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

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July 29—August 2, 2019 Register online:
https://www.dhmethed.com/product-category/courses/

Boot Camp Retreat for Dental Educators!
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

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.

Continued on Page 4
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.”
Proposed Revisions to Standards and New Dental Assisting Standard

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**

2-72-8 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
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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
   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
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 (NCD) 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.
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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.


Summer Camp Amelia Island 2019
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 A¹, Mazzoleni S, Fantin F, Favero L, De Francesco M, Stellini E.

Abstract

OBJECTIVE:

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

METHODS:

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

RESULTS:

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

CONCLUSIONS:

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

Permission Granted by Author

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<th>Descriptive Statistical Analysis of scores in the measurements</th>
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<th>Observer 2</th>
<th>Observer 3</th>
<th>Observer 4</th>
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<td>Group C (Moving Inst. Stationary Stone with Sharpening Horse fixture)</td>
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<td>0.51</td>
<td>1.6</td>
<td>0.51</td>
<td>1.6</td>
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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.

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

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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 comparable degree, post-degree certificate, or baccalaureate degree.

Revised DH Standard 2-24 Implementation January 1, 2019

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.

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 patients 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 to 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

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

<table>
<thead>
<tr>
<th>Monday, July 29th</th>
<th>Tuesday, July 30th</th>
<th>Wednesday, July 31st</th>
<th>Thursday, August 1st</th>
<th>Friday, August 2nd</th>
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<tbody>
<tr>
<td>Hampton Inn Endmont-Strathmore</td>
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<td>Hampton Inn Endmont-Strathmore</td>
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<tr>
<td>Course #1</td>
<td>Course #2</td>
<td>Course #4</td>
<td>Course #5</td>
<td>Research Lab</td>
</tr>
<tr>
<td>How to Teach Periodontal Instrumentation</td>
<td>Dental Materials</td>
<td>DA Accred</td>
<td>Instrument Sharpening</td>
<td>Radiol Educator’s Workshop</td>
</tr>
<tr>
<td>Cindy Biron</td>
<td>Bobbie Brown</td>
<td>Christine Dominick</td>
<td>Christine Dominick</td>
<td>Dr Buchanan, Dr Preece</td>
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<tr>
<td>Christine Dominick</td>
<td>Cindy Biron, Robin Matloff</td>
<td>Lorinda Smith</td>
<td>Melany Thien</td>
<td>Bobbie Brown, Robin Matloff</td>
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<td>Cristina Lekas, Robin Matloff, Becky Sroda</td>
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<td>Noon Lunch</td>
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<td>Lunch Topic Discussions Facilitators: Cindy Biron, Lorinda Simon, Melany Thien</td>
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<td>Continued</td>
<td>Course #3</td>
<td>Continued</td>
<td>Course #6</td>
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<tr>
<td>How to Teach Periodontal Instrumentation</td>
<td>How to Teach Nutrition</td>
<td>Continued</td>
<td>How to Teach Histology &amp; Embryol</td>
<td>How to Teach Oral Anatomy</td>
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<tr>
<td>Christine Dominick</td>
<td>Becky Sroda</td>
<td>Christine Dominick</td>
<td>Dr Buchanan, Dr Preece</td>
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<tr>
<td>Course #9</td>
<td>Course #11</td>
<td>Continued</td>
<td>Continued</td>
<td>Hands-on Session</td>
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<tr>
<td>How to Teach Oral Pathology</td>
<td>How to Teach Ethics</td>
<td>How to Teach Oral Preclinic</td>
<td>How to Teach Local Anesthesia</td>
<td>Cindy Wampler</td>
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<tr>
<td>Brent Molien, Megan Olson</td>
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<td>Brent Molien</td>
<td>Bobbie Brown, Rene Graham</td>
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<td><strong>Gwen Welling</strong></td>
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<td><strong>Gwen Welling</strong></td>
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</tbody>
</table>
DH Methods of Education, Inc.
Summer Camp Amelia Island, FL    July 29 – August 2, 2019

PRINT Name:___________________________________________

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

Courses in color coded text to help you avoid 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.**

<table>
<thead>
<tr>
<th>Day</th>
<th>Course Description</th>
<th>Early Registration</th>
<th>Final Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon. July 29, 8a-5p</td>
<td>1. How to Teach Periodontal Instrumentation (8 ceu’s)</td>
<td>$350____</td>
<td>$375____</td>
</tr>
<tr>
<td>Mon. July 29, 8a-12p</td>
<td>2. How to Teach Dental Materials (4 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
</tr>
<tr>
<td>Mon. July 29, 1-5p</td>
<td>3. How to Teach Nutrition (4 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
</tr>
<tr>
<td>Tues. July 30, 8-5p</td>
<td>4. DH Clinical Calibration Workshop (8 ceu’s)</td>
<td>$350 ____</td>
<td>$375 ____</td>
</tr>
<tr>
<td>Tues. July 30, 8-5p</td>
<td>5. DA Accreditation Workshop (8 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
</tr>
<tr>
<td>Tues. July 30, 1-5p</td>
<td>6. How to Teach Histology &amp; Embryology (4 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
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<tr>
<td>Wed. July 31 – Fri. Aug. 2, 8a-5p (3 full days):</td>
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<td></td>
<td>7. Radiology Educator’s Workshop (24 ceu’s)</td>
<td>$925 ____</td>
<td>$975 ____</td>
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<tr>
<td>Wed. July 31, 8a-12p</td>
<td>8. How to Teach Community Dentistry (4 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
</tr>
<tr>
<td>Wed. July 31, 1-5p</td>
<td>9. How to Teach Oral Anatomy (4 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
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<tr>
<td>Wed. July 31, 8a-12p</td>
<td>10. How to Teach Ethics (4 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
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<tr>
<td>Wed. July 31, 1-5p</td>
<td>11. How to Teach DH Preclinic (4 ceu’s)</td>
<td>$495 ____</td>
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<tr>
<td>Thurs. Aug. 1, 8-12p</td>
<td>12. How to Teach Oral Pathology (4 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
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<tr>
<td>Thurs. Aug. 1, 1-5p</td>
<td>13. How to Teach Local Anesthesia (4 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
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<tr>
<td>Thurs. Aug. 1, 8a-12p</td>
<td>14. How to Teach Pharmacology (4 ceu’s)</td>
<td>$495 ____</td>
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<tr>
<td>Thurs. Aug. 1, 1-5p</td>
<td>15. How to Teach Periodontology (4 ceu’s)</td>
<td>$495 ____</td>
<td>$550 ____</td>
</tr>
<tr>
<td>Fri. Aug 2, 8a-5p</td>
<td>16. DH Accreditation Workshop (8 ceu’s)</td>
<td>$495 ____</td>
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</tr>
</tbody>
</table>

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](http://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 within walking 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”.

Go to our website to learn all about Summer Camp Amelia Island and Register Online: [www.DHmethEd.com](http://www.DHmethEd.com)