

## **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. Marcia Ditmyer (attended virtually), Ms. Patricia Guenther, Ms. Carrie Hobbs, Dr. Lorie Holt, Dr. Tariq Javed, Dr. Nancy Rosenthal, Dr. Paul Francis Tayag Ayson, and Ms. Maiga Van Haalen. Ms. Mara Crow and Dr. Barbara Krieg-Menning were unable to attend the meeting. Guests (Open Session Only, Virtual): Dr. JoAnn Gurenlian, director, Education and Research, American Dental Hygienists' Association, and Ms. Rebecca Stolberg, vice president, Allied Dental Education and Faculty Development, American Dental Education Association. Staff Members: Ms. Katie Navickas, manager, Allied Dental Education, Ms. Jamie Asher Hernandez, manager, Allied Dental Education, and Mr. Daniel Sloyan, coordinator, Allied Program Reviews, Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, senior director, CODA, and Ms. Zaira Perez-Lemon senior project assistant, Allied Dental Education, CODA, attended a portion of the meeting. The meeting of the Review Committee on Dental Hygiene Education (DH RC) was held on July 10-11, 2023 at the ADA Headquarters, Chicago, Illinois.

**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 Accreditation Standards for Dental Hygiene Education Programs and noted the most frequently cited areas of non-compliance for site visits conducted between January 1, 2009 and June 30, 2022.

The data indicated that a total of 2,363 citings of non-compliance were made. Of these, 178 (7.5%) were related to Standard 1–Institutional Effectiveness; 1,216 (51.4%) were related to Standard 2–Educational Program; 431 (18.2%) were related to Standard 3–Administration, Faculty and Staff; 205 (8.7%) were related to Standard 4–Educational Support Services; 102 (4.3%) were related to Standard 5–Health and Safety Provisions; and 231 (9.8%) were related to Standard 6–Patient Care Services.

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 304 citations. Standard 2-12 requires graduate competence in providing dental hygiene care for various patient types including patients with special needs. Citations within Standard 2-12 patient types were distributed as follows: child (60), adolescent (73), adult (43), geriatric (64), and special needs patients (64). Continued monitoring of Standard 2-12 and standards related to patient care and tracking is indicated and future revisions may be warranted. Standard 2-7, which describes the course documentation components provided to students, was cited a total of 192 times. Within Standard 3–Administration, Faculty and Staff, Standard 3-7, a) requiring current knowledge of the specific subject(s) faculty are teaching, and b) requiring educational methodology for faculty, received 63 and 79 citations, respectively.

The revised Accreditation Standards for Dental Hygiene Education Programs was implemented on July 1, 2022. Therefore, this report concludes the Frequency of Citings for the January 2009 Accreditation Standards for Dental Hygiene Education Programs.

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

**Informational Report on Frequency of Citings of Accreditation Standards for Dental Hygiene Education Programs (p. 401):** The Commission on Dental Accreditation approved the Accreditation Standards for Dental Hygiene Education Programs on February 12, 2021, with implementation on July 1, 2022. Since that implementation date, 17 site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2022 Standards.

The Review Committee on Dental Hygiene Education (DH RC) considered the annual report of the frequency of citings to include the July 1, 2022 Accreditation Standards for Dental Hygiene Education Programs and noted the most frequently cited areas of non-compliance for site visits conducted between July 1, 2022 through October 31, 2022.

The data indicated that a total of 54 citings of non-compliance were made during the period of reporting. Of these, 3 (5.6%) were related to Standard 1-Institutional Effectiveness; 23 (42.59%) were related to Standard 2-Educational Program; 12 (22.2%) were related to Standard 3-Administration, Faculty and Staff; 9 (16.7%) were related to Standard 4-Educational Support Services; 5 (9.3%) were related to Standard 5-Health and Safety Provisions; and 3 (5.6%) related to Standard 6-Patient Care Services.

The most frequently cited areas of non-compliance were within Standard 2- Educational Program. The subsets of Standard 2-12 were cited most frequently and received a total 10 citations. Standard 2-12 requires graduate be competence in providing dental hygiene care for various patient types. Citations within Standard 2-12, patient types, were distributed as follows: child (2), adolescent (2), adult (1), geriatric (2), and special needs patients (3). Continued monitoring of Standard 2-12 and standards related to patient care is indicated. Within Standard 3-Administration, Faculty and Staff, Standard 3-6, d, evidence of faculty calibration for clinical evaluation received three (3) 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 two (2) citations.

