

CODA: Unofficial Report of Major Actions

Winter 2016 by Cindy Biron Leiseca

The Commission on Dental Accreditation (CODA) met on February 4-6, 2016 during the winter session.

Of Interest to DA & DH Programs:

- One new DA Program and one new DH program were granted accreditation.
- Four DA programs were discontinued by CODA at the respect of their sponsoring institutions.
- Five DA programs receive formal warnings of "intent to withdraw" by August 2016 unless requested information demonstrating compliance with standards is submitted prior to that time.

CODA 2017 Annual and Application Fees as follows:

- 4% increase in annual fees
- \$1,750 for DA, DH, DT
- 1,235 for DLT programs

During the year a program is due for a regular accreditation site visit, the annual fee will be doubled.

Application fees will increase by 4% for allied dental programs to \$15,600.

Approving 2017 Other Accreditation Fees as Follows:

- Maintaining the Special Focused Site Visit Administrative Fee of \$4,000.
- Maintaining the CODA Penalty for Non-Compliance with CODA Policy on HIPAA of \$1,000.
- Maintaining the Electronic Conversion of Paper Documents Fee of \$500
- Maintaining the Email/Contact Distribution List Fee of a \$200 minimum.
- Maintaining the Research and Development Fund administrative fee of \$35. http://www.ada.org/en/~/media/CODA/Files/accreditation_fees20160209t110349

Continued on Page 2

In this issue:

<i>Instrument Sharpening Research</i>	7
<i>Review Committee Reports</i>	10
<i>Community Workshop</i>	12
<i>Summer Camp 2016</i>	16

DENSPLY
PROFESSIONAL
PHARMACEUTICAL
RINN

CLICK HERE
www.densply.com

COM99-0215-1

Dental Hygiene

Time to Register

DH Methods of Education, Inc.
Summer Camp Amelia Island
www.DHmethEd.com
August 1-7 2016

www.ameliahotel.com
904.206.5600
Promo Code: BCDE

AMELIA HOTEL AT THE BEACH



Final Registration Deadline: July 11, 2016 <http://www.dhmethod.com/category/EC5.html>

The Commission reviewed the report of the Quality Assurance and Strategic Planning committee and took several actions, including:

Recruitment and Retention of Allied Education Programs:

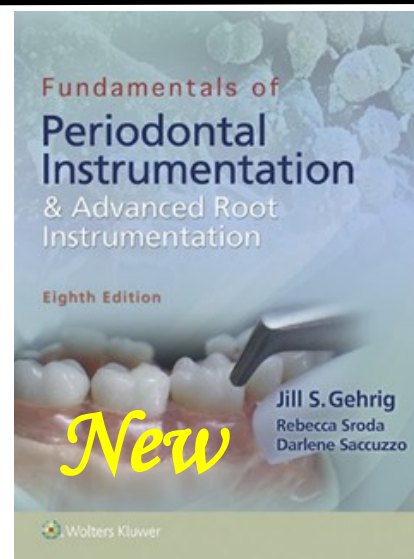
- Adopting the CODA "Tear Sheet" for use as a communication tool to educate the communities of interest regarding CODA's mission and purpose.
- Directing CODA staff to circulate the "Tear Sheet" electronically to all state dental boards, state dental associations and component societies (pending acquisition of e-mails from the ADA), national DA and DLT associations (with a request that these organizations pass the document on to state societies), all DA and DLT educators of accredited programs, and broadly to CODA's community of interest including posting the document on CODA's micro-site for public access.

The Commission reviewed the report of the Documentation and Policy Review committee and took several actions, including:

- ☐ Directing each review committee to review its discipline-specific accreditation standards and ensure they have, or develop, standards to address the following:
 - 1) **written/affiliation agreements** with sites where educational activity occurs;
 - 2) **faculty calibration** at sites where educational activity occurs; and
 - 3) appropriate staffing and **student/resident oversight at sites** where educational activity occurs for consideration at the

Summer 2016 CODA meeting. This action was taken as a result of CODA's discussion on the use of off-campus sites where educational activity occurs. CODA also revised its policy and procedure for approval of sites where educational activities occur. http://www.ada.org/~media/CODA/Files/policy_rpt_sites_where_educational_activity_occurs.pdf?la=en

Continued on Page 3



The Eighth Edition of the **BEST PERIODONTAL INSTRUMENTATION BOOK** is soon to be released! Adopt it for your students now:

SBN/ISSN:

9781496320209

Kilgore International, Inc.

36 W Pearl Street
Coldwater, MI 49036
517-279-9000 Fax: 517-278-2956
info@kilgoreinternational.com



The ultimate dental hygiene training model made specifically for hygiene student practice! Kilgore's perio models come with or without tooth #19. They are available with a soft pink, semi-translucent pink, or clear tissue. There are enhanced areas for finger placement practice. The dentition supplied with these models is 2-colored, anatomically rooted, and screw-retained with calculus.

P15DP-TR.56C - model with edentulous #19
P15DP-TR.56D - model without edentulous #19



The oral cavity cover can be added to our perio model to add the realistic feel of lips and cheeks. The OCC completely surrounds the model and has a drain allowing water to be used.



Tongues can also be added to most of our models. We have a clip on style (shown above) and also a screw-in style. The screw-in style must be ordered with the model so it can be inserted before shipping.

Use this code on our website and receive 10% off of your order:

BIRON2015



The PortaSim stand was created with input from Cindy Biron so that Kilgore could offer a portable, free-standing unit featuring durability and versatility. The unit allows full 360 degree access around the typodont. The mount is height adjustable to accommodate most students.

Kilgore is proud to bring you the finest dental related items used in the training of Future Dental Professionals, Case Presentation, and In-Office Training.

www.kilgoreinternational.com

Revising the *Evaluation and Operational Policies and Procedures Manual (EOPP)*, as noted below, clarifications effective immediately: (Edited and limited to items of importance for Allied Dental)

- *Policy on Attendance at Open Portions of Commission Meetings*, how access to meeting materials is provided.
- *Guests Invited To Commission Meetings*, **who may attend** the closed and open portion of Commission meetings.
- *Conflict of Interest Policy*, **having previously applied for a position at an institution within the last five (5) years is a conflict**. Also, the process for determination of conflict of interest for Review Committees, the Commission, and the Appeal Board.
- *Confidentiality Policy*, all materials generated and received in the accreditation process are confidential. Also, **neither audio nor video recording of CODA sessions is permitted**.
- *Policy on Simultaneous Service*, steps in replacing a Commissioner or Review Committee member should a conflict arise.
- *Accreditation Status Definitions*, **identification of new deficiencies during a reporting period will not result in a modification of the specified deadline for compliance with prior deficiencies**. Also, **creating a new type of other accreditation action for “teach-out” and clarifying the term “discontinued.”**
- *Application for Accreditation for Fully Operational Programs with Enrollment and Without Accreditation*, clarifying **which students will be considered graduates of an accredited program upon CODA granting of accreditation**. Also, clarifying the steps and timeline for the application review process.
- *Application for Initial Accreditation for Developing Programs*, clarifying the steps and timeline for the application review process.

- Also, in the *Application for Initial Accreditation for Developing Programs* and the *Enrollment of Students in a Developing Program Prior to Granting of Initial Accreditation*, **replacing the term “not fully operational” with “Developing”**.
- *Policy on Third Party Comments*, clarifying the **types of site visits that may be scheduled** after posting of the site visit schedule on CODA’s website.

Continued on Page 5



Call Toll Free 1.844.471.7814
support@simplyhygiene.com

The mission of Simply Hygiene is to provide support, innovation and education to dental hygienists and students. We are pleased to offer a school program that can assist you with the selection and assembly of student instrument and supply kits. The Sharpening Horse Kit, instruments, disposables, dental materials and student accounts.

