

# DENTAL HYGIENE CANDIDATES

## GENERAL INFORMATION

### Read this information thoroughly

1. This format contains information not contained in the original application concerning the conduct of the examination for dental hygiene licensure candidates.
2. The Delaware State Board of Dentistry and Dental Hygiene (Board) is a testing, licensing and regulatory agency. Board members are appointed by the Governor to serve in protecting the citizens of Delaware. The Board conducts two examinations annually.
3. Patients presented to the examiners for the clinical portion of the examination must meet the criteria published in the Format. The Examiners will reject patients who do not meet the criteria. **Candidates must be prepared to present two (2) patients for the examination.** If both patients are rejected, a "no show" will be recorded for the examination. A "no show" is not recorded as a failure.
4. Candidates must show proper photo ID and proof of professional liability insurance.\* In addition, hold harmless forms (releases) as well as patient medical histories, must be complete and in order for each patient.

### **Candidates must have proof of ONE MILLION DOLLARS of insurance in order to be admitted to the examination. NO EXCEPTIONS.**

5. Candidates are responsible for providing ALL materials and equipment for patient care. This includes, but is not limited to ultrasonics, hand pieces, instruments, and disposable supplies.
6. Once the candidate is satisfied with his or her performance, they must notify their examining team by signing out on the designated chalkboard. At this time, the candidate will be asked to leave the examination area during the treatment evaluation. The candidate is responsible for providing the following items for treatment evaluation by the examining team:
  - a. Patient Health History/Oral Inspection/Dental Charting/Periodontal Charting
  - b. Radiographs
  - c. Required Instruments (No scalers or curets):
    - i. Clear mirror
    - ii. 11/12 explorer
    - iii. Williams (PW) periodontal probe with the following color coded markings: 1-2-3-5-6-7-8-9-10
    - iv. 17/23 explorer
    - v. Air/water tip for syringe
    - vi. Slow speed suction
    - vii. Clean gauze
    - viii. Cotton rolls
  - d. Patient napkin/bib clips
  - e. Patient safety glasses
  - f. Dental Floss
7. An evaluation sheet for each clinical examination will be distributed by the examiners. To receive credit, candidates must have each examiner's initials on the check-out sheet for each examination section. The candidate should clearly understand each assignment and make certain the candidate identification number and date are clearly recorded on each

form. No credit can be given in any portion of an exercise by an examiner who has not initialed the check-out sheet.

8. The examination does not begin until the Chief Examiner makes the announcement. No patient treatment shall be started until such an announcement is made. All treatment shall cease when the Chief Examiner announces that the examination is over. All candidates must leave the treatment area.

**Candidates will not be admitted for testing later than 30 minutes after the examination has begun.**

9. When any candidate is not satisfied with his/her performance, and it is possible to change that portion, that change should be made before calling an Examiner for evaluation.
10. The Board reserves the right to terminate the examination at any time if that action becomes necessary to safeguard the health, safety or comfort of the patient, or if the candidates or examiners are threatened in any manner.
11. Upon receiving notification of satisfactory examination results from the Board, a candidate will receive a license if the other criteria for licensure have been met. These criteria are outlined in the application which you have already received.
12. If an applicant fails the examination, he/she may appeal in writing to the Director of the Division of Professional Regulation within 20 days of notification by the Board of failure of the examination. The Director will convene an Appeals Panel under 24 Del.C., §1194 within 30 days to hear the appeal. The burden of proof in such appeal is on the appellant and the Board's action is presumed correct unless proven otherwise. The address of the Director is: Division of Professional Regulation, Cannon Bldg., Ste. 203, 861 Silver Lake Boulevard, Dover DE 19904. The candidate has the right to appear before the Appeals Panel, with or without counsel, to present any information he/she feels is relevant to the appeal. The Board is not responsible for expenses incurred by any party making such a request.

## **CONDUCT OF THE EXAMINATION**

**Suggestions, questions, problems or complaints should be presented to the chief examiner at any time.**

The Board provides each candidate with the opportunity to have clinical and didactic skills evaluated fairly. In addition, conduct, decorum and professional demeanor are also judged. The rules and regulations of this examination must be followed. It must be understood that, in the course of this examination, any collusion between candidates or between candidates and any other person is prohibited. The policy of the Board is: any substantiated evidence of collusion, dishonesty or intentional misrepresentation during registration or during the course of the examination, as determined by the Chief Examiner, shall automatically result in the candidate not being allowed to continue with the examination and will be considered a failure of the examination.

