Course Description

A study of the role of the dental hygienist in the dental health care system emphasizing the basic concepts of disease prevention and health promotion. Communication and behavior modification skills are emphasized to facilitate the role of the dental hygienist as an educator. (2 sem hrs; 1 lec; 3 lab)

Learning Outcomes

Discuss the role of the dental hygienist as a preventive dental team member; utilize the concepts of communication and behavior modification to develop a patient education plan; and explain the concepts of dental disease prevention and health promotion.

Course Meeting Days and Times

Lecture Tuesday 1:00 – 2:00 p.m.
West Campus Allied Health Building Room 172
Lab Friday 2:00 – 5:00 p.m.
West Campus Allied Health Building Room 170

Course Director

Donna Cleere, RDH, B.S., M.Ed.
Professor/Program Director
Office: AH Room 122
Phone:354-6064
Campus E-Mail Address: cleere-dk@actx.edu
Web address: http://www.actx.edu/~cleere_dk/index.html

Office Hours: As Posted on Office Door

Lab Instructor

Karen Lester, RDH, A.A.S.
Required Course Textbooks


Instructor Objectives for the Course

Objectives will coordinate with the materials presented in lecture, handouts, reading assignments and exams. Upon completion of this course of study, the dental hygiene student should be able to do the following:

1. Define the following key terms: health, primary prevention, secondary prevention, and tertiary prevention. Also, provide one specific example of each.
2. Name three convenient categories that aid in classifying dental disease and in planning oral-disease prevention and treatment programs.
3. Name four strategies and two administrative means for reducing the prevalence of dental caries and/or periodontal disease.
4. Cite two early actions that are essential for arresting the progression of the plaque diseases once primary preventive measures have failed.
5. Explain why the planned application of preventive-dentistry concepts and practices, including use of sealants and fluoride therapy, when coupled with early detection and immediate treatment of the plaque diseases, can result in a zero or near-zero annual extraction rate.
6. Differentiate between organic coatings of endogenous and exogenous (acquired) origin.
7. Explain why dental plaque is not unique among naturally occurring microbial layers.
8. Discuss some of the mechanisms proposed to explain bacterial adhesion to the acquired pellicle.
9. Distinguish between primary and secondary bacterial colonizers in dental plaque, and cite examples of each.
10. Identify the prime sites of calculus formation, explain how calculus forms, and detail the differences between supragingival and subgingival calculus.
11. Explain the basis for the involvement of the acquired pellicle, bacterial dental plaque, and dental calculus in caries and the inflammatory periodontal diseases.
12. Name the four general types of carious lesions that are found on the different surfaces of the teeth.
13. Describe the histologic characteristics of enamel and dentin that facilitate fluid flow throughout a tooth.
14. Describe the four zones of an incipient carious lesion.
15. Describe the conduits (pores) that directly conduct acid from the bacterial plaque to the body of the lesion.
16. Name the two bacteria most often implicated in the caries process, and indicate when each is present in the greatest numbers during the caries process.
17. Describe the series of events in a cariogenic plaque and subsurface lesion from the time of bacterial exposure to sugar until the pH returns to a resting state.

18. Discuss the characteristics of root caries and explain the differences and similarities to coronal caries.

19. List measures to prevent and to remineralize root and coronal caries.

20. Explain why so much time is taken by the profession in treating secondary caries.

21. Explain the relationship between pH and calcium and phosphorous saturation in caries development.

22. Discuss the protective relationship of calcium fluoride to hydroxyapatite and fluorhydroxyapatite during an acidogenic attack.

23. Differentiate between a cosmetic and a therapeutic dentifrice, mouthrinse, or chewing gum.

24. Explain the three phases of research necessary when applying to investigate a new drug (IND) – the process that precedes receiving a new drug application (NDA), which is necessary to market a new product with a therapeutic claim.

25. Discuss how approval or nonapproval of a new product by the Food and Drug Administration (FDA) differs from acceptance or rejection by the American Dental Association (ADA).

26. Explain the various reasons that the same abrasive material in toothpaste can cause differing levels of abrasion on tooth structure.

27. Name the usual dentifrice ingredients and their percentages in a dentifrice.

28. Name the agents used in dentifrices to produce anticaries, anticalculus, whitening, and antihypersensitivity effects.

