



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Full Board Agenda**



Notice is hereby given that a public meeting of the Dental Hygiene Board of California (DHBC) will be held as follows:

### **DHBC MEETING AGENDA**

The DHBC welcomes and encourages public participation in its meetings. The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard.

Friday, November 22, 2019  
Hilton Los Angeles North/Glendale & Executive Meeting Center  
100 West Glenoaks Blvd  
Glendale, CA 91202

9:00 am until adjournment

### **AGENDA**

1. Roll Call & Establishment of Quorum
2. President's Welcome and Report
3. Public Comment for Items Not on the Agenda

*[The DHBC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a))]*

4. Approval of the August 6, 2019 Full Board Teleconference Minutes
5. Executive Officer's Report
  - Budget Report
  - Personnel
  - Office Lease
  - EO Activities
  - Future Agenda Items Update
6. Update from the Dental Board of California

**<<Recess to Convene Subcommittee Meetings of  
the Dental Hygiene Board of California>>**

**Subcommittee Meetings** for Friday, November 22, 2019 – See Attached Agendas for Subcommittee Items

7. Education Subcommittee:  
See Attached Agenda

8. Licensing and Examination Subcommittee:  
See Attached Agenda
9. Legislative and Regulatory Subcommittee:  
See Attached Agenda

**<<Recess to Reconvene the Full Board for Closed Session>>**

10. Presentation from the Department of Consumer Affairs Office of Professional Examination Services (OPES) to Update on the Board's Occupational Analysis
11. Presentation and Report from the Western Regional Examining Board (WREB)
12. Presentation and Report from the Central Regional Dental Testing Service (CRDTS)
13. **Closed Session – Full Board**

*The Board may meet in closed session to deliberate on disciplinary matters pursuant to Government Code §11126 (c)(3).*

**<<Return to Open Session>>**

14. Recess of the DHBC Full Board meeting until Saturday, November 23, 2019 at 9:00 am

Public comments will be taken on agenda items at the time the specific item is raised. The DHBC may take action on any item listed on the agenda including informational only items. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access DHBC's Web Site at [www.dhbc.ca.gov](http://www.dhbc.ca.gov).

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Elizabeth Elias, Assistant Executive Officer, at 916-263-2010, or email [Elizabeth.elias@dca.ca.gov](mailto:Elizabeth.elias@dca.ca.gov) or send a written request to the DHBC at 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815. Providing your request at least five (5) business days prior to the meeting will help to ensure availability of the requested accommodation.



*Roll Call for the Dental Hygiene Board of California  
Full Board Meeting*

*Friday, November 22, 2019*

	Present	Absent
Susan Good, Public Member, President		
Nicolette Moultrie, RDH Member, Vice President		
Edcelyn Pujol, Public Member, Secretary		
Michelle Hurlbutt, RDH Educator Member		
Noel Kelsch, RDHAP Member		
Sandra Klein, Public Member		
Timothy Martinez, Public Health Dentist Member		
Garry Shay, Public Member		
Evangeline Ward, RDH Member		



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 2**

**President's Welcome and Report**



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 3**

**Public Comment for Items Not on the Agenda**

[The DHBC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a))]



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 4**

**Approval of the August 6, 2019**

**Full Board Teleconference Minutes**



## Dental Hygiene Board of California (DHBC) Teleconference Meeting Minutes *Tuesday, August 6, 2019*

DHBC Headquarters, 1st Fl., Silverwood Lake Room\*  
 2005 Evergreen Street  
 Sacramento, California 95815

\*No members, only administrative staff at this location

### TELECONFERENCE LOCATIONS:

Susan Good, President, Public Member Catalano Fenske c/o Bitwise South Stadium Donkey Kong Conference Room, 1 <sup>st</sup> Fl. 700 Van Ness Avenue Fresno, CA 93721	Nicolette Moultrie, Vice President, RDH Member Los Medanos College 2700 E. Leland Road, Bldg. SC4-443 Pittsburg, CA 94565
Michelle Hurlbutt, Registered Dental Hygienist (RDH) Educator Member West Coast University Conference Room, 3rd Fl. 1477 S. Manchester Avenue Anaheim, CA 92802	Evangeline Ward, RDH Member Diablo Valley College 321 Golf Club Road Life Science Bldg., #109 Pleasant Hill, CA 94523
Timothy Martinez, Public Dentist Member Borrego Health 1700 Iowa Street, Suite 290 Riverside, CA 92507	

### DHBC Members Absent and Excused:

Noel Kelsch, Registered Dental Hygienist in Alternative Practice (RDHAP) Member  
 Sandra Klein, Public Member  
 Edcelyn Pujol, Secretary, Public Member  
 Garry Shay, Public Member

### DHBC Staff Present:

Anthony Lum, Executive Officer (EO)  
 Elizabeth Elias, Assistant Executive Officer (AEO)  
 Traci Napper, Licensing Program Analyst  
 Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislative, and Regulatory Specialist  
 Jason Hurtado, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC

### Public Present:

#### Sacramento:

Karen Fischer, EO, Dental Board of California (DBC)  
 Mary McCune, California Dental Association (CDA)

### **Fresno:**

Vickie Kimbrough – Taft College, California Dental Hygiene Educators Association (CDHEA)

Joanne Pacheco – Fresno City College

### **Pittsburg:**

No Public

### **San Diego:**

Jean Honny – Southwestern College (SWC)

### **Pleasant Hill:**

Kimberly Clark – Carrington College, CDHEA

### **Anaheim:**

Lisa Kamibayashi – West Los Angeles College (WLA)

Glenda Flora – Orange County Dental Hygiene Society (OCDHS)

Arlene Parker- OCDHS

Leslie Nazaroff - San Joaquin Valley College (SJVC) Ontario Campus

Laurel Sampson – Concorde Career College (CCC) San Diego Campus

## **1. Roll Call and Establishment of a Quorum**

Susan Good, President of the Dental Hygiene Board of California (DHBC, Board), reviewed teleconference meeting guidelines and called the meeting to order at **12:05 p.m.** She announced Noel Kelsch, Sandra Klein, Edcelyn Pujol, and Garry Shay are absent and had been excused. President Good requested Dr. Petty to assume the secretary role in absence of Ms. Pujol and take roll call. Roll call was taken and a quorum was established with five members present.

## **2. Public Comments for Items Not on the Agenda**

Glenda Flora requested the DHBC clarify their position on myofunctional therapy performed by dental hygienists with additional educational training in myofunctional therapy during their course of practice.

## **3. President's Report (Informational Only)**

Present Good reported she compiled and submitted the Executive Officer's annual performance written evaluation document and salary recommendations to the Department of Consumer Affairs (DCA) and reviewed the Board's evaluation with Executive Officer (EO) Lum. Additionally, President Good will be presenting a DHBC report at the Dental Board of California's (DBC) meeting on August 15, 2019.

## **4. Approval of the April 12, 2019 Full Board Meeting Minutes**

Nicolette Moultrie motioned to approve the April 12, 2019 Full Board Meeting Minutes.

Second: Evangeline Ward

***Vote: Motion to approve the April 12, 2019 Full Board Meeting Minutes. Passed 4:0:5.***

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch			X (absent)
Timothy Martinez			X (abstain)
Sandra Klein			X (absent)
Nicolette Moultrie	X		
Edcelyn Pujol			X (absent)
Garry Shay			X (absent)
Evangeline Ward	X		

## 5. Approval of the April 13, 2019 Full Board Meeting Minutes

Nicolette Moultrie motioned to approve the April 13, 2019 Full Board Meeting Minutes.

Second: Evangeline Ward

***Vote: Motion to approve the April 13, 2019 Full Board Meeting Minutes. Passed 4:0:5.***

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch			X (absent)
Timothy Martinez			X (abstain)
Sandra Klein			X (absent)
Nicolette Moultrie	X		
Edcelyn Pujol			X (absent)
Garry Shay			X (absent)
Evangeline Ward	X		

## 6. Approval of the April 12, 2019 Educational Subcommittee Meeting Minutes

Nicolette Moultrie motioned to accept the April 12, 2019 Educational Subcommittee Meeting Minutes.

Second: Evangeline Ward

***Vote: Motion to accept the April 12, 2019 Educational Subcommittee Meeting Minutes. Passed 4:0:5.***

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch			X (absent)
Timothy Martinez			X (abstain)
Sandra Klein			X (absent)
Nicolette Moultrie	X		
Edcelyn Pujol			X (absent)
Garry Shay			X (absent)
Evangeline Ward	X		

## 7. Approval of the April 12, 2019 Enforcement Subcommittee Meeting Minutes

Nicolette Moultrie motioned to accept the April 12, 2019 Enforcement Subcommittee Meeting Minutes.

Second: Evangeline Ward

***Vote: Motion to approve the April 12, 2019 Enforcement Subcommittee Meeting Minutes. Passed 4:0:5.***

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch			X (absent)
Timothy Martinez			X (abstain)

<b>Sandra Klein</b>			X (absent)
<b>Nicolette Moultrie</b>	X		
<b>Edcelyn Pujol</b>			X (absent)
<b>Garry Shay</b>			X (absent)
<b>Evangeline Ward</b>	X		

## 8. Approval of the April 12, 2019 Legislative and Regulatory Subcommittee Meeting Minutes

Nicolette Moultrie motioned to accept the April 12, 2019 Legislative and Regulatory Subcommittee Meeting Minutes.

Second: Evangeline Ward

***Vote: Motion to approve the April 12, 2019 Legislative and Regulatory Subcommittee Meeting Minutes. Passed 4:0:5.***

<b>Name</b>	<b>Aye</b>	<b>Nay</b>	<b>Abstain</b>
<b>Susan Good</b>	X		
<b>Michelle Hurlbutt</b>	X		
<b>Noel Kelsch</b>			X (absent)
<b>Timothy Martinez</b>			X (abstain)
<b>Sandra Klein</b>			X (absent)
<b>Nicolette Moultrie</b>	X		
<b>Edcelyn Pujol</b>			X (absent)
<b>Garry Shay</b>			X (absent)
<b>Evangeline Ward</b>	X		

## 9. Approval of the April 12, 2019 Licensing and Examination Subcommittee Meeting Minutes

Nicolette Moultrie motioned to accept the April 12, 2019 Licensing and Examination Subcommittee Meeting Minutes.

Second: Evangeline Ward

***Vote: Motion to approve the April 12, 2019 Licensing and Examination Subcommittee Meeting Minutes. Passed 4:0:5.***

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch			X (absent)
Timothy Martinez			X (absent)
Sandra Klein			X (absent)
Nicolette Moultrie	X		
Edcelyn Pujol			X (absent)
Garry Shay			X (absent)
Evangeline Ward	X		

## 10. Executive Officer's Report (Informational Only)

EO Lum updated the Board on the legislative bills that the Board took positions on and requested letters submitted to the authors at the April 13, 2019 meeting. Additionally, EO Lum updated the Board on the seven regulatory packages that DHBC staff are working on and have submitted to the DCA. EO Lum informed the Board on personnel status and that the DHBC was granted three new positions and working on the hiring process. The November meeting will take place in the Burbank/Glendale area in November and details will be available shortly after venue arrangements are finalized. Lastly, EO Lum informed the Board that it is a DCA reporting year and stated all required trainings are due to be completed and will send reminders to members.

## 11. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR §1116. Required Mobile Dental Hygiene Clinics: Establish Initial Permits and Renewal Fees.

Dr. Adina Pineschi-Petty informed the Board for the need to establish by resolution Mobile Dental Hygiene Clinic (MDHC) fees for initial permit applications and permit renewal applications in order to allow proposed regulatory package 16 CCR §1116 to move forward in the regulatory process.

Discussion took place regarding fee establishment for MDHC permits and the Board established permit fees at \$100 for initial MDHC permit application fees and \$160 for MDHC permit renewal fees.

Nicolette Moultrie motioned to establish permit fees at \$100 for initial MDHC permit application fees and \$160 for MDHC permit renewal fees.

Second: Evangeline Ward

***Vote: Motion to Establish to Permit Fees at \$100 for Initial MDHC Permit Application Fees and \$160 for MDHC Permit Renewal Fees. Passed 5:0:4.***

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch			X (absent)
Timothy Martinez	X		
Sandra Klein			X (absent)
Nicolette Moultrie	X		
Edcelyn Pujol			X (absent)
Garry Shay			X (absent)
Evangeline Ward	X		

## 12. Discussion and Possible Action for New Registered Dental Hygienist in Alternative Practice Educational Programs: Establish Application Fee.

EO Lum requested the Board establish by resolution an application fee for a new Registered Dental Hygienist in Alternative Practice (RDHAP) Educational Program as there are no fees documented for RDHAP educational program applications. EO Lum determined the need for an application fee to be in place as there is a possibility of a new RDHAP educational program that may apply for approval in Northern California. He continued that in preparation of a possible application for a new program, he wanted to establish the application procedures now rather than waiting to implement when an application is received and not having any procedures in place.

Discussion took place regarding a new RDHAP educational program fee and the Board established a \$1,000 fee for applications and review for new RDHAP educational programs.

Nicolette Moultrie motioned to approve the application fee for a new RDHAP educational program to be established at \$1,000.

Second: Michelle Hurlbutt

***Vote: Motion to Approve the Application Fee for a New RDHAP Educational Program to be Established at \$1000. Passed 5:0:4.***

<b>Name</b>	<b>Aye</b>	<b>Nay</b>	<b>Abstain</b>
<b>Susan Good</b>	X		
<b>Michelle Hurlbutt</b>	X		
<b>Noel Kelsch</b>			X (absent)
<b>Timothy Martinez</b>			X (absent)
<b>Sandra Klein</b>			X (absent)
<b>Nicolette Moultrie</b>	X		
<b>Edcelyn Pujol</b>			X (absent)
<b>Garry Shay</b>			X (absent)
<b>Evangeline Ward</b>	X		

### 13. Future Agenda Items

1. Dr. Hurlbutt requested the DHBC address their position on myofunctional therapy performed by dental hygienists.

### 14. Adjournment

Meeting was adjourned at **12:51 p.m.**



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 5**

**Executive Officer's Report**

- **Budget Report**
- **Personnel**
- **Office Lease**
- **EO Activities**
- **Future Agenda  
Items Update**

**DENTAL HYGIENE BOARD - FUND 3140  
BUDGET REPORT  
FY 2019-20 EXPENDITURE PROJECTIONS**

FM 03

OBJECT DESCRIPTION	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20				
	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (PRELIM 12)	ACTUAL EXPENDITURES (PRELIM 12)	BUDGET STONE 2019-20	CURRENT YEAR EXPENDITURES (FM 03)	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
<b>PERSONNEL SERVICES</b>								
Salary & Wages (Staff)	391,591	374,780	382,016	676,000	124,111	18%	496,444	179,556
Statutory Exempt (EO)	87,156	89,052	92,616	82,000	23,964	29%	95,856	(13,856)
Temp Help Reg (907)	96,293	2,056	28,965	57,000	100	0%	57,000	0
Temp Help Reg (Exam Proctors)	0	0	0	2,000	0	0%	2,000	0
Committee Spc 911 Per Diem	7,100	4,100	4,800	0	0	-	0	0
Committee Spc 904, 931, 961 Special Per Die	0	0	0	24,000	0	0%	24,000	0
Overtime	9,132	1,162	62	0	9,768	-	25,000	(25,000)
Staff Benefits	238,222	229,317	229,064	414,000	77,297	19%	309,188	104,812
<b>TOTALS, PERSONNEL SVC</b>	<b>829,494</b>	<b>700,466</b>	<b>737,523</b>	<b>1,255,000</b>	<b>235,240</b>	<b>19%</b>	<b>1,009,488</b>	<b>245,512</b>
<b>OPERATING EXPENSE AND EQUIPMENT</b>								
General Expense	6,146	5,132	9,436	17,000	2,535	15%	10,140	6,860
Fingerprint Reports	0	0	239	3,000	147	5%	1,764	1,236
Printing	32,514	20,610	22,864	13,000	24,747	190%	90,000	(77,000)
Communication	3,677	3,003	3,648	9,000	346	4%	2,076	6,924
Postage	5,411	3,332	3,406	18,000	0	0%	4,050	13,950
Insurance	10	21	3,553	0	0	-	0	0
Travel In State	29,951	21,176	10,672	14,000	890	6%	5,340	8,660
Training	453	0	0	5,000	1,251	25%	500	4,500
Facilities Operations	55,989	59,526	56,763	30,000	13,275	44%	128,100	(98,100)
Utilities	0	0	0	1,000	0	0%	0	1,000
C & P Services - Interdept.	0	0	43	24,000	0	0%	24,000	0
C & P Services - External	15,421	37,946	32,294	49,000	26,685	54%	49,000	0
<b>DEPARTMENTAL SERVICES:</b>								
Office of Information Services	328,663	327,690	327,690	251,000	62,750	25%	251,000	0
Administration Services	128,500	140,830	140,830	210,000	52,500	25%	210,000	0
Interagency Services	0	0	911	30,000	56	0%	224	29,776
Interagency Services w/ Office of Professional Examination Services	5,372	5,372	0	0	0	-	0	0
Division of Investigation - Internal	2,760	3,286	3,286	5,000	1,250	25%	5,000	0
Communications Division	14,446	8,910	8,910	12,000	3,000	25%	12,000	0
Program and Policy Review Division	654	7,920	7,920	13,000	3,250	25%	13,000	0
<b>INTERAGENCY SERVICES:</b>								
Consolidated Data Center	3	2,183	1,165	4,000	0	0%	4,000	0
DP Maintenance & Supply	0	304	708	3,000	0	0%	3,000	0
<b>EXAMS EXPENSES:</b>								
Exam Supplies	0	0	0	8,000	0	0%	8,000	0
Exam Site Rental-Non State	0	0	0	24,000	0	0%	0	24,000
C/P Svcs-External Expert Administration	4,137	4,370	24,804	187,000	0	0%	187,000	0
C/P Svcs-External Expert Examiners	0	0	0	25,000	0	0%	25,000	0
<b>ENFORCEMENT:</b>								
Attorney General	86,463	77,437	55,816	47,000	13,097	28%	78,582	(31,582)
Office Admin. Hearings	8,458	5,645	660	3,000	0	0%	3,000	0
Court Reporters	175	400	500	0	2,475	-	9,900	(9,900)
Evidence/Witness Fees	0	0	0	0	1,425	-	0	0
Vehicle Operations	0	0	0	8,000	0	0%	8,000	0
Equipment	27,375	1,796	17,197	16,000	0	-	16,000	0
<b>TOTALS, OE&amp;E</b>	<b>756,578</b>	<b>736,889</b>	<b>733,315</b>	<b>1,029,000</b>	<b>209,679</b>	<b>20%</b>	<b>1,148,676</b>	<b>(119,676)</b>
<b>TOTAL EXPENSE</b>	<b>1,586,072</b>	<b>1,437,355</b>	<b>1,470,838</b>	<b>2,284,000</b>	<b>444,919</b>	<b>19%</b>	<b>2,158,164</b>	<b>125,836</b>
Sched. Reimb. - Fingerprints	0	0	0	(5,000)	0	0%	(5,000)	0
Sched. Reimb. - External/Private/Grant	(1,410)	(1,175)	(1,273)	(1,000)	(147)	15%	(1,000)	0
Unsched. Reimb. - Finger Print Fees	0	0	0	0	0	-	0	0
Unsched. Reimb. - Probation Monitoring Fee	(12,924)	(16,670)	(20,862)	0	(4,543)	-	0	0
Unsched. Reimb. - Investigative Cost Recove	(6,250)	(8,376)	(10,275)	0	(2,352)	-	0	0
Unsched. - DOI ICR Civil Case Only	(360)	0	0	0	0	-	0	0
<b>NET APPROPRIATION</b>	<b>1,565,128</b>	<b>1,411,135</b>	<b>1,438,428</b>	<b>2,278,000</b>	<b>437,877</b>	<b>19%</b>	<b>2,152,164</b>	<b>125,836</b>
<b>SURPLUS/(DEFICIT):</b>								<b>5.5%</b>

AGENDA ITEM FULL1 - 5 - BUDGET REPORT NOVEMBER 2019

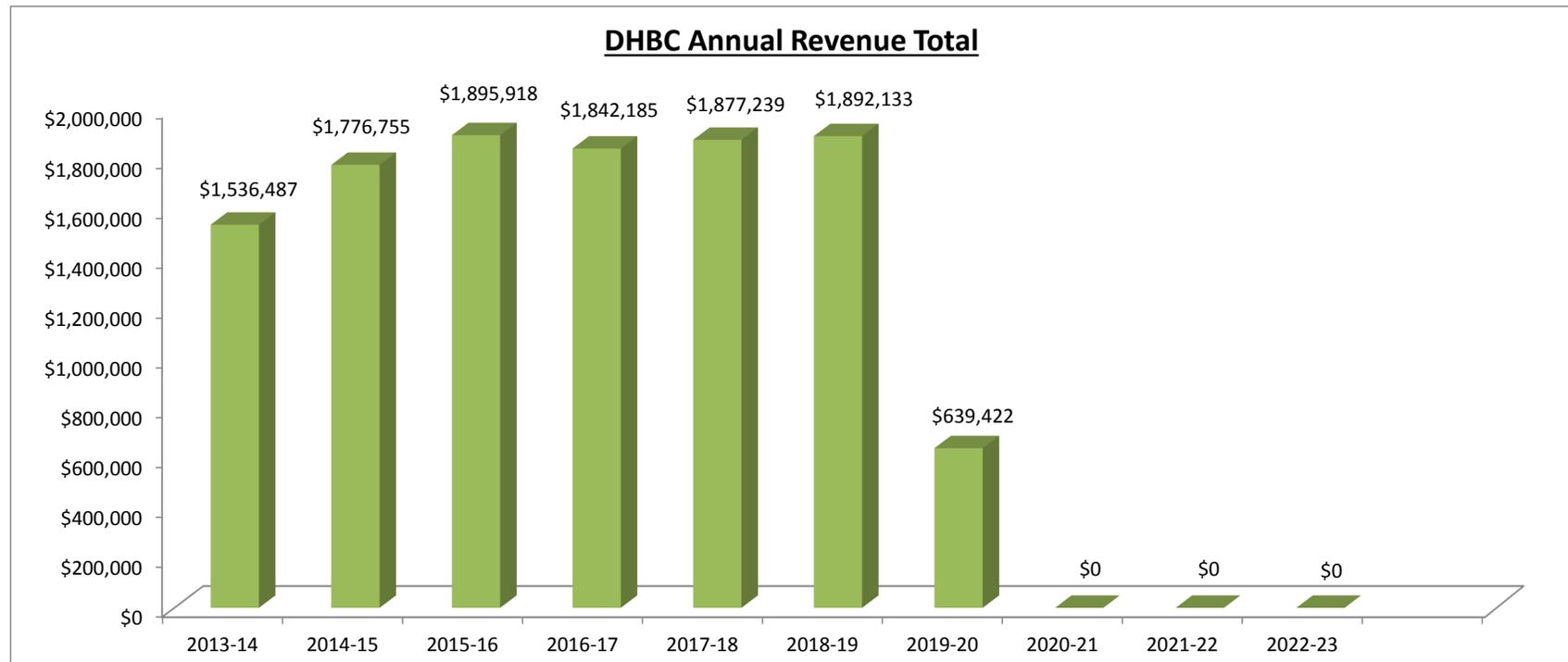
**DHBC ANNUAL REVENUE TRACKING**

Fiscal Year (FY)	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
DHCC Revenue per FY	\$1,536,487	\$1,776,755	\$1,895,918	\$1,842,185	\$1,877,239	\$1,892,133	\$639,422	\$0	\$0	\$0
Notes	(a)						(b)(c)			

