

## LESSON PLAN & TEST QUESTIONS

**Course:** Clinical Dental Hygiene II

**Topic:** The Dental Hygiene Care Plan

**Audience:** Adult Learners (Sixth Level Dental Hygiene Students)

### **Instructional**

**Objectives:** Upon completion of the lecture, the student should be able to:

1. Identify the basic parts of the dental hygiene care plan.
2. List the components of a written dental hygiene care plan.
3. Determine the factors affecting sequence of patient care.
4. Apply the procedures for presenting a care plan to the patient and the dentist.
5. Reflect on the importance of obtaining informed consent from the patient.

**Materials:** PowerPoint  
Handout

### **References:**

American Dental Association. (n.d.). *Informed consent/refusal*.

<https://success.ada.org/en/practice-management/guidelines-for-practice-success/managing-patients/informed-consent-refusal>

American Dental Hygienists' Association. (2016). Standards for clinical dental hygiene practice [PDF file]. Retrieved from <https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf>

Canadian Dental Hygienists Association. (2002). Dental hygiene: Definition, scope, and practice standards [PDF file]. Retrieved from [https://www.cdha.ca/%20pdfs/Profession/Resources/DefinitionScope\\_public.pdf](https://www.cdha.ca/%20pdfs/Profession/Resources/DefinitionScope_public.pdf)

Shah, P., Thornton, I., Turrin, D., & Hipkind, J. E. (2020). Informed consent. <https://www.ncbi.nlm.nih.gov/books/NBK430827/>

Swigart, D. J., Gurenlian, J. R., & Rogo, E. J. (2020). Dental hygiene diagnosis: A qualitative descriptive study of dental hygienists. *Canadian Journal of Dental Hygiene*, 54(3), 113–123.

Tarp, H. C., Sanderson, T., Fore, M. E., & Nies, M. A. (2017). Informed consent and the limited english patient: A pilot project with dental hygiene students to assess student knowledge, perceptions, and attitudes. *Journal of Allied Health*, 46(4), 220–224.

Wilkins, E., & Wyche, C. (2013). *Clinical practice of the dental hygienist (11th ed.)*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

**Personnel:** None needed

**Time:** 50 minutes

TIME	LESSON CONTENT	NOTES
	<b>I. INSTRUCTIONAL SET</b>	
2 minutes	<p><u>A. Introduction</u></p> <p>A written dental hygiene care plan is an essential part of the integrated components of the dental hygiene process of care. The care plan includes detailed information of the recommended treatment, nutritional counseling, education, necessary referrals, the number and the length of appointments, and the cost. It is developed to conform to and be integrated with the total treatment plan of the patient.</p> <p><u>B. Established Mood</u></p> <p>By attending today's lecture, you are taking initiative to learn more about the different types of care plans while learning about its components and how to present it to the patient and dentist. Today we will learn about the factors affecting sequence of patient care. We will also learn about obtaining the informed consent.</p> <p><u>C. Gain Attention/Motivate</u></p> <p>If a patient in your clinic asked you about his dental hygiene care plan, can you explain what the plan is to him and why it is made? If so, would you know how to present it to the patient and obtain signed informed consent?</p> <p><u>D. Established Rational</u></p> <p>By understanding what a dental hygiene care plan is and understanding its types and components, dental hygienists can answer basic questions from patients concerning the care plan and the informed consent.</p>	<p><b>Slide #1</b> The Dental Hygiene Care Plan Title</p> <p><b>Note:</b> The dental hygiene care plan should be a vehicle for care that is safe, evidence-based, clinically sound, high-quality, and equitable.</p> <p><b>Slide #2</b> Pictures of dental hygiene process of care, and a dental professional communicating with a patient.</p> <p><b>Q:</b> In your opinion, do dental hygienists need to present and explain the dental hygiene care plan to the patient?</p> <p><b>A:</b> Answers will vary, but the students will learn that the correct answer is "yes".</p>

