



*Assist To Succeed  
Of Columbus  
Dental Assisting  
School*

# *Assist To Succeed Of Columbus*

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*Course Catalog  
&  
Student Handbook*

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# *School Calendar*

We are pleased to offer you a thorough education in dental assisting. It is our goal to make this the number one place to receive an education for dental assisting.

For years now we have been surveying students who have completed the courses we offer. It is exciting to report that the large majority of our graduating students give us the ultimate compliment and endorsement which is the referral of their friends and family to our courses.

You are now becoming a member of a large family of people who are interested in making themselves better, attracting success to their lives and achieving whatever goals they want by beating whatever odds are in the way of their success! Assist To Succeed will help you get the tools you need to SUCCEED!

The following will be considered “Holidays.” If your class date falls on any of the following, you WILL NOT be expected to arrive to class on this date. Classes will resume on the following class date that a Holiday does not occur.

*New Years Day*  
*Easter*  
*Memorial Day*  
*4<sup>th</sup> of July*  
*Labor Day*  
*Thanksgiving*  
*Christmas*

# *Enrollment Dates*

Expected Beginning and Ending Dates of Courses

**October 6<sup>th</sup>, 2018 – December 8<sup>th</sup>, 2018**

**January 12<sup>th</sup>, 2019 – March 16<sup>th</sup>, 2019**

**April 6<sup>th</sup>, 2019 – June 8<sup>th</sup>, 2019**

**July 13<sup>th</sup>, 2019 – September 14<sup>th</sup>, 2019**

**October 5<sup>th</sup>, 2019 – December 7<sup>th</sup>, 2019**

**January 11<sup>th</sup>, 2020 – March 14<sup>th</sup>, 2020**

# Entrance Requirements

- *Proof of at least 18 years of age.*
- *High School Student in his/her last quarter of his/her Senior year, with a letter written by your high school counselor stating that you are on track to graduate!*
- *Proof of GED, High School Diploma, or higher academic level education.*
- *By the first class, proof of TB and beginning of the Hepatitis B vaccinations being started or completed. (Unless arranged otherwise by the Director, Kindra O'Rielley)*
- *Required uniforms need to be ordered, picked up, and worn to all classes. (No payment required by student – Student will receive Gift*

- Voucher for their outfits at the time of enrollment)*
- *Payment for class paid to director of the course prior to enrollment.*

## *Program*

# *Requirements*

- *10 weeks*
- *1 day per week*
- *Do not be tardy. 2 tardy marks = 1 absent mark*
- ***Any more than one absent mark will result in a failure of the class. Absences should only be in the event of an emergency or serious illness.***
- *Student should put in at least 6 hours a week for reading course material and studying on their own if they want to pass the course.*

# Graduation Requirements

- *To graduate and get the certificate, one must pass 85% on all tests and competency exams.*
- *Can have no more than **one absence or 2 tardies**.*

## Policy and Procedures

### GRADING

Grading procedures will be explained to students before grading begins. Students have access to all of their personal scores and grades upon request to the instructor. The instructor shall provide such requested information within a reasonable period so as to benefit the student without violation of privacy of other students.

Students of Assist to Succeed of Columbus must complete the Assist to Succeed course work, examinations, practical examinations, in class requirements, and other evaluations with an average of 85% correct completion.

Students who do not complete the course with an 85% and meet all in-class requirements will not be awarded a graduation certificate nor be endorsed in any manner by Assist to Succeed of Columbus.

A student who fails to achieve a passing grade as defined above, may be eligible for remediation by re-taking the full course for a fee of \$1495\* to be paid in full prior to beginning the next class where space is available. \*Subject to change and based on availability

### WITHDRAWAL AND REFUND

If the student is not accepted into the training program, all monies paid by the student shall be refunded. Refunds for books, supplies, and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) academic term for this program that is 80 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provision as established by Ohio Administrative Code section 3332-1-10.

- (1) A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2) A student who starts class and withdraws before the academic term is 15% complete will be obligated for 25% of the tuition and refundable fees plus the registration fee.
- (3) A student who starts classes and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
- (4) A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
- (5) A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty (30) days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

#### INSURANCE

Students must provide their own health insurance and other accident insurance. Assist to Succeed of Columbus will make every reasonable effort to prevent injury or illness, but is not liable for the same in the event either should occur during the course of instruction or thereafter beyond the allowance of Ohio State Code.

#### ATTENDANCE (ABSENTEEISM/TARDY)

Because of the volume of material covered in a class period, students cannot miss more than one day of class or it will result in failure of the class. Class starts promptly at 8am and following lunch at 1pm. Unless specifically indicated by the instructor. 2 tardies will equal 1 absence. More than 2 tardies can result in failure of the class. Tardy is defined as not being seated and prepared to learn when the lecture begins. Instructors will advise students of the clock being utilized for the purposes of time keeping so that they may be properly advised and aware of the school time.

#### HONOR CODE

Assist To Succeed of Columbus operates as an educational institution and believes that it is imperative to health and safety that students understand the procedures, methods, and materials they will use in assisting a professional in the treatment of others. To that end ATS requires a very high level of excellence as outlined above. Students are not only required to perform in order to receive school endorsement but are expected to do so honestly. *Students who are caught in any form of dishonest behavior (cheating, stealing from the school, stealing from other students or other affiliates of the school) will be dismissed from ATS as a student and no refund, material or monetary, will be received.* Students suspected of dishonest behavior will be brought before the administration (course directors) at a scheduled time and the case reviewed. It will be the sole discretion of the administrators to determine the course of action, if any, that will be taken based on

the solidity and dependability of the evidence presented by the student and the school staff. Individuals damaged will be responsible for legal prosecution of the accused.

Students are expected to conduct themselves in the professional and polite manner reasonably expected of a dental assistant. Interference with other student learning will not be tolerated and may result in expulsion without refund.

Examinations, quizzes and homework assignments are designed for the learning and education of the student. All work is expected to be completed solely by the student unless specifically indicated otherwise by the instructors assigning such learning activity.

**MAKE UP WORK:**

In the event of an excused absence, it will be up to the student to review material that was missed in the educational books and ask the director for a time set aside from their class to answer questions or concerns. If needed, a time can be set up for the student to come in with the director and review the hands on criteria.

**STUDENT LEAVE OF ABSENCE:**

In the event that a student must take an unexpected leave of absence, the student can refer back to the withdraw and refund policy. If the student so wishes, he/she may also choose to not be reimbursed and pick up in the following course, where they left off in the current course or from the first class.

**SUSPENSION OR TERMINATION FOR UNSATISFACTORY WORK:**

This will be deemed necessary when test and quizzes are not passed at 85%. The student will be put on a one week probation period and allowed to retake only two test/quizzes throughout the course. The student can refer to the withdraw and refund policy as to what amount of reimbursement they are entitled to. Also if a student is making the 85% grades on quizzes and tests, but is struggling clinically they are subject to two warnings before being terminated from the program.

**RE-ADMITANCE TO THE SCHOOL:**

If a student is removed from the school due to attendance, suspension, or termination for unsatisfactory work, they may re-apply at the will for the class once again. They will take the full course once again and pay the full amount of the course, minus their book fees, uniform fees, and registration fees.

**PRIVACY POLICY**

All personal and academic information about a student will be considered private and will be used only in conjunction with the operation of the school for academic purposes in order to enhance the education of the student and the security of the business.

ATS will make reasonable effort to protect student information, personal and academic, from any party not directly affiliated with the operation of the school. If the student requests his/her information not be provided to those seeking to employ or interview students this request will be honored. Student information shall not be shared, sold, rented, or in any other way exposed to parties wishing to use that information to solicit sales of merchandise or services by ATS. Parties inquiring about academic performance

will be referred to the student, REGARDLESS OF WHO PAID FOR THE COURSE, who may then request an official copy of his/her performance evaluations including attendance, test scores and other information as requested.

### **FACILITY AND LEARNING AIDS**

Assist To Succeed prides itself on providing its students the finest facility available for education in dental assisting. We provide all needed equipment, supplies and general materials needed to learn the course material we teach. We pledge to provide a safe, comfortable learning environment conducive to learning and growth.

Assist To Succeed of Columbus uses a variety of learning aids including videos and demonstrations along with lecture and practical application of skills. We guarantee that students will be safe comfortable and have access to all learning materials in a reasonable and timely manner. If a student is not satisfied that this promise has not been met, the student should contact the administration with concerns about facilities or learning aids if inquiry to the instructor is unsatisfactory.