**Notes:**

- a) \$80 License Renewal Fee increase to \$160 effective 1/1/2014
- b) FY 2019-20 Revenue is through FM 3 (September 2019)
- c) DHCC established in FY 2009/10; became DHBC on January 1, 2019

**DHBC Annual Revenue Total**



RPTGL051

FISCAL  
Program Disbursement or Receipt Activity Report

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 BUSINESS UNIT : 1111 - DEPARTMENT OF CONSUMER AFFAIRS  
 EXP/REV LEDGER GROUP : CC\_DTL\_REV - REVENUE DETAIL LEDGER  
 BUDGET LEDGER GROUP : CC\_REV - REVENUE BUDGET LEDGER  
 FISCAL YEAR : 2019  
 PERIOD : 3

LEVEL	ACCOUNT	ALT ACCOUNT	ACCOUNT DESCRIPTION	BUDGET AMOUNT	CURRENT MONTH	YEAR-TO-DATE
4	4		REVENUES	-6,000.00	-	-
TOTAL FOR ACCOUNT LEVEL: 4 - REVENUES				-6,000.00	-	-
41	4121200	4121200089	3140 DELINQ REN RDH	-	-3,200.00	-8,640.00
	4121200	4121200090	3140 DELINQ REN RDHAP	-	-80.00	-160.00
	4121200	4121200091	3140 DELINQ REN RDHEP	-	-	-80.00
	4121200	4121200092	3140 DELINQ REN RDHAP FNP	-	-80.00	-240.00
	4127400	4127400151	3140 RENEWAL RDHAP FNP	-	-1,120.00	-4,486.67
	4127400	4127400155	3140 RENEWAL RDH	-	-129,625.00	-532,745.00
	4127400	4127400156	3140 RENEWAL RDHAP	-	-4,960.00	-18,080.00
	4127400	4127400157	3140 RENEWAL RDHEF	-	-320.00	-1,280.00
	4127400	4127400281	OVER/SHORT FEES RENEWALS	-	-6.00	-6.00
	4129200	4129200133	3140 DUPLICATE LICENSE	-	-1,200.00	-3,800.00
	4129400	4129400243	3140 LICENSE FEE RDHAP	-	-	-1,250.00
	4129400	4129400244	3140 INITIAL LIC FEE RDHAP FNP	-	-160.00	-800.00
	4129400	4129400249	3140 APP FEE RDHAP	-	-	-500.00
	4129400	4129400251	3140 APP FEE RDH	-	-6,200.00	-28,700.00
	4129400	4129400257	3140 APP FEE RDH ORIGINAL LIC	-	-6,200.00	-28,700.00
	4129400	4129400524	SUSPENDED REVENUE	-	-860.00	-3,395.00
	4129400	4129400525	PRIOR YEAR REVENUE ADJUSTMENT	-	-	320.00
	4140000	4140000000	DOCUMENT SALES	-	-15.00	-15.00
	4140000	4140000008	SALE OF DOCUMENTS	-	-	-15.00
	4143500	4143500007	MISC SERV TO PUBLIC TRANS	-	-250.00	-250.00
	4172500	4172500016	MISC REVENUE	-	-1,750.00	-5,557.64
TOTAL FOR ACCOUNT LEVEL: 41 - GENERAL REVENUES				-	-156,026.00	-638,380.31
48	4840000	4840000001	FINGERPRINT REPORTS	-	-	-147.00
	4850000	4850000005	US PROBATION MONITOR	-	-945.00	-4,542.64
	4850000	4850000009	US COST RECOVERY	-	-55.08	-2,351.55
TOTAL FOR ACCOUNT LEVEL: 48 - REIMBURSEMENTS				-	-1,000.08	-7,041.19
TOTAL:				-6,000.00	-157,026.08	-645,421.50
GRAND TOTAL:				-6,000.00	-157,026.08	-645,421.50

# 3140 - State Dental Hygiene Fund Analysis of Fund Condition

Prepared 10.24.2019

(Dollars in Thousands)

## 2019-20 Workload & Revenue

	PY 2017-18	PY 2018-19	BUDGET ACT CY 2019-20	BY 2020-21	BY + 1 2021-22
<b>BEGINNING BALANCE</b>	\$ 2,014	\$ 2,327	\$ 2,589	\$ 1,985	\$ 1,304
Prior Year Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,014	\$ 2,327	\$ 2,589	\$ 1,985	\$ 1,304
<b>REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS</b>					
Revenues:					
4121200 Delinquent fees	\$ 27	\$ 25	\$ 27	\$ 27	\$ 27
4127400 Renewal fees	\$ 1,572	\$ 1,610	\$ 1,574	\$ 1,579	\$ 1,579
4129200 Other regulatory fees	\$ 13	\$ 13	\$ 15	\$ 16	\$ 16
4129400 Other regulatory licenses and permits	\$ 192	\$ 188	\$ 188	\$ 189	\$ 189
4163000 Income from surplus money investments	\$ 20	\$ 39	\$ 29	\$ 19	\$ 8
4172500 Miscellaneous revenue	\$ 27	\$ 12	\$ 25	\$ 25	\$ 25
Total Revenues	\$ 1,851	\$ 1,887	\$ 1,858	\$ 1,855	\$ 1,844
<b>Total Resources</b>	\$ 3,865	\$ 4,214	\$ 4,447	\$ 3,840	\$ 3,148
<b>EXPENDITURES</b>					
Disbursements:					
1111 Department of Consumer Affairs Program Expenditures (State Operations)*	\$ 1,411	\$ 1,463	\$ 2,278	\$ 2,346	\$ 2,417
Attorney General Rate Increase	\$ -	\$ -	\$ 20	\$ 26	\$ 26
8880 Financial Information System for California (State Operations)	\$ 2	\$ -	\$ -	\$ -	\$ -
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ 16	\$ 34	\$ 34	\$ 34
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 125	\$ 146	\$ 130	\$ 130	\$ 130
Total Disbursements	\$ 1,538	\$ 1,625	\$ 2,462	\$ 2,536	\$ 2,607
<b>FUND BALANCE</b>					
Reserve for economic uncertainties	\$ 2,327	\$ 2,589	\$ 1,985	\$ 1,304	\$ 541
<b>Months in Reserve</b>	17.2	12.6	9.4	6.0	2.4



Commission on Dental Accreditation

**VIA ELECTRONIC MAIL: DHCCINFO@DCA.CA.GOV**

September 25, 2019

Mr. Anthony Lum  
Executive Director  
Dental Hygiene Committee of California  
2005 Evergreen St  
Suite 2050  
Sacramento, CA 95815

Dear Mr. Lum:

RE: ***State Board Participation on Accreditation Site Visits***

This letter is to notify you that the institutions listed below have indicated a willingness to have a representative of your state board participate in the Commission on Dental Accreditation's 2020 on-site evaluations of the following dental education programs:

**Dental Hygiene Education Accreditation Site Visits:**

Carrington College at San Jose  
San Jose, CA  
6/23/2020 to 6/24/2020

Concorde Career College- San Diego  
San Diego, CA  
5/19/2020 to 5/20/2020

**Appointment Process and Reimbursement:** In accordance with the attached policy statement for state board participation on site visit teams, the state board of dentistry is requested to submit the names of **two** representatives who are **current members** of the board for each site visit listed. The Commission will then ask the institution to select **one** individual to participate on the visit. You will be notified when the institution has selected a representative. Prior to the visit, the representative will receive an informational packet from the Commission and the self-study document from the institution. **The state board is responsible for reimbursing its representative for expenses incurred during a site visit.**

**Confirmation of State Board Participation Form (to be returned):** Each program that has elected to invite the board of dentistry is identified on the attached Confirmation of State Board Participation Form(s). The board of dentistry is requested to complete this form, as described above.

**Please note:** The Confirmation of State Board Participation Form(s) must be returned by the due date indicated on each form, regardless of whether the response from the State Board is yes or no.

**Conflicts of Interest:** When selecting its representatives, the state board should consider possible conflicts of interest. These conflicts may arise when the representative has a family member employed by or affiliated with the institution; or has served as a current or former faculty member, consultant, or in some other official capacity at the institution. Please refer to the enclosed policy statements for additional information on conflicts of interest.

**Time Commitment:** **It is important that the selected representative be fully informed regarding the time commitment required.** In addition to time spent reviewing program documentation in advance of the visit, the representative should ideally be available the evening before the visit to meet with the Commission's site visit team. Only one state board representative may attend each site visit to ensure that continuity is maintained; the representative is expected to be present for the entire visit.

**Confidentiality and Distribution of Site Visit Reports:** Please note that, as described in the enclosed documents, state board representatives attending CODA site visits must consider the program's self-study, site visit report, and all related accreditation materials confidential. Release of the self-study, report, or other accreditation materials to the public, including the state board, is the prerogative of the institution sponsoring the program. **State Board representatives who attend a site visit will be requested to sign a confidentiality agreement. If the confidentiality agreement is not signed, the individual will not be allowed to attend the site visit.**

If the Commission can provide further information regarding its site visit evaluation process, please contact Ms. Bernadette Molina at 1-800-621-8099 extension 2668 or [molinab@ada.org](mailto:molinab@ada.org). Thank you in advance for your efforts to facilitate the board's participation in the accreditation process.

Sincerely,



Dr. Sherin Tooks  
Director  
Commission on Dental Accreditation

ST/bm

Enclosures:

- Confirmation of State Board Participation Form
- Policy on State Board Participation During Site Visits
- Conflict of Interest Policy
- Policy on Public Disclosure
- Name or Contact Information Change Form



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 6**

**Update from the Dental Board of California**



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 10**

**Presentation from the Department of Consumer Affairs Office  
of Professional Examination Services (OPES) to Update on the  
Board's Occupational Analysis**



OCCUPATIONAL ANALYSIS OF THE  
REGISTERED DENTAL HYGIENIST PROFESSION

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

OFFICE OF PROFESSIONAL  
EXAMINATION SERVICES

DENTAL HYGIENE BOARD OF CALIFORNIA

# OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST PROFESSION



August 2019

Heidi Lincer, Ph.D., Chief

Shana Larrucea, Research Program Specialist



## EXECUTIVE SUMMARY

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of dental hygiene practice in California. The purpose of the OA is to define practice for dental hygienists in terms of the actual tasks that newly licensed dental hygienists must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the dental hygiene profession that can then be used to review the National Board Dental Hygiene Examination (NBDHE) developed by the Joint Commission on National Dental Examinations (JCNDE); the Western Regional Examination Board (WREB) Clinical Examinations; and the National Dental Hygiene Clinical Examination (NDHCE) developed by Central Regional Dental Testing Services (CRDTS). It can also be used to develop the California Registered Dental Hygienist Laws and Ethics Examination.

OPES test specialists began by researching the profession and conducting semi-structured telephone interviews with licensed Registered Dental Hygienists (RDHs) working in locations throughout California. The purpose of these interviews was to identify the tasks performed by RDHs and to specify the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in dental hygiene practice along with statements representing the knowledge needed to perform those tasks.

In April 2019, OPES convened a workshop to review and refine the preliminary lists of task and knowledge statements derived from the telephone interviews. The workshop was comprised of licensed RDHs, known as subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs also identified changes and trends in dental hygiene practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge statement and that all knowledge statements had a related task. Additional task and knowledge statements were created as required to determine the scope of the content areas of the description of practice.

After completing the April 2019 workshop, OPES test specialists developed a three-part OA questionnaire to be completed by RDHs statewide. Development of the OA questionnaire included a pilot study that was conducted using a group of licensed RDHs. The pilot study participants' feedback was incorporated into the final questionnaire.

In the first part of the OA questionnaire, licensed RDHs were asked to provide demographic information relating to their work settings and practice. In the second part, RDHs were asked to rate specific tasks in terms of frequency (i.e., how often the RDH performs the task in the RDH's current practice) and importance (i.e., how important the task is to effective performance of the RDH's current practice). In the third part, RDHs were asked to rate specific knowledge statements in terms of how important each knowledge statement is to performance of the tasks in the RDH's current practice.

In June 2019, on behalf of the Board, OPES distributed an email invitation to 8,584 licensed RDHs in California, inviting them to complete the OA questionnaire online. The invitation was sent to all RDHs with an email address on file with the Board.

A total of 1,712 RDHs, or 19.9%, responded by accessing the online OA questionnaire. The final sample size included in the data analysis was 1,456, or 17% of the sampled population. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHs in California. Second, questionnaires containing a large volume of incomplete or unresponsive data were removed. The demographic composition of the respondent sample appears to be representative of the licensed RDH population in California.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data was analyzed, OPES conducted an additional workshop with SMEs in July 2019. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, wrote additional task and knowledge statements, organized the task and knowledge statements into content areas, and wrote descriptions of those areas. The SMEs then evaluated and confirmed the content area and subarea weights of the examination outline.

The examination outline is structured into six content areas weighted by criticality relative to the other content areas. The outline provides a description of the scope of practice for RDHs, and it also identifies the tasks and knowledge critical to safe and effective RDH practice in California at the time of licensure. Additionally, the examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to RDH practice in California.

At this time, California licensure as an RDH is granted by meeting educational and experience requirements and passing the NBDHE; the Western Regional Examination Board (WREB) Clinical Examinations; the National Dental Hygiene Clinical Examination (NDHCE) developed by Central Regional Dental Testing Services (CRDTS); and the California RDH Laws and Ethics Examination.

## OVERVIEW OF THE REGISTERED DENTAL HYGIENIST EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1.	Treatment Preparation This area assesses the candidate’s knowledge of preparing the operatory and patient dental hygiene services.	5
2.	Dental Hygiene Treatment This area assesses the candidate’s knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.	40
3.	Patient Education This area assesses the candidate’s knowledge of educating patients regarding oral health and individualized oral hygiene instructions.	10
4.	Infection Control This area assesses the candidate’s knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.	15
5.	Documentation This area assesses the candidate’s knowledge of documenting patient oral health status, procedures performed, and updating patient dental records.	5
6.	Laws, Regulations, and Ethics This area assesses the candidate’s knowledge of licensing requirements, professional conduct, patient confidentiality, use of telehealth methods and technology, and mandated reporting.	25
Total		100

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## CHAPTER 1 | INTRODUCTION

### PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of dental hygiene practice in California. The purpose of the OA is to identify critical activities performed by Registered Dental Hygienists (RDHs) in California. The results of this OA provide a description of practice for the RDH profession that can then be used to review the National Board Dental Hygiene Examination (NBDHE) developed by the Joint Commission on National Dental Examinations (JCNDE); the Western Regional Examination Board (WREB) Clinical Examinations; the National Dental Hygiene Clinical Examination developed by Central Regional Dental Testing Services (CRDTS); and to develop the California Registered Dental Hygienist Laws and Ethics Examination.

### CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by practicing RDHs.

OPES incorporated the technical expertise of California RDHs throughout the OA process to ensure that the identified tasks and knowledge statements directly reflect requirements for safe and effective performance in current practice.

### PARTICIPATION OF SUBJECT MATTER EXPERTS

The Board selected California RDHs to participate as subject matter experts (SMEs) during the phases of the OA. The SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. During the development phase of the OA, the SMEs provided information regarding the different aspects of RDH practice. The SMEs also provided technical expertise to evaluate and refine the content of tasks and knowledge statements before administration of the OA questionnaire. After the administration of the OA questionnaire, an additional workshop of SMEs reviewed the results and finalized the examination outline, which ultimately provides the description of practice.

### ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as professional guidelines and technical standards. For the purpose of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607

- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the activities required for practice.

## DESCRIPTION OF OCCUPATION

The RDH occupation is described as follows in section 1908 of the California Business and Professions Code:

- (a) The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.
- (b) The practice of dental hygiene does not include any of the following procedures:
  - (1) Diagnosis and comprehensive treatment planning.
  - (2) Placing, condensing, carving, or removal of permanent restorations.
  - (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
  - (4) Prescribing medication.
  - (5) Administering local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, or local anesthesia pursuant to Section 1909.

Section 1909: A registered dental hygienist is authorized to perform the following procedures under direct supervision of a licensed dentist, after submitting to the hygiene board evidence of satisfactory completion of a course of instruction, approved by the hygiene board, in the procedures:

- (a) Soft-tissue curettage.
- (b) Administration of local anesthesia.
- (c) Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.

Section 1910: A registered dental hygienist is authorized to perform the following procedures under general supervision:

- (a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
- (b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.
- (c) The taking of impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices.
- (d) The taking of impressions for bleaching trays and placements of in-office, tooth-whitening devices.

## CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

### SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of RDHs to contact for telephone interviews. During the semi-structured interviews, nine SMEs were asked to identify all of the activities they perform that are specific to the RDH profession. The SMEs outlined major content areas of their practice and confirmed the tasks performed in each content area. The SMEs were also asked to identify the knowledge necessary to perform each task safely and competently.

### TASK AND KNOWLEDGE STATEMENTS

To develop the task and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., related OA reports, articles, industry publications) and from the interviews with SMEs.

In April 2019, OPES test specialists facilitated a workshop with eight SMEs from diverse backgrounds (i.e., years licensed, specialty, and practice location) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness. The SMEs assigned each statement to a content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. The SMEs also verified proposed demographic questions for the OA questionnaire, including questions regarding scope of practice and practice setting.

Once the lists of task and knowledge statements and the demographic questions were verified, OPES used this information to develop an online questionnaire that was sent to California RDHs for completion and evaluation.

## QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit RDHs' ratings of the tasks and knowledge statements. The surveyed RDHs were instructed to rate each task in terms of how often they perform the task (Frequency) and in terms of how important the task is to effective performance of their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge is to performance of their current practice (Importance). The OA questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The OA questionnaire can be found in Appendix E.

## PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to nine SMEs who had participated in the task and knowledge statement development workshop. OPES received feedback to the pilot study from seven respondents. The respondents provided a final review of the task and knowledge statements, estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to develop the final questionnaire.

## CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

### SAMPLING STRATEGY AND RESPONSE RATE

In June 2019, on behalf of the Board, OPES sent emails to 8,584 RDHs (all RDHs with an email on file with the Board) inviting them to complete the OA questionnaire online. The email invitation can be found in Appendix D.

Of the 8,584 RDHs in the sample group, 1,712 licensed RDHs, or 19.9%, responded by accessing the online questionnaire. The final sample size included in the data analysis was 1,456, or 17.0% of the population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHs in California. Second, questionnaires containing a large volume of missing or unresponsive data were also excluded. The respondent sample appears to be representative of the population of California RDHs based on the sample's demographic composition.

### DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, 4.6% of the respondents included in the analysis reported having been licensed for 5 years or fewer, 8.0% for 6-10 years, 21.6% for 11-15 years, and 65.2% for more than 16 years.

As shown in Table 2 and Figure 2, 39.6% reported working 31 to 40 hours per week, 31.5% reported working 21 to 30 hours per week, 16.1% reported working 11 to 20 hours per week, and 8.7% reported working 1 to 10 hours per week.

As shown in Table 3 and Figure 3, 61.3% of the respondents reported being employed by one dental office, 28.4% reported being employed by two dental offices, and 10.0% reported being employed by three or more dental offices.

As shown in Table 4 and Figure 4, when asked to indicate their primary practice setting, 86.0% of the respondents reported general, 5.7% reported periodontics, 4.7% reported pedodontics, 2.5% reported endodontics, and 0.9% reported oral surgery.

Respondents were also asked about other dental licenses they hold in California. As shown in Table 5, 38.7% reported also holding an RDA license, 15.5% reported holding RDAEF licenses, and 3.1% reported holding RDHAP licenses.

More detailed demographic information from respondents can be found in Tables 1-7 and Figures 1-6.