Guest speakers: Lecturers, product presentations, latest technology.

Contact: Cathy Richardson

cathyrichardson@simplyhygiene.com



Sunrise, Amelia Island.
See one soon!

Summer Camp Amelia Island “Retreat at the Beach for Dental Educators”

TalEval

Dental Process of Care Evaluation Software

Music to your ears:
"No recommendations!"

TalEval helps you get there!

TESTIMONIALS: <http://www.dhmethod.com/sitebuildercontent/sitebuilderfiles/TalEval%20testimonials.pdf>

Satisfy Accreditation Standards!

- ▶ Objective Grading Format
- ▶ Student Performance
- ▶ Quality Assurance
- ▶ Patient Tracking
- ▶ Instructor Calibration
- ▶ Outcomes Assessment Exhibits

"No recommendations!"

From Cindy Biron Leiseca, former Chairperson at Tallahassee Community College, "Our CODA site visiting team said "Taleval is impressive for generating reports for outcomes assessment, quality assurance and objective grading of student performance in clinic." With TalEval, tracking is automatic, web based and encrypted.

Patient Appointment Tracking

Patient Classification Tracking																				
04/01/2008 - 12/01/2008																				
Clinic IIB																				
Student	CALCS						PERIO						Patient Ages							
	0	I	II	III	IV	Total	0	I	II	III	IV	Total	MC	SN	PC	RC	0-11	12-17	18-59	60+
ADAMS, MARSHA	0	8	7	13	0	28	0	11	13	3	1	28	7	4	15	11	0	0	22	6
BLACK, MIRANDA	2	8	3	4	6	23	3	6	9	4	1	23	1	7	9	2	1	0	20	2
CARSON, MARY	0	6	8	12	3	29	0	11	15	3	0	29	5	6	9	1	0	0	26	2
DAVIS, JOHN	1	7	6	6	4	24	1	9	8	2	4	24	2	7	5	4	1	0	16	7
ESTER, ANGELA	2	5	8	7	2	24	3	7	11	3	0	24	4	5	11	1	0	3	16	5
FRANKLIN, ADAM	1	2	15	2	4	24	1	4	6	13	0	24	4	3	8	0	0	1	10	13
GOINGS, CINDY	0	6	8	10	0	24	1	10	6	7	0	24	8	12	11	8	0	0	14	10
HARPER, CONNIE	1	7	10	4	1	23	7	8	5	2	1	23	8	8	14	6	0	0	17	5
LEWIS, LOU	0	8	5	7	2	22	0	10	10	1	1	22	0	4	11	1	0	0	22	0
MASON, MARSHA	0	4	9	5	1	19	2	6	8	1	2	19	4	5	10	2	0	1	13	5
NEWSOME, PAT	1	8	7	3	2	21	4	7	9	1	0	21	5	6	13	3	0	1	14	6
	0	4	9	5	8	26	0	10	7	5	4	26	2	9	9	0	0	0	23	3
	1	10	8	5	0	24	4	9	9	2	0	24	3	8	13	3	0	1	14	9
	0	10	7	1	3	21	2	8	11	0	0	21	0	2	14	1	0	0	19	2
	1	9	12	1	0	23	2	8	5	6	1	23	0	11	12	1	0	4	17	5
	1	6	6	10																
	0	6	10	2																
	0	8	7	5																
	2	6	14	0																
	14	130	171	109																

New!

Grade by Appointment

Allows faculty to preset the points lost per error.

Optional addition of patient point values for more objective grading.

The **BEST** computerized grading & tracking system designed just for DA & DH programs. Conducts surveys and generates reports for CODA self-study exhibits.

Date	Patient Name	Gender	Age	Med Comp	Calc	Perio	Quad	Phase	PC	RC	SN
08/03/2010	Abe, Sandy	M	22	No				Radiographs- BWX w initial appointment	No	No	
		F	57	No	I	I		Radiographs- CMX and Pan w initial appt	No	No	Wheelc
		F	45	No	II	II		Patient referred to physician	Yes	Yes	Walker
		M	23	No	I	II		Initial appointment with student	Yes	Yes	
		F	45	No	I	II		Radiographs- BWX w initial appointment	Yes	Yes	
		F	48	No	II	II		Radiographs- BWX and Pan w initial appt	No	No	IDDM
05/04/2010	Abberton, Al	M	23	No	I	I		Patient referred to physician	Yes	Yes	wheelc

Patient Care Report

See Cindy's TalEval documents on this link: <http://www.dhmethod.com/id21.html>

1-800-467-1170

Call for a free live web demo today!

www.AmericasSoftware.com

Continued from Page 3 Report on Unofficial Major Actions (edited to include only items related to Allied Dental Programs)

- Site Visitors policy, **deleting the clause permitting removal of two individuals from the list without any written explanation or documentation.**
- Policy on Silent Observers on Site Visits, clarifying that the **request for an observation must be made through the chief administrative officer**, determinations will be made by Commission staff, and generally one observation opportunity will be provided.
- Site Visit Procedures, clarifying that **no audio, video, or other type of recording of a site visit** is permitted.
- Policy on Reporting Program Changes, clarifying reporting requirements and the CODA approval process **for sites owned versus those not owned by the sponsoring institution**, with immediate implementation. Also, clarifying report submission due dates of June 1 and December 1.
- Policy on Missed Deadlines, clarifying that **missed prescribed deadlines will result in Commission action.**
- Voluntary Discontinuance of Accreditation, clarifying the process of **Commission acknowledgement** of a notification by a program to voluntarily discontinue its participation in the accreditation program.
- Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans, clarifying that when students/residents are enrolled in a Commission-accredited program that an **institution elects to discontinue or close, a teach-out plan must be submitted.**
- Replacing the Policy Statement on Accreditation of Off-Campus Sites with the new Policy Statement on Reporting and Approval of **Sites Where Educational Activity Occurs.** The Commission created the new policy on sites where educational activity occurs in response to information gathered from its Review Committees on the use of training sites in dental education. **The new policy categorizes off-campus sites where educational activity occurs as "major," "minor" and "supplemental" and includes specific reporting requirements for each type of site.**
- Selection Criteria For Appeal Board Members, clarifying that the **ADEA representative may be a program director, faculty member or practitioner.** ♦

Links to:

Unofficial Report of Major Actions:
http://www.ada.org/~media/CODA/Files/coda_actions_feb2016.pdf?la=en

Evaluation and Operational Policies and Procedures
http://www.ada.org/~media/CODA/Files/evaluation_policies_procedures.pdf?la=en

Program Changes
<http://www.ada.org/en/coda/policies-and-guidelines/program-changes/>



Experience RDH Elite Today!
Orascope.com/



HYGIENE INSPIRED HYGIENIST APPROVED

Designed by an elite team of practicing hygienists and recognized ergonomic and infection control experts, the **RDH Elite™** works to improve ergonomics, productivity and career longevity. Encompassing an optimal field width and depth recommended for dental hygiene professionals, the optics deliver a crisp image with edge-to-edge clarity. Capitalizing on ever-changing fashion, the loupe's frame also incorporates interchangeable temple tips and color emblems for added personal style.



800.369.3698 | Orascope.com

RDH ELITE™
By ORASCOPTIC

MID-MKG-0475

Current Research on Instrument Sharpening

by Cindy Biron Leiseca

In recent years new equipment and products to aide in the process of sharpening instruments have become available, but none of the research conducted has dramatically changed the way instruments are sharpened by hand. Recent articles from scientific journals showed that there is a difference in the cutting edges of curettes when various sharpening techniques were used to resharpen dull curettes.

