



DELAWARE

PRACTICAL EXAMINATION

FOR DENTAL HYGIENE CANDIDATES

**THIS PACKET INCLUDES
EXAM INFORMATION FOR DENTAL HYGIENE CANDIDATES**

Administered by:
Delaware Board of Dentistry & Dental Hygiene
861 Silver Lake Boulevard
Cannon Building, Ste 203
Dover, DE 19904

Tel: (302) 744-4500
Fax: (302)739-2711
Email: customerservice.dpr@state.de.us

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General Information for Dental Hygiene Exam CANDIDATES

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. 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. **You 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.
3. You 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.

**You must have proof of one million dollars (\$1,000,000) of insurance
in order to be admitted to the examination. No exceptions.**

4. You 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.
5. Once you are satisfied with your performance, you must notify your examining team by signing out on the designated chalkboard. At this time, you will be asked to leave the examination area during the treatment evaluation. You are 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 - Full mouth series taken within 6 months of exam date
 - c. Required Instruments
 - i. Clear mirror
 - ii. ODU 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
 - d. Clean gauze
 - e. Cotton rolls
 - f. Patient napkin / bib clips
 - g. Patient safety glasses
 - h. Dental floss
6. An evaluation sheet for each clinical examination will be distributed by the examiners. To receive credit, you must have each examiner's initials on the check-out sheet for each examination section. You should clearly understand each assignment and make certain your candidate identification number and

the 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 checkout sheet.

7. 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, and you must leave the treatment area.

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

8. If you are not satisfied with your performance, and it is possible to change that portion, that change should be made before calling an examiner for evaluation.
9. The Chief Examiner 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.
10. Upon receiving notification of satisfactory examination results from the Board, you 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.
11. If you fail the examination, you 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 you (the appellant) and the Board's action is presumed correct unless proven otherwise. The address of the Director is: Division of Professional Regulation, Cannon Building, Suite 203, 861 Silver Lake Boulevard, Dover DE 19904. You have the right to appear before the Appeals Panel, with or without counsel, to present any information you feel is relevant to the appeal. The Board is not responsible for expenses incurred by any party making such a request.

Suggestions, questions, problems or complaints should be presented to the Chief Examiner at any time.

Conduct Of The Examination

The Board provides you with the opportunity to have your 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 you and another candidate or 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 minimum 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 you 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 must 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, uncontrolled hypertension, 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 unglowing) 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, prophylaxis 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.

Patient Acceptability

A dentist, dental hygienist, dental technician, or dental/hygiene student may not be used as a patient.

Substitute Patients

You 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, you will be required to complete the examination in the remaining scheduled time. You must have paperwork that you have completed for each patient presented. A complete full-mouth radiograph series, completed by you, 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 Guidelines

Please read carefully

You have been instructed by the Delaware Board of Dentistry and Dental Hygiene to provide a full mouth scaling and root planing with prophylaxis on a patient of at least 18 years of age, having at least 20 erupted natural teeth with at least 4 molars, each molar having at least one proximal contact. The teeth must display subgingival calculus, supragingival calculus and stain. All 3 types of deposits may or may not be on the same teeth.

Guidelines for the Periodontic exercise are:

- You are required to provide a patient with clinical evidence of no less than early periodontitis (pocket depth 3-6 mm).
- The patient must have readily detectable clinical and radiographic supragingival and subgingival calculus in both anterior and posterior segments.
- Patients with a significant number of pockets greater than 6 mm (advanced periodontitis) will not be acceptable for this exercise.

Radiographs

1. Type:

- a. Film
- b. Digital

2. Mounting:

- a. Film: Each radiograph must be mounted in proper anatomic relation to all other radiographs. Only the patient's name and candidate ID#, along with the date of exposure, should appear on the mount. No allowable errors.
- b. Digital: Radiographs must be printed on photo quality paper and arranged in proper anatomic relation in the same manner as film radiographs. However, digital radiographs do not need to be

mounted. Only the patient's name and candidate ID#, along with the date of exposure, should appear on the paper. All other information should be removed or masked, if possible, prior to printing. If unable to remove, the candidate will be asked to cover information the day of the examination.

3. Cone Cut: A cone cut will affect the diagnostic quality of the radiograph and will be recorded as an error. No allowable errors.
4. Film Placement: A radiograph must incorporate completely those structures appropriate to the area of exposure.
 - a. Proper Horizontal Radiograph Placement:
 - i. Molar radiographs show the most distal root of the most posterior tooth.
 - ii. Premolar radiographs include the distal of the canine.
 - iii. Anterior radiographs show the appropriate teeth reasonably centered on the radiographs.
 - b. Proper Vertical Radiograph Placement:
 - i. All periapical radiographs show the entire crown and 2-3 mm of bone surrounding the apices.
 - ii. All bitewing radiographs have a centered occlusal plane.

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

5. Elongation / Foreshortening: Periapical radiographs must display the entire tooth from crown to apex with a minimum of distortion and 2-3 mm of bone surrounding the apices. When you incur more than the allowable 3 errors, 2 points per error will be deducted up to 4 points.
6. Interproximal Overlapping: All contacts must be clearly defined on at least 1 periapical radiograph in the full series. On bitewing radiographs, all contacts must be clearly defined between the molars on the molar bitewing and the premolars on the premolar bitewing. When you incur more than the allowable 3 errors, 1 point per error will be deducted up to 5 points.
7. Density / Contrast / Developing & Print Quality: If the density, contrast and developing affect the diagnostic quality of the full series, it will be recorded as an error. When you incur more than the allowable 2 errors, 1 point per error will be deducted up to 3 points.

Data Collection

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

1. Patient Health History/Oral Inspection: You are required to record and review a complete and accurate medical history for each patient on the forms provided. 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 179/109 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. 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. You 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.

Warning: Be advised that the dental clinic is not latex-free.

Please do *not* use patients with a severe latex allergy.

2. Dental Charting and Occlusal Classification: You 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. You 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: You 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. If you incur more than the allowable 2 errors, 2 points per error will be deducted up to a total of 10 points.

Prophylaxis

1. Supragingival Calculus: You 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 on the following: 4 allowable errors will be permitted. For each error above the allowable, 5 points per error will be deducted up to a total of 15 points.
2. Subgingival Calculus: You 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 following: 8 allowable errors will be permitted. For each error above the allowable, 5 points per error will be deducted up to a total of 30 points.
3. Stain: You must effectively remove extrinsic stain from all surfaces.
 - Acceptable performance will be based on the following: 3 allowable errors will be permitted. For each error above the allowable, 5 points per error will be deducted up to a total of 10 points.
4. Tissue Condition: You 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 on the following: 3 allowable errors will be permitted. (5 points)

Professionalism

1. Professional Demeanor: You must demonstrate professional standards and appear in suitable operating attire.
2. Patient Management: You must demonstrate professional consideration in the management of your patient.
3. Aseptic Techniques: You must comply with aseptic protocol.
4. Oral Hygiene Instruction: During the examination, you must instruct your patient in proper oral hygiene and its relationship to your patient's oral health. Your patient will be requested to describe the techniques discussed by you.

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

Jurisprudence Examination

The Jurisprudence Examination is an open-book exam on the Board's website, www.dpr.delaware.gov. You may take the Jurisprudence Exam at any time after your application for licensure has been submitted. You must pass both the Practical and the Jurisprudence Exams before a license can be issued.