

## CODA: Findings, Revisions & Proposals

by Cindy Biron Leiseca

### Summary of the Commission on Dental Accreditation (CODA) Summer 2016 Session

This article will highlight the important information gathered from the *Unofficial Major Actions Report* and the individual review committee meeting minutes for Dental Assisting (DA) and Dental Hygiene (DH) programs.

### DA Review Committee (DA RC) Meeting Minutes

The DA RC met on July 11-12, 2016 and analyzed the report on *Frequency of Citings of Accreditation Standards for DA Education Programs*

82 Programs were evaluated between January 1, 2014 through October 31, 2015.

Analysis indicates **Standard 2** had the highest number of citings (**420**). Of that 420 citings, these subsets: **Standard 2-6, a-f**: course documentation to students: 71 citings **Standard 2-8**: DA skills content: 70 citings.

**Standard 2-9** DA chairside functions: 58 citings.

DA Accreditation Frequency of Citings		
Standard	Number Citings	% of all Citings
1. Institutional Effectiveness	39	6.5 %
2 Educational Programs	420	70.4 %
3. Administration, Faculty & Staff	78	13.1 %
4. Educational Support Systems	21	3.5 %
5. Health & Safety	32	5.4 %
6. Patient Care Services	7	1.1 %
Totals >	597	100 %

Standard 3: had 78 citings, of which subset 3-8: Faculty positions and ratios to students, had 39 citings.

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## CODA: Findings, Revisions & Proposals

To address oversight at off-campus sites where DA educational activity occurs the DA RC determined that existing Standards 1-6 and 4-10, a and b sufficiently address two (2) out of three (3) areas of oversight at CODA Winter 2016 meeting: written/affiliation agreements with sites where educational activity occurs and appropriate staffing and student/resident oversight.

However, DA RC noted that the existing DA standards do not require faculty calibration at these off-campus sites. DA RC determined this objective would be met by adding new language that stipulates that all instruction at off-campus sites be provided and evaluated by calibrated DA program faculty.

Commission's Policy on Reporting Sites Where Educational Activity Occurs provides a discipline-specific exemption for extramural private dental offices used for the practical work experience. The DA RC noted a phrase within the Intent Statement does not align with the exemption and proposes this language be stricken.

**Recommendation:** It is recommended that the Commission on Dental Accreditation affirm that existing Dental Assisting Standards 1-6 and 4-10, a and b (**Appendix 1**) sufficiently address two (2) out of three (3) areas of oversight required by the Commission.

It is further recommended that the Commission on Dental Accreditation adopt the proposed new language for faculty calibration within Dental Assisting Standard 4-10, g (**Appendix 2**), with immediate implementation.

It is further recommended that the Commission on Dental Accreditation adopt the revision to the Intent Statement for Dental Assisting Standard 4-10 (**Appendix 2**).

4-10 It is preferable and, therefore recommended, that the educational institution provide physical facilities and equipment which are adequate to permit achievement of the program's objectives. If the institution finds it necessary to contract for use of an existing facility for laboratory, preclinical and/or clinical education, then the following conditions must be met in addition to all existing standards.

- a. There is a formal agreement between the educational institution and agency or institution providing the facility.
- b. The program administrator retains authority and responsibility or instruction.
- c. All students receive instruction and practice experience in the facility.
- d. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the educational program.
- e. Availability of the facility accommodates the scheduling needs of the program.
- f. Notification for termination of the contract ensures that instruction will not be interrupted for currently enrolled students.

g. Instruction is provided and evaluated by calibrated dental assisting program faculty.

Intent: *This standard applies to sites off-campus used for laboratory, preclinical and/or clinical education. All students assigned to a particular facility are expected to receive instruction ~~and practice experience~~ in that facility. This standard is not applicable to dental offices/clinic sites used for clinical/externship practice experience.*

## NEW BUSINESS

### **Proposed Revisions to Dental Assisting Standards 2-9, k and 5-1:**

The Dental Assisting Review Committee (DA RC) discussed the data provided in the Frequency of Citings Report and determined compliance of programs with the Accreditation Standards for Dental Assisting Education Programs might be enhanced through modifications within Dental Assisting Standards 2-9, k and 5-1.

The DA RC determined the proposed modifications provide increased guidance, do not alter the basic language and intent of the standards and do not warrant circulation for comment. Therefore, the DA RC proposes immediate adoption and implementation of the proposed changes to Dental Assisting Standards 2-9, k, and 5-1 (**Appendix 3**).

**Recommendation:** It is recommended that the Commission adopt the proposed revisions to Dental Assisting Standards 2-9, k and 5-1 (**Appendix 3**) with immediate implementation. Standard 2-9 k. **Clean and polish removable dental appliances**

### STANDARD 5 – HEALTH AND SAFETY PROVISIONS

#### Infectious Disease/Radiation Management

5-1 The program must document its compliance with institutional policy and applicable ~~regulations of~~ local, state and federal agencies regulations and/or guidelines related to health and safety, including, but not limited to,

#### a. Policies must include:

- i) radiation hygiene and protection,
- ii) ionizing radiation,
- iii) hazardous materials, and
- iv) bloodborne and infectious diseases.

b. Policies must be provided to all students, faculty and appropriate support staff and continuously monitored for compliance.

c. ~~Additionally, p~~ Policies on bloodborne and infectious disease (s) must be made available to applicants for admission and patients.

Link to CODA minutes and reports: <http://www.ada.org/en/coda/accreditation/coda-meeting-materials>

*Continued on Page 3*

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### CODA: Findings, Revisions, Proposals

The Dental Hygiene Review Committee (DH RC) met on July 14-15, 2016. Here is an overview of the highlights of their meeting:

- Analysis of the Frequency of Citings of Accreditation Standards for DH Education Programs
- Consideration of the Annual Survey - No comment
- Consideration of Development of Interprofessional Education Standard
- Consideration of Proposed Revisions to DH Standard 3-6 on Faculty to student ratios
- Consideration of Revisions to Discipline Specific Accreditation Standards to Address Areas of Oversight at Off-Campus Clinics.

**Analysis: The data in the Frequency of Citings of Accreditation Standards for DH Education Programs** 322 Programs  
Evaluated January 2009 through October 2015

The data indicates that a total of 1553 citings of non-compliance were made. Of these, 6.9% (108) were related to Standard 1—Institutional Effectiveness; 51.2% (796) were related to Standard 2—Educational Program; 18.1% (282) were related to Standard 3—Administration, Faculty and Staff; 8.6% (133) were related to Standard 4—Educational Support Services; 5.2% (81) were related to Standard 5—Health and Safety Provisions; and 9.8% (153) were related to Standard 6—Patient Care Services.

