

INFORMATIONAL REPORT ON DENTAL HYGIENE PROGRAMS ANNUAL SURVEY CURRICULUM DATA

Background: At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Data during the Winter meeting in the year the Survey will be distributed. The Commission further directed that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission's Annual Survey is conducted for dental hygiene education in alternate years. The most recent Curriculum Section was conducted in September/October 2021. Aggregate data of the most recent Curriculum Section for review by the Review Committee on Dental Hygiene Education is provided as an informational report in **Appendix 1**.

Summary: The Review Committee on Dental Hygiene Education is requested to review the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (**Appendix 1**).

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

Q53. Clock hours for all dental hygiene content areas

Didactic instruction clock hours

	Mean	Max	Min	Count
a. Written communications	51.2	216	2	270
b. Oral communications	43.8	600	1	274
c. Psychology	41.4	120	1	266
d. Sociology	41.2	90	1	258
e. Anatomy	42.1	120	2	255
f. Physiology	41.1	120	2	253
g. Chemistry	38.9	180	1	239
h. Biochemistry	23.0	120	1	236
i. Microbiology	39.5	128	1	274
j. Immunology	13.5	56	1	256
k. General and/or pathophysiology	23.7	86	1	274
l. Head, neck and oral anatomy	31.3	158	1	324
m. Oral embryology and histology	23.1	60	1	321
n. Legal and ethical aspects of dental hygiene	23.9	150	1	324

Laboratory instruction clock hours

	Mean	Max	Min	Count
a. Written communications	44.7	379	1	20
b. Oral communications	50.6	565	1	23
c. Psychology	12.3	25	3	6
d. Sociology	8.0	20	1	5
e. Anatomy	37.1	135	1	198
f. Physiology	35.2	135	1	189
g. Chemistry	31.8	120	1	166
h. Biochemistry	22.6	60	1	102
i. Microbiology	35.7	90	1	199
j. Immunology	11.6	45	1	47
k. General and/or pathophysiology	15.5	60	2	23
l. Head, neck and oral anatomy	24.3	90	1	136
m. Oral embryology and histology	16.8	60	1	68
n. Legal and ethical aspects of dental hygiene	9.6	32	1	24

Q53. Clock hours for all dental hygiene content areas (continued)

Didactic instruction clock hours	Mean	Max	Min	Count
o. Nutrition	30.9	90	1	306
p. Pharmacology	35.9	349	1	323
q. Tooth morphology	20.6	60	1	316
r. Oral and maxillofacial pathology	33.2	289	1	324
s. Radiography	34.4	243	1	325
t. Periodontology	46.5	424	1	326
u. Pain management	22.7	85	1	324
v. Dental materials	25.0	455	1	324
w. Oral health education and preventive counseling	29.0	230	1	322
x. Patient management	30.9	220	1	313
y. Clinical Dental Hygiene	95.3	1000	2	275
z. Provision of services for and management of patients with special needs	30.8	800	1	321
aa. Community dental/oral health	42.0	589	1	326
bb. Medical emergencies (including basic life support)	17.9	135	1	316
cc. Infection and hazard control management	13.7	80	1	319
dd. Provision of oral health services to patients with bloodborne infectious diseases	11.1	128	1	314
ee, - jj. Other, please specify (see pages 8-13 for individual responses)	74.2	353	1	135

Laboratory instruction clock hours	Mean	Max	Min	Count
o. Nutrition	8.1	40	1	24
p. Pharmacology	12.2	40	1	26
q. Tooth morphology	19.0	53	1	159
r. Oral and maxillofacial pathology	13.1	40	1	34
s. Radiography	41.2	150	1	311
t. Periodontology	18.6	48	1	72
u. Pain management	29.5	420	1	246
v. Dental materials	35.6	451	0.5	316
w. Oral health education and preventive counseling	16.9	110	1	126
x. Patient management	36.4	800	1	126
y. Clinical Dental Hygiene	103.2	810	2	211
z. Provision of services for and management of patients with special needs	11.9	64	1	66
aa. Community dental/oral health	39.1	112	1	145
bb. Medical emergencies (including basic life support)	9.4	45	0.5	171
cc. Infection and hazard control management	15.5	148	1	209
dd. Provision of oral health services to patients with bloodborne infectious diseases	11.4	148	1	104
ee, - jj. Other, please specify (see pages 8-13 for individual responses)	54.1	240	2	63

Q53. Clock hours for all dental hygiene content areas (continued)

Clinical instruction clock hours	Mean	Max	Min	Count
o. Nutrition	7.2	62	1	109
p. Pharmacology	27.1	900	1	83
q. Tooth morphology	31.2	1005	1	60
r. Oral and maxillofacial pathology	34.4	600	1	68
s. Radiography	45.0	820	2	166
t. Periodontology	84.2	820	1	106
u. Pain management	28.3	510	1	181
v. Dental materials	21.1	480	0.05	111
w. Oral health education and preventive counseling	59.9	820	1	168
x. Patient management	161.0	1650	1	176
y. Clinical Dental Hygiene	604.9	4500	3	308
z. Provision of services for and management of patients with special needs	75.6	3500	2	180
aa. Community dental/oral health	37.9	320	2	58
bb. Medical emergencies (including basic life support)	15.9	315	1	101
cc. Infection and hazard control management	67.2	765	1	172
dd. Provision of oral health services to patients with bloodborne infectious diseases	64.5	810	1	117
ee. -jj. Other, please specify (<i>see pages 8-13 for individual responses</i>)	68.2	489	2	41

Q54. Clock hours per term per year dental hygiene students are scheduled for pre-clinical and clinical practice:

	Mean	Max	Min	Count
a. 1st year: pre-clinical				
Term 1	102.0	243	4	309
Term 2	71.3	180	6	81
Term 3 (if applicable)	53.1	180	4	14
Term 4 (if applicable)	78.4	180	22	8
b. 1st year: clinical				
Term 1	103.9	214	6	76
Term 2	130.8	432	3	282
Term 3 (if applicable)	109.3	384	12	98
Term 4 (if applicable)	99.5	180	30	14
c. 2nd year: clinical				
Term 1	181.8	540	5	257
Term 2	194.9	540	8	262
Term 3 (if applicable)	187.3	386	7	108
Term 4 (if applicable)	203.2	360	12	70

Q55. Are students taught to perform the service?	Yes		No		Total
a. Clinical infection control procedures	99.7%	326	0.3%	1	327
b. Medical and dental histories	99.7%	326	0.3%	1	327
c. Vital signs	99.7%	326	0.3%	1	327
d. Intraoral inspection (including charting carious lesions, periodontal diseases, existing and missing teeth)	99.7%	326	0.3%	1	327
e. Extraoral inspection	99.7%	326	0.3%	1	327
f. Dental hygiene assessment/dental hygiene treatment planning	99.7%	326	0.3%	1	327
g. Evaluation of dental hygiene services	99.7%	326	0.3%	1	327
h. Radiographs	99.7%	326	0.3%	1	327
i. Indices	99.7%	326	0.3%	1	327
j. Risk management (i.e., tobacco, systemic, caries)	99.7%	326	0.3%	1	327
k. Impressions for study casts	99.4%	325	0.6%	2	327
l. Occlusal registration for mounting study casts	76.5%	250	23.5%	77	327
m. Pulp vitality testing	60.9%	199	39.1%	128	327
n. Oral health education including health promotion, disease prevention and behavior modification	99.7%	326	0.3%	1	327
o. Clean removable appliances and prostheses	99.4%	325	0.6%	2	327
p. Nutritional counseling	99.7%	326	0.3%	1	327
q. Supragingival scaling	99.7%	326	0.3%	1	327
r. Subgingival scaling	99.7%	326	0.3%	1	327
s. Root planing	96.9%	317	3.1%	10	327
t. Coronal polishing	99.7%	326	0.3%	1	327
u. Application of chemotherapeutic agents	99.4%	325	0.6%	2	327
v. Application of anticariogenic agents	99.4%	325	0.6%	2	327
w. Polish restorations	77.1%	252	22.9%	75	327
x. Pit and fissure sealants	99.7%	326	0.3%	1	327
y. Application of topical anesthetic agents	99.4%	325	0.6%	2	327