## **DENTAL HYGIENE CRITERIA**

The dental hygiene examination tests minimum skills which are critical to the practice of dental hygiene. Each skill is described so that all candidates will understand what constitutes an acceptable performance of that skill. Each candidate who achieves an average score of 75% competency passes the examination. A grade does not measure the number of errors, but instead, a level at which minimal competency has been demonstrated.

## **INFECTION CONTROL**

The Board requires that, while treating patients, all candidates use the Center for Disease Control Guidelines for infection control (see next section). The wearing of gloves, masks and the provision for eye protection is mandatory.

### **REQUIRED INFECTION CONTROL PROCEDURES**

To the extent possible, dental hygiene professionals must control infectious diseases. Because many infectious patients are asymptomatic, all patients shall be treated as if they are in fact contagious. Use of barrier techniques, disposables whenever possible, and proper disinfection and sterilization are essential. The following infection control procedures shall be strictly adhered to:

1. Medical history is to be taken and, if necessary, a medical clearance is to be obtained. (some examples of when a medical clearance may be required include, but are not limited to: rheumatic fever and rheumatic heart disease, coronary arteriosclerosis, myocardial infarction, hypertension (uncontrolled), diabetes mellitus, blood disorders).
2. Barrier protection
  - a. Gloves shall be worn when performing any intra-oral or laboratory procedures and when cleaning up after any treatment. Gloves are not to be worn outside the operatory.
  - b. Hands are to be washed and dried between patients and whenever gloves are changed. If rips or tears occur while treating the patient, new gloves must be substituted. No hand jewelry shall be worn.
  - c. Clean long-sleeve uniforms, gowns or laboratory coats are to be worn and must be changed if they become visibly soiled. All uniforms, gown or laboratory coats must be free of any identifying marks (i.e. school names or insignia, embroidered names).
  - d. Face masks and protective eyewear must be worn during all procedures in which splashing of any body fluids is likely to occur. Masks are to be discarded after each patient or sooner if they become damp or soiled.
  - e. Impervious-backed paper, aluminum foil or plastic wrap may be used to cover surfaces that may become contaminated. The coverings must be removed (while gloved), discarded and replaced (after un gloving) between patients.
3. Sterilization and disinfection
  - a. Instruments: All instruments must be sterilized before and after each patient.
  - b. Surfaces and counter tops: If not wrapped with aluminum foil or plastic wrap (barrier protected), surfaces and counter tops shall be pre-cleaned and disinfected with a hospital level disinfectant that is tuberculocidal.
  - c. All handpieces, prophy angles and air water syringes must be either sterilizable or be single-use disposable items. These items shall be either sterilized or disposed of.
4. Waste disposal. All waste and disposal items shall be considered potentially infectious and shall be disposed of with special precautions, as is customary at the testing site in accordance with federal, state and local regulations.

5. Resuscitation equipment. Pocket masks, resuscitation bags or other ventilation devices must be provided by the facility in strategic locations to minimize the need for emergency mouth-to-mouth resuscitation.

## **SUBSTITUTE PATIENTS**

Each candidate must present patients acceptable to the examiners. **A second patient must be available in the event the first patient is unacceptable.** If using the second patient, the candidate will be required to complete the examination in the remaining scheduled time. Each candidate must have paperwork, he/she has completed for each patient presented. A complete full-mouth radiograph series, completed by the candidate, must be available for each patient presented.

**The Board does not furnish patients for the clinical examinations, nor does it accept excuses from candidates who have not procured acceptable patients. If your patients do not qualify, you will not be tested.**

## **PATIENT CLASSIFICATION**

### **Please read carefully**

The candidate has been instructed by the Delaware State Board of Dentistry and Dental Hygiene to bring a patient of at least 18 years of age, having at least 20 erupted natural teeth with at least 4 posterior teeth that are in proximal contact. Posterior teeth must include at least 2 molars and 2 premolars. Patients who present for the exam with only 20 teeth may affect the patient classification as designated by the examining team. The teeth must display subgingival calculus, supragingival calculus and stain. All 3 types of deposits may or may not be on the same teeth. The examiners will classify the difficulty of the patient and inform the candidate of that classification.