Analysis of the data indicates the most frequently cited areas of non-compliance are within Standard 2- Educational Program. The subsets of Standard 2-12 were cited most frequently and received a total of 183 citations. Standard 2-12 requires graduate competence in providing dental hygiene care for various patient types and for assessing the treatment needs of patients with special needs. Citations within Standard 2-12 patient types were distributed as follows: child (35), adolescent (42), adult (25), geriatric (40), and special needs patients (41). Continued monitoring of Standard 2-12 and standards related to patient care and tracking is indicated and future revisions may be warranted. Standard 2-7, which describes the course documentation components provided to students, was cited a total of 169 times. Within Standard 3-Administration, Faculty and Staff, Standard 3-7, a, requiring current knowledge of the specific subject(s) faculty are teaching, and b, requiring educational methodology for faculty, received 47 and 61 citations, respectively.

Based on the current data, it appears most dental hygiene programs demonstrate continuous compliance with the majority of the accreditation standards. The Commission will continue to monitor

DH Accreditation Frequency of Citings		
Standard	Number Citings	% of all Citings
1. Institutional Effectiveness	108	6.9 %
2 Educational Programs	<b>796</b>	<b>51.2 %</b>
3. Administration, Faculty & Staff	<b>282</b>	<b>18.1 %</b>
4. Educational Support Systems	133	8.6 %
5. Health & Safety	81	5.2 %
6. Patient Care Services	153	9.8 %
Totals >	<b>1553</b>	100 %

reports annually and provide an updated summary of the frequency of citings of individual standards.

Review Committee on Dental Hygiene Education (DH RC) considered the report of its six (6)-member sub-committee that convened to study the need for Commission oversight in interprofessional education (IPE). The subcommittee determined modifications to the existing Dental Hygiene Standard 2-15 (**Appendix 1, Policy Report p. 402**) would enable the Commission to provide oversight for existing dental hygiene curriculum in IPE.

The DH RC expanded upon the subcommittee's report and made additional revisions to DH Standard 2-15 (**Appendix 1**). The DH RC determined the proposed revisions reflect existing educational trends and practices and will not have any significant impact on educational programs. Accordingly, the DH RC recommends the Commission adopt the proposed revisions for immediate implementation.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to Dental Hygiene Standard 2-15 found in **Appendix 1** with immediate implementation.

*See proposed revision to Standard 2-3 on the next page*

## STANDARD 2 - EDUCATIONAL PROGRAM

2-15 Graduates must be competent in communicating and collaborating interpersonal and communication skills to effectively interact with diverse population groups and other members of the health care team to support comprehensive patient care.

### Intent:

*Dental hygienists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations.*

*Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs). Students should understand the roles of members of the health-care team and have educational experiences that involve working with other health-care professional students and practitioners.*

### Examples of evidence to demonstrate compliance may include:

- student ~~projects-experiences~~ demonstrating the ability to communicate and collaborate effectively with a variety of individuals, groups and health care providers.
- examples of individual and community-based oral health projects implemented by students during the previous academic year
- evaluation mechanisms designed to ~~monitor~~ assess knowledge and performance of interdisciplinary communication and collaboration.

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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
ESTEP, 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
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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

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CODA: Findings, Revisions & Proposals

**Consideration Of Proposed Revisions to Dental Hygiene Standard 3-6 (p. 403):** The Review Committee on Dental Hygiene Education (DH RC) reviewed all comments received (**Appendices 2 through 5, Policy Report p. 403**) on the proposed revisions to Dental Hygiene Standard 3-6. The vast majority of comments spoke in favor of the proposed revisions to add clarity to the standard and return to the one (1) to five (5) faculty to student ratios. The DH RC recommends the Commission adopt the proposed revision to Dental Hygiene Standard 3-6 (**Appendix 2**), with an implementation date of July 1, 2017 to provide dental hygiene programs with ample time to comply with the revision.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopted the proposed revision to Dental Hygiene Standard 3-6 (**Appendix 2**) with an implementation date of **July 1, 2017**.

## STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

### Faculty

3-6 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.

**Consideration of Revision to Discipline Specific Accreditation Standards to Address Areas of Oversight at Sites Where Educational Activity Occurs (p. 404):** The Review Committee on Dental Hygiene Education (DH RC) reviewed its existing accreditation standards relative to off-campus sites where educational activity occurs. The DH RC reviewed the specific areas listed by the Commission and determined that existing DH Standards 1-6 and 4-4, a, e, f, and g sufficiently address two (2) out of three (3) areas of oversight required by the Commission at its Winter 2016 meeting: written/affiliation agreements with sites where educational activity occurs and appropriate staffing and student/resident oversight. The DH RC noted, however, that although most programs perform faculty calibration exercises for student evaluation, the existing DH standards do not require faculty calibration at sites where educational activity occurs. The DH RC determined this objective would be met through an addition to DH Standard 4-4, f, which stipulates that instruction at the off-campus site be provided and evaluated by calibrated dental hygiene program faculty.

**Recommendation:** It is recommended that the Commission on Dental Accreditation affirm that existing Dental Hygiene Standards 1-6 and 4-4, a, e, f and g sufficiently address two (2) out of three (3) areas of oversight for educational activity sites required by the Commission.

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### 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).<sup>1</sup>

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).

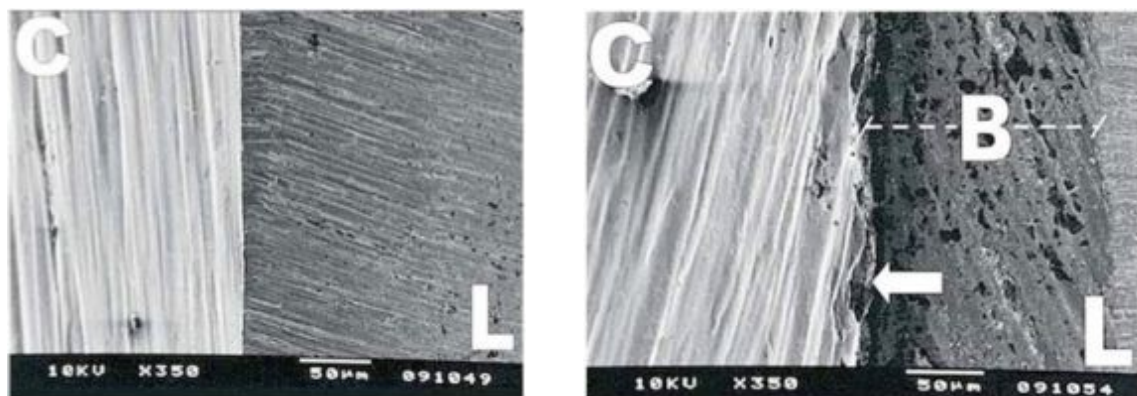
The other techniques in the study were ranked and scored as shown in Table 1. The results shown in Table 1 indicate that the "Stationary Stone, Moving Instrument" relationship produced the most precise cutting edges with scores of 1 to 2