29. Name the active ingredients in typical antiplaque and antigingivitis mouth rinses: one sold over the counter, the other as a prescription item.

30. Define water fluoridation and the rationale for using water systems to provide for primary prevention of dental caries.

31. List and describe the four historical periods in the evolution and development of community water fluoridation.

32. Discuss the benefits and efficacy/effectiveness of water fluoridation.

33. Describe the cariostatic mechanisms of fluoride, including the pre-and post-eruptive effects.

34. Define the impact of multiple sources of fluoride on the decline of dental caries and the role of water fluoridation.

35. Discuss fluorosis, fluoride supplementation, and the need to monitor exposure to fluoride.

36. Describe the effect on caries prevalence when water fluoridation is discontinued in a community.

37. Describe the economic aspects of water fluoridation.

38. State the optimal fluoride concentration range, in parts per million (ppm), for maximum caries protection with minimal risk of fluorosis.

39. List the chemicals used for water fluoridation and briefly describe the technical aspects of fluoridation, including monitoring and surveillance of water fluoridation in the United States.

40. Discuss the Safe Drinking Water Act and the EPA standards for natural fluoride levels.

41. Indicate the only three fluoride compounds accepted for professional applications to control caries and indicate their relative effectiveness.
42. Discuss the possible chemical reactions associated with the topical application of sodium fluoride (NaF), stannous fluoride (SnF2) and acidulated phosphate fluoride (APF).
43. Relate what percentage of NaF and SnF2 are available for office and home use (as solutions or as gels).
44. Describe how a liquid or gel topical application of fluoride is applied to the teeth. Emphasize particularly those parts of the technique that are especially important with regard to safety and efficacy.
45. Nearly all dentifrices on the market contain fluoride. Indicate why the early dentifrices did not produce the expected caries decrements.
46. State the expected decrease in caries formation following use of dentifrices and mouthrinses containing fluoride.
47. Describe fluoridated varnishes and fluoride-releasing dental restorative materials and the potential of these materials to inhibit demineralization and enhance remineralization.
48. Describe at least five body defense systems that are operational in and around the oral cavity.
49. List the names of the major salivary glands in rank order of both their daily output of unstimulated (resting) saliva and the amount of stimulated output.
50. List three means of stimulating saliva output and three methods of inhibiting saliva output.
51. Define and compare the terms sialorrhea, xerostomia, and ptyalism.
52. Describe the appearance and the implications of the contour of the Stephan Curve.
53. Describe how the fluid viscosity of the plaque affects diffusion within the plaque.
54. Describe the ultramicroscopic morphology of enamel rods, enamel crystals and the unit cell hydroxyapatite (HAP).
55. Explain why an extracted tooth immersed in a liquid acid solution (in vitro) will not yield an incipient lesion, whereas, if it is immersed in a buffered gel of similar pH, the incipient lesion develops.
56. Explain why a newly erupted tooth is at high risk to develop a carious lesion.
57. Recount the key events that cause and occur in demineralization, and how the reverse events of remineralization can often repair the damage.
58. State the purpose of caries activity tests.
59. Indicate the limitations and advantages of caries activity tests.
60. Identify the two bacteria most often measured in caries activity tests to determine the magnitude of the bacterial challenge to the teeth.
61. Understand the terms used in caries-prediction tests.
62. Explain the general approach of caries-risk assessment.
63. List the background data of importance for caries activity.
64. Perform a clinical examination for evaluation of caries activity.
65. Name caries activity tests used in the dental office.
66. Cite new methods available to assess caries risk.
67. Name the three sugars that are composed of molecules of glucose, fructose, or galactose, all of which can produce caries.
68. Define sugars, sweeteners, and sugar replacers.
69. Describe the potential impact of an excessive intake of added sugars on the quality of the human diet.
70. List three polyols that are sweeteners and cite their advantages and disadvantages in influencing caries incidence.
71. Defend the Food and Drug Administration (FDA) for either removing or attempting to remove saccharin and cyclamate from the marketplace.
72. Name a sweetener that has recently received FDA approval, and list three or more that are candidates for approval.
73. Define motivation.
74. List reasons why individuals may not be motivated to receive regular oral care.
75. Describe two different approaches to motivate individuals to change behavior.
76. Describe elements of three common behavioral health promotion theories.
77. Explain the importance of appropriate health provider communication.
78. Describe four common client-provider communication styles.
79. Describe motivational interviewing and FRAMES.
80. List the core functions of public health.
81. Define dental public health and relate this definition to dental public-health programs.
82. Compare the methods of public health-care practitioners and personal health-care practitioners.
83. Describe the seven-step model for assessing oral-health care needs and relate this model to a planning cycle for public-health programs.
84. Outline the scope of traditional dental public-health programs.
85. Describe recent changes in the United States that are relevant to dental public-health practice.
86. List the various organizations that maintain and support public health programs.
87. Describe how the Surgeon General’s report on oral health in America has impacted dental public-health programs.
88. Understand the rationale for professional preventive dental intervention for infants and toddlers.
89. Explain the type and process of early infant caries.
90. Provide appropriate recommendations for infant feeding that minimize the child’s risks for developing early-childhood caries (formerly called “nursing caries”).
91. Explain why it is so important that the mother and other members of the immediate family have a very high level of oral health, and especially a low Streptococcus mutans count from before birth until a mature, nonpathologic plaque is established in the infant.
92. Describe the six major areas to discuss with parents during the interview process.
93. Provide appropriate counseling on feeding/diet management, tooth cleaning, and fluoride management for parents of infants and toddlers.
94. Describe the timing, location, positioning, and steps for examining infants and toddlers.
95. Provide a rationale for determining the frequency of recall examinations.
96. Describe the process of anticipatory guidance and the age-specific information to be discussed during the dental visit.
97. Explain why general and oral-health school programs are needed.
98. Discuss why many teachers are concerned about the prospect of teaching oral health and of conducting daily toothbrushing as a primary prevention measure.
99. Explain why school-based health clinics (SBHCs) offer the potential of providing access and funding for prevention and treatment programs.
100. Describe an effective primary preventive program that can be accomplished by existing school staff personnel.

