

## LESSON PLAN #1

**Course:** DH252 Dental Hygiene Theory

**Topic:** Patient Evaluation and Continuing Care

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

**Time:** 55 minutes

**Materials:** Computer, PowerPoint

### **Instructional Objectives:**

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

1. Identify concepts related to patient evaluation.
2. Define standards for dental hygiene practice.
3. Examine various office recall methods.
4. Analyze the contributing factors in the recurrence of periodontal disease.
5. Defend the need for referring patients from a general practice office to specialties, such as periodontists and oral surgeons.

### **References:**

American Dental Hygienists' Association. (2025). Standards for Clinical Dental Hygiene Practice.

Boyd, L., & Mallonee, L. (2024). *Wilkins' Clinical Practice of the Dental Hygienist* (14th ed.). Jones & Bartlett Learning.

TIME	LESSON CONTENT	NOTES – MEDIA – Q/A
3 minutes	<p><b>I. ANTICIPATORY SET</b></p> <p><b>A. Introduction</b></p> <p>Previously, your instructor covered content that focused on patient care planning and developing a treatment plan based on individualized patient needs. Does everyone feel comfortable with that process at this point? Today, we are going to build on those concepts and look at what happens after we complete the treatment we recommended for our patients; how we tell if the treatment was successful, when to refer patients who might need more care or different care than we can offer in our offices, and even look at what we do when patients want to decline our treatment recommendations.</p> <p><b>B. Gain Attention/Motivate</b></p> <p>Let’s say the other, much more seasoned, hygienist in your office was on vacation and the front desk places a few of her patients on your schedule, no big deal right? Well, what would you do if you realized they all had residual subgingival calculus, bone loss, inflammation, and bleeding and that the other hygienist had only been providing D1110 adult prophies?</p> <p><b>C. Activate Prior Knowledge</b></p> <p>We have probably all been going to the dentist pretty regularly for our check-ups and recalls, right? Think about what your hygienist does at your appointments. What things can you think of? Xrays, probing, oral cancer screening, what else can you think of? Why do you think he/she does these things?</p> <p><b>D. Establish Rationale</b></p> <p>By attending today’s lecture, you will learn how to take all of your assessment and recare evaluation data to determine the next steps for your patients.</p>	<p><b>Slide #1:</b> Patient Evaluation and Continuing Care Title Slide</p> <p><b>Q:</b> In your opinion, do dental professionals have an ethical obligation to decline providing procedures to patients that are below the standard of care?</p> <p><b>A:</b> Answers will vary, but the students will learn that the correct answer is “yes”.</p> <p><b>Slide #2:</b> Side by side photos of healthy pt. &amp; perio involved pt.</p>

<b>TIME</b>	<b>LESSON CONTENT</b>	<b>NOTES – MEDIA – Q/A</b>
2 minutes	<p>E. Present Instructional Objectives</p> <p>After today's lecture, you should be able to:</p> <ol style="list-style-type: none"><li>1. Identify concepts related to patient evaluation.</li><li>2. Define standards for dental hygiene practice.</li><li>3. Examine various office recall methods.</li><li>4. Analyze the contributing factors in the recurrence of periodontal disease.</li><li>5. Defend the need for referring patients from a general practice office to specialties, such as periodontists and oral surgeons.</li></ol>	<p>Slide #3: Objectives</p>

