

CODA New, Revised & Proposed Standards

by Cindy Biron Leiseca

Revisions to Standards in DA and DH programs will require some changes to most programs. This article succinctly presents the changes in standards by color coding existing portions that were unchanged in blue, revisions/additions in red print. Deleted in slash through red print. Editor's rationale for change noted in green print.

Revised DA Standards:

DA Standard 1-7 Community Resources

Intent: The purpose of the advisory committee is to provide a mutual exchange of information for program enhancement, meeting program and community needs, standards of patient care, and scope of practice. The program administrator, faculty, students, and appropriate institutional personnel are non-voting participants.

Rationale: The last sentence was moved from "Examples of evidence" to the "Intent Statement" to emphasize the fact that faculty, students, staff and administrators of the institution are NON-VOTING members.

DA Standard 2-6: Instruction

Written documentation of each course in the curriculum must be provided to students at the start of each course and include:

- The course title, description, faculty and contact information.
- Course content including topics
- Specific instructional objectives
- Learning experiences with associated assessment mechanisms.
- Course schedule including time allotted for didactic, clinical learning experiences
- Specific evaluation for course grade calculation

Examples of evidence to demonstrate compliance may include:

- >Course syllabus
- >Rubrics for grade calculation
- >Institutional grading policies
- >Course knowledge and skill assessments
- >Competencies
- >Course schedules to include activities, evaluation, assigned class preparations for each date the course meets.

Rationale: Further explains the need for comprehensive examples of evidence.

Continued on Page 2

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DA Standard 2-17 Dental Sciences

Prior to exposing dental images during extramural clinical assignments, students must demonstrate competence, under faculty supervision, in exposing diagnostically acceptable full-mouth dental image surveys on a minimum of two patients in the program, or contracted facility.

Intent: Full-mouth image surveys are comprised of periapical and bitewing images.

Rationale: Confirming that a full-mouth series of radiographs always includes both types of images in the series.

DA Standard 5-3 Emergency Management:

The program must establish and enforce preclinical/clinical/laboratory and mechanisms to ensure the management of emergencies; these protocols must be provided to all students, faculty and appropriate staff; ~~faculty, staff, and students must be prepared to assist with the management of medical emergencies.~~

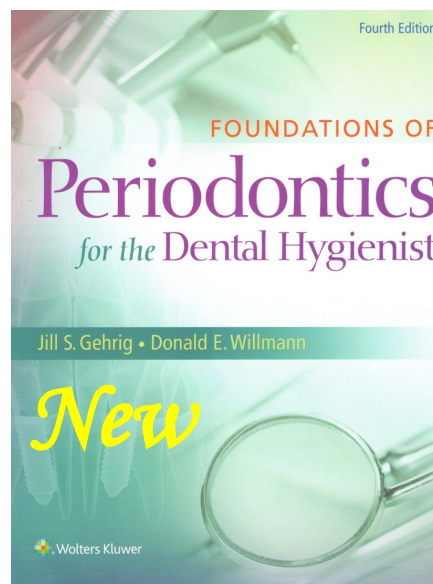
Examples of evidence to demonstrate compliance may include:

- > Emergency equipment, including oxygen, is readily accessible and functional.
- > Instructional materials
- > Written protocol
- > Emergency Kit
- > Safety devices and equipment are installed and functional
- > A first aid kit for use in managing clinic and/or laboratory accidents is accessible.

Rationale: Faculty, staff and students must be more than prepared to "assist" in medical emergencies, they must be prepared to manage medical emergencies and know the emergency plan for the clinics where they are learning dental assisting.

Link to DA Standards:

<http://www.ada.org/~media/CODA/Files/da.ashx>

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New DH Standard 2-18

Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

Intent: Functions allowed by the state dental board or regulatory agency for dental hygienists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the length and scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.

Supporting Documentation from Self-Study Guide

> Summarize the additional dental hygiene functions allowed in your state that are included within initial hygiene licensure and do not require additional certification. Please omit any dental assisting or laboratory functions allowed within initial dental hygiene licensure.

> Provide as an exhibit the appropriate pages of the state dental practice act or regulatory code and corresponding administrative code related to dental hygiene.

>Using the format illustrated in Example Exhibit 16, list the additional dental hygiene functions specified within your state DPA and the courses where content is presented and levels of competence demonstrated.

