CODA Unofficial Report of Major Actions

by Cindy Biron

Here are the highlights of the Summer 2018 Meeting that are of importance to DA & DH Programs

Three new programs were granted initial accreditation: one dental hygiene and two dental assisting.

The Commission affirmed the reported voluntary discontinuance effective date or planned closure date of four (4) dental assisting, two (2) dental hygiene programs.

The Commission adopted revisions to the following Accreditation Standards for Dental Hygiene Education

Standards 2-1 and **2-24,** with implementation **January 1, 2019**.

The Commission directed the following proposed revisions to Accreditation Standards be circulated to the communities of interest for comment including, as applicable, hearings at the 2018 American Dental Association (ADA) Meeting and 2019 American Dental Education Association (ADEA) Annual Meeting:

Accreditation Standards for Dental Assisting Education Programs,

Standards 2-5, 2-6, 2-7, 2-13, and new Standard 2-6, with circulation to the communities of interest for a period of one year, for consideration at the August 2019 meeting of the Commission. The DA Review Committee indicated a re-numbering of the Standards would most likely be necessary.

Accreditation Standards for Dental Hygiene Education Programs,

Standard 2-12 and Definition of Terms, with circulation to the communities of interest for a period of one year, for consideration at the August 2019 meeting of the Commission.

The Commission reviewed the report of the Standing Committee on Documentation and Policy Review and took several actions and adopted the following revised policies with immediate implementation:

- Conflict of Interest Policy for Visiting Committee Members

- Confidentiality Policy related to Site Visit Report

- Policy of Simultaneous Service

- Reciprocal Agreement with the Commission on Dental Accreditation of Canada

- Review Committees and Review Committee Meetings

- Site Visitors, Appointments

- Site Visit Procedures

- Reporting Program Changes in Accredited Programs

- Policy on Reporting and Approval of Sites Where Educational Activity Occurs, and related Guidelines for Reporting and Approval of Sites Where Educational Activity Occurs

- Due Process Related to Appeal of Accreditation Status Decisions

- Due Process Related to Denial of Initial Accreditation

- Function and Procedures of the Appeal Board

Note from the Editor:
A thorough review of all meeting materials and minutes from the CODA Summer Meeting of 2018 has been conducted and DA and DH concerns succinctly presented in this newsletter for your convenience. For a thorough investigation please refer to the meeting materials list on the CODA website:

https://www.ada.org/en/coda/accreditation/coda-meeting-materials

Summer Camp Amelia Island

July 29—August 2, 2019 Register online:
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Boot Camp Retreat for Dental Educators !

Synopsis of DA Review Committee Meeting Minutes

Summer 2018 (7/25/2018)

These four items were addressed in the DA RC Meeting:

1) Report on Frequency of Citings of Accreditation Standards

2) Report on Conduct of Validity and Reliability Study for Accreditation Standards

3) Consideration of National Council on Disability Issue Brief "Neglect for Too Long: Dental Care for People with Intellectual and Developmental Disabilities

4) Consideration of the Definition of Distance Education in the Evaluation and Operational Policies and Procedures Manual

Here are the main points to consider on each item:

1)   Report on Frequency of Citings

Dental Assisting Programs Frequency of Citing of non-compliance with DA Standards

1,101 Frequency of citings of non-compliance were made:

Standard 1–Institutional Effectiveness: 7.3% (80)

- **1-1 A Formal and on-going planning and outcomes assessment**
- **1-7 Advisory committee with equal representation of DA & DDS/DMD**

Standard 2–Educational Program: 70.7% (778)

- **2-6 a through f: course documentation provided to students 21.5% (167)**
- **2-8 : essential dental assisting skills**
- **2-9: chairside dental assisting functions**

Standard 3– Administration, Faculty and Staff: 13.1% (144)

- **3-5 Faculty must have education methodology subject specific**
- **3-6 Didactic instructors must have BA degree**
- **3-7 Must be CDA or DDS, DDM (RDH not adequate)**
- **3-8 Faculty positions, ratio of faculty to students**

Standard 4–Educational Support Services: 3.6% (40)

- **4-6 Instruments and armamentarium**

Standard 5– Health and Safety Provisions: 4.7% (52)

- **5-3 Protocol for clinical/laboratory medical emergencies**
- **5-4 All faculty CPR/AED certified**

Standard 6–Patient Care Services: 0.6% (7)

2) Report on Conduct of Validity and Reliability Study for Accreditation Standards:

April 10, 2018 : 8,850 individuals emailed to complete the online survey

April 19 & 30, 2018 Non-respondents sent follow up mailings

May 7, 2018: Data collected with only **520 responses (6.2%)**

DA RC considered the survey data and the written comments gathered through the Validity and Reliability Study of the Accreditation Standards for Dental Assisting Education Programs and analysis of Frequency of Citings to recommend revisions to DA Standards. (See pages 5-8)

3) Consideration of National Council on Disability (NCD) Issue Brief "Neglect for Too Long: Dental Care for People with Intellectual and Developmental Disabilities

Winter 2018 meeting: CODA directed its 14 Review Committees consider (NCD) Issue Brief "Neglect for Too Long: Dental Care for People with Intellectual and Developmental Disabilities,

Summer 2018 meeting: DA RC considered :

- NCD Issue Brief

- June 2018 letter from Alliance for Disability Health Care Education in support of NCD Issue Brief

- Communication submitted by the National Council on Disability

DA RC noted: while students do not have specific patient requirements, dental assistants perform duties that include assisting dentists while treating patients with special needs.

DA RC believed that Standard 2-13 should be revised to incorporate curriculum content at the familiarity level for patients with special needs.

4) Consideration of the Definition of Distance Education in the Evaluation and Operational Policies and Procedures Manual

An excerpt from the DA Review Committee Meeting of CODA Summer 2018 on Confusion on Definition of Distance Education. (See page 4)

Consideration of the Definition of Distance Education in the Evaluation and Operational Policies and Procedures Manual: The Review Committee on Dental Assisting Education (DA RC) reviewed and discussed the current definition of distance education in the Policy on Distance Education found in the Evaluation and Operational Policies and Procedures (**EOPP**) manual.