TIME	LESSON CONTENT	NOTES
2 minutes	<p><u>E. Established Knowledge Base</u></p> <p>Have you ever heard of the dental hygiene care plan? Has anyone had developed a dental hygiene care plan?</p> <p>A dental hygiene care plan consists of formulating conclusions about dental hygiene treatment based on the results of the assessment data and the dental hygiene diagnosis.</p> <p><u>F. Instructional Objective</u></p> <p>After today's lecture, you should be able to identify the basic parts of the dental hygiene care plan; list the components of a written dental hygiene care plan; determine the factors affecting sequence of patient care; apply the procedures for presenting a care plan to the patient and the dentist; reflect on the importance of obtaining informed consent from the patient.</p> <p>.</p>	<p><b>Slide #3</b> Cartoon of dental professional and patient in clinic</p> <p><b>Slide #4</b> Objectives</p>

TIME	LESSON CONTENT	NOTES
5 minutes	<p><b>I. Preparation of a Dental Hygiene Care Plan</b></p> <p><b>A. Definition:</b> The services within the framework of the total treatment plan to be carried out by the dental hygienist.</p> <p><b>B. Description</b></p> <ol style="list-style-type: none"> <li>1. Prioritized sequence plan</li> <li>2. Evidence-based intervention</li> <li>3. Predicated on diagnosis</li> <li>4. Composed of integrated plans: <ol style="list-style-type: none"> <li>a. Periodontal disease control</li> <li>b. Dental caries control</li> <li>c. Risk factors management</li> <li>d. Preventive intervention</li> </ol> </li> <li>5. Integrated into treatment plan <ol style="list-style-type: none"> <li>a. Treatment plan components: <ol style="list-style-type: none"> <li>i. Preliminary phase</li> <li>ii. Phase I therapy</li> <li>iii. Phase I outcomes evaluation</li> <li>iv. Phase II surgical</li> <li>v. Phase III restorative</li> <li>vi. Evaluation of overall outcomes</li> <li>vii. Phase IV maintenance</li> </ol> </li> </ol> </li> </ol> <p><b>C. Rationale</b></p> <ol style="list-style-type: none"> <li>1. Dental hygiene intervention <ol style="list-style-type: none"> <li>a. Individualized needs</li> <li>b. Risk factors</li> </ol> </li> <li>2. Sequencing and prioritizing <ol style="list-style-type: none"> <li>a. Planned treatment</li> <li>b. Education</li> </ol> </li> <li>3. Checklist</li> </ol> <p><b>D. Objectives</b></p> <ol style="list-style-type: none"> <li>1. Patient needs <ol style="list-style-type: none"> <li>a. Assessment data</li> </ol> </li> <li>2. Flexible and realistic</li> <li>3. Treatment and education goals <ol style="list-style-type: none"> <li>a. Problems</li> <li>b. Risk factors</li> </ol> </li> </ol>	<p><b>Slide #5</b> Preparation of a dental hygiene care plan; definition and description -Icon of a care plan list</p> <p><b>Note:</b> Total treatment plan is a sequential outline of the essential services and procedures that must be carried out to eliminate disease and restore the oral cavity to health and normal function.</p> <p><b>Q:</b> Why do dental hygienists need to develop a care plan?</p> <p><b>A:</b> To establish the realistic goals and the dental hygiene interventions that can move the client closer to optimal oral health.</p> <p><b>Slide #6</b> Preparation of a dental hygiene care plan; rationale and objectives -Cartoon of dental professional presenting the treatment plan and options</p> <p><b>Note:</b> The plan should be personalized according to the individual's unique oral health needs, general health status, values, expectations, and abilities.</p>

