

DENTAL RADIOGRAPHY CLINICAL FORMS WORKSHOPS

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Board Requirements

- The school is responsible for the clinical education of students. This includes:
 - **Providing a clinical office(s) with proper supervision and procedures that satisfy the school's approved clinical option.**
- Proper use of the "Curriculum Affiliate Application and Curriculum Completion Statement Form"
- Proper use of the "Paralleling and Bisecting Angle Technique Clinical Competency Evaluation Form"
- Proper use of the "Panoramic Procedure Clinical Competency Evaluation Form", if applicable
- Documents are available at:
<http://www.state.nj.us/dep/rpp/tec/board/standards.htm>

Section VI.A of the Board's Standards

- “The school is responsible for ensuring that it has the resources necessary for students to complete its clinical requirements.
- If the school allows or requires a student to complete its clinical requirements in a dental office that is not part of the school, prior to acceptance to the program, the school must ensure through written agreement with the dental office that the student will be provided appropriate supervision and have access to sufficient equipment and procedures necessary to complete the clinical requirements.
- If the dental office does not have these resources, the candidate can still be enrolled, however, the school remains responsible for locating a dental office where the necessary requirements can be met.”

Clinical Affiliate Application and Curriculum Completion Statement Form

Section VIII.B:

“The school must use the Board’s “Clinical Affiliate Application and Curriculum Completion Statement Form” in accordance with the instructions published in the document.”

Please use the form with “Revised 10/12”.

Form Process Steps 1 and 2

- School completes the top of form with the name of school and ID #, Fax number and name of student.
- School gives form to possible clinical office who will complete items #1-4.
 - **These items can be completed at any time.**
 - **So that the office is aware of the required clinical procedures to be completed, the school needs to provide a list of required procedures needed and if the office does not perform a procedure, the office needs to call the school.**

Common Problem Regarding Items 1-4

- Information is illegible

- Item 1: No Facility ID # is provided
- Item 2: X-ray equipment listed does not match the equipment in our database
 - Office should review its copy of the registration forms for the facility ID # and x-ray equipment information OR the last annual invoice prior to completing the form. Soon to be available on-line !
 - Only active units can be listed. (Not stored or disposed)
 - Only equipment that will be used by students should be listed. (No CBCT units, unless it can produce 2D panoramic images and will be used by students as a panoramic unit.)

Common Problems Regarding Items 1-4

- **Item 3: License numbers are not provided for supervising persons.**
- **School officials not making sure that items 1-4 are complete prior to sending the form to the BXC for review**

Form Process Step 3 and 4

- ▣ **“Verification of Didactic Laboratory Completion Statement”**
 - **Once the student has passed the didactic and laboratory requirements of the program, the program director or instructor completes the statement.**

- ▣ **“BXC Clinical Affiliate Review”**
 - **The school can mail, fax or e-mail the form to the BXC.**
 - **BXC will approve or deny or return the form, if incomplete within 5 business days.**
 - **BXC will return the form to the school via fax, if fax # is provided . If not via mail.**
 - **Approval means equipment is registered and persons listed are licensed to supervise students. It does not mean facility has the necessary equipment and procedure to satisfy the school’s clinical option. This is the school’s responsibility.**

Form Process Steps 5

- “School Permission Statement”
 - ❑ After the form is approved by the BXC, the school completes the statement.
 - ❑ A copy is maintained in the student’s file and the approved form is given to the clinical office with the required clinical competency evaluation forms for the school’s approved option.

- Note: The date that permission cannot be given prior to the date in which the BXC approved the form.

Form Process Steps 6

➤ “Curriculum Completion Statement”

After clinical education is completed and the school has reviewed and accepted the clinical competency evaluation forms, the school completes the statement attesting that the student has completed all curriculum requirements were completed.

❑ **Common Problem:** School are signing the statement without reviewing the clinical competency evaluations forms. In several cases, the forms are incomplete and not all required procedures for the approved clinical option were performed.

➤ A copy of the form is given to the student which must be submitted with the license application.

**Any Questions Regarding the
Use of the Clinical Affiliate
Application and Curriculum
Completion Statement Form?**

Clinical Options and Required Clinical Competencies

	Option A	Option B	Option C	Option D	Option E
FMS Paralleling	YES	YES	YES	YES	YES
Bisecting Angle	YES	YES	YES	YES	YES
Panoramic	YES	YES			
At least 1 of the above evaluations must be digital	YES		YES		

Notes: The Paralleling and Bisecting Angle evaluations must be on separate evaluation forms. If a student is assigned to an office with only digital imaging, you do not need to assign the student to an office that uses film.

Clinical Competency Evaluation Forms

Section VIII.C:

“The school must use the Board’s “Paralleling and Bisecting Angle Technique Clinical Competency Evaluation Form” and the “Panoramic Clinical Competency Evaluation Form” in accordance with the instructions published on each form.”