TABLE 1 – NUMBER OF YEARS LICENSED AS AN RDH

YEARS	NUMBER (N)	PERCENT
1 to 5 years	67	4.6
6 to 10 years	117	8.0
11 to 15 years	315	21.6
More than 16 years	950	65.2
Missing	7	0.5
Total	1,456	100*

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN RDH

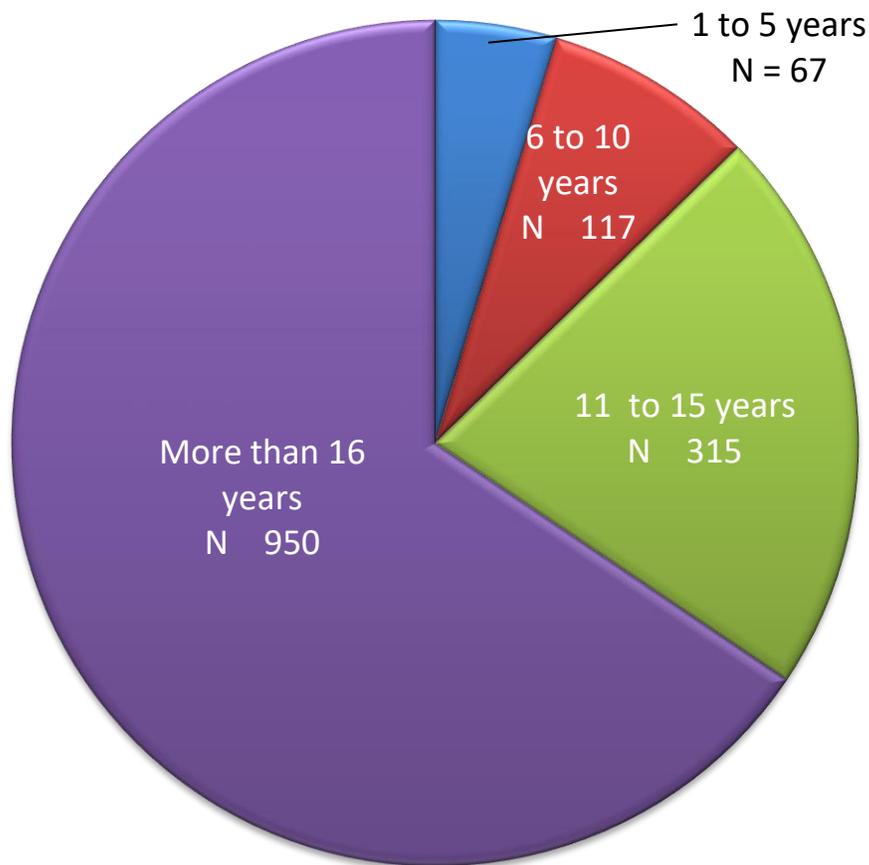


TABLE 2 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
1 to 10	127	8.7
11 to 20	234	16.1
21 to 30	458	31.5
31 to 40	576	39.6
More than 40 hours	59	4.1
Missing	2	0.1
Total	1,456	100*

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 2 – HOURS WORKED PER WEEK

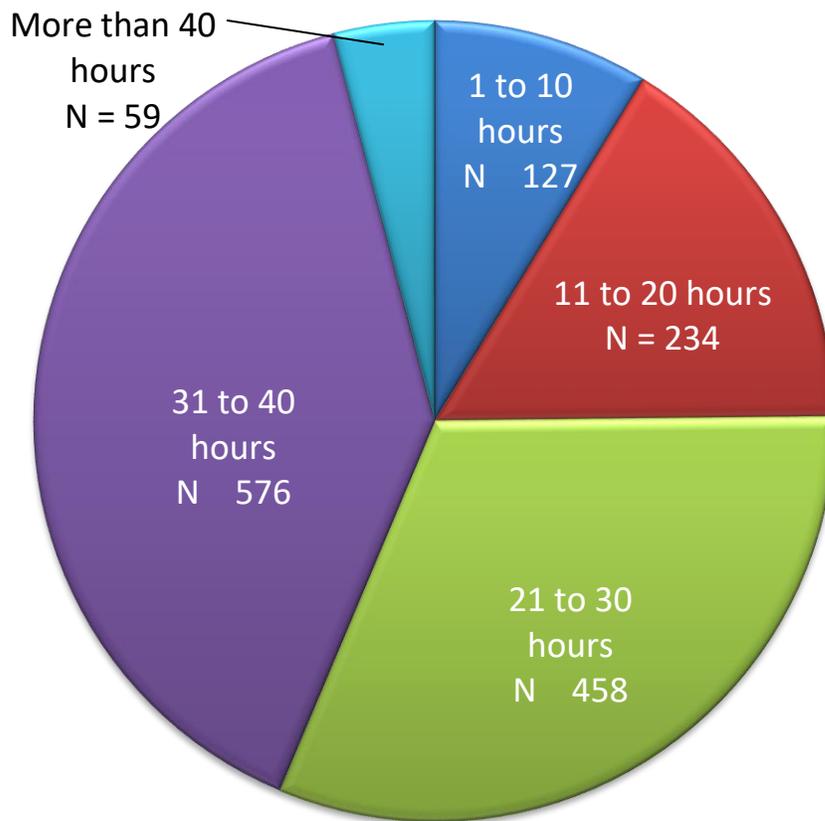


TABLE 3 – NUMBER OF OFFICES IN WHICH RDH IS EMPLOYED

YEARS	NUMBER (N)	PERCENT
1	892	61.3
2	414	28.4
3 or more	145	10.0
Missing	5	0.3
Total	1,456	100

FIGURE 3 – NUMBER OF OFFICES IN WHICH RDH IS EMPLOYED

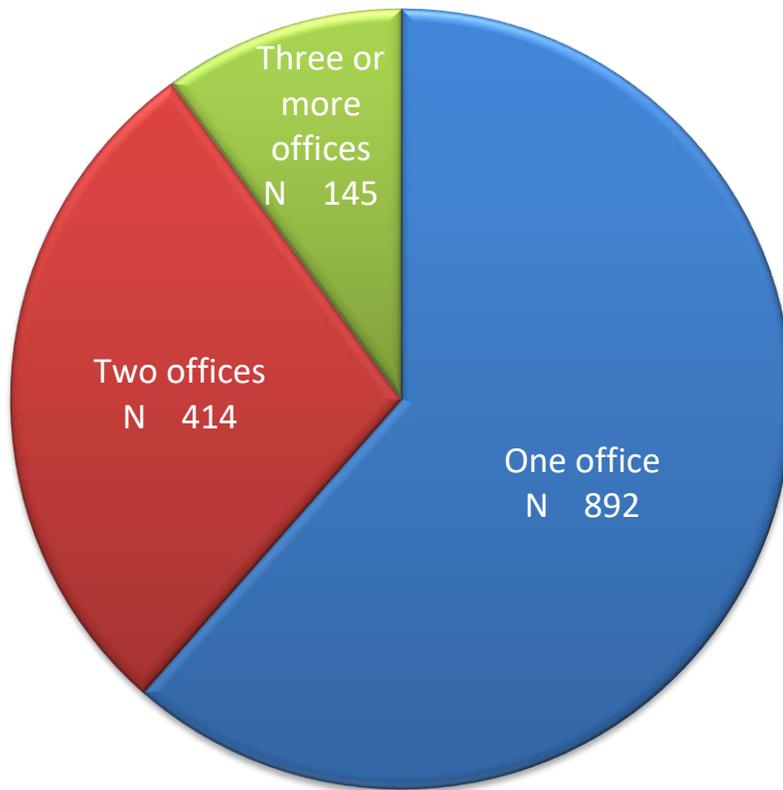


TABLE 4 – PRIMARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT
General	1,252	86.0
Periodontics	83	5.7
Pedodontics	68	4.7
Endodontics	36	2.5
Oral Surgery	13	0.9
Missing	4	0.3
Total	1,456	100*

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – PRIMARY PRACTICE SETTING

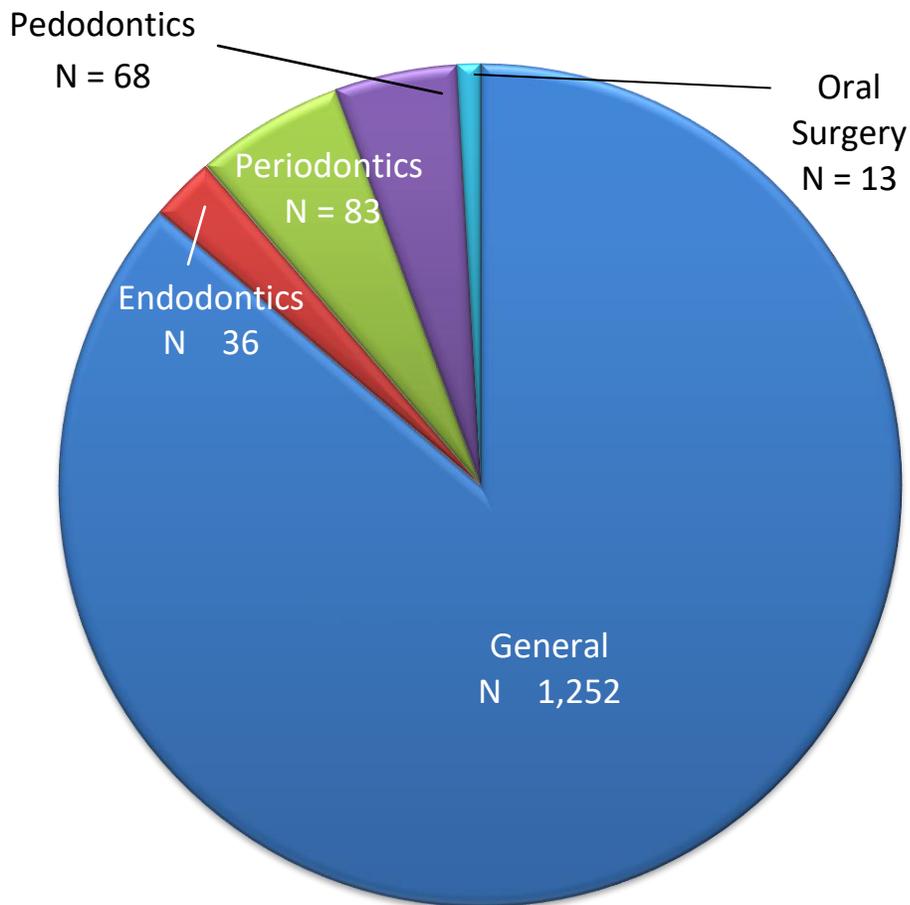


TABLE 5 – OTHER CALIFORNIA DENTAL-RELATED LICENSES HELD\*

LICENSE	NUMBER (N)	PERCENT
RDA	564	38.7
RDAEF	226	15.5
RDHAP	45	3.1

\*NOTE: Respondents were asked to select all that apply. Percentages indicate the proportion in the sample of respondents.

FIGURE 5 – OTHER CALIFORNIA DENTAL-RELATED LICENSES HELD

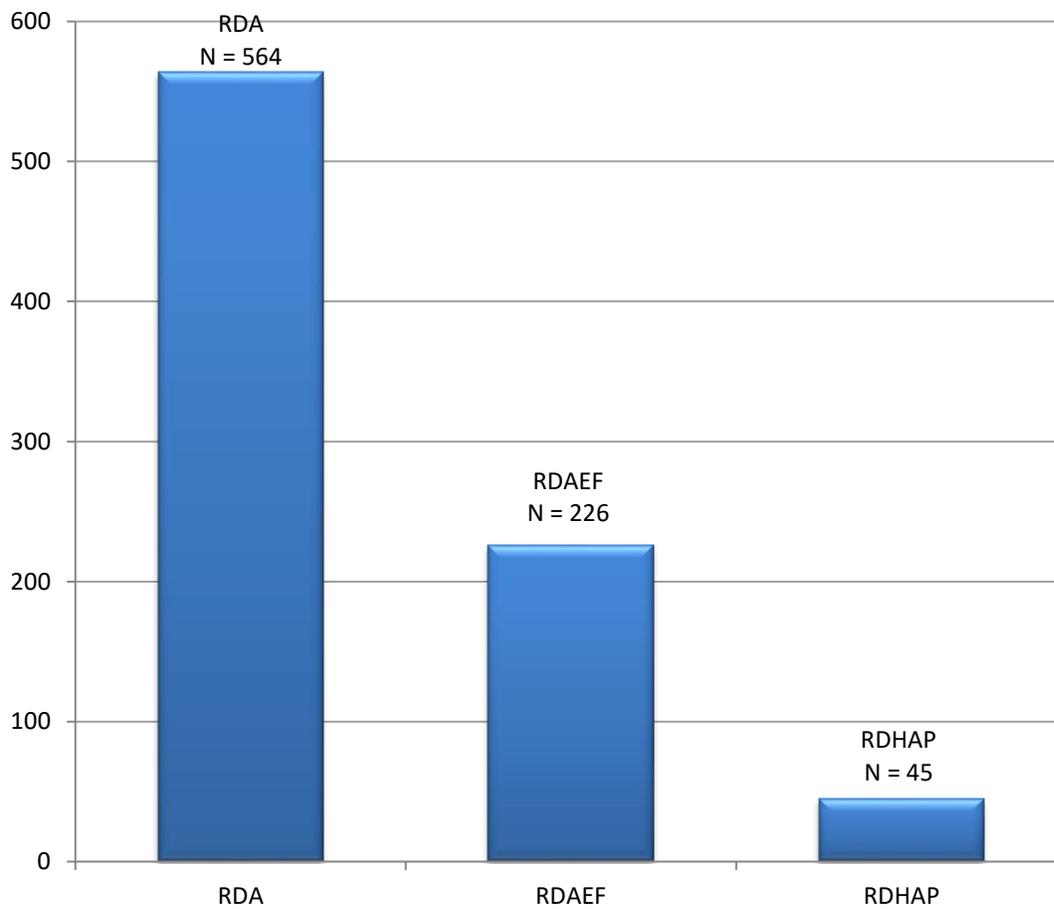
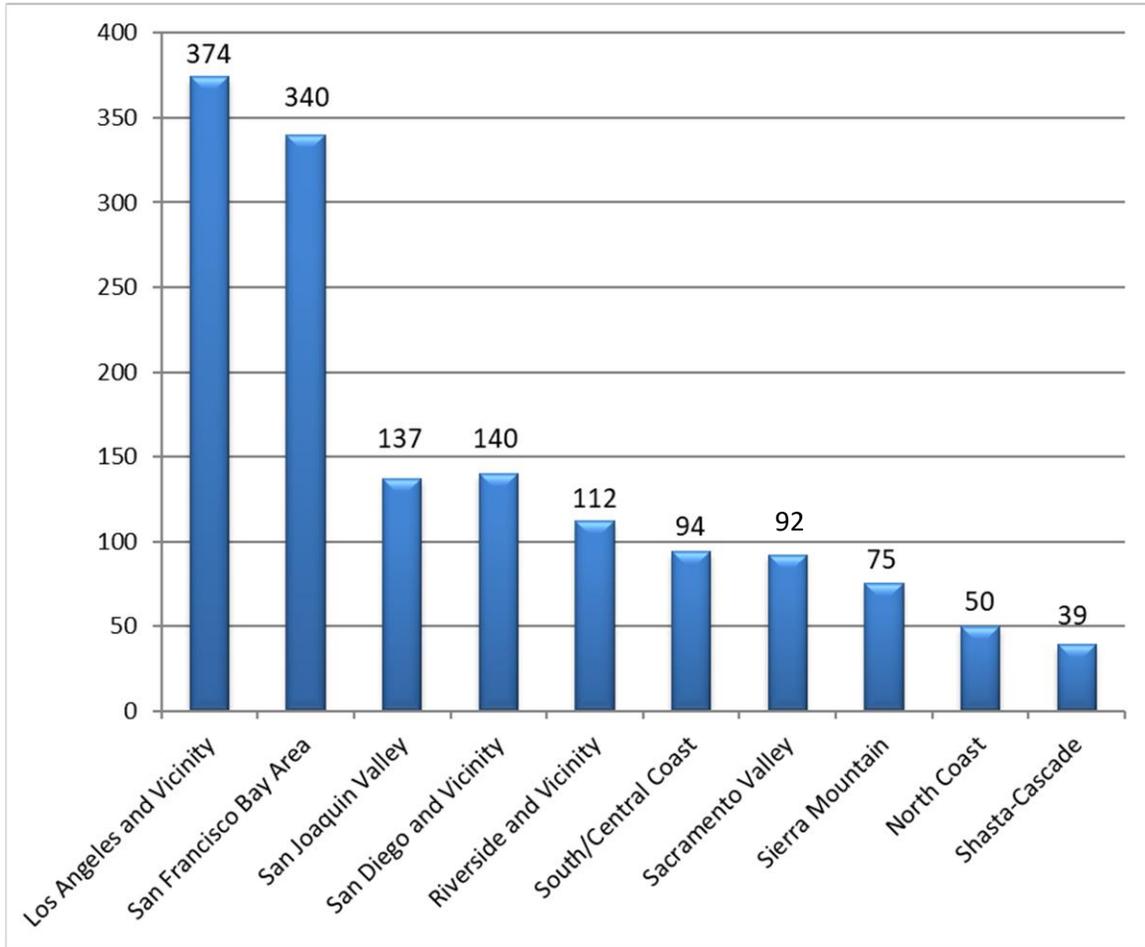


TABLE 6 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	374	25.7
San Francisco Bay Area	340	23.4
San Joaquin Valley	137	9.4
San Diego County and Vicinity	140	9.6
Riverside and Vicinity	112	7.7
South Coast and Central Coast	94	6.5
Sacramento Valley	92	6.3
Sierra Mountain Valley	75	5.2
North Coast	50	3.4
Shasta and Cascade	39	2.7
Missing	3	0.2
Total	1,456	100*

*\*NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 6 – RESPONDENTS BY REGION



Appendix A shows a more detailed breakdown of the frequencies by region.

TABLE 7 – LOCATION OF WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	1,263	86.7
Rural (fewer than 50,000 people)	190	13.0
Missing	3	0.2
Total	1,456	100*

\*NOTE: Percentages do not add to 100 due to rounding.

## CHAPTER 4 | DATA ANALYSIS AND RESULTS

### RELIABILITY OF RATINGS

OPES evaluated the task and knowledge ratings using a standard index of reliability, coefficient alpha ( $\alpha$ ), that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the task and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 8 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (frequency  $\alpha = .933$ ; importance  $\alpha = .933$ ). Table 9 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were also highly reliable ( $\alpha = .971$ ). These results indicate that the responding RDHs rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 8 – TASK SCALE RELIABILITY

CONTENT AREA	Number of Tasks	$\alpha$ Frequency	$\alpha$ Importance
1. Treatment Preparation	4	.734	.683
2. Dental Hygiene Treatment	19	.831	.868
3. Patient Education	4	.779	.798
4. Infection Control	5	.811	.655
5. Documentation	5	.768	.766
6. Laws, Regulations, and Ethics	10	.817	.835
Total	47	.933*	.933

*\*Note: The total shown is not the sum of the individual area rating of task frequency and importance but rather the overall rating of task frequency and task importance.*

TABLE 9 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	α Importance
1. Treatment Preparation	4	.852
2. Dental Hygiene Treatment	28	.936
3. Patient Education	4	.893
4. Infection Control	5	.837
5. Documentation	6	.890
6. Laws, Regulations, and Ethics	10	.920
Total	57	.971

### TASK CRITICALITY INDICES

In July 2019, OPES convened a workshop consisting of eight SMEs. The purpose of this workshop was to evaluate the survey results to identify the essential tasks and knowledge statements required for safe and effective RDH practice at the time of licensure. The SMEs reviewed the mean frequency, mean importance, and criticality index for each task. They also evaluated the mean importance ratings for each knowledge statement.

To calculate the criticality indices of the tasks, OPES test specialists used the formula below. For each respondent, the frequency rating (Fi) and the importance rating (Ii) were multiplied for each task. Next, the multiplication products were averaged across respondents as shown below.

$$\text{Task criticality index} = \text{mean} [(Fi) \times (Ii)]$$

The tasks were sorted in descending order by criticality index and by content area. The tasks, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

The SMEs who participated in the July 2019 workshop evaluated the task criticality indices derived from the questionnaire results. OPES test specialists instructed the SMEs to identify a cutoff value to determine if any of the tasks did not have a high enough criticality index to be retained. Based on their review, the SMEs determined that one task should be deleted from the content outline based on a low criticality index value (T20). The SMEs determined that another task (T34) should be deleted from the content outline because it was very similar to another task. These task statements are identified in Appendix B.

Additionally, SMEs determined that four tasks (T48, T49, T50, T51) should be added. Tasks 48, 49, and 50 were added to ensure a complete description of dental hygiene practice. Task 51 was added to further clarify a task statement that included multiple subjects.

## KNOWLEDGE IMPORTANCE RATINGS

To determine the criticality of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings, sorted by descending order of mean importance and grouped by content area, are presented in Appendix C.

The SMEs who participated in the July 2019 workshop that evaluated the task criticality indices also reviewed the knowledge statement mean importance ratings. Based on their review, the SMEs determined that one knowledge statement should be deleted from the content outline (K29). The eliminated knowledge statement is identified in Appendix C. The exclusion of a knowledge statement from the examination outline does not mean that the knowledge stated is not used in dental hygiene practice; it means that the SMEs determined that the knowledge statement was not critical for testing relative to other knowledge statements within the scope of RDH practice.

Additionally, SMEs determined that four knowledge statements (K60, K61, K62, K63) should be added to further clarify other knowledge statements that included multiple subjects.

## CHAPTER 5 | EXAMINATION OUTLINE

### TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the July 2019 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas from the April 2019 workshop. The SMEs established the final linkage of specific knowledge statements to tasks. The SMEs reviewed the content areas and wrote descriptions for each content area.

### CONTENT AREAS AND WEIGHTS

The SMEs in the July 2019 workshop were also asked to finalize the weights for content areas on the RDH examination outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\textit{Sum of Criticality Indices for Tasks in Content Area}}{\textit{Sum of Criticality Indices for All Tasks}} = \textit{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the following elements for each content area: the group of tasks and knowledge statements, the linkage established between the tasks and knowledge statements, and the relative importance of the tasks to dental hygiene practice in California. The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to dental hygiene practice in California. A summary of the preliminary and final content area weights for the RDH examination outline is presented in Table 10.

