WREB DENTAL HYGIENE PRACTICE ANALYSIS REPORT

December, 2009

Del Hammond, Testing Specialist

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Introduction

In 1996, WREB conducted a survey of a random sample of dental hygienists within the ten member states to collect information on the frequency and perceived importance of the procedures required by Dental Hygienists to provide care within the scope of Dental Hygienist practice. The intent of the survey was to support a practice analysis of the Dental Hygiene profession in order to evaluate the appropriateness of the then current WREB Dental Hygiene Licensing Examination. All of WREB's examination components were validated by this practice analysis.

Since 1990, evolution in educational standards, testing protocols, legal and regulatory requirements, and dental hygiene practice technologies have had an impact on the scope of dental hygiene practice. With an ongoing commitment to quality dental hygiene examination development and delivery, WREB decided to review its testing policies, criteria, and procedures to determine whether changes should be made. The stakeholders in licensing examination improvements are dental hygiene candidates, the public (patients), the educational community, state licensing agencies, the profession of dental hygiene, and national professional associations. A Dental Hygiene Examination Development Committee was appointed in 2005 to discuss all aspects of the examination and to make recommendations to WREB. The recommendations of the committee were reflective of the changing scope of dental hygiene practice. One recommendation was to develop an examination section to assess candidates' process of care abilities. This section would use interactive computer technology to evaluate the candidate's knowledge and abilities from the initial assessment of the medical and dental history through the treatment outcomes phase of dental hygiene treatment. This computerized assessment would be designed as a conjunctive test section, augmenting the clinical examination to provide an enhanced, more comprehensive evaluation of candidate abilities.

In 2006 an Ad Hoc Committee was appointed to develop test specifications and questions that would be multiple choice and innovative response performance test items, utilizing graphics, video, and simulations. The item format was developed to allow for test administration at computerized testing locations throughout the country. This committee recommended that a practice analysis be conducted to provide documentation for the current scope of dental hygiene practice. This report presents the results of that practice analysis.

Supporting Documents

In 2003, the American Dental Educators' Association (ADEA) approved a document outlining Competencies for Entry into the Profession of Dental Hygiene, which was published in the *Journal of Dental Education* in July, 2004.

Five domains were defined in which dental hygienists must exhibit competence including core competencies encompassing ethics, values, skills and knowledge integral to all aspects of the profession; health promotion and disease prevention, community involvement, patient/client care including assessment, care planning, implementation, and evaluation; professional growth and development. The ADEA competency document describes the abilities of a dental hygienist entering the profession, playing an integral role in assisting patients to achieve optimal oral health.

In August of 2005, the American Dental Hygienists' Association (ADHA) published a practice act overview chart of permitted dental hygiene functions and required levels of dentist supervision. This chart was subsequently revised and the most current revision is available on the ADHA website.

In 2006, the ADHA drafted a *Clinical Practice Guideline* document to assist and direct clinicians in providing quality care and promote dental hygiene practice based on current and relevant scientific

evidence. This document was the foundation for the March 10, 2008 *Standards for Clinical Dental Hygiene Practice*, available on the ADHA website.

These documents provide overviews of the scope of dental hygiene practice as well as identifying the competencies necessary for entry into the profession. As such, they define the scope of dental hygiene practice and serve as a benchmark for tests intended to assess competence of candidates entering dental hygiene practice. The depth and breadth of dental hygiene practice extends beyond the knowledge, skills, and competencies that are possible to score in a clinical licensure examination. This provides justification and guidance for development of a conjunctive, interactive, computerized dental hygiene examination.

In 2006, the WREB Ad Hoc Committee developed a preliminary test specification based upon the experience of the committee members, previous WREB committee work, and upon the available documents produced by ADEA and ADHA. The content of the Practice Survey was based upon the preliminary test specification. The purpose of the survey was to define the current and emerging scope of dental hygiene practice so that WREB testing could be updated and the process of care examination section could be developed.

