



Saturday, December 4, 2010

**Licensing and Examination
Subcommittee Agenda**

Agenda Item 3

Approval of September 27, 2010, Minutes



Dental Hygiene Committee of California
Licensing and Examination Subcommittee Meeting

Department of Consumer Affairs
2005 Evergreen Street
Sacramento, CA 95815

September 27, 2010

Minutes - DRAFT

1. Roll Call/Establishment of Quorum

Members Present

Michelle Hurlbutt, RDH Chair
Cathy DiFrancesco, RDH
Rhona Lee, RDHEF

Staff Present

Lori Hubble, Executive Officer
Nichole Johnston
Tom Jurach
Traci Napper

Meeting began: 10:07 a.m.

Ms. Hurlbutt asked the members present to identify themselves.

2. Public Comment

There was no public comment.

3. Approval of March 22, 2010 Licensing and Examination Subcommittee Minutes

It was m/s/c (Lee/DiFrancesco) to adopt the minutes. The minutes were adopted unanimously.

4. Chairperson's Report

Ms. Hurlbutt attended two Dental Hygiene Committee of California (DHCC) Exams and was impressed with how well the examinations were run. For the last three exams, the examination staff has been monitoring water usage with regard to ultrasonic scalers and has noted an anecdotal decrease in trauma.

Ms. Hurlbutt has also attended 2 Department of Consumer Affairs (DCA) conference calls and reported that the budget strain is felt by all boards. She thanked the dedicated DHCC staff for their hard work and continued contributions.

Ms. Hubble added that DHCC missed a hiring opportunity because of the hiring freeze. Ms. Hurlbutt was thankful that DHCC is not in a dire situation. Ms. Hurlbutt then mentioned the drug level being done through Maximus was being

done incorrectly. The detection levels used were higher than those specified in the contract. The Department is encouraging **all** boards that require drug testing of licensees on probation to confirm the use of cutoff levels consistent with their contract. Any board that does not have a contract to conduct drug testing should use the department-wide contract. Ms. Hubble explained that it is still under investigation and that there was a contractual misunderstanding that raised reporting levels of certain substances to a level that would have allowed people to receive a negative result when, in fact, they may have tested positive had the correct contractual levels been enforced.

5. 2011 Clinical exam schedule for Registered Dental Hygienists

Ms. Hubble explained that it takes nearly a year of planning to secure the dates and locations for our exams. These are the firmed up dates. Ms. Johnston, DHCC Exam Coordinator, presented the 2011 exam schedule and explained that the listed examination date of March 5 should read March 6.

6. Clinical and Written Exam Statistics

Ms. Johnston presented the exam statistics, noting that there are 2 more exams to be administered. The DHCC has a current pass rate of 80%. This may change given the upcoming 2 exams. The pass rate is about the same as it was last year.

Katie Dawson asked about test statistics for 3rd or 4th year dental students. It was explained that these statistics are provided in a later agenda item, but the total 3rd and 4th year dental student RDH licenses issued are 4 and none are currently active. Ms. Lee asked for a historical breakdown of pass/fail rates to identify trends.

It was asked if the DHCC can track how many “retakes?”

Ms. Johnston explained that she has maternity leave approaching and her replacement will have much to learn in addition to culling statistics. Ms. Hubble mentioned the hiring freeze relative to Ms. Johnston’s vacancy and will do what can be done to generate the reports.

7. Dental Hygiene Law and Ethics Written Examinations

On July 7, the DHCC resumed testing candidates for the Registered Dental Hygiene Law and Ethics exam. This was 2 months sooner than projected which reduced the impact on licensure. Psychological Services, Incorporated (PSI), the computer based testing company, had an internal error in reporting test scores and has agreed to retest (at PSI’s expense) any candidates who failed during the initial testing period. The exam is now being administered as usual.

Ms. Hurlbutt asked about a contract with PSI and if they may have violated a contract by presenting exam scores incorrectly over the phone and online. Ms. Hubble explained that PSI has made good on their error by offering the free retests. Ms. Johnston expressed that PSI was “*firmly advised*” of the displeasure experienced by the DHCC and their candidates.

JoAnn Galliano expressed her concern about the Law and Ethics exam and that it is not important how they learn it, but that they *do* learn it. Further, it is difficult to test the subject of ethics. Ms. Galliano would like DCA to turn the test into a

learning experience, not just a test. Ellen Standley expressed support for a more positive examination experience.

Ms. Hurlbutt presented the PSI candidate information bulletin which directs RDH and RDHAP candidates' studies for the Law and Ethics Exam. Currently the exam is created using various ethics resources and standardizing them is proposed. Ms. Lee asked if there were any glaring differences and Ms. Hurlbutt replied that there was nothing glaring, but there are differences and believes in developing the exams using standardized resources in the future. It was suggested to evaluate the differences between ethics resources. Ms. Galliano expressed that it is hard enough to learn one code of ethics and proposed having one code to teach.

M/S/C(Lee/DiFrancesco) to look at standardizing the ethics resources.

Ms. Johnston added that the DHCC is updating the RDHAP law & ethics exam to reflect current law.

8. *Licensure Statistics*

Ms. Johnston presented licensing statistics. There were no questions.

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, Section 1072.2)*

Ms. DiFrancesco touched on the subcommittee's work relating to courses in the administration of nitrous oxide and oxygen, administration of local anesthetic agents and periodontal soft tissue curettage regulations. Information will be acquired and evaluated before reporting at the December DHCC Committee Meeting.