TABLE 10 – CONTENT AREA WEIGHTS

CONTENT AREA	Preliminary Weights Percent	Final Weights Percent
1. Treatment Preparation	15	5
2. Dental Hygiene Treatment	30	40
3. Patient Education	9	10
4. Infection Control	11	15
5. Documentation	13	5
6. Laws, Regulations, and Ethics	22	25
Total	100	100

The examination outline for the RDH profession is presented in Table 11.

TABLE 11 – EXAMINATION OUTLINE: RDH

1. Treatment Preparation (5%) - This area assesses the candidate's knowledge of preparing the operatory and patient dental hygiene services.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T1. Prepare operatory for dental hygiene treatment.	K1. Knowledge of procedures and protocols to prepare and breakdown operatory.
T2. Review patient dental records and medical history.	K2. Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).
T3. Select instruments, equipment, and materials for dental hygiene treatment.	K4. Knowledge of instruments, equipment, and materials used for dental hygiene treatment.
T6. Take patient vital signs.	K3. Knowledge of techniques for assessing vital signs.

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T7. Perform visual oral health screening.	<p>K7. Knowledge of procedures for assessing the oral cavity.</p> <p>K8. Knowledge of assessing periodontal conditions using clinical and radiographic findings.</p>
T8. Complete a comprehensive periodontal assessment.	<p>K7. Knowledge of procedures for assessing the oral cavity.</p> <p>K8. Knowledge of assessing periodontal conditions using clinical and radiographic findings.</p>
T9. Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	K9. Knowledge of techniques for exposing and developing dental radiographs.
T10. Develop dental hygiene care plan that correlates with findings from periodontal assessment.	<p>K10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.</p> <p>K11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.</p>

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T11. Modify dental hygiene treatment plan based on current information.	<p>K10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.</p> <p>K11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.</p>
T12. Perform non-surgical periodontal procedures (e.g., scaling, root planing).	<p>K13. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.</p> <p>K14. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.</p>
T13. Perform oral prophylaxis to remove hard and soft deposits and stain.	<p>K15. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.</p> <p>K16. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.</p>
T14. Administer topical anesthetic to patients.	<p>K17. Knowledge of procedures to administer topical anesthetic.</p> <p>K18. Knowledge of conditions that require application of topical anesthesia.</p> <p>K19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.</p>

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T14. Administer topical anesthetic to patients.	<p>K17. Knowledge of procedures to administer topical anesthetic.</p> <p>K18. Knowledge of conditions that require application of topical anesthesia.</p> <p>K19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.</p>
T15. Administer nitrous oxide under direct supervision of a dentist.	<p>K19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.</p> <p>K20. Knowledge of indications, contraindications, and side effects for administering nitrous oxide during dental hygiene treatment.</p> <p>K22. Knowledge of procedures to administer nitrous oxide.</p>
T51. Administer local anesthetic under direct supervision of a dentist.	<p>K21. Knowledge of indications, contraindications, and side effects for administering local anesthesia during dental hygiene treatment.</p> <p>K60. Knowledge of procedures to administer local anesthetic.</p>
T16. Perform soft tissue curettage under direct supervision of a dentist.	K23. Knowledge of soft tissue curettage procedure.

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T17. Perform air polishing to remove supragingival and subgingival biofilm and stain.	K24. Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.
T18. Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	K25. Knowledge of techniques for detecting the presence or absence of biofilm and calculus.
T19. Apply fluorides and other caries-preventing agents to patients.	K26. Knowledge of application techniques for fluoride and caries-preventing agents.  K28. Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, interim therapeutic restorations (ITRs)).  K61. Knowledge of agents used for control of caries.
T21. Apply topical, therapeutic, and subgingival agents for the management of periodontal disease.	K27. Knowledge of agents used for the management of periodontal disease.  K30. Knowledge of application of agents used for the management of periodontal disease (e.g., antimicrobials).
T22. Place ITR after diagnosis by dentist.	K31. Knowledge of procedures to place ITRs.

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T21. Apply topical, therapeutic, and subgingival agents for the management of periodontal disease.	K27. Knowledge of agents used for the management of periodontal disease.  K30. Knowledge of application of agents (e.g., antimicrobials) used for the management of periodontal disease.
T22. Place ITR after diagnosis by dentist.	K31. Knowledge of procedures to place ITRs
T23. Clean and polish removable appliances.	K32. Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).
T24. Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	K33. Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).
T48. Remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	K12. Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.
T32. Maintain hand instruments for dental hygiene treatment.	K41. Knowledge of sharpening techniques of hand instruments.

3. Patient Education (10%) - This area assesses the candidate's knowledge of educating patients regarding oral health and individualized oral hygiene instructions.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T25. Discuss scheduled dental hygiene treatment with patient.	K34. Knowledge of methods for communicating a dental hygiene care plan with patient.
T26. Communicate assessment findings and dental hygiene care plan to patient.	K34. Knowledge of methods for communicating a dental hygiene care plan with patient.  K37. Knowledge of individualized oral hygiene instructions to address specific patient needs.
T27. Provide patients with individualized oral hygiene instructions.	K37. Knowledge of individualized oral hygiene instructions to address specific patient needs.
T28. Provide nutritional counseling to improve oral health.	K36. Knowledge of nutritional counseling related to oral health.
T49. Provide postoperative care instructions to patients.	K35. Knowledge of instructions for postoperative care.

4. Infection Control (15%) - This area assesses the candidate's knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T4. Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	K5. Knowledge of standard precautions required to protect patients during dental hygiene treatment.
T5. Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	K5. Knowledge of standard precautions required to protect patients during dental hygiene treatment.  K6. Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.
T29. Maintain a safe and clean work environment.	K62. Knowledge of Cal/OSHA laws and regulations pertaining to dental settings.
T30. Adhere to infection-control policies and protocols for performing dental hygiene treatment.	K38. Knowledge of standards for infection control.
T31. Sterilize instruments in accordance with California infection control guidelines.	K40. Knowledge of techniques for sterilizing dental hygiene instruments.
T50. Disinfect or sterilize equipment in accordance with California infection control guidelines.	K39. Knowledge of techniques for disinfecting and sterilizing dental hygiene equipment.

5.Documentation (5%) - This area assesses the candidate's knowledge of documenting patient oral health status, procedures performed, and updating patient dental records.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T33. Document patient oral health status.	<p>K44. Knowledge of different types of periodontal conditions.</p> <p>K45. Knowledge of basic characteristics of normal and abnormal oral conditions.</p> <p>K46. Knowledge of the characteristics of caries, defective restorations, temporomandibular joint disorders (TMD), and occlusal disorders for referral to dentist.</p>
T35. Document existing and recommended restorative treatment as diagnosed by the dentist.	<p>K46. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.</p> <p>K48. Knowledge of methods and protocol for documenting in patient dental records.</p>
T36. Update patient dental records and medical history, including chief complaints and concerns.	<p>K47. Knowledge of methods and protocol for updating patient medical history.</p> <p>K48. Knowledge of methods and protocol for documenting in patient dental records.</p>
T37. Record in patient records the dental services performed.	K49. Knowledge of protocol for documenting dental hygiene services performed.

6. Laws, Regulations, and Ethics (25%) - This area assesses the candidate's knowledge of licensing requirements, professional conduct, patient confidentiality, use of telehealth methods and technology, and mandated reporting.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T38. Communicate with other dental professionals using telehealth methods and technology.	<p>K50. Knowledge of methods for communicating with health care providers using telehealth.</p> <p>K52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.</p> <p>K53. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.</p>
T39. Obtain informed consent from patient in accordance with laws and regulations.	K51. Knowledge of laws and regulations related to informed consent.
T40. Maintain confidentiality of patient records in accordance with laws and regulations.	K52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.
T41. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	<p>K52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.</p> <p>K53. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.</p>
T42. Maintain security of patient records in accordance with laws and regulations.	<p>K52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.</p> <p>K53. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.</p>

6. Laws, Regulations, and Ethics (25%) - This area assesses the candidate's knowledge of licensing requirements, professional conduct, patient confidentiality, use of telehealth methods and technology, and mandated reporting.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T43. Adhere to laws and regulations regarding professional conduct.	K54. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.  K63. Knowledge of RDH allowable duties.
T44. Adhere to laws and regulations regarding excessive treatment.	K54. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.  K55. Knowledge of laws and regulations regarding excessive treatment.
T45. Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	K56. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse or neglect.
T46. Maintain dental hygiene license according to laws and regulations.	K57. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene license.  K58. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.
T47. Maintain required continuing education units for license renewal.	K59. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.

## CHAPTER 6 | CALIFORNIA REGISTERED DENTAL HYGIENIST LAWS AND ETHICS EXAMINATION OUTLINE

### CALIFORNIA RDH LAWS AND ETHICS EXAMINATION

At this time, California licensure as an RDH is granted by meeting educational and experience requirements and passing the NBDHE; the Western Regional Examination Board (WREB); the National Dental Hygiene Clinical Examination developed by Central Regional Dental Testing Services (CRDTS); and the California RDH Laws and Ethics Examination.

The SMEs who participated in the July 2019 workshop were asked to develop a preliminary examination outline for the California RDH Laws and Ethics Examination by identifying the tasks and knowledge that they believed were California-specific. The SMEs determined that all tasks and knowledge statements within the Laws and Ethics content area should remain in the examination outline for the California RDH Laws and Ethics Examination.

### CONTENT AREAS AND WEIGHTS

In July 2019, OPES facilitated a workshop with eight SMEs. Before the workshop, OPES organized the tasks and knowledge statements from the preliminary California RDH Laws and Ethics Examination Outline into a proposed examination outline with five content areas. The SMEs determined the final content area names, descriptions, and content area weights. After the examination outline was finalized, OPES renumbered the tasks and knowledge statements. The final examination outline for the California RDH Laws and Ethics Examination consists of five content areas and is presented in Table 12. Tables 13 and 14 provide a conversion chart indicating the new tasks and knowledge statement numbers in the California RDH Laws and Ethics Examination Outline and the original task and knowledge numbers in the California RDH Examination Outline.

TABLE 12 – EXAMINATION OUTLINE FOR THE CALIFORNIA RDH LAWS AND ETHICS EXAMINATION

1. Licensing Requirements (40%) - This area assesses the candidate’s knowledge of the California laws and regulations governing the RDH’s license maintenance.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T1. Maintain dental hygiene license according to laws and regulations.	K1. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene license.
	K2. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.
T2. Maintain required continuing education units for license renewal.	K3. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.

2. Professional Conduct (36%) - This area assesses the candidate's knowledge of the California laws and regulations governing the RDH professional conduct.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T3. Adhere to laws and regulations regarding professional conduct.	K4. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.  K5. Knowledge of RDH allowable duties.
T4. Adhere to laws and regulations regarding excessive treatment.	K4. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.  K6. Knowledge of laws and regulations regarding excessive treatment.

3. Patient Confidentiality (10%) - This area assesses the candidate's knowledge of the California laws and regulations governing patient confidentiality.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T5. Obtain informed consent from patient in accordance with laws and regulations.	K7. Knowledge of laws and regulations related to informed consent.
T6. Maintain confidentiality of patient records in accordance with laws and regulations.	K8. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.
T7. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	K8. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.  K9. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T8. Maintain security of patient records in accordance with laws and regulations.	K8. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.  K9. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.

4. Mandated Reporting (10%) - This area assesses the candidate's knowledge of the California laws and regulations governing mandated reporting.

<i>Task</i>	<i>Associated Knowledge Statement</i>
T9. Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	K10. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse or neglect.

5. Telehealth (4%) - This area assesses the candidate's knowledge of the California laws and regulations governing telehealth.

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<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T10. Communicate with other dental professionals using telehealth methods and technology.	K8. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.
	K9. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
	K11. Knowledge of methods for communicating with health care providers using telehealth.

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TABLE 13 – RENUMBERING OF TASKS

Original Task Number in California RDH Examination Outline	New Task Number in California RDH Laws and Ethics Examination Outline
46	1
47	2
43	3
44	4
39	5
40	6
41	7
42	8
45	9
38	10

TABLE 14 – RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California RDH Examination Outline	New Knowledge Statement Number in California RDH Laws and Ethics Examination Outline
57	1
58	2
59	3
54	4
63	5
55	6
51	7
52	8
53	9
56	10
50	11

## CHAPTER 7 | CONCLUSION

The OA of the dental hygienist profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent RDH practice. Results of this OA can be used to ensure that national examinations under consideration for acceptance or already accepted by the Dental Hygiene Board measure content critical to optometry practice in California.

By adopting the Registered Dental Hygienists (RDH) outline contained in this report, the Board ensures that its California RDH Laws and Ethics Examination reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

# APPENDIX A | RESPONDENTS BY REGION

#### LOS ANGELES COUNTY AND VICINITY

<b>County of Practice</b>	<b>Frequency</b>
Los Angeles	237
Orange	137
<b>TOTAL</b>	<b>374</b>

#### NORTH COAST

<b>County of Practice</b>	<b>Frequency</b>
Del Norte	2
Humboldt	4
Mendocino	8
Sonoma	36
<b>TOTAL</b>	<b>50</b>

#### RIVERSIDE AND VICINITY

<b>County of Practice</b>	<b>Frequency</b>
Riverside	53
San Bernardino	59
<b>TOTAL</b>	<b>112</b>

## SACRAMENTO VALLEY

<b>County of Practice</b>	<b>Frequency</b>
Butte	9
Glenn	2
Lake	1
Sacramento	66
Sutter	4
Yolo	8
Yuba	2
<b>TOTAL</b>	<b>92</b>

## SAN DIEGO COUNTY AND VICINITY

<b>County of Practice</b>	<b>Frequency</b>
Imperial	2
San Diego	138
<b>TOTAL</b>	<b>140</b>

## SAN FRANCISCO BAY AREA

<b>County of Practice</b>	<b>Frequency</b>
Alameda	67
Contra Costa	51
Marin	17
Napa	9
San Francisco	36
San Mateo	27
Santa Clara	89
Santa Cruz	26
Solano	18
<b>TOTAL</b>	<b>340</b>

## SAN JOAQUIN VALLEY

<b>County of Practice</b>	<b>Frequency</b>
Fresno	36
Kern	18
Kings	6
Madera	3
Merced	5
San Joaquin	29
Stanislaus	30
Tulare	10
<b>TOTAL</b>	<b>137</b>

## SHASTAAND CASCADE

<b>County of Practice</b>	<b>Frequency</b>
Lassen	4
Plumas	1
Shasta	22
Siskiyou	5
Tehama	6
Trinity	1
<b>TOTAL</b>	<b>39</b>

#### SIERRA MOUNTAIN VALLEY

<b>County of Practice</b>	<b>Frequency</b>
Amador	2
Calaveras	3
El Dorado	11
Mariposa	2
Nevada	9
Placer	43
Tuolumne	5
<b>TOTAL</b>	<b>75</b>

#### SOUTH COAST AND CENTRAL COAST

<b>County of Practice</b>	<b>Frequency</b>
Monterey	14
San Benito	2
San Luis Obispo	20
Santa Barbara	23
Ventura	35
<b>TOTAL</b>	<b>94</b>

#### MISSING

<b>TOTAL</b>	<b>3</b>
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APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

### Content Area 1: Treatment Preparation

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
2	Review patient dental records and medical history.	4.83	4.87	23.68
1	Prepare operatory for dental hygiene treatment.	4.69	4.47	21.19
3	Select instruments, equipment, and materials for dental hygiene treatment.	4.07	4.29	20.72
6	Take patient vital signs.	4.15	4.21	10.96

## Content Area 2: Dental Hygiene Treatment

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
13	Perform oral prophylaxis to remove hard and soft deposits and stains.	4.80	4.59	22.18
32	Maintain instruments to ensure efficient functioning for dental hygiene treatment.	4.55	4.61	21.23
7	Perform visual oral health screening.	4.52	4.52	20.85
8	Complete a comprehensive periodontal assessment.	4.39	4.49	20.14
10	Develop dental hygiene care plan that correlates with findings from periodontal assessment.	4.42	4.44	20.08
18	Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	4.37	4.21	19.20
9	Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	4.13	4.32	18.75
12	Perform nonsurgical periodontal procedures (e.g., scaling, root planing).	4.06	4.53	18.72
11	Modify dental hygiene treatment plan based on current information.	4.20	4.18	18.13
24	Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	4.11	4.30	18.13
19	Apply fluorides and other caries-preventing agents to patients.	3.73	3.66	14.35
14	Administer topical anesthetic to patients.	3.34	3.44	12.12
23	Clean and polish removable appliances.	3.41	3.08	11.34
21	Apply topical, therapeutic, and subgingival agents for the control of caries and periodontal disease.	2.76	3.10	9.92
16	Perform soft tissue curettage under direct supervision of a dentist.	2.55	3.07	9.26

15	Administer nitrous oxide and local anesthetic under direct supervision of a dentist.	2.26	2.91	8.43
17	Perform air polishing to remove supragingival and subgingival biofilm and stain.	1.32	1.42	4.20
20	Take impressions for nondiagnostic cast models.	0.60	0.89	1.20
22	Place ITR after diagnosis by dentist.	0.32	0.63	0.76

*\*Note: Shaded task statement was deleted by SMEs. (See Chapter 4).*

### Content Area 3: Patient Education

<b>Task Number</b>	<b>Task Statement</b>	<b>Mean Frequency</b>	<b>Mean Importance</b>	<b>Task Criticality Index</b>
27	Provide patients with individualized oral hygiene instructions.	4.61	4.49	20.99
26	Communicate assessment findings and dental hygiene care plan to patient.	4.57	4.46	20.74
25	Discuss scheduled dental hygiene treatment with patient.	4.42	4.25	19.27
28	Provide nutritional counseling to improve oral health.	3.24	3.56	12.49

**Content Area 4: Infection Control**

<b>Task Number</b>	<b>Task Statement</b>	<b>Mean Frequency</b>	<b>Mean Importance</b>	<b>Task Criticality Index</b>
30	Adhere to infection control policies and protocols for performing dental hygiene treatment.	4.86	4.93	24.04
5	Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	4.84	4.85	23.63
29	Maintain a safe and clean work environment.	4.83	4.86	23.57
31	Sterilize instruments in accordance with California infection control guidelines.	4.66	4.88	23.12
4	Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	4.48	4.26	19.63

### Content Area 5: Documentation

<b>Task Number</b>	<b>Task Statement</b>	<b>Mean Frequency</b>	<b>Mean Importance</b>	<b>Task Criticality Index</b>
37	Document in patient record the dental services performed.	4.76	4.72	22.77
36	Update patient dental records and medical history, including chief complaints and concerns.	4.67	4.61	21.79
34	Report abnormalities of the oral cavity to the dentist.	4.45	4.65	20.88
33	Document patient oral health status.	4.48	4.47	20.43
35	Document existing and recommended restorative treatment as diagnosed by the dentist.	3.77	3.93	16.34

*\*Note: Shaded task statement was deleted by SMEs. (See Chapter 4).*

**Content Area 6: Laws, Regulations, and Ethics**

<b>Task Number</b>	<b>Task Statement</b>	<b>Mean Frequency</b>	<b>Mean Importance</b>	<b>Task Criticality Index</b>
46	Maintain dental hygiene license according to laws and regulations.	4.78	4.82	23.12
47	Maintain required continuing education units for license renewal.	4.77	4.73	22.65
43	Adhere to laws and regulations regarding professional conduct.	4.78	4.68	22.60
40	Maintain confidentiality of patient records in accordance with laws and regulations.	4.71	4.61	22.10
41	Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	4.73	4.61	22.10
42	Maintain security of patient records in accordance with laws and regulations.	4.38	4.36	20.34
44	Adhere to laws and regulations regarding excessive treatment.	4.32	4.35	20.17
39	Obtain informed consent from patient in accordance with laws and regulations.	3.51	3.88	15.64
45	Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	1.52	4.21	6.87
38	Communicate with other dental professionals using telehealth methods and technology.	1.36	1.80	4.55

APPENDIX C | KNOWLEDGE STATEMENT IMPORTANCE RATINGS

### Content Area 1: Treatment Preparation

Number	Knowledge Statement	Mean Importance
4	Knowledge of instruments, equipment, and materials used for dental hygiene treatment.	4.37
2	Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).	4.30
1	Knowledge of procedures and protocols to prepare and break down operator.	4.30
3	Knowledge of techniques for assessing vital signs.	4.24

## Content Area 2: Dental Hygiene Treatment

Number	Knowledge Statement	Mean Importance
13	Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.	3.75
15	Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.	3.75
21	Knowledge of indications, contraindications, and side effects for administering local anesthesia during dental hygiene treatment.	3.72
8	Knowledge of methods to assess periodontal conditions using clinical and radiographic findings.	3.71
41	Knowledge of methods to maintain the integrity (sharpening or sterilizing) of hand instruments for dental hygiene treatment.	3.68
7	Knowledge of procedures for assessing the oral cavity.	3.64
14	Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.	3.63
16	Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.	3.60
19	Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.	3.60
25	Knowledge of techniques for detecting the presence or absence of biofilm and calculus.	3.50
11	Knowledge of methods to develop dental hygiene care plans to assess patient needs.	3.44
10	Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	3.40
22	Knowledge of procedures to administer nitrous oxide and local anesthetic.	3.38
33	Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).	3.36
17	Knowledge of procedures to administer topical anesthetic.	3.35
27	Knowledge of agents used for the management of periodontal disease.	3.33
18	Knowledge of conditions that require application of topical anesthesia.	3.31
26	Knowledge of application techniques for fluoride and caries-preventing agents.	3.26
20	Knowledge of indications, contraindications, and side effects for administering nitrous oxide during dental hygiene treatment.	3.17
9	Knowledge of techniques for exposing and developing dental radiographs.	3.15
23	Knowledge of soft tissue curettage procedure.	3.05
30	Knowledge of application of agents (e.g., antimicrobials) used for the management of periodontal disease.	3.04
28	Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, ITR).	2.70
12	Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	2.54
32	Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).	2.47

## Content Area 2: Dental Hygiene Treatment, continued

Number	Knowledge Statement	Mean Importance
24	Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.	1.78
31	Knowledge of procedures to place interim therapeutic restorations.	1.20
29	Knowledge of techniques for taking impressions.	1.13

*\*Note: Shaded knowledge statement was deleted by SMEs. (See Chapter 4).*

### Content Area 3: Patient Education

<b>Number</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
37	Knowledge of individualized oral hygiene instructions to address specific patient needs.	3.46
34	Knowledge of methods for communicating a dental hygiene care plan with patient.	3.42
35	Knowledge of instructions for postoperative care.	3.39
36	Knowledge of nutritional counseling related to oral health.	2.90

#### Content Area 4: Infection Control

<b>Number</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
38	Knowledge of standards for infection control.	3.89
39	Knowledge of techniques for disinfecting and sterilizing dental hygiene equipment.	3.87
40	Knowledge of techniques for sterilizing dental hygiene instruments.	3.86
5	Knowledge of standard precautions required to protect patients during dental hygiene treatment.	3.81
6	Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.	3.80

### Content Area 5: Documentation

<b>Number</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
45	Knowledge of basic characteristics of normal and abnormal oral conditions.	3.70
44	Knowledge of different types of periodontal conditions.	3.65
47	Knowledge of methods and protocol for updating patient medical history.	3.61
49	Knowledge of protocol for documenting dental hygiene services performed.	3.61
48	Knowledge of methods and protocol for documenting in patient dental records.	3.39
46	Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.	3.38

### Content Area 6: Laws, Regulations, and Ethics

Number	Knowledge Statement	Mean Importance
57	Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene license.	3.60
59	Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.	3.54
54	Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.	3.53
52	Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	3.43
55	Knowledge of laws and regulations regarding excessive treatment.	3.32
53	Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	3.31
56	Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse or neglect.	3.28
51	Knowledge of laws and regulations related to informed consent.	3.22
58	Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	3.12
50	Knowledge of methods for communicating with health care providers using telehealth.	1.16

APPENDIX D | EMAIL INVITATION TO PRACTITIONERS

## 2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Dear Licensee,

The Dental Hygiene Board of California is requesting your assistance with an important study that will define the entry-level job tasks of the Registered Dental Hygienist (RDH) in California. The results of the study will serve to inform the content of the RDH Licensing Examination in California.