>Using the format illustrated in Example Exhibit 17, indicate the additional dental assisting functions are allowed within your state and whether instructional level, depth and/or scope is specified within the DPA. Do not include any requirements for post-graduation or optional certifications.

>Please describe any state-specific situation concerning additional dental hygiene functions that has not been addressed in the exhibits.

Rationale:

Additional functions may require additional didactic and clinical hours of instruction. There is a need to determine if Accreditation required program topics and content of the curriculum are compromised or eliminated to accommodate additional state specific additional functions. To add more content to the existing curriculum would most likely result in increased contact hours for faculty and students unless separate certification courses are provided outside of the program's regularly scheduled classes.

Continued on Page 4 & 5

Link to DH 2016 Standards:

http://www.ada.org/~media/CODA/Files/2016_dh.ashx



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EXAMPLE EXHIBIT 16

Using the format illustrated below, list the **state-specific additional dental hygiene functions** that are not otherwise specified in the DH Standards, but are included in the dental hygiene curriculum. For each skill or function indicate the course(s) where content is presented and specify the level of instruction.

STATE-ALLOWED ADDITIONAL DH FUNCTIONS (WITHIN INITIAL LICENSURE)* *Do not include any functions that require post-licensure or additional certification. Do not include basic, remediable dental assisting or laboratory functions that are embedded within dental hygiene licensure.	Course(s) where didactic content is presented	Course(s) where preclinical competence is demonstrated	Course(s) where clinical competence is demonstrated
(Examples below)			
Local Anesthesia	DHE 355 Pain Management Concepts	DHE 355L Pain Management Laboratory	DHE 355L Pain Management Laboratory, DHE 320
Administer Nitrous Oxide Oxygen Analgesia	DHE 320 Clinical Dental Hygiene III	DHE 325 Clinical Dental Hygiene IV	DHE 325 Clinical Dental Hygiene IV



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EXAMPLE EXHIBIT 17

State-specific additional dental hygiene skills and functions must be presented at the level, depth, and scope specified by the state. (Do not include skills/functions that are *optional* or require additional education and/or additional certification)

	Allowed by DPA? (Yes/No)	Instruction specified in DPA? (Y)	(if Yes) DPA Instructional Requirements for:			
			Didactic	Lab	Preclinical	Clinical
<i>Ex: Local Anesthesia-Administer</i>	<i>Ex: Y</i>	<i>Ex: Y</i>	<i>Ex: 20 hours</i>		<i>Ex: 10 hours</i>	<i>5 ea ASA, MSA, PSA, IAN, etc.</i>
Apply Sealants						
Bleaching agents in-office, application						
Bonding agent, apply						
Cavity liners and bases, apply						
Local Anesthesia-Administer						
Nitrous Oxide-Oxygen Analgesia-Administer						
Nitrous Oxide-Oxygen Analgesia-Monitor						
Place/carve/finish amalgam restoration						
Place/finish composite resin silicate restoration						
Place/remove temporary crowns						
Temporary/interim restorations, place						
Temporary/interim restorations, remove						

Continued on Page 7

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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	9	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																

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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

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Proposed Revision to DH Standard 3-6 Faculty

The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. ~~The faculty to student ratios for~~ In preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one ~~faculty for every to six-five students~~. ~~Faculty to student ratios for~~ In laboratory sessions ~~in for~~ dental materials courses, there must not be less than one ~~faculty for every to twelve-ten students to~~ ensure the development of clinical competence and maximum protection of the patient, faculty and students.

Intent:

The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the end results. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for dental hygiene care and for the instruction and evaluation of students during their performance of those services.

Examples of evidence to demonstrate compliance may include:

- > faculty teaching commitments
- > class schedules
- > listing of ratios for clinical, radiographic and laboratory courses

At its Summer 2015 meeting, the Commission on Dental Accreditation directed that proposed revisions to Standard 3-6 of the Accreditation Standards for Dental Hygiene Education Programs be distributed to the communities of interest for review and comment, with comments due June 1, 2016. Comments will additionally be accepted at a hearing conducted at the American Dental Hygienists' Association (ADHA) June 2016 Annual Session. Comments will be considered at the Summer 2016 Commission meeting.

