

CODA Unofficial Report of Major Actions

by Cindy Biron Leiseca

The Commission on Dental Accreditation (CODA) met on August 6 & 7, 2015 and have recently posted the *Unofficial Report of Major Actions* on their website. The entire report can be viewed through this link: http://www.ada.org/~media/CODA/Files/coda_actions_Aug2015.ashx

Here is a summary of the actions that are of importance to the Dental Assisting and Dental Hygiene Educators:

CODA granted accreditation to:

- Three (3) new DA Programs
- One (1) new DH Program

CODA Issued Warnings of "Intent to Withdraw Accreditation" if standards are not met by February 2016 to :

- Eight (8) DA Programs
- Two (2) DH Programs

CODA Discontinued Accreditation of:

- Eleven (11) DA Programs
- One (1) DH Program

CODA adopted revisions to the following accreditation standards:

Accreditation Standards for DA Programs:

- Standard 1-7, Community Resources
- Standard 2-6, Instruction
- Standard 2-17, Dental Sciences
- Standard 5-3, Emergency Management, with immediate implementation

Accreditation Standards for DH Programs:

- Standard 2-18, additional functions allowed by the state dental board or regulatory agency, with implementation January 2016

CODA directed the following proposed revisions to Accreditation Standards be circulated to the communities of interest at the ADEA Annual Meeting, the ADA Annual Session, and appropriate meetings of the sponsoring organizations:

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DH Standard 3-6 related to faculty to student ratios, with circulation to the communities of interest until June 1, 2016 for consideration at the August 2016 meeting of the Commission. The Commission will conduct a hearing at the ADHA Annual Session in mid-June 2016.

ADA Annual Survey

Both the Dental Assisting and the Dental Hygiene Review Committees considered the ADA Annual Survey and identified several areas where the survey instrument does not align with Accreditation Standards for DA and DH Education Programs and/or data that may be redundant or difficult to ascertain and report. Further, the Committees identified discrepancies between the definitions provided in the survey instrument and those provided in the Accreditation Standards. The DH RC questioned the validity of the data provided by programs and the usefulness of the resulting aggregate data provided in the Annual Survey Report. Both review committees concluded the Fall 2015 survey instrument should remain as proposed; however, they recommend a subcommittee of five (5) educators from each RC members meet via conference call prior to October 31, 2015, to review and propose revisions to the curriculum section of the survey instrument. Findings to be presented to both DA RC and DH RC at the Winter 2016 meetings.

Dental Therapy Education Programs

The Commission further directed establishment of an ad hoc committee to develop the implementation process for accreditation of dental therapy education programs, including but not limited to creation of application and related accreditation documents, identification of individuals to serve as Commission site visitors in the discipline, training of site visitors, and assigning review of dental therapy education programs to a CO-DA Review Committee. Once accreditation materials are fully developed and publicized, applications for accreditation may be received by the Commission. The Commission will review a report of the ad hoc committee's progress in Winter 2016.



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Early Bird Registration Deadline: December 1, 2015 <http://www.dhmethod.com/category/EC5.html>




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DA Standards: Revisions, Proposals:

The Dental Assisting Review Committee (DA RC) met July 16-17, 2015. The minutes of the meeting were posted on the ADA Website on July 23, 2015. Here is the link to the minutes:

<http://www.ada.org/en/coda/accreditation/coda-meeting-materials>

The DA RC analyzed data from site visits of 224 DA Programs evaluated between January 2009 through October 2013. Distribution of citations were as follows:

- Standard 1 Institutional Effectiveness **98** citations (**7.5%**)
- Standard 2 Education Program **771** citations (**58.7%**)
- Standard 3 Admin, Faculty, Staff **208** citations (**15.9%**)
- Standard 4 Support Services **83** citations (**6.3%**)
- Standard 5 Health & Safety **143** citations (**10.9%**)
- Standard 6 Patient Care Services **9** citations (**.07%**)

Notable Trends:

- Standard 1 **62 of 98** citations: [Outcomes & planning](#)
- Standard 2-6 **134 of 771** citations: [Course documentation](#)
- Standard 3- **97 of 208** citations : [Faculty qualifications](#)
 - Standard 3-7 **44** citations: [Methodology specific to subjects they are teaching](#)
 - Standard 3-8 **36** citations: [B.S. Degree for FT](#)
 - Standard 3-9 **39** citations: [Must be CDA](#)

Due to the trends, revised accreditation standards were adopted in 2013 and implemented in January 2014.