10. *DHCC California Clinical Exam Review*

Ms. Lee provided an update on the California clinical exam review. The following were planned for review: RDH Candidate Information; RDH Examiner Handbook Guide; and RDH Recorder Handbook Guide. Ms. Lee asked to place this review on the next subcommittee meeting and include chief examiners and educators. Ms. Hubble discussed deadlines and lead time to update examination materials. A review and update is conducted annually and will consult with subject matter experts. She hopes to have more information to present in December.

11. *Standardized Exit Exams for California Graduates*

Ms. Hurlbutt stated that the committee will examine the option of a standardized exit exam for California graduates. Ms. DiFrancesco asked how each examiner would be calibrated. Ms. Galliano suggested, considering expense, one person from each college would be enough to calibrate other examiners at exam sites.

12. Information regarding new dental hygiene program - Concorde Career College, San Bernardino

This item was informational. Ms. Hurlbutt instructed that the statute does not require a committee to approve a dental hygiene program. The DHCC accepts the Commission on Dental Accreditation (CODA) approval.

13. Job Creation Licensing Backlog Initiative

Ms. Johnston reported, in January 2010, the Governor enacted the Job-Creation initiative, a goal to spark California's job growth and economy. In response to this initiative the DCA set a goal of reducing pending licensure applications by fifty percent by July 1, 2010. She highlighted the DHCC met this goal and continues to maintain minimal to no backlog of licensing applications.

14. Future Agenda Items

Ms Hurlbutt would like staff to research an alternative way to test Law and Ethics examination and review the Code of Ethics references. She would also like to discuss: DHCC approval of new dental hygiene programs vs. accepting CODA approval; alternative methods of initial licensure, including a standardized exit exam.

There being no further business, the subcommittee meeting was adjourned at 11:30 am.

DRAFT



Saturday, December 4, 2010

**Licensing and Examination
Subcommittee Agenda**

Agenda Item 5

Licensure Statistics



DATE	December 4, 2010
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Nichole Johnston Examination and Licensing Coordinator
SUBJECT	LIC 5 - Licensure Statistics

The following is a breakdown of licenses by type as of November 7, 2010:

	License Type	Active	Inactive	Delinquent	Deficient*	Total Population
A	Registered Dental Hygienist	17,870	3,585	1,815	123	23,393
B	RDH – Extended Functions	31	4	1		36
C	RDH – Alternative Practice	304	8	15	1	328
D	Fictitious Name Permit	20				20

*Licensees deficient due to incomplete renewal application. Deficiencies include incomplete conviction question, survey and/or CE declaration/license status.

The following information is a breakdown of Registered Dental Hygiene licenses issued since 1922:

RDH's who qualified by California Education	24,347
RDH's who qualified by Out-of-State Education	956
RDH's Licensed by Credential Clinical Practice Experience – 267 Full Time Faculty – 0 Clinical Experience and Faculty – 2 3 Years Clinical Experience and Contract – 1 <i>Pending Application - 1</i>	270
RDH's Licensed through Western Regional Examination Board (WREB) <i>Pending Application - 17</i>	117
3 rd and 4 th Year Dental Students All are no longer active	4
Total RDH Licenses issued since 1922	25,694



Saturday, December 4, 2010

**Licensing and Examination
Subcommittee Agenda**

Agenda Item 6

Clinical and Written Examination Statistics



DATE	December 4, 2010
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Nichole Johnston Examination and Licensing Coordinator
SUBJECT	Agenda Item 6 Clinical and Written Examination Statistics

2010 RDH Clinical and Written Statistics can be found in the following attachments:

- **Attachment I** – California Registered Dental Hygiene Clinical Statistics 2010 - pass/fail rates for each 2010 examination including overall, re-take, and out-of-state candidates. Totals for 2010 are also included.
- **Attachment II** – RDH Clinical Examination Overall Statistics History
- **Attachment III** – RDH and RDHAP Law and Ethics Examination Statistics

Note: Clinical pass/fail rates are determined based on the total candidates tested. The total candidates tested are determined by the following formula:
Total Candidates - (Withdraw + Did Not Appear) = Total Candidates Tested

California Registered Dental Hygiene Clinical Statistics 2010

Attachment I

RDH Clinical Exam Date and Location		Total Candidates	Pass	Fail	Gross Trauma	Exceeded Time Limit	Did Not Appear	Withdrew	Total Candidates Tested (a)	Pass % (c)	Fail % (d)
March 14, 2010 at USC	ALL	96	73	20	1	1	0	1	95	77%	23%
	<i>Out-Of-State</i>	18	10	7	1	0	0	0	18	56%	44%
	<i>Retake (b)</i>	47	25	19	1	1	0	1	46	54%	41%
June 5-6, 2010 at USC	ALL	84	62	15	2	0	0	5	79	78%	21%
	<i>Out-Of-State</i>	12	5	4	0	0	0	3	9	56%	44%
	<i>Retake (b)</i>	33	13	13	2	0	0	5	28	46%	54%
July 10-11 and 24-25 at USC and UCSF	ALL	379	307	60	0	0	1	11	367	84%	16%
	<i>Out-Of-State</i>	26	11	11	0	0	0	4	22	50%	50%
	<i>Retake (b)</i>	66	17	41	0	0	0	8	58	26%	71%
October 3 and 24, 2010 at UCSF and LLU	ALL	144	108	29	2	2	0	3	141	77%	23%
	<i>Out-Of-State</i>	26	17	7	0	0	0	2	24	71%	29%
	<i>Retake (b)</i>	68	46	19	0	2	0	1	67	69%	31%
2010 Overall	ALL	703	550	124	5	3	1	20	682	81%	19%
	<i>Out-of-State</i>	82	43	29	1	0	0	9	73	59%	41%
	<i>Retake (b)</i>	214	101	92	3	3	0	15	199	51%	49%