**Table 1 – Ranking of the Sharpening Techniques – Rank 1 is the best  
(condensed from the content of the article)**

<b>Rank</b>	<b>Score</b>	<b>Group</b>	<b>Description of Sharpening Techniques</b>	<b>Relationship</b>
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 8





**Fig. 1: Group 1 (Stationary Stone, Moving Instrument).** By permission: Dr. Roberto Andrade Acevedo<sup>5,6</sup> **Fig. 2: Group 3 (Stationary Instrument, Moving Stone).** By permission: Dr. Roberto Andrade Acevedo<sup>5,6</sup>

### 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."

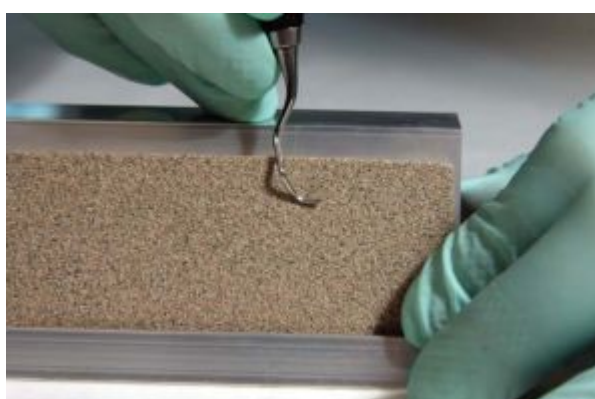
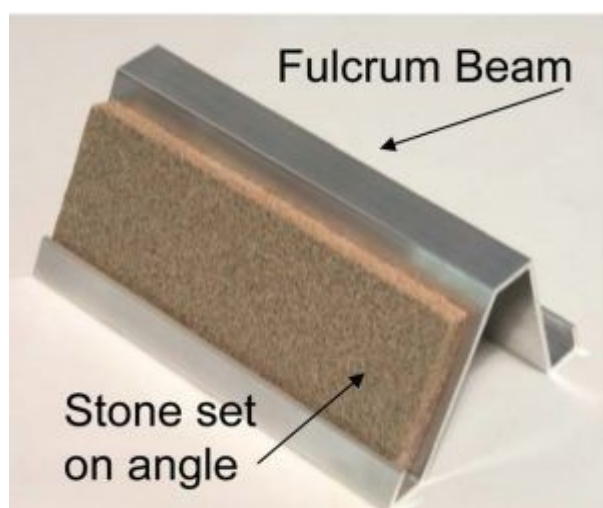
Understanding the design of the instrument's working end is crucial to proper instrument sharpening. Since Gracey curettes have an offset angle with a longer, lower cutting edge, the curvature of the blade is difficult to maintain when sharpening. Therefore, being able to see the blade against the stone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

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.<sup>2</sup> 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/idx.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](#)<sup>1</sup>, [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 A<sup>1</sup>, 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.

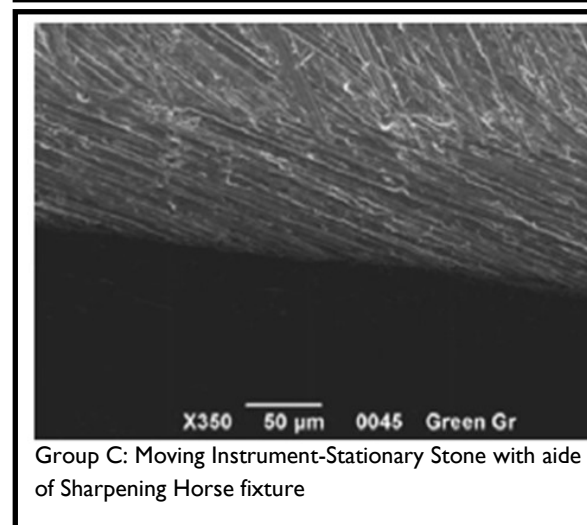
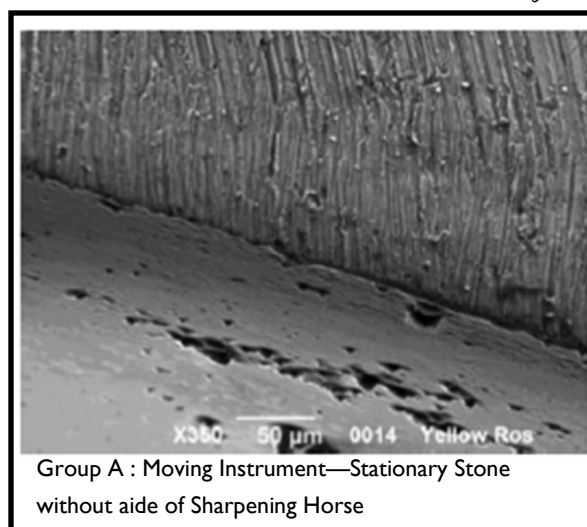
#### RESULTS:

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*

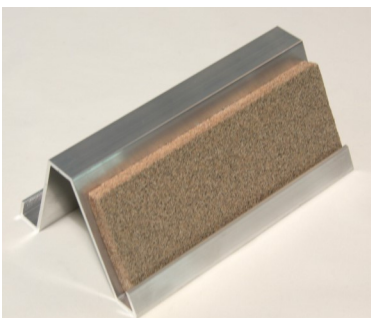
"The Sharpening Horse design is a brilliant, user friendly approach to the critical maintenance of dental hygiene instruments. The concept and the technique is very adaptable for novice and experts in dental hygiene, and our **program faculty made the Sharpening Horse its choice recommendation** for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

