The Diagnostics of Clinical Remediation: Teaching Dental Hygiene Clinical Instructors How to Teach

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Carolyn Ray, RDH, M.Ed.

Professor
Department of Dental Hygiene
University of Oklahoma
Oklahoma City, Oklahoma
Jane Gray, CDA, RDH, M.Ed.

Associate Professor
Senior Clinic Coordinator
Department of Dental Hygiene
University of Oklahoma
Oklahoma City, Oklahoma
Lizabeth Spoonts, RDH, M.S.

Associate Clinical Professor
1st Year Clinic Coordinator
Dental Hygiene Program
Texas Woman’s University
Denton, Texas
Course Objectives

• At the end of this course, you will be able to:
  • Identify instrumentation techniques that prevent students from achieving positive outcomes.
  • Formulate individualized clinical instruction unique to each student’s needs.
  • Communicate clinical instruction customized to achieve student competence.
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<tr>
<th>Time</th>
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<td>8:30 – 8:40</td>
<td>Faculty and course introductions</td>
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<td>8:40 – 10:00</td>
<td>Didactic Content</td>
<td>Historical Perspectives: Ray</td>
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<td>Novice Students: Spoonts</td>
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<td>Advanced Students: Gray</td>
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<td>10:00 – 10:10</td>
<td>Break</td>
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<td>10:10 – 11:30</td>
<td>Interactive Activities</td>
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Historical Perspectives

Where did the rules come from?
Instrumentation Textbooks

- 1916, 1921, 1927, 1934
  - Mouth Hygiene
    - Alfred Fones

  - Clinical Dental Hygiene
    - Shailer Peterson

- 1973, 1979, 1992, soon to come?
  - Periodontal Instrumentation
    - Anna Matsuishi Pattison
    - Gordon L. Pattison

- 2004, 2005
  - Essentials of Dental Hygiene: Pre-clinical Skills; and Clinical Skills
    - Mary Danusis Cooper
    - Lauri Wiechmann

  - Fundamentals of Periodontal Instrumentation
    - Jill Nield, Ginger O’Conner
    - Jill S. Nield-Gehrig

- 2002, 2010
  - Experience is the Best Teacher: Manual of Dental Hygiene
    - Antonella Tani Botticelli
Dr. Alfred Fones

December 17, 1869 – March 13, 1938

Dentist and Social Reformer
Founder of the Fones School of Dental Hygiene
University of Bridgeport
(1st Dental Hygiene Program in the World)
1st Dental Hygiene Textbook

• Published in 1916

• Chapter XII – Dental Prophylaxis
  • Pages 288 – 367
  • Topics include, but not limited to:
    • The Principles of Dental Prophylaxis
    • Practical Work
    • Instrumentation (pgs. 313 – 326)
    • Polishing (porte polisher) (pgs. 326 – 339)
      • “Those who would advocate the dental engine are those who have failed to make themselves proficient with the hand polishers.” (pg. 327)
    • Brushing
    • Floss Silk
    • Some office facts and statistics (practice management)
Figs. 262 and 263.—Dental hygienists at work on unused stair landing.
1983 - present
Evidence-based Decision Making

“....it is important for practitioners to make decisions that are firmly grounded in knowledge that is obtained from research...”

National Dental Hygiene Research Agenda
Evidence-based education

”The integration of professional wisdom with the best available empirical evidence in making decisions about how to deliver instruction”

www2.ed.gov/nclb/methods/whatworks/eb/edlite-slide003.

(empirical: ”originating in or based on observation or experience”)

http://www.merriam-webster.com/dictionary/
Textbook based on Experience

BASIC CONCEPTS
Cap. 1 - The Anatomy of Teeth
Cap. 2 - The Anatomy of the Periodontium
Cap. 3 - Bacterial Plaque
Cap. 4 - Caries
Cap. 5 - Periodontal Disease
Cap. 6 - The Clinical Chart
Cap. 7 - The Organization of a Hygiene Service
Cap. 8 - Communication
Cap. 9 - Oral Hygiene - Instruments and Techniques
Cap. 10 - Ergonomics - Posture and Movements
Cap. 11 - Scaling - Instruments and Techniques
Cap. 12 - Sharpening Instruments
Cap. 13 - Treatment of Dental Hypersensitivity
Cap. 14 - Maintenance Therapy

THE PATIENT WITH PERIODONTAL DISEASE
Cap. 1 - Periodontal Treatment
Cap. 2 - Motivation of the Patient with Periodontal Disease
Cap. 3 - Hygiene Instruments and Specific Products
Cap. 4 - Non-Surgical Treatment of Periodontal Disease
Cap. 5 - Maintenance Therapy

PATIENTS SUSCEPTIBLE TO CARIES
Cap. 1 - The Goal of Treatment
Cap. 2 - Motivation of the Patient Susceptible to Caries
Cap. 3 - Hygiene Instruments and Specific Products
Cap. 4 - Treatment of the Patient Susceptible to Caries
Cap. 5 - Maintenance Therapy

PATIENTS WITH IMPLANTS
Cap. 1 - Tooth and Implant
Cap. 2 - Motivation in Patients with Implants
Cap. 3 - Hygiene Instruments and Specific Products
Cap. 4 - Maintenance Therapy
Experts Vary

- Upper right quadrant – buccal
- Upper right quadrant - lingual
Principles of Instrumentation

- Where to sit?
  - 8 – 12 o’clock

- Where to fulcrum?
  - Intra-oral
  - Extra-oral
  - Same arch
  - Opposite arch

- What to see?
  - Indirect vision
  - Direct vision
Does one size way fit all?
Questions to consider......

- Is the book always right?
- Who is the “expert” at your school?
- Who has the “final say” on what students are taught?
- Is there a “right or wrong” way to teach instrumentation?
- Are adjunct faculty “equal” in instruction?
- Are clinic coordinators the “boss of you?”
- How are instrumentation instructions calibrated among clinical faculty?
- Is instrumentation different from junior to senior year?
- Can seniors adapt to alternative instruction after practicing junior techniques?
Formative Assessment
The Language of Learning
1975

Dental Hygiene

The Detection and Removal of Calculus

Anna Matsuishi Pattison
Jacquelyn Behrens

Allied Health Professions Project of the Division of Vocational Education
University of California, Los Angeles
If you are working on a fellow-student patient, remember that your instruments must be sterile before you perform this exercise. Be sure to wash your hands before beginning work in the mouth and maintain the chain of asepsis as you work. You will begin exploring on the buccal aspect of the mandibular right posterior teeth because this is the area in which you have practiced previously. The order of instrumentation in this exercise represents only one of many possible sequences. Your instructor should indicate the order of instrumentation that is taught in your particular school. Also, in those areas where several finger rests are shown, your instructor may indicate the ones that are preferred. **Remember that there is no one absolute technique for instrumentation;** there are many variations, and you will often encounter strong regional or personal preferences. Keep in mind that the best techniques are those that are comfortable, efficient, and effective for both you and your patient.
Exploring and Rolling
Turning the corner
Begin turning prior to approaching the corner
Begin rolling prior to approaching the corner
Generally Accepted Practices

Liability Statement

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Flexed Thumb
Collapsed Thumb
Flexed Thumb
Collapsed Thumb
LLL Cross Over Occlusal
LLL Handle Up
LLL Crossover Intraoral
LLL Mirror & Light
Intraoral
LLL Fulcrum
LRL Crossover
LRL Handle Up
URF Intraoral Fulcrum
URF Extraoral Posterior
URL Intraoral Posterior
URL Extraoral Posterior
Activity 4
Activity 5