(a) *Formula:* Total Candidates - (Withdraw + Did Not Appear) = Total Candidates Tested

(b) Retake numbers reflect each additional time an application is processed. They include those that cancelled 30 days prior to the exam and those with a previous exam result of fail, withdraw, gross trauma, or exceeded time limit.

(c) *Formula:* Pass / Total Candidates Tested = Pass Percentage

(d) *Formula:* Fail + Gross Trauma + Exceeded Time Limit / Total Candidates Tested = Fail Percentage

RDH Clinical Examination Overall Statistics History

Year	Candidates Tested	Passed	Failed
2010	682	550 = 81%	132 = 19%
2009	783	652 = 83%	131 = 17%
2008	801	657 = 82%	144 = 18%
2007	797	627 = 79%	170 = 21%
2006	650	557 = 86%	90 = 14%

RDH and RDHAP Law and Ethics Examination Statistics

As of July 1, 2009, the Dental Hygiene Committee of California (DHCC) established a more efficient and accessible method of administering the supplemental Law and Ethics Examination. Psychological Services Incorporated (PSI) is a computer-based testing company with testing locations within California and outside of California. The following are the statistics for 2010 thus far:

**January 1, 2010 – November 18, 2010
RDH Supplemental Law and Ethics Exam**

Candidates Tested 815	Passed 651 = 80%	Failed 164 = 20%
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**January 1, 2010 – November 18, 2010
RDHAP Supplemental Law and Ethics Exam**

Candidates Tested 42	Passed 36 = 86%	Failed 6 = 14%
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Saturday, December 4, 2010

**Licensing and Examination
Subcommittee Agenda**

Agenda Item 7

Alternative testing methods to administer
Law and Ethics Written Examination



DATE	December 4, 2010
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Tom Jurach, Administrative Analyst
SUBJECT	LIC 7 – Alternative testing methods to administer Law and Ethics Written Examination

In our last committee meeting, it was suggested that the DHCC Staff examine alternative testing methods for the RDH Law and Ethics Exam currently administered by PSI, Inc. Below is a brief explaining who The Office of Professional Examination Services (OPES) is, what they do, how the exams are created, how exams are maintained, and the difference between a licensure and educational exam. The DHCC currently implements a licensure exam. The following information has been provided for future consideration.

The Office of Professional Examination Services (OPES)

OPES provides examination-related services to the DCA's regulatory boards and bureaus. OPES's services ensure that licensure examination programs are fair, valid, and legal. Specific services provided include performing occupational analyses, conducting exam item development, evaluating performance of examinations, and consulting on matters pertaining to the measurement of minimum competency standards for licensure.

Examination Creation and Goals

There are two testing methodologies being considered. The first is testing for licensure, which establishes a minimum competency. Testing for licensure is designed to establish a minimum competency for the licensee relative to public safety; content included on this type of exam is should not be taught to by the professions' schools. The licensure examination content must be developed by Subject Matter Experts (SMEs) based on the current professional working environment. Based on the minimum acceptable competence defined by the SMEs, testing candidates either pass or fail and their final score is not shared, correct and incorrect answers are not provided, and if they pass the exam, they are granted a license. The second type is educational testing which can not produce a pass/fail score based on minimal acceptable competence. An educational test can only educate if the test taker receives immediate correct responses and thorough explanations during the test. Therefore, an educational test with the intent to teach must be considered invalid for licensure.

Exams are created to be fair, valid, and legal. There is a well-defined process involved to create an exam and that process is referred to as an exam development cycle. It is not uncommon for this cycle to span 6 months to complete and it is advised to have multiple exam development cycles to fill a sufficient item bank of questions in place to prevent unnecessary down time in the event of an exam breach.

The standard exam development process requires the following phases of development:

- Occupational Analysis – Exam Plan(One 2-day SME workshop)
- Item writing(One 2-day SME workshop)
- Item Review.....(Two 2-day SME workshops)
- Exam Construction/Pass point.....(One 2-day SME workshop)
- Publishing Exam.....(PSI needs 30 days production time)

2010-2011 OPES costs associated with each phase of the DHCC exam are as follows:

TOTAL \$29,176.00

For a loose comparison, the cost for the creation of the DCA Information Awareness Training educational exam’s development, administration, and maintenance was approximately **\$72,000**. This includes a rough estimate of \$45,000 incurred to create and administer the exam for the first year. There is a \$7,500 per year licensing fee and the total amount of exams allowed under this contract is 5,000 occurrences over the course of 36 months. The balance of the \$72,000 is credited to edits, revisions, and maintenance above and beyond the original examination’s content over its lifetime. This exam is administered by a third party and is not maintained by DCA.

Given the magnitude of the fiscal, administrative, and maintenance commitments necessary to implement a new educational exam, it is staff’s recommendation to further research this subject in the future if the Committee agrees there is probable cause to do so.