### **OTHER INFORMATION:**

- Cardio Pulmonary Resuscitation (CPR) CERTIFICATION will be completed during lunch at one of the 10 week courses.
- Students will need to secure vaccinations on their own time and expense.
- Vaccinations: Students should contact the local health department or primary care physician (PCP) to obtain pertinent vaccinations including but not limited to Hepatitis B and Tetanus vaccinations.

### **MY PERSONAL PROMISE:**

I am confident that students will be given every opportunity to fill their minds with principles that will drive them to success when properly applied. It is our personal promise to help students learn the skills they need to succeed in whatever endeavors they choose in life. The courses we teach offer the tools students need to succeed in dental assisting. We also hope to equip students with the desire and drive to use those tools to reach their dreams!

# Courses

## **Fundamentals of Dental Assisting**

Course offers instruction in all requirements for a basic understanding of dentistry and proficiency of the fundamental tasks delegated to the dental assistant by a licensed dentist in the state of Ohio. Upon completion of this course students are given a certificate to document completion of the fundamentals course. Course runs approximately 10 weeks and is held one 8 hour day per week. Students participate in a mix of lecture and hands-on training in a dental clinic using the materials and methods they learn in lecture.

Time: 8:00 am to 5:00pm one day per week .

**The following pages refer to the courses and description. The number for the course will correspond to the week number in the program.**

# Course/Chapter 1 : Introduction To Dental Assisting (8 Hours)

## Lecture:

EQUIPMENT: PowerPoint equipment, skull or typodont to illustrate some slides. You may wish to add other Patient Education props as well.

Make sure all Payment-Attendance forms are signed and distributed and everyone has checked something in the "Referred By" box. Distribute textbooks, student syllabus and name-tags if using them to all students. Show the students where the two interactive CD-ROM are in their textbook and instruct them (DEMO) on how to use them on their home computer.

Explain the reading assignments for the textbook, "*Modern Dental Assisting*". These reading assignments are listed on the first page of each chapter in the student syllabus, "*Concepts of Dental Assisting*". These reading assignments are to be completed each at home. Demo the two CDs contained in the textbook. Go over the Class Schedule and point out the examination days. Give brief tour of office to show where rest rooms are located.

The lecture material is fairly straight forward, just follow the PowerPoint, thoroughly discuss the material and terminology on each slide and answer any questions before proceeding to the next one. We have found it useful for students to memorize the numbers of "**Landmark Teeth**" (slide #19), i.e., teeth which are visually easy to identify. These teeth are the canines: 6, 11, 22, 27 AND the first molars: 3, 14, 19, 30. They are very distinctive and easy for the students to find in the mouth. Students should practice identifying these at home using a mirror or a relative and have these down cold.

Discuss the oral anatomy as you wish.

For the "mesial, distal, occlusal" discussion, it is useful to have two lab boxes representing the molars and have the sides labeled with the surface letters: M, D, O, L, F. This makes it easier for students to visualize the surfaces of teeth when the boxes are placed end to end.

We don't ask them to memorize the eruption table diagram, just to acquaint students with the eruption pattern and show that teeth are developing *in utero*.

Feel free to add any discussion material to the lecture. The handpieces, burs, instruments and equipment etc. on pgs 11-14 are for introducing the student to various instruments and equipment they will see in the coming weeks. Give them a brief overview of the equipment you see in the slides but don't go into great detail.

On the "Non technical Side of Dental Assisting" slides, go over and emphasize the points you think are important.

## Clinic:

This is a generalized tour of the office and some early hands-on familiarization with the equipment. Let them play and position the panoramic and intra-oral x-ray machines but not make exposures (that will be done in Chapter 3). If your panoramic can be operated in "test" mode, i.e. the head moves but no x-rays are produced, let them do this on each other to familiarize them to the equipment.

Demo the operation of the chairs, lights and dental units and any other treatment room equipment, demo the handpieces, bur changing, suction, air-water syringe, etc. Have them split up into groups of three (Doctor, Assistant, Patient) and practice proper position and posture chair. Show how the treatment room is disinfected and made ready for the next patient. Give them some non-sharp instruments to practice passing 4-handed (this will be covered in more detail in Chapter 4). Let students practice suctioning positions on manikin and have them use the prophy handpiece to "polish" the teeth (without using prophy paste). Demo intra-oral x-ray head positioning (no exposures).

Demo all the various treatment restorations using available samples: dentures, partials, crowns, porcelain veneers, bridges. There will be lots of questions and discussion when doing this. If you have a skull (see Supplies), discuss the anatomy, which was lectured on in the morning session. This is a good time to show any visual patient education aids you may have in the office to clarify anatomy or procedures discussed in the lecture.

Give tour and explanation of sterilization room. Go over the lab equipment and how it is used, demo it if desired to students. If time permits, you can role-play on patient communication, what words not to use in front of a patient. Using the typodonts, review the tooth numbering system in small groups if possible. If you have exhausted your clinic demonstrations, play one of Christensen's patient education tapes on dental treatment to fill up the remaining time. Show video tapes or CASEY on bonding, bleaching or any others you may have which will enhance their knowledge of dental procedures. If time permits, the instructor may want to DEMO an alginate impression on one of the students as a prelude to what they will be learning to do in future classes.

## Suggested 1st Day Clinic Exercises:

1. DEMO PANORAMIC--have them place each other (working in pairs) into the machine, run machine in TEST mode (if possible)--just rest chin on machine, don't use bite stick.
2. CHAIRS--practice putting partner in chairs and operating foot controls and the operatory light
3. X-RAY HEAD--practice moving and positioning x-ray head to face of partner--don't use film.
4. SUCTIONING--demo then have students practice on (skull) manikin, the high volume and saliva ejector methods of suctioning positions for several areas of mouth.
5. DEMO INSTRUMENT TRANSFER techniques briefly and have students try with the manikin patient and another student as the "doctor".
6. PUMICING--practice pumicing (no pumice, just cup) on manikin's teeth. This will give them a chance to handle a real low speed handpiece.
7. INTRA-ORAL CAMERA--demo on manikin so don't have to sterilize or wear gloves. Let all students try it.

8. TUB & TRAY SYSTEM--explain a tub and tray setup, show how we pass instruments, let them practice DOCTOR-ASSISTANT passing without a patient in the chair--USE RUBBER FACE MANIKIN for pt.
9. STERILIZATION--briefly discuss how sterilization room and autoclave operates, show ultrasonic cleaner, cold sterile tank, etc. we will go into detail later in the course.
10. ORTHODONTIC--show removable appliances if you have any, otherwise skip.
11. LAB WORK--go over some of the things assistants do in the lab: pour and trim models, make temps, get cases ready for labs, etc. May want to sit a student in the chair and take a demo alginate impression and pour it up.
12. TYPODONTS--go over naming and numbering system and some anatomy if you like using the large typodont tooth models of mouth.
13. TREATMENT SAMPLES--show students the types of treatment using your patient education models or CDs: crowns, bridges, partials, dentures, Maryland bridges, veneers, bleaching, etc., from box.
14. TALK ABOUT HOW JOB IS SAFE, i.e. taking care of cross contamination, radiation safety, being careful of "sharps"

# *Course/Chapter 2: Four-Handed Dentistry (8 Hours)*

## Lecture:

**EQUIPMENT:** PowerPoint (PP) equipment, have examples of materials discussed in syllabus.

The slides follow the syllabus. Have the items discussed in the PP available to pass around the group as they are discussed, i.e. cotton rolls, suction tip, anesthetic syringe, rubber dam, etc. Look at the syllabus and determine where you want to stop momentarily and let the students examine the materials and instruments. Some logical stopping points for showing the materials might be:

1. After the anesthetic and syringe show them how to assemble it
2. After the rubber dam & svedopter, demo on a typodont or manikin
3. After Suctioning section, demo on
4. Instrument transfer, demo during the lecture, have students practice with pencils or instruments. Show handpieces and autoclave bags, oil spray, if used. Show tub & tray setup for procedure

**Job Interview Techniques:** (page 90 in Syllabus) These slides discuss tips on how to make the best impression at a job interview. Use your own experiences as well as those who have interviewed at your office for further examples. Many interviewees kill their job chances because they have not prepared for the interview or know what to expect. They may be capable and qualified, however their first impression is a bad one and they do not get an offer of employment. For this reason, it essential to discuss and practice how to conduct oneself at an interview.

