

West Los Angeles College, Department of Dental Hygiene
Patient Service Tracking and Clinical Performance Evaluation Form

Date (MM, DD, YYYY) 03/25/23	Student's Name Bruna Reth	Clinic Site: WLAC	Time patient was seated 8:30																															
Patient's Description	Age: 36 Age Class: Child Adolescent (Adult) Geriatric Race: White Black Asian Hispanic or (Gender: M (F) or Other Identification ()	Patient's Initial: NW WLAC student																																
Medical Precautions	None. Takes Lexapro daily, has Nexplanon implant SpO2: 99%	Patients with Special Needs? Yes (No) (No)	First Check-In Time 8:51																															
Vitals & ASA	BP: 115/79 P: 75 R: 14 T: 97.8 ASA I (II) III IV	Need Referral? YES NO	Second Check In Time 9:30																															
AAP Perio Stage (2018 ver.)	H G P-I P-II P-III P-IV IMP Red Perio																																	
WLAC Calc. Code	1Lt. 2Lt. 3LtM 4M 5MH 6H																																	
Pain Control (Indicate #'s of injections in a correct side of the cell with initial)	<table border="1"> <tr> <td>ASA</td> <td>MSA</td> <td>AMSA</td> <td>PSA</td> <td>GP</td> <td>NP</td> <td>Supra-periosteal</td> <td>Tooth #</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IA</td> <td>Lingual</td> <td>BUCCAL</td> <td>INCISIVE</td> <td>MENTAL</td> <td>OTHER</td> <td>PO2 Level</td> <td>N2O Duration</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	ASA	MSA	AMSA	PSA	GP	NP	Supra-periosteal	Tooth #									IA	Lingual	BUCCAL	INCISIVE	MENTAL	OTHER	PO2 Level	N2O Duration									Time patient was dismissed 11:15
ASA	MSA	AMSA	PSA	GP	NP	Supra-periosteal	Tooth #																											
IA	Lingual	BUCCAL	INCISIVE	MENTAL	OTHER	PO2 Level	N2O Duration																											

Instructor's Summative Evaluation

(A = Acceptable NI = Needs Improvement R = Remediation)

Medical Assessment (Vital signs, Medications, Documentations, Presentation)	(A) NI R
Oral & Dental Assessment (E&I exam, Occlusion, Caries, Gingival Description, Probing, Recession, MGI, Furcation, Mobility, Radiographs, Calculus Classification, Periodontal Classification)	(A) NI R
Treatment Plan (Evaluation of the original plan and modification of the plan)	(A) NI R
Oral Hygiene (Plaque Index, OH Plan and Instruction)	A NI R
Instrumentation (Instrumentation principles, Selection of instruments, Technique, Sharpening, Ultrasonic)	A NI R
Pain Control (Selection, Patient management, Technique, Nitrous Oxide)	A NI R
Supportive Treatments (Fluoride, Chemotherapeutic Tx, Polishing, Sealants, Desensitizing, Soft Tissue Curettage (Tooth # and Surface)	A NI R
Clinic Management (Patient Management, Time Management, Documentation, Presentation, Communication, Professionalism, Infection Control, Application of Knowledge, Critical Thinking)	(A) NI R
Critical Error, or Unsafe Practice for patient, instructor, staff, and/or student.	Yes (No)
Poor Performance Points *Refer to the course syllabus	
Excellent Performance Points	

Instructor's Observation

OP set up / break down PE-30
Arch relationship PE-30
Forgot to do cross / open bite, had to remind
Plaque index - 4.0
IO photo PE-30

Suggested Remediation Plan

Product Grading Score: _____ pts.
(Light Med MH H)
Procedure: **OP set up / break** Score: _____
Procedure: **Arch Relation** Score: **3-0**

Circle the teeth scaled and mark P = plaque missed, C = calculus missed, S = stain, T = trauma

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Service Completed by Student: Assess. Only _____ FM completion _____ Fluoride TX _____ # of teeth treated _____

Student's Self-Evaluation

Areas of Strength Setting up chair, greeting patient, conducting first check-in	Areas Needs to Improve/ Future Action Plans Speeding up during second check-in, more accurate probing depths, remember to check open bite
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Instructor's Signature: _____ Student's Signature: _____