WAUKESHA COUNTY TECHNICAL COLLEGE DENTAL HYGIENE PROGRAM

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CLINICAL EXAMINATION FOR LICENSURE

THE CONCERN

What is the problem?	• Redundant, expensive clinical exam required for licensure
Who does this affect?	• Students
Why should this problem be solved?	• Unnecessary cost and stress for students
Resolution	• Allow WCTC to be an administrator of a practical exam for their dental hygiene students

CODA

- The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.
- www.coda.ada.org

TRUST IN ACCREDITATION AND INTERNAL STANDARDS

- Comprehensive Training
- Redundancy of Evaluation

BACKGROUND INFORMATION

- After completing our CODA-accredited dental hygiene program, which ensures students demonstrate clinical competency, is it necessary to pass an additional clinical competency exam to obtain licensure?

- Eliminating the additional clinical exam could align with recent trends in states like California, where similar exams have been removed in favor of comprehensive curriculum-based assessments under CODA standards.

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The question of the need for clinical board examinations has been posed, as many dental hygiene program directors believe they are unnecessary when the candidate has graduated from a CODA-approved program.

CONTINUOUS PROGRAM EVALUATION

- Quality Improvement Processes
- Feedback and Outcomes Data

DENTAL HYGIENE ADVISORY POLL RESULTS 10-8-24

Dental Advisory Survey and Responses PDF

5. What strengths do you feel WCTC's Dental Hygiene program offers students and employers?

10 Responses

ID ↑	Name	Responses
1	anonymous	Rigorous program resulting in employment
2	anonymous	Great education and opportunities for employment.
3	anonymous	A thorough education within the field by having great instructors who want the best for the students.
4	anonymous	The hygienist that I have worked with from the program has come in with the professionalism and skillset to be able to educate and treat their patients at a high level.
5	anonymous	I have seen excellent hygienists come out of the program with a willingness to perform exceptional patient care.
6	anonymous	I think the program prepares students well for the real world and it is very exciting that WCTC is receiving funding to expand their hygiene seats.
7	anonymous	Well trained dental hygienists.
8	anonymous	Preparing students for practice
9	anonymous	The program creates reliable, well trained hygienists with the skills to succeed in any dental setting.
10	anonymous	Good clinical skills and are given access/experiences into the dental community

8. Is there anything else you would like to share that would help us improve the quality of the dental hygiene program and our ability to meet student and employer needs?

8 Responses

ID ↑	Name	Responses
1	anonymous	None doing a great job!
2	anonymous	Continuing to adapt alongside the ever changing landscape of the dental field.
3	anonymous	Continue with molding them into professionals. You are doing a great job.
4	anonymous	No - I think WCTC's program is very high in quality!
5	anonymous	None
6	anonymous	Consider lowering required GPA. Requirement of high science scores in order to be considered for the program eliminates many incredible hygienists with the potential to be an outstanding clinicians because of scores needed. Could be considered not inclusive.
7	anonymous	More seats in the program would be lovely if possible in the future :)
8	anonymous	Salary expectations for new grads vs experienced hygienists

POTENTIAL BARRIERS AND EQUITY CONCERNS

- Financial and Logistical Burdens
- Access and Fairness
- Test Anxiety

FINANCIAL BARRIER

- Cost of clinical exam $1,095
- Our technical college student demographic financial responsibilities include: house payments, daycare, groceries

PUBLIC TRUST THROUGH ACCREDITATION

- Accreditation as a Trustworthy Standard
- Historical Outcomes

CURRENT LICENSING CLINICAL EXAM INCLUDES (2 HOURS, 15 MINUTES):

- Extra/Intra Oral OSCE
  - 16 multiple-choice questions
- Scaling/Subgingival Calculus Removal
  - 12 surfaces in 1 mandibular arch
- Periodontal Probing
  - 12 pocket depths (2 teeth)
- Calculus Detection
  - 12 assigned surfaces in 1 maxillary arch

Manikin exam disadvantages: No consideration for real-life patient management (hemorrhage, pain, discomfort, and minimal critical thinking needed on manikin) RDH Magazine, Volume 44, Issue 4 (October 2024)

MINIMUM EXPECTED EXPERIENCES
(WITH INCREASED COMPETENCY PER SEMESTER)

- 25 Class 1 subgingival calculus patients
- Subgingival calculus present (0-40 areas of calculus)
- 12 Class 2 subgingival calculus patients
  - Subgingival calculus deposits, firmly attached, across the mandibular anterior, and interproximal on the majority of molars and premolars. (40-60 areas of calculus)
- 10 Class 3 subgingival calculus patients
  - Subgingival calculus deposits, firmly attached, throughout the patient's mouth. There will be interproximal calculus throughout, and calculus on the facial/buccal surfaces and/or lingual surfaces in localized areas. (60-100+ areas of calculus)
  - (Last year graduates saw an average of 62 patients each)

