

depth measurement assignment on the Treatment Selection Grading Room Request Form.

Teeth assigned for probing will be the same teeth as in the Treatment Selection Grid and will include at least two (2) posterior teeth. The Examiner will also evaluate the patient for subgingival calculus detection errors.

**For purposes of this examination, it has been determined that four (4) or more errors in calculus detection will result in an automatic failure of the examination and a grade of “0” will be assigned and reported in the candidate’s final score report.**

Time spent in the grading station will vary depending on many factors; however, all candidates will receive one and one half (1 ½) hours of patient treatment time subsequent to the patient being returned from the Grading Station provided that they have submitted their patient to the grading area Check-In-Station within the allotted thirty (30) minute time period. **Unless specifically notified otherwise by a CITA Clinic Floor Examiner, the Examination Chief or Co-Chief(s), all treatment must be completed by the end of the assigned examination time period.** The finish time will be assigned on the Treatment Selection Grading Room Request Form and Progress Form in the box denoted “Finish Time.”

**The finish time noted on the Treatment Selection Grading Room Request Form and Progress Form is the official Finish Time and will be the time the candidate has for completing treatment of the patient. Any question regarding the candidate’s finish time should only be addressed to the Clinic Floor Examiner, Chief or Co-Chief(s). Any changes to a candidate’s finish time will be made to the candidate’s Progress Form and the Treatment Selection Grading Room Request Form.**

#### **g. Completion of Treatment Evaluation Procedure**

When the patient is returned to the candidate from the Grading Station, as previously mentioned, the candidate’s finish time will be recorded on the Progress Form and Treatment Selection Grading Room Request Form. The finish time will also be posted on a post-it-note that is given to the candidate and will need to be displayed outside of the candidate’s operatory.

The probing depth assignments will be recorded on the Treatment Selection Grading Room Request Form and the candidate will need to be sure to record the pocket depths for the four (4) assigned teeth, in the appropriate areas on the Treatment Evaluation Forms. During the clinical examination, the assigned teeth must be probed and all readings recorded by the candidate on the Treatment Evaluation Forms. Treatment should be commenced and continue until it is completed or until the designated finish time.

Candidates **SHALL SCALE ALL SUBGINGIVAL SURFACES** on the six (6) to eight (8) selected teeth, but only the twelve (12) surfaces selected will be evaluated for calculus removal.

The following items must be sent with the patient to the Grading Station:

- Completed Treatment Evaluation Grading Room Request Form
- THREE (3) Completed Treatment Evaluation Forms with barcode labels
- Completed Progress Form
- Pre-operative radiographs
- Required instruments in a sealable container, which is no larger than 10" x 6" x 3.5"
- Protective patient eyewear (personal eyewear is acceptable)
- 2 x 2 gauze

The image shows a 'TREATMENT EVALUATION FORM' with a header containing '0604316103' and 'TREATMENT EVALUATION FORM'. Below the header are fields for 'CANDIDATE #', 'UNIT #', 'Office Use Only - Leave Blank!', 'TEST SITE', 'SESSION ID', 'Candidate Identification Number', and a timestamp '10/28/2011 11:20:11 AM'. The main body is divided into three columns: 'A. Treatment Evaluation' with a 'Calculate Removal' table, 'B. Supra Gingival Deposit' with a 'Supra Gingival Deposit Error' table, and 'C. Pocket Depth Measurements' with a 'Pocket Depth Measurement Error' table. Each table has rows for 'Tooth #' and columns for 'No Errors' and 'Critical Errors'. A 'Critical Errors' section is also present with a 'No Errors' button. At the bottom, there are fields for 'EXAMINER #' and a copyright notice: 'Copyright © 2012 Council of Interstate Testing Agencies, Inc. All rights reserved.'

The patient must be wearing a **CLEAN** napkin when sent to the Grading Station. While the patient is being evaluated, the candidate must clean and disinfect their operatory.