## Clinic:

**EQUIPMENT & SUPPLIES NEEDED:** Needles, carpules, syringe, cotton rolls, topical, Q-tips for topical, rubber dam, assorted clamps and forceps, HVE aspirator tips, instruments for 4-handed instrument transfer practice, handpiece and oiling materials. Practice taking the "patient" to the treatment room and seating the patient with the bib placement. Discuss how to address the patient when calling from the reception room. Practice the anesthetic syringe assembly using carpules, needles and syringe. Stress needle recapping safety and make sure students can perform this. Discuss handpiece oiling, sterilization and maintenance of handpieces also.

Have group split up and practice placement of cotton rolls in the mouth to isolate various areas. Show entire group rubber dam assembly, how to punch holes for quadrants or individual teeth, what clamps are used for what teeth, how to place safety floss on clamp, how to properly place all clamps on forceps, demo entire technique on skull or typodont using clamps, forceps and rubber dam to isolate teeth. Students can practice rubber dam on manikin. It helps to lubricate the rubber dam with water or a little Vaseline because of

the dryness of the manikin.

Practice HVE aspiration using suction tips. Break group up into 3-4 per chair and have them suction a student "patient" without engaging tongue or cheeks. Show proper position of bevel on suction tip for all positions of the mouth. Have students practice using 3-way syringe and suction simultaneous to gain skill using both together. Show other suction devices you may use in your office, i.e. svedoptor, saliva ejector, etc. Keep same student "patient" in chair to minimize instrument changeover and disinfection of area. Finally, give the "patient" a chance to be the assistant.

Practice 4-handed instrument transfer in small groups of 3 students each ("Doctor", Assistant, and "Patient") at chair side. Be especially critical to insure that instruments are not transferred over the face. Use proper transfer techniques in the TRANSFER ZONE. Show how the syringe is exchanged behind the head out of the patient's field of view. Make sure students are holding on to the HVE suction while transferring instruments or using the 3-way syringe. The concept you should convey is that time is wasted when always hanging up the HVE suction to pass an instrument. Therefore, it is held in the right hand while instruments are passed or the 3-way syringe is used with the left hand. **PRACTICE, PRACTICE, PRACTICE!! Morning Lecture:** Answer any questions students may have concerning the previous lecture.

You may wish to show them loading a syringe in the front in AM

Demo rubber dam and other morning stuff. You may want to pass out the pencils for them to practice instrument passing using their RIGHT HAND as the Dr. and their LEFT HAND as the Assist.

Pass around the Rubber dam clamps if you wish in AM

**Afternoon Clinic (2 instructors needed if group is 12 or more):**

Divide a large group (12 or more) into two groups of 6 for each instructor. Have them practice seating a patient and positioning the chair and light Demo the "Tub and Tray" system for procedures.

Set up two groups (of 3-4) for each instructor: one group can practice with the manikin putting on a rubber dam, the other group can start practicing suctioning, instrument transfer, using a water syringe. Try not to have sharp instruments if possible and make sure they keep them away from patient's face. After they show some skill level, begin to use a "live" patient (one of the students) in this manner: 1 student is the patient; 1 student is the "doctor" and 1 student is the assistant, the others watch and rotate through. Keep the SAME PATIENT in the chair if possible to avoid changing instruments, suction and sterilizing each time you rotate. Finally, give "patient" her turn to be the assistant on another student "patient". Make sure their posture and technique are good.

**MAKE SURE THEIR POSTURE IS GOOD, NOT LEANING OVER PTS LAP, BUT SITTING UPRIGHT.**

Make sure their SUCTION TECHNIQUE is good --Work on using the finger to retract the left cheek when working on the left side. Show them that the BEVEL position on the suction tip does NOT change when moving from UL to LL to LR to UR teeth.

NO INSTRUMENTS GET PASSED OVER THE FACE !! **IMPORTANT** the suction stays in the **RIGHT HAND** and does **NOT** get hung up on the bracket table when they pass instruments in the normal manner with their left hand. **MAKE THEIR LEFT HAND PASS INSTRUMENTS AND USE THE WATER SPRAY ALTERNATIVELY.** Make students rinse a tooth off using the SUCTION AND SYRINGE, emphasize that suction **MUST** be used when using water spray in the mouth, sort of a "broom and dustpan" concept.

Show them the different burs and diamonds we use and explain their uses. Make sure students can change the burs in both the high and low speed handpieces. Show them how we sterilize the handpieces and clean up the treatment area when finished --**HAVE THEM DO IT.**

If time permits, may want to introduce them to peri-apical x-rays and how to position the Rinn x-ray holders in the mouth.

Review and practice loading an anesthetic syringe.

If you run short of material to practice in the Clinic, begin to acquaint the students with taking x-rays, the Rinn holder, etc., for next week.

# Course/Chapter 3: Radiology (8 Hours)

*We will briefly discuss The Ohio State University's Radiology Book That You Were Supplied With When Beginning The Course*

## Lecture:

EQUIPMENT & SUPPLIES NEEDED: Skull or typodont to demo x-ray positioning during lecture (the one from the Kilgore company has anatomic roots and is excellent (see Supplies). Rinn® x-ray holding devices (Rinn Corp) or similar instruments. Panoramic cassette (if you have a pan in your office) & sample patient panoramic radiographs. Mounted full mouth series (18 x-rays) and samples of DF-58 size x-ray film to demo how to open and remove film in darkroom, students can practice during lecture. X-ray tube (plastic pipe supplied by us).

The usual PowerPoint equipment.

The slides are fairly self explanatory and follow the syllabus notes. The instructor's job is to take the syllabus notes and slides and bring them to life rather than just read along.

This will be very easy if you are well familiar with the notes, x-ray theory and practice. We teach the *bisecting technique* using Rinn® instruments because it is the most used. However, other x-ray holders can be used or the parallel technique taught with only minor variations in lecture content.

After introducing the students to the theory, safety and development of x-rays, we begin our discussion of the *bisecting technique*. The syllabus and PowerPoint illustrate how the instruments are assembled and checked. We teach proper x-ray positioning for four common sites in the mouth--be sure and discuss the significance of all diagrams on each slide.

Use a plastic pipe ("x-ray tube"), an assembled Rinn holder and a typodont or skull to illustrate the x-ray techniques and positions. The instructor can easily demo the Rinn technique in front of the class using themselves as the "patient". Simply place the Rinn holder with film in the various positions of the mouth to illustrate the technique and various positions.

Tips for mounting a Full Mouth Series of x-rays are common sense ideas, you can add to the numbered list below if you wish. Know these rules well, you will be assisting the students in the afternoon lab exercise of sorting out an FMX set of 18 x-rays and helping them to use these rules. The "bump up" on the view box is, of course, an "outside the mouth looking in" view, rather than the "tongue sitting" view as some offices use.

Here is a "**Cheat-Sheet**" for identifying x-rays. Go over these "rules" while giving the

PowerPoint radiology lecture so that by the time we get to the last slide showing how to identify the x-rays, the students know almost everything on that page except for the "bump" rule which is #1 for obvious reasons. Start the student thinking about these "clues" to identifying x-rays **beginning with the "Maxillary Anterior" PowerPoint slide and continue to apply the rules below for the next three slides and the Bitewing slide.**

1. UPPER molars have 3 roots and LOWER molars have 2 roots. If you can't count the number of roots, it's probably an upper molar with the 3 roots superimposed over one another. Lower molars always have two distinct roots.

NOTE: If you wish to demonstrate FMX mounting exercise at the end of the lecture, using the Elsevier "**Interactive Dental Office**" CD, you will need to put it in the CD drive before clicking the hyperlink on the last slide. This CD comes with each textbook. If this hyperlink does not work, please see "FIX" on page 5 of this manual.

2. There is a SINUS line (maxillary sinus) around the upper molar apices and is not present on lower molars.

3. We look at x-rays as we are viewing the actual patient facing us, i.e. the patient's LEFT side is on our right side. I emphasize that the student's right and left DO NOT MATTER and should not even be thought of as it will confuse them how x-rays are viewed. In fact I sometimes will gently slap their hand when I ask them, "Where is tooth #3 on me?" and they take their RIGHT hand and point to my upper LEFT molar area. I tell them, "It's NOT your RIGHT AND LEFT, it's the PATIENT'S RIGHT AND LEFT!!!"

4. Upper front teeth are larger than lower front teeth and the upper centrals are larger than the upper laterals whereas all 4 lower centrals and laterals are the same size.