2018 DH Clinic Key

Biron's Quick Reference of 2018 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

Clinical Dental Hygiene
DHNB Review

Karen Wynn, RDH MEd

Fundamentals of
Periodontal
Instrumentation
& Advanced Root
Instrumentation
Eighth Edition

Jill S. Gehrig
Rebecca Sroda
Darlene Saccuzzo

Patient Assessment Tutorials
A STEP-BY-STEP GUIDE FOR THE DENTAL HYGIENIST
THIRD EDITION
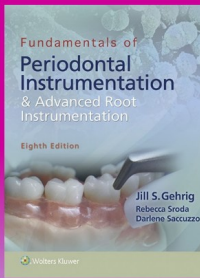
by
Cynthia Biron Leiseca, RDH, EMT, MA
Karen Wynn, RDH, MEd

ARICEPT, donepezil	Cholinergic: Alzheimer's disease	Ø	Ketoconazole
ARIMIDEX, anastrozole	Aromatase inhibitor: Breast cancer	Xerostomia, nausea	Ø
aripiprazole, ABILIFY	Antipsychotic: Atypical quinolinone	Extrapyramidal effects	Anti-infectives
ANORO ELIPTA Umeclidinium vilanterol	Anticholinergic/ β² agonist: COPD	Xerostomia, sore throat, sinusitis	Never use for Asthma attack
ARMOUR THYROID, thyroid	Thyroid hormone: Hypothyroidism	No precautions if controlled	None if controlled
ARNUITY ELIPTA Fluticasone furoate	CORT BRNC: for Asthma maint.	Oral candidiasis	Ø
ARTHROTEC, diclofenac/misoprostol	NSAID/prostaglandin: Arthritis	Ø	Benzodiazepines
ASACOL, mesalamine	5-aminosalicylic: Ulcerative colitis	Pharyngitis	Ø
ASMAMEX Twistinhaler, Mometasone furoate	CORT BRNC: for Asthma maint.	Oral candidiasis	Ø
aspirin, BAYER, BUFFRIN	Antiplatelet: Aspirin therapy for CAD	> Bleeding time, hemorrhage	Some antibiotics
ASTELIN, azelastine	Nasal spray: Rhinitis	Alt. taste, xerostomia, aphthous	CNS depressants
ATACAND, candesartan	AIIB: HTN	* "boxed warning*	Ø
ATELVIA, risedronate sodium		ONJ	Ø
atenolol , TENORMIN		Ø	NSAIDS long term
atenolol chlorthalidone, TE		Hypotension	Ø
ATIVAN, lorazepam		erostomia	CNS depressants
atorvastatin, LIP			
ATRIPLA, efav			
ATROVEN			

Dental Office Pharmacology

Simplifying the complex concepts
of pharmacology

Purchase online:

https://www.dhmethed.com/product/dh-clinic-key-2018/

Cynthia Biron Leiseca, RDH,
Cathleen A. Korondi, CDA,

Book for
learning &
Immunology
Microbiology
DHNB Review
Brent Molen, RDH, MA. Ed

Biron's Quick Reference ... Medical Emergencies

1. When patient is in emergency ... dental treatment immediately!
2. Call out the secret ...
3. DO NOT LEAVE YO...
4. In Medical Emerge...
   (1) Patient Placem...
   (2) Assess AIRWAY...
   (3) Vital Signs Puls...
5. Upon arrival of De...

Team Member DDS
1. Directs Emergency TX
2. Positions patient PRN
3. Manages airway
4. Evaluates Vital Sign
5. Administers oxyge
   Administers dru

...ionist or...

... In Periodontal
...mentation (2nd edition)

Cynthia Biron Leiseca

...ral Pathology Review

Deborah Sparks RDH, MAEd

DHNB REVIEW
PERIODONTOLOGY

Karen Wynn RDH, MEd

FOUNDATIONS OF
Periodontics
for the Dental Hygienist

Jill S. Gehrig • Donald E. Willmann

Dental Pain & Anxiety Management

Author: Nicole Greco, RDH, BSDH, MA

Dental Radiolo...

John W Preece, DDS, MS

English to Spanish Phrases Click to Appropriate Table

Medical History	Dental History	Temperature Assessment	Pulse & Respiration	Blood Pressure
Smoking Cessation	Head & Neck Exam	Gingival Description	Radiographs	

English to Spanish Phrases List for Greeting Patient & Medical History Assessment

ENGLISH	SPANISH
Good morning Mr._____	Buenos dias Señor_____
Good afternoon Mr._____	Buenos dias Señor_____
Good morning Mrs._____	Buenos dias Señora_____
Good afternoon Mrs._____	Buenos tardes Señora_____
My name is _____ I am your dental hygienist	Me llama_____ Soy su hygienista dental
It is nice to meet you.	Mucho gusto en conocero (concerlo)
I do not speak Spanish, I will point to Spanish phrases	No hablo espano. Voy ha indicar Las frases en español

Confusion in Definition of Distance Education

The DA RC believed that there is confusion among the allied disciplines as to the meaning of "deliver instruction to students who are separated from the instructor." The Committee discussed the fact that most dental education programs utilize learning management tools for uploading course syllabi and student grades; however, it appears that confusion exists as to what the Commission considers as the delivery of instruction. Discussion boards where students receive a participation grade, uploading course assignments, and taking examinations through the learning management tool are considered, by Commission Policy, as distance education. However, a physical "drop box" outside of the classroom for submitting assignments or taking an examination in class through the learning management tool are not considered distance education.

Additionally, the Review Committee believed that there is confusion related to "regular and substantive interaction between the students and the instructor." The DA RC believed that the term "regular and substantive interaction" is subjective. The Committee felt that the current definition of distance education may not truly reflect current online delivery of distance education amongst accredited programs. The Committee requested that the Commission review and revise the current definition of distance education within the Policy on Distance Education accordingly.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Standing Committee on Documentation and Policy Review to consider the current definition of distance education in the Policy on Distance Education found in the Evaluation and Operational Policies and Procedures (EOPP) Manual, with regard to the concerns raised by the DA RC, with a report to the Commission at its Winter 2019 meeting.

For the complete document go to Meeting Materials 300 DA RC pdf at https://www.ada.org/en/coda/accreditation/coda-meeting-material

Editor's Note: Here is the existing definition in the 2018 DA Accreditation Standards:

Distance Education:

