REPORT OF THE REVIEW COMMITTEE ON DENTAL ASSISTING EDUCATION
TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Ms. Deanna Stentiford. Committee Members: Ms. Teresa Bailey, Ms. Julie Bera, Ms. Margaret Bowman-Pensel, Dr. James Day, Ms. Carol Johnson, Ms. Carol Little, Ms. Nichole Magnuson, Ms. Martha McCaslin, and Dr. Debra Schneider. Guests (Open Session Only): Dr. Johnna Gueorguieva, chief credentialing and research director, Dental Assisting National Board and Ms. Sidonia Peto, education director, American Dental Assistants Association, attended the policy portion of the meeting. Commission Staff: Ms. Michelle Smith, manager, Allied Dental Education and Ms. Doreen Johnson, manager, Allied Dental Education Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, director, CODA, attended a portion of the meeting. The meeting of the Review Committee on Dental Assisting Education (DA RC) was held on July 11-12, 2019 at the ADA Headquarters, Chicago, Illinois.

The Dental Assisting Review Committee recognized and honored Dr. Loren Feldner, chair, CODA, and former member of the DA RC, through a moment of silence.

CONSIDERATION OF MATTERS RELATED TO DENTAL ASSISTING EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Dental Assisting Education Programs (p. 300): The Review Committee on Dental Assisting Education (DA RC) considered the annual report of the frequency of citings of Accreditation Standards for Dental Assisting Education Programs and noted the most frequently cited areas of non-compliance for site visits conducted between January 1, 2014 and October 31, 2018.

The data indicates that a total of 1,325 citings of non-compliance were made. Of these, 98 (7.4%) were related to Standard 1–Institutional Effectiveness; 930 (70.2%) were related to Standard 2–Educational Program; 175 (13.2%) were related to Standard 3–Administration, Faculty and Staff; 50 (3.8%) were related to Standard 4–Educational Support Services; 63 (4.7%) were related to Standard 5–Health and Safety Provisions; and 9 (0.7%) were related to Standard 6–Patient Care Services.

Recommendation: This report is informational in nature and no action is required.

Consideration of Proposed Revisions to the Accreditation Standards for Dental Assisting Education Programs Related to Standards 2-5, 2-6, 2-7, 2-8, and 2-14 (p. 301): The Review Committee on Dental Assisting Education (DA RC) considered proposed revisions to the Accreditation Standards for Dental Assisting Education Programs at its Summer 2018 meeting. The Review Committee concluded, and the Commission concurred, that the proposed revisions (Appendix 1, Policy Report p. 301) should be circulated to the communities of interest for a period of one (1) year, with final review by the DA RC and Commission in Summer 2019. Accordingly, comments on the proposed revised Accreditation Standards were solicited from the communities of interest with hearings conducted at the 2018 American Dental Association (ADA) and the 2019 American Dental Education Association (ADEA) Annual Meetings.
The Review Committee noted that all of the Commission’s communities of interest had an opportunity to provide comment to the Commission on the draft Accreditation Standards that had been circulated until June 1, 2019, through either written comment or comment during a Commission open hearing. The Review Committee carefully considered one (1) oral comment received at the 2019 ADEA Hearing (Appendix 2, Policy Report p. 301), and one (1) written comment (Appendix 3, Policy Report p. 301) received within the Commission office prior to the June 1, 2019 deadline. The Review Committee was provided written comments that had been submitted following the Commission’s deadline (Appendix 1) and also considered these comments.

The Review Committee began its discussion with consideration of all comments received and noted that all comments were supportive of the proposed revisions to the Accreditation Standards. The DA RC believed the modification of Dental Assisting Standard 2-5 to link elevation of students’ progress to the sequencing of instruction was better suited to curriculum sequence rather than to Standard 2-8 (formerly 2-7) related to objective evaluation. Therefore, the DA RC believed that the proposed revisions to Standard 2-5 were appropriate and should be adopted by the Commission.

When considering the newly proposed Dental Assisting Standard 2-6 related to a curriculum management plan, the DA RC determined that the term “ongoing” may be difficult to measure; therefore, the Review Committee revised “ongoing” to “at minimum, an annual review” to clarify the expectation of curriculum review frequency. Additionally, the Review Committee revised the intent statement and examples of evidence as a result of this modification to the proposed standard and believed that the newly proposed Standard 2-6 should be adopted by the Commission.