MINIMUM EXPECTED EXPERIENCES

(WITH INCREASED COMPETENCY PER SEMESTER)

- AAP Perio Stage I: 1
- AAP Perio Stage II: 9
- AAP Perio Stage III: 7
- AAP Perio Stage IV: 2
- Comprehensive periodontal assessments: 47
- Extraoral/Intraoral exams: 47
- IA injection supervised by DDS: 1
- Laser Therapy: 3
- Periodontal therapy: 6
- Children: 7
- Adolescents: 3
- Geriatric: 7
- Special needs: 5
- FMX: 6
- BW: 10
- Child BW: 3
- Guided Biofilm Therapy: 5
- Sealants: 7

THE WCTC DENTAL HYGIENE PROGRAM IS CODA ACCREDITED

- Accreditation promotes and monitors continuous quality and improvement by utilizing assessment tools that measure defined competencies.
- Each clinical course has multiple competencies and learning objectives. All students are evaluated by several different calibrated faculty and supervising dentists.
- Students have years of direct supervised patient care to complete their required competencies.

CLINICAL EXAM PASS RATES 2017-PRESENT

5/2024	100% pass rate 15/15	
12/2023	100% pass rate 1/1	
5/2023	93% pass rate 14/15	Passed 1 hour later (anxiety-related issue)
5/2022	100% pass rate 15/15	
5/2021	100% pass rate 15/15	
12/2020	100% pass rate 3/3	
5/2020	81.2% pass rate 13/16	All 3 patients did not qualify-pass on 2nd attempt with a qualified patient
12/2019	100% pass rate 2/2	
5/2019	100% pass rate 14/14	
12/2018	100% pass rate 2/2	
5/2018	100% pass rate 15/15	
5/2017	100% pass rate 11/11	
12/2017	100% pass rate 3/3	

STUDENT TESTIMONIALS

- Financial burden
- Excel in clinical settings but struggle with high-pressure environment of standardized testing
- Continuous assessment and hand-ons evaluations in our program better gauges our readiness for practice
- We've learned how to assess and treat a variety of cases, building confidence and competence as we go
- The dental hygiene program is not easy to get into or complete, but finally nearing the end has prepared me in every single aspect to becoming a successful, ethical, hardworking dental hygienist.
- The curriculum along with the clinical experience through assessment and feedback from our instructors and doctors in clinic as well as our externships hold us accountable and determine if we are clinically proficient and prepared to be a registered dental hygienist.

ADDRESSING CONCERNS ABOUT PROGRAM ACCOUNTABILITY

- Alternative Evaluative Measures

SUMMARY

- The WCTC Dental Hygiene Program as an administrator of a practical exam would continue providing students with a streamlined fair, accessible, and rigorous pathway to licensure while maintaining educational integrity and benefiting both students and the community they serve.

SOLUTION

- Allow the WCTC Dental Hygiene Program to become an administrator of practical exams, the same as the Marquette School of Dentistry

CLASSIFICATION OF SUBGINGIVAL CALCULUS

Classification of Subgingival Calculus: Only teeth with definitive (speed-bump) subgingival calculus will be used to categorize the calculus classification. The following chart includes the description of the subgingival calculus categories. The following examples and exceptions should be carefully read and utilized when categorizing calculus.

Assigned Number	Examples and Exceptions
0	Example: No subgingival calculus present
1	Example: Subgingival calculus present Exception: The patient presents with advanced periodontal disease stages including: furcations and severe recession yet they are being maintained.
2	Example: Calculus deposits, firmly attached, across the mandibular anteriors, and interproximal on the majority of molars and premolars. Example: Calculus deposits, which are newly formed, interproximal through the patient's mouth. Example: Calculus deposits, firmly attached, across the mandibular anteriors, maxillary anteriors, and the interproximals of the molars or premolars.
3	Example: Calculus deposits, firmly attached, throughout the patient's mouth. There will be interproximal calculus throughout, and calculus on the facial/buccal surfaces and/or lingual surfaces in localized areas. Throughout means that all molars and premolars have the appropriate deposits for classification.
4	Example: Calculus deposits firmly attached (extremely hard) throughout the patient's mouth. These deposits will present as ledges/rings circumferentially around the patient's teeth. Throughout means that all molars and premolars have the appropriate deposits for classification. The patient will be classified as a Class 3 if Class 4 calculus is present on a limited number of teeth.

**If there is a question as to the quality of the deposits, instructors will assign the lower classification (ie, Class 2 instead of 3). The classification may be increased if the deposits prove to be more tenacious than the origin assessment indicated. Instructors will communicate with the instructor who assigned the original classification prior to changing it.