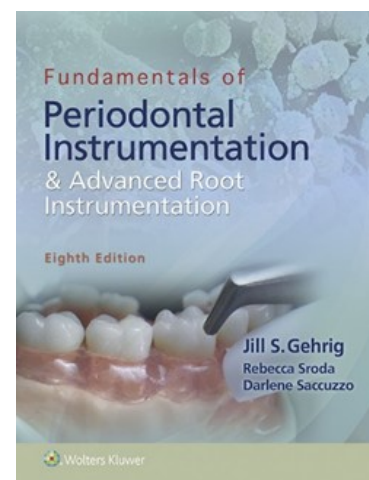
The Sharpening Horse is great to use chairside as it is easy to use and to autoclave. It has given the students the confidence to sharpen their instruments without asking, "Am I doing this right?" Our instructors say that the Sharpening Horse makes it so easy for students to sharpen instruments **they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



Continued from Page 6

**CODA: Findings, Revisions and Proposals**

**Standard 1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.**

**Examples of evidence to demonstrate compliance may include:**

- affiliation agreement(s)

It is further recommended that the Commission on Dental Accreditation adopt the revision to Dental Hygiene Standard 4-4, f with **immediate implementation**.

**4-4 The educational institution must provide physical facilities and equipment which are sufficient to permit achievement of program objectives. If the institution finds it necessary to contract for use of an existing facility for basic clinical education and/or distance education, then the following conditions must be met in addition to all existing Standards:**

- a) a formal contract between the educational institution and the facility;**
- b) a two-year notice for termination of the contract stipulated to ensure that instruction will not be interrupted;
- c) a contingency plan developed by the institution should the contract be terminated;
- d) a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
- e) the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;**
- f) clinical instruction is provided and evaluated by calibrated dental hygiene program faculty**
- g) all dental hygiene students receive comparable instruction in the facility;**
- h) the policies and procedures of the facility are compatible with the goals of the educational program.

**Examples of evidence to demonstrate compliance may include:**

- contract with extended campus facility
- formal written contingency plan
- course and faculty schedules for clinical programs
- affiliation agreements and policies/objectives for all off-campus sites





## Summer Camp News

### Summer Camp 2016 Scholarship Winners

\$1000 Student Scholarship

Pulaski Technical Dental Assisting  
North Little Rock, AR

Student name to be announced in the next issue of this newsletter

\$1000 Faculty Scholarship for Summer Camp 2017

Frank Light from TN State University  
Dental Hygiene Program  
Nashville, TN

\$500 Faculty Scholarship for Summer Camp 2017

Sponsored by Kilgore International

Brenda Chavez, Carrington College in Mesa, AZ

### Changes for Summer Camp 2017

Due to popular demand we are changing our venue back to Hampton Inn & Suites Historic Harbor Downtown Fernandina Beach, Amelia Island, FL. All classes will be held in the hotel or within walking distance at nearby meeting rooms.

Course #1 *DH Clinical Teaching Methodology* has been increased to 16 hours for the same price as the 12 hour course we offered last year.

Course #2 *Radiology Educator's Workshop* is led by Dr. John Preece and Dr. Allison Buchanan and now also includes a half day of hands-on instruction plus a half day of "How to Teach Radiology" course materials by Bobbie Brown.

Course #7 *Community Dental Educator's Workshop* now includes the "How to Teach Community Dentistry" course by Bobbie Brown with all course materials on a flash drive.

Course #8 *Oral Path Symposium* by Dr. Robert Langlais & Dr. Chris Miller will be provided for both educators and practitioners.

Courses #10 *Prevention of Medical Errors* and #11 *Domestic Violence* are minimally priced courses required for Florida State Licensure for practitioners. but allied dental educators are welcomed to attend.

Please see the abbreviated course descriptions on pages 14 -16 of this newsletter, the course schedule on page 18 and mail-in registration form on page 19.

The following links to our newsletter will provide more information about the upcoming Summer Camp 2017:

#### **About our location:**

[Amelia Island](http://www.ameliainland.com/tour-amelia-island) <http://www.ameliainland.com/tour-amelia-island>

#### **Our Presenters:**

<http://www.dhmethod.com/sitebuildercontent/sitebuilderfiles/Course%20Presenters%202017.pdf>

#### **Our Accreditation Information:**

<http://www.dhmethod.com/id17.html>

#### **Camp Attendee Testimonials:**

<http://www.dhmethod.com/sitebuildercontent/sitebuilderfiles/>

#### **References : CODA website Links**

**DA Review Committee Meeting Minutes Summer 2016:**

<http://www.ada.org/en/coda/accreditation/coda-meeting-materials>

**DA Review Committee Policy Reports 2016:**

<http://www.ada.org/en/coda/accreditation/coda-meeting-materials>

**DA Accreditation Standards 2016:**

<http://www.ada.org/~media/CODA/Files/da.pdf?la=en>

**DA Self Study Guide:** <http://www.ada.org/en/coda/site-visits/prep-for-allied-dental-site-visit/allied-dental-site-visit-documents>

**DH Review Committee Minutes Summer 2016:**

<http://www.ada.org/en/coda/accreditation/coda-meeting-materials>

**DH Review Committee Policy Reports 2016:**

<http://www.ada.org/en/coda/accreditation/coda-meeting-materials>

**DH Accreditation Standards Implementation 2017:**

[http://www.ada.org/~media/CODA/Files/2017\\_dh.pdf?la=en](http://www.ada.org/~media/CODA/Files/2017_dh.pdf?la=en)

**DH Self Study Guide Implementation 2017:**

<http://www.ada.org/en/coda/site-visits/prep-for-allied-dental-site-visit/allied-dental-site-visit-documents>

**Unofficial Report of Major Actions August 2016:**

[http://www.ada.org/~media/CODA/Files/coda\\_actions\\_Aug2016.pdf?la=en](http://www.ada.org/~media/CODA/Files/coda_actions_Aug2016.pdf?la=en)

**Evaluation and Operational Policies and Procedures:**

[http://www.ada.org/~media/CODA/Files/eopp\\_changes\\_summer2016.pdf?la=en](http://www.ada.org/~media/CODA/Files/eopp_changes_summer2016.pdf?la=en)

**Program Changes:**

[http://www.ada.org/~media/CODA/Files/guidelines\\_rpt\\_program\\_change.pdf?la=en](http://www.ada.org/~media/CODA/Files/guidelines_rpt_program_change.pdf?la=en)

**Dental Therapy Standards:**

<http://www.ada.org/~media/CODA/Files/dt.pdf?la=en>

## 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  
Ribecca Sreda  
Darlene Scauzzo

Wolters Kluwer

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)