The Commission will continue to receive reports annually summarizing the updated data on frequency of citings of individual Standards.

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

**Consideration of the Report of the Ad Hoc Committee to Develop Dental Hygiene Enrollment Guidelines and Review Accreditation Standards for Dental Hygiene Education Programs (p. 402):** At its Winter 2023 meeting, the Commission on Dental Accreditation (CODA) considered the Report of the Review Committee on Dental Hygiene Education (DH RC), which included a new business item related to the Committee's discussion regarding the

interpretation of dental hygiene Standard 2-8 and Standard 3-6, and discussion by the DH RC related to enrollment increases in dental hygiene education programs. Following consideration, the DH RC recommended that an Ad Hoc meeting of the available members of the DH RC in Spring 2023 would allow further discussion of these matters and, as appropriate, submission of a report to the DH RC and Commission for further consideration in Summer 2023. At its Winter 2023 meeting, the Commission concurred with the recommendation of the DH RC and directed the Ad Hoc Committee of the DH RC to further discuss the Dental Hygiene Standards related to general education courses and faculty qualifications, and reporting mechanisms related to enrollment increases, with a report for further consideration by the Dental Hygiene Review Committee and Commission in Summer 2023. The report of the Ad Hoc Committee is found in **Policy Report p. 402.**

Dental Hygiene Standard 2-8: At this meeting, the DH RC reviewed the report of the Ad Hoc Committee and continued its discussion related to Standard 2-8, particularly related to the intent statement which states: “General education, social science, and biomedical science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities.” and the Standard 2-8b intent statement, which states: “The subjects are to be of the scope and depth comparable to college transferable liberal arts course work.”

The DH RC continued to share its earlier perspective that whether provided as a separate course or within the dental hygiene curriculum, the learning outcomes of content in general education, social science and biomedical science should be equivalent to college transferable courses to assure foundation knowledge in these general education courses as applied to dental hygiene courses. Following discussion, the DH RC concluded that revision of Standard 2-8 is not warranted at this time; however, the Committee will continue to monitor program compliance with this Standard.

Dental Hygiene Standard 3-6: At this meeting, the DH RC considered the discussion of the Ad Hoc Committee. It was again noted that for some courses in the dental hygiene curriculum may be difficult to find appropriate and current content to demonstrate current knowledge in the subjects taught; for example, embryology and dental anatomy. However, the DH RC reiterated that faculty must have current knowledge in the subjects they are teaching, as well as education methodology background consistent with teaching assignments and teaching modality (i.e., didactic, hybrid, clinic, distance education).

The Review Committee affirmed that site visitors and programs should use professional judgement as to what is “current” when reviewing education methodology and continuing education. It was also noted that the new Allied Biosketch has helped programs document the faculty’s compliance in these areas. The DH RC concluded that revision of Standard 3-6 is not warranted at this time; however, the Committee will continue to monitor program compliance with this Standard.

Enrollment Increases in Dental Hygiene Education Programs: At this meeting, the DH RC reviewed the Ad Hoc Committee’s proposed new Guidelines for Requesting an Increase in

Enrollment in a Dental Hygiene Education Program (**Appendix 1, Policy Report p. 402**). The DH RC believed that the enrollment guidelines would assist programs in documenting sufficient resources to increase enrollment. Additionally, the enrollment guidelines provide a uniform method of receipt of information for review by the DH RC Chair, and DH RC, as applicable. No further changes were recommended related to the proposed new guidelines. The DH RC concluded that the guidelines should be adopted by the Commission, with immediate implementation to permit dental hygiene programs to use these guidelines for future enrollment increases. The proposed Guidelines for Requesting an Increase in Enrollment in a Dental Hygiene Education Program are found in **Appendix 1**.

**Recommendations:** It is recommended that the Commission on Dental Accreditation direct there be no revision to Standard 2-8 of the Accreditation Standards for Dental Hygiene Education Programs at this time.

It is further recommended that the Commission on Dental Accreditation direct there be no revision to Standard 3-6 of the Accreditation Standards for Dental Hygiene Education Programs at this time.