Alternative testing methods to administer computer-based examinations

Purpose of Licensing Examinations

According to B&P Code section 101.6, the purpose of boards, bureaus, and commissions is to “...establish minimum qualifications and levels of competency and license persons desiring to engage in the occupations they regulate upon determining that such persons possess the requisite skills and qualifications necessary to provide safe and effective services to the public, or register or otherwise certify persons in order to identify practitioners and ensure performance according to set and accepted professional standards.” The purpose of the licensing examination is to protect the public health and safety by ensuring that “those licensed possess knowledge and skills in sufficient degree to perform important occupational activities safely and effectively” (*Standards*¹, p. 156). Therefore, the Committee has the responsibility to develop and administer a valid licensing examination that tests candidates for relevant law and ethics knowledge in order to protect the public from harm.

At the point of licensure, a candidate should already possess certain knowledge and skills that make him/her qualified to practice safely. The job of a licensing examination is to ensure that candidates meet the minimum standard for licensure. Therefore, licensing examinations are not intended to teach. As a matter of fact, candidates do not receive feedback after taking a licensing examination about which questions were answered correctly and which questions were not.

Appropriateness of alternative testing methods for licensure

There are many computer-based, interactive testing modules available today that are geared toward educating the test-taker. For example, before the candidate takes the exam, he or she might be required to navigate through a teaching module presenting the information that will be tested. However, the legal mandate to ensure that the candidate is able to practice safely and competently, that he or she has actually learned the required information, must still be met.

- These types of tests can assure that candidates are learning the material only if they have real consequences for the candidate, including failure on the examination if they do not answer the required number of items correctly after completing the learning module. Candidates should not be allowed to retake the same examination immediately or be provided answers to the items that they missed. The goal is not to learn the answer to the specific question, but to demonstrate competency in the job domain from which that question was randomly drawn. Otherwise, there is no guarantee that the candidate actually understands and is able to apply the knowledge in real life.
- Therefore, the recommendation to the Committee is to retain the licensure examination in its current form, but to consider developing a learning module that would be available to candidates as yet another tool to help them learn the laws and ethics relevant to their practice.

¹ American Educational Research Association, American Psychological Association, National Council on Measurement in Education. (1999). *Standards for Educational and Psychological Testing*. Washington, DC: American Educational Research Association.



Saturday, December 4, 2010

**Licensing and Examination
Subcommittee Agenda**

Agenda Item 8

Discussion of reference materials for development
of RDH and RDHAP Ethics Written Examinations



DATE	December 4, 2010
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Lori Hubble Executive Officer
SUBJECT	LIC 8 – Discussion of reference materials for development of RDH and RDHAP Ethics Written Examinations

At the September 27, 2010 meeting the Subcommittee it was requested that the subcommittee consider reviewing reference materials surrounding the development of the Registered Dental Hygiene (RDH) and Registered Dental Hygienist in Alternative Practice (RDHAP) Ethics written examinations.

Current Exam References

Currently, the RDH Law and Ethics Written Examination (RDHLE) uses as references the American Dental Hygienist Association’s (ADHA) Code of Ethics, the California Dental Association’s (CDA) Code of Ethics, and the ethics textbook by Beemsterboer¹.

CDHA/ADHA Code of Ethics

At the time the RDHLE examination plan was developed, the CDHA code was not available on the organization’s website. The CDHA has since posted a Code of Ethics on their website which is exactly the same as the Code of Ethics provided by the ADHA. Because the primary purpose of the Committee is to protect consumers in California, it is recommended that the reference be changed on the exam plan from ADHA to CDHA. The current item bank and candidates taking the examination will not be affected by this change since the two codes are exactly the same.

CDA Code of Ethics

The use of this reference in the RDH examination development has sound support in the Committee’s legislative mandate to protect consumer health and safety, and in the principles of test development. The supporting evidence includes the following:

- **Consumer Health and Safety.**
 The primary purpose of the Committee is the protection of consumer health and safety in the State of California. In order to protect the consumer, an RDH must have knowledge of standards of ethical behavior that apply to all dental professionals, including dental hygienists and dentists. According to Beemsterboer (2010), “the dental hygienist is most often an employee of a dentist. Individuals employed by a dentist should be familiar with the ADA code as well as the ADHA code” (p. 73). Therefore, in California, it is appropriate for the dental hygienists to be familiar with the CDA code.

¹ Beemsterboer, P.L. (2010). *Ethics and Law in Dental Hygiene (2nd ed.)*. St. Louis, Missouri: Saunders Elsevier.

- **Equal Applicability.**
The core ethical principles listed in the CDA code are equally applicable to all dental professionals. Respect for patient autonomy, justice, beneficence, nonmaleficence, veracity, and confidentiality are core principles that should govern professionals in both the dental hygiene and the dental fields.
- **CDA/Ethics Textbook Content Overlap.** All of the principles covered in the CDA code are also discussed in the Beemsterboer textbook, which supports the notion that these principles play an equal role in ethical decision-making for both dental hygienists and the dentists.
- **Facilitates Candidate Learning.**
Despite the overlap in content between the CDA code and the Beemsterboer textbook, the qualities of conciseness and clarity in the description of these important ethical concepts make the CDA code a very valuable reference for candidates taking the exam.
- **Experiences of the RDH exam development participants.** During the exam development meetings, RDHs who initially expressed their reservations with using the CDA as a reference, would after having the experience of trying to harvest the same information from the Beemsterboer textbook come to conclusion that CDA presents the information in a clearer fashion and is much more conducive to learning than Beemsterboer text.