TIME	LESSON CONTENT	NOTES – MEDIA – Q/A
2 minutes	<p><b>I. Principles of Evaluation</b></p> <p>A. Definition: Evaluation is a systematic determination of worth, value, or significance.</p> <ol style="list-style-type: none"> <li>1. evidence-based care</li> <li>2. measures goals</li> <li>3. feedback to determine success</li> </ol>	<p><b>Slide #4:</b> Principles of Evaluation</p> <p><b>Note:</b> Definition is from Wilkins' Clinical Practice of the Dental Hygienist</p>
2 minutes	<p>B. Purpose:</p> <ol style="list-style-type: none"> <li>1. Patient satisfaction</li> <li>2. assess outcomes</li> <li>3. Determine continuing care</li> </ol> <p>C. Design:</p> <ol style="list-style-type: none"> <li>1. formative evaluation</li> <li>2. process evaluation</li> <li>3. outcome evaluation</li> <li>4. impact evaluation</li> </ol>	<p><b>Q:</b> Based on the treatment plans you created, what assessments might be a part of patient evaluation after treatment is received?</p> <p><b>A:</b> Answers will vary; however, they should be based on the goals they had set for the patients in their treatment plans.</p>
3 minutes	<p>D. Process:</p> <ol style="list-style-type: none"> <li>1. assess</li> <li>2. document</li> <li>3. evidence-based modifications</li> </ol>	
3 minutes	<p><b>II. Evaluation of Clinical Treatment Outcomes</b></p> <p>A. Visual examination</p> <ol style="list-style-type: none"> <li>1. Biofilm score</li> <li>2. Tissue characteristics</li> <li>3. Caries</li> <li>4. Restorative</li> </ol> <p>B. Periodontal Examination</p> <ol style="list-style-type: none"> <li>1. Probing depths</li> <li>2. Bleeding</li> <li>3. Exudate</li> <li>4. Clinical attachment level</li> </ol> <p>C. Tactile Evaluation</p> <ol style="list-style-type: none"> <li>1. Calculus</li> <li>2. Restorations</li> <li>3. Caries</li> </ol>	<p><b>Slide #5:</b> Evaluation of Clinical Treatment Outcomes</p>

TIME	LESSON CONTENT	NOTES – MEDIA – Q/A
3 minutes	<p><b>III. Evaluation of Behavior Outcomes:</b></p> <ul style="list-style-type: none"> <li>A. Visual Examination               <ul style="list-style-type: none"> <li>1. Biofilm Score</li> <li>2. Skill demonstration</li> </ul> </li>   <li>B. Interview Evaluation               <ul style="list-style-type: none"> <li>1. Understanding</li> <li>2. Compliance</li> <li>3. Effectiveness</li> </ul> </li> </ul>	<p><b>Slide #6:</b> Evaluation of Behavior Outcomes</p> <p><b>Slide #7:</b> Comparison of Assessment Findings</p> <p><b>Q:</b> What would cause a hygienist to consider giving a specialty referral to a patient?</p> <p><b>A:</b> Answers will vary, but might include unresolved periodontal disease involvement, CAL needs for grafting, intraoral lesions, etc.</p> <p><b>Note:</b> The healing process may vary person-to-person.</p>
3 minutes	<p><b>IV. Comparison of Assessment Findings</b></p> <ul style="list-style-type: none"> <li>A. Goals met               <ul style="list-style-type: none"> <li>1. biofilm score</li> <li>2. periodontal measurements</li> <li>3. homecare</li> <li>4. restorative treatment</li> </ul> </li>   <li>B. Referral needs               <ul style="list-style-type: none"> <li>1. Unresponsive tissues</li> <li>2. CAL stabilization</li> <li>3. Health behaviors                   <ul style="list-style-type: none"> <li>a. Tobacco</li> <li>b. Alcohol</li> <li>c. Homecare</li> </ul> </li> </ul> </li>   <li>C. Systemic Behaviors               <ul style="list-style-type: none"> <li>1. Diseases</li> </ul> </li> </ul>	<p><b>Slide #8:</b> ADHA Standards of Care</p> <p><b>Q:</b> Why should hygienists be familiar with the ADHA Standards?</p> <p><b>A:</b> The ADHA Standards for Clinical Dental Hygiene Practice are essential for ensuring consistency and quality in the profession. They provide a framework that guides dental hygienists in delivering safe, ethical, and evidence-based care.</p>
3 minutes	<p><b>V. Standards of Care</b></p> <ul style="list-style-type: none"> <li>A. ADHA Standards for Clinical Dental Hygiene Practice</li> <li>B. Failure to provide standard of care               <ul style="list-style-type: none"> <li>1. Ethical Standards</li> <li>2. Negligence</li> </ul> </li> <li>C. Continuing Education               <ul style="list-style-type: none"> <li>1. Up to date</li> <li>2. Competence</li> </ul> </li> </ul>	<p><b>Slide #8:</b> ADHA Standards of Care</p> <p><b>Q:</b> Why should hygienists be familiar with the ADHA Standards?</p> <p><b>A:</b> The ADHA Standards for Clinical Dental Hygiene Practice are essential for ensuring consistency and quality in the profession. They provide a framework that guides dental hygienists in delivering safe, ethical, and evidence-based care.</p>