5. Canines are the LONGEST rooted teeth in the mouth and that fact may be useful in identifying the canines (a so-called "landmark" tooth, i.e. 6, 11, 22 and 27 from Chapter 1) in an x-ray.

6. FIRST MOLARS (3, 14, 19 and 30, i.e. "landmark" teeth from Chapter 1) are EASY to pick out in an x-ray: they are the first BIG tooth behind the smaller bicuspid and anterior teeth and that's why they are so-called "landmark" teeth.

7. When looking at an x-ray, I advise the students to go through the following sequence of questions:

A. Is it UPPER or LOWER? B. Is it LEFT or RIGHT?(see#8below) C. Look for a "landmarktooth" in the x-ray if possible (canine or first molar) and identify it by number to get your bearings and count from that tooth. D. If it's an anterior PA, find the two large upper centrals or 4 equal sized lower anteriors to help identify what you are looking at.

8. Many students get the LEFT and RIGHT of an x-ray backwards. I tell them to

imagine the patient's face in front of them or perhaps better yet, imaging they have a PANORAMIC x-ray in front of them. Now pick the PA or bitewing x-ray off the viewbox and without flipping it over (you can spin it but NOT flip it), "paste" it on the patient's face (or the imaginary panoramic) in the proper quadrant so the anatomy is correct, i.e. molars are behind bicuspids, NOT bicuspids behind molars which occurs when a student will take a LEFT posterior PA and try to put it on the patient's RIGHT side.

Look at the FILLINGS in the BITEWING x-rays on the FMX. They should agree with the PAs in the row above and below as they are the SAME TEETH.

Prior to going to the clinic, show how to open and remove the film from an intra-oral packet. Have students do it with their eyes closed in the lecture room to get a feel for the darkroom conditions. Similarly, practice loading and unloading the panoramic cassette with a pan film with their eyes closed. This lecture may run beyond noon, so break for lunch and finish this up before starting in the clinic below. Use the skull and typodont liberally throughout the lecture to reinforce the slides and keep the lecture from being too dry.

Make sure the students are aware of the FMX sorting exercise on their textbook CD-ROM (Elsevier:"Interactive Dental Office"). There are also four FMX printed in the back of their syllabus which can be cut out and sorted for practice.

### Clinic:

EQUIPMENT & SUPPLIES NEEDED: 2 intra-oral x-ray heads, 1 panoramic machine (if your office is so equipped). If your state does not allow students to take x-rays on each other, you will need 2 x-ray manikins (see Supplies). Long ago we decided that the students learn better and faster if they worked on a "live" patient, i.e. each other, from the start. Because the manikins were so inflexible and "unfeeling", we felt that a more meaningful learning experience was obtained if the students started in immediately on a "live" patient. You may decide to do the same. You will need enough film to give each student 6 films each, panoramic film, 2-3 x-ray view boxes which preferably can be placed flat on a table, 2-3 sets of 18 full mouth x-rays to be sorted out (from your patient files), darkroom supplies, Rinn® type x-ray holders or equivalent (enough for all students), and plastic PVC pipe to demo on instructors face, the proper angulation when reviewing student's radiographs.

Prior to splitting the group up, make sure all are familiar with the **3 tasks** they are to perform in the clinic: 6 intra-oral x-rays; 1 panoramic; and sort out an FMX. Make sure all students are familiar with the operation of the x-ray and darkroom equipment, and x-ray safety.

If you have 2 intra-oral x-ray heads, a pan, and 2 view boxes, this will occupy 10 students who will then rotate on their own until the three assignments are completed.

Student instruction sheets for the afternoon's exercises are found in "Teaching Aids"

folder on the DVD and should be printed out for each student. The instructions can be edited if you change the procedures we have outlined here. If you have more than ten students in your class, we will sometimes break the class into two groups for the afternoon clinic and have the second group come in Sunday morning to do the radiology clinic. This is the only day which is a problem for large classes due to the limited equipment availability and darkroom congestion. The three work stations are as follows:

1. **Intraorals:** Have the students work in pairs, one will be the patient, the other the assistant. Post a sign at each chair of the teeth you want them to x-ray. We take 6 intraorals per student: 5PAs and one bitewing. For example : PA's of teeth #3, 9, 12, 19 and 27, and one right side bitewing x-ray for a total of six intraoral x-rays per student. To help the students find their own x-rays after coming out of the developer (since so many students will be developing x-rays at once), have the students MARK EACH PA film opened in the darkroom with their initials or an assigned letter using a permanent **BLACK SHARPIE** marker before inserting the film into the developer slot. This can be done even in the dark. Another way to mark the x-rays would be to use a small hole punch (available at an office supply store) and give each student their own "code" or pattern to punch on the side or center of the x-ray.

We **pre-package** these 6 PAs in an x-ray coin envelope along with a stick-on bitewing tab. I prefer the envelopes with the **tooth chart** printed on them. Remind the "curious" NOT to touch the film packets until they have gloves on. We have provided you with labels (print on Avery #5160) for pre-labeling these envelopes for the students. The labels are on the DVD in the "Teaching Aids" folder and can be edited if you wish.

2. **Panoramics:** Each student takes a pan on their partner, the "patient" gets to keep their own film. Be sure each student labels each pan correctly.

3. **FMX Sorting:** Set up 2-3 view boxes facing up if possible for easy sorting. Have each student work independently at the view box to sort an FMX series of 18 films which are all mixed up on the view-box using the 8 tips for sorting x-rays in their syllabus notes. There is no need to have them actually slide the films in the cardboard holder as this is a waste of time. Just have them position the films on the view box as though they were in the cardboard mounts. They should have their notes open to the "Sorting Tips" to assist them until these hints are memorized. Stress the anatomic landmarks on the x-rays to the students so that they may more easily identify which teeth they are looking at. When they finish, have them call the instructor to check it.

When the students develop their films, the instructor can set up a separate view box to critique the radiographs. If the angulation is incorrect, cone cutting or other mistakes are observed, use the plastic PVC pipe with a typodont or against your face to show the correct positions. Try to mimic their incorrect angulation with the pipe and ask them which way to move it to obtain a better x-ray. Give them film to retake the bad x-ray and have them show it to you.

You will need to roam from station to station throughout the afternoon to supervise all the students as they work. It will be very busy but relax and don't get flustered. Make sure

students are not in the rooms when the exposures are made--**stress x-ray safety!!** The students can work in pairs on the PA's and can practice positioning the film and beam without actually taking the x-ray (the instructor checks off the positioning to make sure it's acceptable) or can actually take the x-ray and have the instructor critique it after development.

**\*\*NOTE\*\*** Some time during the day, be sure and instruct the students on the use of the practice FMXs in the back of their syllabus. They are to cut these out at home and keep them together as a set. They will be assembled correctly if the numbers on the backs read 1-18 consecutively, left to right, top to bottom.

We have enclosed in your "**Teaching Aids>>FMX Sets**" folder, some FMX's which can be printed on paper. If you need extra copies only, other than those in the back of the syllabus, you can print these out. **These sets are identical to those printed in the back of the student's syllabus.**

**\*\*NOTE\*\*** Included in the student's textbook is also their interactive CD-ROM which has an excellent FMX practice exercise. Using a mouse, the student will "drag" the PA to the appropriate place on the FMX and "drop" it. If correct, it will stay there. Become familiar with this program. You may wish to load it on your laptop A-V system to demo for the class at the end of the day to show them how to use it. Also included with the textbook is a video CD\_ROM containing many instructive videos, including ALL the intraoral PA positions. Remind the students to watch it at home.

**NOTE: As an alternative to working in pairs, have students work in threes. This will better accommodate larger classes to the equipment and will expedite the intraoral x-rays and developer usage. If students work in groups of THREE, after the first (A) has taken their PAs, they can immediately go to the darkroom (or lab in the case of impressions) and develop their films. The other two can continue to take x-rays uninterrupted, i.e. student B can take student C's PAs. By the time they are finished, A is back from the darkroom (or lab) and now student C can take A's PAs (or impression for Day 5 and 6).**

# *Course/Chapter 4: Amalgams & Composites (8 Hours)*

## Lecture:

**EQUIPMENT:** PowerPoint equipment, amalgam & composite supplies and instruments mentioned in syllabus for Chapter 4. You will also need a PREPPED model for each student (make from silicone molds).