Decision to Proceed With the Practice Survey

Dental hygiene practice may have expanded beyond traditional clinical dental hygiene services. The practice may now include more advanced functions and employ new technological developments. There is more service to patients with changing demographics, with less supervision, in varied practice settings, and with expanded roles. As a national testing agency, WREB is taking a leadership role in comprehensive testing of dental hygiene candidates. Based upon the findings of this practice analysis, the WREB Dental Hygiene Examination Development Committee's proposal to develop a comprehensive dental hygiene examination section was validated. A computer administered examination to evaluate candidates' knowledge and abilities in the areas of medical history, care plans, treatment outcomes, referrals, and record keeping is warranted to provide a more comprehensive evaluation of dental hygiene practice. It will be a conjunctive section to augment the WREB clinical examination. Accordingly, WREB decided to continue development of a comprehensive, computerized process of care examination section and to refine the current clinical dental hygiene examination. This will allow a more complete evaluation of the competencies required to provide dental hygiene care.

Objective of This Practice Analysis

The 1999 Standards for Educational and Psychological Testing developed by the American Educational Research Association (AERA), the American Psychological Association (APA), and the National Council on Measurement in Education (NCME) advises test developers to use a practice analysis (also called job analysis and occupational analysis) to identify the elements of a profession when developing certification and licensing tests. The state of California requires periodic updates to occupational analysis with a recommended standard frequency of every 5 years. The Western Regional Examining Board (WREB), a dental and dental hygiene licensure testing agency, has completed a regional practice survey to update their dental hygiene practice analysis. WREB conducted a previous practice analysis in 1996. Additionally, WREB tests are revised every year if, based upon input from various parties of interest, changes are determined necessary. The objective of this analysis was to identify the important procedures and tasks that will be performed by entry-level dental hygienists in their practice. This provided a basis to validate the content of WREB's clinical dental hygiene licensing examinations, for recommending changes to existing examinations, and for developing the new computer administered examination section.

On the WREB clinical dental hygiene examination, the knowledge and skills required to perform dental hygiene procedures are not individually evaluated. For this examination, the test items are clinical procedures that are completed by licensure candidates. WREB examiners score the completed procedures. Since the WREB examination tests by having candidates perform procedures from the practice of dental hygiene, in the construct validation process, a direct linkage exists between the tested measure and dental practice (AERA, APA, & NCME, p.153, 1999). The contents of the examination are linked to constructs that were identified as relevant to professional competence during the practice analysis. Consequently, the knowledge, skills, and linkages to associated procedures were not included in this analysis of the content of dental hygiene. This practice analysis sought to identify those dental hygiene procedures that are most frequent and important in the practice of dental hygiene.

The Conduct of the Practice Analysis

Orientation and Training

The practice analysis task force consisted of: one dental hygiene educator; six WREB examiners, who are also practicing dental hygienists; and four WREB staff members, including the executive director, a testing specialist, and one senior dental hygienist who provides guidance for WREB policy. The testing specialist presented an orientation and training session to the task force. The concepts of validity, reliability and fidelity in testing were explained. The importance of practice analyses and content selection in reference to those concepts were discussed. The presentation identified the available guidance and standards and discussed the considerations that should be addressed in the process of defining test content.

Task Force Members

Dental Hygiene Members:
Ermelinda Baca, RDH, Chair (NM)
Denise Bowen, Professor, RDH (ID)
Barbara Dixon, RDH (UT)
Carol Price, RDH (MT)
Jennifer Porter, RDH (MT)
Kelly Reich, RDH (Chair, DH-ERC, WREB)
Royann Royer, RDH (AK)

WREB Staff Members: Beth Cole, Executive Director Robin Krych, Dental Hygiene Exam Coordinator Nance Wabshaw, Sr. Dental Hygiene Exam Coordinator Del Hammond, Testing Specialist

Develop a Survey Instrument and Establish a Sampling Plan

The task force reviewed data from:

Competencies for Entry into the Profession of Dental Hygiene WREB 1996 Dental Hygiene Practice Survey ADHA Clinical Practice Guideline California Validation Report for the California General Dentist Licensing Examination (2005)

