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

Committee Chair: Dr. Susan Callahan Barnard. Committee Members: Ms. Laura Baus, Dr. Sebastian Ciancio, Ms. Tami Grzesikowski, Ms. Betty Kabel, Dr. Susan Kass, Ms. Barbara Krieg, Dr. Sally Mauriello and Dr. Sheila Vandenbush. Dr. Ronald Kosinski and Ms. Lynne Brodeur were unable to attend. Guests (Open Session Only): Ms. Ann Lynch, director, Advocacy and Education, American Dental Hygienists’ Association (ADHA). Staff Members: Ms. Doreen Johnson, manager, Allied Dental Education, Ms. Michelle Smith, 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 Hygiene Education (DH RC) was held on July 9-10, 2019 at the ADA Headquarters, Chicago, Illinois.

CONSIDERATION OF MATTERS RELATED TO DENTAL HYGIENE EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Dental Hygiene Education Programs (p. 400): The Dental Hygiene Review Committee (DH RC) considered the analysis of the frequency of citings data for dental hygiene education programs (Appendix 1, Policy Report p. 400). The DH RC noted that the Standards that are frequently cited such as Standard 1, and Standard 2, may need additional clarity for programs to comply. The DH RC suggested that this report would be helpful to utilize along with the 2019 Validity and Reliability Study to update the standard language, intents and examples for clarity in the future for programs to better adhere to the standards.

A total of 1,844 citings of non-compliance were made. Of these, 154 (8.4%) were related to Standard 1–Institutional Effectiveness; 1,016 (55%) were related to Standard 2–Educational Program; 323 (17.5%) were related to Standard 3–Administration, Faculty and Staff; 148 (8.0%) were related to Standard 4–Educational Support Services; 86 (4.8%) were related to Standard 5–Health and Safety Provisions; and 88 (10.5%) were related to Standard 6–Patient Care Services. The DH RC noted that the Informational Report on Frequency of Citings may be utilized as a guide for the revisions of the Dental Hygiene Standards as part of the validity and reliability study that is currently underway.

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

Consideration of Proposed Revisions to the Accreditation Standards for Dental Hygiene Education Programs Related to Standards 2-12 and Definitions of Terms (p. 401): At its Summer 2018 meeting, the Commission directed circulation of the proposed revision to Standard 2-12 and the Definition of Terms (Patient Care Competencies) of the Accreditation Standard for Dental Hygiene Education Programs (Appendix 1, Policy Report p. 401) to communities of interest for a period of one (1) year with hearings at the October 2018 American Dental Association (ADA) and March 2019 American Dental Education Association (ADEA) annual meetings, with comments reviewed at the Commission’s Summer 2019 meeting.
As directed by the Commission, the proposed revision to Standard 2-12 and the Definition of Terms of the Accreditation Standards for Dental Hygiene Education Programs (Appendix 1, Policy Report p 401) was circulated for comment through June 1, 2019. Four (4) oral comments were received at the 2018 ADA Hearing and four (4) written comments were received (Appendix 2, Policy Report 401). Three (3) oral comments were received at the 2019 ADEA Hearing (Appendix 3, Policy Report 401). Additionally, one (1) comment was received in the Commission office (Appendix 4, Policy Report p. 401) prior to the June 1, 2019 deadline.

The Dental Hygiene Review Committee (DH RC) reviewed the comments received and noted the communities of interest were supportive of the proposed revisions. Implementation dates were discussed and it was determined that the revised language should be implemented in one (1) year to provide programs sufficient time to make necessary changes to demonstrate compliance. Following discussion, the DH RC recommended the proposed revision to Standard 2-12 and the Definition of Terms be adopted by the Commission and implemented on July 1, 2020 to allow programs time for implementation.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revision to Standard 2-12 and the Definition of Terms of the Accreditation Standards for Dental Hygiene Education Programs found in (Appendix 1) with an implementation date of July 1, 2020.


According to the Commission’s Policy on Assessing the Validity and Reliability of the Accreditation Standards, “the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.” Thus, the validity and reliability of the standards for a one-year program will be assessed after four (4) years. In accord with this policy, the Validity and Reliability Study for the Accreditation Standards for Dental Hygiene Education Programs was initiated in Spring 2019 with the results to be reviewed at the Summer 2019 meeting of the Commission. At the February 2017 meeting of the Commission, revised Standards were adopted for implementation July 1, 2018. Therefore, the survey instrument used for this Study was developed using the July 1, 2018 Standards in order to provide the communities of interest with an opportunity to comment on all standards adopted by the Commission.

The Dental Hygiene Review Committee (DH RC) considered the 2019 report on the Validity and Reliability Study for the Accreditation Standards for Dental Hygiene Education Programs. In the course of discussion the DH RC recognized certain Dental Hygiene Standards that may need to be reviewed and revised. The DH RC discussed several Standards that may need revisions to language, the intent statements and/or examples of evidence, including: Standards 2-7, 2-10, 2-
12, 2-14, 2-18, 2-24, 3-2, and 3-5. As this discussion was lengthy, the Review Committee suggested that a full review of the Standards be assigned to an ad hoc committee so that time could be afforded for potential revisions to the Standards. It was suggested that an ad hoc committee be formed to review the Dental Hygiene Standards, with a committee composed of five (5) DH RC members including a few members whose term will end in fall 2019 to bring continuity to the process of review.

**Recommendation:** It is recommended that the Commission on Dental Accreditation, through the Chair, appoint a workgroup composed of five (5) Dental Hygiene Review Committee members to further study the findings of the Dental Hygiene Validity and Reliability Study and identify Accreditation Standards, if any, which warrant revision with a report for consideration by the Dental Hygiene Review Committee and Commission in Winter 2020.

**Consideration of Proposed Revision to Accreditation Standards Definition of Terms Related to Special Needs (p. 403):** 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’s request is found in (Appendix 1, Policy Report p. 403).

The DH RC discussed the proposed revision and the term as related to special needs. Following a discussion regarding the proposed language “vulnerable adult patients,” the DH RC determined that this terminology is not clear as to the types of vulnerable patients that would be categorized as patients with special needs; therefore, this phrasing should not be added to the dental hygiene definition. The word “normal,” was also considered and removed from the definition as this word cannot be defined. Additionally, the DH RC believed that “cognitive” disabilities should be included in the definition within the Accreditation Standards. The committee agreed to blend the SCDA’s proposed definition with the current definition of terms related to special needs within the dental hygiene standards, with a few minor changes in language for clarification. The DH RC believed the revision of the Definition of Terms found in Appendix 2 should be adopted in lieu of the proposed definition noted in Appendix 1.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revision to the Definition of Terms of the Accreditation Standards for Dental Hygiene Education Programs found in Appendix 2, in lieu of the Definition in Appendix 1, with an implementation date of July 1, 2020.

**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,

Dr. Susan Callahan Barnard
Chair, Review Committee on Dental Hygiene Education
Commission on Dental Accreditation

At its Summer 2018 meeting, the Commission directed that the proposed revisions to the Definition of Terms and Standard 2-12 of the Accreditation Standards for Dental Hygiene 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 comment 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; Deletions are Stricken

Definition of Terms and Standard 2-12 of the Accreditation Standards for Dental Hygiene Education Programs
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.
Proposed Revision to Accreditation Standards Definition of Terms
Related to Special Needs of the Accreditation Standards for Dental
Hygiene Education Programs

Definitions of Terms Used in
Dental Hygiene Accreditation Standards

Patients with special needs: Those patients whose medical, physical,
psychological, cognitive or social situations make it necessary to
consider a wide range of assessment and care options modify normal dental
routines 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 problems, conditions, and significant physical
limitations, and vulnerable older adults.