

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

Committee Chair: Dr. Monica Nenad. Committee Members: Ms. Denise Avrutik, Dr. Linda Boyd, Dr. Ngoc Chu, Ms. Mara Crow, Dr. Marcia Ditmyer, Ms. Patricia Guenther, Dr. James Harrison, Dr. Lorie Holt, Ms. Joanne Pacheco, Dr. Carole Palmer, Dr. Paul Francis Tayag Ayson, and Ms. Maiga Van Haalen. Guests (Open Session Only, Virtual): Ms. Rebecca Stolberg, vice president, Allied Dental Education and Faculty Development, American Dental Education Association (ADEA) and Dr. Amy Vinci, senior manager, Education and Learning Technology, American Dental Hygienists' Association (ADHA) attended the policy portion of the meeting. Staff Members: Ms. Katie Navickas, manager, Allied Dental Education, Ms. Jamie Asher-Hernandez, manager, Allied Dental Education, Mr. Daniel Sloyan, coordinator, Allied Program Reviews, and Ms. Zaira Perez-Lemon, senior project assistant, Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, senior director, CODA, and Ms. Samara Schwartz, senior associate general counsel, CODA, attended a portion of the meeting. The meeting of the Review Committee on Dental Hygiene Education (DH RC) was held on July 8-10, 2024 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 Review Committee on Dental Hygiene Education (DH RC) considered the annual report of the frequency of citings of the Accreditation Standards for Dental Hygiene Education Programs adopted on February 12, 2021, with implementation on July 1, 2022. Since that implementation date, it was noted that 94 site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2022 Standards. The data provided relates to the most frequently cited areas of non-compliance for site visits conducted between July 1, 2022 and October 31, 2023 (**Appendix 1, Policy Report p. 400**).

The DH RC noted that data indicated a total of 265 areas of non-compliance were cited during the period of reporting. Of these, 32 (12.07%) were related to Standard 1-Institutional Effectiveness; 116 (43.77%) were related to Standard 2-Educational Program; 59 (22.26%) were related to Standard 3-Administration, Faculty and Staff; 33 (12.45%) were related to Standard 4-Educational Support Services; 9 (0.03%) were related to Standard 5-Health and Safety Provisions; and 18 (0.06%) related to Standard 6-Patient Care Services.

The DH RC noted the analysis of the data indicates that the most frequently cited areas of non-compliance are within Standard 2-Educational Program. The subsets of Standard 2-12 were cited most frequently and received a total of 30 citations. Standard 2-12 requires graduates to be competent in providing dental hygiene care for various patient types. Citations within Standard 2-12, patient types, were distributed as follows: child (7), adolescent (7), adult (4), geriatric (6), and special needs patients (6). Continued monitoring of Standard 2-12 and standards related to patient care is indicated. Standard 2-24 (curriculum management plan) was the second most frequently cited Standard with 28 citations. Standard 1-1 (outcomes assessment) was the third

most frequently cited Standard with 26 citations; most citations relate to analyzing outcomes and using results for program improvements. Within Standard 3–Administration, Faculty and Staff, Standard 3-6 received 25 citations. The most frequently cited subset of Standard 3-6 was part b that requires documented background in current educational methodology concepts consistent with teaching assignments received nine (9) citations. Standard 3-2, the dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program, received 12 citations.

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

Consideration of the Report of the Ad Hoc Committee to Study Dental Hygiene Standards

Related to Ratios (p. 401): The Review Committee on Dental Hygiene Education (DH RC) considered the report of the Ad Hoc Committee to Study Dental Hygiene Standards Related to Ratios (**Policy Report p. 401**). The DH RC noted that the Ad Hoc Committee conducted three (3) meetings in May and June 2024 and reviewed its charge related to Dental Hygiene Education Standards 3-3 (program administrator degree requirement), 3-5 (faculty to student ratio) and 3-6 (faculty degree requirement). The DH RC considered the findings of the Ad Hoc Committee including the possible impact a revision to the Standards could have on faculty-to-student ratios, faculty requirements to teach in a dental hygiene education program, a program’s ability to enroll more students, and the potential impact on the allied dental workforce.

The DH RC reviewed the recommendations of the Ad Hoc Committee including the recommendations to retain Standard 3-3 (program administrator degree requirement) and Dental Hygiene Standard 3-5 (faculty to student ratio), and to revise Dental Hygiene Standard 3-6 (faculty degree requirement). The DH RC discussed whether there should be a minimum number of years of experience for faculty who hold an associate degree and concluded that most institutions have hiring requirements for prior education and experience. The DH RC believed that the proposed revision to Standard 3-6 would enable programs to hire additional faculty to support the clinical phase of the program.

