Changes You Must Make for CODA in 2017
by Cindy Biron Leiseca

DH Programs
At its August 5, 2016 meeting, the Commission adopted revisions to the Accreditation Standards for Dental Hygiene Education Programs. Specifically, the Commission adopted revisions to Standard 3-6 related to Faculty to Student Ratios. The implementation date of this revised Standard is July 1, 2017.

This means that by July 1 of this year your ratios of faculty to students must be 1 faculty member: to a maximum of 5 students in preclinical, clinical, and radiographic clinical and laboratory sessions. Also, there must be 1 faculty member: to a maximum of 10 students in dental materials labs.

So in planning your budget for the 2017—2018 fiscal year, funding must be considered for additional faculty members to meet this revised accreditation standard.

At its February 3, 2017 meeting, the Commission adopted revisions to the Accreditation Standards for Dental Hygiene Education Programs. Specifically, the Commission adopted revisions to Standards 2-8b and 4-4b, with immediate implementation.

2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology

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

- a formal contract between the educational institution and the facility; a two-year notice for termination of the contract stipulated to ensure that instruction will not be interrupted or; a contingency plan developed by the institution should the contract be terminated;

Here is the link to the latest 2017 Dental Hygiene Accreditation Standards:
http://www.ada.org/~/media/CODA/Files/2017_dh.pdf?la=en

In this issue:
DA RC Report 2
DH Patient Screening 5
We Learn From Students 8
References and CODA Links 12

Other CODA Updates:
1. Accreditation Standards for Dental Assisting Education Programs, Standard 2-1, with circulation to the communities of interest until December 1, 2017 for consideration at the Winter 2018 meeting.
2. CODA approved an 8% increase in annual fees for all disciplines for 2018: $1,890 for DA, DH, DT - $1340 for DLT
3. Special Focused Site Visit Administrative Fee: $4,320
4. Also $1000 fee for non-compliance of either HIPAA policy or failing to provide electronic version of paper documents.

If you registered for Summer Camp Amelia Island you must book your hotel room now as the block of rooms is nearly filled: https://secure3.hilton.com/en_US/hp/reservation/book.htm?execution=els1
Dental Assisting Review Committee (DA RC) Report

CONSIDERATION OF MATTERS RELATED TO DENTAL ASSISTING EDUCATION

Report on Dental Assisting Annual Survey Curriculum Section: The Dental Assisting Review Committee (DA RC) considered the Dental Assisting Education Annual Survey Curriculum Section (Appendix 1, Policy Report p. 300). The Committee identified that didactic faculty/student ratios are not required by the Standards and should be deleted from the survey instrument. The Committee also believed that “comprehensive dental clinic” in question 52 should be defined. The proposed changes to the dental assisting curriculum section of the Annual Survey are noted in Appendix 1.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Dental Assisting Education Annual Survey Curriculum Section (Appendix 1) and direct implementation of the revised Curriculum Section for use in the fall 2017 Annual Survey of accredited programs.

Here are screen shots of the only changes to the DA Annual Survey:
Proposed additions underlined in Red. Proposed deletions strikethrough in Red.

52. What types of settings are utilized for students’ clinical practice experience?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. On-campus comprehensive* dental clinic</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Private Dental office, general</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Private Dental office, specialty</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Dental school clinic</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. Public health / non-profit clinic</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. Other, please specify</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

*Comprehensive includes diagnosis and treatment planning, operative and/or surgical procedures.

55. Please complete the following chart for all content areas required for completion of the accredited dental assisting program.

<table>
<thead>
<tr>
<th>Didactic Instruction Clock</th>
<th>Laboratory Instruction Clock</th>
<th>Didactic:Faculty:Student-Ratio</th>
<th>Laboratory Faculty:Student Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic Hours Clock</td>
<td>Laboratory Hours Clock</td>
<td>Didactic:Faculty:Student Ratio</td>
<td>Laboratory Faculty:Student Ratio</td>
</tr>
</tbody>
</table>

Consideration of Proposed Revision to the Accreditation Standards for Dental Assisting Education Programs Related to Program Closures:

In response to the abrupt closure of educational institutions that sponsored one or more CODA-accredited educational programs, the Dental Assisting Review Committee (DA RC) reviewed the Dental Assisting Accreditation Standards to determine whether existing standards are adequate or warrant further consideration relative to the issue. The DA RC noted the Commission’s Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans requires programs to provide a “teach-out” plan that provides for students enrolled in the program; however, when institutions close without notice, students enrolled in accredited programs are frequently adversely affected. The DA RC reviewed standards related to finance and projected budgets as well as admissions criteria related to course transferability. Link to complete DA RC report: [http://www.ada.org/en/coda/accreditation/coda-meeting-materials](http://www.ada.org/en/coda/accreditation/coda-meeting-materials)

Continued on Page 3
The DA RC determined that increased Commission oversight of admissions criteria as related to course transferability, will provide program applicants with information about continuing their education, particularly in the event of an unplanned program closure. The DA RC recommended revisions within Dental Assisting Standard 2-1 to require providing applicants with information about course transferability and reinforcing the current requirement that applicants be high school graduates (Appendix 2). Due to the potential effect the proposed revisions may have on institutional and program policies and procedures governing admissions, the DA RC recommended circulation of the proposed revisions for a period of one (1) year, with consideration by the DA RC and Commission in Winter 2018.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct that the proposed revision to Dental Assisting Standard 2-1 (Appendix 2) be circulated to the communities of interest for one year, with Hearings conducted at the March 2017 ADEA and October 2017 ADA annual meetings, and review of received comments and possible adoption by the Commission, through its DA RC, at the Winter 2018 meeting.

2-1 Admission of students must be based on specific published criteria, procedures and policies that include a high-school diploma or its equivalent, or post-secondary degree.

**Previous academic performance or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students with the potential to successfully complete the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability, scope of practice and employment opportunities for dental assistants.**

**Intent:**

The dental assisting program is based on a science oriented program of study and skill development offered at the post-secondary level that requires critical thinking, psychomotor skills, and ethical reasoning. The program administrator and faculty, in cooperation with appropriate institutional personnel establish admissions criteria and procedures which are non-discriminatory, contribute to the quality of the program, and allow selection of adult post-secondary students with the potential to successfully complete the program to be successful. Because enrollment is limited by facility, capacity, and special program admissions criteria and procedures are necessary to ensure that students are selected based on a demonstrated potential for completing the program. Published promotional materials and website information related to student recruitment and admissions comply with the Commission’s “Policy on Principles of Ethics in Programmatic Advertising and Student Recruitment”.

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**Kilgore International, Inc.**

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

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

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

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

[www.kilgoreinternational.com](http://www.kilgoreinternational.com)
From Cindy Biron Leiseca, former Chairperson at Tallahassee Community College, “Our CODA site visiting team said “Taleval is impressive for generating reports for outcomes assessment, quality assurance and objective grading of student performance in clinic.” With Taleval, tracking is automatic, web based and encrypted.

See Cindy’s Taleval documents on this link: http://www.dhmethed.com/id21.html

New!

Grade by Appointment

Allows faculty to preset the points lost per error.

Optional addition of patient point values for more objective grading.

The BEST computerized grading & tracking system designed just for DA & DH programs. Conducts surveys and generates reports for CODA self-study exhibits.
Dental Hygiene Patient Screening
by Cindy Biron Leiseca

The reason for DH Patient Screening is to plan the best learning experience for students while providing patient centered care. The process is one that organizes clinical learning experiences so the skill demand increases as the student progresses through the dental hygiene clinical education.

A successful screening process assures that students treat the variety of patients necessary for skill development that renders them competent for entry level into the profession of dental hygiene at the completion of the program. It is similar to lesson planning for a didactic course with the difference being that no patients are exactly alike. So the didactic course has identical lesson plans, but the clinical course has lesson plans/experiences with variables.

However, despite the variables presented in patients, if we screen patients to determine skill level difficulty, we can assign those patients to the students who are ready to provide patient centered care by matching patient need with learner need.

The definition of “Screening”: The initial evaluation of an individual, intended to determine suitability for a particular treatment modality.

Synonyms for “Screening”:
Eliminate, estimate, extract, filter, glance over, gauge, pick out, scan, select, separate, sieve, sift, sort, triage

Antonyms for Screening:
Analyze, deduce, diagnose, expound, finalize assessment, determine prognosis, scrutinize

What a Screening is NOT:
A two hour appointment with a student who performs an entire patient assessment and dental hygiene diagnosis.