101. Identify the reasons that school-based sealant and fluoride regimens should target “high-risk” students; explain how a dental hygienist can contribute to a preventive program; and finally, state the benefits that a dentist can add to the school health team.

102. Justify the need for a school tobacco intervention program to help prevent student use of smoking and smokeless tobacco products.

103. Describe the role of football helmets and intraoral mouthguard, as well as what to do if a player’s tooth has been knocked out.

104. Explain how expansion of a school’s mission to include teaching about broad societal problems can be competitive with teaching a normal academic curriculum; suggest a solution to this dilemma.

105. Explain why patients with the same handicaps can respond differently, based on communication and patient treatment techniques used by the dentist.

106. Discuss how visual, auditory, speech, and cognitive deficiencies can be identified and at least partially compensated for in preventive dentistry planning and implementation.

107. Illustrate how some functional deficiencies can be identified that require consideration in prescribing preventive dentistry techniques and devices.

108. Name and describe how new or modified devices or aids can be used to stabilize or aid patients with neurologic or physical disorders.

109. Cite at least three examples of how fluorides, pit-and-fissure sealants, and sugar discipline can be integrated into the preventive dental program for compromised individuals; also list possible exceptions.

110. Discuss the need to educate dental and dental-hygiene students, dentists, dental hygienists, and lay personnel to aid special patients in the home, in the office, and in institutional settings.

111. Discuss the scope of dental services available at community, federal, and large metropolitan hospitals.

112. List at least eight categories of patients seen on a hospital service who benefit from a hospital dental service.

113. Name or describe the personal oral-hygiene items that, at a minimum, each hospitalized patient should possess at time of admittance, and that should also be stocked in the hospital store.

114. Orient students about the administrative functions of a hospital and examples of a hospital dental and medical service in action.

115. Describe the two reversible stages that occur between histiological normalcy and development of overt lesions for each of the plaque diseases, i.e. caries and periodontal diseases.

116. Explain why the initial/annual dental examination is so important to the present and future dental health of a patient.

117. Name seven caries-activity indicators (CAIs), and four periodontal-activity indicators (PAIs) and explain why they should be included in the initial/annual examination.

118. Explain how the CAIs and the PAIs that are included in the initial/annual dental examination can be used as a aid in preparing the patient’s education, treatment, prevention, and maintenance plans.

