

SCALE AND POLISH COMPETENCY

Student Name: _____

Number: _____

I. Case Requirements:

1. At least 20 natural teeth in the dentition.
2. At least 8 teeth with supragingival or easily detectable subgingival calculus.
3. No more than 2mm loss of attachment on any tooth in the dentition.
4. No pockets deeper than 4mm.

II. Requirements for successful completion:

1. A score of 70 or better
2. At least 90% of tooth surfaces calculus free at completion.
3. Only one clinic period will be allotted for this competency.
4. Competency must be **started at 9:00AM, 1:00PM or 2:00PM.**

III. Before starting record correct location of calculus in the inner portion of boxes below.

FACIAL

FACIAL

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LINGUAL/PALATAL

LINGUAL/PALATAL

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACIAL

FACIAL

IV. SELF-ASSESSMENT & EVALUATION:

Record residual calculus in the **INNER PORTION ONLY** of boxes before faculty evaluation.
Record calculus identified by faculty in the **outer portion** of boxes.

FACIAL

FACIAL

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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LINGUAL/PALATAL

LINGUAL/PALATAL

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Grading Plan:

- | | | |
|-------|--------|---|
| _____ | (0-5) | ODC-monitor and re-instruct prn |
| _____ | (0-5) | Maintenance of sharpness |
| _____ | (0-30) | Exploration (subtract 5 for each surface false + or false - for calculus) |
| _____ | (0-10) | Acceptability of technique |
| _____ | (0-10) | Soft tissue management |
| _____ | (0-10) | Self-assessment |
| _____ | (0-30) | Effectiveness (subtract 5 for each unacceptable surface) |

Final Grade: _____

Faculty Signature: _____