As a result of the review, the task force specified procedures to be included in the survey of practicing dental hygienists. Procedures listed in the WREB survey of dental hygienists were grouped under general titles rather than more specific sub procedure titles used for CDT codes. This reduces the number of survey responses required in an effort to maximize the survey response rate. The dental hygienists who participated in the survey were asked to rate the frequency in their practice and importance to the health and safety of their patients for each of the procedures listed. The choices were OFTEN, OCCASIONALLY, and RARELY (or NA) for the frequency response and HIGH, MEDIUM, and LOW for the importance response. Since candidates for licensure in WREB member states graduate from dental hygiene schools across the country, and because states that accept WREB results are not all WREB member states, the committee decided to survey dental hygienists in all WREB states and in states adjoining the WREB region. A total of 2,000 surveys were sent to a random sample of 4.65% of the dental hygienists from each state surveyed. The states surveyed were: AK, AZ, CA, CO, ID, MT, MO, NM, NV, OK, OR, TX, UT, WA, and WY. There were 1,960 effectively delivered surveys after receiving returned surveys that were undelivered or were delivered

to non-practicing hygienists. Follow-up postcards were sent 10 days later in an effort to maximize the response rate. The response rate for the 789 surveys returned for this analysis was 40.25%. Chart 1 shows the response rate by state, without identifying the states' specific response rate.

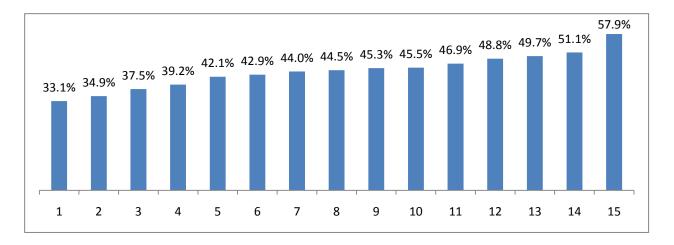


Chart 1 Response Rates for the 15 States Surveyed – Overall Response Rate: 40.25%

Count	Percent of Total	State
11	1.4	AK
57	7.2	AZ
214	27.1	CA
59	7.5	CO
24	3.0	ID
38	4.8	MO
9	1.1	MT
6	0.8	No State ID on Response
16	2.0	NM
23	2.9	NV
30	3.8	OK
39	4.9	OR
140	17.7	TX
24	3.0	UT
94	11.9	WA
5	0.6	WY

Table 1 Number of Responses by State of Practice

Analyze Survey Results and Provide Recommendations

The survey responses were compiled, analyzed, and compared with content of WREB examinations. The subject matter experts on the practice analysis task force decided not to consider the following surveyed items for test inclusion: fluoride application; topical anesthetic gel application; measuring vital signs; and topical Oraquix application because these procedures are often performed by other staff members and were thought to be non-discriminatory items with regard to dental hygiene licensing. Tooth whitening and coronal polishing do not affect dental disease therapy outcomes and were therefore not considered for testing. Because pit and fissure sealants and nitrous oxide require supervision, they were not considered suitable for dental hygiene testing. Other procedures may be excluded from WREB testing if they are found to be extremely difficult to develop into examination exercises.

Demographics

Slightly more than half of the respondents (396) reported practice of more than 15 years. The rest were evenly divided between those who reported practice between 7 and 15 years (192) and those who reported practice of 7 or fewer years (193). The education level of the majority of candidates was accounted for by associate degrees (396) and bachelor degrees (332). There were 26 with certificates and 26 with master degrees. There was no benefit in correlating responses according to these demographics. Rather, the collection of this data was to verify that a reasonable mix of respondents had been included in the survey

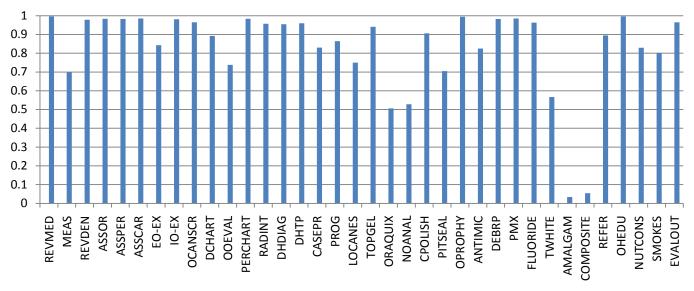
Analysis of Frequency and Importance Responses

The results of the surveys were analyzed as proportions of responses rather than the conventional method of assigning points to the categories of responses and developing numerical scores from the responses for each survey question. This presentation was chosen with the intent of making the results more meaningful to those who will use the survey results. Correlations of response proportions were used to compare data from past WREB states and bordering states (CA, CO, and NV) along with a new WREB state (MO). Correlation of all the respondents with the respondents from the four states that are not or were not previous WREB member states, gave a high correlation of 0.88.