TIME	LESSON CONTENT	NOTES – MEDIA – Q/A
3 minutes	<p><b>Goals of Continuing Care and Recare System</b></p> <ul style="list-style-type: none"> <li>A. Maintain health               <ul style="list-style-type: none"> <li>1. Prevent new disease</li> <li>2. Prevent recurrence</li> </ul> </li> <li>B. Monitor behaviors               <ul style="list-style-type: none"> <li>1. Patient education</li> <li>2. Motivate</li> </ul> </li> <li>C. Monitor risks               <ul style="list-style-type: none"> <li>1. Systemic</li> <li>2. Caries</li> </ul> </li> <li>D. Referrals               <ul style="list-style-type: none"> <li>1. Specialties</li> <li>2. Interprofessional</li> </ul> </li> <li>E. Intervals               <ul style="list-style-type: none"> <li>1. 4-6 months</li> <li>2. Medical conditions</li> <li>3. Compliance</li> </ul> </li> </ul>	<p><b>Slide #9:</b> Goals of Continuing Care &amp; Recare Systems</p>
5 minutes	<p><b>Periodontal Maintenance</b></p> <ul style="list-style-type: none"> <li>A. Purpose &amp; Outcomes               <ul style="list-style-type: none"> <li>1. Inflammation</li> <li>2. Bleeding</li> <li>3. CAL</li> <li>4. Prevent Progression</li> </ul> </li> <li>B. Intervals               <ul style="list-style-type: none"> <li>1. 4x/year</li> <li>2. 3-4months</li> <li>3. Educate pt on need</li> </ul> </li> </ul>	<p><b>Slide #10:</b> Periodontal Maintenance</p>
2 minutes	<p><b>Continuing Care Systems</b></p> <ul style="list-style-type: none"> <li>A. Prebook               <ul style="list-style-type: none"> <li>1. Schedule</li> <li>2. Text</li> <li>3. Email</li> </ul> </li> <li>B. Monthly Reminder               <ul style="list-style-type: none"> <li>1. Not prebooked</li> <li>2. Generated list</li> <li>3. Manual list/calling</li> <li>4. Post-cards</li> </ul> </li> </ul>	<p><b>Slide #11:</b> Continuing Care Systems</p> <p><b>Q:</b> what Recare systems have offices used that you are familiar with?</p> <p><b>A:</b> Answer will vary, may include text, email, calls, postcards, etc.</p>
2 minutes	<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>A. Update MHX/DHX</li> <li>B. TX Outcomes               <ul style="list-style-type: none"> <li>1. Improvement</li> <li>2. Stabilization</li> <li>3. Poor results</li> </ul> </li> <li>C. Findings</li> </ul>	<p><b>Slide #12:</b> Documentation</p>

TIME	LESSON CONTENT	NOTES – MEDIA – Q/A
3 minutes	<ul style="list-style-type: none"> <li>1. New</li> <li>2. Resolved</li> </ul> <p>D. New TX Plan</p> <ul style="list-style-type: none"> <li>1. Goals</li> </ul> <p><b>Self-Assessment and Reflection</b></p> <ul style="list-style-type: none"> <li>A. Purpose <ul style="list-style-type: none"> <li>1. Develop critical thinking</li> <li>2. Evaluate abilities/approaches</li> <li>3. Determine need for CE</li> </ul> </li> <li>B. Methods <ul style="list-style-type: none"> <li>1. Individual reflection</li> <li>2. Journaling</li> <li>3. Professional prtfolio</li> </ul> </li> </ul>	<p><b>Slide #13: Self-Assessment and Reflection</b></p> <p><b>Q:</b> Do any of you practice self-reflection now? What methods do you use?</p> <p><b>A:</b> Answers will vary, may include journaling, meditation, etc.</p>
3 minutes	<b>Questions?</b>	<p><b>Slide #14: Questions</b></p>

TIME	LESSON CONTENT	NOTES – MEDIA – Q/A
3 minutes	<p><b>SUMMARY:</b></p> <p>I hope now that you are starting to put together how your patient treatment doesn't stop when they leave your chair. Evaluation of goal outcomes and treatment planning is a constant cycle that we continuously update to meet our patients' ever-changing needs. Some evaluations will give us immediate data, like formative and process evaluations that can be done during treatment; however, other evaluations occur at the end of treatment procedures and assess outcome data and impacts. Although I have given you a general idea of assessments to provide and frequency intervals to follow, always use your professional judgement based on your patient's individual specific situations. Also I want you to remember to use the self-reflection processes to constantly evaluate your skills and the care you are providing to your patients. Our profession is one of lifelong learning and there is always something new to discover!</p>	<p>Slide #14: Summary</p>