The patient's blood pressure will be taken at the time of the exam. A reading of 159/94 or less will be accepted for testing. A reading of 160/95 to 197/109 will require the patient to have a letter from his/her physician approving treatment. A reading of 180/110 or higher will disqualify the patient from the exam.

**Warning: Be advised that the dental clinic is not latex-free. Please do not use patients with a severe latex allergy.**

**MEDIUM** - A medium patient must exhibit substantial deposits of calculus detectable in at least 2 quadrants. Substantial deposits of supragingival and subgingival calculus would justify a medium classification. Extrinsic stain must be present. A medium classification will require a full-mouth prophylaxis.

**HEAVY** - A heavy patient must exhibit gross deposits of supragingival and subgingival calculus with subgingival calculus generalized throughout the mouth. Extrinsic stain must be present. A heavy classification will require a 2-quadrant prophylaxis as specified by the examiners.

Guidelines for the Periodontic exercise are:

- The candidate is required to provide a patient with clinical evidence of no less than early periodontitis (pocket depth 3-5 mm).
- The patient must also have significant demonstrable subgingival and supragingival calculus and stain in the segment selected for acceptance by the examiner.

## RADIOGRAPHS

1. MOUNTING - Each radiograph must be mounted in proper anatomic relation to all other radiographs and only in the mounts provided. Only the patient's name, candidate ID# and date of exposure should appear on the mount. Films presented in mounts other than those provided will result in a failing score on radiographic exercise. No allowable errors.
2. CONE CUT - A cone cut will affect the diagnostic quality of the film and will be recorded as an error. No allowable errors.
3. FILM PLACEMENT - A film must incorporate completely those structures appropriate to the area of exposure.
  - a. Proper horizontal placement:
    1. Molar films show the most distal root of the most posterior tooth.
    2. Premolar films include the distal of the canine.
    3. Anterior films show the appropriate teeth reasonably centered on the film.
  - b. Proper vertical film placement:
    1. All periapical films show the entire crown and 2 to 3 millimeters of bone surrounding the apices.
    2. All bitewing films have a centered occlusal plane.

When a candidate incurs more than the allowable 3 errors, 2 points per error will be deducted up to a total of 4 points.

4. ELONGATION/FORESHORTENING - Periapical film must display the entire tooth from crown to apex with a minimum of distortion and 2 to 3 millimeters of bone surrounding the apices. When a candidate incurs more than the allowable 3 errors, 2 points per error will be deducted up to a total of 4 points.
5. INTERPROXIMAL OVERLAPPING - All contacts must be clearly defined on at least one periapical film in the full series. On bitewing films, all contacts must be clearly defined between the molars on the molar bitewing and the premolars on the premolar bitewing. When a candidate incurs more than the allowable 3 errors, 1 point per error will be deducted up to a total of 5 points.
6. DENSITY/CONTRAST/DEVELOPING - If the density, contrast and developing affect the diagnostic quality of the full series, it will be recorded as an error. When a candidate incurs more than the allowable 2 errors, 1 point per error will be deducted up to a total of 3 points.

## DATA COLLECTION

**All papers are to be identified by candidate id# and patient's name only.**

1. PATIENT HEALTH HISTORY/ORAL INSPECTION - Candidates are required to record and review a complete and accurate medical history for each patient on the forms provided. Examiners should be alerted to conditions that might contraindicate treatment or require alteration of procedures such as a blood dyscrasia, heart condition, valvular infections, rheumatic fever, uncontrolled diabetes, hepatitis, or any communicable disease. A written clearance by the patient's physician will be required for any systemic condition that may jeopardize the health of the patient, operator or examiner. Candidates are expected to record and review a complete and accurate oral inspection for each patient on the form provided. Acceptable performance is demonstrated if 100% of the findings are correct. 5 points. No allowable errors.

2. **DENTAL CHARTING and OCCLUSAL CLASSIFICATION** - The candidate must chart the status of the patient's dentition using the provided format. All the restorations, missing teeth and obvious carious lesions, which can be detected visibly, radiographically or by penetration with light pressure on the explorer should be identified. The candidate must assess and record the status of the patient's occlusion and wear patterns using the provided format. Acceptable performance is demonstrated if 100% of the findings are correct. 5 points. No allowable errors.
3. **PERIODONTAL EVALUATION** - The candidates must chart the depth of the gingival sulcus for all teeth. The depth of each sulcus/pocket must be measured to the nearest millimeter on 6 aspects (MB, B, DB, ML, L, DL) of each tooth. 10 points, 2 allowable errors. When a candidate incurs more than the allowable 2 errors, 2 points per error will be deducted up to a total of 10 points.