TIME	LESSON CONTENT	NOTES
2 minutes	<p>4. Interventions and recommendations</p> <p>a. Current scientific evidence</p> <p><b>E. Parts of a Care Plan</b></p> <ol style="list-style-type: none"> <li>Periodontal/gingival health <ol style="list-style-type: none"> <li>Primary objective <ol style="list-style-type: none"> <li>Periodontal tissues health</li> </ol> </li> <li>Attention to: <ol style="list-style-type: none"> <li>Individualized risk factors</li> <li>Systemic diseases</li> <li>periodontal diseases</li> </ol> </li> </ol> </li> <li>Dental caries control <ol style="list-style-type: none"> <li>Remineralization program</li> <li>Fluoride</li> <li>Dental sealants</li> <li>Dietary control</li> <li>Recall examination <ol style="list-style-type: none"> <li>Risk factors</li> <li>Preventive recommendations</li> </ol> </li> </ol> </li> <li>Other <ol style="list-style-type: none"> <li>Preventive care <ol style="list-style-type: none"> <li>Daily bacterial control</li> <li>Tobacco cessation counseling</li> <li>Desensitization exposed dentin</li> <li>Resolving halitosis</li> </ol> </li> </ol> </li> </ol>	<p><b>Slide #7</b> SmartArt of the parts of a care plan</p> <p><b>Note:</b> A care plan that integrates a basic three-part plan to care for all of the patient's dental hygiene needs has a major influence on his future oral health.</p> <p><b>Slide #8</b> Parts of a care plan: periodontal/gingival health</p> <p><b>Slide #9</b> Parts of a care plan; dental caries control, preventive care</p>
2 minutes	<p><b>II. Components of a Written Dental Hygiene Care Plan</b></p> <p><b>A. Demographic Data</b></p> <ol style="list-style-type: none"> <li>Patient's name, age, and gender</li> <li>Therapy type <ol style="list-style-type: none"> <li>Initial therapy</li> <li>Maintenance</li> <li>Re-evaluation</li> </ol> </li> <li>Provider name</li> <li>Date of care plan</li> <li>Chief complaint</li> </ol> <p><b>B. Assessment Findings and Risk Factors</b></p> <ol style="list-style-type: none"> <li>Medical history <ol style="list-style-type: none"> <li>Systemic diseases</li> </ol> </li> </ol>	<p><b>Slide #10</b> Components of a written dental hygiene care plan</p> <p><b>Q:</b> Why should a well-written care plan include all the recommended components?</p> <p><b>A:</b> To increase the understanding of a patient's risks and needs to guide the plan for the oral health education and counseling as well as treatment interventions.</p>

TIME	LESSON CONTENT	NOTES
3 minutes	<ul style="list-style-type: none"> <li>b. Medications</li> <li>c. ASA classification</li> <li>d. Functional assessment</li> </ul>	<b>Slide #11</b> Scanned picture of a patient specific dental hygiene care plan from Wilkins' book, page 354-355
	<ul style="list-style-type: none"> <li>2. Social and dental history               <ul style="list-style-type: none"> <li>a. Treatment history</li> <li>b. Dental knowledge</li> <li>c. Health behaviors</li> <li>d. Cultural factors</li> </ul> </li> </ul>	<b>Slide #12</b> Components of a written dental hygiene care plan
	<ul style="list-style-type: none"> <li>3. Clinical examination               <ul style="list-style-type: none"> <li>a. Extraoral examination</li> <li>b. intraoral examination</li> <li>c. Teeth/restorations</li> <li>d. Periodontal examination</li> </ul> </li> </ul>	<b>Slide #13</b> -SmartArt of the assessment findings and risk factors
	<ul style="list-style-type: none"> <li>4. Link to risk factors               <ul style="list-style-type: none"> <li>a. Oral diseases</li> <li>b. Systemic diseases                   <ul style="list-style-type: none"> <li>i. Oral infection</li> </ul> </li> <li>c. Treatment outcomes</li> </ul> </li> </ul>	<b>Slide #14</b> -Table of examples of diagnostic statements from Wilkins' book, page 356
	<p><b>C. Periodontal Diagnosis and Status</b></p> <ul style="list-style-type: none"> <li>1. Dentist's diagnosis</li> <li>2. Periodontal case type</li> <li>3. Parameters of care</li> </ul> <p><b>D. Caries Risk Status</b></p> <ul style="list-style-type: none"> <li>1. CAMBRA               <ul style="list-style-type: none"> <li>a. Caries risk status                   <ul style="list-style-type: none"> <li>i. Low</li> <li>ii. Moderate</li> <li>iii. High</li> <li>iv. Extreme</li> </ul> </li> <li>b. Dental hygiene intervention</li> </ul> </li> <li>2. Patient's risk               <ul style="list-style-type: none"> <li>a. Education</li> <li>b. Counseling</li> <li>c. Treatment                   <ul style="list-style-type: none"> <li>i. Dental sealants</li> <li>ii. Fluoride applications</li> </ul> </li> </ul> </li> </ul> <p><b>E. Diagnostic Statements</b></p> <ul style="list-style-type: none"> <li>1. Problems:               <ul style="list-style-type: none"> <li>a. Extraoral</li> <li>b. Intraoral</li> <li>c. Restorative/caries risk</li> </ul> </li> </ul>	<p><b>Note:</b> CAMBRA, caries management by risk assessment – is an evidence-based approach to preventing and managing cavities at the earliest stages.</p> <p><b>Q:</b> Why do you think the diagnosis formulated by the dentist is included in the dental hygiene care plan?</p> <p><b>A:</b> To collaborate and work effectively with the dentist to provide high-level, patient-centered care.</p>