### i. Examiner Evaluation

The initial examiner will assign the teeth to be evaluated for the supragingival calculus, plaque and stain removal and will along with two (2) other independent examiners:

- 1) Evaluate subgingival calculus removal from the selected teeth surfaces
- 2) Evaluate supragingival deposits removal (calculus, stain, and plaque removal) from the surfaces on the selected teeth
- 3) Grade pocket depth measurements on the four assigned teeth
- 4) Evaluate overall tissue condition

The image shows two forms. The top form is the 'HYGIENE Treatment Evaluation Grading Room Request Form' with fields for 'CANDIDATE IDENTIFICATION NUMBER', 'Candidate #', 'Unit #', 'Time In:', 'Time Out:', and 'Instructions to Candidate Form'. Below this is the 'Treatment Evaluation' form, which includes a checkbox 'I am requesting the Treatment Evaluation be evaluated.', a 'Supra Gingival Deposit' section with a table for 'Tooth #' and 'Error', and a 'COMMUNICATION FROM CANDIDATE' section. At the bottom, there are fields for 'Grader #1', 'Grader #2', and 'Grader #3'. A copyright notice is at the bottom: 'Copyright © 2012 Council of Interstate Testing Agencies, Inc. All rights reserved.'

The determinations made by the three examiners will be entered on the Treatment Evaluation form.

## 11. Examination Completion Following Examiner Evaluation

Once the patient is returned from the Grading Station, the candidate should check the paperwork to see that all forms have been completed and to note the presence or absence of an Instructions to the Candidate Form which may need to be reviewed with the patient prior to patient dismissal.



The Clinic Floor Monitor **MUST** review with the candidate all paperwork and place their Examiner Number on the Progress Form and give a “Patient Dismissal” card to the candidate prior to final patient dismissal.

## 12. Dental Hygiene Check-Out Procedure

Candidates are encouraged to refer to the Candidate Tutorial Booklet for instructions on the check-out process. The items specified below should be enclosed in the **original Candidate packet** and turned-in at the Check-Out Station in the following order:

1. Identification Badge without the badge holder
2. Progress Form
3. Treatment Selection Grading Room Request Form
4. Treatment Evaluation Grading Room Request Form
5. Any Treatment Selection Forms from patient rejections
6. Any extra forms
7. Any yellow Instructions to Candidate Forms

| DENTAL HYGIENE<br>CANDIDATE CHECK – OUT FORM  |  |
|---|--|
| DIRECTIONS: THE FOLLOWING INFORMATION MUST BE IN THE PROPER ORDER BEFORE APPROACHING THE CHECK-OUT STATION. If your paperwork is NOT in the correct order, you will be instructed to return to your operatory and organize the paperwork correctly. YOU WILL NOT BE ALLOWED TO CHECK-OUT UNTIL ALL OF YOUR MATERIAL IS IN THE PROPER ORDER. |  |
| Staff Initials  | Candidate Initials   |
| _____   | _____  |
| _____   | Identification Badge (Please Remove Badge From Holder Before Turning In)   |
| _____   | Dental Hygiene Progress Form   |
| _____   | (If In Clinic Floor Examiner Number Recorded Indicating Patient Dismissal) |
| _____   | Dental Hygiene Treatment Selection Grading Room Request Form               |
| _____   | Dental Hygiene Treatment Evaluation Grading Room Request Form              |
| _____   | Patient Dismissal Card (Green)   |
| OTHER MATERIALS (IF APPLICABLE):  |  |
| _____   | Any Incomplete Grade Sheets / Paperwork / or Other Material,               |
| _____   | Due To Examination Termination   |
| _____   | All Yellow Instructions To Candidate Form(s)                               |
| _____   | All Remaining Dental Hygiene Bar Code Labels                               |
| DO NOT TURN IN ANY RADIOGRAPHS!!!   |  |
| All information is complete: _____ Candidate # _____<br>(Candidate confirms by Printing Candidate Number on line)   |  |
| All information has been verified: _____ Staff Signature _____  |  |