The Delicate Balance

How to have a successful “Screening” process.

- **Limit the timeframe to 30 minutes**: we just want to know the skill level of difficulty, rule out significant pathology and refer to appropriate clinics and/or specialists in the dental community as needed

- **Have Clinical Assistants Set-up/ Breakdown Units**: For every student Screener there needs to be 2 operatory units so that the Screener can leave one unit to CA for to do breakdown and go to the next completely set up unit to see the next screening patient. A Screener student can screen at least 3 patients in a 3 hour clinic session

- **Estimate—Do NOT diagnose**:

- **Stick to the Screening Form** (See pages 6-7)

- **Non-graded Clinic Rotation for student**: this is an experience for students to view the whole picture and go with their initial observations. If they are graded, the timeframe cannot be limited to 30 minutes. It allows them to question without fear of losing points for not recognizing findings. It is a wonderful teaching/learning experience

- **Use an abbreviated medical history form** get only the information necessary to determine if consultation with physician is needed and if special needs will alter the patient treatment process.

- **When the Screening Referral is completed patients are assigned to a “Screening Pool” not to the student “Screener”**

See Screener Form on Pages 6-7
DH Program Screening Form

Dental Health Programs

Screening Form

Patient's Name: ___________________________ Student Requested ___________________________

Student Screener: ___________________________ Date Screened: ___________________________

Directions:
A. Conduct a medical history and take patient vital signs.
B. Get instructor’s or dentist’s permission to proceed.
C. Do a cursory screening for obvious lesions and pathologies.
D. Categorize the patient for those characteristics by using an estimation, not tooth by tooth evaluation:
   1. Calculus Deposits Skill Level – visual (use air), explore proximal surfaces only for estimate
   2. Periodontal Skill Level – condition of gingiva, probe proximal surfaces only for estimate, or PSR, check all teeth for mobility
   3. Count # of Teeth Present
   4. Existing Conditions
   5. Treatment Considerations
E. Dentist prescribes radiographs and transfers patient to student in Radiology Rotation
F. Dentist reads radiographs, recommends appropriate Clinic Level for care
G. Patient referred to appropriate clinic for complete DH care (screener does not keep patient)

Debridement Skill Levels (Not AAP Classification)
Developed by Jill S. Niels-Gehrig, RDH, MA
Author: Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation

Calculus Formation: Reference Guide

Granular Nodule Spicule Band Finger-Like Projection Proximal Ledge

1. Calculus Deposits Skill Level: Circle the Calculus Deposit Skill Level

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>No Calculus</th>
<th>Slight Calculus – requires little or no scaling</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
<td>Simple</td>
<td>Supragingival calculus extending only slightly below the free gingival margin</td>
</tr>
<tr>
<td>II</td>
<td></td>
<td>Light/Moderate</td>
<td>Moderate amount of supragingival and subgingival calculus, or subgingival calculus only</td>
</tr>
<tr>
<td>III</td>
<td></td>
<td>Moderate</td>
<td>Abundance of supragingival and subgingival calculus, or subgingival calculus only</td>
</tr>
<tr>
<td>IV</td>
<td></td>
<td>Heavy</td>
<td>Generalized supragingival and subgingival ledges around cervical thirds of crowns and bands on most root surfaces</td>
</tr>
</tbody>
</table>

2. Periodontal Skill Level: Circle Periodontal Skill Level

<table>
<thead>
<tr>
<th>Probing Depths</th>
<th>Bleeding</th>
<th>Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>&lt;4 mm</td>
<td>None</td>
</tr>
<tr>
<td>I</td>
<td>4 mm</td>
<td>Localized Points</td>
</tr>
<tr>
<td>II</td>
<td>5 mm</td>
<td>Generalized Points</td>
</tr>
<tr>
<td>III</td>
<td>6 mm</td>
<td>Moderate - Heavy</td>
</tr>
<tr>
<td>IV</td>
<td>7 mm</td>
<td>Heavy</td>
</tr>
</tbody>
</table>

Refer to Clinic: I II III IV
Circle Appropriate Clinic
3. Teeth Present: Count and record the molars, premolars or anterior teeth present in each sextant. Count all teeth present, primary or permanent dentitions (do not indicate primary and permanent as separate count tallies).