Written comments can be directed to renfrowp@ada.org or ackermana@ada.org or mailed to:

ATTN: Ms. Patrice Renfrow
Ms. Alyson Ackerman
Managers, Allied Dental Education
211 E. Chicago Avenue

Comments being submitted by the Editor of this Newsletter, Cindy Biron Leiseca, President of DH Methods of Education, Inc. to CODA for clarity and correctness, proposing Standard 3-6 could be worded as follows:

The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. In preclinical, clinical and radiographic clinical and laboratory sessions, each faculty member must be assigned to a limit of five students. In laboratory sessions for dental materials courses each faculty member must be assigned to a limit of ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students. ◆

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Drug Name	Drug Class/Use	Concerns in Dent
ABUFY, arpegrozole	Antipsychotic: Atypical quetiapine	Extrapyramidal
ACUPRIL, lisinopril	ACE inhibitor: Hypertension	O. h. angiotensin
acetaminophen/codeine, TYLENOL 3	Combination analgesic/sedative: pain	Narcotic
ACIPHEX, rabeprazole	Proton pump inhibitor: GERD	GI

Blood Glucose Ranges

Random Test (Not Fasting)	Fasting Test (8 hour Fast)	Fasting Test (8 hour Fast) (Individuals)	1st Test (Fast)
Normal	Normal	Normal	Normal
100-125 mg/dL	100-125 mg/dL	100-125 mg/dL	100-125 mg/dL

A1C Levels (Estimated Blood Sugar Levels for 8 weeks)

Normal	Pre-diabetes	Diabetes	Diabetes target
6.5-5.5%	6.1-6.5%	6.7%	6.5%
97 mg/dL	126 mg/dL	154 mg/dL	183 mg/dL

Two Videos

Precision In Periodontal Instrumentation (1st video)
Cynthia Biron Leiseca

A Focus on Furcums
Cynthia Biron Leiseca

Dental Hygiene National Board Review
John Preece DDS, MS

Clinical Dental Hygiene DHNB Review
by Nicole Greco, B.S.D.H., MA
Cynthia Biron Leiseca, RDH, EMT, MA
Review of:
Dental Pain & Anxiety Management
by Nicole Greco, B.S.D.H., MA

PERIODONTOLOGY DHNB REVIEW
DH Methods of Education, Inc.
Karen Wynn RDH, MED

Community Oral Health Review for DHNBE
Roberta E. Brown, CDA, RDH, MSDH

DHNB Pharmacology

Dental Materials Review for the NBDHE
Roberta E. Brown, CDA, RDH, MSDH

Dental Office Medical Emergencies
Allied Dental National Board Review
by Cynthia Biron Leiseca, RDH, EMT, MA

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 Resharpener 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, fol-	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	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	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	Stationary Instrument Moving Stone

Continued on Page 9

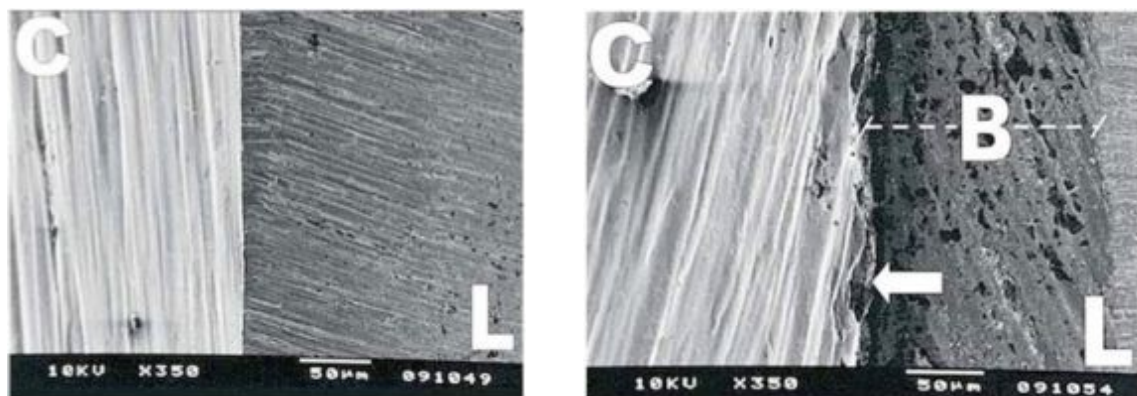


Fig. 1: Group 1 (Stationary Stone, Moving Instrument). By permission: Dr. Roberto Andrade Acevedo^{5,6} **Fig. 2: Group 3 (Stationary Instrument, Moving Stone).** By permission: Dr. Roberto Andrade Acevedo^{5,6}

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."

