Commission on Dental Accreditation

At its Summer 2017 meeting, the Commission on Dental Accreditation directed that proposed revisions to Definition of Terms and Standard 2-8d and 2-13 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, 2018. Comments will additionally be accepted at a hearing conducted at the American Dental Hygienists’ Association (ADHA) June 2018 Annual Session. Comments will be considered at the Summer 2018 Commission meeting.

Written comments can be directed to smithmi@ada.org or mailed to:

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211 E. Chicago Avenue, 19th Floor
Chicago, IL 60611

Additions are Underlined; Deletions are Strikethrough

Accreditation Standards for Dental Hygiene Education Programs
Definitions of Terms Used in Dental Hygiene Accreditation Standards

Dental Hygiene Diagnosis: Identification of an existing or potential oral health problem that a dental hygienist is qualified and licensed to treat. The identification of an individual’s health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide.

Dental Hygiene Process of Care: A framework where the individualized needs of the patient can be met. The process identifies the causative or influencing factors of a condition that can be reduced, eliminated, or prevented by the dental hygienist. There are six components to the dental hygiene process of care: assessment, dental hygiene diagnosis, planning, implementation, evaluation, and documentation.

Interprofessional Education*: When students and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration to improve health outcomes.

STANDARD 2 - EDUCATIONAL PROGRAM

Curriculum

2-8d Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.

Intent:
Dental hygiene sciences provide the knowledge base for dental hygiene and prepares the student to assess, perform dental hygiene diagnoses, formulate a treatment plan, implement, and evaluate, and document dental hygiene services as an integral member of the health team. Content in provision of oral health care services to patients with bloodborne infectious diseases prepares the student to assess patients’ needs, perform dental hygiene diagnoses, and formulate a treatment plan, implement, and evaluate, and document appropriate treatment.

Patient Care Competencies

2-13 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; formulation of dental hygiene diagnoses which require evidence-based critical analysis and interpretation of assessments in order to reach conclusions about the patient’s dental hygiene treatment needs;

c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;

d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;

e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;

f) complete and accurate recording of all documentation relevant to patient care.

Intent:
The dental hygienist functions as a member of the dental team and plays a significant role in the delivery of comprehensive patient health care. The dental hygiene process of care is an integral component of total patient care and preventive strategies. The dental hygiene process of care is recognized as part of the overall treatment plan developed by the dentist for complete dental care.

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
- Use of risk assessment systems and/or forms to develop a dental hygiene care plan