Today, the week after radiology is a good point to show the **X-ray Review** PowerPoint presentation. The instructor will point to teeth on the slides and ask the students to identify them. You don't have to show all the slides. The X-ray Quiz will be given next week (week 5).

**NOTE:** You may wish to stop the Chapter 4 PowerPoint show at certain intervals to allow for discussion and the passing around of materials and instruments. The PowerPoint is organized in the same manner as the notes. Logical stopping points for demos or discussion are after all the materials for amalgam or composites are shown, after all the instruments are shown, mixing silver capsules, loading the matrix band, bonding, mixing or curing composites.

At the end of the Amalgam & Composite lecture is a practice review section for x-ray identification. Point to teeth on the x-rays and ask students to identify them by number.

## Clinic:

**EQUIPMENT:** Amalgam, composite instruments and supplies demonstrated chair side. One PREPPED model (pour from silicone molds) so students can actually place a composite and amalgam restoration. They will put their initials on the models and they will be collected at the end of the session for use on C&B day (Chapter 7).

For the afternoon exercise, concern your efforts with providing the students with all the clinical aspects and usage of amalgam and composite materials and instrumentation. You may want to again review the instrument transfer technique. Make sure students are familiar with all the new instruments for this section, and drill them so they can identify them by sight.

Demo the materials for restorative dentistry as is outlined in the notes. You may want to demo some of these using students as patients, i.e. articulating paper, band and wedge placement, etc. Show and have students load a Tofflemire holder with a matrix band. A better way to teach it is: "hold the band so it forms a 'V', then fold it over so ends are even and with the Tofflemire holder slot facing up, slide band into slot". Use the saying, "V up, slot up." Let students mix amalgam.

Have students practice loading a capsule on an amalgamator and mixing the silver. Make sure they discard the waste and not the silver!! Practice loading the mixed silver into an

amalgam carrier. Make sure they can pack it full.

If you use chemical cure composite, or other auto-cure systems, allow the students to mix a small amount of material. The instructor can mix a larger amount and demo loading it into a syringe (gun) if desired. Demo the light cured composite by curing with the light. This is a good opportunity to use up your obsolete composite if you have some. Demo the principles of etching and bonding on a typodont or other means. Make sure students know order of composite procedure, i.e. ETCH, BOND, COMPOSITE.

For amalgam and composites, there may be students needing restorations in their mouths. If the doctor is willing to be present on Saturday to do these procedures, the students are always thrilled to be doing an actual procedure on a real patient. It gives them real hands-on experience. Otherwise you can make stone models or used prepared teeth in the manikins. They can practice MODs, DOs, Os, etc., and have the students practice placing, carving and curing the materials. It will give them a good understanding of restorative dentistry and how the instruments are used. You will make these models from the students own models when they practice impression taking. The students can put their initials on the models and do as many restorations as you care to. At the end of the session, collect the models and save them for use on C&B day. You will pass them out then.

# *Course/Chapter 5: Cements & Liners (8 Hours)*

## Lecture:

EQUIPMENT: PowerPoint equipment, cements, alginate, impression trays and all supplies mentioned in this chapter in syllabus.

1. Give the **X-ray Quiz** to the students first thing in the AM. Grade it and collect ALL the questions AND answer sheets so that the quiz does not "get out" to future classes.
2. Show the PowerPoint to a natural break in the material or when you feel they need to stop and "do" what they've just seen. Pass around materials and discuss the procedures.
3. Discuss the syllabus chapter in its entirety, showing the materials as you do so.
4. The "**Pre-Midterm Review**" PowerPoint presentation is at the end of the powerpoint show and serves as a review prior to the exam next week.

Do not go into any actual demo of the materials during the lecture as this will be done in the clinic. An assistant teacher can easily interject many clinical anecdotes to supplement the lecture material and make the morning interesting and fast paced.

## Clinic:

EQUIPMENT: The materials and supplies discussed in this chapter need to be on hand to be demonstrated, make a list of the things you use or have in your office. Demo the mixing of Dycal or other base liner. Allow students to mix Dycal and IRM by themselves. Buy zinc phosphate in bulk, it's not expensive, and allow students to mix their own to proper 1 inch string consistency.

Students can practice mixing cement cheaply by using corn starch and vegetable oil which mixes very much like our traditional powder-liquid cements. Use some old cement measuring spoons for the powder. Usually 4 drops of powder to 2 scoops works fine, vary according to your preference. Some of the other cements may be too expensive to allow all students to mix so just have the instructor demo. You can use pharmacy pill containers for the powder and 4 ounce eye-dropper bottles for the "practice cement" liquid can be bought at:

[www.specialtybottle.com/index.asp?PageAction=VIEWPROD&ProdID=20](http://www.specialtybottle.com/index.asp?PageAction=VIEWPROD&ProdID=20)

Alginate impressions can take up most of the afternoon so don't delay this too long. Alginate and trays are inexpensive--we allow students to practice as much as they like. Usually there is not enough time for a group of 8-10 students to take and pour up in plaster a full upper and lower, so we just have them do an UPPER on their chosen partner, then pour up the model and trim on model trimmer (you demo first). You may wish to have them work in groups of THREE instead of pairs for more efficient use of

rooms (see **NOTE at end of Chapter 3; pg. 21**) Then next week (oral surgery), there is sufficient time to do the LOWER impression and trim. Impression taking and pouring is a real learned technique so be patient. Show them how to pour up bubble free models and supervise each one closely as this is done. Be sure and show them all the tricks you know in this area which you take for granted but need to convey to the student to make them proficient in this difficult technique.

If time permits, students can practice:

- taking intraoral x-rays,
- suctioning,
- instrument transfer
- or any of the basic skills which must be mastered during the course.

Stress the importance of being able to do these basic skills "in their sleep" as it is these skills which will make them look good on a working interview.

# Course/Chapter 6: Oral Surgery (8 Hours)

## Lecture:

EQUIPMENT: PowerPoint equipment, oral surgical and periodontal instruments discussed in the syllabus, sterilization materials and equipment, mid-term exams.

Give the **Mid-Term Examination** first thing. Allow a reasonable time for students to finish the 50 question exam. Grade the exams using the KEY as they come in. When all students are finished, pass out the questions and the graded answer sheets to the students and go over the exam. DO NOT ALLOW STUDENTS TO KEEP QUESTIONS OR ANSWER SHEETS.

Again use the same lecture technique as before, show one section of the PowerPoint, STOP, demo and discuss.

After the presentation of all the oral surgery instruments, STOP and pass around all of the instruments discussed. The typodont from the Kilgore Company (see Supplies) is excellent for this lecture as it has anatomical roots in a soft rubber "gums" which can be elevated and extracted with surgical elevators and forceps in a very realistic manner.

(Kilgore International, Inc. Coldwater, MI (800)892-9999, stock # i21D-400C , ask for their complete catalogue).

If you are using non-disposable scalpel handles (metal) with disposable blades, be sure and dull the blades with a grinding stone for safety purposes.

Discuss how to maintain sterility when opening packages or packs. Discuss Dry Sockets, their causes and treatments. Discuss using gauze THROAT PACKS to prevent extracted teeth and materials from going down throat. Similarly, discuss how the assistant can use the suction tip to grab a loose tooth in the throat area.

Continue the PP with the actual 3rd. molar extraction slides.

Restart the presentation on PERIODONTICS and make sure students know difference between a *curette* and a *scaler*. Discuss periodontal disease, what causes it, how it progresses to bone loss then tooth loss. Discuss how it is treated in the early stages (root planing and scaling) and the later stages (flap and osseous surgery by a specialist if desired).

There may be an oral surgeon or periodontist who would be willing to speak to the group about their specialty and bring a presentation of their own. Check with the specialists in your area.

## Clinic:

EQUIPMENT: Continuation of oral surgery - perio morning session, alginate impression materials and trays for student impressions of their LOWER arches. If the dentist is willing, an actual extraction on one of the students can be performed. Review the instruments again from this chapter.

Spend some time in the sterilization area of your office demonstrating the procedures outlined in the video and notes. Go over actual instrument handling, scrubbing, and autoclaving. If you have a cold sterile tank in your office, demo how it is used and what kinds of materials can only be cold sterilized.

Demonstrate instrument packaging: bags, packs. Demonstrate how the autoclave operates and maintenance procedures (cleaning, flushing, filling with distilled water, etc.) This is a good time to also teach treatment room cleanup and disinfection, how to wipe down the counters, chair, and other areas of contamination in the treatment room. You may want to show how we cover such things as light handles with plastic disposable covers to make it easier to clean up. Review how to sterilize handpieces, and how to oil prior to and after (if needed) sterilization cycle. Talk about the ease of using many disposable items and *emphasize the safety* of the assistant while cleaning, disinfecting and sterilizing items and areas. Review and discuss any other procedures and methods unique to your office in these areas.