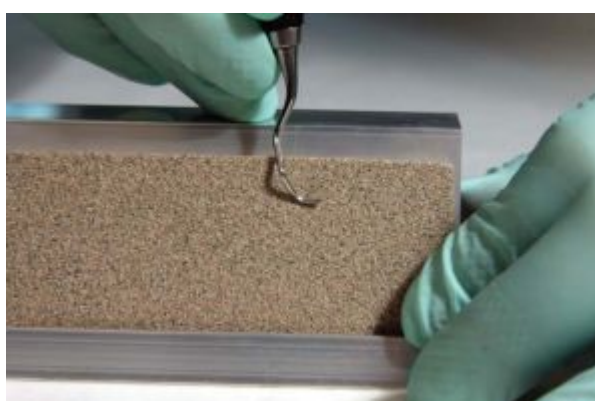
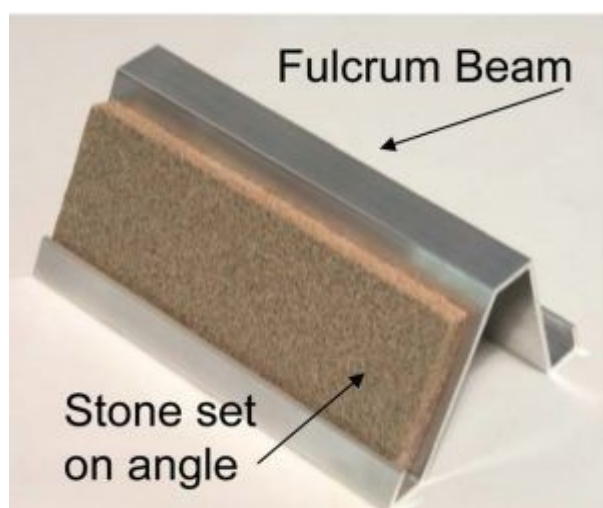
Understanding the design of the instrument's working end is crucial to proper instrument sharpening. Since Gracey curettes have an offset angle with a longer, lower cutting edge, the curvature of the blade is difficult to maintain when sharpening. Therefore, being able to see the blade against the stone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

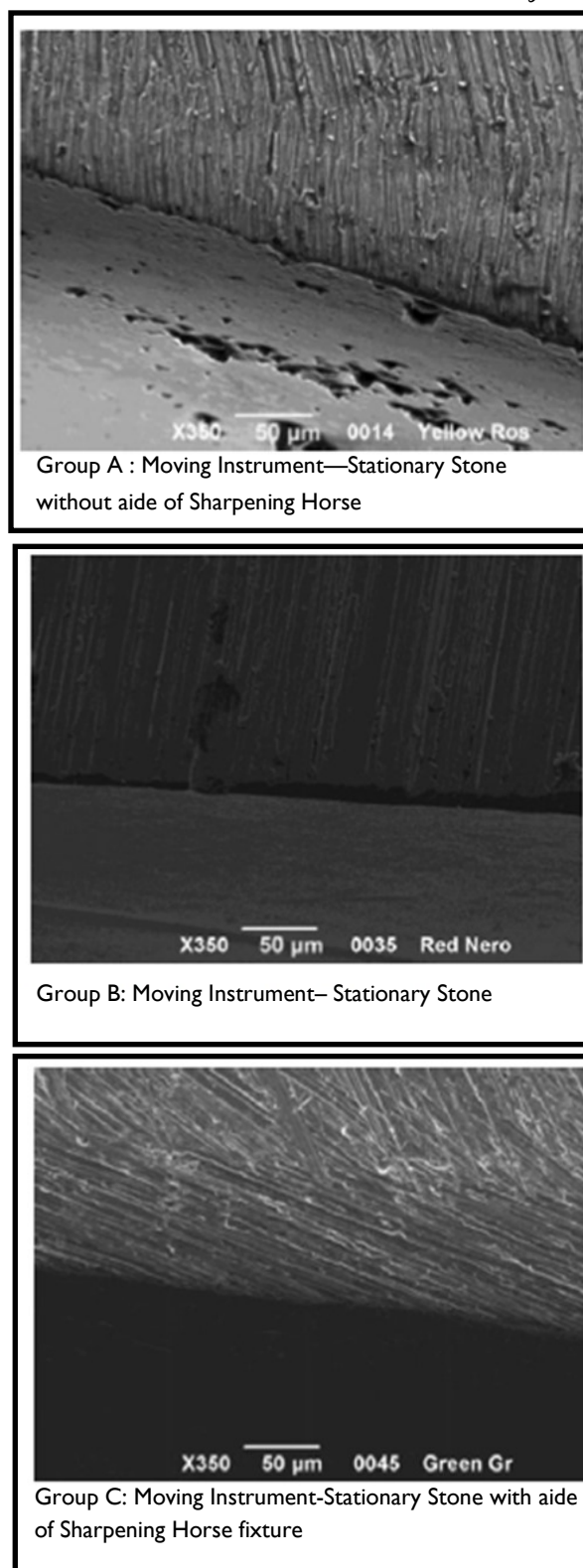
RESULTS:

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*

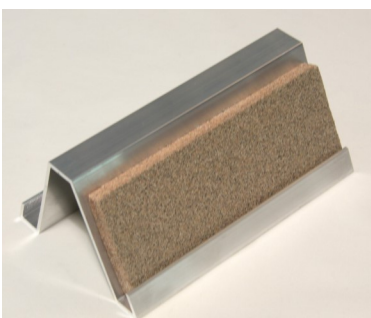
"The Sharpening Horse design is a brilliant, user friendly approach to the critical maintenance of dental hygiene instruments. The concept and the technique is very adaptable for novice and experts in dental hygiene, and our **program faculty made the Sharpening Horse its choice recommendation** for 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*

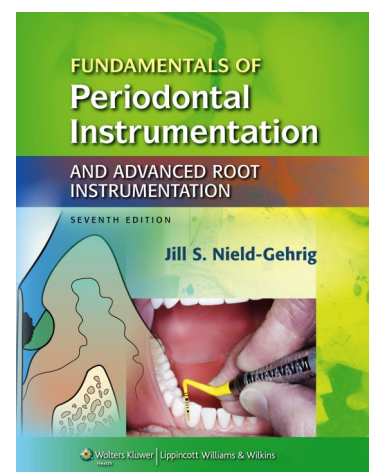
The Sharpening Horse is great to use chairside as it is easy to use and to autoclave. It has given the students the confidence to sharpen their instruments without asking, "Am I doing this right?" Our instructors say that the Sharpening Horse makes it so easy for students to sharpen instruments **they 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 590-597 of this textbook →

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



Summer Camp Scholarship Winners

Page 12

The winning ticket for the **\$1000 Student(s)** Scholarship was purchased by **Diane Loera** of DH Program at **Cerritos College, CA**



Left to right: Aerin Freniere (\$500 scholarship winner), Professor Diane Loera, Jason Abellera (\$500 scholarship winner)

Messages from the scholarship winners:

I am honored to have been recognized by my professors for this scholarship! I am a 33 year old Air Force Veteran that wasn't able to focus on my education until later in life than I would have hoped. My husband has been so supportive in helping me go back to school but it hasn't been without sacrifice. This scholarship really will help me and my family. I am so proud of all I am learning at Cerritos College and after having met many hygienists and other professionals in the dental field since starting the program, I'm convinced that Cerritos is setting me up to be the best hygienist I can be! I can't wait to be a hygienist and to continue to represent Cerritos as I grow in my field and make a difference to my patients.