Normal	Prediabetes	Diabetes
< 5.7 %	5.7 – 6.4 %	6.5 % >

## 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/ $\beta_2$ agonist: COPD	Xerostomia, sore throat, sinusitis	<b>Never use for Asthma attack</b>
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

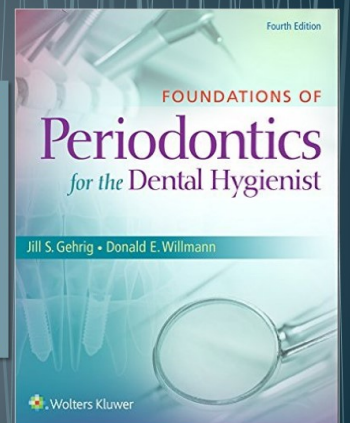
## DHNB REVIEW PERIODONTOLOGY

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](http://www.DHmethEd.com)

## Summer Camp 2017 Abbreviate Course Descriptions

**1. Dental Hygiene Clinical Teaching Methodology (16 ceu's) Mon. July 31, and Tues. Aug. 1<sup>st</sup> 8:00 AM-5:00 PM (Two Days)**

**Course Instructors:** Cindy Biron Leiseca, RDH, EMT, MA, Robin Matloff, RDH, BSDH, JD and Christine Dominick, CDA, RDH, MS  
**and Team of Instructors**

This 16 hour workshop will provide the participants with methods of teaching all phases of the DH clinical education with an emphasis on the progression of skill development throughout the dental hygiene clinical education. Included in electronic format on the course flash drive are syllabi and clinical course schedules, lesson plans, evaluation methods, calibration exercises, outcomes assessment plans and materials for day to day operations of the various clinic levels. The first morning session is devoted to the planning of the preclinic instruction, and includes the syllabi, lesson plans and schedule of practice sessions. The afternoon session includes hands-on methods of teaching periodontal instrumentation to first year dental hygiene students. A simulation lab with periodontally involved typodonts is set up for one-on-one instruction with workshop participants. On Tuesday, August 1st the morning session includes hands-on in advanced root instrumentation teaching methodology. The final afternoon session provides the participants with methods of teaching, calibrating faculty and evaluating student learning in the clinical setting and ways of maximizing the opportunity for student learning while providing evidence based patient centered care.

**2. Radiology Educator's Workshop (20 ceu's) Mon. July 31, and Tues. Aug. 1, 8:00 AM- 5:00 PM and Wed. Aug. 2, 8:00 AM-Noon**

**Course Presenters:** John W. Preece, DDS, MS, Allison Buchanan, DMD, Renee Graham, RDH, MS, Roberta Brown, CDA, RDH, MS

This workshop provides credentialing for radiology educators of dental, dental assisting and dental hygiene students in accredited programs. The twenty hour workshop includes all teaching methods and course materials necessary for teaching a state of the art radiology course in all dental and allied dental programs. Group activities are provided to compliment the corresponding lecture component and provide practical understanding of theoretical concepts and their application to dental radiography. All radiology topics are included along with dental radiology curriculum design and sequencing, assessing competency in radiography, teaching strategies to help make teaching various "theoretical principles" understandable to students from a wide variety of educational backgrounds. This workshop deals with a wide range of topics with some group participation & discussion. A lot of "How do you teach..." "What do you do if/when...." types of issues. Making radiation physics fun and other challenges. The course will include a hands-on component for teaching placement of sensors in digital radiography. Each attendee will receive a Flash drive loaded with all materials needed to teach radiology.

**3. How to Teach Dental Materials(4ceu's) Wed. Aug. 2, 1:00 – 5:00 PM**

**Course Instructor:** Roberta Brown, CDA, RDH, MS

This course includes the entire contents of the Dental Materials course for dental assisting and dental hygiene students. The course includes the course manual, syllabus, power point presentations, class activities, laboratory sessions, course projects, case based quizzes and exams. The entire course is placed in electronic format on flash drives for each course attendee. The instructor will direct course attendees in the methods of teaching dental materials to students. Ways of simplifying the complex topics of the subject matter are clearly explained so that seasoned and novice educators will be well prepared to deliver the information in their own courses. The course can be applied in conjunction with any of the Dental Materials textbooks currently available for dental assisting and dental hygiene education.

**4. DH Accreditation Workshop (8 ceu's) Wed. Aug,2, 8:00 AM – 5:00 PM**

**Course Instructor:** Gwen Welling, RDH, MS

This presentation is designed to guide dental hygiene educators through the accreditation process, prepare them for a site visit and introduce them to procedures required before and after the site visit. It provides detailed instructions on demonstrating compliance with the Commission on Dental Accreditation (CODA) Standards for Dental Hygiene Education Programs and how to address each standard. There will be an emphasis placed on the most frequently cited standards. Updates and changes in the standards are compared with previous accreditation standards to assist attendees in managing what is now expected from the standards. This course provides a step by step guide to organizing and preparing a self-study document. We will have completed self-study documents at the end of the day for your review to assist you with planning the format of your own school's document. Guidelines for conducting a successful site visit are provided in this course. The "Do's" and "Don'ts" of a successful site visit will be clearly outlined for the attendees. The course includes electronic documents that serve as templates for exhibits that are in electronic format on a flash drive for each attendee. This course does not provide participants with entire self-study electronic documents or guarantee one's success at preparing a self-study document or a recommendation free report from the CODA site visit committee.

*Continued on Page 15*



## **Summer Camp 2017 Course Descriptions Continued**

### **5 Dental Assisting Accreditation Workshop (8ceu's) Thurs, Aug, 3, 8AM-5:00 PM**

**Course Instructors:** Christine Dominick, CDA, RDH, MS, and Rebecca Sroda, CDA, RDH, MS

The morning session is designed to assist dental assisting educators with the accreditation process, and it provides detailed instructions on demonstrating compliance with accreditation Standards 1 through 2. An emphasis is placed on the sections of standards that are most frequently cited. This course includes electronic documents that are placed on flash drives for each attendee. The first set of exhibits contains an outcomes assessment matrix, outcomes assessment tools, presentations of program. Information on the curriculum, including the Curriculum Management Plan and all aspects of these standards are addressed in this course. Electronic exhibits provide supportive documentation for the clinical education portions of Standard 2. The afternoon session provides detailed instructions on demonstrating compliance with accreditation Standards 3 through 6. The electronic documents on the flash drive for Standard 6 include a Radiation Safety Plan, Exposure Control Plan, Medical Emergency Plan, and Quality Assurance Plan. Complete self-study documents will be available at the end of the day for your review. The Do's and Don'ts of the site visit will be clearly explained to the attendees. This course does not provide participants with entire self-study electronic documents or guarantee one's success at preparing a self-study document or a recommendation free report from their visiting site team.