Please complete the questionnaire by July 1, 2019.

Thank you for your participation!

██████████  
California Department of Consumer Affairs  
Office of Professional Examination Services (OPES)  
2420 Del Paso Road, Suite 205, Sacramento, CA 95834  
████████████████████

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APPENDIX E | QUESTIONNAIRE

Occupational Analysis of the Registered Dental Hygienist Profession

**Dear Licensed Registered Dental Hygienist,**

**Thank you for participating in this study of the dental hygiene profession in California, a project of the Dental Hygiene Board of California (Board).**

**The Board is conducting an occupational analysis of the dental hygiene profession. The purpose of the occupational analysis (OA) is to identify the important tasks performed by registered dental hygienists in their current work and the knowledge required to perform those tasks effectively. Results of the OA will be used to ensure that the examinations required for licensure as a registered dental hygienist in California reflect current practice. Your participation in the OA is essential. The Board requires responses from many licensees to achieve representation from different geographic regions of the state and from different work settings.**

**Please take the time to complete the questionnaire as it relates to your current work. Your responses will be kept confidential and will not be tied to your license or any other personal information. Individual responses will be combined with the responses of other dental hygienists and only group data will be analyzed.**

**For your convenience, you do not have to complete the questionnaire in a single session. Before you exit, complete the page that you are on. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. The web link is available 24 hours a day, 7 days a week.**

**To begin the questionnaire, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by July 1, 2019.**

**If you have any questions or need assistance, please contact [REDACTED] at [REDACTED]@dca.ca.gov.**

**The Board welcomes your feedback and appreciates your time!**

Part I - Personal Data

**The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.), and will be used only for the purpose of analyzing the information from this questionnaire.**

\* 1. Are you currently practicing as a California-licensed dental hygienist?

Yes

No

Part I - Personal Data (Continued)

2. How many years have you been practicing in California as a licensed dental hygienist?

- 0 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 or more years

Part I - Personal Data (continued)

3. How many hours per week do you work as a licensed dental hygienist?

- 0 to 10 hours
- 11 to 20 hours
- 21 to 30 hours
- 31 to 40 hours
- 41 or more hours

4. What describes the location of your primary work setting?

- Urban (more than 50,000)
- Rural (50,000 or fewer)

5. How many different offices employ you as a registered dental hygienist?

- One
- Two
- Three or more

6. How would you describe your primary/current work setting?

- General
- Endodontic
- Orthodontic
- Periodontic
- Pedodontic
- Oral surgery
- Other (please specify)

7. What other California licenses or certifications do you hold?

- None
- RDA
- RDAEF
- Periodontal soft tissue curettage
- Administration of local anesthesia
- Administration of nitrous oxide and oxygen
- Other (please specify)

Part I - Personal Data (continued)

8. In what California county do you perform the majority of your work?

- |                                    |                                       |                                     |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda      | <input type="radio"/> Marin           | <input type="radio"/> San Mateo     |
| <input type="radio"/> Alpine       | <input type="radio"/> Mariposa        | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador       | <input type="radio"/> Mendocino       | <input type="radio"/> Santa Clara   |
| <input type="radio"/> Butte        | <input type="radio"/> Merced          | <input type="radio"/> Santa Cruz    |
| <input type="radio"/> Calaveras    | <input type="radio"/> Modoc           | <input type="radio"/> Shasta        |
| <input type="radio"/> Colusa       | <input type="radio"/> Mono            | <input type="radio"/> Sierra        |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey        | <input type="radio"/> Siskiyou      |
| <input type="radio"/> Del Norte    | <input type="radio"/> Napa            | <input type="radio"/> Solano        |
| <input type="radio"/> El Dorado    | <input type="radio"/> Nevada          | <input type="radio"/> Sonoma        |
| <input type="radio"/> Fresno       | <input type="radio"/> Orange          | <input type="radio"/> Stanislaus    |
| <input type="radio"/> Glenn        | <input type="radio"/> Placer          | <input type="radio"/> Sutter        |
| <input type="radio"/> Humboldt     | <input type="radio"/> Plumas          | <input type="radio"/> Tehama        |
| <input type="radio"/> Imperial     | <input type="radio"/> Riverside       | <input type="radio"/> Trinity       |
| <input type="radio"/> Inyo         | <input type="radio"/> Sacramento      | <input type="radio"/> Tulare        |
| <input type="radio"/> Kern         | <input type="radio"/> San Benito      | <input type="radio"/> Tuolumne      |
| <input type="radio"/> Kings        | <input type="radio"/> San Bernardino  | <input type="radio"/> Ventura       |
| <input type="radio"/> Lake         | <input type="radio"/> San Diego       | <input type="radio"/> Yolo          |
| <input type="radio"/> Lassen       | <input type="radio"/> San Francisco   | <input type="radio"/> Yuba          |
| <input type="radio"/> Los Angeles  | <input type="radio"/> San Joaquin     |                                     |
| <input type="radio"/> Madera       | <input type="radio"/> San Luis Obispo |                                     |

Part II - Task Rating Instructions

In this part of the questionnaire, you will be presented with 47 tasks reflecting the nature of dental hygiene practice in California.

Please rate each task as it relates to your current practice.

Your frequency and importance ratings should be separate and independent ratings. Therefore, the ratings that you assign on one rating scale should not influence the ratings that you assign on the other rating scale. For example, you may perform a task frequently, but that task may not be important. Or you may perform a task infrequently, but that task may be very important.

If the task is NOT part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance. Tasks that you perform frequently should be rated high on the frequency scale and tasks that are important to your work as a dental hygienist should be rated high on the importance scale.

Choose the rating that best fits each task.

Please use the scales below to rate the tasks on the following pages.

**FREQUENCY SCALE**

**HOW OFTEN** do you perform this task in your current practice? Consider all of the practice tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

- 0 – DOES NOT APPLY. I do not perform this task in my current practice.
- 1 – RARELY. I perform this task the least often in my current practice relative to other tasks I perform.
- 2 – SELDOM. I perform this task less often than most other tasks I perform in my current practice.
- 3 – REGULARLY. I perform this task as often as other tasks I perform in my current practice.
- 4 – OFTEN. I perform this task more often than most other tasks I perform in my current practice.
- 5 – VERY OFTEN. This task is one of the tasks I perform most often in my current practice relative to other tasks I perform.

**IMPORTANCE SCALE**

**HOW IMPORTANT** is performance of this task for effective performance in your current practice? Consider all of the job tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

- 0 – DOES NOT APPLY. I do not perform this task in my current practice.

- 1 – NOT IMPORTANT. This task is not important for effective performance in my current practice.
- 2 – FAIRLY IMPORTANT. This task is somewhat important for effective performance in my current practice.
- 3 – IMPORTANT. This task is important for effective performance in my current practice.
- 4 – VERY IMPORTANT. This task is very important for effective performance in my current practice.
- 5 – CRITICALLY IMPORTANT. This task is extremely important for effective performance in my current practice.

Part II - Treatment Preparation

9. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
1. Prepare operatory for dental hygiene treatment.	<input type="text"/>	<input type="text"/>
2. Review patient dental records and medical history.	<input type="text"/>	<input type="text"/>
3. Select instruments, equipment, and materials for dental hygiene treatment.	<input type="text"/>	<input type="text"/>
4. Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	<input type="text"/>	<input type="text"/>
5. Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	<input type="text"/>	<input type="text"/>
6. Take patient vital signs.	<input type="text"/>	<input type="text"/>

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part II - Dental Hygiene Treatment

10. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
7. Perform oral health screening.	<input type="text"/>	<input type="text"/>
8. Complete a comprehensive periodontal assessment.	<input type="text"/>	<input type="text"/>
9. Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	<input type="text"/>	<input type="text"/>
10. Develop dental hygiene care plan that correlates with findings from periodontal assessment.	<input type="text"/>	<input type="text"/>
11. Modify dental hygiene treatment plan based on current information.	<input type="text"/>	<input type="text"/>
12. Perform nonsurgical periodontal procedures (e.g., scaling, root planing).	<input type="text"/>	<input type="text"/>
13. Perform oral prophylaxis to remove hard and soft deposits, and stains.	<input type="text"/>	<input type="text"/>
14. Administer topical anesthetic to patients.	<input type="text"/>	<input type="text"/>
15. Administer nitrous oxide and local anesthetic under direct supervision of a dentist.	<input type="text"/>	<input type="text"/>
16. Perform soft tissue curettage under direct supervision of a dentist.	<input type="text"/>	<input type="text"/>
17. Perform air polishing to remove supragingival and subgingival biofilm and stain.	<input type="text"/>	<input type="text"/>
18. Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	<input type="text"/>	<input type="text"/>
19. Apply fluorides and other caries-preventing agents to patients.	<input type="text"/>	<input type="text"/>
20. Take impressions for nondiagnostic cast models.	<input type="text"/>	<input type="text"/>
21. Apply topical, therapeutic, and subgingival agents for the control of caries and periodontal disease.	<input type="text"/>	<input type="text"/>
22. Place interim therapeutic restoration after diagnosis by dentist.	<input type="text"/>	<input type="text"/>
23. Clean and polish removable appliances.	<input type="text"/>	<input type="text"/>
24. Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	<input type="text"/>	<input type="text"/>

Part II - Patient Education

11. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
25. Discuss scheduled dental hygiene treatment with patient.	<input type="text"/>	<input type="text"/>
26. Communicate assessment findings and dental hygiene care plan to patient.	<input type="text"/>	<input type="text"/>
27. Provide instructions to patients for oral hygiene and postoperative care.	<input type="text"/>	<input type="text"/>
28. Provide nutritional counseling to improve oral health.	<input type="text"/>	<input type="text"/>

Part II - Infection Control

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
29. Maintain a safe and clean work environment.	<input type="text"/>	<input type="text"/>
30. Adhere to infection control policies and protocols for performing dental hygiene treatment.	<input type="text"/>	<input type="text"/>
31. Sterilize instruments in accordance with California infection control guidelines.	<input type="text"/>	<input type="text"/>
32. Maintain instruments to ensure efficient functioning for dental hygiene treatment.	<input type="text"/>	<input type="text"/>

Part II - Documentation and Recordkeeping

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
33. Record conditions of the oral cavity.	<input type="text"/>	<input type="text"/>
34. Report abnormalities of the oral cavity to the dentist.	<input type="text"/>	<input type="text"/>
35. Record existing and recommended restorative treatment as diagnosed by the dentist.	<input type="text"/>	<input type="text"/>
36. Update patient dental records and medical history, including chief complaints and concerns.	<input type="text"/>	<input type="text"/>
37. Document in patient record the dental services performed.	<input type="text"/>	<input type="text"/>

Part II - Laws and Regulations

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
38. Communicate with other dental professionals using telehealth methods and technology.	<input type="text"/>	<input type="text"/>
39. Obtain informed consent from patient in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
40. Maintain confidentiality of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
41. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	<input type="text"/>	<input type="text"/>
42. Maintain security of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
43. Adhere to laws and regulations regarding professional conduct.	<input type="text"/>	<input type="text"/>
44. Adhere to laws and regulations regarding excessive treatment.	<input type="text"/>	<input type="text"/>
45. Report reasonable suspicion of child, elder, or dependent adult abuse, or neglect as legally mandated.	<input type="text"/>	<input type="text"/>
46. Maintain dental hygiene license according to laws and regulations.	<input type="text"/>	<input type="text"/>
47. Maintain required continuing education units for license renewal.	<input type="text"/>	<input type="text"/>

Part III - Knowledge Rating Instructions

In this part of the questionnaire, you will be presented with 59 knowledge statements. Please rate each knowledge statement based on how important you feel the knowledge is to the effective performance of your tasks.

If a knowledge is NOT a part of your current practice, rate the statement "0" (zero) importance and go on to the next statement.

Use the following scale to rate each knowledge statement's importance.

**IMPORTANCE SCALE**

HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

0 – DOES NOT APPLY. This knowledge is not required for effective performance of tasks in my current practice.

1 – NOT IMPORTANT. This knowledge is not important for effective performance of tasks in my current practice.

2 – FAIRLY IMPORTANT. This knowledge is somewhat important for effective performance of tasks in my current practice.

3 – IMPORTANT. This knowledge is important for effective performance of tasks in my current practice.

4 – VERY IMPORTANT. This knowledge is very important for effective performance of tasks in my current practice.

5 – CRITICALLY IMPORTANT. This knowledge is extremely important for effective performance of tasks in my current practice.

Part III - Treatment Preparation

15. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
1. Knowledge of procedures and protocols to prepare and break down operator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of techniques for assessing vital signs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knowledge of instruments, equipment, and materials used for dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Knowledge of standard precautions required to protect patients during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part III - Dental Hygiene Treatment

16. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
7. Knowledge of procedures for assessing the oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge of methods to assess periodontal conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of techniques for exposing and developing dental radiographs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Knowledge of procedures to administer topical anesthetic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Knowledge of conditions that require application of topical anesthesia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
20. Knowledge of indications, contraindications, and side effects for administering nitrous oxide during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Knowledge of indications, contraindications, and side effects for administering local anesthesia during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Knowledge of procedures to administer nitrous oxide and local anesthetic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Knowledge of soft tissue curettage procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Knowledge of techniques for detecting the presence or absence of biofilm and calculus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Knowledge of application techniques for fluoride and other caries-preventing agents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Knowledge of agents used for control of caries and periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, ITR).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Knowledge of techniques for taking impressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Knowledge of application of agents used for control of periodontal disease (e.g., antimicrobials).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Knowledge of procedures to place interim therapeutic restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Patient Education

17. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
34. Knowledge of methods for communicating a dental hygiene care plan with patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Knowledge of instructions for post-operative care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Knowledge of nutritional counseling related to oral health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Knowledge of individualized oral hygiene instructions to address specific patient needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Infection Control

18. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
38. Knowledge of standards for infection control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Knowledge of techniques for disinfecting dental hygiene equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Knowledge of techniques for sterilizing dental hygiene instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Knowledge of methods to maintain the integrity (sharpening or sterilizing) of hand instruments for dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Knowledge of procedures for maintaining (i.e., replacing filter) dental hygiene power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Knowledge of protocols to maintain dental hygiene equipment in working condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Documentation and Recordkeeping

19. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
44. Knowledge of different types of periodontal conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Knowledge of basic characteristics of normal and abnormal oral conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Knowledge of methods and protocol for updating patient medical history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Knowledge of methods and protocol for charting patient dental records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Knowledge of protocol for documenting dental hygiene services performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Laws and Regulations

20. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
50. Knowledge of methods for communicating with health care providers using telehealth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Knowledge of laws and regulations related to informed consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Knowledge of laws and regulations regarding excessive treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene license.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU!

**You have completed this questionnaire! Thank you for participating!**

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OCCUPATIONAL ANALYSIS OF  
THE REGISTERED DENTAL HYGIENIST  
IN ALTERNATIVE PRACTICE  
PROFESSION

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

OFFICE OF PROFESSIONAL  
EXAMINATION SERVICES

DENTAL HYGIENE BOARD OF CALIFORNIA

# OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE PROFESSION



September 2019

Heidi Lincer, Ph.D., Chief  
Shana Larrucea, Research Program Specialist



## EXECUTIVE SUMMARY

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the registered dental hygienist in alternative practice (RDHAP) profession in California. The purpose of the OA is to define practice for RDHAPs in terms of the actual tasks that newly licensed RDHAPs must be able to perform safely and effectively at the time of licensure.

OPES test specialists began by researching the profession (e.g., related OA reports, articles, industry publications) and conducting semi-structured telephone interviews with licensed RDHAPs working in locations throughout California. The purpose of these interviews was to identify the tasks performed by RDHAPs and to specify the knowledge required to perform those tasks in a safe and effective manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in the RDHAP profession along with knowledge statements representing the knowledge needed to perform those tasks.

In April 2019, OPES convened a workshop to review and refine the preliminary lists of tasks and knowledge statements derived from the telephone interviews. The workshop was comprised of licensed RDHAPs, or subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs also identified changes and trends in the RDHAP profession, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the tasks and knowledge statements to ensure that all tasks had a related knowledge statement and all knowledge statements had a related task. Additional tasks and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

After completing the April 2019 workshop, OPES test specialists developed a three-part OA questionnaire to be completed by RDHAPs statewide. Development of the OA questionnaire included a pilot study that was conducted using a group of licensed RDHAPs. The feedback from those participants was incorporated into the final questionnaire.

In the first part of the OA questionnaire, RDHAPs were asked to provide demographic information relating to their work settings and practice. In the second part, RDHAPs were asked to rate specific tasks in terms of frequency (i.e., how often the RDHAP performs the task in the RDHAP's current practice) and importance (i.e., how important the task is to effective performance of the RDHAP's current practice). In the third part, RDHAPs were asked to rate specific knowledge statements in terms of how important each knowledge statement is to performance of the RDHAP's current practice.

In June 2019, on behalf of the Board, OPES distributed an email invitation to all 507 licensed RDHAPs in California, inviting them to complete the OA questionnaire online. A total of 88 RDHAPs, or 17.4%, responded by accessing the online OA questionnaire. The final sample size included in the data analysis was 68, or 13.4% of the sampled population. This response rate

reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHAPs in California. Second, questionnaires containing a large volume of incomplete or unresponsive data were removed. The demographic composition of the respondent sample appears to be representative of the licensed RDHAP population in California.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data was analyzed, OPES conducted an additional workshop with SMEs in July 2019. The SMEs evaluated the criticality indices and determined whether any tasks or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and defined those areas. The SMEs then evaluated and confirmed the content area weights of the examination outline. During the July 2019 workshop, the SMEs also determined the content areas and weights for the California RDHAP Laws and Ethics Examination Outline. The examination outline is structured into five content areas.

The examination outline for the RDHAP examination is structured into six content areas weighted by criticality relative to the other content areas. The outline provides a description of the scope of practice for RDHAPs, and it also identifies the tasks and knowledge critical to safe and effective RDHAP practice in California at the time of licensure. Additionally, the examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to RDHAP practice in California.

At this time, California licensure as an RDHAP is granted by meeting educational and experience requirements and by passing the California RDHAP Laws and Ethics Examination.

## OVERVIEW OF THE RDHAP EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1.	Treatment Preparation This area assesses the candidate’s knowledge of preparing equipment and patients for dental hygiene services in alternative settings, including coordinating treatment with other health care professionals.	15
2.	Dental Hygiene Treatment This area assesses the candidate’s knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment in alternative settings.	25
3.	Patient Education This area assesses the candidate’s knowledge of educating patients regarding oral health and individualized oral hygiene instructions.	9
4.	Infection Control This area assesses the candidate’s knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.	10
5.	Documentation This area assesses the candidate’s knowledge of documenting patient oral health status, procedures performed, and updating patient dental and medical records in alternative settings.	11
6.	Laws, Regulations, and Ethics This area assesses the candidate’s knowledge of operating as an RDHAP, submitting claims for services performed, licensing requirements, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.	30
<b>Total</b>		<b>100</b>

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## CHAPTER 1 | INTRODUCTION

### PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the registered dental hygienist in alternative practice (RDHAP) profession in California. The purpose of the OA is to identify critical activities performed by RDHAPs in California and to develop the California RDHAP Laws and Ethics Examination.

### CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by practicing RDHAPs. OPES incorporated the technical expertise of California RDHAPs throughout the OA process to ensure that the identified tasks and knowledge statements directly reflect requirements for performance in the current RDHAP profession.

### PARTICIPATION OF SUBJECT MATTER EXPERTS

The Board selected California RDHAPs to participate as subject matter experts (SMEs) during the phases of the OA. The SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. During the development phase of the OA, the SMEs provided information regarding the different aspects of current dental hygiene practice. The SMEs also provided technical expertise during the workshop that was convened to evaluate and refine the content of tasks and knowledge statements before administration of the OA questionnaire. After the administration of the OA questionnaire, OPES convened an additional group of SMEs to review the results and finalize the examination outline, which ultimately provides the basis of the description of practice.

### ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as professional guidelines and technical standards. For the purpose of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code section 12944.

- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure examination to meet these standards, it must be solidly based upon RDHAP activities required for practice.

## DESCRIPTION OF OCCUPATION

The RDHAP occupation is described as follows in sections 1907, 1908, 1910, and 1926 of the California Business and Professions Code:

Section 1907:

- (a) All functions that may be performed by a registered dental assistant.

Section 1908:

- (a) The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.

Section 1910: A registered dental hygienist is authorized to perform the following procedures under general supervision:

- (a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
- (b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.

Section 1926: A registered dental hygienist in alternative practice may perform the duties authorized pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, and subdivisions (a) and (b) of Section 1910 in the following settings:

- (a) Residences of the homebound.
- (b) Schools.
- (c) Residential facilities and other institutions.
- (d) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

## CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

### SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of RDHAPs to contact for telephone interviews. During the semi-structured interviews, six SMEs were asked to identify all of the activities they perform that are specific to the RDHAP profession. The SMEs outlined major content areas of their practice and confirmed the tasks performed in each content area. The SMEs were also asked to identify the knowledge necessary to perform each task safely and competently.

### TASKS AND KNOWLEDGE STATEMENTS

To develop tasks and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., related OA reports, articles, industry publications) and from interviews with SMEs.

In April 2019, OPES test specialists facilitated a workshop with eight SMEs from diverse backgrounds (i.e., years licensed, specialty, and practice location) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness. The SMEs also assigned each statement to a content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the tasks and knowledge statements to ensure that every task had a related knowledge statement and every knowledge statement had a related task. The SMEs also verified proposed demographic questions for the OA questionnaire, including questions regarding scope of practice and practice setting.

Once the lists of task and knowledge statements and the demographic questions were verified, OPES used this information to develop an online questionnaire that was sent to California RDHAPs for RDHAPs to complete.

## QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit RDHAPs' ratings of the tasks and knowledge statements. The surveyed RDHAPs were instructed to rate each task in terms of how often they perform the task (Frequency) and in terms of how important the task is to effective performance of their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important that specific knowledge is to performance of their current practice (Importance). The OA questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The OA questionnaire can be found in Appendix E.

## PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to seven SMEs who had participated in the tasks and knowledge statement development workshop. OPES received feedback to the pilot study from five respondents. The respondents reviewed the tasks and knowledge statements, provided the estimated time for completion, and reviewed the online navigation and ease of use of the questionnaire. OPES used this feedback to develop the final questionnaire.

## CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

### SAMPLING STRATEGY AND RESPONSE RATE

In June 2019, on behalf of the Board, OPES sent emails to all 507 licensed RDHAPs in California inviting them to complete the OA questionnaire online. The email invitation can be found in Appendix D.

Of the 507 RDHAPs in the sample group, 88 licensed RDHAPs, or 17.4 percent responded by accessing the online questionnaire. The final sample size included in the data analysis was 68, or 13.4 percent of the population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHAPs in California. Second, questionnaires containing a large volume of missing or unresponsive data were also excluded. The respondent sample appears to be representative of the population of California RDHAPs based on the sample's demographic composition.

### DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, 41.2% of the respondents included in the analysis reported having been licensed for 5 years or less, 29.4% for 6-10 years, 22.1% for 11-15 years, and 7.4% for more than 16 years.

As shown in Table 2 and Figure 2, 61.8% reported working 1 to 10 hours per week, 13.2% reported working 11 to 20 hours per week, 11.8% reported working 31 to 40 hours per week, 10.3% reported working 21 to 30 hours per week, and 2.9% of the respondents reported working 41 or more hours per week,

As shown in Table 4 and Figure 4, 51.5% of the respondents reported being employed by one dental office, 17.6% reported being employed by three or more dental offices, 8.8% reported being employed by two dental offices, and 22.1% reported operating a mobile site.

When asked to indicate their primary practice setting, 45.6% of the respondents reported general dentistry, 26.5% reported working in public health, 16.2% reported geriatrics, 5.9% reported periodontics dentistry, and 5.9% reported working in skilled nursing facilities (see Table 5 and Figure 5).

More detailed demographic information from respondents can be found in Tables 1-6 and Figures 1-6.

TABLE 1 – NUMBER OF YEARS LICENSED AS AN RDHAP

YEARS	NUMBER (N)	PERCENT
0 to 5 years	28	41.2
6 to 10 years	20	29.4
11 to 15 years	15	22.1
More than 16 years	5	7.4
Total	68	100*

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN RDHAP

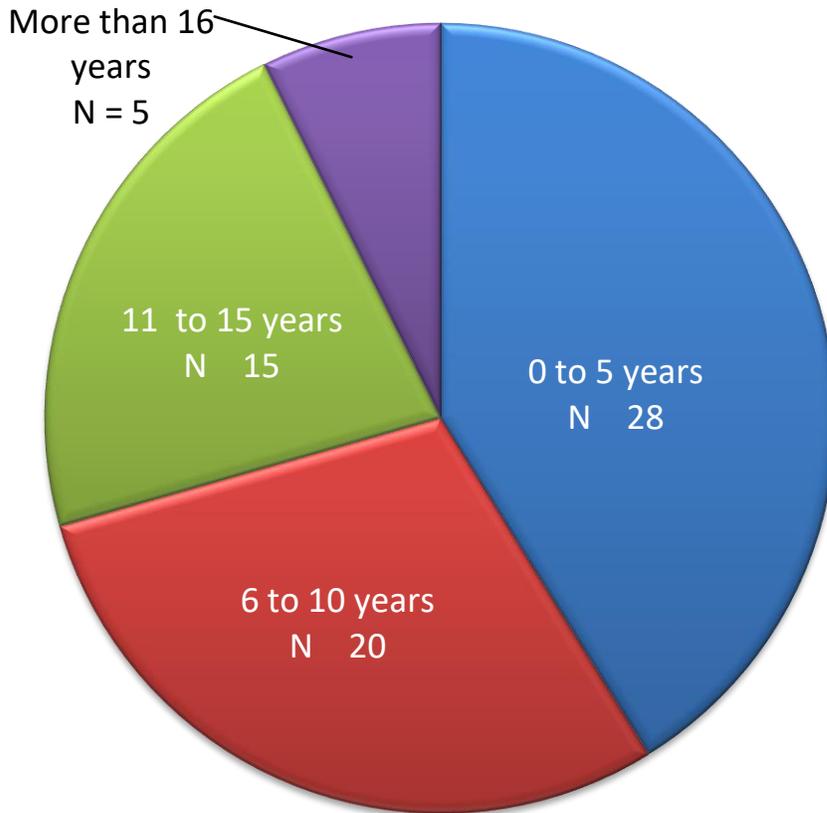


TABLE 2 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
1 to 10	42	61.8
11 to 20	9	13.2
21 to 30	7	10.3
31 to 40	8	11.8
More than 40 hours	2	2.9
Total	1,456	100

FIGURE 2 – HOURS WORKED PER WEEK

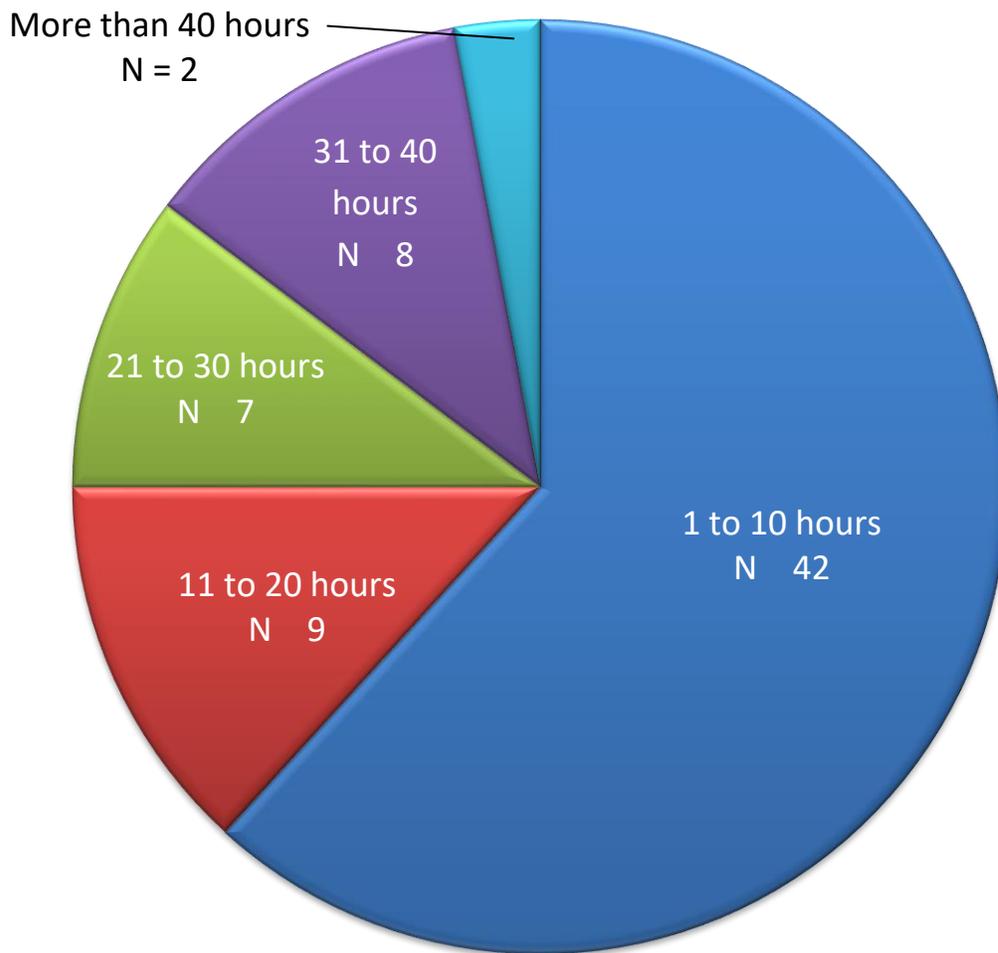


TABLE 3 – LOCATION OF WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	53	77.9
Rural (fewer than 50,000 people)	15	22.1
Total	68	100

TABLE 4 – NUMBER OF OFFICES IN WHICH RDHAP IS EMPLOYED

YEARS	NUMBER (N)	PERCENT
1	35	51.5
2	6	8.8
3 or more	12	17.6
Mobile site	15	22.1
Total	68	100

FIGURE 3 – NUMBER OF OFFICES IN WHICH RDHAP IS EMPLOYED

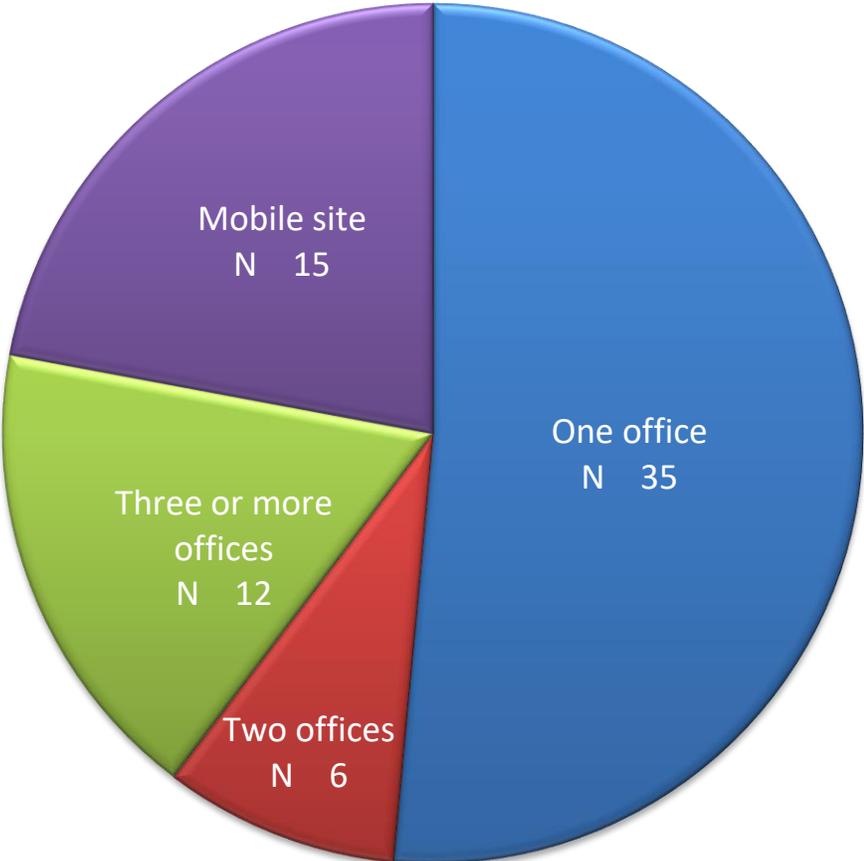


TABLE 5 – PRIMARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT
General	31	45.6
Geriatric	11	16.2
Periodontics	4	5.9
Skilled nursing facility	4	5.9
Public health	18	26.5
Total	68	100*

\*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – PRIMARY PRACTICE SETTING

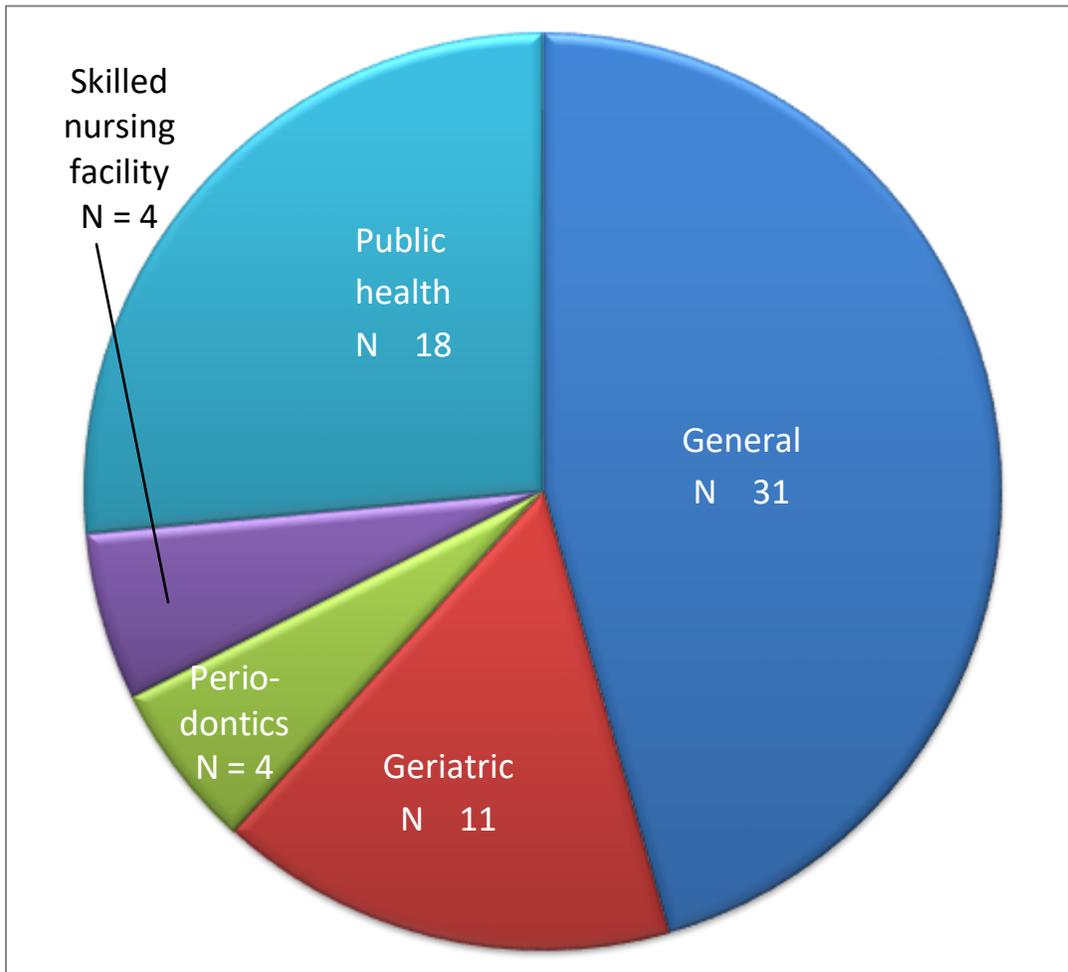
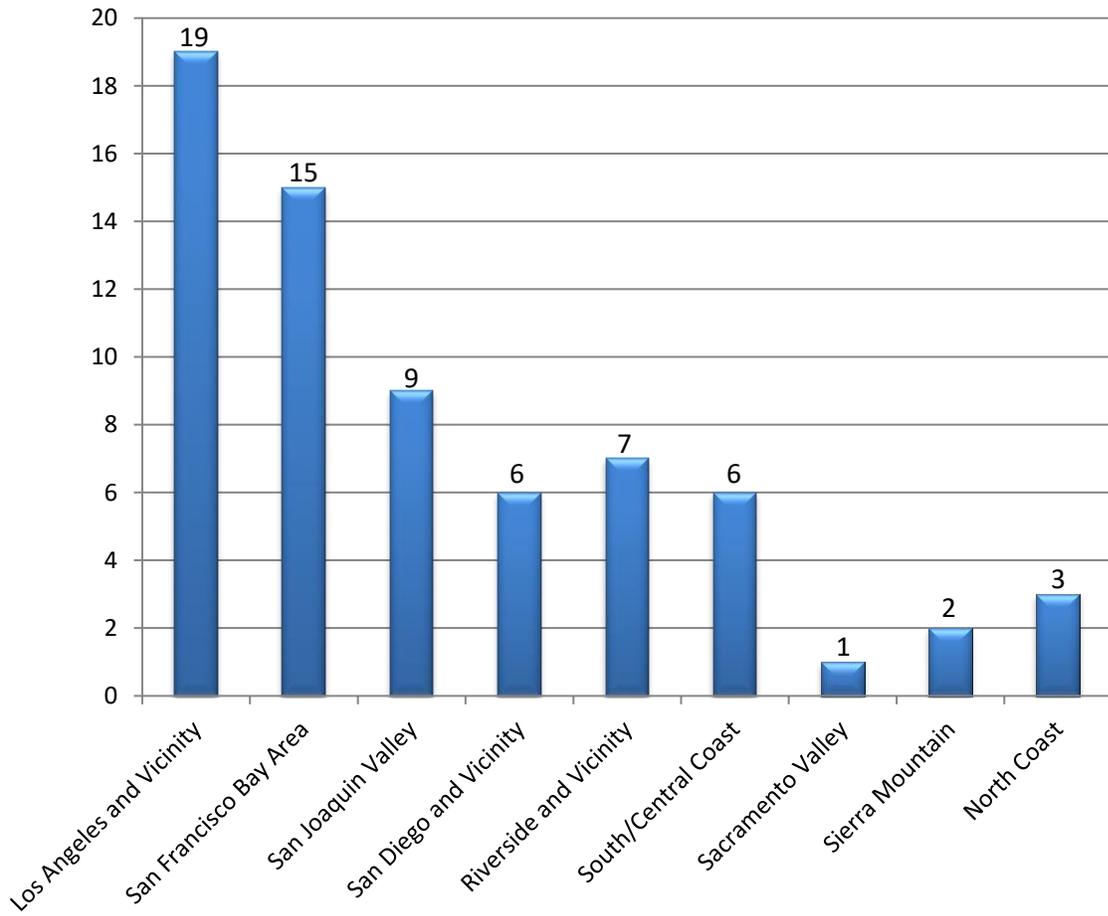


TABLE 6 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	19	27.9
San Francisco Bay Area	15	22.1
San Joaquin Valley	9	13.2
San Diego County and Vicinity	6	8.8
Riverside and Vicinity	7	10.3
South Coast and Central Coast	6	8.8
Sacramento Valley	1	1.5
Sierra Mountain	2	2.9
North Coast	3	4.4
Total	68	100.0

Appendix A shows a more detailed breakdown of the frequencies by region.

FIGURE 5 – RESPONDENTS BY REGION



## CHAPTER 4 | DATA ANALYSIS AND RESULTS

### RELIABILITY OF RATINGS

OPES evaluated the task and knowledge statement ratings using a standard index of reliability, coefficient alpha ( $\alpha$ ), that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 7 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (frequency  $\alpha = .952$ ; importance  $\alpha = .942$ ). Table 8 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were also highly reliable ( $\alpha = .974$ ). These results indicate that the responding RDHAPs rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 7 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	$\alpha$ FREQUENCY	$\alpha$ IMPORTANCE
1. Treatment Preparation	7	.893	.762
2. Dental Hygiene Treatment	17	.879	.912
3. Patient Education	4	.928	.855
4. Infection Control	4	.948	.918
5. Documentation	5	.833	.681
6. Laws, Regulations, and Ethics	16	.869	.829
Total	53	.952*	.942*

*\*NOTE: The total shown is not the sum of the individual content area rating of task frequency and importance but rather the overall rating of task frequency and task importance.*

TABLE 8 – KNOWLEDGE STATEMENT SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. Treatment Preparation	6	.862
2. Dental Hygiene Treatment	25	.933
3. Patient Education	4	.938
4. Infection Control	6	.837
5. Documentation	6	.925
6. Laws, Regulations, and Ethics	16	.933
Total	63	.974*

\*NOTE: The total shown is not the sum of the individual content area rating of task frequency and importance but rather the overall rating of task frequency and task importance.

## TASK CRITICALITY INDICES

In July 2019, OPES convened a workshop consisting of five SMEs. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and effective dental hygiene practice at the time of licensure. The SMEs reviewed the mean frequency, mean importance, and criticality index for each task. They also reviewed the mean importance rating for each knowledge statement.