TIME	LESSON CONTENT	NOTES – MEDIA – Q/A
10 minutes	<p><b>CRITICAL THINKING ACTIVITY:</b></p> <p><b>Case:</b> Let’s look back at the scenario I provided earlier. Say the other, much more seasoned, hygienist in your office was on vacation and the front desk places a few of her patients on your schedule, no big deal right? Well, what would you do if you realized they all had residual subgingival calculus, bone loss, inflammation, and bleeding and that the other hygienist had only been providing D1110 adult prophies?</p> <p>1. Would you continue to provide substandard care to avoid upsetting her patients and revealing that she may have been neglecting them? Answer: No. The ADHA Standards of Care.</p> <p>2. Would you consider this situation an ethical dilemma or ethical issue? Answer: This would more likely be an ethical issue due to the legal aspect that can be argued linked to patient neglect and providing substandard care.</p> <p>3. How would you address this in the office? Would you go to the doctor? Would you speak to the hygienist in question? Answer: The doctor should know what is happening in his office, so yes it would be wise to approach him about the situation. Also, it would be professionally respectful to approach the other hygienist. However, it may be a hard situation to navigate without offending or upsetting her.</p>	<p><b>Slide #15:</b> Activity</p> <p><b>Q:</b> Does this information help clarify the legal &amp; ethical obligation you have?</p> <p><b>A:</b> Answers will vary; may need to give further clarity based on answers.</p>

## Test Items

**Objective #1:** Identify concepts related to patient evaluation.

**Test Item #1:** Which of the following is considered when evaluating patient outcomes of biofilm reduction?

- a. Geographic location
- b. Patient compliance
- c. Financial capability
- d. Social media trends

**Objective #2:** Define standards for dental hygiene practice.

**Test Item #2:** Which ADHA Standard for Clinical Dental Hygiene Practice considers patient risk factors for disease?

- a. Assessment Standards
- b. Dental Hygiene Diagnosis Standards
- c. Planning Standards
- d. Evaluation Standards

**Objective #3:** Examine various office recall methods.

**Test Item #3:** Which is the most effective recall method?

- a. Monthly calling
- b. Reminder post cards
- c. Pre-booking
- d. Let the patient call

**Objective #4:** Analyze the contributing factors in the recurrence of periodontal disease.

**Test Item #4:** Explain the contributing factors to periodontal disease and why there might be recurrence. How are these factors are evaluated? Explain your answer in 3-4 sentences.

**Objective #5.** Defend the need for referring patients from a general practice office to specialties, such as periodontists and oral surgeons.

**Test Item #5:** A general dentist you are working for always wants you to keep any perio procedures in the office, opposed to referring out, to keep the production “in-house”. When would you, a dental hygienist, advocate for your patient and recommend referring them from your general practice office to a periodontist?

**Correct Answer Key:**

1. B

2. A

3. C

4. Periodontal disease is primarily caused by poor oral hygiene, which leads to plaque buildup on teeth, resulting in inflammation of the gums from infection caused by bacteria. Other contributing factors include smoking, genetic predisposition, and certain medical conditions like diabetes. Recurrence can happen due to inadequate treatment, lack of consistent oral care, or ongoing risk factors such as smoking or uncontrolled health conditions. These factors are evaluated through visual clinical examination, dental X-rays, tactile examination, and a review of the patient's medical and oral health history, along with their homecare routines.

5. As a dental hygienist, I would advocate for referring a patient to a periodontist if they have advanced periodontal disease with significant bone loss, deep pockets, or tooth mobility that requires specialized care like surgery or grafting. Additionally, if the patient's condition is not responding to standard treatments, such as scaling and root planing, or if they have systemic health concerns that complicate their periodontal care, a periodontist would be better equipped to manage these issues. The goal is always to ensure the patient receives the best care for their long-term oral health.

