STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

Dental Hygiene Committee of California
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Dental Hygiene Committee of California
Licensing and Examination Subcommittee Meeting

Department of Consumer Affairs
2005 Evergreen Street
Sacramento, CA 95815

Saturday, December 4, 2010

1. Roll Call/Establishment of Quorum

Members Present	Staff Present
Michelle Hurlbutt, RDH – Chair	Lori Hubble, Executive Officer
Cathy DiFrancesco, RDH	Nichole Johnston, Staff Services Analyst
Rhona Lee, RDHEF	Liz Roberts, Management Services Technician

The meeting began at 10:09 a.m. Roll was called and a quorum established.

2. Public Comment

There was no public comment.

3. Approval of September 27, 2010 Minutes

It was m/s/c (DiFrancesco/Lee) to approve the September 27, 2010 Licensing/Examination Subcommittee minutes as submitted.

4. Chairperson's Report

Ms. Hurlbutt stated that she attended two monthly DCA teleconferences in place of DHCC President Lee. Concerns about budget and hiring freeze were discussed and DCA introduced the concept of continuing competency for future discussion. Ms Hurlbutt and Ms. Hubble will attend the California Dental Hygiene Educators Association Directors meeting on January 28, 2011 to discuss alternative pathways for initial licensure. In addition, Ms. Hubble will be part of a panel discussion regarding the clinical examination.

5. Licensure Statistics

The licensure statistics were presented.

6. *Clinical and Written Examination Statistics*

Ms. DiFrancesco asked if it were possible to separate the exam cancellations from the fail statistics. Ms. Johnston responded that currently due to DCA's antiquated computer system, DHCC is unable to differentiate between the two. Ms. DiFrancesco questioned the accuracy of the statistics. Ms. Johnston responded that the data is skewed because of the computer system's inability to separate cancellations from fails, or fees collected from actual attendance. Ms. Hurlbutt asked if statistical data could be manually tracked by either DHCC staff or exam personnel. Ms. Johnston responded that because candidates' information is confidential, neither staff nor exam personnel would have access to their files. Ms. Hubble expanded that due to DHCC staffing shortages and the time required to manually collect such data, these statistics should be removed as future agenda items until BreEZe, DCA's new computer system, is operational.

Carol Minter, RDH, faculty member at Sacramento City College Dental Hygiene Program asked the following in regards to the clinical exam:

- If DHCC could provide statistics that differentiated between failures due to probing errors vs. calculus deposits;
- What defined gross trauma;
- If gross trauma exam failures were caused by the use of an ultrasonic device or hand scaling;
- If candidates are given time warnings during the exam;
- If so, is it consistent at both northern and southern exams.

Ms. Hubble addressed the first question by stating that the collection of statistics reflective of failures occurring as a result of probing errors vs. calculus deposits could be considered when BreEZe, the new DCA computer system, is on-line.

Ms. Hurlbutt answered the second question by referencing the definition of gross trauma in the examination information packet, which is supplied to each candidate before an exam and is also available as a download on DHCC's website. Ms. Hubble stated that the majority of gross traumas seen were due to the usage of the ultrasonic device.

Stephanie Lemos, RDH Exam Clinic Supervisor, stated that all candidates at each exam location are given several time warnings during the examination. Ms. Hurlbutt agreed that in her observations she had seen consistent time warnings given to candidates at both northern and southern locations.

7. *Alternative Testing Methods To Administer Law and Ethics Written Examination*

Ms. Hubble commented that due to the high cost, this is something that DHCC would need to investigate and review in the future.

8. *Discussion of Reference Materials for Development of the RDH and RDHAP Ethics Written Examinations*

Ms. Hurlbutt pointed out that the examination references for the RDH and RDHAP written examinations are different. Also, the RDHAP content outline contained repealed statute citations.

Ms. Hubble stated that recently the RDHAP Law and Ethics PSI candidate handbook was revised to include current statute citations. In addition, the ethical reference materials will be the same for both the RDH and RDHAP exams. The revised PSI candidate handbook will be made available on the DHCC website.

Ms. Hurlbutt brought attention to several letters from the Subject Matter Experts (SME) who attended the Law and Ethics development meeting in 2010. Ms. Hurlbutt asked if DHCC should have the CDA Code of Ethics omitted as reference materials for the exam. Ms. Hurlbutt referenced a written letter from JoAnn Galliano, RDH, faculty from Chabot College who wrote that she did not support the use of the CDA Code of Ethics because she felt the ethics examination questions should be specific for the dental hygiene profession versus the dental professions' code of ethics. Ms. Galliano was unable to provide more commentary as she was not in attendance for today's meeting.