<table>
<thead>
<tr>
<th>Premolars</th>
<th>Anteriors</th>
<th>Premolars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molars</td>
<td></td>
<td>Molars</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premolars</td>
<td>Anteriors</td>
<td>Premolars</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molars</td>
<td></td>
<td>Molars</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Existing Restorations: Indicate the (amount in number) of each type of restoration present.

Amalgams_____ Composites_____ Crowns_____ Fixed Bridges_____ Removable Partial Dentures_____ Full dentures_____ Dental Implants_____ Total: ≤4 >4

Indicate by circling Yes or No for Orthodontic Bands

5. Treatment Considerations: Indicate treatment needed by placing X after each consideration:

Immediate referral to a physician for a medical concern_____

Immediate referral to an oral surgeon for a suspicious lesion_____

Immediate referral to general dentist_____

Possible periodontal case study_____

Possible state clinical boards patient_____

Sealants #_____

Other obvious needs: ________________________________

Radiographs (Check Type): CMX_____ Panorex_____ BWX_____

_____________________________    _______________________
Student’s Signature               Instructor’s or Dentist’s Signature

Patient Compliance Agreement (by Cindy Biron Leiseca)

I have been informed of the findings from this screening appointment and the approximate cost of treatment here at the ____________ College Dental Hygiene Clinic. I understand that since this is a teaching institute I will be assigned to a student whose level of education requires the learning experience my dental condition provides. I am aware that the student who will be treating me expects me to arrive on time for my appointments and that being late or missing any appointments could result in discontinuation of my treatment since the student must have a patient in every clinic session in order to receive a passing grade for the clinical course. I understand that each appointment will be up to three hours long and that multiple appointments may be required to complete my treatment. My signature indicates my commitment to the student’s learning experience and my intent to attend all appointments or call at least 48 hours in advance to cancel my appointment so that the student can find a patient to replace me.

_____________________________
Patient’s Signature
We Learn From Our Students!

The Sharpening Horse was introduced six years ago with the demonstration of one technique: Fulcrum on the beam of the Horse while moving the instrument across the stone and pivoting to maintain the contours of the blade. Some faculty and students found the technique difficult to master. Sure enough, students taught us a simpler technique. Fulcrum on the leg or fulcrum the whole hand on the table holding the instrument stationary while using the non-dominant hand to move the entire Sharpening Horse Fixture and Stone as a unit around the entire blade. As long as the face of the blade was kept parallel to the table top and movement according to the contours of the blade were maintained; precise, perfect cutting edges were created. Since the sharpening technique was still performed along the length of the blade, no multi-bevels or irregularities were created. No conical stone finishing necessary.

Original technique: Fulcrum on the Beam

Student 2nd technique: Fulcrum on the leg.

Student 3rd technique: Fulcrum on table move entire fixture/stone

Student 3rd technique: Fulcrum on table move entire fixture/stone finishing around toe with face parallel to table top. Eureka! Perfectly shaped, sharp instruments!

Watch the video demonstration to learn the new techniques:

https://www.youtube.com/watch?v=r4A56UuTP3Q&feature=youtu.be

And the technique is easy for either edge always moving heel to toe!
Evaluation of three different manual techniques of sharpening curettes through a scanning electron microscope: a randomized controlled experimental study.

Di Fiore A, 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.

The experiment provided irrefutable evidence that the Sharpening Horse technique was the most effective in restoring the cutting edge.

<table>
<thead>
<tr>
<th>Descriptive Statistical Analysis of scores in the measurements</th>
<th>Observer 1</th>
<th>Observer 2</th>
<th>Observer 3</th>
<th>Observer 4</th>
<th>Observer 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Group A (Moving Inst. Stationary Stone without Sharpening Horse)</td>
<td>2.3</td>
<td>0.44</td>
<td>2.5</td>
<td>0.97</td>
<td>2.5</td>
</tr>
<tr>
<td>Group B (Moving Stone – Stationary Inst.)</td>
<td>2.9</td>
<td>0.97</td>
<td>3.1</td>
<td>0.60</td>
<td>3.4</td>
</tr>
<tr>
<td>Group C (Moving Inst. Stationary Stone with Sharpening Horse fixture</td>
<td>1.5</td>
<td>0.51</td>
<td>1.6</td>
<td>0.51</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Permission Granted by Author
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

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 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.

