

# Commission on Dental Accreditation

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**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.**

Written comments can be directed to [johnsond@ada.org](mailto:johnsond@ada.org) or mailed to:

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Additions are **Underlined**  
**~~Strikethroughs~~** indicate Deletions

## **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.