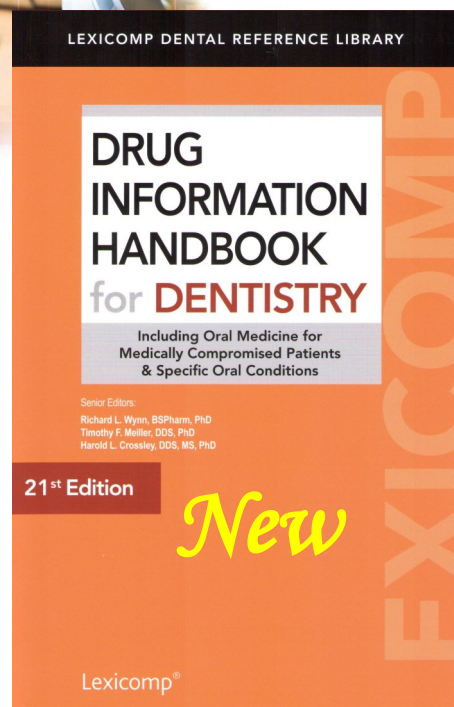
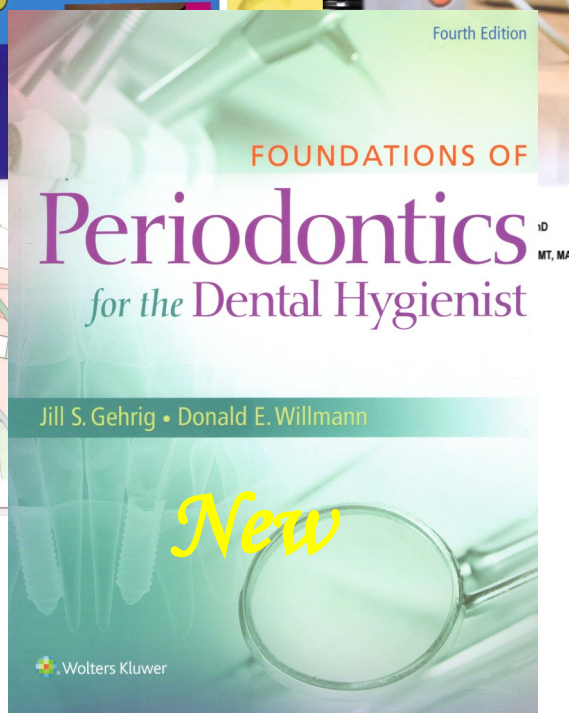
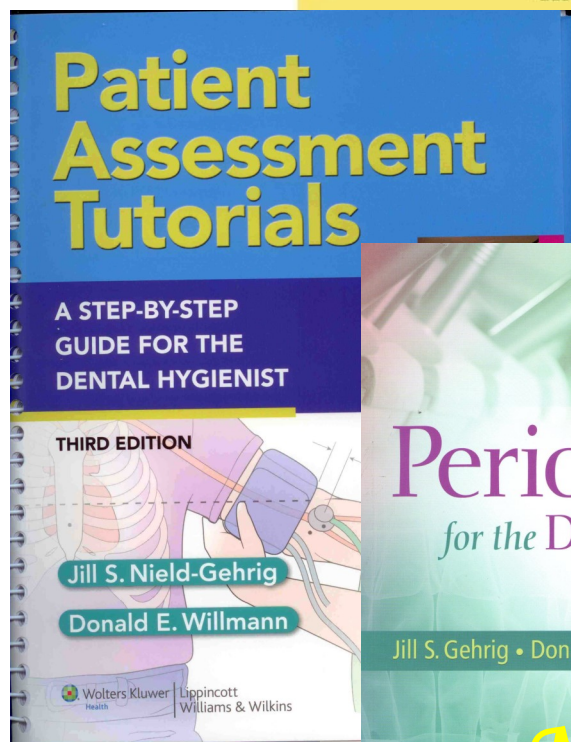
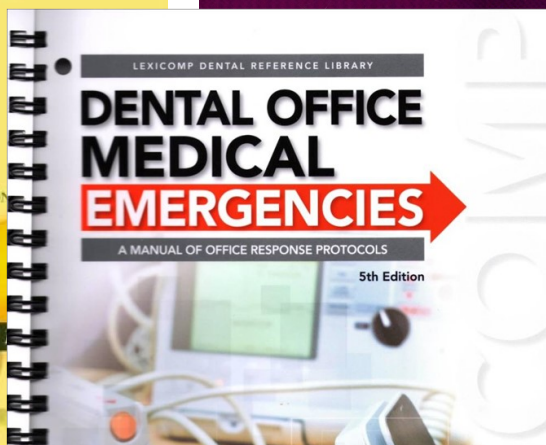