The next column shows the findings for programs evaluated since January 2014.

After the January 2014 Implementation of Revised Standard, 11% (29 out of 273) DA programs were evaluated at site visits.

The sampling of programs is smaller than the 224 evaluated from January 2009 to 2013, but nonetheless the percentage of citations had increased in every standard except Standards 4 and 5. The DA RC analyzed data from just these 29 DA Programs. Distribution of citations were as follows:

- Standard 1 Institutional Effectiveness **18** citations (**9%**)
- Standard 2 Education Program **132** citations (**66.7%**)
- Standard 3 Admin, Faculty, Staff **34** citations (**17.2%**)
- Standard 4 Support Services **3** citations (**1.5%**)
- Standard 5 Health & Safety **6** citations (**3%**)
- Standard 6 Patient Care Services **5** citations (**2.5%**)

Notable Trends:

- Standard 1 **14 of 18** citations: [Outcomes & planning](#)
- Standard 2-6 **22 of 132** citations [Course documentation](#)
- Standard 2-7 & 2-28 **23 of 132** citations: [Student assessment mechanisms](#)
- Standard 3-8 **15 of 34** citations: [Faculty to Student ratios](#)

This data appears to identify a shortage of qualified faculty in the allied dental education community.

No trends were identified within Standards 4, 5, and 6. The DA RC indicated that the initial data shows tht citation trends may be developing within the 2014 DA Standards and will require future monitoring and possible action.

Continued on Page 4



Sunrise, Amelia Island.
See one soon!

Summer Camp Amelia Island “Retreat at the Beach for Dental Educators”

Proposed Revisions to DA Standards

Based on the analysis of findings of frequent citations, the DA RC determined that compliance with standards would be enhanced through modification and additions to Intent Statements and Examples of Evidence for DA Standards 1-7, 2-6 and 2-17.

The DA RC also determined that Standard 5-3 includes language that lifts the responsibilities of healthcare professionals in response to emergencies; clarification: faculty, students and staff must be required to assist in medical emergencies. Licensed dentists in teaching and supervisory capacities would also be required to provide direct emergency care.

Therefore, the DA Review Committee proposed immediate adoption and implementation of the proposed changes to DA Standards 1-7, 2-6, 2-17, and 5-3.

DH Standards Revisions, Proposals

The Dental Hygiene Review Committee (DH RC) met on July 14-15, 2015. The minutes of the meeting were posted on the ADA Website on July 23, 2015. Here is the link to the minutes: <http://www.ada.org/en/coda/accreditation/coda-meeting-materials/>

The DH RC analyzed data from site visits of 278 DH Programs evaluated between January 2009 through October 2014. Distribution of citations were as follows:

- Standard 1 Institution Effectiveness **96** citations (**6.9%**)
- Standard 2 Educational Program **702** citations (**50.6%**)
- Standard 3 Admin, Faculty, Staff **258** citations (**18.6%**)
- Standard 4 Support Services **125** citations (**9%**)
- Standard 5 Health & Safety **71** citations (5.1%)
- Standard 6 Patient Care Services **135** citations (**9.7%**)

Notable Trends:

Most frequently cited are within Standard 2:

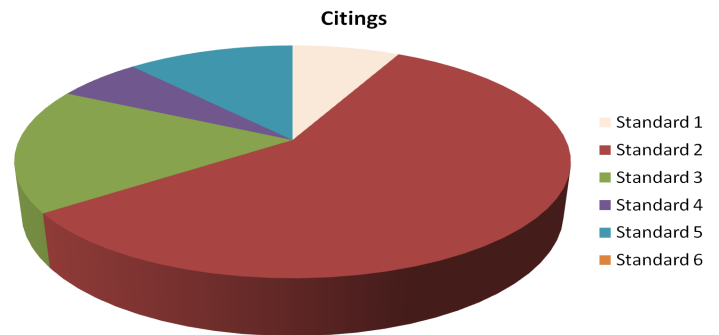
- Standard 2-7 **149** citations [Course Documentation](#)
- Standard 2-12 **164** citations [Subsets of treating patient types](#): child (**30**), adolescent (**38**), adult (**24**), geriatric (**36**) special needs (**36**).
- Standard 3-7 [Faculty](#)
 - a. **44** citations [current knowledge of specific subjects they teach](#)
 - b. **55** citations [educational methodology specific to subjects they teach.](#)