Note that the Charts 2 and 3 results show a strong positive relationship between the responses for frequency and importance. Table 4 provides a comprehensive way to summarize the survey results. The resulting order on the right side of Table 4 shows an order similar to the order on the left side.

Referencing Chart 2, chart 3 and Table 4, the committee recommends that any task that has a rank of 1 to 32 on the the new product values rank (on the right side of Table 4) be considered for testing. Some qualifying tasks are not presently tested by WREB. The computerized examination, that is being developed, will include evaluations of those tasks wherever possible. Two restorative procedures ranked low, but are being tested by WREB for the states that allow hygiene restorative procedures.

Proportion of Responses That Were Checked Often or Occasionally



Percentage of Responses That Were Checked Often or Occasionally for CA, CO,

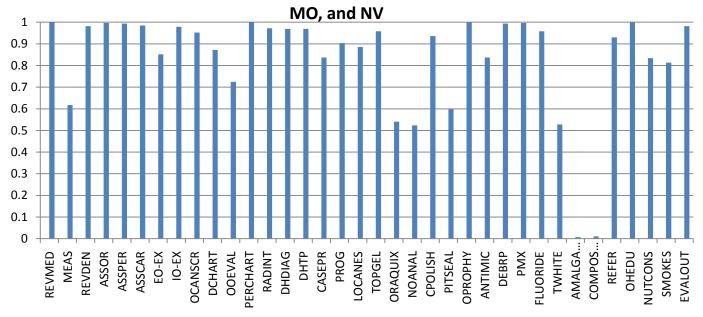
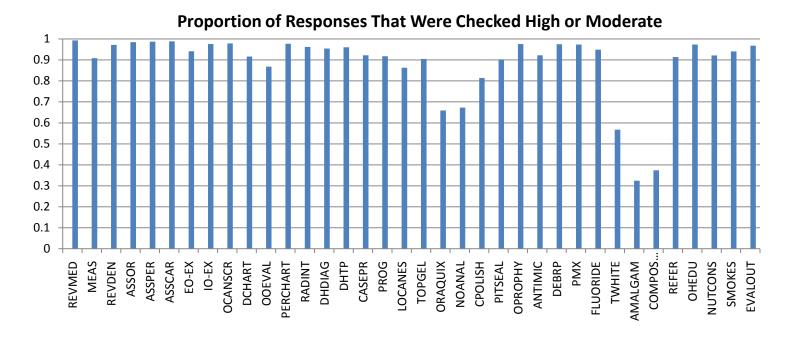


Chart 2 Survey Results for Frequency



Percentage of Responses That Were Checked High or Moderate for CA, CO, MO,

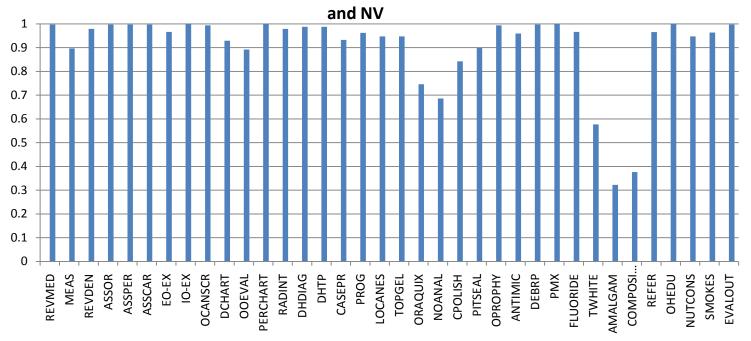


Chart 3 Survey Results for Importance

Key for Survey Results Chart Column Abbreviations

Ab	breviation	Survey Item	
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REVMED Review & Update Medical History **MEAS** Measure Blood Pressure/Vital Signs **REVDEN** Review & Update Dental History ASSOR **Assess Oral Hygiene Practices** Assess Periodontal Risk Factors **ASSPER ASSCAR Assess Caries Risk Factors Extraoral Examination** EO-EX IO-EX **Intraoral Examination**