Drs. Andrade Acevedo RA, Sampaio JEC, Shibli JA described the results of many different methods of sharpening. In their study, the instrument sharpening was completed by experienced clinicians. The results of their study were published in an article titled *"Scanning Electron Microscope Assessment of Several Resharpening Techniques on the Cutting Edges of Gracey Curettes" in the Journal of Contemporary Dental Practice November: (8)7:070-077.*

The study included nine groups, each using different sharpening techniques. Each group was scored according to the Cutting Edge Index developed for this study:

- Score 1: A precise angle of the coronal and lateral faces without wire edges.
- Score 2: A slightly irregular cutting angle with or without wire edges.
- Score 3: A markedly irregular cutting angle with or without wire edges.
- Score 4: An extremely irregular cutting angle with a presence of a bevel or third surface.

The group whose technique produced the most precise cutting edge without wire edges and irregularities was Group 1: Stationary Stone, Moving Instrument (See Fig. 1).¹

The most common technique taught in dental hygiene schools is, "Stationary Instrument, Moving Stone". It is the technique that was used by Group 3 of the study. Group 3 was not producing the perfect cutting edge; in fact, to quote the authors, **"(Group 3 Moving Stone, stationary instrument) produced a high incidence of cutting angles with the formation of bevels or third surfaces"** (See Fig. 2).

The other techniques in the study were ranked and scored as shown in Table 1. The results shown in Table 1 indicate that the "Stationary Stone, Moving Instrument" relationship produced the most precise cutting edges with scores of 1 to 2

Table 1 – Ranking of the Sharpening Techniques – Rank 1 is the best (condensed from the content of the article)				
Rank	Score	Group	Description of Sharpening Techniques	Relationship
1	1	1	Sliding the curette lateral surface of the blade against flat Arkansas SS6A (Hu-Friedy) stone toward operator with 100-110° angle	Stationary Stone Moving Instrument
2	2	2	Sliding stone from heel to cutting edge toe of coronal face, followed by the lateral face (as in Group 1)	Combination
3	2	6	Sliding the lateral face of the curette against the standardized Premier sharpening device (Premier Dental Products)	Stationary Stone Moving Instrument
4	2	5	Using pen-shaped Arkansas 299 stone (Hu-Friedy) slide against lateral face with up and down movements at 85° angle	Stationary Instrument Moving Stone
5	2	8	Sharpening coronal face with Neivert Wittler Blade device followed by movement of lateral face against an Arkansas SS6A stone	Combination
6	3	7	Sharpening coronal face with Neivert Wittler Blade device (Darby Dental Co, Rockville Center, NY, USA)	Stationary Instrument Moving Stone
7	3	9	Same as Group 7, followed by abrasive powder and spinning a felt wheel on the curette lateral face	Combination
8	3	4	Aluminium oxide cone (Shofu Dental Corp) in a handpiece at low speed against coronal face and then on the lateral face from heel to toe	Stationary Instrument Moving Stone
9	4 Worst	3	Sliding Arkansas SS6A stone against lateral face in upward and downward movements between stone and coronal face, finishing with downward movement	Stationary Instrument Moving Stone

Continued on Page 7

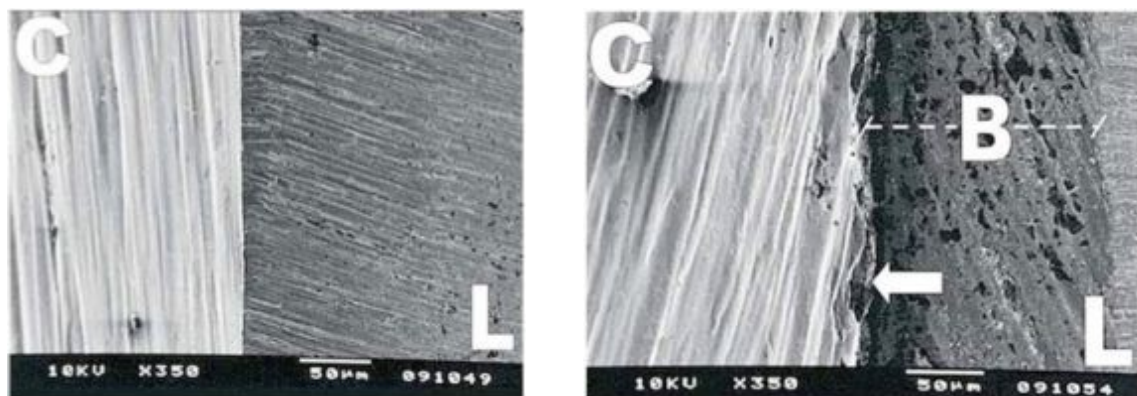


Fig. 1: Group 1 (Stationary Stone, Moving Instrument). By permission: Dr. Roberto Andrade Acevedo^{5,6} **Fig. 2: Group 3 (Stationary Instrument, Moving Stone).** By permission: Dr. Roberto Andrade Acevedo^{5,6}

Stationary Stone, Moving Instrument

This is the technique Group 1 used in the study (Fig. 1) Because the instrument is sharpened along the length of the blade, there are no wire edges such as those produced when moving the stone up and down against the cutting edge as Group 3 did with "Stationary Instrument, Moving Stone."

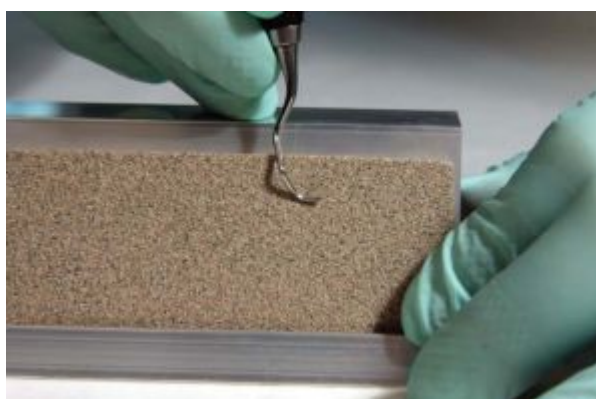
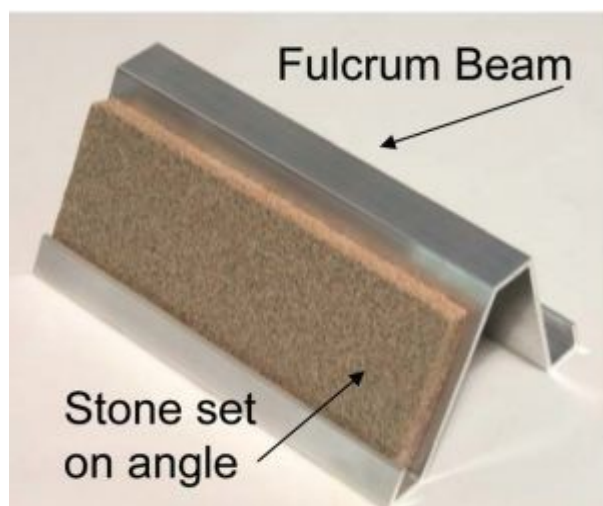
Understanding the design of the instrument's working end is crucial to proper instrument sharpening. Since Gracey curettes have an offset angle with a longer, lower cutting edge, the curvature of the blade is difficult to maintain when sharpening. Therefore, being able to see the blade against the stone will increase the chances of maintaining the original shape of the blade.²

There are numerous brands of sharpening guides to help with the "Stationary Stone, Moving Instrument" technique. These guides are excellent for those who can perform the technique by tactile sensitivity without visual assurance of seeing the blade against the stone.² None of the sharpening guides previously on the market position the stone so that the clinician can see the blade adapted to the stone when sharpening. A new product called the Sharpening Horse has been proven most effective among the three most common techniques of manual instrument sharpening.