DH RC Recommends DH Standard 2-18 as Written

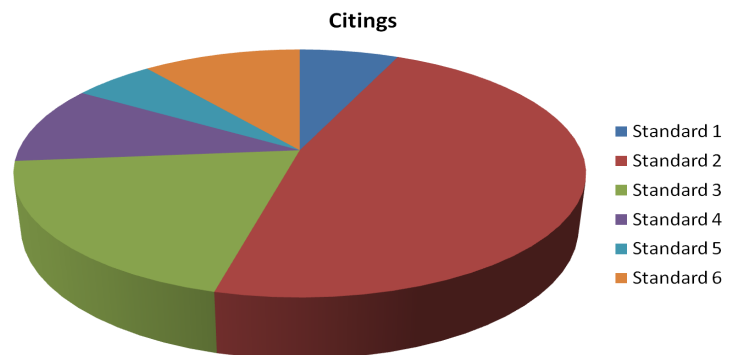
The DH RC reviewed all comments proposed for Standard 2-18 which were mostly in favor of the proposed standard which provides CODA oversight of programs in the states requiring

Continued on Page 5

DA Frequency of Citings Per Standard



DH Frequency of Citings Per Standard



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Standards: *Continued from Page 4*

additional skills for entry level DH licensure, however, for further clarification and guidance, the DH RC proposes a minor addition to DH Standard 2-18. DH RC recommends CODA adopt the proposed Dental Hygiene Standard 2-18 as written, with an implementation Date of January 2016.

The DH RC proposes the addition of Dental Hygiene Standard 2-18 (additions are underlined):

2-18 Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

Intent: Functions allowed by the state dental board or regulatory agency for dental hygienists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the length and scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.

The DH RC Proposed Revisions to Standard 3-6:

At its Winter 2015 meeting, CODA adopted minor revisions to faculty to student ratios within DH Standard 3-6 for immediate implementation. While these revisions were favorable to program budgets and provided for greater flexibility in faculty scheduling, educator members of DH RC received concerns expressed from the DH educational community regarding the changes. The DH RC determined it may have been beneficial to circulate the changes for public comment. The following proposed revision to Standard 3-6 is being circulated for comment until June 1, 2016 with Hearings conducted at the 2015 Annual Session of the ADA and 2016 Annual Sessions of ADEA and ADHA, for consideration by the DH RC and Commission meetings in Summer 2016.

The DH RC proposes the following revisions to Dental Hygiene Standards 3-6 (addition is underlined, deletion is stricken):

3-6 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. ~~The faculty to student ratios for In~~ preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one faculty for every six-five students. ~~Faculty to student ratios for In~~ laboratory sessions ~~in for~~ dental materials courses, there must not be less than one faculty for every twelve to ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

Summer Camp Amelia Island 2016: New courses to satisfy Standard 3-7 Educational Methodology

In response to the many requests for specific subject courses and workshops, the 2016 camp is adding a 12 Hour **Community Dentistry Workshop**, and several other "How to Teach" specific courses and a 8 hour general educational methodology course. Accreditation Workshops that include our flash drives of exhibit templates for demonstrating compliance with standards is available in both DA Accreditation and also DH Accreditation Workshops. All our "How to Teach" courses include complete courses in electronic format on a flash drive. Course descriptions can be found on our website link: <http://www.dhmethod.com/sitebuildercontent/sitebuilderfiles/Course%20Descriptions%202016.pdf>

Discounted tuition to courses and workshops is now available with the Early Bird Registration which has a deadline of December 1, 2015. The final registration is July 11, 2016. Here is the link for online registration:

<http://www.dhmethod.com/category/EC5.html>

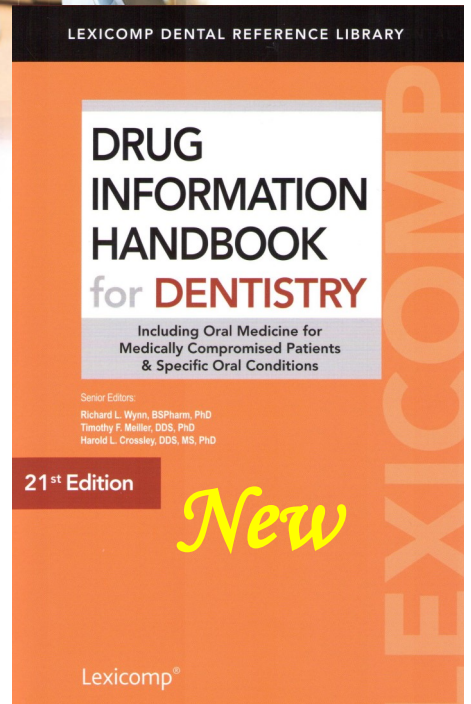
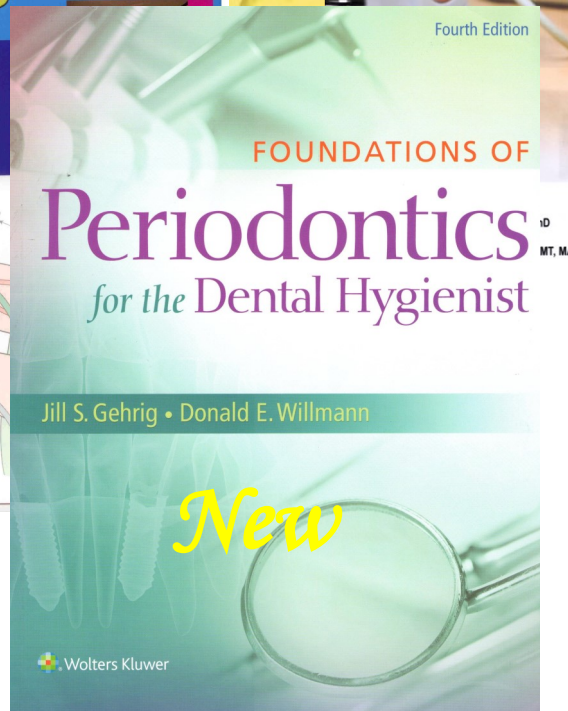
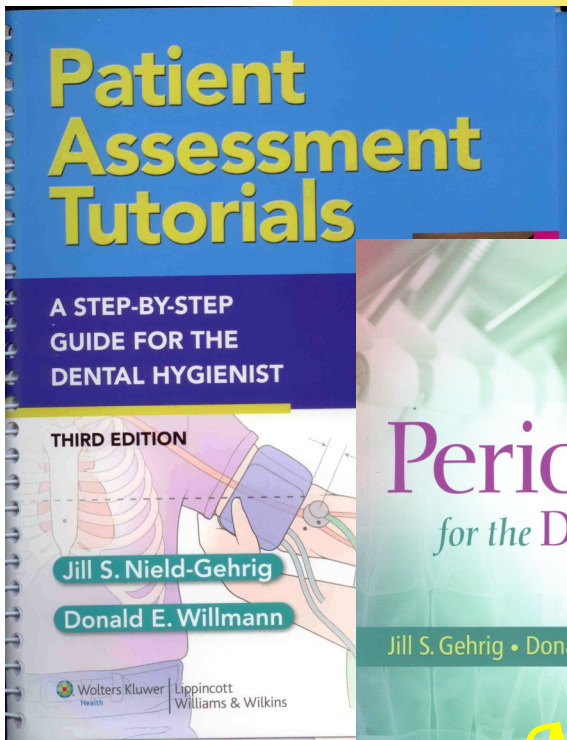
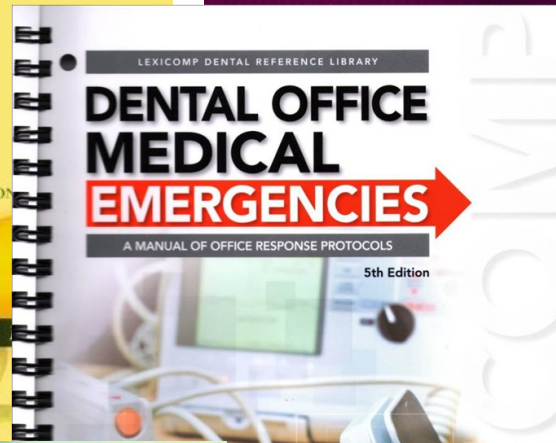
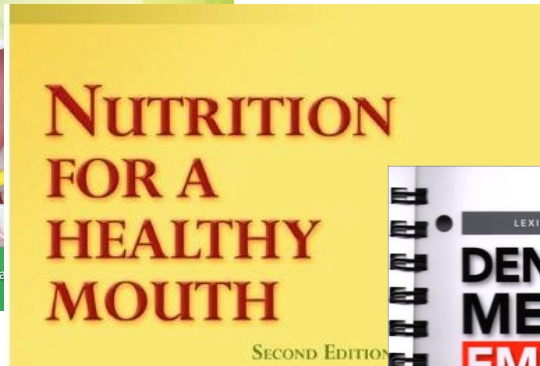