TIME	LESSON CONTENT	NOTES
5 minutes	<ul style="list-style-type: none"> <li>d. Periodontal status</li> <li>e. Systemic health</li> <li>f. Self-care ability</li> <li>2. Link problem to:               <ul style="list-style-type: none"> <li>a. Etiology</li> <li>b. Risk factors</li> <li>c. Dental hygiene practice</li> </ul> </li> </ul> <p><b>F. Planned Interventions</b></p> <ul style="list-style-type: none"> <li>1. Clinical treatment               <ul style="list-style-type: none"> <li>a. Scaling</li> <li>b. Root planning</li> <li>c. Debridement</li> <li>d. Dental sealants</li> </ul> </li> <li>2. Education/counseling               <ul style="list-style-type: none"> <li>a. Etiology</li> <li>b. Progression</li> <li>c. Risk factors</li> </ul> </li> <li>3. Oral hygiene instruction               <ul style="list-style-type: none"> <li>a. Patient's needs</li> </ul> </li> </ul> <p><b>G. Expected Outcomes</b></p> <ul style="list-style-type: none"> <li>1. Goals</li> <li>2. Evaluation methods</li> <li>3. Time frame</li> </ul> <p><b>H. Evaluation Methods</b></p> <ul style="list-style-type: none"> <li>1. Assessment data collection</li> <li>2. Comparison with findings</li> <li>3. Progress measurement</li> </ul> <p><b>I. Appointment Plan</b></p> <ul style="list-style-type: none"> <li>1. Multiple appointments</li> <li>2. Sequence of planned interventions               <ul style="list-style-type: none"> <li>a. Patient comfort</li> <li>b. Planned goals</li> </ul> </li> <li>3. Adapted to:               <ul style="list-style-type: none"> <li>a. New information</li> <li>b. Patient's needs</li> </ul> </li> </ul> <p><b>J. Reevaluation</b></p> <ul style="list-style-type: none"> <li>1. Re-evaluation findings               <ul style="list-style-type: none"> <li>a. Re-treat</li> </ul> </li> </ul>	<p><b>Slide #15</b></p> <p>Components of a written dental hygiene care plan</p> <p><b>Note:</b> Dental hygiene interventions are measures applied to regenerate, restore, or maintain oral health</p> <p><b>Q:</b> Do you think adapting the appointment plan to patient's needs can lead to patient's commitment to the treatment plan? Why?</p> <p><b>A:</b> Yes. Answers to "Why" will vary.</p> <p><b>Note:</b> An example of an evaluation methods that could be identified in the written care plan is the use of the periodontal probing to determine reduction in pocket depths.</p>



