Candidate Submitted Questions From the CDCA 2016 Dental Hygiene Q & A Webinar

MEDICAL HISTORY

What if my patient doesn't have a physician?

Write “none” or N.A. (for not applicable) as the response to that question. It is important not to leave any questions unanswered on the Medical History form.

What medical conditions would disqualify patients from the exam?

Patients with a history of latex allergy, or those with a history of taking bisphosphonates, either orally or IV, a blood pressure of higher than 160/100, a woman in her 1st or 3rd trimester of pregnancy or an oral herpetic lesion may not sit for the exam. Other serious medical conditions will need the authorization of the patient’s physician in the form of a Medical Clearance.

What types of patients require a Medical Clearance?

Patients with a history of infectious or communicable disease, a serious systemic condition, must have premeds or are pregnant need a medical clearance. That would include someone who has had a joint replacement, a heart attack or a stroke.

Can I select a patient who is on Coumadin?

You may select a patient who is on Coumadin, but a medical clearance is necessary. The medical clearance must be written on the physician’s official letterhead within 30 days of the exam. In addition to the name & address of the physician, it must also contain a phone number where he can be reached on the day of the exam. It should also include a positive statement as to how the treatment should be managed.

When may I get medical clearance for a pregnant patient?

You can get medical clearance for patients in their 2nd trimester.

If the patient has any areas of active decay, are they eligible to be a patient for the exam?

Yes, patients with active decay are eligible, but the guidelines discourage selecting patients with gross decay. Treatment has to be able to be performed on all teeth selected.

Is there a specific number of years without a physical examination that would disqualify a patient?
No, but you should determine by the medical history if it is safe to treat the patient.

RADIOGRAPHS

If there is cone cutting on my radiographs, do they have to be taken over?

As long as the entire tooth of the teeth being treated in the Case Selection can be viewed on at least one of the films, it is not necessary to re-take a cone cut film.

Will the radiographs be returned to me at the end of the exam?

The radiographs are usually returned to the candidate, but the examiners always have the option of retaining them.

What if my patient has had some fillings and even an extraction since the radiographs were taken four months ago?

Make a note on the Progress Form if there has been treatment since the radiographs were exposed. This includes fillings, surgical extractions etc.

Does there have to be radiographic evidence of calculus in the mouth?

No, radiographic evidence of calculus is not a requirement. In fact, if heavy calculus deposits appear on the radiographs, you may be choosing a case, which is too difficult.

If radiographs are not 100% diagnostic, do you lose all eight points or is it a percentage reduction where you may lose less than eight points?

There is no partial credit for radiographs. If the radiographs are deemed diagnostic, then you will receive 8 points. If they are not deemed diagnostic, the examination is terminated.

If two examiners independently confirm the radiographs presented are of such poor quality that they cannot identify pathosis or determine if they belong to the patient, the patient will be declared ineligible, and the candidate will fail the examination.

How do you grade x-rays if they were taken by someone else?

You are being graded on your ability to determine the diagnostic quality of radiographs, not on the technique of exposing the radiographs.

TREATMENT SELECTION

What are the requirements for teeth selection?

• You must select a primary quadrant that has at least six natural teeth and at least one molar. In addition, you must select two posterior teeth from a second quadrant. One of these posterior teeth must be a molar.
- At least one of the molars must have both a medial and distal contact within 2mm
- Candidate selects 12 surfaces of qualifying calculus from within the Case Selection
- There is an option to select up to two adjacent posterior teeth in another the second quadrant to meet the 12 surface requirement.
- At least eight of these surfaces must be on premolars or molars.
- Of these, five must be proximal surfaces within 2mm contact of another tooth, and
- Three of these proximal surfaces must be on molars.
- Note that only one distal surface of a terminal molar may be used as one of the three proximal molar surfaces.
- No more than four surfaces can be selected on incisors.

If my patient has a diastema between #6 & #7 can these teeth be included in my case selection (as part of the four remaining surfaces)?

Yes, the proximal contact requirement applies to the posterior teeth in the Case Selection.