DCHART Dental Charting

OCANSCR

OOEVAL Occlusion/Occlusal Trauma Evaluation

Oral Cancer Screening

PERCHART Periodontal Charting

RADINT Radiographic Interpretation

DHDIAG Dental Hygiene Diagnosis

DHTP Dental Hygiene Treatment Plan

CASEPR Case Presentation/Informed Consent

PROG Determination of Prognosis

LOCANES Administration of Local Anesthesia
TOPGEL Application of Topical Anesthetic Gel

ORAQUIX Application of Topical Oraqix NOANAL Nitrous Oxide Analgesia

CPOLISH Coronal Polishing
PITSEAL Pit & Fissure Sealants
OPROPHY Oral Prophylaxis

ANTIMIC Antimicrobial Application

DEBRP Periodontal Debridement & Root Planing
PMX Periodontal Maintenance Procedures

FLUORIDE Fluoride Therapy

TWHITE Tooth Whitening Procedures

AMALGAM Place & Finish Amalgam Restorations

COMPOSITE Place & Finish Composite Resin Restorations

REFER Referral Recommendation

OHEDU Oral Hygiene Education/Instruction

NUTCONS Nutritional Counseling

SMOKES Tobacco Cessation Counseling

EVALOUT Evaluation of Dental Hygiene Treatment Outcomes

Table 2 Number of Survey Responses for Frequency of Each Practice Task

		All Respond	dents			CA, CO, MO	, NV	
Category	often	occasionally	rarely	N/A or no resp	often	occasionally	rarely	N/A or no resp
REVMED	777	9	1	2	332	1	0	0
MEAS	286	265	235	3	86	119	127	1
REVDEN	675	97	13	4	277	49	6	1
ASSOR	749	27	3	10	319	10	1	3
ASSPER	728	47	9	5	312	18	2	1
ASSCAR	666	111	7	5	276	51	5	1
EO-EX	389	276	117	7	176	106	49	2
IO-EX	715	59	10	5	308	16	7	2
OCANSCR	656	105	24	4	280	37	16	9
DCHART	522	182	71	14	201	84	42	6
OOEVAL	250	332	193	14	89	148	90	6
PERCHART	740	36	8	5	320	12	0	1
RADINT	669	86	17	17	272	46	9	6
DHDIAG	709	44	19	17	296	22	10	5
DHTP	678	79	20	12	284	35	10	4
CASEPR	463	192	110	24	191	81	53	8
PROG	488	194	74	33	211	80	31	11
LOCANES	377	215	144	53	183	112	38	0
TOPGEL	422	320	43	4	186	132	14	1
ORAQUIX	159	240	349	41	73	101	148	11
NOANAL	110	307	335	37	29	138	152	14
CPOLISH	675	40	62	12	295	13	21	4
PITSEAL	259	297	215	18	78	117	131	7
OPROPHY	774	11	2	2	330	3	0	0
ANTIMIC	277	374	125	13	126	151	54	2
DEBRP	598	177	10	4	249	80	2	2
PMX	691	86	7	5	293	37	1	2
FLUORIDE	573	187	26	3	230	89	14	0
TWHITE	104	343	313	29	35	135	152	11
AMALGAM	11	16	615	147	1	1	275	56
COMPOSITE	21	22	600	146	1	2	273	57
REFER	331	375	65	18	145	162	23	3
OHEDU	765	21	0	3	994	12	0	0
NUTCONS	267	387	130	5	108	169	55	1
SMOKES	223	410	149	7	81	189	62	1
EVALOUT	614	147	19	9	264	60	6	3