TIME	LESSON CONTENT	NOTES
5 minutes	<ul style="list-style-type: none"> <li>b. Refer</li> <li>c. Continuing care interval</li> </ul> <ol style="list-style-type: none"> <li>2. Assessment data:               <ul style="list-style-type: none"> <li>a. Collection</li> <li>b. Analyzation</li> </ul> </li> <li>3. Expected outcomes</li> <li>4. Maintenance appointments</li> </ol> <p><b>III. Sequencing and Prioritizing Patient Care</b></p> <p><b>A. Objectives</b></p> <ol style="list-style-type: none"> <li>1. Individualized patient care               <ul style="list-style-type: none"> <li>a. Assessment data analysis</li> <li>b. Documented evidence</li> <li>c. Scientific literature</li> </ul> </li> <li>2. Predisposing factors               <ul style="list-style-type: none"> <li>a. Microorganisms of biofilm</li> <li>b. Modify risk factors</li> </ul> </li> <li>3. Signs and symptoms               <ul style="list-style-type: none"> <li>a. Gingival bleeding</li> <li>b. Probing depths</li> </ul> </li> <li>4. Optimum oral health               <ul style="list-style-type: none"> <li>a. Oral disease etiology</li> <li>b. Prevention measures</li> <li>c. Daily self-care</li> <li>d. Maintenance follow-up</li> </ul> </li> </ol> <p><b>B. Factors Affecting Sequence of Care</b></p> <ol style="list-style-type: none"> <li>1. Urgency               <ul style="list-style-type: none"> <li>a. Gingival inaccessibility</li> <li>b. Periodontal abscess</li> <li>c. Necrotizing ulcerative gingivitis</li> </ul> </li> <li>2. Existing etiologic factors               <ul style="list-style-type: none"> <li>a. Biofilm control measures</li> </ul> </li> <li>3. Severity of the condition               <ul style="list-style-type: none"> <li>a. Gingival change:                   <ul style="list-style-type: none"> <li>i. Color</li> <li>ii. Size</li> <li>iii. Shape</li> <li>iv. Consistency</li> </ul> </li> </ul> </li> </ol>	<p><b>Slide #16</b> Sequencing and prioritizing patient care; objectives -Icon of a care plan list</p> <p><b>Note:</b> Treatment sequence defines the order in which the parts of an individual appointment are to be carried out.</p> <p><b>Q:</b> What do you think the difference is between sequencing and prioritizing patient care?</p> <p><b>A:</b> Sequencing patient care is a series of related interventions following in a certain order or succession, while prioritizing is arranging patient care in order of importance.</p> <p><b>Slide #17</b> Factors affecting sequence of care -Pictures of Necrotizing Ulcerative Gingivitis, patient with disability, and antibiotics medications</p>

TIME	LESSON CONTENT	NOTES
2 minutes	<ul style="list-style-type: none"> <li>b. Probing depths</li> <li>c. Bleeding on probing</li> <li>d. Teeth mobility</li> <li>e. Bone loss</li> <li>4. Individualized patient requirements               <ul style="list-style-type: none"> <li>a. Antibiotic premedication                   <ul style="list-style-type: none"> <li>i. Probing</li> <li>ii. Exploring</li> <li>iii. Mobility determination</li> <li>iv. Biofilm-removing procedures</li> </ul> </li> <li>b. Systemic diseases                   <ul style="list-style-type: none"> <li>i. Chronic diseases</li> </ul> </li> <li>c. Physical disability</li> <li>d. Other considerations                   <ul style="list-style-type: none"> <li>i. Maintenance appointments</li> <li>ii. Necrotizing ulcerative gingivitis</li> <li>iii. Biofilm control program</li> </ul> </li> </ul> </li> </ul>	<p><b>Note:</b> Efficient use of appointment time and spacing of appointment dates will avoid unnecessary extra antibiotic coverage.</p>
2 minutes	<p><b>IV. Presenting the Dental Hygiene Care Plan</b></p> <p><b>A. Presenting the Plan to the Dentist</b></p> <ul style="list-style-type: none"> <li>1. Purpose           <ul style="list-style-type: none"> <li>a. Total treatment plan</li> <li>b. Oral health needs statement</li> </ul> </li> <li>2. Procedure           <ul style="list-style-type: none"> <li>a. Sequence of care plan</li> <li>b. Health assessment findings</li> <li>c. Risk factors</li> <li>d. Intervention strategies</li> <li>e. Expected outcomes</li> <li>f. Appointment sequence</li> </ul> </li> </ul>	<p><b>Slide #18</b> Picture of a dental hygienist presenting the plan to a dentist</p> <p><b>Q:</b> In your opinion, do dental hygienists need to discuss the dental hygiene care plan with the dentist?</p> <p><b>A:</b> Answers will vary, but the students will learn that the correct answer is “yes”.</p>
2 minutes	<p><b>B. Presenting the Plan to the Patient</b></p> <ul style="list-style-type: none"> <li>1. Purpose           <ul style="list-style-type: none"> <li>a. Informed consent</li> <li>b. Patient’s role</li> </ul> </li> <li>2. Procedure           <ul style="list-style-type: none"> <li>a. Patient’s position               <ul style="list-style-type: none"> <li>i. Upright position</li> <li>ii. Face to face</li> </ul> </li> </ul> </li> </ul>	<p><b>Slide #19</b> Picture of a dental hygienist presenting the plan to a patient</p> <p><b>Slide # 20</b> 2 minutes video of a treatment presentation to the patient</p>