### **6. How to Teach Local Anesthesia (4ceu's) Thurs.. Aug.3, 8:00 AM-Noon**

**Course Instructor:** Brent Molen, RDH MA Ed

The course includes the course syllabus, power point presentations, class activities, clinical teaching activities and case based quizzes and exams. All the materials are placed in electronic format on a flash drive for each course attendee. The instructor will direct course attendees in the methods of teaching local anesthesia theory and clinical procedures. This is not a hands-on course. Ways of simplifying the complex topics are clearly explained so that seasoned and novice educators will be well prepared to deliver the information in their own courses. The course material can be applied in conjunction with any of the local anesthesia textbooks currently available for dental hygiene education.

### **7. Community Dentistry Educator's Workshop (12 ceu's) Thurs. Aug. 3, 1:00 – 5:00 PM and Fri. Aug. 4, 8:00 AM-5:00 PM**

**Course Instructors:** Roberta Brown, CDA, RDH, MS., Brent Molen, RDH MA Ed, Gwen Welling, RDH, MS.

This 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. 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 short bus trip will take attendees to go on a tour of a community health center (The Barnabas Center) which ranks in the top 1% of community health centers in the U.S. While at the Barnabas Center, a grant writer will provide a presentation on grant writing. The final four hour session includes a presentation by Roberta Brown on "How to Teach Community Dentistry" and it includes all the materials such as the syllabus, lesson plans, power point presentations, tests, and activities of the course on a flash drive.

### **8.Oral Pathology Symposium: Standardized Approaches for Clinical & Radiographic Assessment(8ceu's) Fri, Aug.4,8:00AM-5:00 PM**

**Course Instructors:** Robert Langlais, BA, DDS, MS, PhD, FRCD(C) and Craig S. Miller, DMD, MS

Dr. Langlais and Dr. Miller are the authors of 5 editions of the *Color Atlas of Common Oral Diseases*, an internationally acclaimed textbook that for more than 20 years has provided detailed analysis of more than 600 disease entities in the mouth in an easy to understand format. This book is a standard for education of dental, dental hygiene and dental assisting students, as well as serving as a chairside reference for dental practitioners.

In the morning session, Dr. Craig S. Miller will lead an entertaining discussion regarding common oral lesions. Emphasis is on the assessment and diagnostic process, the progression of disease from subtle asymptomatic conditions to symptomatic ulcers and growths, and how to document these abnormalities in the electronic health record. Dr. Miller uses his databank of over 30 years of practice and being the Editor of the Oral Medicine section of the journal *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology*, to present a large variety of clinical examples of red, white and pigmented lesions, gingival lumps and bumps, oral ulcers, drug-induced oral lesions and oral manifestations of systemic disease. Practical advice and common treatment remedies will be provided.

*Continued on Page 16*

**Summer Camp 2017 Course Descriptions Continued**

In the afternoon session, Dr. Robert Langlais will provide a presentation and lead a discussion on recognizing developmental and pathological entities which affect the teeth and the impact on practice; how pathologic lesions may alter the normal radiographic anatomy of the jaws and usage of the appropriate descriptive terms. Dr. Langlais will also present on new technology: the unique advantages and diagnostic accuracy of the extraoral panoramic bite wings for the detection of interproximal caries, the Aribex hand held intraoral machine including safety, and cone beam computed tomography (CBCT) as an added panoramic machine feature and what it does better than any other imaging modality.

**9. Allied Dental Educator's Teaching Methodology (8 ceu's) Sat. Aug. 5, 8:00 AM – 5:00 PM**

**Course Instructors:** Deborah Hoxea, RDH, MS and Brent Molen, RDH MA Ed

This is a general educational methodology course for part-time as well as full-time faculty who teach in dental assisting and dental hygiene programs. The topics include the learning environment, learning styles, teaching styles, faculty team building and calibration; critical thinking, test construction, rubrics, providing student feedback and remediation. To demonstrate compliance with Standard 3-7, all faculty members MUST take a general education methodology course such as this one and ALSO specific subject methodology subjects such as our "How to Teach" courses offered in camp.

**10. Medical Errors in Healthcare: Root Cause Analysis, Error Reduction and Prevention, and Patient Safety (2 ceu's) Sat. Aug 5, 8:00-9:45AM (2 ceu's)**

**Course Instructor:** Cynthia Biron Leiseca, RDH, EMT, MA

This course provides participants with information to help establish root causes of medical errors that might occur in healthcare settings, and includes steps that should be taken to ensure patient safety. The lecture includes definitions of significant terms related to medical errors, reasons for studying about errors that might occur, discussion of system failures and types of errors that could occur, information about how root cause analysis is used to establish where errors occur and how they can be prevented, ideas for prevention of errors in healthcare, procedures for documentation and record-keeping, and communication techniques to prevent or reduce the occurrence of errors. Meets licensure requirement for medical disciplines to qualify for

**11. Domestic Violence Issues for the Medical Professional Length: 2 hours (2 ceu's) Sat. Aug. 5, 10:00 AM—Noon**

**Course Instructor:** TBA Hubbard House

Presentation includes **Dynamics of Domestic Violence (DV 101)** focusing on the physical and emotional health of victims and their children. Discussion topics include signs that may indicate domestic violence injuries, emotional reactions and potential perpetrator behavior within the medical setting, how to address potential victims, resources available, and mandatory reporting requirements. This presentation is ideal for nursing students and faculty, hospital staff, emergency providers and other medical personnel. Two hours of training is required to meet licensure requirements for medical disciplines to qualify for Continuing Education Units (CEU)