Public comment from Debi Gerger, RDH, Director of West Coast University Dental Hygiene program concurred and did not support having the CDA Code of Ethics as part of the reference materials for the Law and Ethics examination because the focus for CDA is specifically on the practice dentistry and not the practice of dental hygiene.

Public comment form Judy Yamamoto, RDH faculty from Foothill College, agreed with Ms. Gerger, that the CDA Code of Ethics should be removed for the law and ethics exam because hygiene has become its own entity and it should be separated from dentistry.

Ms. Lee and Ms. DiFrancesco stated support in favor of keeping the CDA code as part of the exam. Ms. Lee stated and Ms. DiFrancesco concurred that to be broad based would better serve both practitioners and consumers. Dental hygienists should be aware of concurrent and many times overlapping issues and procedure codes in dental hygiene and dentistry as they relate to advancements in knowledge, technology and liability factors and issues.

No action was taken.

9. *Update on regulations relating to courses in the administration of nitrous oxide and oxygen, administration of local anesthetic agents and periodontal soft tissue curettage (California Code of Regulations, Title 16, 1072.2)*

Ms. DiFrancesco reported that she, Ms. Hurlbutt and Ms. Hubble had met with SMEs to review regulatory language regarding courses in nitrous oxide and

oxygen, administration of local anesthesia and periodontal soft tissue curettage and more time is needed for review.

It was m/s/c (DiFrancesco/Lee) to remove 1107 & 1108 (SLN course approval) from regulations for further modification.

10. Alternative Methods of Initial Licensure Update on Standardized Exit Exam Concept for California Graduates

Ms. Hurlbutt gave a verbal update on the concept:

- The Standardized Exit Exam (SEE) would be controlled by the DHCC;
- It would be given at the California education site;
- The SEE exam would only affect California graduates;
- At this time more information is needed.
- Concurrently, the portfolio concept is being researched; however, more information is needed;
- A report will be made at a future subcommittee meeting.

Public comment from Judy Yamamoto stated that we do not need to follow the Dental Board's example with portfolios. Comprehensive portfolios from students would be difficult to evaluate.

No action was taken.

11. Future Agenda Items:

Ms. Hurlbutt would like to have preliminary information on continued competency at the next subcommittee meeting and possibly invite a DCA spokesperson to give background information at a future meeting.

There was no public comment. There being no further business, the meeting adjourned at 11:23 a.m. for lunch to be followed by closed session.

CLOSED SESSION

The meeting resumed at 1:00 p.m.

Members Present	Staff Present
Michelle Hurlbutt, RDH – Chair	Lori Hubble, Executive Officer
Cathy DiFrancesco, RDH	Nichole Johnston, SSA
Rhona Lee, RDHEF	Liz Roberts, MST

RDH ClinicalExam Personnel
P.J. Attebery, RDH, 2nd Asst. Chief
Kerri Brumbaugh, RDH, 1st Asst Chief
Lori DeCaro, RDH, Exam Statistician
Stephanie Lemos, RDH, Clinic Supervisor
Cindy Nelson, RDH, Chief

RDH Clinical Exam SMEs
Debi Gerger, RDH, Educator
Karen Henderson, RDH, Educator
Kay Murphy, RDH Educator
Judy Yamamoto, RDH Educator

12. Review of Examination Procedures/Forms, Grading Criteria and Grade Sheets

12.1. Examination Procedures

A. Ms. Hurlbutt recommended removal of the High/Low column from the Assessment Form to minimize bias. Instead an actual independent probe measurement of the specified site by each examiner would be recorded in separate columns. All members, exam personnel, educators and staff agreed. The Assessment Form will be revised before the March 2011 exam.

B. Allowing bilateral mandibular anesthesia was considered. Discussion included:

- Both CRDTS and WREB allow bilateral blocks
- Disqualification of bilateral mandibular blocks occurred in 2004-5 when Shanda Wallace was COMDA's president and the RDH exam subcommittee's chair.
- Ms. Lemos mentioned that it only becomes an issue if the patient must be reinjected again for the afternoon session.and/or it is wearing off.
- In that case a reversible agent can/may be very successful to un-numb an arch within 15 minutes.
- Sharing exam patients will be an issue that the candidates and schools will need to address.
- How often do we resubmit patients back for more anesthesia? Not often.

- Can an examiner give anesthesia? DHCC does not want to take that responsibility.
- Rationale for a bilateral mandibular block: to achieve profound anesthesia to provide for cross-over fibers.
- DHCC and candidates will need to have reversible agents on hand for liability and safety.

All present agreed to allow the bilateral block. Changes will need to be submitted to regulation packet, before implementation may be taken.

C. Ms. Hurlbutt recommended consideration of creating a new position on the candidate side during exams to monitor paperwork, instruments and x-rays when patients are submitted. All agreed that a new position would be created for the 2011 exams.