As defined by the United States Department of Education, distance education is "an educational process that is characterized by the separation, in time or place, between instructor and student. The term includes courses offered principally through the use of (1) television, audio or computer transmission; (2) audio or computer conferencing; (3) video cassettes or disks; or (4) correspondence."
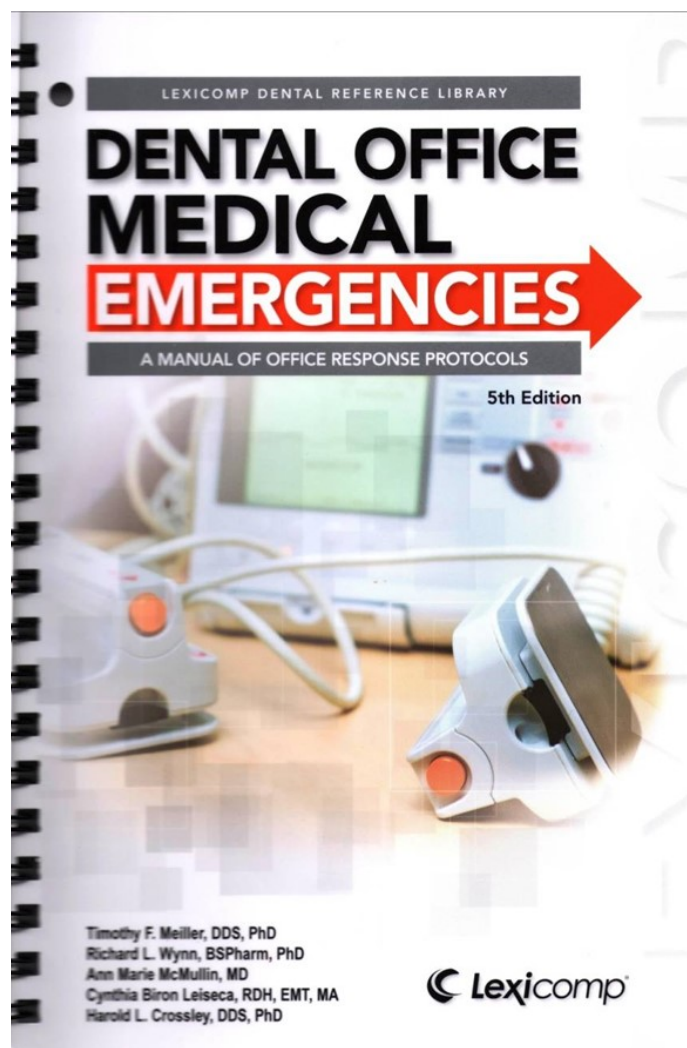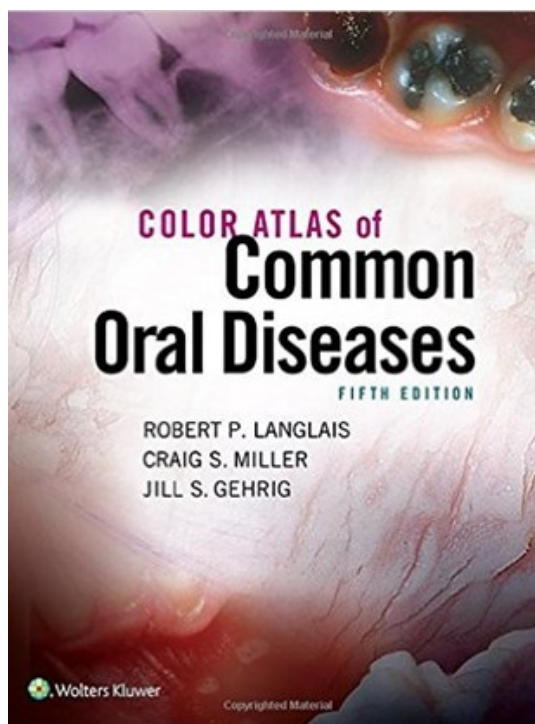
Standards 2-5, 2-6, 2-7, 2-13, and new Standard 2-6, with circulation to the communities of interest for a period of one year, for consideration at the August 2019 meeting of the Commission.

Standard 2 EDUCATION PROGRAM

Curriculum Management

2-5 The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical and behavioral sciences, preclinical and clinical practice. Curriculum must be sequenced to allow assimilation of foundational content in oral anatomy; basic chairside skills, medical emergencies, confidentiality and privacy regulations, infection control, sterilization, and occupational safety precautions, procedures and protocols prior to any patient contact or clinical experiences. Content must be integrated ~~and of~~ with continued elevation throughout the program. Curriculum must demonstrate sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies and program's goals and objectives.

Intent:

Curriculum content should be sequenced to allow assimilation of foundational knowledge and critical thinking skills necessary to ensure patient safety, and opportunity for students to develop the knowledge and skills necessary to ensure patient, student, faculty, and staff safety when performing or assisting in clinical procedures involving patients, including student partners. Programs that admit students in phases, including modular or open-entry shall provide content in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with, and required for patient treatment, prior to any other program content and/ or performances of activities involving preclinical/clinical activities.

Examples of evidence to demonstrate compliance may include:

- Curriculum map demonstrating progression of content elevation

2-6 The dental assisting program must have a formal, written curriculum management plan, which includes:

a. an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;

b. evaluation of the effectiveness of all courses as they support the program's goals and competencies;

c. a defined mechanism for coordinating instruction among dental assisting program faculty.

Intent:

To assure the incorporation of emerging information and achievement of appropriate sequencing, the elimination of unwarranted repetition, and the attainment of student competence, a formal curriculum review process should be conducted on an ongoing and regular basis. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.

Examples of evidence to demonstrate compliance may include:

- **competencies documentation demonstrating relationship of course content to defined competencies of the program**
- **documentation of ongoing curriculum review and evaluation**
- **minutes of meetings documenting curriculum review and evaluation**
- **student evaluation of instruction**
- **curriculum management plan**

Instruction

~~2-6~~ **2-7 Written documentation of each course in the curriculum must be provided to students at the start of each course and include:**

a. The course title, number, description, faculty presenting course and contact information

b. Course **objectives including competency statements** ~~content outline including topics to be presented~~

c. **Content outline including topics to be presented** ~~Specific instructional objectives for each topic presented~~

~~d.   Learning experiences with associated assessment mechanisms~~

d. Course schedule **including learning and evaluation mechanisms** ~~including time allocated~~ for didactic, laboratory, and clinical learning experiences

e. Specific ~~evaluation procedures~~ **criteria** for **final** course grade calculation

Examples of evidence to demonstrate compliance may include:

- Course syllabus
- Rubrics for grade calculation
- Institutional grading policies
- ~~Course knowledge and/or skill assessments~~
- Competencies
- Course schedules to include activities, **assignments, and** evaluations, **assigned class preparations** for each date the course meets.