119. Discuss two diagnostic scenarios in which the use (or misuse) of an explorer for caries diagnosis can result in the insertion of many unneeded occlusal and smooth surface restorations.
120. Propose a flexible recall schedule based on a patient’s level of treatment urgency (risk), and explain how risk determination can be used to channel patients into a more closely monitored caries and/or periodontal maintenance program.

121. Critique the advantages and disadvantages for the development of national guidelines for preventive dental care.

122. Recognize various ways that tobacco use undermines oral health and dental practice.

123. Recognize that nicotine and other chemical dependencies are chronic, progressive, relapsing conditions of the brain, which alter vital neural functions.

124. Recognize common symptoms of nicotine and other drug dependencies and withdrawal.

125. Recognize that nicotine dependency can be effectively treated with modest, scientifically established methods and periodic reinforcement.

126. Understand the hydrodynamic theory of pain conduction.

127. Describe the three general categories of stimuli that elicit pain response and give examples of each.

128. Discuss the role of plaque in the prognosis of dentinal sensitivity treatment.

129. Describe desensitizing agents and products available for home care use.

130. Determine a working definition for the following terms: intervention, oral risk assessment, prevention, risk, and risk assessment.

131. Compare and contrast a patient-specific approach to care with a standardized routine.

132. Give examples of patient-centered oral care.

133. Cite examples of therapeutic intervention in dentistry.

134. Cite examples of prevention strategies in dentistry.

135. State rationale for the engagement of the patient as a partner in the oral-care process.

136. Compare and contrast a therapeutic intervention and prevention strategy.

137. Explain, by way of a patient example, four logical small steps in the process of recommending products and practices for oral self-care.

138. Differentiate between a goal and a strategy.

139. Cite several obstacles to seeking dental care.

140. Discuss the validation of the psychological and sociological effects of physical attractiveness on human self-esteem.

141. List tolerability issues regarding the use of tooth-whitening agents that contain peroxide.

142. Discuss the advantages, disadvantages, clinical indications, and contraindications for tooth whitening.

143. List the common side effects of dental whitening and their contributing factors.

144. Explain the importance of dentist-patient communication throughout the bleaching process and the role of the dental hygienist in dental-whitening therapy.
The student will know that these objectives have been successfully completed if he or she earns a final grade of “C” or higher as evaluated by the course instructor.

The standards for the objectives may be one or any combination of the following:

- as given in lecture
- as demonstrated, discussed in the clinic experience
- as given in handouts
- as stated in the course texts and reading assignments
- as given in laboratory projects
- as given on exams

**Course SCANS Competencies**

**Reading:** The student will complete all reading assignments, and be able to understand and interpret the information necessary for the study of dental hygiene.

**Writing:** The student will submit answers to questions given by the instructor on major examinations and assignments. The student will also be able to document information in a patient’s chart using correct spelling and professional terminology.

**Speaking:** The student will participate verbally in class discussions, and will answer oral questions to the best of his/her ability. The student will also learn to direct conversation in a professional manner when interacting with patients and other dental professionals.

**Listening:** The student will listen attentively to lecture and audio/visual presentations in order to take good notes and to assimilate enough information to ask questions when necessary. The student will listen attentively to any guest speakers in the classroom and in professional dental meetings in order to ask salient questions at the conclusion of the speaker’s presentation.

**Critical Thinking:** The student will utilize the information presented in this class, as well as in other courses in this program, and assimilate the information in order to correctly answer the various types of questions presented in examinations. The questions contained in the examination require the student to be able to reason, problem solve, make logical decisions based on information supplied, and/or to describe further steps or actions necessary to derive reasonable conclusions. Students will also assimilate information in case histories to problem solve, treatment plan a difficult case, and answer questions related to the case histories.

**Personal Qualities:** The student is expected to complete all assignments and examinations independently unless assigned to work in a group. The student is expected to work independently or in a collaborative fashion with a professional attitude and in cooperation with instructors and classmates. The
student is encouraged to have the honesty and integrity to perform assignments as expected.

**Workplace Competencies:** The student will, during class and discussions, be able to identify, organize, and plan the utilization of time, work, materials, facilities, and human resources as they relate to the practice of dental hygiene.

**Computer Usage:** The student will utilize the computer to research information that is applicable to dental hygiene care of the patient and complete all computer assignments given in class.