Attached are the following:

- Exam plan with updated ethical references
- Letters from four Subject Matter Experts (SME's) testifying to continue the use of the California Dental Association's (CDA) Code of Ethics for writing test questions.
- Comparison of Principals between Dental Code of Ethics

At today's meeting, the Subcommittee is asked to review the list of reference materials, consider the testimony, and decide if the DHCC should suggest what resources OPES should consider using in the future.

**Dental Hygiene Committee of California
Registered Dental Hygienist Law and Ethics Examination Outline**

1. Scope of Practice 16% -- This content area assesses the candidate's knowledge of the laws governing the Registered Dental Hygienist's (RDH) scope of practice found in the Business and Professions Code (BPC).		
1. Subareas		1. Citations
1A.	RDH Functions 16%	BPC 1902 Definitions BPC 1907 RDH duties BPC 1908 Limitations of RDH functions BPC 1909 Direct supervision BPC 1910 General supervision BPC 1911 Procedures without supervision BPC 1915 Authorized persons
2. Licenses 36% -- This content area assesses the candidate's knowledge of the laws governing the RDH's license maintenance, unprofessional conduct, and the Diversion Program found in the Business and Professions Code, the California Code of Regulations (CCR), the Penal Code (Penal), and the Welfare and Institutions Code (WIC).		
2. Subareas		2. Citations
2A.	License Maintenance 16%	BPC 1934 Address and name change BPC 1935 License expiration BPC 496, 1949, 1950 Revocation, suspension, reprimand, or probation BPC 123, 123.5 Subversion of licensing examinations CCR 1005 Infection control CCR 1017 Continuing education Penal 11165.7, 11166 Mandated reporter WIC 15610.37, 15630 Elder abuse
2B.	Unprofessional Conduct 16%	BPC 1950.5 Unprofessional conduct BPC 1951 Probation BPC 1952 Controlled substances BPC 1953 Identification in patient records BPC 1954 Services beyond scope of practice BPC 1956 Discouraging/excessive treatment BPC 1958 Misdemeanor violations BPC 1961 Unlicensed activity
2C.	Diversion Program 4%	BPC 1966.1 Program criteria BPC 1966.4 Responsibility for program costs

**Dental Hygiene Committee of California
Registered Dental Hygienist Law and Ethics Examination Outline**

3. Ethical Principles 48% -- This content area assesses the candidate's knowledge related to the ethical principles of the RDH profession.		
3. Subareas		3. References
3A.	Purpose and Definition of Ethics	2%
3B.	Autonomy Informed Consent	8%
3C.	Tolerance Compassion	8%
3D.	Veracity Integrity Justice and Fairness	12%
3E.	Competence Professionalism Confidentiality	12%
3F.	Beneficence Nonmaleficence	6%

*Note: The previous exam plan cited the American Dental Hygienists' Association (ADHA) Code of Ethics because at the time of the exam plan development, the CDHA was not available on-line. Since the CDHA is not available on-line and it is exactly the same as the ADHA, it has replaced the ADHA as a reference for this exam.

November 23, 2010

To: DHCC

Re: References for Written Examination for CA DH license

This letter is in regards to the posted references for the Law and Ethics Examination for Dental Hygiene licensure in California. I would like to offer support for the foresightedness of those organizing the exam plan to include all dental professional Codes of Ethics which RDH's will practice with.

The inclusion of the CDHA/ADHA (both Codes of Ethics are identical) as well as the CDA Code of Ethics is exceptional and necessary. In the text book, cited as a reference (Beemsterboer 2010,) it is stated on page 73: *"The dental hygienist is most often an employee of a dentist. Individuals employed by a dentist should be familiar with the ADA code as well as the ADHA code"*. Taking it one step further, a Table (5-1 p. 73) is offered comparing ADHA and ADA Codes.

In viewing the CDHA/ADHA as well as the CDA Code, you will see the CDA Code is a much more comprehensive code than the ADA. Since the DHCC is dealing *only* with licensure in California, it would make perfect sense to guide all dental hygienists to utilize the CDHA and CDA Codes of Ethics as well as the Beemsterboer Textbook in reviewing for the written examination.

A few questions come to mind when there is a discussion on changes in references for this particular examination, which one would hope the DHCC will consider prior to making any decision on which Codes of Ethics to reference would be. Should the discussion lead to no longer utilize the CDA Code and only focus on one aspect of the dental professions Code, dental hygiene, I urge the following to be discussed:

-What impact will that decision have on the current exam plan?

-What impact will it have on the "banked" exams already completed?

-What impact will this decision have on availability to provide constant examinations to candidates in the event of any future breach?

Best wishes for a successful meeting and deliberation on this topic.