Student Evaluation

~~2-7~~ **2-8** Objective student evaluation methods must be utilized to measure all defined course objectives to include:

a. Didactic, laboratory, preclinical and clinical content

b. Specific criteria for measuring levels of competence for each component of a given procedure

~~c. Expectation of student performance elevates as students progress through the curriculum~~

Examples of evidence to demonstrate compliance may include:

• Rubric for grading

• Evaluation criteria to measure progress for didactic, laboratory, preclinical and course objectives

• Skills assessments

• Grading policies for multiple assessment attempts

Dental Sciences

Intent:

Dental science content provides the student with an understanding of materials used in intra-oral and laboratory procedures, including experience in their manipulation; an understanding of the development, form and function of the structures of the oral cavity and of oral disease; pharmacology as they relate to dental assisting procedures; and scientific principles of dental radiography

2-13 **2-14** The dental science aspect of the curriculum must include content at the familiarity level in:

a. Oral pathology

b. General anatomy and physiology

c. Microbiology

d. Nutrition

e. Pharmacology to include:

      i. Drug requirements, agencies, and regulations

      ii. Drug prescriptions

      iii. Drug actions, side effects, indications and contraindications

      iv. Common drugs used in dentistry

      v. Properties of anesthetics 31

      vi. Drugs and agents used to treat dental-related infection 32

      vii. Drug addiction including opioids and other substances

Intent:

Dental science content provides the student with an understanding of materials used in intra-oral and laboratory procedures, including experience in their manipulation; an understanding of the development, form and function of the structures of the oral cavity and of oral disease; pharmacology as they relate to dental assisting procedures; and scientific principles of dental radiography

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      ii. Drug prescriptions

      iii. Drug actions, side effects, indications and contraindications

      iv. Common drugs used in dentistry

      v. Properties of anesthetics 31

      vi. Drugs and agents used to treat dental-related infection

      vii. Drug addiction including opioids and other substances

  f. Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines

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Synopsis of DH Review Committee Meeting Minutes

Summer 2018 (7/25/2018)

These Four Items Were Addressed at the DH RC Meeting

1) **Report on Frequency of Citings of Accreditation Standards**

2) **Consideration of Proposed Revisions to DH Standards**

3) **Consideration of National Council on Disability Issue Brief "Neglect for Too Long: Dental Care for People with Intellectual and Developmental Disabilities"**

4) **Potential Standard on Humanistic Culture**

  Here are the main points to consider on each item:

1) **Report on Frequency of Citings of Accreditation Standards**

   See Page 12-13

2) **Consideration of Proposed Revisions to DH Standards**

Major discussion of Standard 2-8d "Definition of Terms" within the Accreditation Standards for Dental Hygiene Education Programs. The Committee discussed the terms "Dental Hygiene Diagnosis" and "Dental Hygiene Process of Care"   Refer to the DA RC Minutes on CODA website for minutes on this discussion. This standard was not mentioned in the Unofficial Report of Major Actions. See proposed standard on Page 17 of this newsletter.

 3) **Consideration of National Council on Disability (NCD) Issue Brief "Neglect for Too Long: Dental Care for People with Intellectual and Developmental Disabilities**

Winter Meeting 2018: CODA directed its 14 Review Committees consider (NCD) Issue Brief "Neglect for Too Long: Dental Care for People with Intellectual and Developmental Disabilities,
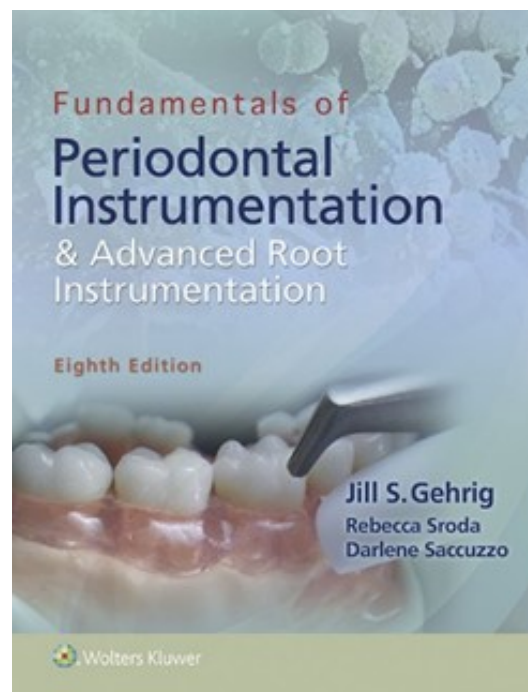
Summer 2018 meeting: DH RC considered :

- NCD Issue Brief

- June 2018 letter from Alliance for Disability Health Care Education in support of NCD Issue Brief

- Communication submitted by the National Council on Disability

The DH RC concluded: Accreditation Standards for Dental Hygiene Education Programs could be enhanced in relation to the education of students to care for people with intellectual and developmental disabilities. DH RC believed that Standard 2-12 should be revised to incorporate curriculum content at the familiarity level for patients with special needs. (See page 18)

Additionally, the Review Committee believed that Standard 2-12 should be revised to require graduates of CODA-accredited dental hygiene education programs to be competent in providing dental hygiene care for the special needs patient population, along with the requirement that graduates be competent in treating child, adolescent, adult and geriatric populations.

4) **Potential Standard on Humanistic Culture**

Dental Hygiene Review Committee (DH RC) considered a new business item related to a "humanistic" culture within dental hygiene education programs. The DH RC noted that many educational institutions are developing and incorporating mindfulness, student and faculty wellness, and diversity of relationships within the academic environment. The DH RC noted that the Accreditation Standards for Dental Education Programs includes a section on the educational environment and a standard on humanistic culture. The DH RC noted that it will further consider this topic during its next Validity and Reliability Study.

TalEval

Computerized Clinical Grading & Outcomes Assessment for Dental Programs

Available in Two Grading Formats:

- Objective Statistical Analysis
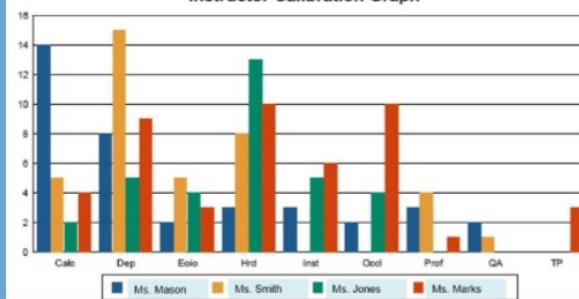- Grade by Appointment
- Web based & Encrypted

Reports Generated Serve as Exhibits for CODA:

- Total Class Performance by Skill
- Individual Student Performance by Skill
- Remediation Variable & Probability
- Patient Care Report with Instructor Comments
- Patient Treatment Tracking
- Instructor Calibration Graph
- Technique Evaluations
- Treatment Phase Tracking
- Grades Individual Students by Critical Error Feature
- Progression of Student Skill Development Graph
- Surveys of Students, Patients, Graduates, Employers

Dental Hygiene Process of Care Grade Entry Form

SubCompetency		±	√	X	N/A	
Further QUESTIONS Findings		○	●	○	○	...
USES references	2	●	○	○	○	...
Vital Signs (TAKES THEM)	3	●	○	○	○	...
NOTIFIES Instructor of risk factors before check-in	4	○	○	●	○	...
Documents appropriately in medical alert box	5	●	○	○	○	...
Documents medications and contraindications	6	●	○	○	○	...
Documents lifestyle RISK factors	7	○	●	○	○	...
Documents a concise statement "summary of health"	8	●	○	○	○	...
UPDATES history at successive and recall appts	9	●	○	○	○	...