**Students with Disabilities**

Any student who, because of a disabling condition, may require some special arrangements in order to meet course requirements should contact Accessibility Services (SSC 125, Phone 371-5436) as soon as possible.

The Amarillo College Catalog can be viewed at [www.actx.edu/catalog/index/htm](http://www.actx.edu/catalog/index/htm).

**Attendance Policy**

Regular attendance is necessary for satisfactory achievement. Therefore, it is the responsibility of the student to attend class. Due to the tremendous amount of information contained in this course, the student who plans to succeed should also plan to attend all course sessions regularly and promptly. Without question, the instructor expects each student to be present at each session. Unfortunately, no one has ever developed a short cut, which will replace hours of actual experience needed to master a new skill; therefore, you must be present to acquire the specific knowledge in this subject. **You may have no more than 1 absence in this course without affecting your final grade. Beginning with the 2nd absence, 1 point will be deducted from your final grade for each absence. A student will receive 2 bonus points added to the final course grade for perfect attendance in both lecture and laboratory sessions.**

**Required Examinations and Projects**

The course will consist of four major examinations, weekly quizzes, three lab projects, a CD rom to review, and a comprehensive final. Major examinations will be announced approximately one week in advance. Refer to the course calendar for the schedule of materials to be covered in each class, lab assignment due dates and the examination dates. Also, please note the provisions of the Make-up Policy in this syllabus for missed examinations. Major examinations and the comprehensive final will be objective and subjective in nature. Weekly quizzes may not be made up, however, the lowest quiz grade will be dropped at the end of the semester.
Laboratory Assignments

Each student will be assigned a total of three projects. These projects will be due no later than 12-3-05.

1. Each student will need to do an outside preventive project (Service Learning). Students may participate in the Health Fair for Faith City Mission, Panhandle Assessment Center (in October) or a School Health Fair (in November). Your grade on this project will be based not only on your assignment but also the report on your project. A typed report will be turned in to the laboratory instructor. The typed report should be a minimum of 2 to 21/2 pages in length and include the following information:
   a. Where did you go?
   b. When did you go?
   c. Why did you go?
   d. What did you learn?

2. Each student will be required to do an Internet Research Project on Xylitol. The address is http://xclearinc.com/xylitol/dbresearch.php?focus=dental. Read the articles listed below and write a paragraph review on each article. At the end of the report please make a summary of all the articles and what you learned from this project. The report should by 2-3 typed pages. Articles to read are:
   a. Xylitol for Caries Prevention
   b. Smart Habit Xylitol Campaign, A New Approach In Oral Health Promotion
   c. Effect of Xylitol Chewing Gum On Salivary Streptococcus Mutans in Preschool Children
   d. An Evaluation of a Commercial Chewing Gum in Combination With Normal Tooth Brushing for Reducing Dental Plaque and Gingivitis
   e. Use of Xylitol Chewing Gum Among Finnish Schoolchildren
   f. Xylitol Fermentation by Human Dental Plaque
   g. Properties of Whole Saliva and Dental Plaque in Relation to 40 Month Consumption of Chewing Gums Containing Xylitol, Sorbitol, or Sucrose.
   h. Xylitol: Sweeten Your Smile

The report will be turned in to the laboratory instructor.

3. The third project is a group project. The class will have five groups. Each group will have 2 subjects to research. Each group will make a group report, a chart of the researched material and copies for each student in the class, and an oral presentation. Some helpful suggestions when making an oral presentation include the following:
   a. Do not read your report to the class
   b. Be creative – Examples include but are not limited to: (skit, video, invent a game to involve the audience)
   c. Have fun with this project yet present the facts in a professional and accurate manner
4. Each student will be responsible for working through a CD rom that will be handed out the first day of class. Students will be tested over this material on the last major exam and also on the comprehensive final. Please do not wait until the last minute to complete the CD rom. It is extensive and the material is not easy to understand.

The grade for this project will be calculated as follows:
- Report: 34%
- Chart and Copies for Classmates: 33%
- Class Presentation: 33%

All Presentations will be scheduled on Friday 12/2/05 at 1:30 pm. All dental hygiene faculty will be invited to attend on the day of the class presentations.