D. Non-diagnostic radiographs are an issue. It was proposed to change the x-ray requirements by specifying that images must be on glossy photocopy quality paper or transparency sheets. All agreed.

E. Chief Examiner, Cindy Nelson requested that a pano be submitted in addition to the required 18 films. This would require a regulatory change.

F. For clarity DHCC would include a downloadable 18 film x-ray example as an attachment to candidate examination information.

G. The gross trauma definition needs to be revised to include burns. All agreed.

H. Requiring remedial education for candidate(s) who presented patient(s) with gross trauma was discussed. All agreed. This would require a regulatory change to 1129.

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I. Should outside observers be allowed to attend exams? Ms. Hubble will query DCA to see if it is allowed. More discussion will follow at future subcommittee meetings.

J. Allowing candidates to submit an additional quadrant upon initial check in was discussed for efficiency, minimization of paperwork. All agreed to allow the submission of two options at check – in. The grade sheets will be revised for the March 2011 exam.

K. Transportation of contaminated instruments is an issue. PJ. Attebery created a transportation form. In addition DHCC will inquire to schools to see if an ultrasonic cleaning device is available during exams to eliminate transporting grossly soiled, contaminated instruments.

12.2. Examination Grade Sheets/Forms

The following issues were discussed and agreed upon by all present. Changes will become effective for the 2011 exams.

A. **INFORMATION FOR STATISTICAL DATA** – Not Accept box to be outlined in red.

B. **CLINICAL ASSESMENT FORM** – high/low column to be removed and replaced with independently arrived numbers.

C. **RDH Application** title to be changed the "DHCC Clinical Exam Application." All agreed. Changes will be made for the 2011 applications.

D. **MEDICAL HISTORY** – 2nd page, box 1, change Panoramic x-ray to Panoramic Image. Box 2, change blood pressure after additional anesthetic to blood pressure *prior to* additional anesthetic.

E. **NOT ACCEPT FORM** – add exam site and date to top left of page.

F. **DENTAL ASSISTANT VERIFICATION FORM** – add exam date to top left of the page.

12.3 RDH Candidate Clinical Examination Guide

Ms. Johnston and Ms. Lee presented an updated, revised, newly formatted Candidate Guide to be available as a download from the DHCC website. The user friendly guide included exam information, sample forms and site locations. The current format has been utilized for the past decade.

Ms. Gerger and Hurlbutt critiqued the accuracy and sentence structure of the mission statement.

Ms. Lee explained that the mission statement was inserted prior to DHCC's development of its formal mission statement and that it could be easily rectified. Also, she explained that the purpose of presenting these documents was to encourage refinement.

In the interests of time, exam personnel and SMEs were to email a soft copy of their comments and edits back to DHCC by 12-31-10 to allow sufficient time to manage the edits for the 2011 exam cycle and upload it to the internet.

12.4 RDH LICENSURE INFORMATION

Ms. Johnston and Ms. Lee presented an updated, revised, newly formatted Licensure Guide to be available as a download from the DHCC website. The user friendly guide included educational, testing, legal requirements and sample application and fingerprint forms.

In the interests of time, exam personnel and SMEs were to email a soft copy of their comments and edits back to DHCC by 1-31-11 to allow sufficient time to manage the edits for the 2011 licensure cycle and upload it to the internet.

Ms. DiFrancesco expressed appreciation for the time and effort expended by Ms. Lee, Johnston and Mr. Jurach in redrafting both the candidate exam guide and the licensure information.

12.5 DHCC/WREB COMPARISON.

Ms. Lee presented the initial draft of the DHCC/WREB comparison as an instrument to validate the integrity of both exams in light of future statute and regulatory promulgation, in preparation for the Sunset Review process scheduled for 2013 and due to statute requiring conduction of a periodic occupational analysis. To highlight the similarities and differences of the two exams potentially would identify weaknesses and irregularities in testing standards and would be beneficial in making policy.

Because the continued existence and justification of DHCC's RDH clinical exam requires validation from the following entities, a comparison of WREB and DHCC's RDH clinical exams is necessary.

- Subject matter experts familiar with the idiosyncratic nature of this particular exam:
- Examination specialists
- Candidate stakeholders – survey(s)
- Occupational analysis

In the interests of time, exam personnel and SMEs were to email a soft copy of their comments and edits back to DHCC by 2-15-11.

13. Examiner Performance/Orientation/Calibration/Validation

No examiner calibration issues were identified. Most often it is the candidate who Over angulates and gets the deeper number.
It was agreed to look at pressure sensitive probes and do a trial test.

Return to Open Session

14. Adjournment

The meeting adjourned at 6:26 p.m.