Instructor Calibration Graph

Progression of Skill Development
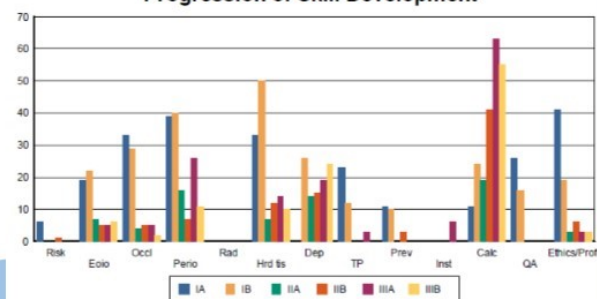
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Dental Hygiene Programs Frequency of Citings of non-compliance with DH Standards

1,793 citings of non-compliance were made:

Standard 1– Institutional Effectiveness; 6.9% (125)

    1-1 Formal and ongoing planning and assessment process
        a. developing plan (13 citings)
        b. Implementing plan (20 citings)
        c. Assessing outcomes (25 citings)
        d. Using results for program improvement (32 citings)

Standard 2–Educational Program; 53.3% (956)

    2-6 Define competencies for graduation (16 citings)
        Evaluation methods that measure competencies (34 citings)
        Evaluation methods communicated to students (24 citings)
    2-7 Written documentation of curriculum at initiation of course
        a. course descriptions (19 citings)
        b. content outlines (22 citings)
        c. Topics to be presented (22 citings)
        d. Specific instructional objectives (41 citings)
        e. Learning experiences (23 citings)
        f. Evaluation procedures (44 citings)
 **2-12 Graduates must be competent in providing dental hygiene care for:**
        Child (42 citings)
        Adolescent (52 citings)
        Adult (31 citings)
        Geriatric (48 citings)
        Special Needs (46 citings)
  2-14 Graduates must be competent in providing DH care for all types of classifications of periodontal disease, moderate to severe disease states. (42 citings)
  2-24 The Dental Hygiene Program must have a formal , written curriculum management plan, which includes
        a. an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources (44 citings)
        b. evaluation of the effectiveness of all courses as they support the program's goals and competencies(41 citings)
        c. a defined mechanism for coordinating instruction among dental hygiene program faculty (39 citings)

Standard 3–Administration, Faculty and Staff; 17.1% (306)

3-2 DH program administrator must have a full time appointment and time for supervision, evaluation and revision of the program (36 citings)

  3-5 Number and distribution of faculty and staff (21 citings)
  3-6 Faculty to student ratios 1 faculty member to five students in clinicals (31 citings)
  3-7 Full time faculty and didactic instructors must have baccalaureate or higher degree (20 citings) All dental hygiene faculty members must have:
        a. current knowledge of the specific subjects they are teaching (50 citings)
        b. documented background in current educational methodology concepts consistent with teaching assignments (subjects) (67 citings). Most cited of all individual standards.
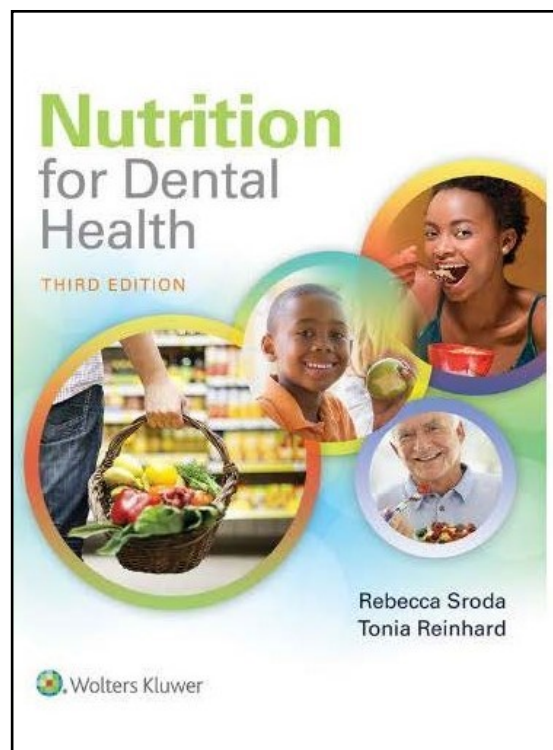
      "How to Teach Specific Subjects"   https://www.dhmethed.com/product-category/courses/

Summer Camp 2018 DA Accreditation Workshop

Continued from Page 12 Frequency of Citings

Standard 4–Educational Support Services; 8.0% (143)

    4-1 a-h Adequate and appropriately maintained facilities (58 citings)

Standard 5– Health and Safety Provisions; 4.8% (86)

    5-1 Document compliance with institutional policy and applicable regulations of local, state and federal agencies: radiation hygiene, protection, ionizing radiation, hazardous materials and blood borne and infectious diseases. (30 citings)

        Policies must be provided to all students, faculty and staff and continuously monitored (20 citings)

    5-3 Management of medical emergencies (21 citings)

Standard 6–Patient Care Services 9.9% (177)

    6-2 Formal written system of patient care quality assurance with a plan that includes:

        a. standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria (21 citings)

        b. ongoing review of a representative sample of patients/records to assess appropriateness, necessity, quality of care (30 citings)

        c. mechanisms to determine cause of treatment deficiencies (45 citings)

        d. patient review policies, procedure, outcomes and corrective measures (48 citings)

Test Sticks Say Little

Just because the instrument cutting edge grabs a test stick, it doesn't mean the sharpening technique restores the original contour of the instrument blade. If the test stick alone is your criteria for determining the effectiveness of your sharpening technique, please look at the research.