Table 3 Number of Survey Responses for Importance of Each Practice Task

		All Respo	ndent	ts		CA, CO, M	O, NV	,
Category	High	Moderate	Low	N/A or	High	Moderate	Low	N/A or
				no resp				no resp
REVMED	769	15	1	4	323	8	1	1
MEAS	409	308	58	14	151	144	34	4
REVDEN	616	151	12	10	264	59	7	3
ASSOR	723	54	4	8	307	22	1	3
ASSPER	737	42	3	7	310	20	1	2
ASSCAR	686	94	3	6	279	51	1	2
EO-EX	491	252	30	16	207	108	11	7
IO-EX	728	42	1	18	307	17	0	0
OCANSCR	731	41	2	15	307	18	2	6
DCHART	507	216	43	23	207	93	23	10
OOEVAL	340	345	80	24	136	154	35	8
PERCHART	747	24	1	17	319	10	0	4
RADINT	688	71	12	18	283	38	7	5
DHDIAG	698	55	6	30	295	25	4	9
DHTP	685	73	5	26	288	34	4	7
CASEPR	555	173	32	29	233	69	22	9
PROG	566	158	23	42	240	66	12	15
LOCANES	525	156	62	46	235	71	17	10
TOPGEL	471	243	52	23	212	93	17	11
ORAQUIX	254	266	197	72	111	118	78	26
NOANAL	243	288	210	48	90	124	98	21
CPOLISH	384	258	120	27	154	118	51	10
PITSEAL	534	178	49	28	202	85	32	14
OPROPHY	737	33	2	17	311	13	2	7
ANTIMIC	445	283	32	29	186	122	13	12
DEBRP	748	21	2	18	313	10	1	9
PMX	748	20	1	20	313	9	0	11
FLUORIDE	601	148	21	19	242	71	11	9
TWHITE	120	328	288	53	45	135	132	21
AMALGAM	141	115	375	158	41	46	183	63
COMPOSITE	170	125	332	162	45	55	166	67
REFER	500	221	34	34	220	89	11	13
OHEDU	745	23	0	21	317	8	0	8
NUTCONS	477	250	38	24	185	122	17	9
SMOKES	546	196	26	21	219	96	12	6
EVALOUT	652	112	6	19	274	51	1	7

Table 4 Ranking of Practice Tasks Based on Responses for Frequency and Importance

Practice Tasks Ordered by Product Values Found by Multiplying Often Frequency % and High Importance % Practice Tasks Ordered by New Product Values Found by Multiplying (Often % + Frequent %) and (High% + Medium% Importance)

Rank Based on Product Value	Task Abbreviation	Product Value	Rank Based on Original Product Value	Rank Based on New Product Values	Task Abbreviation	New Product Value
1	REVMED	0.960	1	1	REVMED	0.990
2	OPROPHY	0.916	13	2	ASSCAR	0.974
3	OHEDU	0.916	2	3	OPROPHY	0.971
4	PERCHART	0.888	6	4	ASSPER	0.970
5	ASSOR	0.870	3	5	OHEDU	0.970
6	ASSPER	0.862	5	6	ASSOR	0.969
7	IO-EX	0.836	4	7	PERCHART	0.961
8	PMX	0.830	8	8	PMX	0.959
9	DHDIAG	0.795	7	9	IO-EX	0.957
10	OCANSCR	0.770	14	10	DEBRP	0.957
11	DHTP	0.746	15	11	REVDEN	0.951
12	RADINT	0.739	10	12	OCANSCR	0.944
13	ASSCAR	0.734	16	13	EVALOUT	0.934
14	DEBRP	0.719	11	14	DHTP	0.922
15	REVDEN	0.668	12	15	RADINT	0.921
16	EVALOUT	0.643	17	16	FLUORIDE	0.914
17	FLUORIDE	0.553	9	17	DHDIAG	0.911
18	PROG	0.444	22	18	TOPGEL	0.851
19	DCHART	0.425	25	19	REFER	0.818
20	CPOLISH	0.416	19	20	DCHART	0.818
21	CASEPR	0.413	24	21	EO-EX	0.794
22	TOPGEL	0.319	18	22	PROG	0.793
23	LOCANES	0.318	21	23	CASEPR	0.766
24	EO-EX	0.307	27	24	NUTCONS	0.764
25	REFER	0.266	28	25	ANTIMIC	0.761
26	PITSEAL	0.222	29	26	SMOKES	0.754
27	NUTCONS	0.205	20	27	CPOLISH	0.737
28	ANTIMIC	0.198	23	28	LOCANES	0.648
29	SMOKES	0.196	31	29	OOEVAL	0.640
30	MEAS	0.188	26	30	PITSEAL	0.636
31	OOEVAL	0.137	30	31	MEAS	0.635
32	ORAQUIX	0.065	33	32	NOANAL	0.356
33	NOANAL	0.043	32	33	ORAQUIX	0.333
34	TWHITE	0.020	34	34	TWHITE	0.322
35	COMPOSITE	0.006	35	35	COMPOSITE	0.020
36	AMALGAM	0.002	36	36	AMALGAM	0.011