It is further recommended that the Commission on Dental Accreditation adopt, with immediate implementation, the proposed new Guidelines for Requesting an Increase in Enrollment in a Dental Hygiene Education Program (**Appendix 1**).

#### **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 SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF DENTAL HYGIENE EDUCATION**

Due to an ongoing need for additional site visitors, the Review Committee on Dental Hygiene Education considered site visitor appointments for 2023-2024. The Committee's recommendations on the appointments of individuals 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

## **Proposed New Guidelines for Requesting an Increase in Enrollment in a Dental Hygiene Education Program**

(Additions are underlined)

**TIMING OF REQUESTS AND RESPONSE:** An increase in enrollment in dental hygiene education programs **must** be reported to the Commission. Upon submission of the enrollment increase report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair will require *prior* approval by CODA.

**RATIONALE FOR GUIDELINES:** These *Guidelines* were drafted to focus upon adequacy of programmatic resources in support of additional student enrollees. Enrollment increases are tracked to ensure over time total enrollment does not exceed the resources of the program.

The Commission must review the request *prior* to implementation. It should be noted that the requirement for *prior* approval for an increase in enrollment is commensurate with the Commission's Program Change policy under which previous enrollment increases were reported.

Programs should be cognizant of the impending need for enrollment increases through short- and long-term planning and proactively request permission for the increase. **The Commission will not consider retroactive permanent requests. Additionally, the Commission will not consider inter-cycle requests unless there are documented extenuating circumstances.**

Requests should be sent to the Commission on Dental Accreditation (see Mechanics, below) for initial review by the Review Committee Chair and, as needed, by the Dental Hygiene Education Review Committee and subsequent review and approval by the Commission. The Dental Hygiene Education Review Committee will review the request at the next regularly scheduled meeting. Reports submitted by **May 1** will be considered at the Summer Commission meeting, and reports submitted by **November 1** will be considered at the Winter Commission meeting.

**POLICY ON MISSED DEADLINES:** So that the Commission may conduct its accreditation program in an orderly fashion, all institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. Programs/institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information. Program information (i.e. self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process. If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will

immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

Revised: 2/16; Reaffirmed: 8/20; 8/15; 8/10, 7/07, 7/01, 5/88

**FORMAT:** The report must be clear and concise and must follow the “Required Documentation” and “Mechanics” sections illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program.

**REQUIRED DOCUMENTATION (10 areas):** Program directors must ensure that the proposed enrollment increases does not jeopardize the program’s ability to meet the Accreditation Standards.

In order to build and maintain calibration of evaluating requests for reportable enrollment increases, the following documentation must be submitted with the request for enrollment increase:

1. Date the program plans to increase enrollment.
2. Indicate the current enrollment in each year of the program and the projected enrollment in each year of the program.
3. Indicate whether the proposed increase in enrollment is temporary or a permanent increase.
4. The ratio of teaching faculty to students before and after the proposed increase, including changes in faculty assignments, hiring plans, and new faculty biosketches with teaching assignments, as applicable, including Dental Hygiene Self-Study Example Exhibit 8.
5. A schedule for all courses within the program, before and after the proposed increase is in effect documenting assignments of the faculty (didactic, preclinical, laboratory and clinical), including Dental Hygiene Self-Study Example Exhibit 11.
6. Support staff available to students after the proposed enrollment increase.
7. Financial resources to support the increased enrollment.
8. Facility resources: classroom, laboratory, preclinical and clinical space, faculty space, student work/study areas, computer access, etc.
9. A description of the availability of adequate patient experiences to ensure the program’s goals and objectives for training to competencies will be achieved following the increased enrollment. Submit current (past two years) and projected numbers of patients by procedure type, including an accounting for the increased student enrollment. Additionally, provide minimum, mean, and maximum patient experiences by procedure type, for the preceding graduating class.
10. Explanation of how any off-campus sites may be involved in the proposed enrollment increase. Note: If new off-campus sites may be involved in the

enrollment increase being reported, the Policy and Guidelines for Off-Campus Sites must also be followed.