**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

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**Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation**

Eighth Edition

Jill S. Gehrig
Rebecca Souza
Dürrer Scouaro
Known to many as:

“The Faculty Calibration Manual” this textbook, *Patient Assessment Tutorials* is a favorite for demonstrating compliance with many sections of CODA

- Standard 2 Curriculum
- Standard 6 Patient Care Services

http://thePoint.lww.com

- The new edition maintains the highly visual, step-by-step approach and attentive authorship that has been its strength, and Jill Gehrig’s hallmark style, throughout all editions.

- All chapters have been thoroughly reviewed, and have been updated and revised as needed.

- A new design facilitates learning with a more effective use of color to indicate the hierarchy of the material. See especially the Skill Check sections that are now much easier for students to follow.

- NEW Module 4 “Motivational Interviewing” (in Part 1) helps students build skills in a communication form designed to elicit and strengthen motivation for behavioral change. This new chapter brings the total chapters on communication to four.

- The “Human Elements” sections have been expanded to include NEW color photos, more scenarios, exercises, and ethical dilemmas relevant to dental hygiene practice. These features ask students to apply concepts from the book to real-life patient care setting.

- NEW Key terms are now listed at the start of every module.

- References now appear at the end of every chapter rather than being integrated into a section.

- NEW Audio Glossary on thePoint helps students master dental hygiene vocabulary, even when they are on the go.
Changes for Summer Camp 2017

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

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

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

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

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

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

Please see the abbreviated course descriptions on pages 14-16 of this newsletter.

References : CODA website Links
CODA Meeting Documents 2017:
DH Accreditation Standards Implementation 2017:
http://www.ada.org/~media/CODA/Files/2017_dh.pdf?la=en
DH Self Study Guide Implementation 2017:
Unofficial Report of Major Actions August 2016:
http://www.ada.org/~media/CODA/Files/coda_actions_Aug2016.pdf?la=en
Evaluation and Operational Policies and Procedures:
http://www.ada.org/~media/CODA/Files/eopp_changes_summer2016.pdf?la=en
Dental Therapy Standards:
http://www.ada.org/~media/CODA/Files/dt.pdf?la=en

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

•http://www.orascoptic.com/products/loupes/xv1-loupe-light
Clinical Dental Hygiene

DHNB Review

by Cynthia Biron Leiseca, RDH, EMT, MA
Karen Wynn, RDH, MEd

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

Pharmacology Review
Cynthia Biron Leiseca

Immunology

Microbiology

DHNB Review
Brent Molen, RDH, MA. Ed

Review of:
Dental Pain & Anxiety Management

All this and MORE! On the Updated 2017 DH Clinic Key!
www.DHmethEd.com
Summer Camp 2017 Abbreviate Course Descriptions

1. Dental Hygiene Clinical Teaching Methodology (16 ceu’s)  Mon. July 31, and Tues. Aug. 1st 8:00 AM-5:00 PM (Two Days)
Course Instructors: Cindy Biron Leiseca, RDH, EMT; Christine Dominick, CDA, RDH, MS; Melissa Olson, CDA, RDH, BS; Megan Olson, CDA, RDH, BS and Melany Thien, RDH, MS
This 16 hour workshop will provide the participants with methods of teaching all phases of the DH clinical education with an emphasis on the progression of skill development throughout the dental hygiene clinical education. Included in electronic format on the course flash drive are syllabi and clinical course schedules, lesson plans, evaluation methods, calibration exercises, outcomes assessment plans and materials for day to day operations of the various clinic levels. The first morning session is devoted to the planning of the preclinical instruction, and includes the syllabi, lesson plans and schedule of practice sessions. The afternoon session includes hands-on methods of teaching periodontal instrumentation to first year dental hygiene students. A simulation lab with periodontally involved typodonts is set up for one-on-one instruction with workshop participants. On Tuesday, August 1st the morning session includes hands-on in advanced root instrumentation teaching methodology. The final afternoon session provides the participants with methods of teaching, calibrating faculty and evaluating student learning in the clinical setting and ways of maximizing the opportunity for student learning while providing evidence based patient centered care.