TIME	LESSON CONTENT	NOTES
5 minutes	<ul style="list-style-type: none"> <li>b. Appropriate terminology</li> <li>c. Patient's education               <ul style="list-style-type: none"> <li>i. Health assessment findings</li> <li>ii. Planned intervention</li> <li>iii. Appointment sequence</li> <li>iv. Dental hygiene services</li> <li>v. Expected outcomes</li> </ul> </li> <li>d. Visual aids               <ul style="list-style-type: none"> <li>i. Radiographs</li> <li>ii. Dental models</li> <li>iii. Drawings</li> <li>iv. Pictures</li> <li>v. Video tapes</li> <li>vi. Brochures</li> <li>vii. Intraoral camera</li> </ul> </li> <li>e. Patient's engagement</li> <li>f. Informed consent</li> </ul> <p><b>V. Informed Consent</b></p> <p><b>A. Definition:</b> A patient's voluntary agreement to a treatment plan after details of the proposed treatment have been presented and comprehended by the patient.</p> <p><b>B. Historical Background:</b></p> <ul style="list-style-type: none"> <li>1. Narrow/restricted document</li> <li>2. Duty of provider</li> <li>3. Today:           <ul style="list-style-type: none"> <li>a. Patient's rights               <ul style="list-style-type: none"> <li>i. Decision making</li> <li>ii. Agreement on treatment</li> </ul> </li> </ul> </li> </ul> <p><b>C. Purpose</b></p> <ul style="list-style-type: none"> <li>1. Open communication</li> <li>2. Treatment alternatives consideration</li> <li>3. Legal protection</li> <li>4. Patient consideration           <ul style="list-style-type: none"> <li>a. Financial issues</li> <li>b. Cultural issues</li> <li>c. Moral issues</li> <li>d. Religious issues</li> </ul> </li> </ul>	<p><b>Note:</b> Using good verbal communication and building a trusting relationship can influence patient acceptance of treatment needs and compliance with recommendations.</p> <p><b>Q:</b> Is using terminology that is appropriate important during explaining the plan? If so, why?</p> <p><b>A:</b> Yes. "Why" answers will vary.</p> <p><b>Slide #21</b> Picture of a patient reading the informed consent.</p> <p><b>Slide #22</b> Picture of a dental hygienist communicating with a patient</p>