In the *Int J Dent Hyg.* 2015 May;13(2):145-50. doi: 10.1111/idh.12109. Epub 2014 Nov 9. an article, **Evaluation of three different manual techniques of sharpening curettes through a scanning electron microscope: a randomized controlled experimental study** by [Di Fiore A](#)¹, [Mazzoleni S](#), [Fantin F](#), [Favero L](#), [De Francesco M](#), [Stellini E](#) showed the moving stone technique as the least effective in restoring the cutting edge of curettes to original contours of the blade producing defects, 3rd bevels and wire edges.

The experiment provided irrefutable evidence that the Sharpening Horse technique was the most effective in restoring the cutting edges to the original contour of the blade with clean, clear edges free of 3rd bevels, defects and wire edges.

Continued on Page 10



The Sharpening Horse – allows the clinician to perform Stationary Stone, Moving Instrument technique while using a fulcrum and seeing the blade against the stone.

Evaluation of three different manual techniques of sharpening curettes through a scanning electron microscope: a randomized controlled experimental study.

Di Fiore A¹, Mazzoleni S, Fantin F, Favero L, De Francesco M, Stellini E.

Abstract

OBJECTIVE:

The purpose of this study was to compare the effectiveness of three different techniques for manually sharpening of periodontal curettes (PCs) by examining the blades with the aid of scanning electron microscope (SEM).

METHODS:

Three groups were considered based on three sharpening methods used: group A (moving a PC over a stationary stone); group B (moving a stone over a stationary PC) and group C (moving a PC over a stone fixed, placed on a 'sharpening horse'). After the sharpening, the blades were examined using SEM. The SEM images were assessed independently by five different independent observers. An evaluation board was used to assign a value to each image. A preliminary pilot study was conducted to establish the number of samples. Pearson's correlation test was used to assess the correlations between measurements. anova test with Bonferroni's post hoc test was used to compare the three groups.

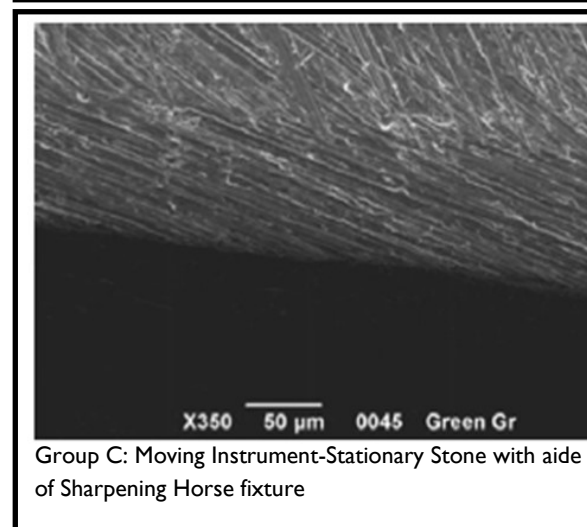
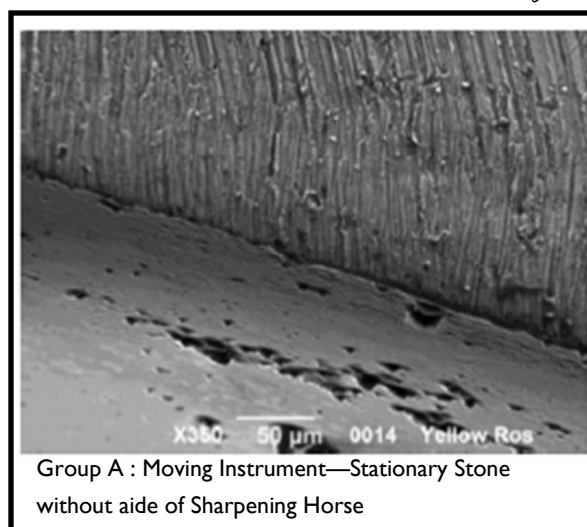
RESULTS:

Sixty PCs (20 PCs per group) were used in this study. Statistically significant differences emerged between the three groups (P-value = 0.001). Bonferroni's test showed that the difference between groups A and B was not statistically significant (P-value = 0.80), while it was significant for the comparisons between groups A and C (P-value = 0.005) and between groups B and C (P-value = 0.001).

CONCLUSIONS:

The sharpening technique used in group C, which involved the use of the **sharpening horse**, proved the most effective.

Permission Granted by Author



Descriptive Statistical Analysis of scores in the measurements	Observer 1		Observer 2		Observer 3		Observer 4		Observer 5	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Group A (Moving Inst. Stationary Stone without Sharpening Horse)	2.3	0.44	2.5	0.97	2.5	0.51	2.2	0.70	2.5	0.51
Group B (Moving Stone – Stationary Inst.)	2.9	0.97	3.1	0.60	3.4	0.81	3.4	0.68	3.2	0.94
Group C (Moving Inst. Stationary Stone with Sharpening Horse fixture)	1.5	0.51	1.6	0.51	1.6	0.60	1.6	0.50	1.6	0.51

Testimonials on the Sharpening Horse

"Now that the students use the Sharpening Horse, we can introduce sharpening earlier in the curriculum as it is so easy for them to master the technique. The instruments last longer. When they trade in their instruments before they take their boards the instruments are not over sharpened and worn like they use to be with the old techniques. With the Sharpening Horse technique there is more cutting edge left than before. It is much easier to get consistency with their sharpening with this technique. **I have tried all the sharpening systems out there and this is the only thing that truly works!**" *Marta Ferguson, RDH, PhD, Director of Dental Hygiene, Indian River State College, FL*

"The report from the second year instructors is that the students' instruments are not only sharp, but they are holding their shape and contour which **is a vast improvement over the stationary instrument/moving stone method** which caused many curets to be turned into sickles from holding the stone at the wrong angle. The Sharpening Horse is easy to teach and use!" *Janet Ogden, RDH, MS Columbia Basin College, WA.*

"We teach the students the stationary instrument/moving stone method first and then show them the Sharpening Horse. This year, the students wanted to know why we taught the other method when the Sharpening Horse is so much easier and exact. I like the Sharpening Horse because it makes sharpening so easy. "DIY Sharpening for Dummy's!" No need to spend so much time thinking about angles. **The Sharpening Horse automatically "sets the perfect angle"** of the stone for the bevel of the blade." *Susan Smith, RDH, MS Clinic Coordinator, Wake Technical College, Raleigh, NC. "*

"I discussed the Sharpening Horse technique with the full-time faculty and they said instrument sharpening has been much easier to teach and learn using the Sharpening Horse technique. By using it routinely students have positive experiences with their instrumentation. The Sharpening Horse helps to maintain the integrity of the instruments. " *Susan Moss RDH, MS, Collin State College, McKinney, TX*

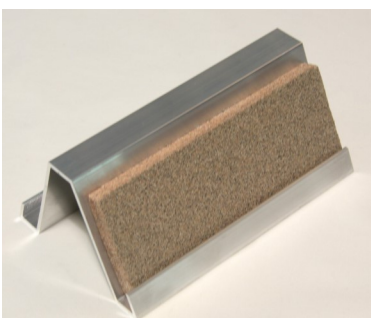
"The Sharpening Horse design is a brilliant, user friendly approach to the critical maintenance of dental hygiene instruments. The concept and the technique is very adaptable for novice and experts in dental hygiene, and our **program faculty made the Sharpening Horse its choice recommendation** for the dental hygiene student kits from this time forward!" *Vicki L. Snell RDH, EdM Lewis & Clark Community College, IL*

"Recently I had the opportunity to sharpen many instrument kits for a hands on scaling technique presentation. Each kit contained 10 various curettes and scalers. **I was amazed at how easy it was to sharpen these instruments quickly and precisely with the Sharpening Horse.** I recommend the Sharpening Horse to all my students, faculty and fellow hygienists at every given opportunity. When I am in clinic and instruments need sharpening I have the students take their instruments for a quick ride on the Sharpening Horse and they are truly amazed at how accurate and easy this technique is to return their blades back to a sharp and effective working edge." *Cathleen Korondi, CDA, RDH, EdM, Director of Dental Hygiene Illinois Central College*