Does the calculus for the Calculus Detection Exercise have to be the same type of qualifying calculus as for the Case Selection surfaces?

No, the 12 surfaces of calculus submitted for the Calculus Removal part of the examination must be qualifying calculus. The Calculus for the Calculus Detection Exercise can be a lesser amount and includes any roughness that is not the CEJ or cementum.

Does calculus have to be removed from all of the surfaces of all of the teeth in the treatment selection?

Calculus removal is required from all surfaces of all of the teeth in the Case Selection (quadrant and two additional teeth in second quadrant) and from all surfaces of any additional teeth selected in the secondary quadrant.

How do we specify our primary quadrant?

The Progress Form has an area where you will mark your Case Selection quadrant, and all additional teeth utilized in the second quadrant. The Progress Form is also where you will indicate whether you will treat the 3rd molar in the Case Selection quadrant.

If the calculus is on the line angle of the tooth, should I mark it as an L or an M?

If calculus is located on the line angle of a tooth, always apply it to the proximal surface of that tooth and mark as M or D.

Even though an implant cannot be selected for calculus removal, can it count as one of six teeth necessary in the Case Selection quadrant?

Implants and primary teeth can count as proximal contacts only and cannot be used to fulfill any other Case Selection requirement, so it could not be counted as one of the six natural teeth needed in the primary quadrant.

If a patient has 12 surfaces of calculus between two separate quadrants, is it still necessary to pick two more additional teeth?
Yes. You must select a primary quadrant that has at least six natural teeth and at least one molar. In addition, you must select two posterior teeth from a second quadrant. One of these posterior teeth must be a molar.

There is the option of selecting up to 2 more posterior teeth in the second quadrant if you need them to fulfill the 12 surfaces of qualifying calculus requirement.

**The three teeth assigned for calculus detection, do we have to scale those three?**

No, calculus detection teeth are just for detection not for removal.

**If we want to choose two additional teeth in the alternate quad in addition to the two required teeth, where do we document that?**

Any surfaces chosen from the second quadrant as part of the 12 surfaces of qualifying calculus will be indicated as part of your Case Selection and will be entered into the grading system by the DSM.

**Does all supra and subgingival calculus need to be removed on every surfaces of every tooth in primary and secondary quadrants?**

Yes, for primary…only two selected teeth for secondary.

**Do we only probe the two teeth that we are assigned, or do we also probe all of the teeth in the Primary quadrant?**

Only probe two assigned teeth. One anterior and one posterior with three readings per tooth.

**Will we only be evaluated (or rather more heavily graded) on the calculus removal on the areas we selected or are there deductions for failure of removal for all areas in the quadrant?**

Every surface of every tooth in the Case Selection will be evaluated. The selected 12 surfaces of qualifying calculus will be weighed more heavily than the other surfaces within the Case Selection, but all surfaces of all teeth within the Case Selection are graded.

**Are there any probing depth requirements or restrictions?**

No, but a patient with 6-7 mm pockets would be very difficult to treat during this examination.

**Do you have to clean all of the surfaces in your quadrant or are you just responsible for removing the deposit from your twelve surfaces?**

You have to clean all of the surfaces in the case selection, which is an entire quadrant and at least two teeth in another quadrant. You only have to clean teeth involved in the examination.
EXAMINATION PROCESS

If my patient doesn't qualify for the exam because of a problem with their medical history, may I use a back-up patient for the exam?

You may bring a back-up patient in anytime before the CFE starts the check-in process. Once the check-in is started and if the patient is rejected, then you may not bring in another back up patient and the exam is terminated.

Can two students (from different groups) share a patient on exam day?

Yes, they can. The CDCA Central Office should be notified of the two candidates sharing a patient so that they can be scheduled in different sessions.

What are the requirements for sharing a patient?

- Each candidate must complete his/her own medical history form and consent form with the patient.
- Radiographs can be shared by both.
- Each candidate’s Case Selection must consist of a primary quadrant and at least two teeth from a secondary quadrant. The teeth selected in the second quadrant must be treated.
- The Case Selection for the second candidate will have to be the two quadrants that were not part of the first candidates Case Selection.
- There are anesthesia considerations also. For patient safety in these situations, no more than half the maximum anesthetic dose may be utilized for a patient who will be shared with another candidate on the same day.