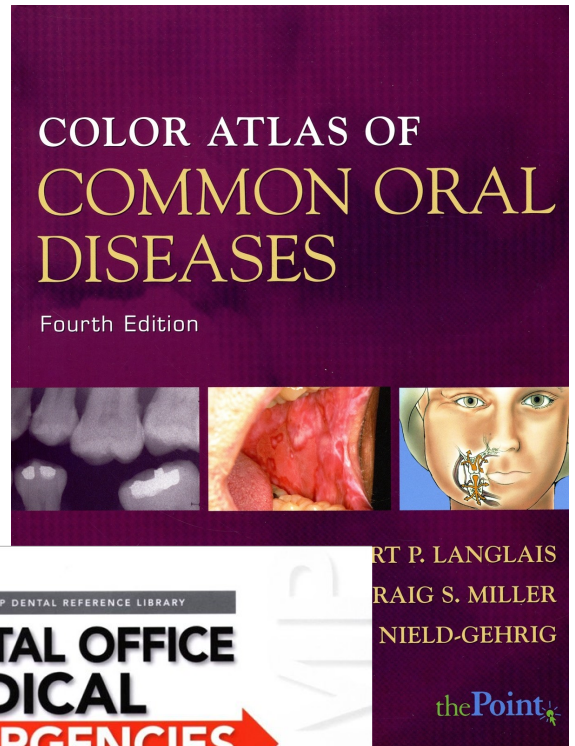
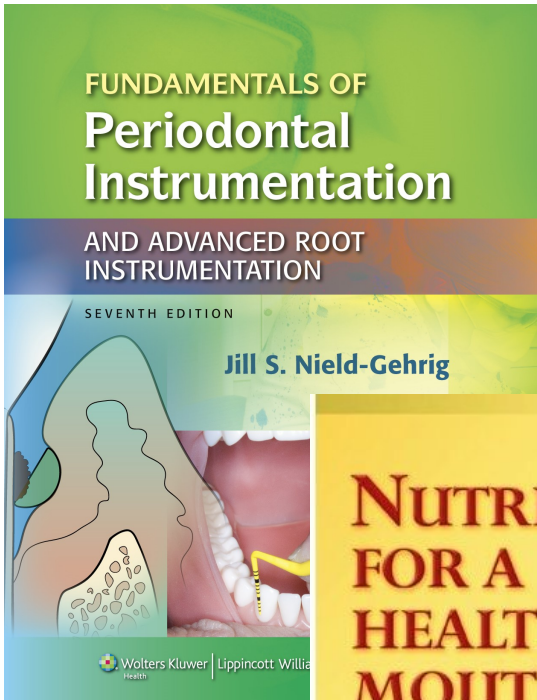
On Page 9 of this newsletter you will find the course schedule and hotel information. All classes are held in the hotels. The mail in registration form is on Page 12.