To calculate the criticality indices of the task statements, OPES test specialists used the following formula below. For each respondent, the frequency rating (Fi) and the importance rating (Ii) were multiplied for each task. Next, the multiplication products were averaged across respondents as shown below.

$$\text{Task criticality index} = \text{mean} [(Fi) \times (Ii)]$$

The tasks were sorted in descending order by criticality index and by content area. The tasks, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

The SMEs who participated in the July 2019 workshop evaluated the task criticality indices derived from the questionnaire results. OPES test specialists instructed the SMEs to identify a cutoff value to determine if any of the tasks did not have a high enough criticality index to be retained. Based on their review, the SMEs determined that two tasks should be deleted from the content outline (T17 and T20). The SMEs determined that task T34 should also be deleted from the content outline because it was very similar to another task. These task statements are identified in Appendix B.

Additionally, the SMEs determined that three tasks (T54, T55, T56) should be added. These tasks were added to provide linkages with three knowledge statements.

## KNOWLEDGE IMPORTANCE RATINGS

To determine the criticality of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings, sorted by descending order of mean importance and grouped by content area, are presented in Appendix C.

The SMEs who participated in the July 2019 workshop that evaluated the task criticality indices also reviewed the knowledge statement mean importance ratings. Based on their review, the SMEs determined that two knowledge statements should be deleted from the content outline (K22 and K27). The eliminated knowledge statements are identified in Appendix C. The exclusion of a knowledge statement from the examination outline does not mean that the knowledge is not used in dental hygiene practice; it means that the SMEs determined that the knowledge was not critical for testing relative to other knowledge within the RDHAP scope of practice.

Additionally, SMEs determined that two knowledge statements (K64, and K65) should be added to further clarify knowledge statements that included multiple subjects.

## CHAPTER 5 | EXAMINATION OUTLINE

### TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the July 2019 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas developed in the April 2019 workshop. The SMEs established the final linkage of specific knowledge statements to task statements. The SMEs reviewed the content areas and wrote descriptions for each content area.

### CONTENT AREAS AND WEIGHTS

The SMEs in the July 2019 workshop were also asked to finalize the weights for content areas on the RDHAP examination outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\textit{Sum of Criticality Indices for Tasks in Content Area}}{\textit{Sum of Criticality Indices for All Tasks}} = \textit{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the following elements for each content area: the group of tasks and knowledge statements, the linkage established between the tasks and knowledge statements, and the relative importance of the tasks to the RDHAP profession in California. The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to the RDHAP profession in California. A summary of the preliminary and final content area weights for the RDHAP examination outline is presented in Table 9.

TABLE 9 – CONTENT AREA WEIGHTS

<b>CONTENT AREA</b>	<b>Percent Preliminary Weights</b>	<b>Percent Final Weights</b>
1. Treatment Preparation	15	15
2. Dental Hygiene Treatment	25	25
3. Patient Education	9	9
4. Infection Control	10	10
5. Documentation	11	11
6. Laws, Regulations, and Ethics	30	30
Total	100	100

The examination outline for the RDHAP profession is presented in Table 10.

TABLE 10 – EXAMINATION OUTLINE: RDHAP

1. Treatment Preparation (15%) - This area assesses the candidate's knowledge of preparing equipment and patients for dental hygiene services in alternative settings, including coordinating treatment with other health care professionals.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T1. Prepare operatory for dental hygiene treatment.	K1. Knowledge of procedures and protocols to prepare and breakdown operatory.
T2. Review patient dental records and medical history.	K2. Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).
T3. Select instruments, equipment, and materials for dental hygiene treatment.	K4. Knowledge of instruments, equipment, and materials used for dental hygiene treatment.
T6. Coordinate treatment and referral with dentist and other health care professionals.	K21. Knowledge of procedures needed for practicing dental hygiene treatment outside of a dental office.
T7. Take patient vital signs.	K3. Knowledge of techniques for assessing vital signs.

2. Dental Hygiene Treatment (25%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment in alternative settings.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T8. Perform visual oral health screening.	K7. Knowledge of procedures for assessing the oral cavity. K8. Knowledge of assessing periodontal conditions using clinical and radiographic findings.
T9. Complete a comprehensive periodontal assessment.	K7. Knowledge of procedures for assessing the oral cavity. K8. Knowledge of assessing periodontal conditions using clinical and radiographic findings.
T10. Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	K9. Knowledge of techniques for exposing and developing dental radiographs.
T11. Develop dental hygiene care plan that correlates with findings from periodontal assessment.	K10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment. K11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.
T12. Modify dental hygiene treatment plan based on current information.	K10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment. K11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.
T13. Provide dental hygiene services in settings outside of a dental office.	K20. Knowledge of work conditions necessary to provide dental hygiene treatment outside of a dental office.
T14. Perform non-surgical periodontal procedures (e.g., scaling, root planing).	K13. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments. K14. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.
T15. Perform oral prophylaxis to remove hard and soft deposits, and stains.	K15. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments. K16. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.

2. Dental Hygiene Treatment (25%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment in alternative settings.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T16. Administer topical anesthetic to patients.	K17. Knowledge of procedures to administer topical anesthetic. K18. Knowledge of conditions that require application of topical anesthesia. K19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.
T18. Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	K23. Knowledge of techniques for detecting the presence or absence of biofilm and calculus.
T19. Apply fluorides and other caries-preventing agents to patients.	K24. Knowledge of application techniques for fluoride and caries-preventing agents. K26. Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, interim therapeutic restorations). K64. Knowledge of agents used for control of caries.
T21. Apply topical, therapeutic, and subgingival agents for the management of periodontal disease.	K25. Knowledge of agents used for the management of periodontal disease. K28. Knowledge of application of agents (e.g., antimicrobials) used for the management of periodontal disease.
T22. Place interim therapeutic restoration after diagnosis by dentist.	K29. Knowledge of procedures to place ITRs.
T23. Clean and polish removable appliances.	K30. Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).
T24. Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	K31. Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).
T32. Maintain hand instruments for dental hygiene treatment.	K41. Knowledge of sharpening techniques of hand instruments.
T54. Remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	K12. Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.

3. Patient Education (9%) - This area assesses the candidate's knowledge of educating patients regarding oral health and individualized oral hygiene instructions.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T25. Discuss scheduled dental hygiene treatment with patient.	K32. Knowledge of methods for communicating a dental hygiene care plan with patient.
T26. Communicate assessment findings and dental hygiene care plan to patient.	K32. Knowledge of methods for communicating a dental hygiene care plan with patient. K35. Knowledge of individualized oral hygiene instructions to address specific patient needs.
T27. Provide patients with individualized oral hygiene instructions.	K35. Knowledge of individualized oral hygiene instructions to address specific patient needs.
T28. Provide nutritional counseling to improve oral health.	K34. Knowledge of nutritional counseling related to oral health.
T55. Provide postoperative care instructions to patients.	K33. Knowledge of instructions for postoperative care.

4. Infection Control (10%) - This area assesses the candidate's knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T4. Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	K5. Knowledge of standard precautions required to protect patients during dental hygiene treatment.
T5. Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	K5. Knowledge of standard precautions required to protect patients during dental hygiene treatment. K6. Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.
T29. Maintain a safe and clean work environment.	K65. Knowledge of Cal/OSHA laws and regulations pertaining to dental settings.
T30. Adhere to infection control policies and protocols for performing dental hygiene treatment.	K36. Knowledge of standards for infection control.
T31. Sterilize instruments in accordance with California infection control guidelines.	K38. Knowledge of techniques for sterilizing dental hygiene instruments.
T56. Disinfect or sterilize equipment in accordance with California infection control guidelines.	K37. Knowledge of techniques for disinfecting and sterilizing dental hygiene equipment.

5.Documentation (11%) - This area assesses the candidate’s knowledge of documenting patient oral health status, procedures performed, and updating patient dental and medical records in alternative settings.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T33. Document patient oral health status.	K42. Knowledge of different types of periodontal conditions. K43. Knowledge of basic characteristics of normal and abnormal oral conditions. K44. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.
T35. Document existing and recommended restorative treatment as diagnosed by the dentist.	K44. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist. K46. Knowledge of methods and protocol for documenting in patient dental records.
T36. Update patient dental records and medical history, including chief complaints and concerns.	K45. Knowledge of methods and protocol for updating patient medical history. K46. Knowledge of methods and protocol for documenting in patient dental records.
T37. Document in patient records the dental services performed.	K47. Knowledge of protocol for documenting dental hygiene services performed.

6. Laws, Regulations, and Ethics (30%) - This area assesses the candidate's knowledge of operating as an RDHAP, submitting claims for services performed, licensing requirements, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T38. Communicate with other dental professionals using telehealth methods and technology.	K48. Knowledge of methods for communicating with health care providers using telehealth. K50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K51. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T39. Obtain written prescription by dental provider for dental hygiene treatment within 18 months of patient care.	K63. Knowledge of laws and regulations regarding written prescriptions from medical and dental providers.
T40. Obtain informed consent from patient in accordance with laws and regulations.	K49. Knowledge of laws and regulations related to informed consent.
T41. Maintain confidentiality of patient records in accordance with laws and regulations.	K50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.
T42. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	K50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K51. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T43. Maintain security of patient records in accordance with laws and regulations.	K50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K51. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T44. Adhere to laws and regulations regarding professional conduct.	K52. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.
T45. Adhere to laws and regulations regarding excessive treatment.	K52. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting. K53. Knowledge of laws and regulations regarding excessive treatment.
T46. Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	K54. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.
T47. Maintain dental hygiene in alternative practice license according to laws and regulations.	K55. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene in alternative practice license. K56. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.

6. Laws, Regulations, and Ethics (30%) - This area assesses the candidate's knowledge of operating as an RDHAP, submitting claims for services performed, licensing requirements, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T48. Maintain required continuing education units for license renewal.	K57. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.
T49. Submit claims to third party providers for dental hygiene services performed.	K59. Knowledge of documentation required to submit claims to third party providers for dental hygiene services performed.
T50. Employ an RDHAP or DA to assist in practice.	K62. Knowledge of laws and regulations related to managing dental hygiene in alternative practice businesses.
T51. Operate a mobile dental hygiene clinic registered as a dental hygiene office or facility.	K62. Knowledge of laws and regulations related to managing dental hygiene in alternative practice businesses.
T52. Adhere to regulations regarding billing, billing codes, and documentation.	K60. Knowledge of procedures for receiving insurance reimbursements. K61. Knowledge of laws and regulations regarding discounted fees and services.
T53. Own and manage an RDHAP business in accordance with laws and regulations.	K62. Knowledge of laws and regulations related to managing an RDHAP business.

## CHAPTER 6 | CALIFORNIA REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE LAWS AND ETHICS EXAMINATION OUTLINE

At this time, California licensure as an RDHAP is granted to RDHs who have completed the requisite RDHAP education and experience and passed the California RDHAP Laws and Ethics Examination.

The SMEs who participated in the July 2019 workshop were asked to develop a new examination outline for the California RDHAP Laws and Ethics Examination by identifying the tasks and knowledge that they believed were California-specific. The SMEs determined that all task and knowledge statements within the Laws, Regulations, and Ethics content area should remain in the examination outline for the California RDHAP Laws and Ethics Examination.

### CONTENT AREAS AND WEIGHTS

In July 2019, OPES facilitated a workshop with five SMEs. Before the workshop, OPES organized the tasks and knowledge statements from the preliminary California RDHAP Laws and Ethics Examination Outline into a proposed examination outline with five content areas. The SMEs determined the final content area names, descriptions, and content area weights. After the examination outline was finalized, OPES renumbered the tasks and knowledge statements. The final examination outline for the California RDHAP Laws and Ethics Examination consists of five content areas and is presented in Table 11. Tables 12 and 13 provide a conversion chart indicating the new tasks and knowledge statement numbers in the California RDHAP Laws and Ethics Examination Outline and the original tasks and knowledge statement numbers in the California RDHAP Examination Outline.

TABLE 11 – EXAMINATION OUTLINE FOR THE CALIFORNIA RDHAP LAWS AND ETHICS EXAMINATION

1. Licensing Requirements (30%) - This area assesses the candidate’s knowledge of the California laws and regulations governing the RDHAP’s license maintenance.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T1. Maintain RDHAP license according to laws and regulations.	K1. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California RDHAP license. K2. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.
T2. Maintain required continuing education units for license renewal.	K3. Knowledge of laws and regulations regarding continuing education requirements to maintain an RDHAP license.

2. Professional Conduct (16%) - This area assesses the candidate's knowledge of the California laws and regulations governing RDHAP professional conduct.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T3. Adhere to laws and regulations regarding professional conduct.	K4. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.
T4. Adhere to laws and regulations regarding excessive treatment.	K4. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting. K5. Knowledge of laws and regulations regarding excessive treatment.

3. Patient Confidentiality (10%) - This area assesses the candidate's knowledge of the California laws and regulations governing patient confidentiality.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T5. Communicate with other dental professionals using telehealth methods and technology.	K6. Knowledge of methods for communicating with health care providers using telehealth. K7. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K8. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T6. Obtain informed consent from patient in accordance with laws and regulations.	K9. Knowledge of laws and regulations related to informed consent.
T7. Maintain confidentiality of patient records in accordance with laws and regulations.	K7. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.
T8. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	K7. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K8. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T9. Maintain security of patient records in accordance with laws and regulations.	K7. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K8. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.

4. Mandated Reporting (4%) - This area assesses the candidate's knowledge of the California laws and regulations governing mandated reporting.

<i>Task</i>	<i>Associated Knowledge Statement</i>
T10. Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	K10. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.

5. Practice Management (40%) - This area assesses the candidate's knowledge of the California laws and regulations governing the management of an RDHAP business.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T11. Obtain written prescription by dental provider for dental hygiene treatment within 18 months of patient care.	K11. Knowledge of laws and regulations regarding written prescriptions from medical and dental providers.
T12. Submit claims to third party providers for dental hygiene services performed.	K12. Knowledge of documentation required to submit claims to third party providers for dental hygiene services performed.
T13. Employ an RDHAP or DA to assist in practice.	K13. Knowledge of laws and regulations related to managing RDHAP businesses.
T14. Operate a mobile dental hygiene clinic registered as a dental hygiene office or facility.	K13. Knowledge of laws and regulations related to managing RDHAP businesses.
T15. Adhere to regulations regarding billing, billing codes, and documentation.	K14. Knowledge of procedures for receiving insurance reimbursements.
	K15. Knowledge of laws and regulations regarding discounted fees and services.
T16. Own and manage an RDHAP business in accordance with laws and regulations.	K13. Knowledge of laws and regulations related to managing RDHAP businesses.

TABLE 12 – RENUMBERING OF TASK STATEMENTS

Original Task Number in California RDHAP Examination Outline	New Task Number in California RDHAP Laws and Ethics Examination Outline
47	1
48	2
44	3
45	4
38	5
40	6
41	7
42	8
43	9
46	10
39	11
49	12
50	13
51	14
52	15
53	16

TABLE 13 – RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California RDHAP Examination Outline	New Knowledge Statement Number in California RDHAP Laws and Ethics Examination Outline
55	1
56	2
57	3
52	4
53	5
48	6
50	7
51	8
49	9
54	10
63	11
59	12
62	13
60	14
61	15

## CHAPTER 7 | CONCLUSION

The OA of the RDHAP profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent the RDHAP profession. Results of this OA can be used to ensure that national examinations under consideration for acceptance or already accepted by the Dental Hygiene Board (Board) measure critical RDHAP content.

By adopting the RDHAP Laws and Ethics Examination Outline contained in this report, the Board ensures that the RDHAP Laws and Ethics Examination reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

# APPENDIX A | RESPONDENTS BY REGION

## LOS ANGELES COUNTY AND VICINITY

<b>County of Practice</b>	<b>Frequency</b>
Los Angeles	15
Orange	4
<b>TOTAL</b>	<b>19</b>

## NORTH COAST

<b>County of Practice</b>	<b>Frequency</b>
Mendocino	2
Sonoma	1
<b>TOTAL</b>	<b>3</b>

## RIVERSIDE AND VICINITY

<b>County of Practice</b>	<b>Frequency</b>
Riverside	1
San Bernardino	6
<b>TOTAL</b>	<b>7</b>

## SACRAMENTO VALLEY

<b>County of Practice</b>	<b>Frequency</b>
Yolo	1
TOTAL	1

## SAN DIEGO COUNTY AND VICINITY

<b>County of Practice</b>	<b>Frequency</b>
Imperial	1
San Diego	5
TOTAL	6

## SAN FRANCISCO BAY AREA

<b>County of Practice</b>	<b>Frequency</b>
Alameda	1
Contra Costa	2
Marin	6
San Francisco	1
Santa Clara	5
TOTAL	15

## SAN JOAQUIN VALLEY

<b>County of Practice</b>	<b>Frequency</b>
Fresno	2
Kern	2
Merced	2
San Joaquin	1
Stanislaus	2
TOTAL	9

## SIERRA MOUNTAIN VALLEY

<b>County of Practice</b>	<b>Frequency</b>
Placer	1
Tuolumne	1
TOTAL	2

## SOUTH COAST AND CENTRAL COAST

<b>County of Practice</b>	<b>Frequency</b>
San Luis Obispo	3
Ventura	3
TOTAL	6

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT  
AREA

### Content Area 1: Treatment Preparation

<b>Task Number</b>	<b>Task Statement</b>	<b>Mean Frequency</b>	<b>Mean Importance</b>	<b>Task Criticality Index</b>
2	Review patient dental records and medical history.	4.57	4.86	22.21
3	Select instruments, equipment, and materials for dental hygiene treatment.	4.26	4.13	18.46
6	Coordinate treatment and referral with dentist and other health care professionals.	4.09	4.27	18.25
1	Prepare operatory for dental hygiene treatment.	3.88	3.86	17.02
7	Take patient vital signs.	2.97	3.46	12.72

## Content Area 2: Dental Hygiene Treatment

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
32	Maintain instruments to ensure efficient functioning for dental hygiene treatment.	4.41	4.38	20.76
8	Perform visual oral health screening.	4.48	4.38	20.08
15	Perform oral prophylaxis to remove hard and soft deposits, and stains.	4.29	4.31	19.10
11	Develop dental hygiene care plan that correlates with findings from periodontal assessment.	4.02	3.88	17.32
24	Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	3.93	4.04	17.02
19	Apply fluorides and other caries-preventing agents to patients.	3.97	3.94	16.87
18	Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	3.97	3.77	16.08
12	Modify dental hygiene treatment plan based on current information.	3.88	3.71	15.92
9	Complete a comprehensive periodontal assessment.	3.72	3.75	15.62
14	Perform nonsurgical periodontal procedures (e.g., scaling, root planing).	3.47	3.98	15.23
13	Provide dental hygiene services in settings outside of a dental office.	3.58	3.96	15.19
21	Apply topical, therapeutic, and subgingival agents for the control of caries and periodontal disease.	2.86	3.29	11.55
23	Clean and polish removable appliances.	3.02	3.15	10.71
16	Administer topical anesthetic to patients.	2.66	2.77	9.40
10	Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	1.97	2.66	7.59
22	Place interim therapeutic restoration after diagnosis by dentist.	0.59	1.63	2.14
17	Perform air polishing to remove supragingival and subgingival biofilm and stain.	0.68	0.94	1.57
20	Take impressions for nondiagnostic cast models.	0.25	0.85	0.42

*\*Note: Shaded tasks deleted by SMEs. (See Chapter 4).*

### Content Area 3: Patient Education

<b>Task Number</b>	<b>Task Statement</b>	<b>Mean Frequency</b>	<b>Mean Importance</b>	<b>Task Criticality Index</b>
27	Provide patients with individualized oral hygiene instructions.	4.14	4.12	18.53
26	Communicate assessment findings and dental hygiene care plan to patient.	4.16	4.25	18.16
25	Discuss scheduled dental hygiene treatment with patient.	3.89	4.12	16.59
28	Provide nutritional counseling to improve oral health.	3.66	3.82	15.52

### Content Area 4: Infection Control

<b>Task Number</b>	<b>Task Statement</b>	<b>Mean Frequency</b>	<b>Mean Importance</b>	<b>Task Criticality Index</b>
30	Adhere to infection control policies and protocols for performing dental hygiene treatment.	4.61	4.76	22.66
29	Maintain a safe and clean work environment.	4.63	4.72	22.60
5	Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	4.54	4.73	21.89
31	Sterilize instruments in accordance with California infection control guidelines.	4.36	4.48	21.45
4	Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	4.03	4.32	18.72

**Content Area 5: Documentation**

<b>Task Number</b>	<b>Task Statement</b>	<b>Mean Frequency</b>	<b>Mean Importance</b>	<b>Task Criticality Index</b>
37	Document in patient record the dental services performed.	4.63	4.62	21.72
33	Document patient oral health status.	4.48	4.48	20.12
34	Report abnormalities of the oral cavity to the dentist.	4.25	4.54	19.82
36	Update patient dental records and medical history, including chief complaints and concerns.	4.07	4.22	18.96
35	Document existing and recommended restorative treatment as diagnosed by the dentist.	2.89	3.02	12.10

*\*Note: Shaded task deleted by SMEs. (See Chapter 4).*

**Content Area 6: Laws, Regulations, and Ethics**

<b>Task Number</b>	<b>Task Statement</b>	<b>Mean Frequency</b>	<b>Mean Importance</b>	<b>Task Criticality Index</b>
44	Adhere to laws and regulations regarding professional conduct.	4.73	4.82	22.91
48	Maintain required continuing education units for license renewal.	4.71	4.87	22.78
47	Maintain an RDHAP license according to laws and regulations.	4.69	4.87	22.73
42	Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	4.67	4.76	22.31
41	Maintain confidentiality of patient records in accordance with laws and regulations.	4.59	4.77	22.05
43	Maintain security of patient records in accordance with laws and regulations.	4.59	4.69	21.58
40	Obtain informed consent from patient in accordance with laws and regulations.	4.47	4.62	20.82
45	Adhere to laws and regulations regarding excessive treatment.	4.35	4.36	20.62
52	Adhere to laws and regulations regarding billing, billing codes, and documentation.	3.43	3.75	15.57
53	Own and manage an RDHAP business in accordance with laws and regulations.	3.39	3.49	15.57
39	Obtain written prescription by dental provider for dental hygiene treatment within 18 months of patient care.	3.73	3.67	15.13
46	Report reasonable suspicion of child, elder, or dependent adult abuse, or neglect as legally mandated.	2.27	4.69	10.09
49	Submit claims to third party providers for dental hygiene services performed.	1.94	2.27	6.83
51	Operate a mobile dental hygiene clinic registered as a dental hygiene office or facility.	1.49	1.91	6.22
38	Communicate with other dental professionals using telehealth methods and technology.	1.43	1.73	5.11
50	Employ an RDHAP or DA to assist in practice.	0.59	0.82	2.37