Following consideration, the DH RC agreed with the findings of the Ad Hoc Committee including the proposed revisions to Dental Hygiene Standard 3-6, related to the faculty degree requirement and believed that the proposed revision (**Appendix 1**) should be circulated to the communities of interest for review and comment for six (6) months, with a Hearing in conjunction with the October 2024 American Dental Association Annual Meeting, with comments reviewed at the Commission’s Winter 2025 meetings. The DH RC believed a shortened circulation was warranted since this change would benefit programs with hiring additional faculty to support student enrollment. Additionally, the DH RC affirmed the recommendation of the Ad Hoc Committee that Standards 3-3 (program administrator degree requirement) and 3-5 (faculty to student ratio) be retained as written.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the proposed revision to Dental Hygiene Standard 3-6, related to the faculty degree requirement (**Appendix 1**), be circulated to the communities of interest for review and

comment for six (6) months, with a Hearing in conjunction with the October 2024 American Dental Association Annual Meeting, with comments reviewed at the Commission's Winter 2025 meetings.

NEW BUSINESS

Discussion of Matters Affecting Dental Hygiene Education Programs: The Review Committee on Dental Hygiene Education (DH RC) engaged in informal discussions on two (2) issues related to dental hygiene program report submissions; these were: 1) the Allied Biosketch Template related to the area that addresses class preparation hours in the teaching assignments table, and 2) the reporting of curriculum changes within dental hygiene education programs.

First, the DH RC reviewed a change that was suggested by the Commission staff to reorganize the Allied Biosketch format and better illustrate class preparation hours as a teaching responsibility instead of a supplemental administrative responsibility. The DH RC noted that program administrators may need further clarification on the program administrator duties section of the biosketch as it relates to demonstration of compliance with Dental Hygiene Standard 3-2 (Program Administrator Responsibilities). The DH RC requested the Allied Biosketch template be updated by CODA staff, as soon as possible, with the minor change to relocate class preparation from administrative duties to course hour assignments, and to publish the revised Allied Biosketch upon completion of the revision.

Second, the DH RC discussed the concept of curriculum changes, which are reported to the Commission for review. In many cases, programs are requested to use a "curriculum crosswalk" to clearly illustrate where course curriculum content is being re-sequenced, removed, added, or where courses are being eliminated and content transferred to other courses in the program. The DH RC suggested that CODA staff provide a sample crosswalk table to dental hygiene education programs, to assist programs in preparing concise and easy to interpret reports for changes in curriculum. The DH RC and the Commission staff developed an example table for program use when reporting curriculum changes that require review by the DH RC and Commission. Once finalized by Commission staff, the DH RC requested that the example table be provided to dental hygiene education programs, as needed, along with the Guidelines for Reporting a Program Change document, as a tool to assist in reporting curricular changes to the Commission.

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

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. Monica Nenad
Chair, Review Committee on Dental Hygiene Education

Commission on Dental Accreditation

Proposed Revisions to Dental Hygiene Standard 3-6

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Dental Hygiene Education Programs

1 **STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF**

2
3 **Faculty**

4
5 **3-6** ~~Full-time and part-time~~ **All** faculty of a dental hygiene program who teach in a didactic course must possess a baccalaureate or higher degree. All ~~part-time faculty whose teaching is limited to a clinical and dental science laboratory faculty course~~ must possess an associate or higher degree. ~~appointed prior to July 1, 2022~~ are ~~exempt from the degree requirement.~~

6
7
8
9
10
11 **All dental hygiene program faculty members must have:**

- 12 a) **current knowledge of the specific subjects they are teaching.**
13 b) **documented background in current educational methodology concepts**
14 **consistent with teaching assignments.**
15 c) **faculty who are dental hygienists or dentists must be graduates of programs**
16 **accredited by the Commission on Dental Accreditation. A dentist who was**
17 **appointed as a faculty prior to July 1, 2022 is exempt from the graduation**
18 **requirement.** An internationally trained dentist or dental hygienist is exempt
19 from the graduation requirement.
20 d) faculty who are internationally trained dental hygienists or dentists must hold
21 credentials required by the state.
22 ~~d~~e) **evidence of faculty calibration for clinical evaluation.**

23
24 **Intent:**

25 *Faculty should have background in current education theory and practice, concepts*
26 *relative to the specific subjects they are teaching, clinical practice experience and, if*
27 *applicable, distance education techniques and delivery. These criteria apply to dentists*
28 *and dental hygienists who supervise students' clinical procedures should have*
29 *qualifications which comply with the state dental or dental hygiene practice act.*
30 *Individuals who teach and supervise dental hygiene students in clinical enrichment*
31 *experiences should have qualifications comparable to faculty who teach in the dental*
32 *hygiene clinic and are familiar with the program's objectives, content, instructional*
33 *methods and evaluation procedures.*

34
35 **Examples of evidence to demonstrate compliance may include:**

- 36 • faculty curriculum vitae with recent professional development activities listed
37 • evidence of participation in workshops, in-service training, self-study courses, on-line
38 and credited courses
39 • attendance at regional and national meetings that address education
40 • mentored experiences for new faculty
41 • scholarly productivity
42 • maintenance of existing and development of new and/or emerging clinical skills