Demo the SHARPS CONTAINER and what kinds of things go into it.

Demo Nitrous Oxide (if doctor is present) OR explain the assistant's role in monitoring it and remaining with the patient.

Remainder of afternoon is spent on LOWER alginate impressions, model pouring and trimming with the students working in pairs. Again, you may want students to work in groups of THREE instead of pairs (**see NOTE in Chapter 3; pg. 21**) .

If time permits, you can review and practice any of the previous course material:  
Practice periapical x-ray placement using students in pairs - have them position the x-ray head properly. You may take a few x-rays on each other if desired.

Practice suctioning and instrument transfer. This must be "drilled" on every succeeding day of the course so that the skills become automatic.

Demonstrate an Intra-Oral camera or Intra-Oral digital photography if the equipment is available.

# *Course/Chapter 7: Crown & Bridge (8 Hours)*

## Lecture:

EQUIPMENT: PowerPoint equipment, crown and bridge materials and instruments mentioned in syllabus notes. Acrylic temporary material (gun type), plaster models (2 each per student, one pre-op and one prepped for crown) for use in fabricating acrylic temporaries. May wish to use the Kilgore model or the Columbia Dentoform manikin with soft gingive to demonstrate cord packing. Have one of the typodont teeth pre-prepped with a crown prep for this purpose. Run the PP presentation, stopping at logical points to discuss and demonstrate materials or instruments from that section

## Clinic:

EQUIPMENT: Crown and bridge materials (tub) and instruments mentioned in the syllabus-- modify to suit the materials you use if desired. **Make necessary stone models from the silicone molds supplied (see "Tips" for using silicone molds on page 21, you must use a wetting agent to keep bubbles from forming).** C&B impression material-- use (demo) what you currently use, students can practice with obsolete material you may have in your office if desired to gain proficiency in mixing. Temporary acrylic material (Snap, Trim or "gun" type (Parkell's SmarTemp™ is the least expensive gun material), aluminum shell crowns, IRM, Temp Bond, cord, hemodent, etc. Pass out the stone models the students used to place their restorations in Chapter (Day) 4.

Instructor should be well versed in crown and bridge instruments and techniques. Demo chair side how all the materials are to be used and/or mixed. Practice instrument transfer techniques while learning the names of the new instruments--have one student be the "doctor" and one the "assistant" chair side and pass instruments. If you have the Kilgore soft gums typodont (see Supplies) or one similar Columbia Dentoform typodonts, students can practice packing cord into the sulcus to see how the cord packer works.

Demo and allow the students to mix and/or handle your current crown and bridge impression materials. If you have, as we do, lots of old materials you no longer use, allow the students to practice mixing them. In the impression section, explain that the "2 tube" mixing of impression material is pretty much over in favor of the "guns". If you have any, let students mix some of the old "tube" impression stuff on a mixing pad just to try it.

For the students to practice the fabrication of temporaries, you may set up and do any or all of the following using the pre-prep and post-prep models made from models made earlier or from the manikin dentoforms.

**INSTRUCTOR DEMO:** triple tray technique using the **triple tray** and a PUTTY-WASH technique on a typodont or student -- you won't have a real "crown prep" to

impress but by closing the typodont together into the triple tray, you can demo to the students how this saves time, i.e., you don't have to take counter impression and don't have to take bite.

**INSTRUCTOR DEMO:** taking a **quadrant impression** using PUTTY-WASH and a quadrant tray. Use a student as a patient and do during the lecture part.

**INSTRUCTOR TEMPORARY DEMO (FIRST):**

1. Explain where aluminum shell temps might be used in the mouth. Size and fit an aluminum shell crown to the prepared molar tooth. Mix IRM, load the shell crown, place it on the prepared tooth, and trim the excess cement.
2. Make an impression of the pre-prep model using putty. Mix "Trim", "Jet" or preferably the "gun-type" temporary acrylic and place in the impression. Press on lubricated prepared tooth model until initial set. Pull on and off as final set is reached to prevent sticking. Show how to trim off excess acrylic to correct margins. Note that if they have bubbles in the temp -- show them how to repair these with light-cured flowable resin.

**STUDENT TEMPORARY EXERCISE:**

Pass out marble sized piece of putty to each student and have them take "imprint" of pre-op model (area of un-prepped tooth #2) or use any method you use to register the pre-op impression. There is no need to have a pre-op (unprepared #2) model for each student, they can share. The students will then use the post-op models for making the actual temporary (the prepped #2 model). After everyone's putty sets and is removed from their model, make sure students know how to inject the acrylic into the putty imprint. Make clear that it must be removed before it sets completely (**2 minutes**) in the mouth but will take 3-4 minutes on the room temperature stone models) and try it ON-OFF; ON-OFF; ON-OFF; to keep the temporary from sticking.

Have students do a trial seating of their PUTTY IMPRINT on the prepped model and make a mental note of where the imprint is to be pressed into place. Have students Vaseline area if necessary to ease the temp removal (models can also be sprayed with PAM if desired). Then reload a new tip and have students inject their putty imprints with the acrylic to press on the "PREPPED TEETH" model.

1. DO NOT have students remake temps because of air bubbles -- show how to fill in with FLOWABLE composite and cure with light.
2. Set up several ACRYLIC TEMP TRIMMING STATIONS (lab and treatment rooms with low speeds and acrylic burs OR you can buy Moto Tools (about \$50) which will do the same thing. DEMO trimming of temps, have students fill in short margins with flowable (on models!) and re-trim if necessary to make an acceptable temp.
3. Inspect all temps for good margins on models and removal of all sharp edges and flash.

**IF TIME PERMITS:**

If you have TWO separate Columbia type manikins (M-1R-DA-8), have #3 crown prepped on one and #14 crown prepped on the other prior to class. Now the students can practice making a temp on the manikins by using the "unprepped" tooth on one for the pre-op impression and the identical "prepped" tooth on the other for the temp fabrication.

DEMO (you) cord packing on a student using actual cord (I recommend using 000 cord only). OR you can have them pack cord on the typodont with the rubber gums. We have found that the students are gentle enough to practice cord packing on each other if you care to, obviously, you won't be able to go through the interproximals. Review and practice PA x-rays (they can position film and Rinn but not "take" the x-ray" Practice HVE Suctioning and Instrument transfer.

# *Course/Chapter 8: Endodontic and Orthodontics (8 Hours)*

## Lecture:

EQUIPMENT: PowerPoint equipment. Materials and supplies for endodontic procedures (see syllabus). Skull or typodont optional to clarify instrument or material usage. Suggest buying the "Endo Practice Model" (see Supplies) from Columbia to demo endo procedure effectively.

This lecture combines two distinct areas of interest to the student: endodontic procedures, and a brief introduction to orthodontics.

The ENDODONTIC section begins the presentation and may be conducted as in previous lectures. Remember we will demo these extensively in the afternoon so don't get into elaborate demos in the lecture section.

The ORTHODONTIC section is a brief introduction to the basic arch wire hardware. The introduction is not meant to be adequate training to be an orthodontic assistant as that would be a whole course in itself. Rather, this section is meant to provide some information to the student on this subject. If you don't feel comfortable with this section, omit it and review radiology or substitute some other subject of interest to you.

## Clinic:

You may wish to open the afternoon clinic with "mock" practice interviews as discussed above if you haven't done them in the morning. Have the students critique the one "on the spot" as though they were hiring that person.

Demo the "Cold Spray" on a cotton pellet using a student as a patient. Demo the pulp tester on a student if you have one.

Make sure students know the difference between a Peeso reamer and a Gates Glidden drill and how to tell their sizes.

The endodontic section can begin with rubber dam placement, either on the skull or each other with practice flossing the clamps and using the clamp forceps. We then demo the entire endodontic procedure on either of the special two "endo" teeth in the Columbia "endodontic typodont". Initially, you will need to make an occlusal access to the hollow "canal" within the plastic tooth. Go through all the instrumentation and material usage of the first appointment. The second, or root canal fill, appointment is then demonstrated from start to finish including placement of master gutta percha point, sealer, auxiliary points, etc.