z. Administration of local anesthetic: infiltration	83.8%	274	16.2%	53	327
aa. Administration of local anesthetic: block	80.4%	263	19.6%	64	327
bb. Administration of nitrous oxide/analgesia	70.6%	231	29.4%	96	327
cc. Monitoring of nitrous oxide/analgesia	82.6%	270	17.4%	57	327
dd. Periodontal and surgical dressing: place	78.3%	256	21.7%	71	327
ee. Periodontal and surgical dressing: remove	80.1%	262	19.9%	65	327
ff. Suture: place	47.1%	154	52.9%	173	327
gg. Suture: remove	76.8%	251	23.2%	76	327
hh. Closed soft tissue curettage	46.8%	153	53.2%	174	327
ii. Rubber dams: place	75.2%	246	24.8%	81	327
jj. Rubber dams: remove	75.8%	248	24.2%	79	327
kk. Matrices: place	70.6%	231	29.4%	96	327
ll. Matrices: remove	70.9%	232	29.1%	95	327
mm. Temporary restorations: place	72.5%	237	27.5%	90	327
nn. Temporary restorations: remove	56.6%	185	43.4%	142	327
oo. Amalgam restorations: place	48.6%	159	51.4%	168	327
pp. Amalgam restorations: carve	46.8%	153	53.2%	174	327
qq. Amalgam restorations: finish	49.8%	163	50.2%	164	327
rr. Composite resin restorations: place	47.1%	154	52.9%	173	327
ss. Composite resin restorations: finish	48.6%	159	51.4%	168	327
tt. Application of cavity liners and bases	59.6%	195	40.4%	132	327
uu. Removal of excess restorative materials	60.2%	197	39.8%	130	327

Q55. If yes, are students taught to clinical competence?	Yes		No		Total
a. Clinical infection control procedures	99.7%	325	0.3%	1	326
b. Medical and dental histories	100.0%	326	0.0%	0	326
c. Vital signs	100.0%	326	0.0%	0	326
d. Intraoral inspection (including charting carious lesions, periodontal diseases, existing and missing teeth)	100.0%	326	0.0%	0	326
e. Extraoral inspection	100.0%	326	0.0%	0	326
f. Dental hygiene assessment/dental hygiene treatment planning	99.7%	325	0.3%	1	326
g. Evaluation of dental hygiene services	99.4%	324	0.6%	2	326
h. Radiographs	100.0%	326	0.0%	0	326
i. Indices	96.9%	316	3.1%	10	326
j. Risk management (i.e., tobacco, systemic, caries)	97.5%	318	2.5%	8	326
k. Impressions for study casts	89.8%	292	10.2%	33	325
l. Occlusal registration for mounting study casts	66.8%	167	33.2%	83	250
m. Pulp vitality testing	30.2%	60	69.8%	139	199
n. Oral health education including health promotion, disease prevention and behavior modification	99.4%	324	0.6%	2	326
o. Clean removable appliances and prostheses	91.4%	297	8.6%	28	325
p. Nutritional counseling	96.3%	314	3.7%	12	326
q. Supragingival scaling	99.7%	325	0.3%	1	326
r. Subgingival scaling	100.0%	326	0.0%	0	326
s. Root planing	98.1%	311	1.9%	6	317
t. Coronal polishing	99.7%	325	0.3%	1	326
u. Application of chemotherapeutic agents	93.5%	304	6.5%	21	325
v. Application of anticariogenic agents	96.6%	314	3.4%	11	325
w. Polish restorations	50.8%	128	49.2%	124	252
x. Pit and fissure sealants	99.4%	324	0.6%	2	326
y. Application of topical anesthetic agents	96.3%	313	3.7%	12	325

Q55. If yes, are students taught to clinical competence?	Yes		No		Total
z. Administration of local anesthetic: infiltration	94.9%	260	5.1%	14	274
aa. Administration of local anesthetic: block	95.1%	250	4.9%	13	263
bb. Administration of nitrous oxide/analgesia	81.8%	189	18.2%	42	231
cc. Monitoring of nitrous oxide/analgesia	74.8%	202	25.2%	68	270
dd. Periodontal and surgical dressing: place	30.9%	79	69.1%	177	256
ee. Periodontal and surgical dressing: remove	27.5%	72	72.5%	190	262
ff. Suture: place	11.7%	18	88.3%	136	154
gg. Suture: remove	20.7%	52	79.3%	199	251
hh. Closed soft tissue curettage	43.1%	66	56.9%	87	153
ii. Rubber dams: place	30.9%	76	69.1%	170	246
jj. Rubber dams: remove	30.6%	76	69.4%	172	248
kk. Matrices: place	26.0%	60	74.0%	171	231
ll. Matrices: remove	25.4%	59	74.6%	173	232
mm. Temporary restorations: place	21.5%	51	78.5%	186	237
nn. Temporary restorations: remove	18.4%	34	81.6%	151	185
oo. Amalgam restorations: place	22.0%	35	78.0%	124	159
pp. Amalgam restorations: carve	22.9%	35	77.1%	118	153
qq. Amalgam restorations: finish	24.5%	40	75.5%	123	163
rr. Composite resin restorations: place	24.0%	37	76.0%	117	154
ss. Composite resin restorations: finish	23.3%	37	76.7%	122	159
tt. Application of cavity liners and bases	20.0%	39	80.0%	156	195
uu. Removal of excess restorative materials	28.4%	56	71.6%	141	197

APPENDIX – Responses to open-ended questions

Q53. Other content areas specified:

ACA 111
ADHA, Ethics, DH Profession
Adjunctive periodontology
Administration and monitoring of Nitrous Oxide
Adv Topics
Advanced Clinical
Advanced Clinical Topics (2)
Advanced Dental Hygiene Theory for Special Needs Patient
Advanced Periodontics and Topics in Dental Hygiene
Advanced Procedures
Advanced technology
Advocacy and Ethics
Alternative DH Practice
American Govt.
Analysis of Dental Literature (2)
Application of dental hygiene care through case studies
Applied Community Dentistry
Apply Sealants
Basic Instrumentation
Behavioral Foundations (2)
behavioral sciences
Biostatistics
Biostatistics/Statistics
Board Exam Prep
Board Review (3)
Business Practice Management
Capstone II Seminar
Capstone Leadership
Capstone Methods
Capstone Seminar I
Career Development
Career Exploration
Career/Life Planning
Cariology (5)
Case Studies (2)
Child, Elder, Domestic Abuse
clinic
Clinic I
Clinic I Seminar
Clinic II
Clinic II Seminar
Clinic III
Clinic III Seminar

Q53. Other content areas specified:

Clinical assessment
Clinical externship
Clinical Teaching
College Algebra
College Algebra/Statistics
College Math
College Success Skills
College Transfer Success
Community Clinic
Community Enrichment site xternal Rotation
Comp Case Studies
Computer Literacy
Computer Technology (2)
Contemporary Issues in Dental Hygiene
Critical Thinking (3)
Cultural Competency/Competence (3)
Cultural Diversity (4)
Cultural Diversity in Dental Hygiene
Cultural Perspective in Health and Healing
Current Concepts, Practice Management
Current Issues
current issues in dental hygiene
Dental Health Education (2)
Dental Health Safety
Dental Hygiene Practice
Dental Hygiene Practice/Ethics
Dental Hygiene Research
Dental Hygiene Restorative
Dental Hygiene Review (2)
Dental Hygiene Seminar
Dental Implants
Dental Office Management (2)
Dental Office Practice
Dental Practice Management
Dental Public Health
Dental research
Dental Specialties (10)
Dental Team Communication
DH Care Plan
DH Pre-Clinical Teaching
DH Seminar
DH Theory I
DH Theory II
DH Theory III

Q53. Other content areas specified:

DH Theory IV
Didactic Teaching
Documentation
DXTTR/ Radiographic practicum
EBDH in Healthcare
Edu Concept
Educational Methodology
Educational Program Development
Educational Theories in Dental Hygiene
Elective
Electronic Portfolio
Elem. Statistics
Elements of Research
Emerging Oral Health Topics
endodontics
ENG 111
Epidemiology
Ergonomics (2)
ethics
Ethics and Jurisprudence
Ethics, Jurisprudence and practice Management
Evaluation of Research
Evidence Based
Evidence Based Practice
Evidence-Based Dental Hygiene
Evidence-Based Practice for the Dental Hygienist
Evidenced Based Research
Expanded Duties (2)
Expanded Functions (8)
Expanded functions for the dental hygienist (2)
Expanded Practice DH & Practice Management
finance
Forensics
Foundations of Education
Foundations of Inter-professional Practice
Foundations of Physiology, Pathophysiology and Pharmacology
General Biology
Geriatric Dentistry
Grant Writing
Guest Lecturer
Head & Neck Anatomy
Health Care Management
Health Care Term
Health Promotions Through the Lifespan

Q53. Other content areas specified:

Healthcare Ethics
HIPAA (2)
History (2)
HUM ELECTIVE
Humanities (6)
Humanities Course
Humanities Elective (2)
Humanities/Fine Arts
Implantology
Information Literacy
Instructional Methods
Instrumentation (2)
INTERDISCIPLINARY
Internal Med
Interprofessional collaboration (2)
Inter-professional Collaborative Practice Field Experience
Interviewing Techniques
Intraoral Photography
Intraprofessional Education
Intro to Computers
Intro to Dentistry
Intro to DH Practice
Intro to Healthcare
Intro. to Dentistry
Introduction to DH
Introduction to Research Methods
IPE
IPE didactic course
Laser/pulp vitality
Leadership
Leadership and Group Dynamics
Leadership and Professional Development
Leadership in Admin.
Leadership in Dental Hygiene
Leadership roles and
Licensure Board Preparation
Local Anesthesia
Local Anesthesia and Nitrous Oxide Sedation
Management/Marketing
Math - Stats
Math of Business
Math/Algebra
Mathematics (4)
Microcomputer Concepts

Q53. Other content areas specified:

National Board Review
Nitrous Oxide (3)
Nitrous Oxide Analgesia
Nitrous Oxide Monitoring (2)
Nitrous Oxide Sedation (2)
Office Management (2)
Office procedures, practice management
or Statistics
Oral Biology
Oral Communication
Oral diagnosis
Oral Health Research
Oral Health Worldview
Oral Hist./Embryology
oral maxillofacial
organic chemistry
Orthodontics
Orthodontic band, arch wires
Patient management-medical
Patient Records/EHR procedures
Pediatric Dentistry
Pediatric Dentistry/Ortho
pedodontics
Philosophy
Placement of sealants
Placing Medicaments
Placing, carving, and finishing restorations
POC I
POC II
POC III
portfolio capstone
Practice and Financial Management
Practice Administration
Practice Management (16)
Practice management for the dental hygienist
Practicum (2)
preclinic
Pre-Clinic I
Pre-Clinic II
Preclinical Instruction
Preclinical Theory
Pre-preclinical
Principles of Dental Hygiene
Principles of Practice

Q53. Other content areas specified:

Prof Development
Professional Dental Hygiene
Professional Development (5)
Professional Issues (2)
Professionalism (2)
prosthodontics
Provision of Amalgam Restorations
Provision of Composite Restorations
Public Health
Quality Assurance
RDH 226 Review of DH
Regulatory Health Care Policy
Religion
Research (9)
research analysis and writing
research design
Research in Dental Hygiene
Research Methodology (4)
Research Methods (5)
Research Methods, Perio, and Community Health
Research, Evidence-Based Decision Making
Research/ EBD
Research/EbDH
Research/Statistics
Research/Study skills; Professional seminars
Restorative
Restorative Clinic
Restorative Dental Hygiene
Restorative Dentistry (7)
Restorative dentistry for the dental hygienist
Restorative Lab I
Restorative Lab II
Resume Writing (2)
Review of Dental Hygiene
Risk and Practice Management
Rubber dam, matrix, and base and liner placement
Scientific Communication
Scientific Method and Writing
Scientific Methods (2)
SDV 101: orientation to healthcare
Senior Hygiene Seminar
Senior Project
Service Learning
Skills for Patient & Family Centered Care

Q53. Other content areas specified:

Smoking Cessation
Spanish
Statistical evaluation of dental hygiene literature
Statistics (6)
Statistics and Research Methods
Stats/ Research/Analysis
Substance Abuse
Suicide Prevention CE
Taking Impressions
Technology/documentation
Test and Board Review
Transition to the Dental Profession
Treatment & Evaluation in Dental Hygiene
Trends and Issues in Dental Hygiene
Upper Division GE (3)
Written communication

Question 53, items a – n comments

53 a-i are part of the prerequisites prior to the dental hygiene program.

53. Note: The following credits/content areas are taken as prerequisites to DH Program entry a. 9 cr Written Communications (English Composition I & I and English Technical Writing; b. an additional 3 cr Speech course in addition to the DH program's 1 credit Oral Health Literacy/2 cr DHYG 612 Communicative Health Literacy and Advocacy course for dual degree BS/MS dental hygiene track; c. 3 credits Introduction to Psychology; d. 3 credits Introduction to Sociology; e. and f. 8 credits Anatomy & Physiology with labs; g. and h. 4 credits General/Inorganic Chemistry with lab and 4 credits Organic & Biochemistry with lab; i. an additional 4 credits General Microbiology and Immunology course with lab.

53.j. Is included in 53.i.

53a and 53b: Hours include content from pre-requisite courses and clinical courses with a ratio of 1:4 in clinic. 53i 5 hours of this course content are shown in immunology. 53j includes 5 hours of microbiology, 1 hour of DHYG 4034, medically compromised and 1 hour of periodontology. 53l Content in DHYG 3022, Dental Anatomy is included in this course.

53a-j: These courses are pre-requisites at [sponsoring institution name]. 53k: General and oral pathology are taught together as a core Dental Hygiene course. 53l: Includes 30 hours of Head and Neck Anatomy (DH 1330) and 15 hours of Dental Anatomy (DH 1340). 53n: Aspects of Ethics is taught beginning in Theory I (DH 1100), then Theory II (DH 1400), in Theory III and IV (DH 2200 and DH 2600), Community Dental Health (DH 2220), and Practice Management (DH 2800)

A & B are covered in CCM 145; E & F in BIO 115; I & J in Bio 145; M in RDH 186; N in RDH 291 and several other courses; and K in RDH 220

A dedicated lab section is not included for these courses, however hands-on learning is used in almost every course in the curriculum.

A-K are prerequisites and total approx 450 clock hours instruction

Above g, h, j and k are topics embedded in the Bio courses required for the program as well as DNH 145 and 146.

Anatomy and Physiology are taken as three course sequence (A & P I, II, III) with 24 lecture hours per course and 48 lab hours per course. Totaling 72 didactic (lecture) and 144 lab hours. This was split evenly between line items e. and f. Chemistry and Biochemistry are taken as two co-registered courses, with 54 hours of didactic (lecture) and 36 hours of lab. This was split evening between line items g. and h.

Anatomy, Chemistry and Microbiology all consists of 2 classes I and II.

Biochemistry is taught in CHEM1310 - Chemistry and DH110 - Oral Embryology and Histology. General and pathophysiology is taught in DH228 - Oral Pathology. Immunology is taught in DH110 - Oral Embryology, DH203 - Periodontology and Histology and DH228 - Oral Pathology. (2)

Calculated using ICCB rules: Theory: 1 credit for every 15 clock hours. Lab: 1 credit for every 30 clock hours Biochemistry is embedded in CHM 110 and in Nutrition courses

Question 53, items a – n comments

Chemistry and Biochemistry are taught in one course. Both lab and lecture encompass concepts from general, organic, and biochemistry principles. Immunology is taught didactically in LS194 Microbiology (3 hours) and in DH210 General, Oral, and Maxillofacial Pathology (3 hours). Further, Immunology is taught in the LS194 Microbiology Lab for one session (2 hours). Dental Anatomy, Histology, and Embryology are taught in one course. Students are exposed to 5 hours per week of instruction over a 15-week semester.

Chemistry is considered pre-requisite. Biochemistry, Immunology, and Pathophysiology are incorporated throughout the curriculum but are not stand alone courses.

Chemistry; biochemistry; immunology are combined into several courses to total the above hours. The program does not have a separate chemistry, biochemistry and immunology course. Ethics and Legal aspects of dental hygiene are a part of DHYG 2201 didactic portion of the clinical.

Clinics has a ratio of 1:4.8 Preclinic (DHY 119) has a ratio of 1:4.8 Radiography lab (DHY 113) has a ratio of 1:4 Dental Materials lab (DHY 240) has a ratio of 1:8

Content areas A-J are pre-requisite courses. Content areas I and J are taught in the same pre-requisite class, BIOL 220C. For labs associated with E-I, there is one faculty per lab with lab techs available to help as needed.

E and F: Combined: 192 G and H: Combined: 96

Immunology is included in microbiology. General pathology is included in oral pathology

It was noted from our last accreditation that we were deficient in biochemistry. Two hours and 4 objectives were added to Oral Pathology to increase the lack of biochemistry.

Line E & F are combined on Line E because Anatomy and Physiology are taken as one course for two semesters. BIO 211 and BIO 212

Lab (Dental Anatomy, dental materials, etc.) faculty to student ratios are 1:10. Radiology lab faculty to student ratio is 1:5. Preclinic and clinic faculty to student ratio is 1:5

Lab ratios for general education courses are no more than 1:10. Many students transfer out of general education courses and class size is typically less than 15 students.

NUT210 Nutrition + CHE130 Chemistry [14 hours] + [Didactic 6] + [6 Lab - 2 Labs] = 12 hours

On July 1, 2015, the [sponsoring institution] course credit hour:contact hour ratio of the curriculum changed from 1:15 (didactic)/1:30 (science laboratory)/ 1:45 (laboratory/clinical) to 1:12.5 (didactic)/1:25 (science laboratory)/ 1:37.5 (laboratory/clinical). The [state committee] 2012 -2015, which was in effect at the time of the previous CODA review of the [sponsoring institution] dental assisting program in 2013, defined contact time as "the actual time instructor spends with students in an instructional method." The [sponsoring institution] Day Contract that was executed July 1, 2015 -June 30, 2018, and went into effect July 1, 2015 defines contact time as "the actual time is the actual time instructor spends with students in an instructional method. For laboratory -like and clinical courses, every 50 min of class time shall be calculated as one contact hour." (Article 12.03 B.5.b.) Before the change, the credit/contact hour ratio of the curriculum was 1:15 (didactic), 1:30 (laboratory) and 1:45 (clinical). Since the change, the credit contact

Question 53, items a – n comments

hour ratio of the curriculum is 1:12.5 (didactic), 1:25 (laboratory), 1:37.5 (laboratory/clinical). This change was reported to the Commission and will be reviewed at the Winter 2022 meeting.

Oral embryology, histology and tooth morphology are taught in the same course 49.5 lecture hours and 13.5 lab hours. Immunology and General and/or Pathology are taught in the same course 36 hours.

Our Physiology class is combined with Anatomy. The total lecture hours for that class is 60.

Pre requisites include : sociology, psychology, anatomy, physiology, chemistry, biochemistry, microbiology, nutrition, health care ethics

Prerequisite courses are not included.

Prerequisite courses include: BIOL 1314 - Essentials of Anatomy and Physiology, CHEM 1134 - General, Organic and Biological Chemistry, BIOL 1324 - Basic Microbiology, ENGL 1113 - Composition I. General education courses include: COMM 1113 - Public Speaking, PSYC 1113 - Introduction to Psychology, SOCI 1113 - Introduction to Sociology; these courses are required to graduate with an Associate of Applied Science degree, the student can take these courses in addition to dental hygiene courses; however, these courses are not required "in" the accredited dental hygiene program as part of the dental hygiene program curriculum. General and/or pathophysiology is included in the Basic Microbiology prerequisite course. Oral anatomy is included in the Oral embryology and histology clock hours for this dental hygiene program.

Question # 53 e, f, g, h, i: These are not dental hygiene courses and these courses can accept 24 students at on time in a lab with one professor. 1:24

Ratios were provided for lab faculty to student ratios only. 0:0 was used to indicate when there is no lab associated with a didactic topic.

Sociology is a topic in DEH 2701 (2),1000 (2),2804 (2),1800 (4),2806 (2),1720 (2) ,1200 (5). Dental Materials DES 2100 and Biochemistry and Applied Nutrition DEH 1710 have topics on Biochemistry. Microbiology and Immunology combine for 47 hours didactic and 45 lab hours.Orofacial Anatomy DES 1020 with 14 hours and tooth morphology with 18 hours combine for 32 hours. Orofacial Anatomy with 21 hours and tooth morphology with 24 hours combine for 45 hours of lab.

Students may take general education and prerequisite courses at other institutions where the faculty to student ratio is unknown.

The prerequisite courses were not included on the previous report (2019) as per the instructions.

There are 2 Anatomy & Physiology courses: Anatomy & Physiology I @ 5 credits / 2 lab hours Anatomy & Physiology II @ 5 credits / 2 lab hours

This includes courses taken prior to entrance into the program and information pertaining to dental hygiene coursework. All are required to complete the degree.

This includes prerequisites as well as program courses

This is not applicable due to the program closure.

This is not including prerequisites hours.

Question 53, items a – n comments

Written and Oral Communications is not a stand alone course. It is embedded throughout our course curriculum. Biochemistry is incorporated in Anatomy and Physiology I (BIO 1141/1147) and in Nutrition and Oral Health (DEH 1206). Immunology is taught within General and Oral Pathology (DEH 1306) and Microbiology (BIO 2205). Program specific requirement is completion of high school chemistry within the last 5 years with a grade of "C" or better or completion of Intro to Chemistry I (CHE 1111) within the last five years. Legal and Ethical Aspects of Dental Hygiene is introduced in Introduction to Dental Hygiene (DEH 1102), Reviewed in Preclinical Dental Hygiene I (DEH 1204), enforced throughout the entire program and mastered in DEH Dental Hygiene Practice (DEH 2604).

Written and oral communications are a small component of many courses within the curriculum. Student's orally present the following items to the peers/faculty while in the program: perio presentation, pico question presentation, storyboard presentation, behavior modification presentation, dental anomaly presentation, oral path presentation, motivational interviewing videos, mind map presentation. Written communication occurs in the form of journals, discussion groups via CANVAS, and papers. In addition, there are pre-reqs that focus particularly on those two skills.

Written communications, psychology, sociology, anatomy, physiology, chemistry and microbiology are required prerequisites.

a - i are program pre-requisites--see questions 20b and 20c for required credit hours for graduation with BS degree

a. DHYG Theory courses have written projects incorporated; estimated 5 hrs. b. DHYG Theory courses have public speaking presentation projects incorporated; estimated 5 hrs. c. Pre-clinic lecture discusses general psychometric skills of patients and behavior. d. Clinic I or II lecture discusses general social environmental skills of patients in connected to diseases. e ad f. All DHYG courses incorporate general anatomy (not dental, head, neck, anatomy) in relation to the body mechanical systems. g and h. Biochemistry and Nutrition course includes hours of instruction i. Microbiology is discussed in periodontology lecture. j. immunology is discussed in periodontology lecture. k. All DHYG courses incorporate general pathology (not dental, head, neck, anatomy) in relation to the body mechanical systems. l. Head neck and oral anatomy minimum hours are 30. m. Oral embryology and histology minimum hours are 15. n. Legal and ethics aspects are included in all theories, but primarily pre-clinic lecture and Clinic IV theory. The minimum hours are 16.

a. Written Communications is Eng 101 and 102 total hours k. Med Emer and Gen Diseases/Oral Path total hours l. Tooth morph, oral anatomy and Head and Neck total hours

a.b; written and oral communication is spread throughout the curriculum, specifically in clinical where written and oral is a daily communication. Classroom will require written papers/research and oral presentations. Hours represent clinical and classroom. c and d are included in clinical classes didactic portion; these are pre-requisites. e. Students have 8 credits prereq anatomy/physiology. Here they have a specific oral anatomy, pathophysiology class. The anatomy in e is based on their Local Anesthesia semester class and clinical instruction. f is included with oral and pathophysiology i. Microbiology is a pre-requisite; students will study dental micro in their 1st year clinical hygiene class and in pathology j is included in oral pathology. n. is included throughout the curriculum and specific didactic classes as part of their ADHA code of ethics at the start of the program and again in the last semester of their program

Question 53, items a – n comments

content related to Histology and Embryology is embedded with our 3 clock hour Orofacial Anatomy course. Legal and ethical aspects of dental hygiene is embedded within our Dental Hygiene Theory I-IV course (DHYG 1010,01020,2010,2020)

g. Chemistry is taught throughout the curriculum as follows: A total of 45 hours of lecture: CHE105, DNT200, and DH220. A total of 45 hours of laboratory: DH130, DH220, and DS110. *Faculty:student ratios for lab are 1:10 for DH130, 1:1 for DH220, and 1:5 for DS110.

h. Biochemistry units (16 hours) offered Chemistry course. j. Immunology (10 hours) offered within Microbiology course.

head & neck anatomy has a lab section associated but is not a traditional lab, it is didactic in nature to allow for more learning activities. Immunology/pathophysiology taught as modules within other courses (physiology)

some of these hours are a sum of hours/times from several different classes

Question 53, items o – jj and Question 54 comments

#53: Often the content is included in the clinical instruction hours and ratios--ie patient management is part of clinical dental hygiene

#54. 3RD year: Clinical Term 1 = 180, Clinical Term 2 = 180

(x) and (dd) are incorporated into other courses.

(y) is composed of preclinic and clinical instruction (bb) medical and dental emergencies are taught in (ee) Process of Care I (z) Provision of services for and management of patients with special needs are taught in (ee) Process of care I

* Clinical instruction in these areas is an integral part of, and is included in hours indicated for clinical dental hygiene. They are evaluated on every patient.

1st year clinical Term 2 (Summer Semester) is 8 weeks

1st year pre-clinical DH 123, first year clinical DH 124

1st year pre-clinical= one semester of 6 hours per week for 16 weeks =96 hours 1st year clinical = one semester of 12 hours of clinical for 16 weeks =192 hours 1st year clinical = one semester of 12 hours of clinical for 8 weeks = 96 hours 2nd year clinical = two semesters of 12 hours of clinical for 16 weeks =384 hours

1st year preclinical term 1= 9 hours x 16 weeks, 1st year clinical term 2= 8 hours x 16 weeks, 1st year clinical term 3= 16 hours x 10 weeks, 2nd year clinical term 3= 16 hours x 16 weeks, 2nd year clinical term 4 = 12 hours x 16 weeks

1st year: Term 1 Fall Semester, Term 2 Spring Semester, Term 3 Summer Semester 2nd year: Term 1 Fall Semester, Term 2 Spring Semester

2020-21 academic year 3 hour lab/clinic sessions were scheduled to meet COVID temporary flexibility resulting in slight increase in lab 2%; clinic hours 6% (lab 194/198 hrs; clinic 836/891 hrs)

28 hours are completed in the summer. 3.5 weeks, 2 days per week for 4 hours each

2nd year: Clinical, Term 5: 60 clock hours.

2nd year: Term 1 (also 20 hrs pre-clinical local anesthesia + 30 hrs pre-clinical restorative dentistry)
2nd year: Term 2 (also 30 hrs pre-clinical restorative dentistry) 2nd year: Term 3 (also 48 hrs pre-clinical restorative dentistry)

Question 53, items o – jj and Question 54 comments

53 cc&dd: Subject matter for Infection and hazard control management and Provision of oral health services . . . are covered in DHYG 301/Sterilization & Disinfection; Infection Control and Transmissible Diseases (3 hours); DHYG 309/Asepsis (3 clock hours); and are areas covered in College of Dentistry Annual Clinic Compliance/Safety Training (mandatory)

53 ee. Elements of Research

53. Note: 3 credits Nutrition is prerequisite before entering program and is an additional 45 didactic clock hours not tallied in o. w. Oral Health Literacy in addition to didactic and clinical applications was applied in aa. Two community Oral Health Service-learning courses at a total of 3 credits (135 total service-learning hours) plus the 3 credit didactic Community Oral Health course were tallied together since the didactic and two service-learning courses complement each other.

53. Most courses in 53 include clinical courses in which application of didactic material occurs. Content hours are sometimes split between courses when content is shared. 54. There is a summer term between the 1st and 2nd years in which there is a clinical course with 45 clock hours.

53.u. clinical instruction for pain management utilizes student partners

53o-Besides the Nutrition course of 30 clock hours of instruction, there are components of nutrition as linked to oral health embedded in the Dental Hygiene theory courses (approximately 10 clock hours), totaling 40 hours. 53y-lab hours based on Pre-Clinic lab instructional clock hours of 6 hours for 15 weeks & clinical lab instructional clock hours are based on 15 weeks. All other course clock hours are based on 16 weeks (students attend for 16 weeks). 54-Clock hours are based on 15 weeks.

53o-dd are also integrated throughout all clinical experiences. 53x links directly to clinical dental hygiene. 53ff is new since last year. It can be completed post graduation, but we added it as a required Continuing Education course. It is WA State required within six months of graduation. 53gg is maximum 1:5 ratio, generally less.

53o: Nutrition is a pre-requisite course. 53q: Tooth morphology is initially taught in DH 1340 Dental Anatomy for 15 hours. At least 5 hours are spent on this subject in DH 2450 Periodontology. Clinically, tooth morphology is taught and reinforced in Clinic III and IV (DH 2210 Clinical Dental Hygiene III and DH 2610 Clinical Dental Hygiene IV). 53r: General and Oral pathology are taught together as a Dental Hygiene core course. 54c: Includes minor activity enrichment rotation sites.

53s Radiography 1:6 ratio is completed during the Dental Assisting program.

54. In addition, winter and summer sessions are offered for students interested in the extra clinical hours. For first-year pre-clinical session is 54 hours. For second-year clinical session is 108 hours.

54. Term 3 reflects a summer session (8 weeks)

54: There are five semesters in our program

Question 53, items o – jj and Question 54 comments

90 hours included in term includes 10-week summer session

Biochemistry (8) + Nutrition (24) = 32, Orofacial Anatomy (14) + Tooth Morphology = 32, Oral and Maxillofacial Pathology (22) + Anatomy I & II (8) + Immunology (10) = 32, Periodontology (I & II) = 63, Pain Management includes Pharmacology (6) + Histology (2 + 1800L (1) + 2803L (3) + 2802L (15) + 2804L (6) + 2806L (3) = 36, Dental Materials (26) + Chemistry (60) = 32, Patient Management includes 2300 (3) + 2802L (2) + 1800 (2) + 1200L (3) = 10 All terms noted are Pre COVID and will return to these clock hours Post COVID Term 3 = 2802L(135) + 2804L(180) = 315

Clinical Dental Hygiene has a MINIMUM of 560 clinical hours, actuals are scheduled for 920, with 744 hours of direct patient care available. 3 year program. Year 1 = 2 terms pre-clinic, 1 term clinic. Year 2 = 3 terms clinic. Year 3 = 3 terms clinic

Clinical Dental Hygiene hours have not changed. The method of counting these hours has changed in order to count patient treatment in courses other than the courses that are named Clinical Dental Hygiene.

Clinical instruction clock hours are recorded on the clinical practice line in question #54.

Clinical skill evals are conducted in clinic I, II, III, IV to assess for competency related to didactic instruction identified above with radiology, pain management, dental materials, oral health ed, patient management, special needs, medical and dental emergencies, infection control and bloodborne infections. I have them identified with lab hours.....the clinical component of these areas are included in our clinic I, II, III, and IV courses.

Correction on 53V: we do not have a clinical portion to dental materials (biomaterials) course. Only a laboratory portion. Dental materials clinical portions is incorporated in semester 6 with restorative clinic, RDH 285. Correction on 53w. referring to oral health education and prevention being taught throughout the program in all clinical dental hygiene experiences at minimum. Correction on 53x. Patient management is in reference only to our Patient/Pain management course, not to patient management training in general. 53cc Infection and hazard control management is covered and practiced throughout the program in each lab and clinic experience. 53dd Provision of oral health services to patients with infectious diseases- these concepts are woven through various courses including RDH 218 Periodontology and RDH 259 Community & Public Dental Health.

During 2nd year DH2 students are also on clinical rotations 105 hours both terms. Clinical hours were reduced due to provision of care in pairs during fall 2020 and part of spring 2021 due to restrictions associated with aerosol control during COVID19 pandemic.

For 1st year pre-clinical we have 12 [x 16] = 192 lab periods for a semester of 16 weeks For the 1st year clinical we have 15 [x 16] = 240 lab periods + 12 [x 16] = 192 clinical periods for a semester of 16 weeks For 2nd year clinical Term 1 we have 16 [x16] = 256 clinical periods For 2nd year clinical Term 2 we have 19 [x16] = 304 clinical periods

I = 12 hours x 14 weeks II = 8 hours x 14 weeks III = 12 hours x 14 weeks IV = 14 hours x 14 weeks

Question 53, items o – jj and Question 54 comments

If a student is repeating a clinical course, in the 3rd term they would do the normal hours for the clinical course they are repeating

In the above curricular categories, patient management, special needs, infection control and blood-borne pathogens are taught in the Pre-Clinic, Clinic II, III, and IV courses.

In the above responses, it is difficult to tally the time students spend on clinical items related to each content area as it varies as the needs arise for patients (ex nutritional counseling, radiographs, etc). The time in Clinical Dental Hygiene incorporates several of the other topic areas.

In the previous curriculum report, preclinical/clinical hours were duplicated in some content areas. This report includes the required corrections.

Local Anesthetic will be added to the curriculum in the clinical content over the next year due to the [state] Legislature now mandating that registered dental hygienists can now administer local anesthetic.

Note: 1st year pre-clinical includes Fall semester (135 hours) and winter intersession (54 hours) =189; 1st year clinical Term 2 - includes Spring semester (162 hours) and Summer session (72 hours) = 234. 2nd year clinical term 1 Fall semester (192 hours) and winter intersession (72 hours) = 264 and Spring semester (216 hours). Total Clinical hours 903. Oral embryology, histology and tooth morphology are taught in the same course 49.5 lecture hours and 13.5 lab hours. Immunology and General and/or Pathology are taught in the same course 36 hours. Patient Management is covered in Principle's of Dental Hygiene and Seminar 90 hours. Community Oral Health has 36 lecture hours and 72 hours implementing service learning over the two year program.

Our bachelor degree curriculum begins with fundamental classes in the first term with no pre-clinical clock hours. Pre-clinical hours begin in term 2, with clinical hours beginning their junior year, term 1 through the senior year term 2.

Our seminar courses include patient management, medical emergencies, special needs care. Our curriculum is 5 semesters long. For this question, we included the first three semesters as the first-year curriculum.

Pain management was listed twice. We do not have a specific course for pain management so hours are established in the 3rd and 4th year clinical courses along with administering and monitoring delivery of nitrous oxide. We do not have a specific course on infection control or BBP. Information is incorporated into pre-clinic course and self-study practicum provided by the Safety and Health Coordinator.

Patient management is introduced in DH 10/100.1. Introduction to Clinical Dental Hygiene and reinforced in DH 20.1, Clinical Dental Hygiene Seminar, DH 30 Advanced Clinical Dental Hygiene Seminar and DH 40 Advanced Clinical Dental Hygiene Seminar. In the laboratory component of DH100.1 instructor ratios are 1:5 as students are supervised reviewing health histories and risk factors.
(2)

Pre-clinic = 6 hrs x 15 weeks 1st yr clinic /Term 2 = 9 hrs x 15 weeks Term 3 (summer session)= 12 hrs x 5 weeks 2nd yr clinic = 12 hrs x 15 weeks

Question 53, items o – jj and Question 54 comments

Program sessions are semesters. Semesters 1-3 are considered first year which includes pre-clinic for a total of 210 clinic hours. Semesters 4-6 are considered second year for a total of 510 clinic hours.

Q is in RDH 186; R in RDH 220; FF in RDH 209; EE is a board prep review course. Total 720 hours of clinic including 90 hours of pre-clinic.

Q.53. Clinical Instruction hours were calculated based on sum of all clinical based courses that incorporate that topic/area instruction throughout the curriculum.

Radiology Interpretation - 15 didactic/lab instruction clock hours 2 yr: Term 1 = 0; term 2 Preclinical: 30 lec/120 lab/clinic; term 3 (summer) clinical = 72 3 yr: Term 1 = 30 lec/90 clinical; term 2 = 3 lec/90 clinical; term 3 (summer) = 250 clinical 4 yr: Term 1 = 15 lec/180 clinical; term 2 = 30 lec/135-180 clinical

Ratios different than previous years due to reduced number of students due to reduction in class size during reporting year as required by social distancing in pandemic situation. Terms are semesters.

Same as 'y' clinical Dental Hygiene.

Second year clinical term 3 was extended by four weeks due to COVID 19 mandatory lock down.

Students also have a required summer semester with 108 clinical hours (between 2nd and 3rd term).

Students do have clinical hours over the summer between their junior and senior year. They are in clinic for three weeks and treat patients for a total of 80 hours.

Summer Term - 96 hours clinical

Term 3 = summer

Term 3 for the Class of 2022 class was extended from 80 clock hours to 95 hours this year to be proactive against closures due to COVID-19.

Term 3 in Question 54 is the Summer semester (8 weeks).

Term 3 includes clinical hours at the [name] Clinic during the Summer course. Second year clinical hours are counted over the entire year and divided in 2 for this question.

Term = quarter

Term III is a 4 week "summer" term though it falls within our Fall semester.

Question 53, items o – jj and Question 54 comments

Terms are semesters. Enrollment begins fall semester and continues for 5 semesters with graduation at end of term 2 of 2nd year.

The DH program made and reported a few curriculum changes which reduced the overall dH program by 2 credits. You'll note a reduction in hours for (O.) Nutrition, and (W.) Oral Health Education and Preventative Counseling as a result of this change.

The [sponsoring institution name] Dental Hygiene program is in it's second year and many of the courses are combined including in the clinic and preclinic settings. The students will have 96 hours of pre-clinic along (hands-on) instructions and 32 hours (hands-on) instruction in radiology lab the first semester. The second semester students begin clinicals and will complete 128 hours and will begin seeing live patients during this clinical. The third semester and fourth semesters (Summer and Autumn) consists of 192 hours each semester of hands-on instruction and see live patients.(During clinical hours students do receive instruction in all aspects of dental hygiene throughout the program),

The clinic hours have been reduced to not include remediation and screening clinics. The hours for didactic courses and labs were reduced to a 15 week schedule and do not include the 16th week which is finals week.

The dental hygiene students in their DH3 year do not have preclinical courses in the first semester. Second semester of the DH3 year, preclinical courses occur. Then the students matriculate into their DH4 year in the Summer Semester of the DH4 year. This is why we have three clinical terms listed in the 2nd year: clinical section (#54, letter C). Additionally, we are reporting the data for the Class graduating in Spring of 2022. There has been a curriculum change that will be reported on next year's survey.

The lab hours for Community Oral Health are required outreach hours where students are engaged in service-learning opportunities throughout the local area.

The pre-clinical and/or clinical components of u, w, x, z, cc and dd are included in y: Clinical Dental Hygiene.

There are three Pre Clinical courses and 8 Clinical sections.

This is the first semester of a new dental hygiene program. Currently, students are only enrolled in the pre-clinical portion of the program.

Tooth morphology (14 didactic instruction clock hours) is included in the Oral embryology and histology clock hours for this dental hygiene program.

Question 53, items o – jj and Question 54 comments

Tooth morphology is taught within Head, Neck, and Oral Anatomy. The course is Head, Neck and Dental Anatomy (DEH 1202). Oral and Maxillofacial Pathology is combined with the course General and Oral Pathology (DEH 1306). Periodontology is embedded in Clinical Dental Hygiene I (DEH 2402) and continues in Clinical Dental Hygiene II (DEH 2506). s through dd are subjects that are taught within their distinct course but is carried into the clinical situation. Hours were difficult to determine and vary per student. All students are directly observed when they administer local anesthesia in clinic. Students must master competency in pain control before they administer.

[Sponsoring institution name] admits one class every other academic year.

aa: Community dental - lab hours are completed in the community with a sponsor - no faculty are present. ratio is NA

h. & o: taught together in DHYG 2110 p. & u: taught in DHYG 1206 together y. includes: DHYG 1040, 1110, 2010 didactic hours DHYG 1050,1111, 2020, 2090, 2140 clinic hours [u ,v, w, x, z, bb, cc, & dd are taught in the courses listed in y.]

kk. sleep apnea 2 hrs didactic/0 lab/0 clinic/NA lab/clinical faculty:student ratio II. Child Abuse continuing education certification for pre-licensure 3 hrs independent HW requirement

o. DH212 Nutrition: 3 hours of clinical instruction constitutes chairside nutritional counseling in three parts and is taught to clinical competency. t. Periodontology is taught in DH225 Clinic II and Periodontology Seminar (30 hours), and in DH235 Clinic III and Advanced Periodontology Seminar (30 hours). Periodontology is also covered at the introductory level in class and clinic in LS194 Microbiology. X. Patient Management is introduced in DH100 - Introduction to Dental Hygiene through the ADPIED method of the Process of Care, put into practice in DH105 - Preclinic and Infection Control and refined in all clinics: DH215 Clinic I, DH225 Clinic II, DH235 Clinic III. Z. Provision of services for and management of patients with special needs: 3 hours in DH100 Introduction to Dental Hygiene, 3 hours in DH215 Seminar, 3 hours in DH240 Oral Health Education and Promotion. Students are also required to work with 3 special needs patients in clinic, equalling 12 hours of clinic time. bb. Medical Emergencies: Students take DH102 Medical Emergencies as a stand-alone course. Additionally, students are trained in CPR and Basic Life Support on-site upon matriculation (6 hours). cc. Infection and hazard control management: Didactic instruction takes place in the following courses: 1 hour is taught in DH100 Introduction to Dental Hygiene at an introductory level, 18 hours are taught in DH105 Preclinic and Infection Control. Infection Control measures are taught to competency and practiced in DH105 lab, finally, every patient encounter in all clinics are taught to competency and graded. dd. Provision of oral health services to patients with bloodborne infectious diseases: Didactic instruction is handled in the following courses: 6 hours in DH210 General, Oral, and Maxillofacial Pathology, 3 hours in LS194 Microbiology, and 2 hours in Periodontology. Students are introduced to infection control procedures in LS197 Microbiology lab (6 hours), and finally, infection control procedures are taught to clinical competency in DH215 Clinic I.

Question 53, items o – jj and Question 54 comments

o. Nutrition-45 hrs minimum is provided. p. Pharmacology-45 hrs minimum is provided. q. Tooth Morphology-15 hrs of lecture and 30 hrs of lab. r. Oral and pathology-45 hrs minimum is provided. s. Radiology-30 hrs of lecture and 45 hrs of lab t. Periodontology- 45 hrs minimum is provided. u. Pain management- 8 hrs of lecture in Pharmacology, Dental Materials, and theory courses. 8 hrs of clinic for hands on non inject-able anesthetics on patient use. v. Dental materials: 15 hrs lecture and 30 hrs of laboratory w. Oral Health education and preventative counseling: 20 hrs for theory courses such as Preclinic lecture, Clinic I, II, and III. There were 80 hours calculated from 2 hrs each week x 40 weeks. x. Patient management: There were 80 hours calculated from 2 hrs each week x 40 weeks. y. Clinical Dental Hygiene: 120 hr minimum (Preclinic, Clinic I, II, III, IV) z. Provision of services for and management of patients with special needs: 30 hrs minimum aa. Community dental oral health: 15 hrs of lecture and 60 hrs of laboratory. bb. 16 hrs (CPR course, PC lab, and Pharmacology) cc. Infection and hazard control management: 172 hrs calculating 1 hr per day for estimated clinical days. dd. Provisions of OH services to patients with bloodborne infectious diseases: provided an estimate of 10 hrs of lecture. There are 45 hrs estimated for BB infectious disease. All patients are treated as if they have a bloodborne disease regardless.

s. radiology is a 3 credit class didactic taught 1st year fall. Along with this class are labs in fall and spring. Students in their 2nd year have to assess and take quizzes as part of their clinical requirements. v. dental materials is didactic/lab class. In clinic they are required to complete aspects of this class also. y. clinical dental hygiene is taught all 4 semesters, in class, clinic and lab. Lab portions for the 1st year fall semester are their clinical dental hygiene experiences, then patient care begins spring semester. 2nd years are involved in clinical practice both semesters. z and aa combined as a in community public health students will experience this. They also have experiences in the clinical portion. 54 Hours in the 2nd year based at 12 hrs/week, however they can range from 12-18 hours per week.

the program is a 1-plus-3 program. The first year in the program the students learn the foundations to practice, including periodontology. No preclinical courses are taught. Junior year, students enter preclinical in fall (8 hours per week) in the spring they are in clinical 8 hours minimum per week. Senior year consists of a summer semester and a fall and spring semester. In the summer students are scheduled for 24 hours a week for the 6 week semester. They are scheduled at least 13 hours a week for fall and spring.

y- Total clinical hours=656. Per instructions, "clinical instruction" hours where students were evaluated on specific content areas in any way (formative or summative) were deducted from the total clinical dental hygiene hours (656-204 = 452).

Question 55 comments

#mm. In [state name], Dental hygienists are able to place Interim Therapeutic Restoration (ITR). Students are exposed to this skill, however, due to the COVID-19 pandemic and limited clinic access by the public, the ITR certification for clinical competency is not offered.

Administration of local anesthesia by an RDH was recently passed into law in the state but has not been implemented in the program as of yet.

Although administration of local anesthesia is currently not a delegable procedure according to the dental practice act, the dental hygiene students at [sponsoring institution abbreviateion] are participants in a pilot project between the School of Dentistry and the [state name] Board of Dental Examiners where the dental hygiene students are administering infiltration and block local anesthesia to patients of record in the dental hygiene clinic.

Amalgam restorations and composite resin restorations are placed for the experience and understanding of the material only- not taught at the level for actual clinical placement.

COVID impacted sophomores, juniors and seniors by delaying clinical experiences. All sophomores and juniors were able to make up time missed due to COVID and have achieved minimum competency. The end of the Spring semester 2020 was extended for a May diploma (through June 30), based on the status of the pandemic in the United States. This has enabled a small number or remaining fourth year graduating seniors to complete their clinical competencies through direct patient care without negatively affecting their graduation timeline.

Clarification ff: we discuss and teach the students the different types of suture placement in theory courses and we remove sutures. It is not within our scope of practice to place sutures.

Dental Materials course has many competencies that are only taught to lab competency (ie: place and carve restorations, remove sutures, periodontal dressings)

[Sponsoring institution] Dental Hygiene Program does not provide Expanded Functions Dental Assisting criteria. The program does complete Anesthesia and pain control that includes nitrous oxide training.

If students take the elective restorative course, they are taught to perform the services in Items ii-uu to a clinical competence level.

In most instances where students are taught to perform a service (but not to clinical competence), they do so to laboratory competence if applicable.

In regards to hh: The students learn about the procedure, but we do not teach the students to perform it. Students learn about this procedure in the didactic setting, basically as a previously practiced treatment procedure and why it isn't a main treatment procedure in today's practice due to the continued research that has been gathered. Research shows that this particular periodontal therapy procedure has moved into the failure to support its efficacy column.

Instead of root planing, current standard of care is taught, which is periodontal therapy (includes ultrasonic scaling).

Question 55 comments

Nitrous oxide administration and monitoring requires certification through a state board approved course. This is a requirement as part of the curriculum.

Note: Answers marked "no" are taught during the lecture portion but the students do not do the perform the marked "no" procedures.

Root planning was marked as "yes" as taught to clinical and laboratory competency based on the revised definition of the term.

Select dental biomaterials are taught to laboratory competency and include the following: temporary restoration placement, rubber dam placement and removal, materials placement and removal, suture placement and removal and periodontal dressing placement and removal.

Some are demonstration only and completed on typodont only.

Students are taught to perform some of the services listed above in laboratory settings, but they are not taught to perform the services to clinical competency.

Students receive a lecture over the following services for foundation knowledge; however, they are not taught to perform the services: m, dd, ee, ff, gg, hh, ii, jj, kk, ll, nn, oo, pp, qq, rr, ss, tt, uu.

[State name] scope of practice limits LA and N2Os activities; these are completed on manikins.

The state of [...] does not permit certain functions.

We teach gingival curettage to the level of competence required to safely remove necrotic tissue.

bb and cc. Did not teach to competence as could not use equipment available due to pandemic conditions.

periodontal dressings and suture removal are done to lab competency only.

s- We teach scaling and root debridement (i.e, removal of calculus) versus root planing (i.e, removal of rough cementum) which is contraindicated according to research. w- We only polish restorations with non-abrasive prophylaxis paste.

**CONSIDERATION OF PROPOSED REVISIONS TO ACCREDITATION
STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS RELATED TO
STANDARDS 2-14 AND 3-7**

Background: On November 12, 2021, the Commission on Dental Accreditation (CODA) received a request from Ms. Margaret Lemaster, adjunct professor, Virginia Commonwealth University, to consider proposed revisions to Standards 2-14 and 3-7 of the Accreditation Standards for Dental Hygiene Education Programs. The request for revision of the Standards is found in **Appendix 1**.

The proposed revision to Dental Hygiene Standard 2-14 suggests the Commission modify the requirement that graduates “be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.” The proposed change requests that the language be modified to require graduates “be competent in providing dental hygiene care for all stages and grades of periodontal disease.”

The proposed revision to Dental Hygiene Standard 3-7 suggests that the Commission require all full-time faculty to possess a master’s degree or be in the process of obtaining a master’s degree. Currently, Standard 3-7 requires that “full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.”

Summary: The Dental Hygiene Review Committee and Commission are requested to consider the proposed revisions to Standards 2-14 and 3-7 of the Accreditation Standards for Dental Hygiene Education Programs (**Appendix 1**) submitted by Ms. Margaret Lemaster. If proposed changes are made to the Accreditation Standards, the Commission may wish to circulate the proposed revisions for a period of public comment.

Recommendation:

November 12, 2021

To the CODA Dental Hygiene Review Committee:

I would like to submit two recommended revisions to the Accreditation Standards for Dental Hygiene Education Programs for consideration at the January 11-12, 2022, Dental Hygiene Review Committee meeting and the February 10, 2022 Commission meeting.

1.

Standard 2-14 states:

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.

Consider the following changes to Standard 2-14:

Graduates must be competent in providing dental hygiene care for all stages and grades of periodontal disease.

Rationale:

The American Academy of Periodontology (AAP) published the [official proceedings](#) from the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. These proceedings provide a comprehensive update to the previous disease classification established at the 1999 International Workshop for a Classification of Periodontal Diseases and Conditions.

From the AAP website:

<https://sites.perio.org/wp-content/uploads/2019/08/Staging-and-Grading-Periodontitis.pdf>

The multi-dimensional staging and grading framework for periodontitis classification is among the 2017 Workshop's major features. Staging levels indicate the severity of the disease and the complexity of disease management, while the grading structure considers supplemental biologic characteristics of the patient in estimating the rate and likelihood of periodontitis progression. This framework builds upon a notable change: Forms of periodontal disease are now defined as one of three distinct forms which include periodontitis (formerly aggressive and chronic), necrotizing periodontitis, and periodontitis as a manifestation of systemic conditions. The four categories of periodontitis staging are determined by a number of variables and range from the least severe Stage I to most severe Stage IV. The three levels of periodontitis grading—which consider a patient's overall health status and risk factors such as smoking and metabolic control of diabetes—indicate low risk of progression (Grade A), moderate risk of progression (Grade B), and high risk of progression (Grade C).

2.

Standard 3-7 states:

The full-time faculty of a dental hygiene program possesses a baccalaureate or higher degree.

Consider the following changes to Standard 3-7:

Full-time dental hygiene faculty possesses a minimum of a master's degree or should be in the process of obtaining a master's degree.

Rationale: This statement aligns with the American Dental Educator's Association policy statement on faculty qualifications for dental education programs.

According to ADEA:

https://www.adea.org/about_adea/governance/Documents/ADEA_Policy_Statements_Recommendations_and_Guidelines_for_Academic_Dental_Institutions.html

All dental education institutions and programs should:

- 1. Faculty Qualifications.** Recruit faculty who have backgrounds in and current knowledge of the subject areas they are teaching and, where appropriate, educational theory and methodology, curriculum development, and test construction, measurement, and evaluation. Full-time dental assisting and dental laboratory technology faculty should hold a minimum of a baccalaureate degree. Full-time dental hygiene faculty should hold a minimum of a master's degree or should be in the process of obtaining a master's degree. Full-time dental faculty should hold a degree that is consistent with their teaching and research responsibilities.

Thank you for your consideration.

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