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

Di Fiore A[1], 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).
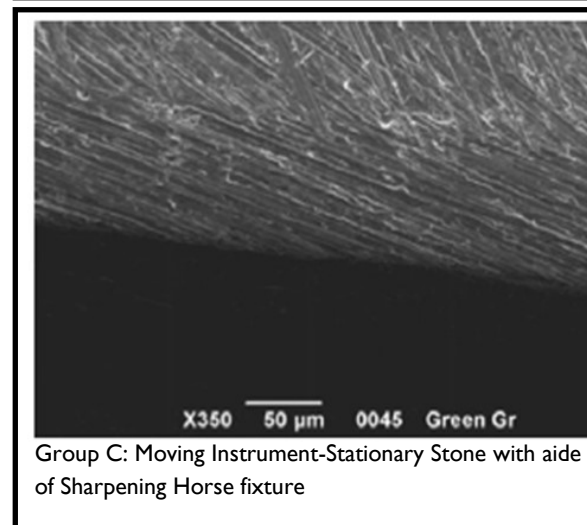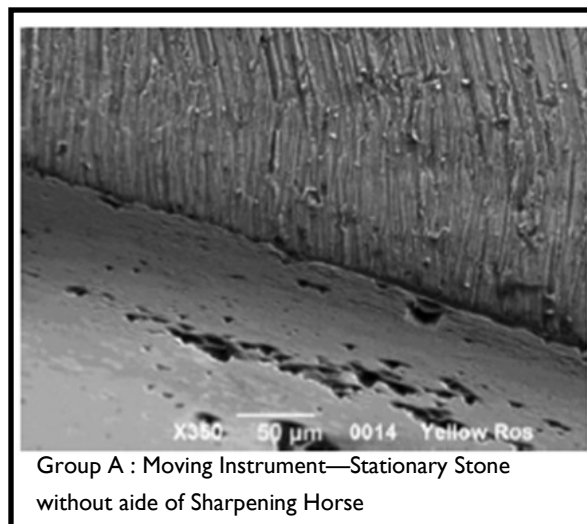
METHODS:

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

Group A : Moving Instrument—Stationary Stone without aide of Sharpening Horse

Group B: Moving Stone– Stationary Instrument

Group C: Moving Instrument-Stationary Stone with aide of Sharpening Horse fixture

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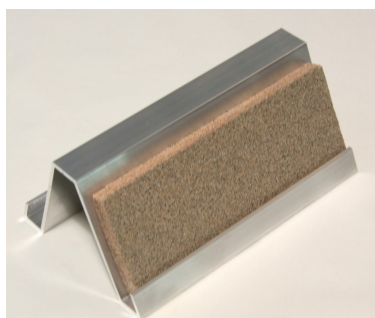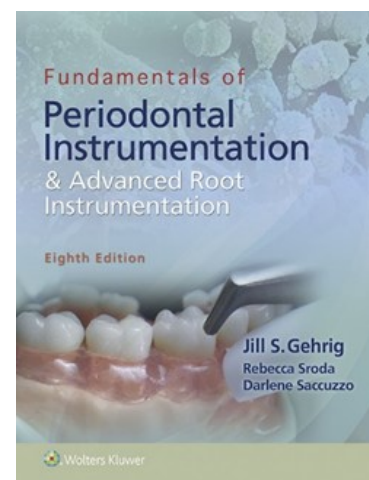
Sharpening Horse Kits include the fixture, ceramic stone, directions and test sticks.
Bulk orders of 10 or more for students is $63.00 per kit

Original instructions on how to use the Sharpening Horse can also

be found on Pages 616-623 of this textbook

Contact us to bulk order for students:

Cindy@DHmethEd.com or call (888) 829-9013

STANDARD 2 - EDUCATIONAL PROGRAM

Instruction

2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.

  In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, graduates of the program must be awarded an associate or <u style="color:red">comparable</u> degree, post-degree certificate, or baccalaureate degree.

Revised DH Standard 2-24   <u>Implementation January 1, 2019</u>

Curriculum Management

 2-24 The dental hygiene program must have a formal, written curriculum management plan, which includes:

 a) an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;

b) evaluation of the effectiveness of all courses as they support the program's goals and competencies;

c) a defined mechanism for coordinating instruction among dental hygiene program faculty.

d) a defined mechanism to calibrate dental hygiene faculty for student clinical evaluation.

Intent:

To assure the incorporation of emerging information and achievement of appropriate sequencing, the elimination of unwarranted repetition, and the attainment of student competence, a formal curriculum review process should be conducted on an ongoing and regular basis. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.

 Examples of evidence to demonstrate compliance may include:

- **competencies documentation demonstrating relationship of course content to defined competencies of the program**

- **documentation of ongoing curriculum review and evaluation**

- **minutes of meetings documenting curriculum review and evaluation**

- **student evaluation of instruction • curriculum management plan**

- **documentation of calibration exercises**

Definitions of Terms Used in

Dental Hygiene Accreditation Standards

Dental Hygiene Diagnosis: ~~Identification of an existing or potential oral health problem that a dental hygienist is qualified and licensed to treat~~. The identification of an individual's health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide.

Dental Hygiene Process of Care: A framework where the individualized needs of the patient can be met. The process identifies the causative or influencing factors of a condition that can be reduced, eliminated, or prevented by the dental hygienist. There are six components to the dental hygiene process of care: assessment, dental hygiene diagnosis, planning, implementation, evaluation, and documentation.

Interprofessional Education*: When students and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration to improve health outcomes.

STANDARD 2 - EDUCATIONAL PROGRAM

Curriculum

2-8d **Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.**

Intent:

Dental hygiene sciences provide the knowledge base for dental hygiene and prepares the student to assess, perform dental hygiene diagnoses, formulate a dental hygiene care plan, implement, ~~and~~ evaluate, and document dental hygiene services as an integral member of the health team. Content in provision of oral health care services to patients with bloodborne infectious diseases prepares the student to assess patients' needs, perform dental hygiene diagnoses, ~~and~~ formulate a dental hygiene care plan, implement, ~~and~~ evaluate, and document appropriate treatment.

*Definition adapted from the World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization

"How to Teach Local Anesthesia" with Brent Molen

Registration: Lorinda Simon & Ted Neal

Proposed with circulation to the communities of interest for a period of one year, for consideration at the August 2019 meeting of the Commission.

Definitions of Terms Used in

Dental Hygiene Accreditation Standards

Patients with special needs: Those patients whose medical, physical, psychological, or social ~~situations~~ conditions make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with intellectual and/or developmental disabilities, complex medical problems, and significant physical limitations.

STANDARD 2 - EDUCATIONAL PROGRAM

Patient Care Competencies

2-12 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, and geriatric, and special needs patient populations ~~patient~~.

~~Graduates must be competent in assessing the treatment needs of patients with special needs.~~

Intent:

An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, developmental, intellectual or social ~~situations~~ conditions may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student.

Clinical instruction and experiences ~~with special needs patients~~ should include ~~instruction in proper communication techniques and assessing the treatment~~ the dental hygiene process of care compatible with each of these patient~~s~~ populations.