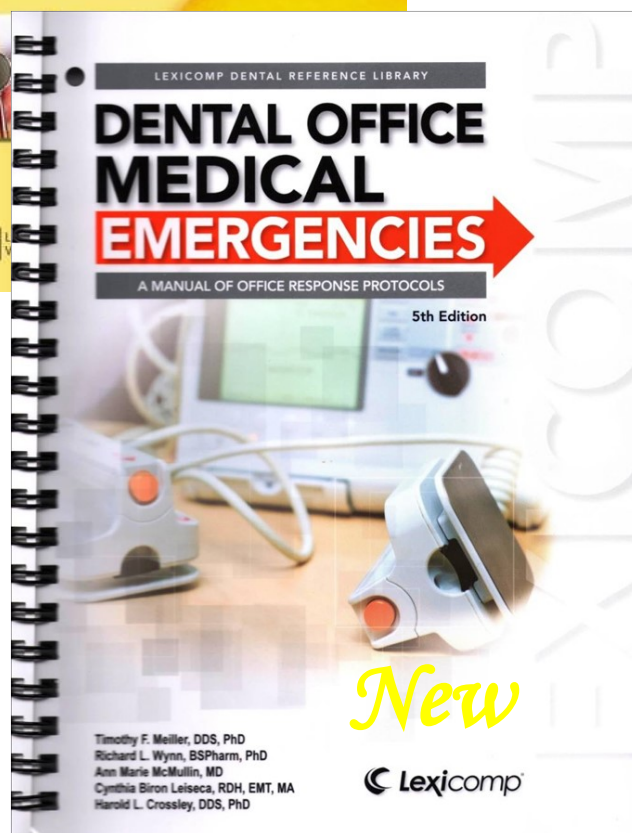
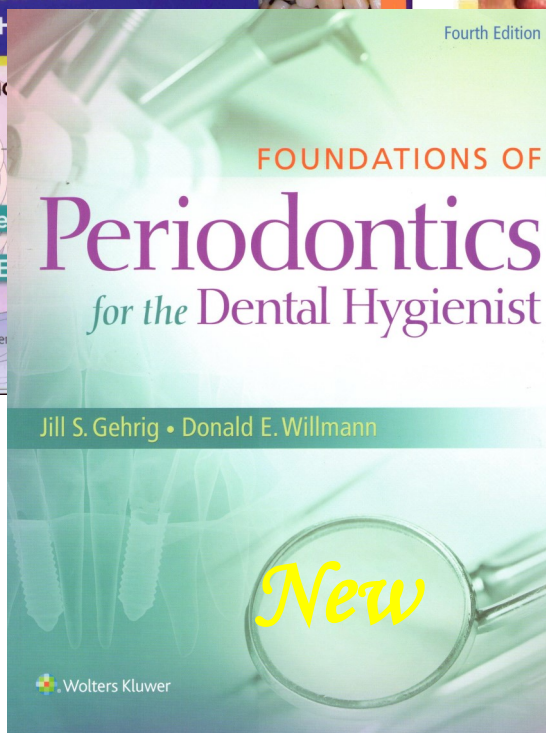
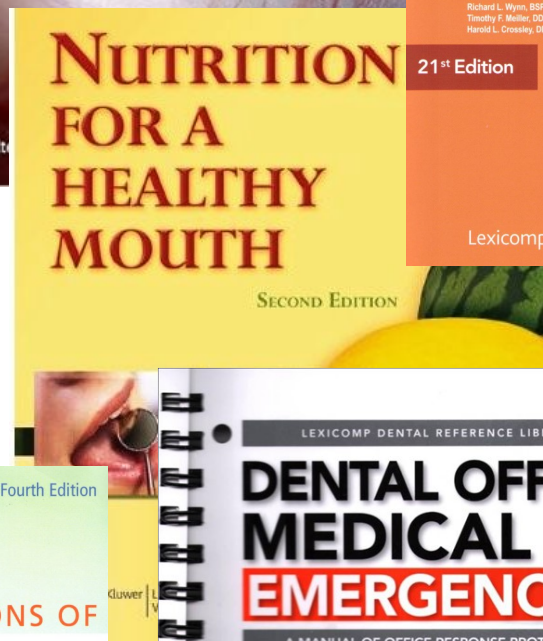
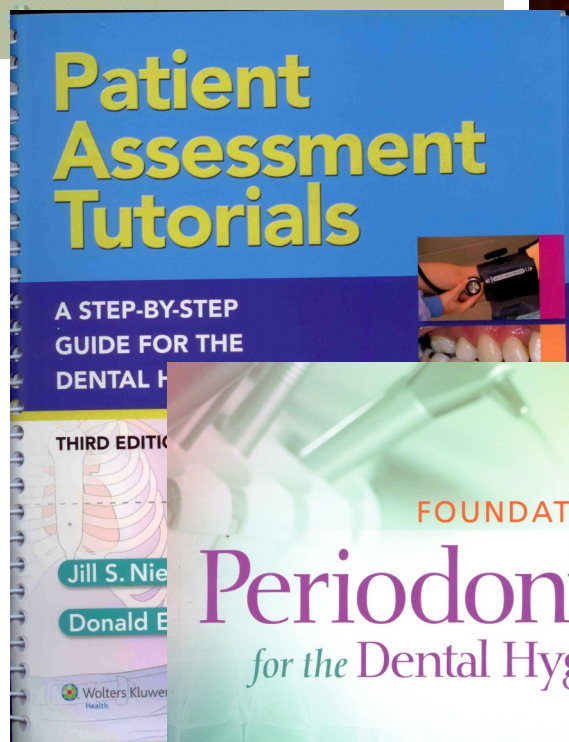
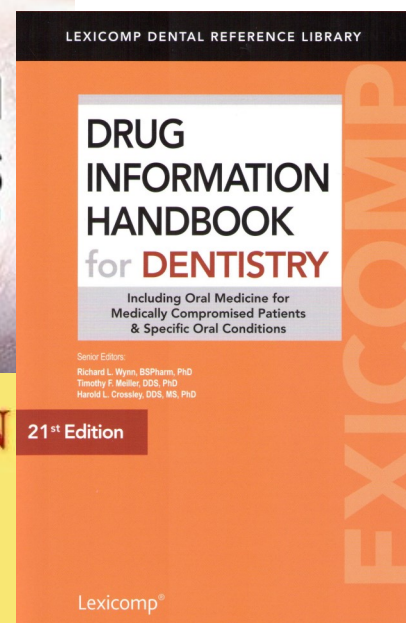
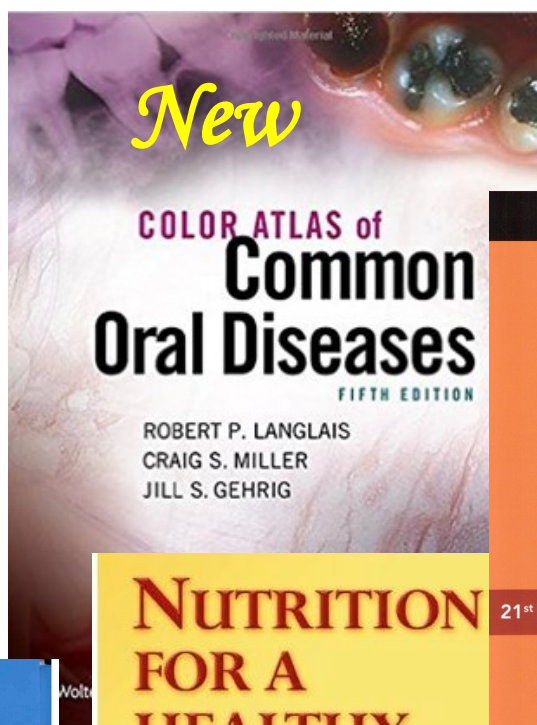
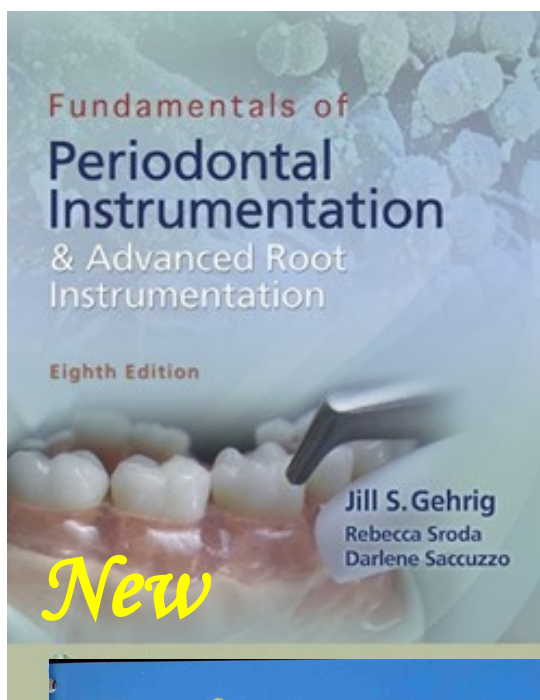
**12. How to Teach Periodontology (4ceu's) Sun, Aug, 6, 8:00AM - Noon**