You can then strip out the gutta percha using a Gates Glidden to ready it for the next

demo. If you prefer, you may sterilize some extracted teeth, mount them in plaster, make the access opening prior to class for the staff instructor and use these for your "patient".

If desired, a "live" demo on an actual patient may be performed, however that would of course, require the presence of a dentist. Occasionally, a student will be in need of a root canal and if it is a bicuspid or anterior, I have often performed it during the clinic on Saturday, rotating as many students through the procedure as is feasible. Otherwise, a useful demo can be done using a special typodont with endodontic teeth available from Kilgore (see below).

You may want to discuss placement of a post and why we do a post and core, sonic instrumentation, Thermafil or other techniques.

Be sure and discuss the endodontic measurement x-ray and demo one with a file in the canal. You may wish to demo an apex locator if you use one.

Discuss proper sterilization of the instruments with attention to the special items such as Gates Glidden drills, files, etc.

Should you decide to substitute something else for the orthodontic section, you can review radiology and have students place periapical films in each other's mouth, position the x-ray head, and have the instructor verify that it would result in a good x-ray. Some x-rays may be taken on students so long as it is not excessive. X-ray technique cannot be practiced enough for the students to gain adequate proficiency by the time they complete the course so this is something that can always be reviewed. Some students may wish to practice the sorting and arrangement of 18 full mouth series of x-rays, viewboxes can be easily set up for them.

Taking impressions (good ones, that is) is another practice intensive skill that takes time to acquire. You may choose to review this as well as the pouring of bubble free models.

You may also wish to review instrument transfer techniques chair side to practice again. Review the treatment room cleanup and disinfection procedures used in your office. Review sterilization of instruments.

For a class of say 12 students, you can divide them into two or three groups (A, B, & C) for the afternoon practice:

1:00 to 2:20

Group A: endo  
Group B: xray practicing  
Group C: suction and instrument transfer

2:20 to 3:40

Group C: endo  
Group A: xray practicing  
Group B: suction and instrument transfer

3:40 to 5:00

Group B: endo  
Group C: xray practicing  
Group A: suction and instrument transfer

## *Course/Chapter 9: Office Management , Appointments, Front Desk, Office Management Software, and Tooth Charting Practice (8 Hours)*

### Lecture:

EQUIPMENT: PowerPoint equipment, load Elsevier's (textbook) "**Interactive Dental Office**" (the PURPLE one) CD-ROM into the CD drive of your laptop. If it queues up, just EXIT and open the PowerPoint presentation in the usual manner. This CD will be used in the last slide to demonstrate TOOTH CHARTING, become familiar with how it operates, if not already.

The PowerPoint slides are self explanatory. We begin with telephone techniques, appointments and cancellations. Next are appointment screens from two different computer systems.

Family ledger computer screen is next, showing what information is stored there. Following that is the patient information and health history form. Collecting payments is discussed next.

Dental Insurance terms are shown next. Following slides discuss procedure codes, pre-determination of benefits, Explanation of Benefits (EOB), routing slips, day sheet and patient charting.

### Clinic:

EQUIPMENT & SUPPLIES NEEDED: all dental materials and instruments taught during the course to review for the final exams next week.

Practice phone answering techniques with role playing and critique students phone techniques. Take turns with student role playing : checking patients out, making appointments, asking for payment! , making financial arrangements and what ever your office procedures may be in these areas. Get them familiar with using the dialogue in the notes when asking for money.

If possible, demo your computer system operation and allow the students to practice entering data and treatment if it has a training mode. Review any other business office procedure that is unique to your office.

As a supplement to the lecture and/or clinical section, Linda Miles video tapes on office management, collection, welcoming the new patient, etc., are excellent teaching adjuncts for your students as well. Other practice management consultants may have training tapes as well which would also serve this purpose.

Follow the outline in the syllabus:

1. Explain telephone technique and making a good first impression on the phone
2. Explain how broken appointments cause lost production which can't be made up.

The last slide in the presentation has a hyperlink (shortcut) to the "Interactive Dental Office" (PURPLE) CD-ROM, which must be first loaded in the CD drive of your laptop. You can use this useful CD which all students received in their textbooks to demonstrate tooth charting. Click on the hyperlink in the last slide and open the program to the "Front Desk" and click on "Charting". You should be familiar with using this CD exercise before the class. If for some reason this hyperlink does not operate, please see "FIX" early in the AV section of this manual.

3. Discuss collecting money at the front desk and office financial policy.
4. Go over the insurance terms in the book.

**Review for Final Exams:**

Since this is Day 9 on the Course Schedule, the remainder of the afternoon is used to review for the final exams on the last day. Get out the Tubs & Trays for Composites, Amalgam, C&B, Endo, Oral Surgery and have students rotate around to make sure they know all the instruments and materials used in all procedures.

Also make sure they can load a syringe and matrix band. Review and practice again suctioning, instrument passing (including the mirror and explorer passed simultaneously to the doctor for patient exams).

Get out the Rinn holders and allow students to practice positioning periapical x-rays one more time as a final review for the test. Supervise their technique and correct errors in positioning.

# *Course/Chapter 10: Pediatric Dentistry, Theory and Practice, OSHA Guidelines (8 Hours)*

## Lecture:

The lecture is given before the final exams are given. In addition to the PowerPoint lecture material, discuss personal experiences with pediatric patients in the practice and office policy toward certain types of undesirable behavior. Does your office allow the parent to accompany the child? If so, under what circumstances? Following the lecture, go right into the final written exam.

**FINAL EXAMINATION:** the final written examination is given. After all tests are collected, the test can be gone over. If you desire, the student answer sheets can be randomly distributed and they can score the test as it is gone over. **DO NOT LET COPIES OF THE FINAL EXAM OR ANSWER SHEETS OUT OF THE CLASS.** After going over the exam, it may take you to the lunch break and you can give the remaining x-ray exam and practical exam after lunch. If it does not, then you can do the x-ray practical as described below prior to the lunch break. Give the class the option to skip lunch and go right into the practical, most classes will opt for this to get out earlier.

## Clinic:

**EQUIPMENT:** Supplies and instruments needed to set up the written and practical exam as outlined in the "**Exams & Quizzes**" folder (DVD-R). Graduation certificates will need to be printed on certificate paper [see Supplies] using a word processor. Use our example (**Graduation Materials**; DVD-R) or modify it as you wish. Order your *Dental Assistant* pins from us ahead of time (see Supplies) and award at graduation. Since grades will not be calculated until after the students leave, if there is any chance a student may fail the course, you may wish to not award certificates to ANYONE, but rather mail them out with the grades after the grades have been calculated. You may wish to provide refreshments for after graduation.

The remaining part of the morning and all of the afternoon up to about 3 PM is devoted to the practical exam. For the practical examination, set up the test as explained in the **Final Practical Exam Set Up Instructions** in the **Exams and Quizzes** folder.

1. X-ray Practical: We have the students work in pairs, using themselves as the "patient". The students will take 4 PAs on each other. Have small signs made up on 3X5 cards for each room showing two different sets of PAs you will asking them to take. The front and back of the signs are shown below:

PAs:  
#3, 10, 19, 27  
(front)

PAs:  
#7, 14, 22, 30  
(back)

These signs are NOT shown until the student "patient" is seated in the chair. The sign is then taped or placed behind the chair where the "patient" cannot see it. The "assistant" is instructed to NOT say the tooth #s out loud. Thus the "patient" does not know which tooth numbers are being tested and cannot help their partner in any way. When they switch places, the other side of the card is revealed to the 2nd "assistant" showing different teeth to x-ray.

PAs: #3, 10, 19, 27 (front)

PAs: #7, 14, 22, 30 (back)

If you wish, and you have two x-ray heads in close proximity, i.e., in adjacent rooms, you can have 4 students going at once: 2 "patients" and 2 "assistants". Once the x-ray and x-ray head is positioned to their satisfaction, they will signal you to check it. If an unreasonable amount of time has elapsed and the student has no clue as to which tooth or how to position the Rinn holder, time is called and they receive a ZERO for that PA.

They then move on to the next PA #. Grade the student on a scale of 0 to 5 with 5 being the highest grade per PA. Grading points can include using the correct Rinn holder for anterior and posterior PA's, positioning the film correctly in the holder, positioning the holder correctly in the mouth, and positioning the x-ray beam correctly on the ring. The *wrong tooth* counts as 0 (ZERO) in our course. Keep track of each minus point deduction next to their name on the **Scoring Sheet**. You may wish to give the x-ray practical before the lunch break. Thus the morning will consist of: final exam, go over test after you've graded them, pediatric lecture & discussion, and x-ray practical. We then ask the students if they want to skip lunch and go immediately to the afternoon **Practical Exam**. Invariably, they say "yes". Take about 10 minutes to set up the rooms for the 6 station practical exam.