2. Radiology Educator’s Workshop (20 ceu’s)  Mon. July 31, and Tues. Aug. 1, 8:00 AM-5:00 PM and Wed. Aug. 2, 8:00 AM-Noon
Course Presenters: John W. Preece, DDS, MS, Allison Buchanan, DMD, Renee Graham, RDH, MS, Roberta Brown, CDA, RDH, MS
This workshop provides credentialing for radiology educators of dental, dental assisting and dental hygiene students in accredited programs. The twenty hour workshop includes all teaching methods and course materials necessary for teaching a state of the art radiology course in all dental and allied dental programs. Group activities are provided to compliment the corresponding lecture component and provide practical understanding of theoretical concepts and their application to dental radiography. All radiology topics are included along with dental radiology curriculum design and sequencing, assessing competency in radiography, teaching strategies to help make teaching various "theoretical principles" understandable to students from a wide variety of educational backgrounds. This workshop deals with a wide range of topics with some group participation & discussion. A lot of "How do you teach..." "What do you do if/when...." types of issues. Making radiation physics fun and other challenges. The course will include a hands-on component for teaching placement of sensors in digital radiography. Each attendee will receive a Flash drive loaded with all materials needed to teach radiology.

3. How to Teach Dental Materials(4ceu’s)  Wed. Aug. 2, 1:00 – 5:00 PM
Course Instructor: Roberta Brown, CDA, RDH, MS
This course includes the entire contents of the Dental Materials course for dental assisting and dental hygiene students. The course includes the course manual, syllabus, power point presentations, class activities, laboratory sessions, course projects, case based quizzes and exams. The entire course is placed in electronic format on flash drives for each course attendee. The instructor will direct course attendees in the methods of teaching dental materials to students. Ways of simplifying the complex topics of the subject matter are clearly explained so that seasoned and novice educators will be well prepared to deliver the information in their own courses. The course can be applied in conjunction with any of the Dental Materials textbooks currently available for dental assisting and dental hygiene education.

4. DH Accreditation Workshop (8 ceu’s)  Wed. Aug. 2, 8:00 AM – 5:00 PM
Course Instructor: Gwen Welling, RDH, MS
This presentation is designed to guide dental hygiene educators through the accreditation process, prepare them for a site visit and introduce them to procedures required before and after the site visit. It provides detailed instructions on demonstrating compliance with the Commission on Dental Accreditation (CODA) Standards for Dental Hygiene Education Programs and how to address each standard. There will be an emphasis placed on the most frequently cited standards. Updates and changes in the standards are compared with previous accreditation standards to assist attendees in managing what is now expected from the standards. This course provides a step by step guide to organizing and preparing a self-study document. We will have completed self-study documents at the end of the day for your review to assist you with planning the format of your own school’s document. Guidelines for conducting a successful site visit are provided in this course. The “Do’s” and “Don’ts” of a successful site visit will be clearly outlined for the attendees. The course includes electronic documents that serve as templates for exhibits that are in electronic format on a flash drive for each attendee. This course does not provide participants with entire self-study electronic documents or guarantee one’s success at preparing a self-study document or a recommendation free report from the CODA site visit committee.

Continued on Page 14
Summer Camp 2017 Course Descriptions Continued

5 Dental Assisting Accreditation Workshop (8ceu’s)  Thurs., Aug. 3, 8AM-5:00 PM 
Course Instructors: Christine Dominick, CDA, RDH, MS

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

6. How to Teach Local Anesthesia (4ceu’s)  Thurs., Aug.3, 8:00 AM-Noon 
Course Instructor: Brent Molen, RDH MA Ed

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

7. Community Dentistry Educator’s Workshop (12 ceu’s)  Thurs. Aug. 3, 1:00 – 5:00 PM and Fri. Aug. 4, 8:00 AM-5:00 PM 
Course Instructors: Roberta Brown, CDA, RDH, MS., Brent Molen, RDH MA Ed, Gwen Welling, RDH, MS.