My patient needs an interpreter. How is that handled?

The Chief examiner will provide a form which you and the interpreter must complete and then register with the Chief examiner. The interpreter will need two 2X2 inch photos, one to be affixed to the interpreter form and one to wear as a badge for identification and two forms of ID, one with a picture and both with signatures. Candidates should speak to the Chief examiner at Registration if an interpreter will be utilized.

May I use a chair side assistant during the exam?

No. Assistants are not permitted for the dental hygiene exam.

Can my patient use a cell phone to listen to music?

No, cell phones ARE NOT allowed in the candidate clinic or the evaluation areas during the exam. If patients need to make or receive calls, they will have to go outside of the clinics.

No cell phone, electronic readers or other electronic equipment are allowed in the examination areas.

May I use a Prophy Jet to remove stubborn stains from the occlusals of the posterior teeth?

Air polishing equipment is not permitted. However, sonic and ultra-sonic scalers are permitted.
If I do not have an 11/12 explorer, can I use a shepherd hook explorer as a replacement?

No, examiners are calibrated to the 11/12 explorer. Using another type of explorer will cause a lack of uniformity in the grading.

How are we assigned to Group A or Group B? And can I switch from one group to the other?

The group assignment is made in the CDCA central office. Candidate distribution and the number of operatories available at the site are taken into consideration when making this assignment. Once you are assigned to a specific group, changes can only be made by the Chief examiner. Chiefs will consider allowing changes if two candidates are switching so that the groups remain balanced in numbers.

At what time can I seat my patient?

You should seat your patient as soon as you have your unit and instruments set up and your paperwork in order.

What do I need to do after I seat my patient?

You'll want to confirm your pre-recorded treatment selection and make sure that there are no changes in the oral mucosa since you last examined your patient. Most importantly, you will take and record your patient's blood pressure. Update the medical history and then, when you are sure that all of your paperwork is in order, call a CFE over for check-in.

What happens if my patient is late?

Remember that there is a four hour window of exam time. Of course, that includes the time for the CFE to check your patient as well as the time the patient spends in the Evaluation Station. The sign in deadlines for Pre Treatment Evaluation are 10:00 am for the morning session and 3:00 pm for the afternoon session. If patients are not signed in by those times, the candidate will not be allowed to begin the Examination.

Who can answer any questions I may have on the day of the exam?

A Clinic Floor Examiner (CFE) will be available at all times to address any of your patient or examination process concerns. School maintenance personnel will be directed to correct any equipment problems. The Chief Examiner can always be called to give final clarification to a question whenever necessary.

When do I send my patient to the Evaluation Station?

At patient check-in, the CFE will review forms, radiographs, blood pressure and approve the Medical History for examination eligibility and the use of anesthesia. Once you have been checked in by the CFE and administered anesthesia, your patient is ready to go to the Evaluation Area.

Do I need to ask the CFE for permission to send my patient to the Evaluation Station?
No. For Pre-Treatment Evaluation there will be a sign up sheet and Candidates will bring their patients to the Evaluation area in the order in which they were signed up. For Post Treatment Evaluation, you bring your patient to the Evaluation Area by your assigned Finish Time, or before.

**What happens in the Evaluation Station?**

The Evaluation Station is where your patients are graded. The only ones allowed in this area are patients, examiners, and authorized examiner assistants. No candidates are permitted in this area, in order to maintain the anonymity of the examination. Candidates meet with the DSM outside near the sign in desk but do not enter the Evaluation area with their patients. Each patient is evaluated independently by 3 examiners for both Pre Treatment and Post Treatment Evaluation. When the Evaluation is complete, the patient is brought back to the candidate clinic by a runner.

**Am I correct that disclosing solution is not allowed in this exam?**

Disclosing solution is not allowed for use by either the Candidates or the Examiners.

**What kinds of ID’s are acceptable?**

One needs to have a recent picture, but both need signatures.