2. For the afternoon practical, follow the instructions in **Final Practical Exam Setup Instructions** file (**Exams & Quizzes** folder; DVD-R). Have the instruments and materials from Composites, Amalgam, Crown & Bridge, and Endo pre-labeled using the template provided (**Practical Exam Labels**) and Avery labels (#5160). Be sure that the instruments and materials asked for in the test are correctly labeled to match the answer key. Label other items not asked for in the instruments and materials with the extra letters on the sheet. Set up the instruments and corresponding dental materials in four treatment rooms or separate areas so the students can walk through unattended with their **Final Practical Exam** answer sheet naming the instruments and materials they are to identify.

3. Set up the X-RAY IDENTIFICATION station to follow the above four stations with a viewbox and 4 good, clear PA's of different areas of the mouth, each numbered 1-4 and with a single tooth marked in felt tip with an "X" to identify by **NUMBER** on their answer sheet.

4. Set up the instructor's station at the end (Station 6) with a manakin in the chair as the "patient" and have the students perform the following tasks: 1. load an anesthetic syringe; 2. load a matrix band; 3. suction various areas correctly; 4. pass a mirror & explorer together and other instruments correctly. As the students come to this station, they will hand you their answer sheet. While they are loading the syringe and matrix band, you may wish to grade their practical up to this point, as well as mark their scores for the syringe, matrix, instrument passing and suctioning section in the box at the lower right. Total the scores (possible 100pts.) and enter this number on the **Scoring Sheet**.

**NOTE: HAVE THE ANSWER SHEETS LOCATED AT STATION #1 SO THAT THE STUDENTS WILL NOT KNOW THE QUESTIONS UNTIL THEY BEGIN THE EXAM.**

The student's grades are totaled on the **Scoring Sheet** with the following being the maximum possible points: X-ray Quiz = 40 pts., Mid term = 100 pts., Final = 100 pts., Technique Practical = 100 pts, X-ray Practical = 20 pts. Divide the student's total raw score (360 possible points) by 3.6 to get their final grade percentage:  $294 \text{ (raw score)} \div 3.6 = 82\%$ . In our course it is explained to all students at the start of the course that only those students obtaining a **70%** or higher grade will receive certificates and letters of recommendations. Occasionally one student will fail the course (fall below 70%). We do offer the option of retaking the course (if failed) during the next session for the reduced tuition fee which is usually about half the cost of initial tuition..

If there is the potential of someone failing the course at the beginning of the final practical exam, it is our policy to inform them quietly, at Station 6 of the practical as we total their scores, of the fact that they will not be getting a certificate. They can stay for the closing ceremony if they wish but none have done so. By having a below 70% failure policy, gives more credibility to the program. Again, very few students will fail throughout the year.

Therefore, the student will have at the completion of the course, an attendance record, test scores on two written examinations, a practical examination and an x-ray quiz. These scores will be recorded by hand on the **Scoring Sheet** as the testing proceeds on this last day. The day after the course ends, these scores can be entered on the **Course Roster (Student Registration & First Day** folder; DVD-R). This will be the permanent record of the class, to be kept on file. Below is an example of how our class rosters are done. Use the template on the DVD-R, **Student Registration>>Class Roster MASTER**.

Name, SSN (last 4 digits) Address, Phone	Job?	Days Absent?	Xray Quiz	Midterm Exam	Final Exam	Final Practical	Xray Practical	Final Grade
ADAMS, Mechelle 2833 Conyers, 555-0137	Y		22	88	82	84	20	84
BROWN, Kelly 5681 Marietta, 555-7881		1	30	97	85	91	17	91
CAMPBELL, Dana 9118 Dallas, 555-2611			28	85	91	80	14	85
DOWNS, Tony 1021 Atlanta, 555-9029			18	76	79	94	15	80
		Passing Score	70%					
		HIGH SCORE	91.6%					
		LOW SCORE	80.5%					

When a dentist in our area calls for an assistant, we send (FAX) them a copy of the rosters from the past 2-3 classes. We have been providing this service at no cost to the dentist as a service to the profession and as a goodwill gesture. We also provide the Vo-Tech schools we have recruited to help market our program with a copy of the Class Roster with their referrals highlighted for their records.

As we mentioned earlier, after the morning x-ray practical exam, it is usually slightly after 12:00. We ask the students if they want to break for lunch or continue with the final practical exam. They always have opted to continue on and finish up early. They're anxious to get done at this point. We will usually finish up with everything and award certificates by 2-3 PM and have an informal ceremony.

At the graduation ceremony, we award their folder containing their certificates, letter of recommendation, course outline, and 5 of our **Flyer Booklet (Promotional and Advertising Pieces >> Advertising Pieces** on the DVD-R) to pass out to prospective future students. Remind them at graduation that you will pay them \$150 for every student they refer to your program.

Congratulations! Your class is over.

See the folder "**Graduation Materials**" (READ ME FIRST) on the DVD-R for instructions on how to print out your graduation materials and **where to order the certificate paper**. Within this folder are files: **SAMPLE Graduation Certificate**, **SAMPLE Class Roster**, and **SAMPLE Final Grades** which are examples of how these records should look when completed.

# *Fees & Grievance Procedure*

## **TUITION and FEES:**

Registration Fee.....	\$125.00
Book Fee.....	\$300.00
Laboratory Fee.....	\$625.00
Radiology OSU Course.....	\$525.00
Clinical Attire.....	\$70.00
CPR.....	\$85.00
HIPPA Certification.....	\$35.00
Learning/Interactive CD-ROM.....	\$125.00
Miscellaneous.....	\$775.00
Tuition.....	\$3330.00

All-Inclusive Total Cost..... **\$5995.00**

**PAYMENT:** All tuition and fees are payable for one (1) academic term that is 80 hours. Payment is due prior to the start of the first class of each course term, unless other arrangements are made in advance.

Tuition and fee charges are subject to change at the schools discretion. Any tuition of fee increases will become effective for the school term following student notification of the increases.

## **Complaint or Grievance Procedure**

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to:

**The Executive Director  
State Board of Career Colleges and Schools  
30 East Broad Street  
Suite 2481  
Columbus, OH 43215  
Phone: 614-466-2752  
Toll Free: 1-877-275-4219**

Below is SAMPLE course schedule. The precise dates and times and order of instruction may vary according to the particular needs of the student with which you enroll and is provided only as a sample for you understand the progression of your education.

## Sample Course Schedule

Fall 2013(Sat.)

**Must pass all tests and exams with 85% or Higher**

Student syllabus chapters correspond to the day numbers.

Day 1	Oct. 12th	General introduction to terminology and equipment.
Day 2	Oct. 19th	Four-handed dentistry, instrument transfer, isolation techniques, suctioning (HVE), local anesthesia, patient positioning, and handpiece maintenance. <b>Sealants/ Coronal polishing</b>
Day 3	Oct.26th	Radiology theory and practice of intraoral & extraoral xray techniques, xray safety and darkroom procedures.
Day4	Nov. 2nd	Amalgam & composite materials, instruments, mixing, curing, tubs & trays
Day 5	Nov. 9th	Cements and liners, alginate impressions (upper arch), model pouring and trimming. <b>XRAY QUIZ</b>
Day 6	Nov. 16th	<b>MID-TERM EXAM</b> , Oral surgery & periodontal instruments and materials, sterilization procedures, alginate impressions (lower arch).
Day7	Nov. 23rd	Crown & bridge instruments and materials, making temporary restorations, and bite registration.
Day8	Nov. 30th	Endodontic materials and instruments, orthodontics, job interview skills.
Day 9	Dec. 7th	Office Management, front desk operation, appointments, billing dental insurance, office management software, OSHA regulations as it applies to dental assisting. Review and practice for final exams.
Day 10	Dec. 14th	<b>FINAL EXAM AND PRACTICAL EXAM</b> , Pediatric dentistry, final written exam, xray practical, and practical clinical exam, Graduation and awarding of certificates and pins.

**\*\*\* Saturday, December 15th Graduation\*\*\***

Note: the Day #s correspond to the Chapter #s in the syllabus, "Concepts in Dental Assisting".