This workshop provides the attendees with an understanding of the components necessary for developing competency-based community dental health courses and community partnerships and service opportunities for dental hygiene students. Presenters will demonstrate methods of measuring student competency in assessing needs, planning, implementing and evaluating community programs; demonstrating communication skills in diverse populations; application of self- assessment in problem solving and critical thinking. It also includes examples of how the program can best demonstrate compliance with accreditation standards regarding community dental health in the curriculum and during the preparation of the self-study report and conduct of the site visit. Presenters will outline the methods of assembling the components of a community-based program through the formation of committees and establishing networks for finding stakeholders and partners. Institutional reviews, legal considerations and affiliation agreements will be presented and discussed. A short bus trip will take attendees to go on a tour of a community health center (The Barnabas Center) which ranks in the top 1% of community health centers in the U.S. While at the Barnabas Center, a grant writer will provide a presentation on grant writing. The final four hour session includes a presentation by Roberta Brown on “How to Teach Community Dentistry” and it includes all the materials such as the syllabus, lesson plans, power point presentations, tests, and activities of the course on a flash drive.

8. Oral Pathology Symposium: Standardized Approaches for Clinical & Radiographic Assessment(8ceu’s)  Fri., Aug.4, 8:00AM-5:00 PM  Course Instructors: Robert Langlais, BA, DDS, MS, PhD, FRCD(C) and Craig S. Miller, DMD, MS

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

In the morning session, Dr. Craig S. Miller will lead an entertaining discussion regarding common oral lesions. Emphasis is on the assessment and diagnostic process, the progression of disease from subtle asymptomatic conditions to symptomatic ulcers and growths, and how to document these abnormalities in the electronic health record. Dr. Miller uses his databank of over 30 years of practice and being the Editor of the Oral Medicine section of the journal Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology, to present a large variety of clinical examples of red, white and pigmented lesions, gingival lumps and bumps, oral ulcers, drug-induced oral lesions and oral manifestations of systemic disease. Practical advice and common treatment remedies will be provided. Continued on Page 16
In the afternoon session, Dr. Robert Langlais will provide a presentation and lead a discussion on recognizing developmental and pathological entities which affect the teeth and the impact on practice; how pathologic lesions may alter the normal radiographic anatomy of the jaws and usage of the appropriate descriptive terms. Dr. Langlais will also present on new technology: the unique advantages and diagnostic accuracy of the extraoral panoramic bite wings for the detection of interproximal caries, the Aribe hand held intraoral machine including safety, and cone beam computed tomography (CBCT) as an added panoramic machine feature and what it does better than any other imaging modality.

9. Allied Dental Educator’s Teaching Methodology (8 ceus)   Sat. Aug 5, 8:00 AM – 5:00 PM
Course Instructors: Deborah Holexa, RDH, MS and Brent Molen, RDH MA Ed
This is a general educational methodology course for part-time as well as full-time faculty who teach in dental assisting and dental hygiene programs. The topics include the learning environment, learning styles, teaching styles, faculty team building and calibration; critical thinking, test construction, rubrics, providing student feedback and remediation. To demonstrate compliance with Standard 3-7, all faculty members MUST take a general education methodology course such as this one and ALSO specific subject methodology subjects such as our “How to Teach” courses offered in camp.

10. Medical Errors in Healthcare: Root Cause Analysis, Error Reduction and Prevention, and Patient Safety (2 ceus)   Sat. Aug 5, 8:00-9:45AM (2 ceus)
Course Instructor: Cynthia Biron Leiseca, RDH, EMT, MA
This course provides participants with information to help establish root causes of medical errors that might occur in healthcare settings, and includes steps that should be taken to ensure patient safety. The lecture includes definitions of significant terms related to medical errors, reasons for studying about errors that might occur, discussion of system failures and types of errors that could occur, information about how root cause analysis is used to establish where errors occur and how they can be prevented, ideas for prevention of errors in healthcare, procedures for documentation and record-keeping, and communication techniques to prevent or reduce the occurrence of errors. Meets licensure requirement for medical disciplines to qualify for

11. Domestic Violence Issues for the Medical Professional Length: 2 hours (2 ceus)   Sat. Aug. 5, 10:00 AM—Noon
Course Instructor: TBA Hubbard House
Presentation includes Dynamics of Domestic Violence (DV 101) focusing on the physical and emotional health of victims and their children. Discussion topics include signs that may indicate domestic violence injuries, emotional reactions and potential perpetrator behavior within the medical setting, how to address potential victims, resources available, and mandatory reporting requirements. This presentation is ideal for nursing students and faculty, hospital staff, emergency providers and other medical personnel. Two hours of training is required to meet licensure requirements for medical disciplines to qualify for Continuing Education Units (CEU)

