

COMMISSION ON DENTAL ACCREDITATION

PROPOSED STANDARDS REVISION

Accreditation Standards for Dental Hygiene Education Programs

Proposed revisions to the term “dental hygiene diagnosis” in Standard 2-17
Additions are underlined and deletions have ~~strikethrough~~.

2-17 Graduates must be competent in providing the dental hygiene process of care which includes:

- a) Comprehensive collection of patient data to identify the physical and oral health status;
- b) Analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs;
- c) Establishment of realistic goals and treatment strategies to facilitate optimal oral health;
- d) Provision of patient-centered treatment and evidence-based care in a manner minimizing risks and optimizing oral health;
- e) Measurement of the extent to which goals identified in the dental hygiene treatment ~~plan~~ needs are achieved;
- f) Complete and accurate recording of collected data; treatment planned, accomplished and to be provided; recommendations, and other information relevant to patient care and treatment.

Assessment

~~The systematic collection and analysis of the following data to identify patient needs and oral health problems:~~

- ~~a) medical and dental histories~~
- ~~b) vital signs~~
- ~~c) extra/intra-oral examination~~
- ~~d) periodontal and dental examination~~
- ~~e) radiographs~~
- ~~f) indices~~
- ~~g) risk assessments (i.e., tobacco, systemic, caries)~~

Planning

The establishment of realistic goals and treatment strategies to facilitate optimal oral health.

- a) dental hygiene diagnosis
- b) dental hygiene treatment plan
- c) informed consent
- d) dental hygiene case presentation

Implementation

Provision of treatment as identified in the assessment and planning phase.

- a) infection control
- b) periodontal debridement and scaling
- c) pain management
- d) application of chemotherapeutic agents
- e) fluoride therapy
- f) application of pit and fissure sealants
- g) selective polishing
- h) care of oral prostheses
- i) care and maintenance of restorations
- j) health education and preventive counseling
- k) nutritional counseling related to oral and systemic health

Evaluation

Measurement of the extent to which goals identified in the treatment plan were achieved.

- a) indices
- b) reevaluation of oral and periodontal health status
- c) subsequent treatment needs
- d) continuing care (recall)
- e) referral
- f) patient satisfaction

Documentation

The complete and accurate recording of the patient's information and interactions, assessment data, treatment and treatment outcomes.

Examples of evidence to demonstrate compliance may include:

- Program clinical and radiographic experiences
- Patient tracking data for enrolled and past students
- Policies regarding selection of patients and assignment of procedures
- Monitoring or tracking system protocols
- Clinical evaluation system policy and procedures demonstrating student competencies
- Assessment instruments
- Evidence-based treatment strategies
- Appropriate documentation