TIME	LESSON CONTENT	NOTES
5 minutes	<b>D. Informed Consent Types</b> <ol style="list-style-type: none"> <li>Expressed consent <ol style="list-style-type: none"> <li>Orally</li> <li>Written</li> </ol> </li> <li>Implied consent <ol style="list-style-type: none"> <li>Nonverbal and unwritten <ol style="list-style-type: none"> <li>Patient in dental chair</li> </ol> </li> <li>Data collection procedures</li> <li>Data analysis</li> <li>Treatment planning</li> </ol> </li> </ol>	<p><b>Slide #23</b> Pictures of informed consent types</p> <p><b>Note:</b> Informed consent is a legal concept that can exist even without a written document.</p>
	<b>E. Informed Consent Procedures</b> <ol style="list-style-type: none"> <li>Criteria <ol style="list-style-type: none"> <li>Documented diagnosis</li> <li>Defined need for treatment</li> <li>Prognosis explained</li> <li>Alternative treatment options</li> <li>Advantages/Disadvantages clearly stated</li> <li>Side effects explained</li> <li>Costs</li> <li>Length of treatment discussed</li> <li>Treatment provider specified</li> </ol> </li> <li>Information to disclose <ol style="list-style-type: none"> <li>Diagnosis</li> <li>Treatment options <ol style="list-style-type: none"> <li>Nature of treatment</li> <li>Treatment rationale</li> </ol> </li> <li>Alternatives</li> <li>Consequences <ol style="list-style-type: none"> <li>Physical effects</li> <li>Psychological effects</li> <li>Costs</li> <li>Potentially resulting problems</li> </ol> </li> <li>Expected outcomes <ol style="list-style-type: none"> <li>With treatment</li> <li>With alternative treatment</li> <li>Without treatment</li> </ol> </li> </ol> </li> <li>Principles of informing <ol style="list-style-type: none"> <li>Patient's ability</li> <li>Simple terminology</li> <li>Patient's questions</li> </ol> </li> </ol>	<p><b>Slide #24</b> Cartoon of a care plan, money and appointments schedule</p> <p><b>Slide #25</b> Informed consent procedures -Picture of a dental hygienist obtaining informed consent</p> <p><b>Slide #26</b> Picture of a dental professional pointing at findings on x-ray</p> <p><b>Q:</b> In your opinion, when should you obtain informed consent in writing?</p> <p><b>A:</b> When potential risks, complications, or failure are associated with therapy.</p> <p><b>Slide #27</b> Picture of a dental professional informing a patient</p>

TIME	LESSON CONTENT	NOTES
2 minutes	<ul style="list-style-type: none"> <li>d. Patient's understanding</li> <li>e. Documentation</li> <li>4. Written consent               <ul style="list-style-type: none"> <li>a. Potential risks</li> <li>b. Complications</li> <li>c. Treatment failure</li> </ul> </li> <li>5. Copy for the patient</li> </ul> <p><b>F. Informed Refusal</b></p> <ul style="list-style-type: none"> <li>1. Respect the Patient's decision</li> <li>2. Discuss treatment alternatives</li> <li>3. Obtain informed refusal</li> </ul> <p><b>J. Additional Considerations</b></p> <ul style="list-style-type: none"> <li>1. Cultural differences               <ul style="list-style-type: none"> <li>a. Language skills</li> <li>b. Health beliefs and values</li> </ul> </li> <li>2. Patient's age               <ul style="list-style-type: none"> <li>a. Legal guardian</li> </ul> </li> <li>3. Cognitive impairment</li> <li>4. Learning style</li> </ul>	<p><b>Slide #28</b> Pictures of a patient refusing the treatment and a child patient with her legal guardian</p> <p><b>Note:</b> The patient's right to autonomy in making decisions regarding oral treatment requires that practitioners respect the patient's decision to refuse treatment.</p> <p><b>Note:</b> When formulating the plan, dental hygienists should be sensitive and responsive to the patient's culture, age, gender, language, and learning style.</p> <p><b>Q:</b> Do you think exploring of the patient's language skills and conflicting health beliefs and values can enhance communication? If so, why?</p> <p><b>A:</b> Yes. "Why" answers will vary.</p>