SME / CA Licensed RDH

Dear Dental Hygiene Committee of California,

11/1/10

I hope this is the proper forum to voice my opinion. After spending a very interesting weekend working on the Ethics and Law Exam Review, I would like to speak in favor of keeping the CDA Ethics Guidelines as a reference for the Dental Hygiene Ethics and Law Exam in addition to those of the ADHA. The ADHA does have their own Ethics Guideline but it does not have quite the level of specifics to reference and create questions and answers for the examination. The text, written by Phyllis Beemsterboer, is wonderful and extremely comprehensive. We cannot use only one reference to create a fair spectrum of questions. I feel that the CDA Guidelines help to give a greater variety of referencing. I am a proud RDH and I am very aware of how hard the dental hygienists have worked to create the DHCC. Until such a time that the DHCC and ADHA task force undertake to revise and upgrade the ADHA Ethics Documents, I feel that the CDA Guidelines are also needed to help create a broad array of questions. I do not feel that this undermines the dental hygiene profession. I believe it is in the best interest of the profession to create the best examination possible. So, I speak in favor of keeping all three of the existing documents in order to properly prepare the examination.

Thank you for your time

DHCC,

I wanted to pass on a couple of thoughts I had after participating in the committee meeting last weekend in Sacramento. I won't be violating the privacy agreements I signed, but we were encouraged to send our thoughts to you on a couple of issues.

We were asked to utilize three sources as references for the work we had to do. One from the ADHA, one from the dental association and the third a textbook used by the dental hygiene schools.

We were also told there was some resistance to utilizing a reference from the dental association and asked to comment on whether we thought it possible to accomplish our goal without it.

My first inclination was to eliminate any input from the dental association if possible. However, as our work progressed, it became clear that wasn't a possibility. The ADHA document is a good start, but is vague and needs considerable work to allow it to be used as an exclusive source to define ethics for registered dental hygienists.

The text book is also a helpful source, but not written in the legal terminology present in the dental document.

I personally feel we would not have been able to accomplish our directive without the ability to include the document from the dental association as a source and would strongly recommend we continue to allow the committee members to utilize it.

While we as an association have strived for years to separate ourselves from the control of the dental association; I think it only fair to admit that both groups maintain similar views and definitions on ethics. It makes no sense to me not to use a document that helps achieve our goal simply because it was written by the dental association.

In time, we can improve and create a more complete dental hygienists' ethics document to replace what we have now, but for now we need to utilize the best sources we have. In my opinion, this includes the dentists' ethics document.

It was an interesting experience and once again I am impressed with the quality of work and willingness of RDH's to participate in these projects.

Thank you

November 29, 2010

TO: Dental Hygiene Committee of California

RE: References for the CA RDH Law & Ethics Examination

As an SME at the last committee meeting held November 19 & 20, 2010 I would like to offer the following input regarding the upcoming Dental Hygiene Committee of California (DHCC) meeting and the topic of references for the RDH California Law & Ethics Examination.

For their consideration, I would like to support the references as the identified in the current examination outline:

- The California Dental Hygienists' Association Code of Ethics
- The California Dental Association Code of Ethics
- Ethics and Law in Dental Hygiene (2nd Edition, 2010) by Beemsterboer, PL

As cited in the Beemsterboer text on page 73 (see attached PDF from the text book) *"The dental hygienist is most often an employee of a dentist. Individuals employed by a dentist should be familiar with the ADA code as well as the ADHA code."*

Clearly, to be a minimally competent dental hygienist, it is important to understand ones' own code of ethics as well as those we work with. The use of the code of ethics from the California Dental Hygienists' Association and the California Dental Association provide excellent resources and study guides to meet the statement from Beemsterboer.

I urge the DHCC to consider the opportunity for candidates to have a working knowledge of all professional code of ethics as they relate to the care and treatment of consumers in California and to support these references as they relate to the examination and to the practice of dental hygiene.

All the best for a successful meeting and thank you for providing input to this topic.

- SME, California Licensed RDH

TABLE 5-1
Comparison of Principles between ADHA and ADA Codes of Ethics

ADHA CODE	ADA CODE
Individual autonomy	Autonomy
Beneficence	Beneficence
Nonmaleficence	Nonmaleficence
Justice and fairness	Justice
Veracity	Veracity
Confidentiality	
Societal trust	

and societal trust as essential to the foundation of the code. The portion of the ADA code that addresses conduct for dentists—the code of professional conduct—delineates conduct that is either required or prohibited. Each section of the code of professional conduct is followed by an advisory opinion. These opinions expand on an issue and often include legal warnings or suggestions for the dentist to seek further information or advice. Guidance is provided in the ADA code for anyone who believes a member dentist has acted unethically, and the code further explains that censure or suspension can result from a fair hearing on any unethical conduct. The ADA code, with official advisory opinions revised in late 2008, is provided for reference in Appendix A.

* The dental hygienist is most often an employee of a dentist. Individuals employed by a dentist should be familiar with the ADA code as well as the ADHA code. A comparison of the principles in both codes is provided in Table 5-1.

Ability is what you're capable of doing. Motivation determines what you do. Attitude determines how well you do it.