The sharpening horse has proven to be the best method of sharpening instruments for our students. The technique is easy to learn for beginning clinicians, producing a sharp cutting edge and maintaining the original design of the blade. The instruments are lasting longer, since the **students can consistently control the angle, pressure and movement of the blade against the stone.** They love it and sharpening has never been so easy. *Michele Edwards, CDA, RDH, MS Tallahassee Community College Dental Programs, FL.*

Instrument sharpening is one of the most important, yet challenging, skills for hygiene students to master. The Sharpening Horse makes this skill easy to learn and students can quickly produce a perfectly sharp cutting edge restoring the blade in its original design. **Confidence in their ability to produce a sharp cutting edge motivates students to employ instrument sharpening as a routine daily task.** *Jill S. Nield-Gehrig, RDH, MS Dean Emeritus Asheville-Buncombe Technical College, NC*

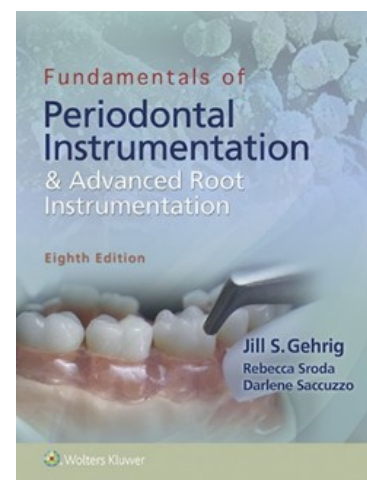
The Sharpening Horse is great to use chairside as it is easy to use and to autoclave. It has given the students the confidence to sharpen their instruments without asking, "Am I doing this right?" Our instructors say that the Sharpening Horse makes it so easy for students to sharpen instruments **they actually use it in clinic!**" *Catherine Dunn, RDH, MS Director of Dental Hygiene Mississippi Delta College*



Sharpening Horse Kits include the fixture, ceramic stone, directions and test sticks.
Bulk orders of 10 or more for students is \$63.00 per kit

Complete instructions on how to use the Sharpening Horse can also be found on Pages 616-623 of this textbook →

Bulk Order Online: <http://www.dhmethod.com/PPI/SSHK.html>



Winter 2016 Review Committee Meeting Reports**The Dental Assisting Review Committee Report**

There were no matters related solely to Dental Assisting Education.

The Dental Hygiene Review Committee Report

At its Winter 2016 meeting, the DH RC reviewed the subcommittee's findings. The DH RC determined the findings are preliminary and warrant further consideration at the regularly scheduled review of the Annual Survey curriculum section in Winter 2017. The DH RC noted that because standards and terminology are routinely modified, the identified inconsistencies may require additional modification and revision in 2017.

Summary: The DH RC considered the subcommittees findings and determined the proposed changes to the Annual Survey curriculum section are preliminary and should be re-considered for implementation at the time of the regularly scheduled Annual Survey curriculum section review scheduled for Winter 2017 (**Appendix 1, Policy Report p. 400**).

Recommendation: It is recommended that the Commission direct the proposed revisions to the Dental Hygiene Education Annual Survey Curriculum Section be reviewed at the Winter 2017 meeting for possible implementation in 2017.

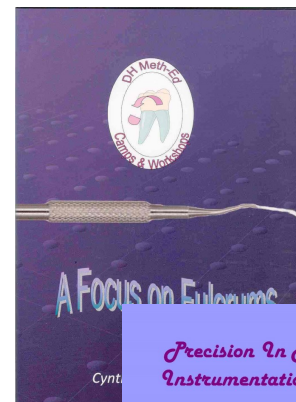
NEW BUSINESS

Consideration of an Interprofessional Education Standard: The DH RC considered the need for a standard to provide oversight for the increased focus in dental hygiene programs on collaboration of the dental hygienist within interprofessional healthcare teams. The DH RC discussed a variety of topics surrounding the issue and determined more information and data would be beneficial in determining how a new standard should be structured. The DH RC determined that a subcommittee of six (6) RC members would be beneficial in narrowing the focus of development for the new standard. Additionally, subcommittee members would conduct independent research relevant to dental hygiene education focused on interprofessional healthcare, for presentation at one (1) conference call meeting to be scheduled prior to April 30, 2016. The DH RC noted a possible second conference call may be required prior to the Summer 2016 DH RC meeting after Frequency of Citings data is available. The subcommittees findings would be reviewed at the Summer DH RC and Commission meetings. The conference calls would have minimal financial impact on the Commission. **Recommendation:** It is recommended that the Commission direct the formation of a six (6) member subcommittee of the DH RC to develop a new potential standard on interprofessional education for consideration by the DH RC and Commission in Summer 2016. <http://www.ada.org/en/coda/accreditation/coda-meeting-materials/>

The New 32g jam packed**2016 Edition of the****DH Clinic Key**

Contains all these references & DHNB reviews > and two periodontal instrumentation videos!

Biron's 1 Quick Reference Vital Signs and ...
 Biron's 2 Quick Drug Reference Lettered ...
 Biron's 3 Quick Reference for Emergencies
 Biron's 4 Oxygen ...
 Biron's 5 Attached ...
 Biron's 6 Mixed ...
 DHNB 1 Understanding Test Questions
 DHNB 2 Dental Hygiene
 DHNB 3 Medical Emergencies
 DHNB 4 Radiology Review Part 1
 DHNB 5 Radiology Review Part 1A Clinic...
 DHNB 6 Radiology Review Part 1B rec de...
 DHNB 7 Radiology Review Part 2
 DHNB 8 Immunology & Microbiology
 DHNB 9 Pharmacology Review
 DHNB 10 Dental Pain & Anxiety Manage...
 DHNB 11 Periodontology
 DHNB 12 Oral Path
 DHNB 13 Community Oral Health Review
 DHNB 14 Dental Materials



Clinical Dental Hygiene DHNB Review

Patient Assessment Tutorials

A STEP-BY-STEP
GUIDE FOR THE
DENTAL HYGIENIST

THIRD EDITION

Jill S. Nield-Gehrig
Donald E. Willmann

Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation

Eighth Edition



Jill S. Gehrig
Roberta E. Sreda
Darlene Scauzzo

by

Cynthia Biron Leiseca, RDH, EMT, MA

Karen Wynn, RDH, MED

American Heart Association Blood Pressure Categories

Blood Pressure Category	Systolic mm Hg (upper #)	Diastolic mm Hg (upper #)
Normal	less than 120	and less than 80
Prehypertension	120 – 139	and 80 – 89
High Blood Pressure (Hypertension) Stage 1	140 – 159	and 90 – 99
High Blood Pressure (Hypertension) Stage 2	160 or higher	and 100 or higher
Hypertensive Crisis	Higher than 180	or Higher than 110

Blood Glucose

Random Test (Not Fasting)	Fasting Test (8 hour fast)	Fasting Test (8 hour fast)
Normal Range	Normal Range	Diabetes
< 125 mg/dL	70 – 100 mg/dL	126 mg/dL >

A1C Levels (Estimated Average Glucose)

A1C Level (%)	Estimated Average Glucose (mg/dL)
< 6.0	< 126
6.1 – 6.5	134 – 180
6.6 – 6.9	140 – 200
7.0 – 7.9	180 – 254
8.0 – 8.9	240 – 339
9.0 – 9.9	340 – 540
≥ 10.0	≥ 350