**Supportive documentation must be submitted to demonstrate continued compliance with Standards following the change. A signed Verification Page must accompany the report. Omission of any of these ten (10) documentation areas *may* postpone Commission action on the request for increase in enrollment.**

The Commission has directed that program materials be submitted electronically through a secure CODA electronic submission portal or by email, solely. **Paper copies and/or electronic copies mailed to the Commission office will not be accepted.**

**MECHANICS:** The following guidelines must be observed when preparing your report. Electronic Submission Guidelines are available and **must be strictly followed**. Failure to comply with these guidelines will constitute an incomplete report. Electronic Submission Guidelines are available on the CODA website at this link: <https://coda.ada.org/policies-and-guidelines/electronic-submission-guidelines>

1. Cover page **must** include
  - a. date of report
  - b. name and address of the institution;
  - c. program title;
  - d. name, title, telephone number, e-mail address, and signature of individual preparing the request (this is typically the program director);
  - e. name, title, and signature of the chief executive officer of the institution (the chief executive officer of the institution sponsoring the program must be copied on the letter transmitting the request to the Commission).

**The report must include a signed cover/verification page and must conform to the Commission's electronic submission guidelines.**

2. If documentation is extensive, a list of what is provided should be included. The actual items can be provided in **one (1) separate document that conforms to the electronic submission guidelines.**

**Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security, including those related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission's statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission's website at**

<https://coda.ada.org/policies-and-guidelines/hipaa-compliance>. *Programs that fail to comply with CODA's policy will be assessed an administrative fee of \$4000.*

**POLICY ON PREPARATION AND SUBMISSION OF DOCUMENTS TO THE**

**COMMISSION:** All institutions offering programs accredited by the Commission are expected to prepare documents that adhere to guidelines set forth by the Commission on Dental Accreditation, including required verification signatures by the institution's chief executive officer, the institution's chief academic officer, and program director. These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of program change, and transfer of sponsorship and exhibits. The Commission's various guidelines for preparing and submitting documents, including electronic submission, can be found on the Commission's website or obtained from the Commission staff.

In addition, all institutions must meet established deadlines for submission of requested information. Any information that does not meet the preparation or submission guidelines or is received after the prescribed deadlines may be returned to the program, which could affect the accreditation status of the program.

**Electronic Submission of Accreditation Materials:** All institutions will provide the Commission with an electronic copy of all accreditation documents and related materials, which conform to the Commission's Electronic Submission Guidelines. Electronic submission guidelines can be found on the Commission's website or obtained from the Commission staff. Accreditation documents and related materials must be complete and comprehensive.

Documents that fail to adhere to the stated Guidelines for submission will not be accepted and the program will be contacted to submit a corrected document. In this case, documents may not be reviewed at the assigned time which may impact the program's accreditation status.

**Compliance with Health Insurance Portability and Accountability Act (HIPAA) (Excerpt):**

The program's documentation for CODA must not contain any patient protected health information (PHI) or sensitive personally identifiable information (PII). If the program submits documentation that does not comply with the policy on PHI or PII, CODA will assess an administrative processing fee of \$4,000 per program submission to the institution; a program's resubmission that continues to contain PHI or PII will be assessed an additional \$4,000 administrative processing fee.

Revised: 8/20; Adopted 1/20 (Formerly Policy on Electronic Submission of Accreditation Materials, Commission Policy and Procedure Related to Compliance with the Health Insurance Portability and Accountability Act [HIPAA] and Policy on Preparation and Submission of Reports to the Commission)

**ANNOUNCEMENT OF REVIEW RESULTS:** The Commission's actions to approve or deny the request for reportable enrollment increases in predoctoral education programs, as are other



accreditation actions, will be transmitted to the institutions/programs within 30 days following the Winter (January/February) or Summer (July/August) meetings.

**DENIAL OF REQUESTS:** Requests will be denied if the program cannot ensure continued compliance with the Accreditation Standards as demonstrated by documentation of the major program resource areas identified in the Guidelines for Enrollment Increases in Predoctoral Dental Education Programs.

**OTHER CHANGES IN ENROLLMENT:** Decreases in enrollment on a one-time-only basis or on a permanent basis must be reported to the Commission, but do not require *prior* approval. In the case of one-time-only decreases, programs are advised to maintain clinical experiences for the enrollment number for which they are approved.

**ASSISTANCE:** If you have questions, it is preferred that you contact staff via email. CODA staff emails can be found on the CODA website at the following link:  
<https://coda.ada.org/about-coda/coda-staff>

Staff can also be contacted at 312-440-2695.