LOU HOLTZ

Summary

Codes of ethics are the written standards to which health care professionals agree to adhere before society, which grants certain privileges to these groups. Among these privileges is societal trust and self-regulation. Once an individual has gained the necessary professional knowledge and skill and acquired a professional license, which is an acknowledgment of this achievement, he or she is accorded professional status. The responsibility

Comparison of Principles between Dental Codes of Ethics

ADHA Code	CDHA Code	AHA Code	CDA Code	Beemsterboer Text*
Autonomy	Autonomy	Autonomy	Autonomy	Autonomy
Beneficence	Beneficence	Beneficence	Beneficence	Beneficence
Justice and fairness	Justice and fairness	Justice	Justice	Justice
Nonmaleficence	Nonmaleficence	Nonmaleficence	Nonmaleficence	Nonmaleficence
Veracity	Veracity	Veracity	Veracity	Veracity
Confidentiality	Confidentiality		Confidentiality	Confidentiality
Societal trust	Societal trust			Societal disparities
			Compassion	Compassion
			Integrity	Integrity
			Tolerance	Tolerance
			Competence	Competencies
			Professional esteem	
			Standards of care	Standards for practice
			Informed consent	Informed consent
			Obligation to inform	
			Professionalism	Professionalism

*Note: Even though Beemsterboer's text covers a broad range of topics, learning the basic ethical principles is significantly more efficient in the CDA document.



Saturday, December 4, 2010

**Licensing and Examination
Subcommittee Agenda**

Agenda Item 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, § 1072.2)



DATE	December 4, 2010
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Lori Hubble Executive Officer
SUBJECT	LIC 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

At the January 10, 2010 Licensing and Examination Subcommittee, Michelle Hurlbutt and Cathy DiFrancesco were appointed to an adhoc committee to develop proposed regulatory language regarding courses in nitrous oxide and oxygen, administration of local anesthetic agents and periodontal soft tissue curettage. Ms. Hurlbutt and Ms. DiFrancesco were also directed to meet with subject matter experts to review the language to determine if any additional revisions should be made. If so, this will be discussed at the subcommittee meeting.

§1107. Approval of RDH Course in Local Anesthetic, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage

An educational course for administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is one which has as its primary purpose providing college level education in these duties for dental hygiene and which encompasses educational training in the settings, foundation and application of all duties, functions and responsibilities assignable under these regulations to registered dental hygienists.

The Committee shall approve only those educational courses for these duties in dental hygiene which continuously maintain a high quality standard of instruction. The requirements contained in this article are designed to that end and govern the approval of educational programs for courses in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage. Continuation of approval will be contingent upon compliance with these requirements.

(a) A course in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is a course that provides instruction in the following duties:

- (1) Periodontal soft tissue curettage,
- (2) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity, and
- (3) Administration of nitrous oxide and oxygen when used as an analgesic, utilizing fail-safe type machines containing no other general anesthetic agents.

(b) An applicant shall submit an "Application for Approval of a Course in Local Anesthetic, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" hereby incorporated by reference, for approval of a new course and shall receive approval prior to operation.

- (1) The Committee may approve, provisionally approve, or deny approval of this course.
- (2) Provisional approval shall be limited to those courses that substantially meet all existing standards for full approval.
- (3) If the Committee denies approval of a course, the committee shall provide to the applicant the specific reasons for denial in writing within ninety (90) days.

(c) The Committee may withdraw approval at any time that it determines that a course does not meet the requirements established in this section or other requirements of law.

(d) All courses shall be established at the postsecondary educational level by the Committee.

(e) The Committee shall reevaluate the minimum length of the course one year after the effective date of this rule.

§ 1108. Requirements for Approval of Course in Local Anesthetic, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage

(a) Administration. Each course shall provide the resources necessary to accomplish education as specified in this section. The course must require students to possess valid, active licenses as registered dental hygienists and current cardiopulmonary resuscitation (CPR) certification with automated external defibrillator (AED) training in order to be eligible for admission to the course. Faculty will possess a valid, active California license for at least two (2) years prior to providing course instruction, instruct only in procedures that he or she is legally allowed to perform during clinical and pre-clinical instruction, and have education and experience within the last five (5) years in the subject being taught.

(b) Facilities and Equipment. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with an educationally optimal environment.

(1) There shall be lecture classrooms, patient treatment areas, radiology treatment areas, and laboratories for use by the students.

(2) All students shall have access to adequate equipment in order to develop dental hygiene skills in these duties.

(3) Adequate sterilizing facilities shall be provided as provided in Section 1133 of this article.

(c) Clinical Training. The clinical training shall be given at a dental or dental hygiene school or facility which has a written contract of affiliation for such training with a dental or dental hygiene program. An extension program of a university shall not be considered a dental or dental hygiene school. Such written contract of affiliation shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the dental or dental hygiene school. An affiliated facility shall not include a private dental office unless such office is a site approved by the Committee on recommendation of a dental or dental hygiene school. Each course shall provide the clinical facilities and clinical resources necessary to accomplish training of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in subdivision (g)(4)(c) in Section 1105 of this article.

(d) Curriculum Organization/Learning Resources.

(1) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in subdivision (g)(4)(c) of Section 1105 of this article.

(2) Students shall have reasonable access to dental/medical reference texts, current journals, audio visual materials and other relevant resources.

(3) Curriculum shall provide students with a basic understanding of these duties as provided in subdivision (g)(4)(c) of Section 1105 of this article and an ability to perform procedures with competence and judgment.

(4) Curriculum must be designed to prepare the student to assess, plan, implement, and evaluate these duties as specified and in accordance with subdivision (g)(4)(c) of Section 1105 of this article.

(e) Curriculum Content.

