

ORAL HYGIENE RECOMMENDATIONS and ORAL HEALTH EDUCATION

Oral Hygiene Aid(s)	Technique(s):	Rationale:
Soft ^{medium} bristle toothbrush / electric	Modified Stillman / As per MFO	To remove oral biofilm
Colgate Total Care	Pea-sized amount	To remove bacteria
Wisterine Total Care Zero	After every meal / As per MFO	To reduce bacteria
Floss / Waterpik ^{2x/week}	Spool / As per MFO	To remove interproximal biofilm
Tongue Cleaner	Left, Middle, Right strokes	To reduce bacteria on tongue

Oral Health Education plan:

Disk class

Caries &

Periodontal disease
proceeds

Date: Sept 1 / 23

Faculty Signature:

OH Status/Client Level of Difficulty and Removals/OH Rec 2015/Revised 2023

CANADIAN ACADEMY OF DENTAL HEALTH & COMMUNITY SCIENCES
A Division of the Canadian Academy of Dental Hygiene – Est. 2001

Daily Clinical Feedback Report

Student: Gurleen Kaur

Group: 3A

Client: [REDACTED]

Appt. # 3 Date: May 5, 2023



PM **Circle

**Does not include screening-only appointments.

Daily Update:		Health History		Vital Signs		Documentation		Warnings:		<input type="checkbox"/> Critical <input type="checkbox"/> Non-Critical <input type="checkbox"/> Professional Misconduct <input type="checkbox"/> Poor Work Habits <input type="checkbox"/> Time Mismanagement <input type="checkbox"/> Documents Mismanagement <input type="checkbox"/> Client Mismanagement <input type="checkbox"/> Tissue Trauma	
Grade:	U	(S)	U	(S)	U	(S)					
Faculty Initials:		FM		FM		FM					
Comments:								Comments:			
Student Planning and Reflection:								Faculty Evaluations and Observations:			
Proposed Tx for Credit Check if finalized by faculty. <input checked="" type="checkbox"/>								Grading			
1. AAP <input type="checkbox"/>	5. Stain <input type="checkbox"/>	9. Debridement <input type="checkbox"/>	1. ghy- (4)	5. Calculus (4)	9. CP- (3)	10. OHE- (3)					
2. Diet & Care <input type="checkbox"/>	6. OTR <input type="checkbox"/>	10. Gingival assessment <input type="checkbox"/>	2. stain- (4)	6. DEX- (3)							
3. BFS <input type="checkbox"/>	7. Human needs <input type="checkbox"/>	11. <input type="checkbox"/>	3. AAP- (3)	7. OTR- (3)							
4. Calculus detection <input type="checkbox"/>	8. Care plan <input type="checkbox"/>	12. <input type="checkbox"/>	4. BFS- (4)	8. HN- (3)							
Learning Experiences:								Comments:			
- Demonstrated OHE. Advised client about waterpik.								HN- mB&J disc about Nutrition & Cancer Risk. CP- no 4-6 wk OHE- only recommended floss w/ deep packing present. OHE-			
Check which ONE of the competencies was most prominently displayed during today's care of this client:								Check which ONE of the competencies was most prominently displayed during today's care of this client:			
<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Clinical Therapist <input type="checkbox"/> Critical Thinker <input type="checkbox"/> Oral Health Educator <input type="checkbox"/> Advocate <input type="checkbox"/> Coordinator <input type="checkbox"/> Health Promoter <input type="checkbox"/> Communicator & Collaborator								<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Clinical Therapist <input type="checkbox"/> Critical Thinker <input type="checkbox"/> Oral Health Educator <input type="checkbox"/> Advocate <input type="checkbox"/> Coordinator <input type="checkbox"/> Health Promoter <input type="checkbox"/> Communicator & Collaborator			
Describe HOW YOU met this competency requirement during this appointment.								Describe HOW the student met this competency requirement during this appointment.			
Demonstrated professional								well organized approach.			
Student Signature (Sign only after reading faculty comment):								Faculty Signature:			
Gurleen Kaur								[REDACTED]			