## **Commission on Dental Accreditation** **Privacy and Data Security Reminders**

**Protect sensitive personally identifiable information (“PII”) such as social security numbers, drivers’ license numbers, credit card numbers, account numbers, etc.**

### **Security Reminder: Personally Identifiable Information**

Before submitting any documents to CODA or to a CODA site visitor, an institution must:

- Review for PII and patient identifiers.
- Fully and appropriately redact any PII and patient identifiers.
- Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read or reconstructed.

CODA **does not accept** PII or patient identifiers in any materials submitted by a program.

### **Security Reminder: Patient Identifiers**

Before submitting any information about a patient to CODA or to a CODA site visitor, you must **thoroughly redact all 18 patient identifiers listed on the next page.**

Examples of information about a patient:

- Dental records
- Rosters of procedures (procedure logs)
- Chart review records (chart audit records)
- Information from affiliated teaching institutions, to include items listed above
- Brochures with patient images and/or information
- Presentations with patient images and/or information
- Course materials (exams, lecture materials) with patient images and/or information

If **even one** identifier is readable, do not submit the information to CODA.

CODA **does not accept** documents containing PII or patient identifiers from institutions. Any PHI/PII that is necessary for CODA accreditation may only be reviewed by CODA site visitors when they are on-site at the institution.

When redacting identifiers, you must ensure that the information is unreadable and cannot be reconstructed in both hard copy and electronic form. For example, certain information redacted on a hard copy can become readable when the hard copy is scanned. Instead, it may be effective

to use opaque cover-up tape on the hard copy, scan, and then ensure the redacted information on the scanned version is not visible/readable through the redaction.

**Commission on Dental Accreditation**  
**Privacy and Data Security Requirements for Institutions**  
(Rev.8/2021)

1. **Sensitive Information.** To protect the privacy of individuals and to comply with applicable law, the Commission on Dental Accreditation (“CODA” or “the Commission”) **prohibits all programs/institutions from disclosing in electronic or hard copy documents provided to CODA other than on-site during a site visit, any of the following information (“Sensitive Information” or “PII”):**
  - Social Security number
  - Credit or debit card number or other information (e.g., expiration date, security code)
  - Drivers’ license number, passport number, or other government issued ID
  - Account number with a pin or security code that permits access
  - Health insurance information, such as policy number or subscriber I.D.
  - Medical information, such as information about an individual’s condition, treatment, or payment for health care
  - Mother’s maiden name
  - Taxpayer ID number
  - Full date of birth
  - Any data protected by applicable law (e.g., HIPAA, state data security law)
  - Biometric data, such as fingerprint or retina image
  - Username or email address, in combination with a password or security question that permits access to an online account
  
2. **Patient Identifiers.** Before submitting information about a patient to CODA other than on-site during a site visit, a program/institution **must remove the following data elements of the individual, and of relatives, household members, and employers of the individual (the “Patient Identifiers”):**
  1. Names, including initials
  2. Address (including city, zip code, county, precinct)
  3. Dates, including treatment date, admission date, age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2015) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
  4. Telephone numbers
  5. Fax numbers
  6. E-mail addresses
  7. Social Security numbers
  8. Medical record numbers

9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:
  - that is derived from information about the individual
  - that is capable of being translated so as to identify the individual, or
  - if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

3. **Redaction.** When removing any Sensitive Information or Patient Identifier from paper or electronic documents disclosed to CODA, programs/institutions shall **fully and appropriately** remove the data such that the data cannot be read or otherwise reconstructed. Covering data with ink is not an appropriate means of removing data from a hard copy document and may sometimes be viewable when such documents are scanned to an electronic format.
4. **Administrative fee.** *If the program/institution submits any documentation that does not comply with the directives noted above, CODA will assess an administrative fee of \$4000 to the program/institution; a resubmission that continues to contain prohibited data will be assessed an additional \$4000 fee.*
  - CODA Site Visitors and Commission volunteers are only authorized to access Sensitive Information and Patient Identifiers:
    - Onsite during a site visit, and
    - That are necessary for conducting the accreditation site visit
  - CODA Site Visitors and Commission volunteers may not download or make hard copies or electronic copies of Sensitive Information or Patient Identifiers.

**NOTE: If a document includes fictitious information, which may otherwise appear to be Sensitive Information or Patient Identifiers, the program is expected to clearly mark the document as “Fictitious Example”.**