



## DENTAL HYGIENIST/ ASSISTANT SKILLS EVALUATION - SELF ASSESSMENT

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

**Level of Proficiency**

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level:

Dental Hygienist	A	B	C	D		A	B	C	D
<b>Competency Standards</b>					<b>Periodontal Management cont.</b>				
Obtain accurate medical history					Preparation of dental compounds				
Obtain accurate dental history					Removal of excess cement with floss				
					Removal of excess cement with hand instrument				
<b>Radiography</b>					Pour molds for study casts				
Radiation safety					Trim molds for study casts				
Adequate film quality correctly mounted					Polish impressions				
Accurate reporting					Removing sutures				
Obtains relevant structure views					Application of post extraction dressing				
Other (list):					Removal of post extraction dressing				
					Fissure sealants				
<b>Periodontal Management</b>					Construction and fitting of mouthguards				
Addresses predisposing factors					Topical agents for treatment of tooth sensitivity				
Detect plaque/ calculus from tooth surfaces					Supervised administration of anesthesia				
Root planning					Management of complications of anesthesia				
Micro-ultrasonics					Sterilization of equipment				
Soft tissue curettage					Maintaining sterile equipment				
Removal of stains beneath margins of gums					Instruct patients in plaque control				
Application of anesthetics					Community dental health education				
Amalgam restoration					Industry safety standards				
Placing amalgam					Examination of lymph nodes				
Carving amalgam					Orthodontic separators				
Temporary sedative dressings					Temporary restorations				
Placement of base or liner into prepared tooth					Chemotherapeutic agents				
Removal of rubber dams					Obtain endodontic cultures				
Matrices									



**DENTAL HYGIENIST/ ASSISTANT SKILLS EVALUATION - SELF ASSESSMENT**

	A	B	C	D		A	B	C	D
<b>Assistants</b>						<b>Age Specific</b>			
Suction devices						Neo-natal			
Obtaining medical records						Pediatrics			
Sending and receiving invoices						Adolescents			
Prepare instruments for dental procedures						Adults			
Order supplies						Geriatrics			
Instruction on general oral care									
						<b>Professional Organizations and Advancement</b>			
						List:			

**CERTIFICATION:**

BCLS:      Yes \_\_\_\_\_      No \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_