**Note:** As with any group project there may be a tendency for only 1 or 2 group members to do the “work”. Peer evaluations will be given to each group member. If the majority of the group gives an individual a poor grade on the peer evaluation, a total of 10 points will be deducted from that individual’s final lab grade. Also, if a student is absent for the group presentation, a total of 10 points will be deducted from that individual’s final lab grade.

**Make-up Policy**

If a student is absent on the day when a major examination is given, the student may make-up the missed work as follows:

1. It is the responsibility of the student to make arrangements with the instructor within 24 hours of returning from the absence to reschedule the examination.
2. The missed work must be made up within TWO Amarillo College school days where the day ends at 4:00 p.m.
3. The make-up work may earn a maximum of 80% of the original point value.

Students with questions regarding examination results may review examinations, under the supervision of the course director, at any time. Students who feel that a question was scored improperly must submit the following to the course director in writing:

1. The exam question and the reason for requesting an instructor review of the score.
2. The page and paragraph number, in the student's course textbook or lecture notes, that verify that the student's answer is correct.

The request must be submitted within 1 calendar week after the instructor notifies the student of the grade. The student will be notified within 1 calendar week if the points have/have not been awarded. Students will not be allowed to review exams the week of finals and students must set up an appointment with the instructor to review old exams.
**Grading Criteria**

The final course grade will be computed as follows:

- Major Exams 25%
- Weekly Quizzes 25%
- Comprehensive Final 25%
- Laboratory Projects 25%

The following grade scale applies throughout this course:

- A = 93 – 100%
- B = 83 – 92%
- C = 75 – 82 %
- F = below 75%

Note: A grade of "D" is not possible in this course.

**Course Ethics**

Amarillo College also has standards that must be upheld. At Amarillo College, there are grave academic penalties for unethical conduct. The policy and penalty for such conduct is provided in the General Catalog as follows:

"A high standard of conduct is expected of all students. It is assumed that obedience to the law, respect for properly constituted authority, personal honor, integrity and common sense will guide the actions of each member of the college community both in and out of the classroom. The student code of conduct is published in the Students Rights and Responsibilities Document. Any student who fails to perform according to expected standards may be disciplined."

It can be concluded from this statement that cheating and other forms of unethical course conduct are absolutely forbidden by Amarillo College policy. To be more specific, in this course, **ANY** unethical conduct may be cause for a final grade of "F" regardless of other grades earned to-date in the course.

In summary, a student should not risk his or her final grade in this course and any future enrollment privileges at Amarillo College as the result of unethical conduct. **This policy will be strictly enforced.**

All students are considered mature enough to seek faculty assistance and to monitor their own progress in meeting course requirements. The following professionalism standards apply to this course:

1. Student is prompt to class.
2. Student is prepared for class sessions.
3. **Student assumes responsibility for his/her own learning.**
4. Student is concerned with excellence in learning rather than just meeting minimal criteria.
5. Student applies lecture material in the clinical setting.
6. Student maintains his/her composure, dealing with conflict in a constructive way.
7. Student exhibits an attitude of respect for classmates, faculty, and staff.
8. Students will not be disruptive or talk to each other during lecture, slide presentations, guest lectures, etc. Should this occur, the student will be asked to leave the classroom immediately.

**Electronic and Recording Devices**

Cellular telephones and pagers are disruptive during class. All electronic devices such as cell phones or beepers/pagers are prohibited in this course. No tape recordings of the lecture during classroom or lab instruction will be allowed. Reading the assigned chapters prior to class and taking notes during lecture will assure proper coverage of the chapters for examinations.

**Emergency Contacts**

Phone numbers that family members may use to reach a student only in case of an emergency are as follows:

- Clinic Office 354-6050
- Amarillo College Police 371-5163
- Allied Health Division Secretary 354-6055

**Academic Grievances**

A student, who has a grievance concerning a course in which he or she is enrolled or a grade, should make an appeal in the following order to the:

1. Instructor
2. Department chair
3. Division chair
4. Vice President/Dean of Instruction
5. College President
Verification of Course Policies

I, ____________________________, verify that faculty have reviewed the Dental Hygiene DHYG 1227 Course Syllabus with me and have also demonstrated to me how to access the course syllabi online at the following web address: www.actx.edu/~dental_hyg/.

