LARAMIE COUNTY COMMUNITY COLLEGE DENTAL HYGIENE PROGRAM

OBSERVATION GUIDELINES 2023 APPLICATION (2024-2025 COHORT)

INSTRUCTIONS: Please read the following information and complete the indicated information at the bottom of the form. **Submit this signed form (along with your Preadmission Observation Evaluation Form)** to the dental hygienist of the dental office at the start of observation period. You may make a copy of the completed form for your records.

Health care facilities are organizations designed to provide medical diagnoses, treatment and care for patients. As an observing student in a dental office, you may be allowed to observe various interactions between patients, dental hygienists, dentists, and other health care personnel. Applicants must observe a minimum of four identified procedures performed by an RDH.

- 1. As a student applying for the Dental Hygiene program at LCCC, your role is strictly as an observer. Although you may be qualified to administer certain aspects of patient care (such as radiographs) due to your past education, experiences, and certifications, you may not provide any direct patient care during this observation period.
- 2. During your observation, you will observe both patients and their information (including their dental images). You may even observe an examination or information of someone you know while at the facility. It is permissible to ask questions of the available hygienist about the procedures you are observing during or after the treatment. Please be advised that this is privileged information protected by federal privacy acts, and therefore cannot be shared with any party outside the facility. This includes family and friends.
- 3. Due to the privacy rules described above, some facilities may require you to sign a confidentiality statement specific to their institution in addition to this form prior to your observation. Department personnel may also request patient permission prior to your observation of each procedure. While most patients do give their permission, patients do have the right to deny your observation of their treatment. Please do not be offended if a patient does not wish to have you present or observe his/her treatment. Instead, respect the patient's right to choose how his/her care is delivered.
- 4. The dental office will make every effort to provide a safe and educational observation experience, but because your observation is in a health care facility, you may be exposed to blood-borne and other pathogens while at the facility.
- 5. An observing student is ultimately responsible for his/her own actions. If a student observer fails to comply with the guidelines listed above, the facility has the right to immediately suspend the student's observation and/or bar him/her from future observations. In addition, the facility and/or Laramie County Community College cannot be held responsible for any damages or liabilities which may result due to inappropriate student behaviors during or after the observation period.

ACCEPTANCE OF OBSERVATION GUIDELINES

I have read the Guidelines for the Pre-Observation Requirements for students applying for the Dental Hygiene program at Laramie County Community College. I understand my responsibilities concerning the observation with regard to patient confidentiality and the importance of following the instructions of the **hygienist** during my observation. I understand that I am bound to these rules and other applicable facility/office policies during my observation and will comply with these policies to the best of my ability.

Print name of Student	Signature of Student	Date			
Print name of Dental Hygienist	Signature of Dental Hygienist	 Date			
If you have any questions about the o	observation or this form, please call the Dent	al Hygiene program director at			

Note to host facilities: Please feel free to keep the original or a copy of this document for your records and forward one copy back to the LCCC Dental Hygiene program director attached to the Pre-Admission Observation Evaluation Form. Thank you for your time and assistance during this pre-observation experience.

Laramie County Community College is committed to providing a safe and nondiscriminatory educational and employment environment. The college does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The college does not discriminate on the basis of sex in its educational, extracurricular, athletic or other programs or in the context of employment.

The College has a designated person to monitor compliance and to answer any questions regarding the college's non-discrimination policies. Please contact: Title IX and ADA Coordinator, Suite 205, Clay Pathfinder Building, 1400 E. College Drive, Cheyenne, WY 82007, 307.778.1144, NDS@lccc.wy.edu.

LARAMIE COUNTY COMMUNITY COLLEGE DENTAL HYGIENE PROGRAM

OBSERVATION EVALUATION FORM 2023 APPLICATION (2024-2025 COHORT)

To assist the applicant in being selected for the LCCC dental hygiene program, a student must complete an observation of 2 dental hygienists, at two separate dental offices, for a total of 8 hours. We feel the prospective student will have a better understanding of the type of work that a dental hygienist does by attending this observation period. Applicants must observe a minimum of four identified procedures performed by an RDH.

NOTE: In the event that patient volume in the office appears to be low or inadequate, it is permissible for the observing student to reschedule remaining and/or additional observation time if the supervising dental hygienist deems this to be appropriate. The faculty of the LCCC Dental Hygiene program would like to thank you and your staff for the consideration you have shown to this prospective student and appreciate your comments.

Please answer the questions on the back of this sheet and upload all 3 forms to the program application portal by August 15, 2023.

Name of Facility
Name of Prospective Student
Number of Hours Spent in the Dental Office
Date(s) of Attendance

Thank You For Your Assistance.

If you have any questions, please call Amber Telander, RDH, MA at 307.778.1386 or email atelande@lccc.wy.edu.

*If the student observes at two different clinical facilities, this form may be copied for use at both sites.

Please return ALL three observation pages.

The student:			YE	S	NO			
1. Called to make an appointment (if applicable)			. L					
2. Was punctual			C					
3. Completed hours of observation			. C					
4. Came to the department properly groomed/attired			. [
5. Came to the department prepared to observe with the appropriate pape	rwork		. C					
Please explain and/or comment on any item(s) where "no" has been check	æd.							
Please rate the following items from 1 to 5 with 5 being the highest rating possible. LOWEST HIGHEST								
6. Displayed some awareness of the dental hygiene profession	1	_	3	4	5	ПІЗПЕЗТ		
6. Displayed some awareness of the dental hygiene profession		2	3	4	5			
7. Displayed the ability to interact with others		2	3	4	5			
		2	3	4	5			
9. Asked pertinent questions during the observation		2	3	4	5			
Observed the following procedures performed by a dental hygienist (comprophylaxis Dental Laser therapy Suture removal Suture removal Radiograph Exposure Nitrous oxide administration Scaling and root planing			hat a):			
Other comments and overall impressions:								
Signature of Dental Hygienist	_ Dat	e						
Please return this form to the observing student to be submitted online with full								
program application, regardless of the number of hours observed.								

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