12. How to Teach Periodontology (4ceus)   Sun, Aug. 6, 8:00AM - Noon
Course Instructor: Deborah Holexa, RDH, BS, MS
This course includes the entire contents of the Periodontology course for dental hygiene students. The course includes the course manual, syllabus, power point presentations, class activities, course projects, case based quizzes and exams. The entire course is placed in electronic format on a flash drive for each course attendee. The instructor will direct course attendees in the methods of teaching Periodontology to students. Ways of simplifying the complex topics of the subject matter are clearly explained so that seasoned and novice educators will be well prepared to deliver the information in their own courses. The course can will be applied in conjunction with the textbook, “Periodontics for the Dental Hygienist” by Jill S. Nield-Gehrig.

Link to Register: www.DHmethEd.com
The Best Textbooks for DA, DH & DT Students

- Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation
- Color Atlas of Common Oral Diseases
- Nutrition for a Healthy Mouth
- Patient Assessment Tutorials
- Foundations of Periodontics for the Dental Hygienist
- Drug Information Handbook for Dentistry
- Dental Office Medical Emergencies
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DH Methods of Education, Inc.
Summer Camp Amelia Island, FL    July 31 – August 6, 2017

PRINT Name:_______________________________________________________
(This is how your name will appear verifying your continuing education credits)
Address:______________________________________________________
City, State, Zip_________________________________________________________
Phone:_____________________Fax _____________________ E-mail: __________________________
College/ Univ. Where Teaching:________________________________Circle your discipline: CDA, DDS, DMD, RDH

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

Final Registration
Full Payment by:
July 10, 2017

Mon. July 31 & Tues. Aug. 1  8a-5p
  1. DH Clinical Teaching Methodology (12 ceu’s) $650 _____

Mon. July 31 & Tues. Aug. 1, 8a – 5p & Wed. Aug. 2, 8a-Noon
  2. Radiology Educator’s Workshop (20 ceu’s) $950 _____
Wed. Aug. 2, 1-5p
  3. How to Teach Dental Materials (4 ceu’s) $525 _____
Wed. Aug. 2, 8a-5p
  4. DH Accreditation Workshop (8 ceu’s) $525 _____
Thurs. Aug. 3, 8a-5p
  5. DA Accreditation Workshop (8 ceu’s) $525 _____
Thurs. Aug. 3, 8a-Noon
  6. How to Teach Local Anesthesia (4 ceu’s) $525 _____
Thurs. Aug. 3, 1-5p & Fri. Aug. 4, 8a-5p
  7. Community Dentistry Educator’s Workshop (12 ceu’s) (Accreditation and public health update) $525 _____
Fri. Aug. 4, 8a-5p
  8. Oral Pathology Symposium (8 ceu’s) $325 _____
Sat. Aug. 5, 8-5p
  9. Allied Dental Educator’s Teaching Methodology (8 ceu’s) $325 _____
Sat. Aug. 5, 8a-9:45
  10. Prevention of Medical Errors (2ceu’s) $70 _____
Sat. Aug. 5, 10a-Noon
  11. Domestic Violence (2 ceu’s) $70 _____
Sun. Aug. 6, 8a-Noon
  12. How to Teach Periodontology (4 ceu’s) $525 _____

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

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

Register Online: 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 # 17197  Fernandina Beach, FL 32035
Please: Do NOT mail or FAX credit card or P.O. numbers or ask us to reserve your place in a class without registration payment

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

Hampton Inn & Suites Historic Harbor Downtown
19 South 2nd Street, Fernandina Beach, Amelia Island, FL32034     Call Direct for Reservations (904) 491-4911 or book reservation online through this link: https://secure3.hilton.com/en_US/hp/reservation/book.htm?execution=e1s1
Block of rooms is under “Dental Camp”.
Rates are: Single(King) $139   Two Double $149   Suite (King or Double) $159
Deadline for discounted block of rooms expires by June 07, 2017