the patient or the public before self interest. It also includes the ability to understand and appreciate another person’s perspective without losing sight of one’s professional role and responsibilities. These considerations also extend to your peers and co-workers. Dental education institutions are also expected to serve the oral health needs of society not only by educating oral health care providers, but also by being collaborators in solutions to problems of access to care.

Questions to consider for self-evaluation of service-mindedness:
Do I contribute to and support the learning needs of peers and the dental profession?

Do I recognize and act on the primacy of the well-being and the oral health needs of patients and society? Do I provide compassionate care?

Do I support the values of the profession?

Do I volunteer to work for the benefit of patients, society, colleagues, and the profession?

Do I model a sincere concern for students, patients, peers, and humanity?

Do I model recognition of the primacy of the needs of the patients and society in the oral health care setting and, at the same time, support the learning needs of students?

Do I contribute to and support the knowledge base of the profession?

Do I model service to the dental profession and to relevant scientific and research associations?

Do I recognize and act on opportunities to provide oral health care for underserved populations?

Do I encourage and support all members of the institution in their service activities?

Do I provide leadership in modeling service to the profession and the public?
Verification of Understanding

I _________________________________________________ have read and understand the policies and procedures stated, and have been given the opportunity to ask questions about the Handbook. I have had all questions answered to my satisfaction.

I agree to follow the policies and procedures set forth in the Parkland College Dental Hygiene Policy and Procedures Manual.

Signature______________________________________ Date_____________________

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