### **PROPHYLAXIS**

1. **SUPRAGINGIVAL CALCULUS**- The candidate must effectively remove all deposits so that all surfaces are visually clean when air-dried, tactile smooth and free of plaque when disclosed. Acceptable performance will be based upon the patient classification.

**MEDIUM** - 4 allowable errors will be permitted for this type of patient. For each error above the allowable, 5 points per error will be deducted up to a total of 15 points.

**HEAVY** - 5 allowable errors will be permitted for this type of patient. For each error above the allowable, 5 points per error will be deducted up to a total of 15 points.

2. **SUBGINGIVAL CALCULUS** - The candidate must effectively remove calculus so that no deposits are detectable with an explorer or visible when deflected with air. Acceptable performance will be based on the patient classification.

**MEDIUM** - 8 allowable errors will be permitted for this type of patient. For each error above the allowable, 5 points per error will be deducted up to a total of 25 points.

**HEAVY** - 12 allowable errors will be permitted for this type of patient. For each error above the allowable, 5 points per error will be deducted up to a total of 25 points.

3. **STAIN** - The candidate must effectively remove extrinsic stain from all surfaces. Acceptable performance will be based on the patient classification.

**MEDIUM** - 3 errors will be permitted for this type of patient. For each error above the allowable, 5 points per error will be deducted up to a total of 10 points.

**HEAVY** - 5 allowable errors will be permitted for this type of patient. For each error above the allowable, 5 points per error will be deducted up to a total of 10 points.

4. **TISSUE CONDITION** - The candidate must effectively utilize an instrumentation method so that unwarranted soft tissue trauma (abrasions or lacerations) does not occur as a result of the prophylaxis. Acceptable performance will be based upon the patient classification.

**MEDIUM** - 3 allowable errors will be permitted for this type of patient. (5 points)

**HEAVY** - 4 allowable errors will be permitted for this type of patient. (5 points)

## **ORAL HYGIENE INSTRUCTION**

During the examination, the candidate must instruct the patient in proper oral hygiene and its relationship to the patient's oral health. The patient will be requested to describe the techniques discussed by the candidate. Acceptable performance level is 100%. (5 points)

## **PROFESSIONALISM**

1. **PROFESSIONAL Demeanor** - Each candidate must demonstrate professional standards: suitable operating attire, i.e. uniform, stockings, shoes, nails, hair and all aspects of professional appearance.
2. **PATIENT MANAGEMENT** - Each candidate must demonstrate professional consideration in the management of his/her patient.
3. **ASEPTIC TECHNIQUES** - Each candidate must comply with aseptic protocol.

**A maximum of five (5) points will be deducted for failure to comply with professionalism.**

## **SAMPLE DENTAL HYGIENE EXAM SCHEDULE**

Delaware Technical & Community College  
Dental Clinic, Orange Street  
Wilmington, DE (302) 657-5177

### **A. FRIDAY MORNING - HYGIENE GROUP I**

1. Check in: 6:30 a.m. - 7:15 a.m.
2. Orientation: 7:15 a.m. – 7:30 a.m.
3. Patient check in: 7:30 a.m. - 8:00 a.m.
4. Prophylaxis on accepted patient: 8:00 a.m. - 11:30 a.m.
5. Finish and check out: 11:30 a.m. - 12:30 a.m.

### **B. FRIDAY AFTERNOON - HYGIENE GROUP II**

1. Check in: 12:30 p.m. - 1:15 p.m.
2. Orientation: 1:15 p.m. - 1:30 p.m.
3. Patient check in: 1:30 p.m. - 2:00 p.m.
4. Prophylaxis on accepted patient: 2:00 p.m. - 5:30 p.m.
5. Finish and check out: 5:30 p.m. - 6:30 p.m.

The Jurisprudence Examination is given at the Board Office in Dover. Refer to your candidate letter for the date and time of the exam. You must pass both the Practical and the Jurisprudence Exam before a license can be issued.