**Course Instructor:** Deborah Hoxea, RDH, BS, MS

This course includes the entire contents of the Periodontology course for dental hygiene students. The course includes the course manual, syllabus, power point presentations, class activities, course projects, case based quizzes and exams. The entire course is placed in electronic format on a flash drive for each course attendee. The instructor will direct course attendees in the methods of teaching Periodontology to students. Ways of simplifying the complex topics of the subject matter are clearly explained so that seasoned and novice educators will be well prepared to deliver the information in their own courses. The course can will be applied in conjunction with the textbook, "Periodontics for the Dental Hygienist" by Jill S. Nield-Gehrig.

June Issue 2016

## The Best Textbooks for DA & DH Students





## Summer Camp Amelia Island 2017

### Schedule of Courses

[illegible]

**DH Methods of Education, Inc.**  
**Summer Camp Amelia Island, FL July 31 – August 6, 2017**

**PRINT Name:** \_\_\_\_\_ **Courses in color coded text to help you avoid**  
*(This is how your name will appear verifying your continuing education credits)* **registering for classes offered at the same time**

**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.

		<b>Early Bird Registration</b>	<b>Final Registration</b>
		<b>Full Payment by:</b>	<b>Full Payment by:</b>
		<b><u>December 1, 2016</u></b>	<b><u>July 10, 2017</u></b>
<b>Mon. July 31 &amp; Tues. Aug. 1 8a-5p</b>			
	1. <u>DH Clinical Teaching Methodology</u> (12 ceu's)	\$600 _____	\$650 _____
<b>Mon. July 31 &amp; Tues. Aug. 1, 8a – 5p &amp; Wed. Aug. 2, 8a-Noon</b>			
	2. <u>Radiology Educator's Workshop</u> (20 ceu's)	\$825 _____	\$950 _____
<b>Wed. Aug. 2, 1-5p</b>	3. <u>How to Teach Dental Materials</u> (4 ceu's)	\$425 _____	\$525 _____
<b>Wed. Aug. 2, 8a-5p</b>	4. <u>DH Accreditation Workshop</u> (8 ceu's)	\$425 _____	\$525 _____
<b>Thurs. Aug. 3, 8a-5p</b>	5. <u>DA Accreditation Workshop</u> (8 ceu's)	\$425 _____	\$525 _____
<b>Thurs. Aug. 3, 8a-Noon</b>	6. <u>How to Teach Local Anesthesia</u> (4 ceu's)	\$425 _____	\$525 _____
<b>Thurs. Aug. 3, 1-5p &amp; Fri. Aug. 4, 8a-5p</b>	7. <u>Community Dentistry Educator's Workshop</u> (12 ceu's) (Accreditation and public health update)	\$425 _____	\$525 _____
<b>Fri. Aug. 4, 8a-5p</b>	8. <u>Oral Pathology Symposium</u> (8 ceu's)	\$275 _____	\$325 _____
<b>Sat. Aug. 5, 8-5p</b>	9. <u>Allied Dental Educator's Teaching Methodology</u> (8 ceu's)	\$275 _____	\$325 _____
<b>Sat. Aug. 5, 8a-Noon</b>	10. <u>Prevention of Medical Errors</u> (2ceu's)	\$58 _____	\$70 _____
<b>Sat. Aug. 5, 10a-Noon</b>	11. <u>Domestic Violence</u> (2 ceu's)	\$58 _____	\$70 _____
<b>Sun. Aug. 6, 8a-Noon</b>	12. <u>How to Teach Periodontology</u> (4 ceu's)	\$425 _____	\$525 _____

**Lunch is provided for those registered in Classes #1-9**

**Lunch is NOT provided for those registered in Classes #10, #11, #12**

**Register Online:** <http://www.dhmethod.com/category/EC5.html>

**To register by mail:** **Make checks payable to:** DH Methods of Education, Inc. and mail 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 or ask us to reserve your place in a class without registration payment**

All classes are held in the hotel and reserved meeting space within walking distance from the hotel.

Hampton Inn & Suites Historic Harbor Downtown

19 South 2<sup>nd</sup> Street, Fernandina Beach, Amelia Island, FL32034

Call Direct for Reservations (904) 491-4911

Block of rooms is under "Dental Camp". Rates are: Single(King) \$139 Two Double \$149 Suite (King or Double) \$159

Hotel Reservations do not require advanced payment. Deadline for discounted block of rooms expires by June 07, 2017