**If a patient stops and uses the restroom on the way to the evaluation area and then does not have his/her protective eye ware on, will there be a penalty?**

If the patient has the eyewear but is not wearing them, they will be reminded to put them on. If the patient does not have eyewear, you will be asked to provide the eye ware.

**If there is a big line for treatment evaluation, how will this affect us?**

Time for evaluations is built into the overall examination time. Each session is 4 hours which will provide sufficient time to complete the examination.

**Do you need to be completely cleaned up at the finish time?**

No, while your patient is having the Post Treatment Evaluation, you can clean up your unit and prepare your forms for check out with the CFE.

**Can I bring in my own notes to follow in the treatment room?**

You may bring your Candidate Manual or copies of pages from the candidate manual into the examination clinic and you can make your notes in the Manual.

**What forms travel with me during the examination?**

Each time the patient goes to the Evaluation Area for either Pre or Post Treatment Evaluation, they should have a clean patient napkin with a candidate bar code on the right side and bring:

- Medical History
- Consent Form
- Progress Form
- Cubicle Card
Radiographs
Eyewear
Instruments

Whether pre or post treatment you are traveling with medical history and consent form and progress card and radiographs and cubicle card and bring instruments.

Where do we get the Post Operative Care Agreement form?

At registration the Post Operative Care Agreement form will be given to you in the White Envelope with all the other forms.

Are we re-barriering for the pm clinic if in the am clinic?

Often candidates from the morning session clean up their units and set up for the afternoon session candidate while their patients are in the evaluation area for Post Treatment Evaluation. This process will vary from site to site. It definitely helps the afternoon candidates to have the units ready for them, especially if the candidate is not from the host school.

Some candidates may prefer to set up their own units.

How specifically should amount local anesthesia used be written?

In mg.

What is the process for using local anesthesia? Who approves it? Do we need supervision during injection?

Your program director will provide an authorization list. It does not have to be done under direct supervision. Each examination site has a supervising dentist. They may want to be on the floor when you do it. This is a site specific question, but the CFE does not have to be there. The program director provides documentation you have completed the required course work.

Do we leave the question blank for if our patient is pregnant if he is male?

Don’t leave any question blank. Mark as N/A.

How do we know if instruments are provided during the evaluation?

Host school should have a site info sheet that identifies what is provided by the site. Visiting schools should get the information from host schools.

Would a patient be allowed to bring a phone into the treatment area if it is used for translation? Or will we be able to have a translator there?

If there is the potential for communication difficulties due to language, you should make arrangements for an interpreter. You cannot be your patient’s interpreter because you cannot go into evaluation area. Interpreters need to register with the Chief examiner and need to have two forms of ID, one with a picture and both with signatures. No cell phone use is allowed at the examination.
If we are sharing patients, how can we notify the other candidate of the final amount of LA used so they can note it on their progress form?

The Anesthesia Record on the Progress Form should be available for reference. Know the first candidate’s sequential number so the Progress Form can be obtained. You can also ask the first candidate to provide that information if you are the second candidate treating the patient.

What time do you suggest we stop working and send our patient to the evaluation station before the end time?

You must have your patient signed in at the Evaluation area desk by the Finish Time written on your Progress Form. You need to put on a clean patient napkin, ready your instrument tray and forms and go to the evaluation area.

You will need about 5 minutes or more. It will depend on how far the candidate clinic is the evaluation station.

The Post-Treatment evaluation is also done by 3 different examiners. The time spent in the Evaluation Station is usually about 30 minutes. When the patient is returned to you, he/she can be dismissed and you can prepare to check out.

CHECK OUT

What is the check out procedure?

After your patient has been dismissed, you will check out with the CFE. Be sure to sign your name on the Medical History and Consent forms. These, along with the cubicle cards, your ID badge (removed from the plastic holder), the Progress form and Post-Operative Care Agreement form are placed in the white envelope. The CFE will collect these items, sign the check-out form and give you a copy.

When will I receive my scores?

You can expect to receive score results approximately within 3 business days after the examination.