The Review Committee discussed the proposed revisions to Dental Assisting Standard 2-7 (formerly 2-6) related to written documentation for each course in the curriculum and felt that these revisions will assist programs in complying with this standard. Due to the frequency of citings related to Standard 2-6, the DA RC believed that these revisions will result in fewer citings of this standard and will monitor this area on future frequency of citings reports. Therefore, the DA RC believed that the proposed revisions to Standard 2-7 were appropriate and should be adopted by the Commission.

Finally, the DA RC discussed the proposed revision to Dental Assisting Standard 2-14 (formerly 2-13), noting that the addition of content at the familiarity level in drug addiction including opioids and other substances was warranted due to the ongoing opioid epidemic and other substance usage. The Review Committee believed that the proposed revision to Standard 2-14 was appropriate and should be adopted by the Commission.

Following discussion, the DA RC believed that the proposed revisions, as amended, found in Appendix 2 should be approved by the Commission with implementation July 1, 2020.
**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to Standards 2-5, 2-6, 2-7, 2-8, and 2-14 (Appendix 2) of the Accreditation Standards for Dental Assisting Education Programs, with implementation on July 1, 2020.

**Consideration of Proposed Revision to Standard 2-13 of the Accreditation Standards for Dental Assisting Education Programs (p. 302):** The Review Committee on Dental Assisting Education (DA RC) considered proposed revisions to Standard 2-13 at its Summer 2018 meeting. The Review Committee concluded, and the Commission concurred, that the proposed revisions (Appendix 1, Policy Report p. 302) should be circulated to the communities of interest for a period of one (1) year, with final review by the DA RC and Commission in Summer 2019. Accordingly, comments on the proposed revised Accreditation Standards were solicited from the communities of interest with hearings conducted at the 2018 American Dental Association (ADA) and the 2019 American Dental Education Association (ADEA) Annual Meetings.

The Review Committee noted that all of the Commission’s communities of interest had an opportunity to provide comment to the Commission on the draft Accreditation Standards that had been circulated until June 1, 2019, through either written comment or comment during a Commission open hearing. Throughout the meeting, the Review Committee carefully considered one (1) comment received at the 2019 ADEA Hearing (Appendix 2, Policy Report p. 302), and two (2) written comments received within the Commission office (Appendix 3, Policy Report p. 302). The Review Committee was provided written comments that had been submitted following the Commission’s deadline (Appendix 3) and also considered these comments.

The Review Committee discussed the proposed revision to Dental Assisting Standard 2-13 related to patients with special needs. The DA RC also considered the suggested revision submitted by the American Dental Association Council on Dental Education and Licensure (CDEL). While the Review Committee appreciated the editorial revisions provided by CDEL, the DA RC felt that the proposed revisions that the Commission circulated were adequate.

Following discussion, the Committee concluded that the proposed revision was appropriate, and could be implemented on July 1, 2020.

In summary, the DA RC recommended the proposed revision to the Accreditation Standards for Dental Assisting Education Programs, Standard 2-13, noted in Appendix 4, be implemented on July 1, 2020.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revision to Standard 2-13 of the Accreditation Standards for Dental Assisting Education Programs, found in Appendix 4, with an implementation date of July 1, 2020.
Consideration of Proposed Revision to Accreditation Standards Definition of Terms Related to Special Needs (p. 303): On May 28, 2019, the Commission on Dental Accreditation (CODA) received a request from the Special Care Dentistry Association (SCDA) to consider the standardization of a definition for “Special Needs” across the various Accreditation Standards under the Commission’s purview instead of using different iterations of the definition of special needs. The Special Care Dentistry Association believes that the definition of special needs in many of the educational program Accreditation Standards is missing vulnerable older adults. The SCDA has proposed a definition for “Special Needs” that is derived from the Dental Education Standards (Appendix 1, Policy Report p. 303).