Biron's Quick Reference of 2016 Top 400 Drugs

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

ARICEPT, donepezil	Cholinergic: Alzheimer's disease	Ø	Ketoconazole
ARIMIDEX, anastrozole	Aromatase inhibitor: Breast cancer	Xerostomia, nausea	Ø
aripiprazole, ABILIFY	Antipsychotic: Atypical quinolone	Extrapyramidal effects	Anti-infectives
ANORO ELIPTA, umeclidinium vilanterol	Anticholinergic/ β_2 agonist: COPD	Xerostomia, sore throat, sinusitis	Never use for Asthma attack
ARMOUR THYROID, thyroid	Thyroid hormone: Hypothyroidism	No precautions if controlled	None if controlled
ARNUTY ELIPTA, fluticasone furoate	CORT BRNC: for Asthma maint.	Oral candidiasis	Ø
ARTHRITEC, diclofenac/misoprostol	NSAID/prostaglandin: Arthritis	Ø	Benzodiazepines
ASACOL, mesalamine	5-aminosalicylic: Ulcerative colitis	Pharyngitis	Ø
ASMAMEX, twisthaler, Mometasone furoate	CORT BRNC: for Asthma maint.	Oral candidiasis	Ø
aspirin, BAYER, BUFFERIN	Antiplatelet: Aspirin therapy for CAD	> Bleeding time, hemorrhage	Some antibiotics
ASTELIN, azelastine	Nasal spray: Rhinitis	Alt. taste, xerostomia, aphthous	CNS depressants
ATACAND, candesartan	ARB: HTN	**"boxed warning"	Ø
ATELVIA, risedronate sodium	Bisphosphonate: osteoporosis prev.	ONJ	Ø
atenolol, TENORMIN	BB: Angina, HTN	Ø	NSAIDs long term
atenolol chlordiazepoxide, TENORETIC	BB/ACTZ: for Angina and HTN	Hypotension	Ø
	chlordiazepoxide: anti-anxiety	Xerostomia	CNS depressants
	IN: to lower cholesterol	Myopathy, flu like symptoms	Some anti-infectives

Dental Materials Review for the NBDHE

Roberta E. Brown, CDA,
RDH, MSDH

Revision In Periodontal Instrumentation (2nd edition)



Cynthia Biron Leiseca

DHNB Oral Pathology Review

Deborah Sparks RDH, MAEd

Immunology Microbiology

DHNB Review
Brent Molen, RDH, MA. Ed

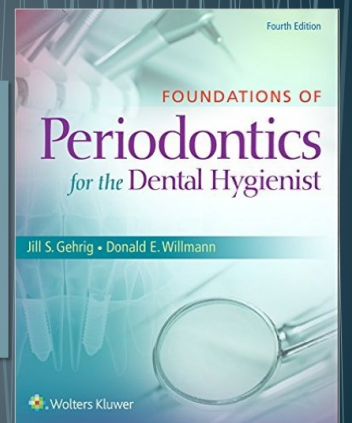
DHNB REVIEW PERIODONTOLOGY

Karen Wynn RDH, MED

Review of:

Dental Pain & Anxiety Management

Author: Nicole Greco, B.S.D.H., M.A.
Photography Credit: Jenny Dennings, B.S.D.H., M.A.



All this and MORE! On the 2016 DH Clinic Key!

www.DHmethEd.com

Community Dentistry Educator's Workshop
Summer Camp Amelia Island 2016
August 4-5, 2016

Course Description:

This 12 hour workshop provides the attendees with an understanding of the components necessary for developing competency-based community dental health courses and community partnerships and service opportunities for dental hygiene students. Presenters will demonstrate methods of measuring student competency in assessing needs, planning, implementing and evaluating community programs; demonstrating communication skills in diverse populations; application of self-assessment in problem solving and critical thinking. It also includes examples of how the program can best demonstrate compliance with accreditation standards regarding community dental health in the curriculum and during the preparation of the self-study report and conduct of the site visit.

In addition, presenters will outline the methods of assembling the components of a community-based program through the formation of committees and establishing networks for finding stakeholders and partners. Institutional reviews, legal considerations and affiliation agreements will be presented and discussed. A tour of a community health center which ranks in the top 1% of the most successful community health centers in the country, the Barnabas Center, will take place on the second day of the course. At the Barnabas Center a class will be presented on grant writing. The logistics of setting up a Community Dental Health Programs will be detailed in the final segment of the workshop. The course is limited to 30 attendees to allow for discussions and information sharing.

Thursday, August 4th 8AM-/Noon Gwen Welling, RDH, MS (Former DH Manager at CODA)

Competency-Based Education in Community Dental Health Courses

This course includes information on how to measure and verify student competency in assessing needs, planning, implementing and evaluating community programs (DH Standard 2-20); competent in communication skills and interacting with diverse populations (DH Standard 2-19); application of self-assessment and preparation for life-long learning (DH Standard 2-24); and competent in problem-solving skills and critical thinking (DH Standard 2-26). It also includes examples of how the program can best demonstrate compliance with standards regarding community dental health, during the preparation of the self-study report and conduct of the site visit. This course provides an overview of service learning, its connection to course requirements and course/graduation competencies and how to measure stated goals and objectives for projects and student learning to ensure they have been met.

Upon completion of this session, the participant will:

- Understand methods for compliance with CODA Standards that relate to community dental health projects: assessment of community needs, program development, program implementation and outcomes evaluation.
- Describe how students' problem-solving abilities, independent learning capabilities and appreciation of diverse populations are expanded by participating in community projects and service learning activities.
- Determine how to match course competencies and specific course objectives with stated graduation/program competencies.
- Identify how students are deemed competent in relation to CODA DH Standards 2-19, 2-20, 2-24 and 2-26 after completion of a required community course(s).
- Use service learning as an effective teaching method for bridging classroom learning and real world experience. Better facilitate the student in applying classroom knowledge to community activities.
- Objectively measure students' ability to self-evaluate and peer evaluate when working on team projects.
- Develop metrics and rubrics for measurement of community projects such as educational presentations to a variety of populations.
- Recognize what learning and values clarification changes take place during service learning activities and know how to assist the students in incorporating them into their community practice.
- Acknowledge and describe possible negative outcomes and roadblocks when incorporating service learning into a community health course

Continued on Page 13

Thursday August 4th 1-5PM Bobbie Brown, CDA, RDH, MS and Cathleen Korondi, CDA, RDH, EdD***Community-Based Programs: Assembling the Components***

This session covers many basic components necessary for creating public health opportunities for dental hygiene students. Following a brief review of the types of programs which students can plan and/or participate in the presenters will provide information on how to locate stakeholders and partners, remain compliant with the institutional review policies of the institution, create and utilize articulation agreements to partner with stakeholders, and the legal considerations that come into play when collaborating with diverse stakeholders. In addition, this presentation will discuss how to position students for new practice models as well as covering evidence for the potential increase in opportunities for employment in public health settings. Various resources for employment in public health settings will also be discussed.

Upon completion of this session, the participant will:

- Discuss various types of public health programs in which students may plan and/or participate Locate interested partners and stakeholders to provide physical and/or financial support for a community event
- Describe the legal considerations inherent in forming public health partnerships in which students will provide care
- Discuss the evolution of new practice models in the profession and how best to position students to take advantage of changing opportunities
- Describe the employment potential in public health and guide students to resources available for such employment

Friday, August 5th 8:00-9:30 AM Barnabus Center – Tour of entire facility at the community center (15 mins). Presentation on grant writing (50 minutes)

Upon completion of this session, the participant will:

- Discuss services provided at the Amelia Island Community Center
- Discuss important terminology and concepts to be included in effective grant writing

10-Noon Cathleen Korondi, CDA, RDH, EdD –**Logistics of Setting-Up Community Dental Health Programs (Advertise for those who have never set up an event)**

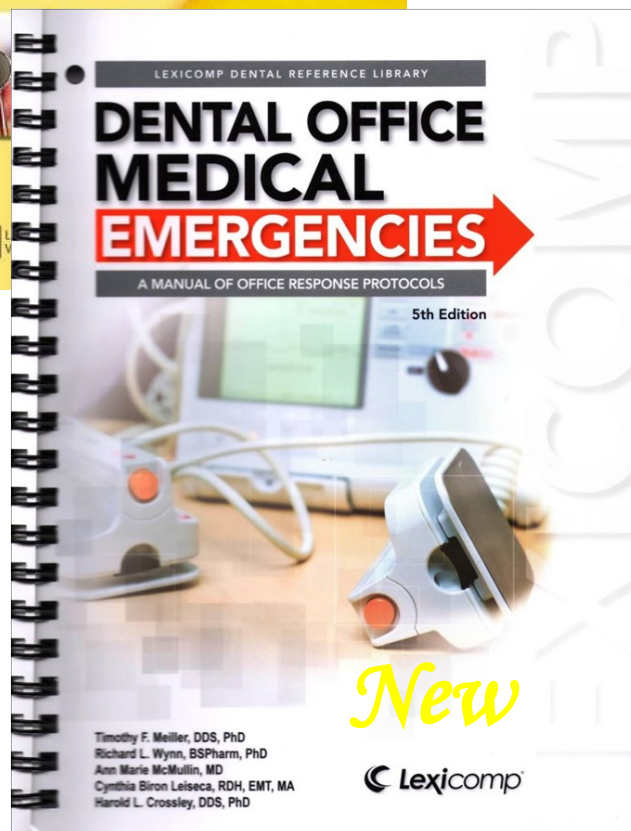
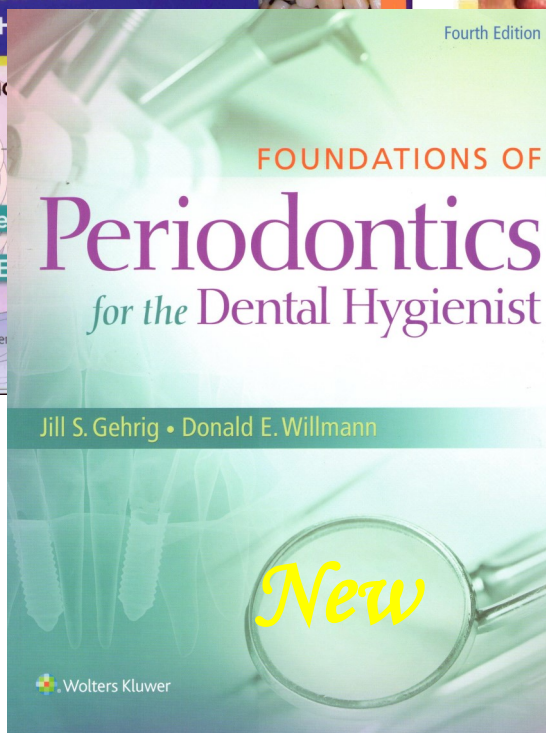
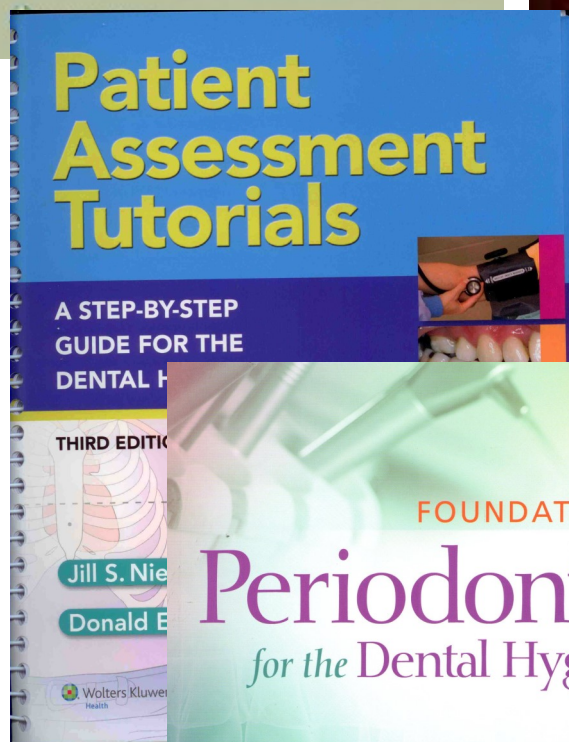
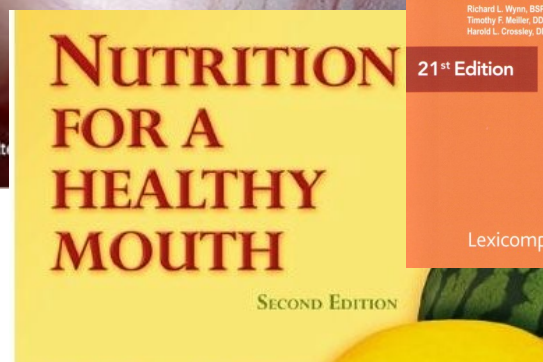
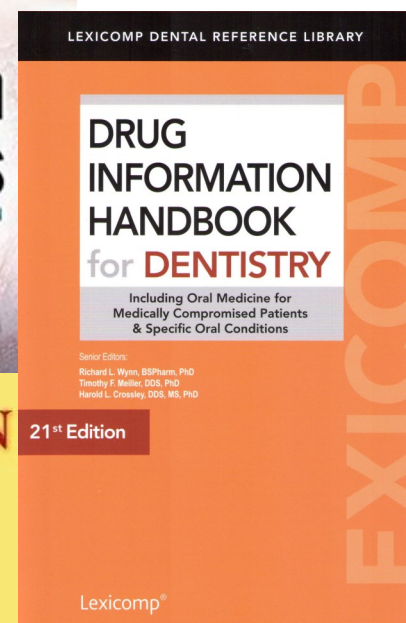
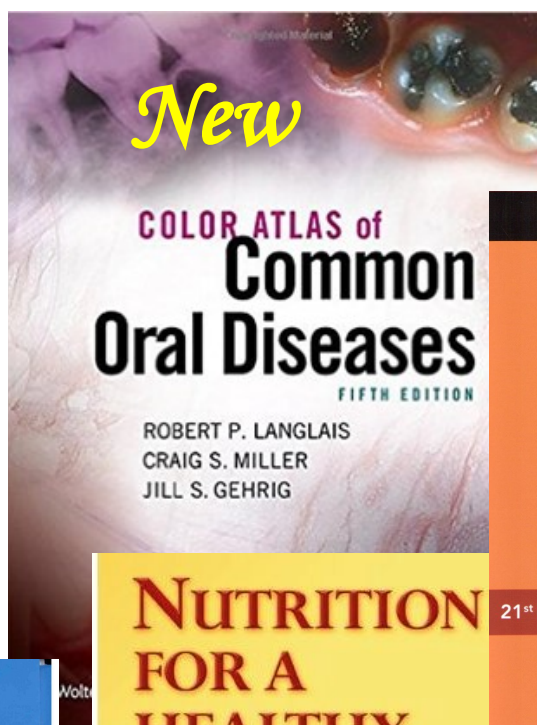
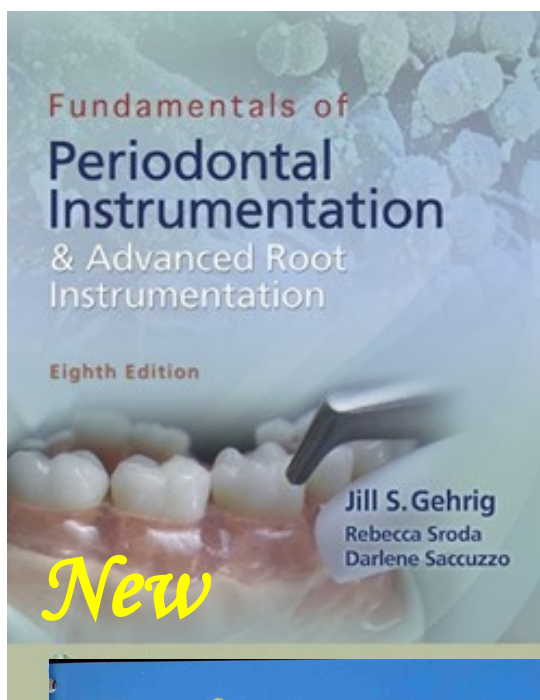
This session is a nuts-and-bolts overview of the logistics necessary when creating community dental health programs. The strategies covered will include planning for the event with outside stakeholders, recognizing the importance of relationships with vendors, securing media coverage and creating talking points, assessment of volunteers, assigning duties for volunteers, designing treatment areas for maximum flow of supplies, and reflection post-event; pros and cons.