APPENDIX C | KNOWLEDGE IMPORTANCE RATINGS

### Content Area 1: Treatment Preparation

<b>Number</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
2	Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).	3.73
4	Knowledge of instruments, equipment, and materials used for dental hygiene treatment.	3.56
21	Knowledge of procedures needed for practicing dental hygiene treatment outside of a dental office.	3.56
3	Knowledge of techniques for assessing vital signs.	3.42
1	Knowledge of procedures and protocols to prepare and break down operator.	3.31

## Content Area 2: Dental Hygiene Treatment

Number	Knowledge Statement	Mean Importance
7	Knowledge of procedures for assessing the oral cavity.	3.73
15	Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.	3.73
19	Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.	3.69
8	Knowledge of methods to assess periodontal conditions using clinical and radiographic findings.	3.65
13	Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.	3.63
20	Knowledge of work conditions necessary to provide dental hygiene treatment outside of a dental office.	3.52
41	Knowledge of sharpening techniques of hand instruments.	3.47
23	Knowledge of techniques for detecting the presence or absence of biofilm and calculus.	3.40
24	Knowledge of application techniques for fluoride and caries-preventing agents.	3.38
14	Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.	3.35
25	Knowledge of agents used for the management of periodontal disease.	3.35
11	Knowledge of methods to develop dental hygiene care plans to assess patient needs.	3.33
31	Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).	3.31
16	Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.	3.23
10	Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	3.19
18	Knowledge of conditions that require application of topical anesthesia.	3.13
26	Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, ITR).	3.13
17	Knowledge of procedures to administer topical anesthetic.	2.91
28	Knowledge of application of agents (e.g., antimicrobials) used for the management of periodontal disease.	2.90
30	Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).	2.77
12	Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	2.23
9	Knowledge of techniques for exposing and developing dental radiographs.	2.19
29	Knowledge of procedures to place interim therapeutic restorations.	1.92

## Content Area 2: Dental Hygiene Treatment, continued

Number	Knowledge Statement	Mean Importance
22	Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.	1.53
27	Knowledge of techniques for taking impressions.	1.11

*\*Note: Shaded knowledge statements were deleted by SMEs. (See Chapter 4)*

### Content Area 3: Patient Education

<b>Number</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
35	Knowledge of individualized oral hygiene instructions to address specific patient needs.	3.54
32	Knowledge of methods for communicating a dental hygiene care plan with patient.	3.35
33	Knowledge of instructions for postoperative care.	3.27
34	Knowledge of nutritional counseling related to oral health.	3.19

#### Content Area 4: Infection Control

<b>Number</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
36	Knowledge of standards for infection control.	3.88
37	Knowledge of techniques for disinfecting and sterilizing dental hygiene equipment.	3.88
38	Knowledge of techniques for sterilizing dental hygiene instruments.	3.83
5	Knowledge of standard precautions required to protect patients during dental hygiene treatment.	3.79
6	Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.	3.73

### Content Area 5: Documentation

<b>Number</b>	<b>Knowledge Statement</b>	<b>Mean Importance</b>
47	Knowledge of protocol for documenting dental hygiene services performed.	3.70
45	Knowledge of methods and protocol for updating patient medical history.	3.68
43	Knowledge of basic characteristics of normal and abnormal oral conditions.	3.65
42	Knowledge of different types of periodontal conditions.	3.63
46	Knowledge of methods and protocol for documenting in patient dental records.	3.53
44	Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.	3.43

### Content Area 6: Laws, Regulations, and Ethics

Number	Knowledge Statement	Mean Importance
50	Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	3.62
55	Knowledge of laws and regulations regarding maintenance, renewal, and restoration of a California RDHAP license.	3.60
52	Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.	3.55
49	Knowledge of laws and regulations related to informed consent.	3.51
56	Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	3.51
57	Knowledge of laws and regulations regarding continuing education requirements to maintain RDHAP license.	3.51
54	Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.	3.50
53	Knowledge of laws and regulations regarding excessive treatment.	3.43
51	Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	3.38
62	Knowledge of laws and regulations related to managing an RDHAP business.	3.28
63	Knowledge of laws and regulations regarding written prescriptions from medical and dental providers.	3.23
60	Knowledge of procedures for receiving insurance reimbursements.	2.96
59	Knowledge of documentation required to submit claims to third party providers for dental hygiene services performed.	2.83
61	Knowledge of laws and regulations regarding discounted fees and services.	2.57
50	Knowledge of methods for communicating with health care providers using telehealth.	1.72

APPENDIX D | EMAIL INVITATION TO PRACTITIONERS

## 2019 Registered Dental Hygienist in Alternative Practice Occupational Analysis Questionnaire

Dear Licensee,

The Dental Hygiene Board of California is requesting your assistance with an important study that will define the entry-level job tasks of the Registered Dental Hygienist in Alternative Practice (RDHAP) in California. The results of the study will serve to inform the content of the RDHAP Licensing Examination in California.

Please complete the questionnaire by July 1, 2019.

Thank you for your participation!

██████████  
California Department of Consumer Affairs  
Office of Professional Examination Services (OPES)  
2420 Del Paso Road, Suite 265, Sacramento, CA 95834  
██████████

[Begin Survey](#)

# APPENDIX E | QUESTIONNAIRE

Occupational Analysis of the Registered Dental Hygienist in Alternate Practice Profession

**Dear Licensed Registered Dental Hygienist in Alternate Practice,**

**Thank you for participating in this study of the dental hygiene in alternate practice profession in California, a project of the Dental Hygiene Board of California (Board).**

**The Board is conducting an occupational analysis of the dental hygiene in alternate practice profession. The purpose of the occupational analysis (OA) is to identify the important tasks performed by registered dental hygienists in alternate practice in their current work and the knowledge required to perform those tasks effectively. Results of the OA will be used to ensure that the examinations required for licensure as a registered dental hygienist in alternate practice in California reflect current practice. Your participation in the OA is essential. The Board requires responses from many licensees to achieve representation from different geographic regions of the state and from different work settings.**

**Please take the time to complete the questionnaire as it relates to your current work. Your responses will be kept confidential and will not be tied to your license or any other personal information. Individual responses will be combined with the responses of other dental hygienists in alternate practice and only group data will be analyzed.**

**For your convenience, you do not have to complete the questionnaire in a single session. Before you exit, complete the page that you are on. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. The web link is available 24 hours a day, 7 days a week.**

**To begin the questionnaire, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by July 1, 2019.**

**If you have any questions or need assistance, please contact [REDACTED] at [REDACTED]@dca.ca.gov.**

**The Board welcomes your feedback and appreciates your time!**

Part I - Personal Data

**The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.), and will be used only for the purpose of analyzing the information from this questionnaire.**

\* 1. Are you currently practicing as a California-licensed dental hygienist in alternate practice?

Yes

No

Part I - Personal Data (Continued)

2. How many years have you been practicing in California as a licensed dental hygienist in alternate practice?

- 0 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 or more years

Part I - Personal Data (continued)

3. How many hours per week do you work as a licensed dental hygienist in alternate practice?

- 0 to 10 hours
- 11 to 20 hours
- 21 to 30 hours
- 31 to 40 hours
- 41 or more hours

4. What describes the location of your primary work setting?

- Urban (more than 50,000)
- Rural (50,000 or fewer)

5. How many different offices employ you as a registered dental hygienist in alternate practice?

- One
- Two
- Three or more

6. How would you describe your primary/current work setting?

- General
- Endodontic
- Orthodontic
- Periodontic
- Pedodontic
- Oral surgery
- Other (please specify)

7. What other California licenses or certifications do you hold?

- None
- RDA
- RDAEF
- Periodontal soft tissue curettage
- Administration of local anesthesia
- Administration of nitrous oxide and oxygen
- Other (please specify)

Part I - Personal Data (continued)

8. In what California county do you perform the majority of your work?

- |                                    |                                       |                                     |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda      | <input type="radio"/> Marin           | <input type="radio"/> San Mateo     |
| <input type="radio"/> Alpine       | <input type="radio"/> Mariposa        | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador       | <input type="radio"/> Mendocino       | <input type="radio"/> Santa Clara   |
| <input type="radio"/> Butte        | <input type="radio"/> Merced          | <input type="radio"/> Santa Cruz    |
| <input type="radio"/> Calaveras    | <input type="radio"/> Modoc           | <input type="radio"/> Shasta        |
| <input type="radio"/> Colusa       | <input type="radio"/> Mono            | <input type="radio"/> Sierra        |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey        | <input type="radio"/> Siskiyou      |
| <input type="radio"/> Del Norte    | <input type="radio"/> Napa            | <input type="radio"/> Solano        |
| <input type="radio"/> El Dorado    | <input type="radio"/> Nevada          | <input type="radio"/> Sonoma        |
| <input type="radio"/> Fresno       | <input type="radio"/> Orange          | <input type="radio"/> Stanislaus    |
| <input type="radio"/> Glenn        | <input type="radio"/> Placer          | <input type="radio"/> Sutter        |
| <input type="radio"/> Humboldt     | <input type="radio"/> Plumas          | <input type="radio"/> Tehama        |
| <input type="radio"/> Imperial     | <input type="radio"/> Riverside       | <input type="radio"/> Trinity       |
| <input type="radio"/> Inyo         | <input type="radio"/> Sacramento      | <input type="radio"/> Tulare        |
| <input type="radio"/> Kern         | <input type="radio"/> San Benito      | <input type="radio"/> Tuolumne      |
| <input type="radio"/> Kings        | <input type="radio"/> San Bernardino  | <input type="radio"/> Ventura       |
| <input type="radio"/> Lake         | <input type="radio"/> San Diego       | <input type="radio"/> Yolo          |
| <input type="radio"/> Lassen       | <input type="radio"/> San Francisco   | <input type="radio"/> Yuba          |
| <input type="radio"/> Los Angeles  | <input type="radio"/> San Joaquin     |                                     |
| <input type="radio"/> Madera       | <input type="radio"/> San Luis Obispo |                                     |

Part II - Task Rating Instructions

In this part of the questionnaire, you will be presented with 53 tasks reflecting the nature of the dental hygiene in alternate practice profession in California.

Please rate each task as it relates to your current practice.

Your frequency and importance ratings should be separate and independent ratings. Therefore, the ratings that you assign on one rating scale should not influence the ratings that you assign on the other rating scale. For example, you may perform a task frequently, but that task may not be important. Or you may perform a task infrequently, but that task may be very important.

If the task is NOT part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance. Tasks that you perform frequently should be rated high on the frequency scale and tasks that are important to your work as a dental hygienist in alternate practice should be rated high on the importance scale.

Choose the rating that best fits each task.

Please use the scales below to rate the tasks on the following pages.

**FREQUENCY SCALE**

HOW OFTEN do you perform this task in your current practice? Consider all of the practice tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

- 0 – DOES NOT APPLY. I do not perform this task in my current practice.
- 1 – RARELY. I perform this task the least often in my current practice relative to other tasks I perform.
- 2 – SELDOM. I perform this task less often than most other tasks I perform in my current practice.
- 3 – REGULARLY. I perform this task as often as other tasks I perform in my current practice.
- 4 – OFTEN. I perform this task more often than most other tasks I perform in my current practice.
- 5 – VERY OFTEN. This task is one of the tasks I perform most often in my current practice relative to other tasks I perform.

**IMPORTANCE SCALE**

HOW IMPORTANT is performance of this task for effective performance in your current practice? Consider all of the job tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

- 0 – DOES NOT APPLY. I do not perform this task in my current practice.

- 1 – NOT IMPORTANT. This task is not important for effective performance in my current practice.
- 2 – FAIRLY IMPORTANT. This task is somewhat important for effective performance in my current practice.
- 3 – IMPORTANT. This task is important for effective performance in my current practice.
- 4 – VERY IMPORTANT. This task is very important for effective performance in my current practice.
- 5 – CRITICALLY IMPORTANT. This task is extremely important for effective performance in my current practice.

Part II - Treatment Preparation

9. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
1. Prepare operatory for dental hygiene treatment.	<input type="text"/>	<input type="text"/>
2. Review patient dental records and medical history.	<input type="text"/>	<input type="text"/>
3. Select instruments, equipment, and materials for dental hygiene treatment.	<input type="text"/>	<input type="text"/>
4. Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	<input type="text"/>	<input type="text"/>
5. Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	<input type="text"/>	<input type="text"/>
6. Coordinate treatment and referral with dentist and other healthcare professionals.	<input type="text"/>	<input type="text"/>
7. Take patient vital signs.	<input type="text"/>	<input type="text"/>

Part II - Dental Hygiene Treatment

10. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
8. Perform oral health screening.	<input type="text"/>	<input type="text"/>
9. Complete a comprehensive periodontal assessment.	<input type="text"/>	<input type="text"/>
10. Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	<input type="text"/>	<input type="text"/>
11. Develop dental hygiene care plan that correlates with findings from periodontal assessment.	<input type="text"/>	<input type="text"/>
12. Modify dental hygiene treatment plan based on current information.	<input type="text"/>	<input type="text"/>
13. Provide dental hygiene services in settings outside of a dental office.	<input type="text"/>	<input type="text"/>
14. Perform nonsurgical periodontal procedures (e.g., scaling, root planing).	<input type="text"/>	<input type="text"/>
15. Perform oral prophylaxis to remove hard and soft deposits, and stains.	<input type="text"/>	<input type="text"/>
16. Administer topical anesthetic to patients.	<input type="text"/>	<input type="text"/>
17. Perform air polishing to remove supragingival and subgingival biofilm and stain.	<input type="text"/>	<input type="text"/>
18. Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	<input type="text"/>	<input type="text"/>
19. Apply fluorides and other caries-preventing agents to patients.	<input type="text"/>	<input type="text"/>
20. Take impressions for nondiagnostic cast models.	<input type="text"/>	<input type="text"/>
21. Apply topical, therapeutic, and subgingival agents for the control of caries and periodontal disease.	<input type="text"/>	<input type="text"/>
22. Place interim therapeutic restoration after diagnosis by dentist.	<input type="text"/>	<input type="text"/>
23. Clean and polish removable appliances.	<input type="text"/>	<input type="text"/>
24. Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	<input type="text"/>	<input type="text"/>

Part II - Patient Education

11. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
25. Discuss scheduled dental hygiene treatment with patient.	<input type="text"/>	<input type="text"/>
26. Communicate assessment findings and dental hygiene care plan to patient.	<input type="text"/>	<input type="text"/>
27. Provide instructions to patients for oral hygiene and postoperative care.	<input type="text"/>	<input type="text"/>
28. Provide nutritional counseling to improve oral health.	<input type="text"/>	<input type="text"/>

Part II - Infection Control

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
29. Maintain a safe and clean work environment.	<input type="text"/>	<input type="text"/>
30. Adhere to infection control policies and protocols for performing dental hygiene treatment.	<input type="text"/>	<input type="text"/>
31. Sterilize instruments in accordance with California infection control guidelines.	<input type="text"/>	<input type="text"/>
32. Maintain instruments to ensure efficient functioning for dental hygiene treatment.	<input type="text"/>	<input type="text"/>

Part II - Documentation and Recordkeeping

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
33. Record conditions of the oral cavity.	<input type="text"/>	<input type="text"/>
34. Report abnormalities of the oral cavity to the dentist.	<input type="text"/>	<input type="text"/>
35. Record existing and recommended restorative treatment as diagnosed by the dentist.	<input type="text"/>	<input type="text"/>
36. Update patient dental records and medical history, including chief complaints and concerns.	<input type="text"/>	<input type="text"/>
37. Document in patient record the dental services performed.	<input type="text"/>	<input type="text"/>

Part II - Laws and Regulations

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
38. Communicate with other dental professionals using telehealth methods and technology.	<input type="text"/>	<input type="text"/>
39. Obtain written prescription by dental provider for dental hygiene treatment within 18 months of patient care.	<input type="text"/>	<input type="text"/>
40. Obtain informed consent from patient in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
41. Maintain confidentiality of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
42. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	<input type="text"/>	<input type="text"/>
43. Maintain security of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
44. Adhere to laws and regulations regarding professional conduct.	<input type="text"/>	<input type="text"/>
45. Adhere to laws and regulations regarding excessive treatment.	<input type="text"/>	<input type="text"/>
46. Report reasonable suspicion of child, elder, or dependent adult abuse, or neglect as legally mandated.	<input type="text"/>	<input type="text"/>
47. Maintain dental hygiene in alternate practice license according to laws and regulations.	<input type="text"/>	<input type="text"/>
48. Maintain required continuing education units for license renewal.	<input type="text"/>	<input type="text"/>
49. Submit claims to third party providers for dental hygiene services performed.	<input type="text"/>	<input type="text"/>
50. Employ an RDHAP or DA to assist in practice.	<input type="text"/>	<input type="text"/>
51. Operate a mobile dental hygiene clinic registered as a dental hygiene office or facility.	<input type="text"/>	<input type="text"/>
52. Adhere to regulations regarding billing, billing codes, and documentation.	<input type="text"/>	<input type="text"/>
53. Own and manage a dental hygiene in alternate practice business in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>

Part III - Knowledge Rating Instructions

In this part of the questionnaire, you will be presented with 63 knowledge statements. Please rate each knowledge statement based on how important you feel the knowledge is to the effective performance of your tasks.

If a knowledge is NOT a part of your current practice, rate the statement "0" (zero) importance and go on to the next statement.

Use the following scale to rate each knowledge statement's importance.

**IMPORTANCE SCALE**

HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

0 – DOES NOT APPLY. This knowledge is not required for effective performance of tasks in my current practice.

1 – NOT IMPORTANT. This knowledge is not important for effective performance of tasks in my current practice.

2 – FAIRLY IMPORTANT. This knowledge is somewhat important for effective performance of tasks in my current practice.

3 – IMPORTANT. This knowledge is important for effective performance of tasks in my current practice.

4 – VERY IMPORTANT. This knowledge is very important for effective performance of tasks in my current practice.

5 – CRITICALLY IMPORTANT. This knowledge is extremely important for effective performance of tasks in my current practice.

Part III - Treatment Preparation

15. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
1. Knowledge of procedures and protocols to prepare and break down operator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of techniques for assessing vital signs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knowledge of instruments, equipment, and materials used for dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Knowledge of standard precautions required to protect patients during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Dental Hygiene Treatment

16. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
7. Knowledge of procedures for assessing the oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge of methods to assess periodontal conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of techniques for exposing and developing dental radiographs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Knowledge of procedures to administer topical anesthetic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Knowledge of conditions that require application of topical anesthesia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
20. Knowledge of work conditions necessary to provide dental hygiene treatment outside of a dental office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Knowledge of procedures needed for practicing dental hygiene treatment outside of a dental office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Knowledge of techniques for detecting the presence or absence of biofilm and calculus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Knowledge of application techniques for fluoride and other caries-preventing agents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Knowledge of agents used for control of caries and periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, ITR).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Knowledge of techniques for taking impressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Knowledge of application of agents used for control of periodontal disease (e.g., antimicrobials).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Knowledge of procedures to place interim therapeutic restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Patient Education

17. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
32. Knowledge of methods for communicating a dental hygiene care plan with patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Knowledge of instructions for post-operative care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Knowledge of nutritional counseling related to oral health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Knowledge of individualized oral hygiene instructions to address specific patient needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Infection Control

18. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
36. Knowledge of standards for infection control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Knowledge of techniques for disinfecting dental hygiene equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Knowledge of techniques for sterilizing dental hygiene instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Knowledge of methods to maintain the integrity (sharpening or sterilizing) of hand instruments for dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Knowledge of procedures for maintaining (i.e., replacing filter) dental hygiene power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Knowledge of protocols to maintain dental hygiene equipment in working condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Documentation and Recordkeeping

19. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
42. Knowledge of different types of periodontal conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Knowledge of basic characteristics of normal and abnormal oral conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Knowledge of methods and protocol for updating patient medical history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Knowledge of methods and protocol for charting patient dental records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Knowledge of protocol for documenting dental hygiene services performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Laws and Regulations

20. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
48. Knowledge of methods for communicating with health care providers using telehealth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Knowledge of laws and regulations related to informed consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Knowledge of laws and regulations regarding excessive treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene in alternate practice license.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene in alternate practice license.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Knowledge of laws and regulations regarding locations that a registered dental hygienist in alternate practice can provide treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Knowledge of documentation required to submit claims to third party providers for dental hygiene services performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
60. Knowledge of procedures for receiving insurance reimbursements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Knowledge of laws and regulations regarding discounted fees and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Knowledge of laws and regulations related to managing dental hygiene in alternate practice businesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Knowledge of laws and regulations regarding written prescriptions from medical and dental providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU!

**You have completed this questionnaire! Thank you for participating!**

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**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 11**

**Presentation and Report from the Western Regional  
Examining Board (WREB)**



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 12**

**Presentation and Report from the Central Regional Dental  
Testing Service (CRDTS)**



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 13**

**Closed Session**

[The DHBC may meet in closed session to deliberate on disciplinary matters pursuant to  
Government Code § 11126 (c)(3).]

**<<ALL NON-PARTICIPANTS ARE ASKED TO EXIT THE ROOM. THANK YOU.  
DHBC>>**



**Friday, November 22, 2019**

**Dental Hygiene Board of California**

**Agenda Item 14**

**Recess of the Full Board Meeting until  
Saturday, November 23, 2019 at 9:00 am**