The Dental Assisting Review Committee (DA RC) discussed the SCDA’s proposed definition at length. The DA RC noted that in many areas of the Standards, there is similarity and consistency between dental assisting and dental hygiene, which is helpful to institutions that sponsor both programs. As such, the DA RC believed that the terminology used for “Special Needs” within the dental assisting standards should be consistent with the terminology used within the dental hygiene standards. Since this definition does not impact a dental assisting program’s ability to comply with the standards, the Review Committee determined that this definition could be implemented immediately. The DA RC recommended adoption of the definition noted below (addition is underlined).

Special Needs: Those patients whose medical, physical, psychological, cognitive or social conditions make it necessary to consider a wide range of assessment and care options in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with cognitive and/or developmental disabilities, complex medical conditions, significant physical limitations, and vulnerable older adults.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revision to the Definition of Terms Used in the Dental Assisting Accreditation Standards, noted above, with immediate implementation.

NEW BUSINESS

Consideration of Proposed Revision to Dental Assisting Standard 2-22: The Dental Assisting Review Committee (DA RC) reviewed Standard 2-22 with regard to clinical externship rotations. The DA RC noted that there has been an increase in dental assisting programs utilizing group practices and corporate dentistry offices for clinical externship rotations. The Review Committee noted that in group practices and corporate dental offices, the same dentist may practice at one (1) or more locations. The DA RC believed the intent of Standard 2-22 is for students to be assigned to two (2) or more offices or clinics to gain experience working in a variety of settings with a variety of dentists. However, under these new practice models, the Review Committee determined that students may be scheduled with the same dentist in a different location, thereby limiting their experience with different offices or clinics and different clinical experiences. Therefore, the DA RC recommended revising the intent statement, with immediate implementation, to further clarify Standard 2-22 (addition is underlined).
Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.

Intent:
More than fifty percent (50%) of the clinical assignments should be accomplished through assignment to general dentistry offices, and may include a pediatric dental office. Clinical experiences should be at different locations with different dentists.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revision to the intent statement of Dental Assisting Standard 2-22 of the Accreditation Standards for Dental Assisting Education Programs, with immediate implementation.

Consideration of Proposed Revision to Dental Assisting Standard 3-6: The Dental Assisting Review Committee (DA RC) reviewed Standard 3-6 with regard to the baccalaureate degree requirement for faculty providing didactic instruction. The DA RC discussed this standard at length, noting that it has become increasingly difficult for programs to demonstrate compliance with Standard 3-6 many dental assistants lack a baccalaureate degree. The Review Committee also noted that many dental assisting programs are offered at institutions that also offer dental hygiene programs. The DA RC noted that the standard related to faculty requirements for dental hygiene requires part-time faculty providing didactic instruction to have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program (Dental Hygiene Standard 3-7).

Since the Accreditation Standards for Dental Hygiene Education Programs are under review by the DH RC and Commission in relation to the Dental Hygiene Validity and Reliability Study, the DA RC believed it would be appropriate to table its discussion of Standard 3-6 and consider a future revision to its standard related to the faculty requirements for providing didactic instruction, to address dental assisting education and which may align with the requirements in dental hygiene.

Recommendation: This report is informational in nature and no action is required.

Consideration of Proposed Revision to Dental Assisting Standard 3-8: The Dental Assisting Review Committee (DA RC) reviewed Standard 3-8 regarding the faculty/student ratio during radiography sessions. The DA RC noted that there is some confusion among site visitors and dental assisting programs as to the specific faculty/student ratio for radiography sessions for laboratory and clinical practice sessions. Therefore, the DA RC recommended revising Standard 3-8, to clarify the appropriate faculty/student ratios required of educational programs (addition is underlined; deletions are stricken). Since this is a clarification to Standard 3-8, the DA RC believed that immediate implementation is appropriate.

The number of faculty positions must be sufficient to implement the program’s goals and objectives. The faculty/student ratio during clinical and radiography
(clinical and laboratory) radiography and clinical practice sessions must not exceed one instructor to six students. During laboratory and preclinical instruction in dental materials and chairside assisting procedures, the faculty/student ratio must not exceed one instructor for each twelve students.

Intent:
Student contact hour loads allow sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, and professional development. Student partner-patients are not counted as students when calculating the ratio.