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Appendix A

Survey Cover Letter



WREB

A National Dental and Dental Hygiene Testing Agency

9201 N. 25th Avenue, Suite 185 Phoenix, Arizona 85021
Phone: 602-944-3315 Fax: 602-371-8131
www.wreb.org
generalinfo@wreb.org dentalinfo@wreb.org hygieneinfo@wreb.org

July 27, 2007

Dear Dental Hygienist

The WREB is conducting a Practice Analysis Survey. WREB presently administers dental and dental hygiene licensing exams throughout the U.S. with results accepted for licensure in more than 30 states. The purpose of the survey is to determine the frequency and importance of the procedures that entry-level practitioners perform in dental hygiene. Having this data will assist us in the process of updating our practice analysis and then our exams. This will help us assure that our testing is consistent with the tasks that entry-level dental hygienists perform in practice.

This survey is being sent to a sampling of hygienists in all WREB member states and other Western states. We plan to publish the results of the study on our website for the benefit of all.

I would appreciate it if you could complete the attached survey at your earliest convenience and return it by August 22nd in the enclosed self-addressed stamped envelope. Thank you for your time and effort in assisting us in this important project.

If you have any questions, please contact Beth Cole, WREB Executive Director at 602-944-3315.

Sincerely,

Ermelinda Baca, RDH
Chairman, Computer Simulation Committee

Appendix B

Survey Instrument



WREB

A National Dental and Dental Hygiene Testing Agency

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Phone: 602-944-3315 Fax: 602-371-8131
www.wreb.org

generalinfo@wreb.org dentalinfo@wreb.org hygieneinfo@wreb.org

[If not currently providing clinical dental hygiene services, please stop now and return this survey to the WREB office in the enclosed stamped envelope.]

SECTION I: DEMOGRAPHICS

1.	What is your highest educational level?	3. In which state do you primarily provide clinical dental hygiene services?
U U U U	Certificate Associate Degree Bachelor Degree Master Degree Doctoral Degree	
2.	How many years have you practiced dental hygiene?	4. In which practice setting(s) do you provide clinical dental hygiene services? (Check all that apply.)
G G G	0 - 2 years >2 - 7 years >7 - 15 years >15 years	G Dental office G Public health G School-based program G Hospitals/long-term care/homebound G Public/private institution G Other

SECTION II: CLINICAL DENTAL HYGIENE SERVICES

- 1. Please rate the following procedures by marking the appropriate box in each section with a check (/).
- 2. Frequency: How often do you perform the following procedures? Importance: How important is each procedure in protecting the health and welfare of patients?

Please complete the "Importance" section regardless of what you mark in the "Frequency" section (even if "N/A" is your response).

Procedures	Fre	Frequency			Importance			
	Often	Occasionally	Rarely or N/A		High	Moderate	Low	
General Health & Oral Health Assessment								
Review & Update Medical History								
Measure Blood Pressure/Vital Signs								
Review & Update Dental History								
Assess Oral Hygiene Practices								
Assess Periodontal Risk Factors								
Assess Caries Risk Factors								

Procedures	Frequency		Importance				
	Often	Occasionally	Rarely or N/A		ligh	Moderate	Low
General Health & Oral Health Assessment (cont'd)							
Extraoral Examination							
Intraoral Examination							
Oral Cancer Screening							
Dental Charting							
Occlusion/Occlusal Trauma Evaluation							
Periodontal Charting							
Radiographic Interpretation							
Diagnosis & Planning							
Dental Hygiene Diagnosis							
Dental Hygiene Treatment Plan							
Case Presentation/Informed Consent							
Determination of Prognosis							
Implementation & Evaluation							
Administration of Local Anesthesia							
Application of Topical Anesthetic Gel							
Application of Topical Oraqix							
Nitrous Oxide Analgesia							
Coronal Polishing							
Pit & Fissure Sealants							
Oral Prophylaxis							
Antimicrobial Application							
Periodontal Debridement & Root Planing							
Periodontal Maintenance Procedures							
Fluoride Therapy							
Tooth Whitening Procedures							
Place & Finish Amalgam Restorations							
Place & Finish Composite Resin Restorations							
Referral Recommendation							
Oral Hygiene Education/Instruction							
Nutritional Counseling							
Tobacco Cessation Counseling							
Evaluation of Dental Hygiene Treatment Outcomes							