**SELF-EVALUATION  
OF YOUR STUDENT TEACHING EXPERIENCE:**

- 1. What did you do to try and establish good immediacy with the class? Did it work?**  
We are a smaller-sized school, and this particular group of students had me as an instructor last quarter, so we already had an established relationship which was nice. Prior to the lecture starting, I simply asked if anyone had plans for their upcoming break. In return, many asked how my own school load was going, which was thoughtful of them! They told me they were excited to have me “filling in” for the day!
- 2. What did you do with your hands while you lectured? Did you make gestures, fidget with an object, or hide them in your pocket? In looking back on this, do you think this was effective in helping you connect with the audience or emphasize important points?**  
I did not realize before observing myself, that I do indeed fidget! I found that I tend to mess with my necklace quite a bit. I also noticed that I like to speak with my hands a lot and they were on the move! This made me think about what I do on a normal basis, and I think this is pretty consistent. I think that I also put my hands in my pockets a lot when I am on the clinic floor walking around and speaking with students. It may help emphasize important points in my presentations. However, I do not think it helps in connecting, and might actually be distracting to some.
- 3. Did you move around while you lectured? Did you move close to audience members or pace around the room?**  
I actually did not move around the room for this lecture. I think the podium and computer were a “safe place” to hide behind. I was nervous since this was not a topic I typically lecture on. I was afraid I might get too far away from my notes and need to look at them.
- 4. Where did your eyes most often focus? Did you make eye contact with the learners?**  
I did make a lot of eye contact with the learners. Thinking back, I believe that I gaze above eye level a lot. Sometimes, I think it is distracting to make direct eye contact too much with students (for me). There is one particular student who always makes strange faces (unintentionally) and it can make you feel like you have done or said something wrong!
- 5. What did you do when you finished one content segment and were ready to move onto the next? Said unnecessary words like “okay” or “Um”? Asked if there were any questions? Made a verbal transition?**  
Unfortunately, I do default to “um” quite often in between thoughts or topics. It is something I was already aware of and working on, however! I am overall pretty happy with how little I used it compared to when I first began. I think I may notice it more than the students as well, because only a few circled that critique on their evaluations of me. Mrs. McBane did notice though, and she did indicate it on my evaluation.
- 6. Describe how you used vocal variations? Did you change your vocal tone or speed any?**

My vocal tone seemed to stay pretty steady, except when I changed slides, or my thought process. Since I was nervous, I also noticed some breaks in my tone a few times. This seemed to happen at points where I was maybe unsure of a point or lost my train of thought. For the most part I tried to keep a light, cheery tone.

**7. Explain your use of humor? What did you do or say?**

I did not use much humor. I stumbled over my words at one point and laughed at myself. Some of the students giggled a little when they saw I was okay with messing up!

**8. What did you do when you needed to emphasize main points?**

When I was emphasizing main points, especially in the section with periodontal maintenance, I repeated the information a few times. I do think this is a time when I make eye contact and nod my head, looking for understanding, or confusion, on their faces

**9. What did you do if students were inattentive?**

I'm sure it happened, but I did not notice much inattentive behavior. For the most part they seemed to pay attention. I do think it can throw off a good flow though when students leave class (for the bathroom). This did not happen today, but has happened in the past.

**10. What did you do to encourage student participation and engagement?**

I tried to incorporate a few questions to break up the lecture and reengage their brains. I also paused a few times to ask if everyone was following me and to encourage any questions they might have.

**11. What was the main thing you learned about yourself as a future educator from this experience?**

I do not like the sound of my own voice when I listen to a recording! I need to work on staying on task. I tend to get ahead of myself and talk about information before we are on that slide. Which I think in turn, can lead me to ramble a little bit and repeat myself too much.

**12. Reflect on your interactions and conversations with the site supervisor. Elaborate on insights and perspectives you gained from them regarding their unique experiences with teaching adult learners, and their professional experiences within the organization or institution where they work.**

Mrs. McBane is a great mentor. However, teaching is relatively newer to her as well, although she has been in education longer than I have. She has a great attitude all the time and is good at speaking and using her words well. She assured me that I am doing a wonderful job, and that we will always be overly critical of ourselves. She said that while the students do respect us, because we are "younger", they tend to try and be "friends" and that is something we have to watch out for. Its okay to be friendly but we must try to remember to keep a professional relationship in place. I have not had this issue, but I can see how it could easily happen.