NOTE: The form must be used twice. Once to record the Paralleling experience and competency and again for Bisecting Angle. The clinical office must circle the correct procedure on the form.

“Based on the laboratory option chosen by the school and approved by the Board, the school must **ensure** that the corresponding clinical dental radiographic procedures under that clinical option are performed and passed for competency, prior to successfully completing the program.”

Clinical Competency Evaluation Forms

- Each form has three parts (From Top to Bottom):
 1. School Information
 2. Record of Practice Attempts
 3. Clinical Competency Evaluation

School Information

- This part is completed by the school and given to the clinical office, along with the clinical affiliate application with the completed “Permission Statement”.
- The school is responsible for ensuring that clinical offices are aware of the school’s clinical policies (i.e., student identification, supervision, radiation monitoring, etc.), the required clinical competencies and the proper use of the evaluation forms.

Required “Successful” Practice Attempts

- **FMS Paralleling:** 3 FMS patients each with 4 bitewing and 14 periapical exposures. If 3 patient FMS procedures are not available, a cumulative total of 12 bitewing and 42 periapical exposures in various areas of the mouth must be successfully performed on patients.
- **Bisecting Angle Technique:** 3 patients each with a minimum of 4 exposures in various areas of the mouth or a cumulative total of 12 exposures in various areas of the mouth. Exposures can be either BWs or PAs.
- **Panoramic:** One Patient

Record of “Successful” Practice Attempts

- On the form record the patient name or ID#, Date, # of exposures, Film or Digital and the evaluator's initials.
 - **Evaluators must be named on Item #3 of the approved Clinical Affiliate Application.**
 - **Evaluation needs to include a review the 10 clinical objectives in the Clinical Competency Evaluation Section. HOWEVER, the office is not required to complete the Clinical Competency Evaluation Section for the practice attempts.**
 - **If more space is needed to comply with the cumulative total of exposures, the office can attach another sheet or the school can develop its own form.**

Clinical Competency Evaluation

- This is a formal documented evaluation.
- The evaluation occurs after the practice attempts have been successfully completed and recorded.
- For FMS Paralleling, the evaluation must include a FMS. If full-mouth series is not performed, a cumulative total of 4 BW and 14 PA exposures is needed.
- For Bisecting Angle, the evaluation must include a cumulative total of at least 4 exposures.

Clinical Competency Evaluation Grading Criteria

- In order to pass a clinical objective, the student must competently perform the entire objective without any assistance from the evaluator.
- In order to pass the evaluation, all 10 objectives must be graded as “Pass”.
- Any repeat exposure, as determined by a licensed dentist, results in an automatic failure of that competency.
- Any clinical competency failure requires that the student repeat at least one practice attempt on a patient prior to re-evaluation. All practices and re-evaluations must be recorded on the form.

Completion of the Clinical Competency Evaluation

- On the form record the date of evaluation, patient name of ID#, and Film or Digital.
 - ❑ **If more than one patient is needed to meet the required number /types of exposures, include all other patient names / ID#s, # of exposures, and dates of evaluations.**
- Evaluators must be named on Item # 3 of the approved Clinical Affiliate Application.
- Doctor's attestation is needed regarding images being of acceptable diagnostic quality.
- All evaluation forms are submitted to the school for review and filing in student's records.

Common Problems Found

- Some schools are not informing clinical offices of the required clinical competencies needed to satisfy the clinical option.
- Prior to signing the “Curriculum Completion Statement”, some schools are not reviewing the clinical evaluation forms to ensure completeness and that the required competencies have been performed.
 - ❑ Practice attempts prior to the competency evaluation are not documented.
 - ❑ Offices using the last practice attempt as the competency evaluation.
 - ❑ Only one of the two required intraoral competency evaluations (i.e., FMS paralleling and 4 exposure using bisecting angle technique) are completed.

Number of Clinical Competency Evaluation Forms by Option Type

	Option A	Option B	Option C	Option D	Option E
FMS Paralleling	YES	YES	YES	YES	YES
Bisecting Angle	YES	YES	YES	YES	YES
Panoramic	YES	YES			
Required Number of Evaluation Forms	3	3	2	2	2

Notes: For Options A and C, at least one of the required clinical evaluations must be digital.

**Any Questions Regarding the
Use of the Clinical
Competency Evaluation
Forms?**

**December 2013 - CBCT Operator
Exemption applies to licensed
dental radiologic technologists and
not students.**

For details, please go to:

**[http://www.state.nj.us/dep/rpp/cbct_qa/
reg_letter_dental_CBCT.pdf](http://www.state.nj.us/dep/rpp/cbct_qa/reg_letter_dental_CBCT.pdf)**

**Students are not permitted to operate CBCT
equipment unless it is in the 2D panoramic mode.**

Your Comments Regarding the Clinical Curriculum Requirements

Written Comments should be submitted by April 15, 2014.

Comments will be collected and shared with the Board's Program Evaluation Committee at a future meeting.

THANK YOU !