Examples of evidence to demonstrate compliance may include:
• Class schedules reflecting faculty/student ratio
• Listing of ratios for laboratory, preclinical and clinical courses

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revision to Dental Assisting Standard 3-8 of the Accreditation Standards for Dental Assisting Education Programs, with immediate implementation.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Ms. Deanna Stentiford
Chair, Review Committee on Dental Assisting Education
Submitted on behalf of Robynn Rixse; President, American Dental Assistants Association (ADAA):

On behalf of the American Dental Assistants Association (ADAA) Board of Trustees, this letter is to show support of the proposed changes to the Accreditation Standards for Dental Assisting Education Programs, Standard 2, as presented.

Thank you for allowing the ADAA an opportunity to comment.

Sincerely,

Robynn Rixse, CDA, EFDA, MADAA, BS
President, American Dental Assistants Association

Please let me know if you have any questions.

John.
At its Summer 2018 meeting, the Commission on Dental Accreditation directed that the proposed revisions to Standard 2 of the Accreditation Standards for Dental Assisting Education Programs be distributed to the communities of interest for review and comment, with comments due June 1, 2019, for review at the Summer 2019 Commission meeting.

This document represents the proposed revisions based upon review of comments received from communities of interest from August 3, 2018 to June 1, 2019.

This document will be considered by the Commission in Summer 2019.

Proposed Revised Standards
Additions are Underlined
Strikethroughs indicate Deletions

Accreditation Standards for Dental Assisting Education Programs
STANDARD 2 – EDUCATIONAL 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 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. at a minimum, an annual curriculum review and evaluation process with input 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:
Curriculum management should assure the incorporation of emerging information and sequencing, the elimination of unwarranted repetition, and the attainment of student
Proposed Revisions to Dental Assisting Standards 2-5, 2-6, 2-7, 2-8 and 2-14
Dental Assisting RC
CODA Summer 2019

Appendix 2
Subpage 3

competence. 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 curriculum review and evaluation
- minutes of meetings documenting curriculum review and evaluation
- student evaluation of instruction
- curriculum management plan

Instruction

2-6 Written documentation of each course in the curriculum must be provided to students at the start of each course and include:
- The course title, number, description, faculty presenting course and contact information
- Course objectives including competency statements content outline including topics to be presented
- Content outline including topics to be presented Specific instructional objectives for each topic presented
- Learning experiences with associated assessment mechanisms
- Course schedule including learning and evaluation mechanisms including time-allocated for didactic, laboratory, and clinical learning experiences
- Specific evaluation procedures criteria for final course grade calculation

Examples of evidence to demonstrate compliance may include:
- Course syllabus
- Rubrics for grade calculation
- Institutional grading policies
- Course knowledge and/or skill assessments
- Competencies
- Course schedules to include activities, assignments, and evaluations, assigned class preparations for each date the course meets.

Student Evaluation

2-7 Objective student evaluation methods must be utilized to measure all defined course objectives to include:
- Didactic, laboratory, preclinical and clinical content
- Specific criteria for measuring levels of competence for each component of a given procedure

Dental Assisting Standards
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
   vi. Drugs and agents used to treat dental-related infection
   vii. Drug addiction including opioids and other substances
Submitted on behalf of Robynn Rixse; President, American Dental Assistants Association (ADAA):

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On behalf of the American Dental Assistants Association (ADAA) Board of Trustees, this letter is to show support of the proposed changes to the Accreditation Standards for Dental Assisting Education Programs, Standard 2-13, as presented.

Thank you for allowing the ADAA an opportunity to comment.

Sincerely,

Robynn Rixse, CDA, EFDA, MADAA, BS
President, American Dental Assistants Association

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Please let me know if you have any questions.

John.
Commission on Dental Accreditation

At its Summer 2018 meeting, the Commission on Dental Accreditation directed that the proposed revisions to Standard 2-13 of the Accreditation Standards for Dental Assisting Education Programs be distributed to the communities of interest for review and comment, with comments due June 1, 2019, for at the Summer 2019 Commission meeting.

This document represents the proposed revisions based upon review of comments received from communities of interest from August 3, 2018 to June 1, 2019.

This document will be considered by the Commission in Summer 2019.

Proposed Revised Standard 2-13
Additions are Underlined
Strikethroughs indicate Deletions

Accreditation Standards for Dental Assisting Education Programs
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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
f. Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines