Page 400
Appendix 1
Subpage 1
Report of the DH RC
CODA Special Meeting September/October 2020

Guidance Document: Temporary Flexibility in Accreditation Standards to Address Interruption of Education Reporting Requirements Resulting From COVID-19 for the Class of 2021

Below is the *temporary flexibility* guidance on select Accreditation Standards. Only those Accreditation Standards which include *temporary flexibility* or guidance on current expectations are included, all others have been retained as written in the current published Accreditation Standards document.

Dental Hygiene Education

Alternative Assessment Methods (for example, patient vs simulation)

Although temporary flexibility is afforded to programs related to assessment methods, the Commission expects that programs will provide a sufficient number of patient experiences in all aspects of the clinical education program prior to assessment of competence, in accordance with Dental Hygiene Standards 2-12 and 2-14. Programs may use alternative instructional and assessment methods, including distance education, virtual simulations, Objective Structured Clinical Examinations (OSCE), case studies, and other appropriate methods determined by the program to enable the program to continue to provide curricular content and evaluation of student competence. The program is responsible to ensure the competence of its graduates and to document that the assessment methods used provide a sound measure of competence.

Modification/Reduction of Curriculum Content or Curriculum Requirements (for example, modification/reduction of program-dictated requirements, CODA competency requirements, and/or CODA quantitative numbers-based requirements)

Although there are no (0) CODA-specified quantitative numbers-based requirements for dental hygiene education programs, programs need to affirm competence of the graduates. A program may have flexibility to modify or reduce its own curricular requirements as long as the program can assure its graduates are competent. The Commission does not dictate the requirements for a dental hygiene program; the Accreditation Standards are competency based.

Program Length or Program Component Length (for example, rotations, services, etc.)
Programs may use alternative educational delivery and assessment methods to ensure continued compliance with the CODA Standard requiring that dental hygiene education programs be two (2) academic years of full-time study or its equivalent. Each dental hygiene education program may have program-specific time or patient requirements for clinical experience, although these are not dictated by the Accreditation Standards. Programs may modify specific program-prescribed requirements as long as the program assures its graduates are competent. It is up to the program to determine when its students have fulfilled the program's curricular and assessment requirements and are competent to graduate. Additionally, licensure requirements should be considered by the program when determining modifications in program length or curricular content, including areas of allowable duties dictated by a state licensing agency.

Page 400
Appendix 1
Subpage 2
Report of the DH RC
CODA Special Meeting September/October 2020

Accreditation Standards for Dental Hygiene Education Programs

Dental Hygiene Standard 2-1

The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.

<u>Temporary Guidance</u>: For the Class of 2021, temporary flexibility is permitted such that programs may use alternative educational delivery and assessment methods to ensure continued compliance with the CODA Standard requiring that dental hygiene education programs be two (2) academic years of full-time study or its equivalent. Licensure requirements should be considered by the program when determining modifications in program length or curricular content.

Dental Hygiene Standard 2-12

Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, geriatric, and special needs patient populations.

Dental Hygiene Standard 2-14

Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

<u>Temporary Guidance</u>: For the Class of 2021, the Commission expects that programs will provide adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time. The assessment of competence may be determined through alternative methods; however, students must have adequate patient experiences in all areas of the program's competencies within the dental hygiene education clinical curriculum.

Dental Hygiene Standard 3-6

The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. In preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one faculty for every five students. In laboratory sessions for dental materials courses, there must not be less than one faculty for every ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

<u>Temporary Guidance</u>: For the Class of 2021, temporary flexibility is permitted such that in non-patient care clinical sessions utilizing distance education, such as case studies or virtual simulation, there must not be less than one faculty for every ten students.