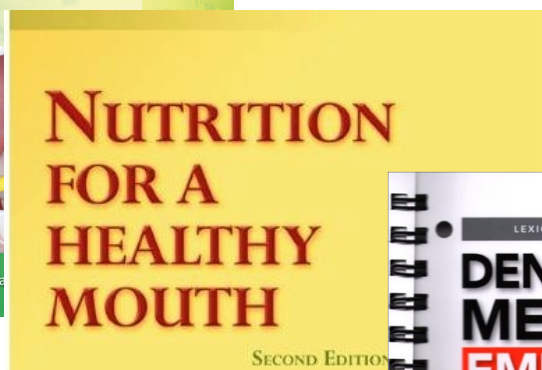
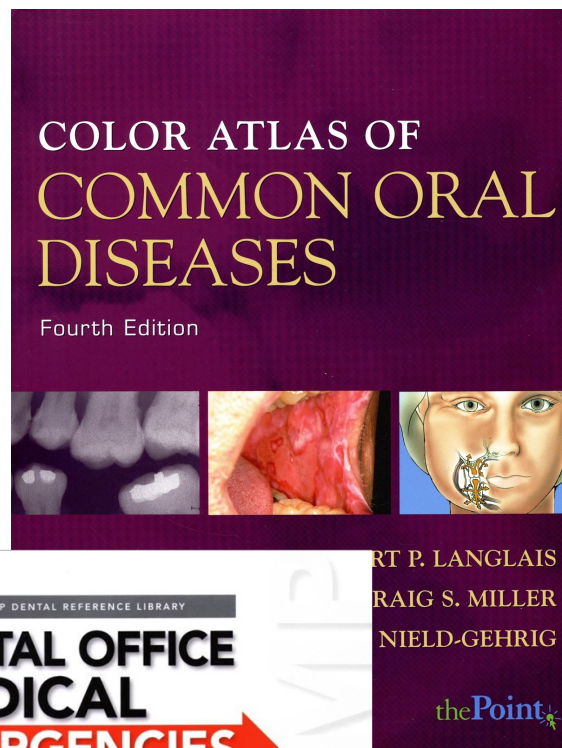
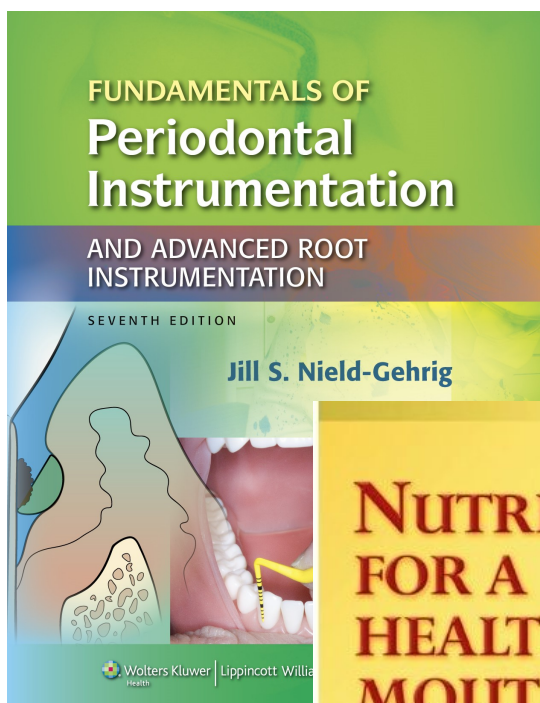
Thank you DH Methods of Education for this fabulous scholarship!