Upon completion of this session, the participant will:

- Identify interested stakeholders
- Plan, implement, and evaluate a community dental health program
- Recognize the role of media in event-planning
- Assess the volunteer workforce and assign duties appropriately
- Design treatment areas for maximum flow of supplies
- Conduct both formative and summative evaluations of the event
- Complete a post-event reflection covering pros and cons

April Issue 2016

The Best Textbooks for DA & DH Students



Schedule of Courses

Mon. 8/1		Tues. 8/2		Wed. 8/3		Thurs. 8/4		Fri. 8/5		Sat. 8/6	Sun. 8/7	
Days Inn Jasmine & Magnolia	Amelia Room	Days Inn Jasmine & Magnolia	Amelia Room	Days Inn Magnolia	Amelia Room	Days Inn Jasmine	Days Inn Magnolia	Days Inn Jasmine	Amelia Room	Days Inn Jasmine & Magnolia	Days Inn Jasmine	Days Inn Magnolia
8-5pm	8-5	8-5	8-5	8-5	8-5	8-5	8-5	8-5	8-Noon	8-5	8-Noon	8-Noon
#1 How to Teach DH Preclinic	#3 Radiology Educator's Workshop	DH Clinical Teaching Method. Continue	Radiology Educator's Workshop Continue	#4 DH Accred Workshop	#5 How to Teach Oral Anatomy	#8 Community Dentistry Educator's Workshop	#9 DA Accred Workshop	#10 How to Teach Ethics	#12 How to Teach DHNB Review	#16 Allied Dental Educators Teaching Methodol.	#17 How to Teach Pharm Emerg	#18 How to Teach Dental Mater

Lunch at LaMancha Restaurant

1-5 #2 DH Clinical Teaching Method.	Continue	Continue	Continue	1-5 #6 Histology & Embryol	Continue	1-5 #7 How to Teach Preventive Dentistry	Continue	1-5 #11 How to Teach Perio		1-5 #14 How to Teach Oral Path	1-5 #15 How to Teach Community Dentistry	Continue	End
5:30 Reception Sea Breeze Lounge	5:30 Reception Sea Breeze Lounge				5:30 Reception Sea Breeze Lounge				5:30 Reception Sea Breeze Lounge				



Rates at Amelia Hotel at the Beach:

Standard Room: \$94 per night

Deluxe Room: \$109 per night
Ocean View: \$119 per night

Deluxe Room with Balcony \$129 per night



Rates at Days Inn at Amelia Beach:

All Rooms: \$89 per night

All Classes held in Amelia Hotel and Days Inn.



Rates at Hampton Inn Ameila Island at Fernandina Beach:

Mon.-Thurs.: \$99 per night

Fri-Sat.: \$119 per night

Call the hotels directly and tell them you are with the "DENTAL CAMP"

DH Methods of Education, Inc.
Summer Camp Amelia Island, FL August 1-7, 2016

PRINT Name: _____

(This is how your name will appear verifying your continuing education credits)

Address: _____

City, State, Zip _____

Phone: _____ Fax _____ E-mail: _____

College/ Univ. Where Teaching: _____ Circle your discipline: CDA, DDS, DMD, RDH

Requests for cancellations must be received at least 2 weeks prior to the camp date. However, for cancellations received after this deadline, 75% of the tuition may be applied toward future camps. Tuitions for no-shows will be forfeited NO EXCEPTIONS. DH Methods of Education, Inc. is not responsible for reimbursement of non-refundable airline tickets and any other travel expenses if the course is cancelled. **Final Registration**

Final Registration Payment by:

July 11, 2016

Mon. Aug. 1, 8a-Noon	1. <u>How to Teach DH Preclinic</u> (4 ceu's)	\$525 _____
Mon. Aug. 1, 1-5p & Tues. Aug. 2, 8a-5p	2. <u>DH Clinical Teaching Methodology</u> (12 ceu's)	\$650 _____
Mon. Aug. 1 & Tues. Aug. 2 8a – 5p & Wed. Aug. 3, 8a-Noon	3. <u>Radiology Educator's Workshop</u> (20 ceu's)	\$950 _____
Wed. Aug. 3, 8a-5p	4. <u>DH Accreditation Workshop</u> (8 ceu's)	\$525 _____
Wed. Aug. 3, 8a-Noon	5. <u>How to Teach Oral Anatomy</u> (4 ceu's)	\$525 _____
Wed. Aug. 3, 1-5p	6. <u>How to Teach Histology & Embryology</u> (4 ceu's)	\$525 _____
Wed. Aug. 3, 1-5p	7. <u>How to Teach Preventive Dentistry</u> (4 ceu's)	\$525 _____
Thurs. Aug. 4, 8a-5p	8. <u>DA Accreditation Workshop</u> (8 ceu's)	\$525 _____
Thurs. Aug. 4, 8a-5p & Fri. Aug. 5, 8a-Noon	9. <u>Community Dentistry Educator's Workshop</u> (12 ceu's) (Accreditation and public health update)	\$450 _____
Thurs. Aug. 4, 8a-Noon	10. <u>How to Teach Ethics</u> (4 ceu's)	\$525 _____
Thurs. Aug. 4, 1-5p	11. <u>How to Teach Periodontology</u> (4 ceu's)	\$525 _____
Fri. Aug. 4, 8a-Noon	12. <u>How to Teach National Board Reviews</u> (4 ceu's)	\$450 _____
Fri. Aug. 4, 8a-Noon	13. <u>How to Teach Nutrition</u> (4 ceu's)	\$525 _____
Fri. Aug. 4, 1-5p	14. <u>How to Teach Oral Pathology</u> (4 ceu's)	\$525 _____
Fri. Aug. 4, 1-5p	15. <u>How to Teach Community Dentistry</u> (4 ceu's)	\$525 _____
Sat. Aug. 6, 8-5p	16. <u>Allied Dental Educator's Teaching Methodology</u> (8 ceu's)	\$325 _____
Sun. Aug. 7, 8a-Noon	17. <u>How to Teach Pharmacology/Emergencies</u> (4 ceu's)	\$525 _____
Sun. Aug. 7, 8a-Noon	18. <u>How to Teach Dental Materials</u> (4 ceu's)	\$525 _____

View Course Descriptions and Register Online: <http://www.dhmethod.com/category/EC5.html>

To register by mail: Make checks payable to: DH Methods of Education, Inc. and mail with this completed form to:
DH Methods of Education, Inc. P.O Box # 17197 Fernandina Beach, FL 32035

Please: **Do NOT mail or FAX credit card or P.O. numbers**

Please do not ask us to reserve your place in a class without making registration payment . We do NOT accept P.O. # for registration. Requesting an invoice does not reserved place in a class. Only payment reserves your place.