I also understand that I may download and print the course syllabus if I choose to do so. I understand the course and department policies contained in the syllabus as they have been explained to me. I agree to abide by the policies and course requirements documented in the syllabus.

________________________________  ________________________________________
Student Signature                  Date

I also agree that I have read and understand the entire content of the Student's Rights and Responsibilities Publication. The Amarillo College Student’s Right and Responsibilities Publication can be viewed at www.actx.edu/student/index/htm.

________________________________  ________________________________________
Student Signature                  Date

Received and filed in student file

________________________________  ________________________________________
Instructor Signature                Date
# Fall
DHYG 1227
Preventive Dental Hygiene Care

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<td><strong>Week One</strong></td>
<td>Review Course Syllabus  &lt;br&gt; <strong>Harris</strong>  &lt;br&gt; Chapter 1  &lt;br&gt; Introduction to Primary Preventive Dentistry  &lt;br&gt; Chapter 2  &lt;br&gt; The Development and Structure of Dental Plaque (A Bacterial Biofilm), Calculus, and other Tooth-Adherent Organic Materials</td>
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<td><strong>Week Two</strong></td>
<td>Quiz  &lt;br&gt; <strong>Harris</strong>  &lt;br&gt; Chapter 3  &lt;br&gt; The Developing Carious Lesion  &lt;br&gt; Chapter 6  &lt;br&gt; Dentifrices, Mouthrinses, and Chewing Gums  &lt;br&gt; <strong>Wilkins</strong>  &lt;br&gt; Chapter 24  &lt;br&gt; Protocols for Prevention and Control of Dental Caries</td>
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<td><strong>Week Three</strong></td>
<td>Quiz  &lt;br&gt; <strong>Harris</strong>  &lt;br&gt; Chapter 8  &lt;br&gt; Water Fluoridation  &lt;br&gt; Chapter 9  &lt;br&gt; Topical Fluoride Therapy  &lt;br&gt; <strong>Daniel</strong>  &lt;br&gt; Chapter 22  &lt;br&gt; Fluoride and the Reversal of Dental Caries</td>
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<td><strong>Week Four</strong></td>
<td>Quiz  &lt;br&gt; <strong>Harris</strong>  &lt;br&gt; Chapter 11  &lt;br&gt; Oral Biologic Defenses in Tooth Demineralization  &lt;br&gt; Chapter 12  &lt;br&gt; Caries Risk Assessment and Caries Activity Testing  &lt;br&gt; <strong>Daniel</strong>  &lt;br&gt; Chapter 22  &lt;br&gt; Fluoride and the Reversal of Dental Caries</td>
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<td><strong>Major Exam One</strong></td>
<td><strong>Friday September 16</strong>  &lt;br&gt; 1:00 – 3:00</td>
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<td><strong>Major Exam 2</strong></td>
<td><strong>Friday, October 14 1:00 – 3:00</strong></td>
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<td><strong>Week Nine</strong></td>
<td><strong>Harris</strong> Chapter 22 Primary Preventive Dentistry in a Hospital Setting</td>
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<td><strong>Week Ten</strong></td>
<td><strong>Quiz</strong></td>
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<td><strong>Week Eleven</strong></td>
<td><strong>Quiz</strong></td>
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<td>Chapter/Quiz</td>
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| Chapter 23: Health Promotions and Disease Prevention | *Major Exam 3*               | Friday November 11  
1:00-3:00 |
| Chapter 27: Chemotherapeutics and Topical Delivery Systems | Week Twelve               | Wilkins     |
| Chapter 30: The Patient with Oral Rehabilitation Implants | Week Thirteen             | Quiz        |
| Chapter 31: The Patient Who Uses Tobacco         | Week Fourteen              | Quiz         |
| Chapter 35: Anxiety and Pain Control             | Week Fifteen               | Quiz         |
| Chapter 41: Dentin Hypersensitivity              | *Major Exam 4*             | December 9   
1:00 – 3:00 |
| Chapter 43: Care of Dental Restorations          | Week Sixteen               | Comprehensive Final |
| Chapter 44: Maintenance for Oral Health: Dental Hygiene Continuing Care |

* Please note dates of major exams. Major exams will be scheduled approximately every 4 weeks. Helpful Hint: Do not wait until the last minute to study for your major exams. The exams are lengthy and comprehensive in nature.