Examples of evidence to demonstrate compliance may include:

• program clinical and radiographic experiences, direct and non-direct patient contact assignments, and off-site enrichments experiences

• patient tracking data for enrolled and past students

• policies regarding selection of patients and assignment of procedures

• student clinical evaluation mechanism demonstrating student competence in clinical

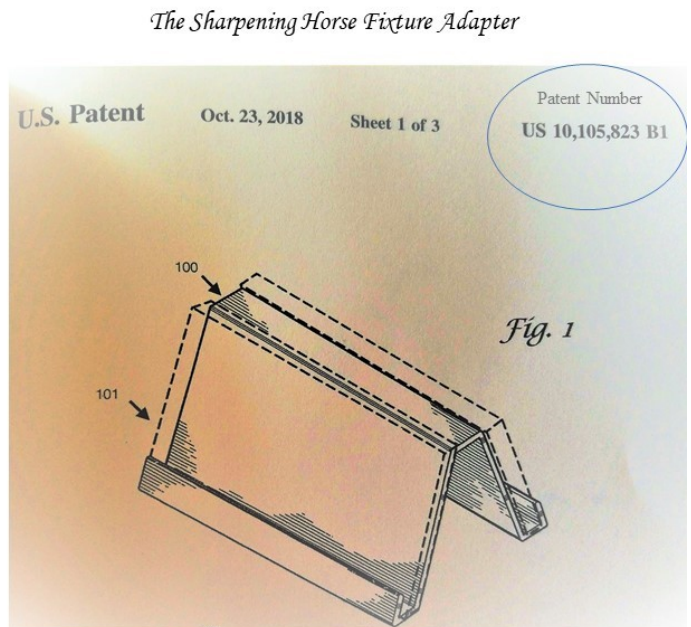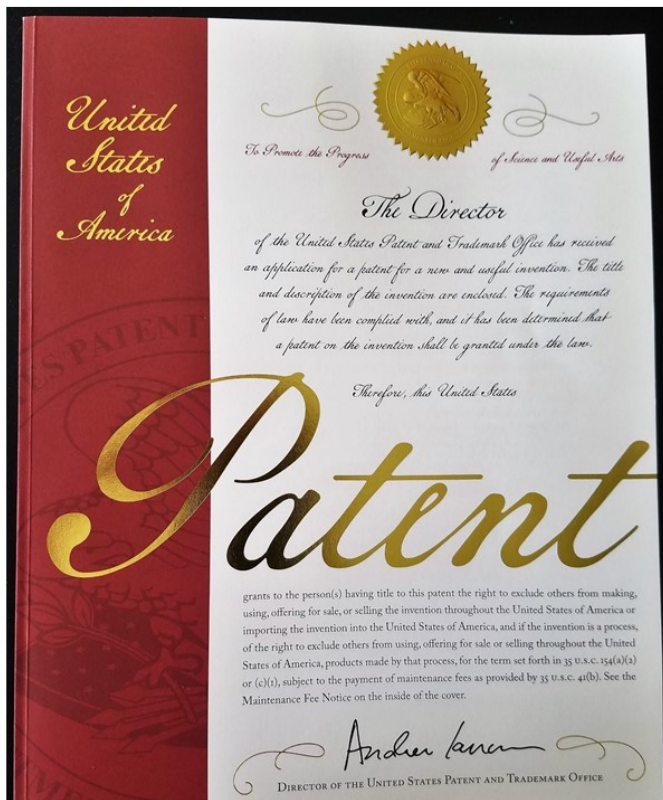skills, communication and practice management.

Instrument Sharpening Study

If you would like to be involved in a study on instrument sharpening please contact Cindy Biron Cindy@ DHmethEd.com. On Tuesday, July 30, there will be a research lab conducted at Summer Camp Amelia Island 2019 to calibrate instructors who wish take part in the study. There is no cost to attend the research lab which is limited to 15 participants. Participants must reserve their place in the research lab which will close when filled.

The research will involve first year DH students who have not yet been taught instrument sharpening. The students will complete a survey of their learning experience after the lab. The results will be submitted for publication.

New Patent

After much research and now irrefutable evidence on its effectiveness. The Sharpening Horse is PATENTED!

The Sharpening Horse Fixture Adapter

U.S. Patent   Oct. 23, 2018   Sheet 1 of 3   Patent Number US 10,105,823 B1

Fig. 1

Owner: Cynthia Biron, President
DH Methods of Education, Inc.

Single orders of *The Sharpening Horse Kit*

(which includes the fixture, ceramic stone, and test sticks) can be purchased at retail price through our online store:

https://www.dhmethed.com/product/the-sharpening-horse-kit/
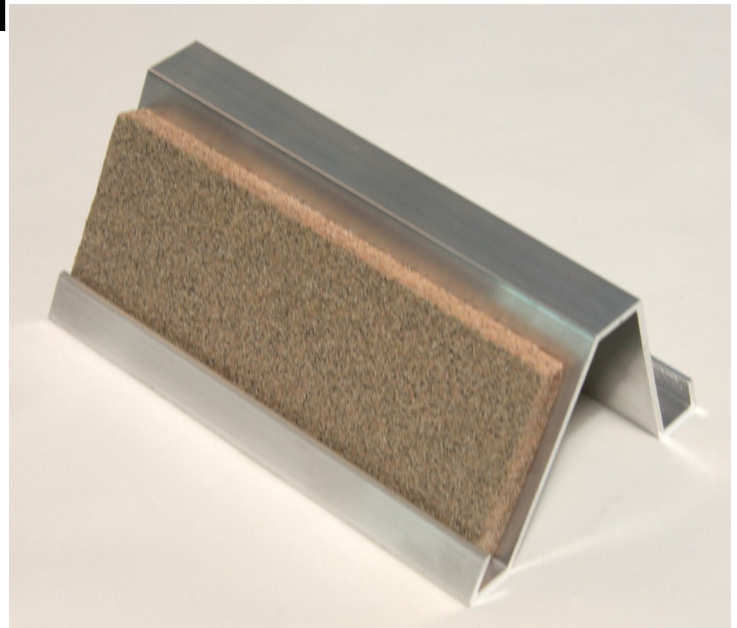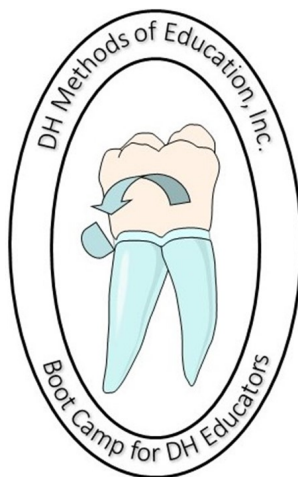
Here is a link to the video demonstration on instrument design and the technique for using the Sharpening Horse:

https://www.youtube.com/watch?v=r4A56UuTP3Q

Summer Camp Amelia Island

How to Teach Periodontal Instrumentation

Loving Camp!