Aerin Freniere

I was overwhelmed with joy and excitement to learn that I was selected as one of the recipients of the 2015 DH Methods Boot Camp 2015 Scholarship, thank you for your generosity! This scholarship will help me tremendously on focusing on my next and final semester, and upcoming board examinations. I would also like to thank all of my dental hygiene professors for shaping me into student hygienist I am today and for continuously challenging me to be the best dental professional I hope to become in the near future.

Jason Abellera

The Best Textbooks for DA & DH Students



Summer Camp Amelia Island 2016

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	Days Inn Jasmine	Days Inn Magnolia	Amelia Room	Days Inn Jasmine	Days Inn Magnolia	Days Inn Jasmine & Magnolia	Days Inn Jasmine Magnolia
8-5pm	8-5	8-5	8-5	8-5	8-Noon	8-5	8-5	8-Noon	8-5	8-5	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 Mater
Lunch at LaMancha Restaurant											
1-5	Continue	Continue	Continue	Continue	1-5	Continue	Continue	1-5	Continue	Continue	End
#2 DH Clinical Teaching Method.	#6 Histology & Embryol	#7 How to Teach Preventive Dentistry	#8 How to Teach Preventive Dentistry	#9 How to Teach Preventive Dentistry	#10 How to Teach Preventive Dentistry	#11 How to Teach Preventive Dentistry	#12 How to Teach Preventive Dentistry	#13 How to Teach Preventive Dentistry	#14 How to Teach Preventive Dentistry	#15 How to Teach Preventive Dentistry	
5:30 Reception Sea Breeze Lounge	5:30 Reception Sea Breeze Lounge	5:30 Reception Sea Breeze Lounge	5:30 Reception Sea Breeze Lounge	5:30 Reception Sea Breeze Lounge	5:30 Reception Sea Breeze Lounge	5:30 Reception Sea Breeze Lounge	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

Rates at Hampton Inn Amelia Island at Fernandina Beach:

Mon. -Thurs.: \$99 per night

Fri-Sat.: \$119 per night

All Classes held in Amelia Hotel and Days Inn.

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.

		Early Bird Registration Full Payment by: December 1, 2015	Final Registration Full Payment by: July 11, 2016
Mon. Aug. 1, 8a-Noon	1. <u>How to Teach DH Preclinic</u> (4 ceu's)	\$425 _____	\$525 _____
Mon. Aug. 1, 1-5p & Tues. Aug. 2, 8a-5p	2. <u>DH Clinical Teaching Methodology</u> (12 ceu's)	\$600 _____	\$650 _____
Mon. Aug. 1 & Tues. Aug. 2 8a – 5p & Wed. Aug. 3, 8a-Noon	3. <u>Radiology Educator's Workshop</u> (20 ceu's)	\$825 _____	\$950 _____
Wed. Aug. 3, 8a-5p	4. <u>DH Accreditation Workshop</u> (8 ceu's)	\$425 _____	\$525 _____
Wed. Aug. 3, 8a-Noon	5. <u>How to Teach Oral Anatomy</u> (4 ceu's)	\$425 _____	\$525 _____
Wed. Aug. 3, 1-5p	6. <u>How to Teach Histology & Embryology</u> (4 ceu's)	\$425 _____	\$525 _____
Wed. Aug. 3, 1-5p	7. <u>How to Teach Preventive Dentistry</u> (4 ceu's)	\$425 _____	\$525 _____
Thurs. Aug. 4, 8a-5p	8. <u>DA Accreditation Workshop</u> (8 ceu's)	\$425 _____	\$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)	\$350 _____	\$450 _____
Thurs. Aug. 4, 8a-Noon	10. <u>How to Teach Ethics</u> (4 ceu's)	\$425 _____	\$525 _____
Thurs. Aug. 4, 1-5p	11. <u>How to Teach Periodontology</u> (4 ceu's)	\$425 _____	\$525 _____
Fri. Aug. 5, 8a-Noon	12. <u>How to Teach National Board Reviews</u> (4 ceu's)	\$350 _____	\$450 _____
Fri. Aug. 5, 8a-Noon	13. <u>How to Teach Nutrition</u> (4 ceu's)	\$425 _____	\$525 _____
Fri. Aug. 5, 1-5p	14. <u>How to Teach Oral Pathology</u> (4 ceu's)	\$425 _____	\$525 _____
Fri. Aug. 5, 1-5p	15. <u>How to Teach Community Dentistry</u> (4 ceu's)	\$425 _____	\$525 _____
Sat. Aug. 6, 8-5p	16. <u>Allied Dental Educator's Teaching Methodology</u> (8 ceu's)	\$300 _____	\$325 _____
Sun. Aug. 7, 8a-Noon	17. <u>How to Teach Pharmacology/Emergencies</u> (4 ceu's)	\$425 _____	\$525 _____
Sun. Aug. 7, 8a-Noon	18. <u>How to Teach Dental Materials</u> (4 ceu's)	\$425 _____	\$525 _____

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 reserve your place in a class. Only payment reserves your place.