1. **Trust in Accreditation and Internal Standards:**
    - **Comprehensive Training**: CODA accreditation ensures that educational programs meet rigorous national standards and produce competent professionals. Our curriculum already includes extensive, calibrated, and standardized assessments throughout the education process.
    - **Redundancy of Evaluation**: The argument that an independent competency exam is necessary may overlook the robustness of CODA-accredited programs that already incorporate stringent evaluation measures. These internal evaluations, aligned with CODA standards, ensure graduates are competent without needing an external exam.
2. **Continuous Program Evaluation:**
    - **Quality Improvement Processes**: CODA mandates that programs conduct continuous quality improvement and self-evaluation. This process ensures that programs are aware of how they align with professional standards, making an independent competency exam unnecessary.
    - **Feedback and Outcomes Data**: CODA requests reports of graduate success rates, employer surveys, advisory board member feedback and other post-graduation metrics as feedback mechanisms for continuous improvement. This data provides insight into program effectiveness without relying solely on external evaluations.
3. **Potential Barriers and Equity Concerns:**
    - **Financial and Logistical Burdens**: Independent competency evaluations add significant costs for students, which may create a barrier for entry into the field and exacerbate inequities.
    - **Access and Fairness**: Graduates from disadvantaged backgrounds may find the extra layer of evaluation challenging, thus impacting diversity and inclusion within the profession.
    - **Test Anxiety:** Stress can interfere with a student's performance on assessments leading to results that do not accurately reflect their true abilities compared to ongoing, real-world evaluations within their accredited program**.**
4. **Public Trust Through Accreditation:**
    - **Accreditation as a Trustworthy Standard**: Public trust is maintained through the strict, transparent processes of accreditation and the rigorous training dental hygiene programs provide. Emphasizing the accountability measures inherent in these programs, such as regular reviews and CODA oversight, argues that this system is sufficient to uphold public trust without additional exams.
    - **Historical Outcomes**: Data showing successful patient outcomes and professional performance among graduates from accredited programs can support that public safety and trust are maintained without needing independent clinical exams.

5. Addressing Concerns About Program Accountability:

- **Alternative Evaluative Measures**: Programs can use alternative ways to benchmark performance, such as national written exams and practical assessments during clinical training.

Minimum Expected Experiences (MEEs)

The following have been established to be completed by each student over the clinical curriculum:

- 55 Periodic Oral Evaluations
- 15 Limited Oral Evaluations
- 30 Comprehensive Oral Evaluations
- 1 Occlusal Guard
- 1 Fixed Partial Denture (2 FPD Abutments, 1 FPD Pontic)
- 1 Implant Supported Restoration
- 80 Prophylaxis/Periodontal Maintenance
- 20 Sealants
- 30 Single-Surface Restorations material independent)
- 50 Multi-Surface Restorations (material independent)
- 4 Complete Dentures (each arch "counts" as 1)
- 2 Removable Partial Dentures (each RPD "counts" as 1)
- 10 Single Unit Crowns
- 1 Post (cast or pre-fabricated)

PROCESS PATIENT REQUIREMENTS

Process 2	*Patient Requirements*	
	0 - Class 0 Patients	2- Perio Stage II Patients
	6- Class 1 Patients	1- Perio Stage III Patient
	2- Class 2 Patients	
	1- Class 3 Patients	
	To include a minimum of: Radiography Requirements	
	2 Children	2- Full mouth series
	1 Adolescents	2- BW series
	1 Geriatric	1- Child series
	1 Special Needs	
Process 3	*Patient Requirements*	
	0- Class 0 Patients	1- Perio Stage I
	9- Class 1 Patients	3- Perio Stage II
	5- Class 2 Patients	3- Perio Stage III
	4- Class 3 Patients	1- Perio Stage IV
		1 each, Perio grade A, B, C
	To include a minimum of: Radiography Requirements	
	3 Children	2- Full mouth series
	1 Adolescents	4- BW series
	2 Geriatric	1- Child series
	2 Special Needs	
Process 4	*Patient Requirements*	
	0- Class 0 Patients	4- Perio Stage II
	10- Class 1 Patients	4- Perio Stage III
	5- Class 2 Patients	1- Perio Stage IV
	5- Class 3 Patients	1 each, Perio grade A, B, C
	To include a minimum of: Radiography Requirements	
	2 Children	2- Full mouth series
	1 Adolescents	4- BW series
	4 Geriatric	1- Child series
	2 Special Needs	

WCTC as a dental hygiene testing service

The following have been established to be completed by each student over the clinical curriculum:

Minimum Expected Experiences

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Class 3 calculus patients: 10

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AAP Perio Stage III: 7

AAP Perio Stage IV: 2

Comprehensive periodontal assessments: 47

Extraoral/Intraoral exams: 47

IA injection supervised by DDS: 1

Children: 7

Adolescents: 3

Geriatric: 7

Special needs: 5

FMX: 6

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