Areas of didactic, laboratory, preclinical and clinical instruction shall include at least the following areas and shall be related specifically to expanded duties:

- (1) Indications and contraindications of periodontal soft tissue curettage, administration and reversal of local anesthetic agents and nitrous oxide/oxygen agents
- (2) Medical history evaluation procedures
- (3) Head and neck anatomy
- (4) Review of cardiovascular and respiratory systems
- (5) Theory and psychological aspects of pain and anxiety control
- (6) Selection of pain control modalities
- (7) Pharmacological action of anesthetics, vasoconstrictors, reversal and nitrous oxide/oxygen agents
- (8) Recovery from periodontal soft tissue curettage, local anesthetic and nitrous oxide/oxygen analgesia
- (9) Complications and management of local anesthetic & nitrous oxide and oxygen analgesia emergencies
- (10) Armamentarium required and technology available for local anesthetic & nitrous oxide and oxygen analgesia and periodontal soft tissue curettage
- (11) Technique of administration of maxillary and mandibular injections, nitrous oxide and oxygen analgesia and periodontal soft tissue curettage
- (12) Proper infection control techniques
- (13) Record keeping
- (14) Medico/legal aspects

(f) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic, laboratory and/or preclinical instruction and at least three (3) hours of clinical instruction that includes three (3) clinical experiences on different patients, one of which will be used as a clinical examination. Each experience consists of an area of at least three (3) teeth.

(g) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic, preclinical and/or laboratory instruction and at least fifteen (15) hours of clinical instruction that includes at least three (3) clinical experiences per injection on three (3) different patients for each of the following injections: anterior superior alveolar (ASA), middle superior alveolar (MSA), posterior superior alveolar (PSA), greater palatine, nasopalatine, anterior middle superior alveolar (AMSA), supra-periosteal, inferior alveolar, mental, lingual, long buccal, and interpapillary injections. One of these clinical experiences per injection will be used as a clinical examination.

(h) Nitrous oxide-oxygen analgesia curriculum must include at least twelve (12) hours of instruction, including at least eight (8) hours of didactic, preclinical and/or laboratory instruction and at least four (4) hours of clinical instruction that includes at least three (3) clinical experiences on three (3) different patients, one of which will be used as a clinical

examination. Each experience includes the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia.

Note Authority cited: Section 1905 & 1909, Business and Professions Code. Reference: Section 1905 & 1909 Business and Professions Code.



**Application for Approval of Course in
 Local Anesthetic, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage**
 Business & Professions Code §1909, Title 16 CCR §1107.and §1108.

Non-Refundable Fee: \$300 (Must accompany application)

Receipt _____	RC _____
Date filed _____	\$ _____
Approved _____	Denied _____
RP# _____	

 Name of Course

 Telephone Number

 Location of Course

 City

 State

 Zip

 Mailing address

 City

 State

 Zip

 Name and title of Course Director

 Telephone Number

 Fax Number (optional)

Requirements for Course of Study

All questions must be answered "Yes" for a course to be approved. A course must receive approval prior to operation. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet each of the requirements listed below.

1. Will the course provide instruction in periodontal soft tissue curettage, administration of local anesthetic agents limited to the oral cavity and administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents?

Yes No

2. Will the course be established at or affiliated with a California dental or dental hygiene school? Include any written affiliation or extramural site agreements, if appropriate.

Yes No

3. Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, pre-clinical and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with California Code of Regulations §1107 and §1108 and a copy be provided to students? Include a copy of the curriculum with this application.

Yes No

4. Will the course be of sufficient duration for the student to develop competence in each of the duties of administration of local anesthetic agents, periodontal soft tissue curettage and administration of nitrous oxide-oxygen analgesia?

Yes No

5. Will instruction in the administration of local anesthetic agents total at least 30 hours, including at least 15 hours of didactic, laboratory and/or pre-clinical instruction, and at least 15 hours of clinical instruction?

Yes No

6. Will instruction in the administration of nitrous oxide-oxygen total at least 12 hours including at least 8 hours of didactic and laboratory instruction and at least 4 hours of clinical instruction that includes a minimum of 3 clinical experiences on 3 different patients?

Yes No

7. Will instruction in periodontal soft tissue curettage total at least 6 hours including at least 3 hours of didactic, laboratory and/or pre-clinical instruction, and at least 3 hours of clinical instruction that includes a minimum of 3 clinical experiences on 3 different patients?

Yes No

8. Specify the number of total hours within the course that will be taught in the categories listed below:

Didactic	_____	Pre-clinical	_____
Laboratory	_____	Clinical	_____

Acknowledgement

9. Have you reviewed Business & Professions Code §1909 and California Code of Regulations §1107. and §1108?

Yes No

10. Do you agree to abide by the requirements set forth in Business & Professions Code §1909 and California Code of Regulations §1107 and §1108? Do you acknowledge that failure to do so may result in loss of course approval?

Yes No

The Committee may approve, provisionally approve, or deny approval of any course. Provisional approval may be given to a course that substantially complies with existing standards for full approval. If the Committee denies approval of a course, the reasons for denial will be provided to the course in writing within 90 days.

Certification

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct, and that all courses offered will meet the requirements set forth by the Committee.

Signature of course director or designee

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 1050, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination Board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



Saturday, December 4, 2010

**Licensing and Examination
Subcommittee Agenda**

Agenda Item 10

Alternative methods of initial licensure
Update on Standardized Exit Exam concept for
California Graduates



DATE	December 4, 2010
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Michelle Hurlbutt, Chair
SUBJECT	LIC 10 – Alternative methods of Initial Licensure Update on Standardized Exit Exam concept for California Graduates

Michelle Hurlbutt will provide a verbal report.