TIME	LESSON CONTENT	NOTES
5 minutes	<p><b>CRITICAL THINKING ACTIVITY</b></p> <p><b>Case:</b> You have a patient who is a 25-year-old female who was present for discussion of the formal dental hygiene care plan related to periodontal therapy and quadrant scaling and root planning. Now that you are aware of the dental hygiene care plan parts, its components, how to present it, the factors affecting sequence of patient care and how to obtain informed consent; how will you present the care plan, and obtain informed consent for dental hygiene care?</p> <ol style="list-style-type: none"> <li>How will you prepare a dental hygiene care plan that addresses the patient's needs? Answer: You will prepare a dental hygiene care plan for the patient's needs based on assessment data collected and integrating the basic three parts of a care plan: periodontal/gingival health, dental caries control and preventive care.</li> <li>How will you explain the dental hygiene care plan to the patient? Answer: You will use simple terminology, educate the patient regarding health assessment findings and their link to oral diseases, planned interventions, appointment sequence, dental hygiene services, and expected outcomes. You will also engage the patient in planning and setting goals and respond to the patient's questions.</li> <li>Before informed consent is obtained, what information should you disclose to the patient? Answer: Explain diagnosis, treatment options and rationale, treatment alternatives, risks and benefits, and expected outcomes. Discuss costs and length of treatment and respond to all questions. After the patient states that all questions have been answered, then obtain the informed consent.</li> <li>What should you do if the patient refuses the treatment options?</li> </ol>	<p><b>Slide #31</b> Critical thinking activity: Case for Analysis</p> <p><b>Q:</b> What is the purpose of explaining the plan to the patient? <b>A:</b> To provide the patient with the information needed to give informed consent for treatment, and to reinforce the patient's role in setting and reaching oral health goals outlined in the plan.</p>

TIME	LESSON CONTENT	NOTES
	<p>Answer: Respect the patient's autonomy and her decision to refuse treatment, discuss treatment alternatives and obtain informed refusal from the patient.</p>	<p><b>Slide #32</b> Funny photo of our expectation and the reality of treatment plan</p> <p><b>Slide #33</b> Thank you slide</p>



## Test Questions

1. **Objective #1:** Identify the basic parts of the dental hygiene care plan.

**Test Item:** Basic parts of the dental hygiene care plan may include the following **EXCEPT** one. Which is the **EXCEPTION**?

- a. Preventive care
- b. Dental caries control
- c. Periodontal/gingival health
- d. Informed consent

2. **Objective #2:** List the components of a written dental hygiene care plan.

**Test Item:** The components of a written dental hygiene care plan may include the following **EXCEPT** one. Which is the **EXCEPTION**?

- a. Demographic data
- b. Dental charting
- c. Caries Risk Status
- d. Expected Outcomes

3. **Objective #3:** Determine the factors affecting sequence of patient care.

**Test Item:** Factors affecting sequence of patient care include the following **EXCEPT** one. Which one is the **EXCEPTION**?

- a. Treatment plan refusal
- b. Antibiotic premedication
- c. Systemic diseases
- d. Existing etiologic factors

4. **Objective #4:** Apply the procedures for presenting a care plan to the patient and the dentist.

**Test Item:** A patient was present for discussion of the formal dental hygiene care plan related to periodontal therapy. He mentioned that he doesn't know what periodontal disease is and why the treatment will take multiple appointments. The dental hygienist presents the treatment plan to the patient while he was in the supine position. She told the patient that the appointments will be sequenced according to the planned goals. She explains the periodontal disease as disease processes involving the periodontium, which includes gingiva, alveolar bone, cementum, and periodontal ligament. The patient doesn't understand what she said and became reluctant to approve the treatment plan and signed the informed consent. Did the dental hygienist apply procedures for presenting a care plan to the patient appropriately? Explain your answer.

5. **Objective #5:** Reflect on the importance of obtaining informed consent from the patient.

**Test Item:** In one paragraph (3-4 sentences), indicate the importance of obtaining informed consent from the patient.

Correct Answers:

1. D
2. B
3. A
4. The dental hygienist did not apply procedures for presenting a care plan to the patient in an appropriate way. She should have positioned the patient in an upright position, face to face with her. She should have used terminology that is appropriate to the patient's level of understanding and not use inaccessible dental terms. She should have explained to the patient that the periodontal disease is an infection of the tissues that hold his teeth in place, and it is caused by poor brushing and flossing habits. The dental hygienist should have educated the patient regarding assessment findings, planned interventions, dental hygiene services and expected outcomes. She should have presented information by using visual aids such as radiographs or pictures of periodontal disease. She should have informed the patient that the appointment sequence can be adapted to his needs in addition to the planned goals.
5. Informed consent is important for an open communication between the oral care provider and the patient and for the protection of legal rights. Informed consent allows shared decision making with the oral care provider while treatment is being planned. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care.