Cindy Wampler   Megan Olson   Cathy Korondi   Melissa Olson   Christine Dominick

Summer Camp 2019 Course Schedule

Monday July 29th

	Hampton Inn Ergmont-Strathmore Kensington	Island Art Center
8:00 AM	Course #1	Course #2
	How to Teach Periodontal Instrumentation	Dental Materials
	Cindy Biron	Bobbie Brown
	Christine Dominick	
	Cristina Lekos	
	Robin Matloff	
	Becky Sroda	
Lunch	Lunch Topic Discussions — Facilitators: Cindy Biron, Lorinda Simon, Melany Thien	
1:30 PM	Continued	Course #3
	How to Teach Periodontal Instrumentation	How to Teach Nutrition
	Christine Dominick	Becky Sroda
	Cristina Lekos	
	Robin Matloff	
	Lorinda Simon	
	Melany Thien	
5:30 PM	End	End

Tuesday, July 30th

	Hampton Inn Ergmont-Strathmore	Hampton Inn Kensington	Island Art Center
8:00 AM	Course #4	Course #5	Research Lab
	DH Clinical Calibration	DA Accred	Instrument Sharpening
	Cindy Biron	Christine Dominick	Lorinda Smith
	Robin Matloff	Becky Sroda	Melany Thien
Lunch	Lunch Topic Discussions — Facilitators: Cristina Lekos, Lorinda Smith, Melany Thien		
1:30 PM	Continued	Continued	Course #6
	DH Clinical Calibration	DA Accred	How to Teach Histology & Embryol
	Cindy Biron	Christine Dominick	Lone Foreman
	Robin Matloff	Becky Sroda	
5:30 PM	End	End	End

Wednesday, July 31st

	Hampton Inn Ergmont-Strathmore	Hampton Inn Kensington	Island Art Center
8:00 AM	Course #7 Day 1	Course #8	Course #10
	Radiol Educator's Workshop	How to Teach Community Dentistry	How to Teach Ethics
	Dr Buchanon	Bobbie Brown	Robin Matloff
	Dr Preece		
		End	End
Noon Lunch	Lunch Topic Discussions — Facilitators: Cristina Lekos, Lorinda Smith, Melany Thien		
1:30 PM	Continued	Course #9	Course #11
		How to Teach Oral Anatomy	How to Teach DH Preclinic
	Dr Buchanon	Megan Olson	Melissa Olson
	Dr Preece		
	Continued next morning	End	End
5:30 PM	5:30 PM	5:30 PM	5:30PM

Thursday, August 1st

	Hampton Inn Ergmont-Strathmore	Hampton Inn Kensington	Island Art Center
8:00 AM	Course #7 Day 2	Course #12	Course #14
	Radiology Educator's Workshop	How to Teach Oral Pathology	How to Teach Pharm
	Dr Buchanon	Brent Molen	Megan Olson
	Dr Preece		
		End	End
Lunch	Lunch Topic Discussions — Facilitators: Cindy Biron, Cristina Lekas, Melany Thien		
1:30 PM	Continued	Course #13	Course #15
		How to Teach Local Anesthesia	How to Teach Perio
	Dr Buchanon	Brent Molen	Cindy Wampler
	Dr Preece		
	Continued next morning	End	End
5:30 PM	5:30 PM	5:30 PM	5:30 PM

Friday, August 2nd

	Hampton Inn Ergmont-Strathmore	Hampton Inn Kensington
8:00 AM	Course #7 Day 3	Course #16
	Radiology Educator's Workshop Course on Flashdrive	DH Accred Workshop
	Bobbie Brown	Gwen Welling
Lunch	Lunch Topic Discussions — Facilitators: Cindy Biron, Melany Thien, Ted Neal	
1:30 PM	Continued	Continued
	Hands-on Session	
	Bobbie Brown	Gwen Welling
	Rene Groham	
5:30 PM	End	End

DH Methods of Education, Inc.

Summer Camp Amelia Island, FL   July 29 – August 2, 2019

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. **Classes are capped at 30 and will close when filled. No reservations without payment.**

		Early Registration Full Payment by: April 5, 2019	Final Registration Full Payment by: July 12, 2019
Mon. July 29, 8a-5p	1. *How to Teach Periodontal Instrumentation* (8ceu's)	$350_____	$375_____
Mon. July 29, 8a-12p	2. *How to Teach Dental Materials* (4 ceu's)	$495 _____	$550_____
Mon. July 29, 1-5p	3. *How to Teach Nutrition* (4 ceu's)	$495 _____	$550_____
Tues. July 30, 8-5p	4. *DH Clinical Calibration Workshop* (8 ceu's)	$350 _____	$375_____
Tues. July 30, 8a-5p	5. *DA Accreditation Workshop* (8 ceu's)	$495 _____	$550_____
Tues. July 30, 1-5p	6. *How to Teach Histology & Embryology* (4 ceu's)	$495 _____	$550_____
Wed. July 31 – Fri. Aug. 2, 8a-5p (**3 full days**):			
	7. *Radiology Educator's Workshop* (24 ceu's)	$925 _____	$975_____
Wed. July 31, 8a-12p	8. *How to Teach Community Dentistry* (4 ceu's)	$495_____	$550_____
Wed. July 31, 1-5p	9. *How to Teach Oral Anatomy* (4 ceu's)	$495_____	$550_____
Wed. July 31, 8a-12p	10. *How to Teach Ethics* (4 ceu's)	$495 _____	$550_____
Wed. July 31, 1-5p	11. *How to Teach DH Preclinic* (4 ceu's)	$495 _____	$550_____
Thurs. Aug. 1, 8-12p	12. *How to Teach Oral Pathology* (4 ceu's)	$495 _____	$550_____
Thurs. Aug. 1, 1-5p	13. *How to Teach Local Anesthesia* (4 ceu's)	$495 _____	$550_____
Thurs. Aug. 1, 8a-12p	14. *How to Teach Pharmacology* (4 ceu's)	$495 _____	$550_____
Thurs. Aug. 1, 1-5p	15. *How to Teach Periodontology* (4 ceu's)	$495 _____	$550_____
Fri. Aug 2, 8a-5p	16. *DH Accreditation Workshop* (8 ceu's)	$495 _____	$550_____

If you have questions, call us at 888-829-9013 or text 904 556-1406 or email Cindy@DHmethEd.com

Go to our website to learn all about Summer Camp Amelia Island and Register Online: www.DHmethEd.com

To register by mail: *Make checks payable to:* DH Methods of Education, Inc. and mail to:
DH Methods of Education, Inc.   P.O Box # 180819   Tallahassee, FL 32318

PLEASE Do NOT mail or FAX P.O. numbers to ask us to reserve a class without registration payment

All classes are held in the hotel and meeting space withinwalking distance from the hotel.
Hampton Inn & Suites Historic Harbor Downtown
19 South 2nd Street, Fernandina Beach, Amelia Island, FL 32034   Call Direct for Reservations (904) 491-4911 under "Dental Camp".