Our camp location is at Fernandina Beach on Amelia Island, FL (20 miles from Jacksonville, FL Airport)

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Summer Camp Scholarship Winners

Two \$1000 scholarships will be awarded to students and faculty members this semester as a result of the fund raiser raffle at Summer Camp 2015.

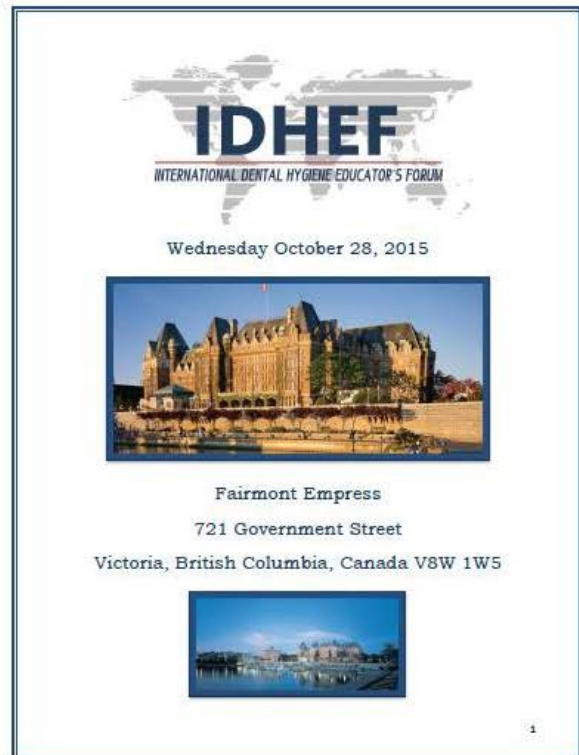
The winning ticket for the **\$1000 Student(s)** Scholarship was purchased by **Diane Loera** of the DH Program at **Cerritos College, CA**

Diane and her faculty at Cerritos College have decided to divide the \$1000 scholarship into two \$500 scholarships and they will award them to the following students:

- 1) Jason Abellera
- 2) Aerin Freniere

The winning ticket for the **\$1000** tuition to Summer Camp 2016 for faculty member(s) was purchased by **JoAnn Chichetti & Richard Chichetti**. JoAnn is on the faculty at Tallahassee Community College, FL

The faculty members who will attend Summer Camp 2016 have yet to be selected.



http://www.cdha.ca/pdfs/education/conference/2015/IDHEF_RegistrationBrochure.pdf

Dental Hygiene National Board Reviews

by Jane Weiner, RDH <http://janewrdh.com/>



Fun at Summer Camp 2015!



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Biron's Quick References:
Top 400 Prescribed Drugs

A B C D E F G H I J K L M N O P Q R

| A | | |
|----------------------------------|--------------------------------------|-----------------|
| Drug Name(s) | Drug Class: Use | Concerns in Der |
| ABLIFY, aripiprazole | Antipsychotic: Atypical quinolone | Extra |
| ACCUPRIL, quinapril | ACE inhibitor: Hypertension | O. hy |
| acetaminophen/codeine, TYLENOL 3 | Combination analgesic/narcotic: pain | Na |
| ACIPHEX, rabeprazole | Proton pump inhibitor: GERD | o |

| Blood Glucose Ranges | | | |
|---------------------------|----------------------------|----------------------------|-------------|
| Random Test (Not Fasting) | Fasting Test (8 hour fast) | Fasting Test (8 hour fast) | Test (fast) |
| Normal Range | Normal Range | Prediabetes | |
| < 125 mg/dL | 70 - 100 mg/dL | 100-125 mg/dL | |

| A1C Levels (Estimated Blood Sugar Levels for P | | | |
|--|-------------|-----------------|-----------|
| Normal | Prediabetes | Diabetes Target | |
| 4.5-6.5% | 6.1-6.5% | <7% | 8% |
| 97 mg/dL | 126 mg/dL | 154 mg/dL | 183 mg/dL |

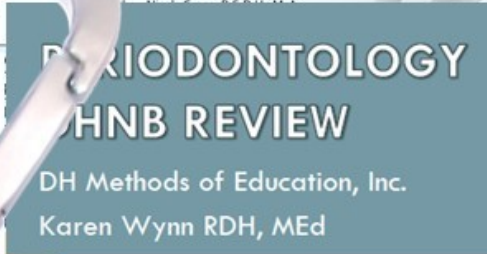
Two Videos



Review of:

Dental Pain & Anxiety Management

by Nicole Greco, B.S.D.H., MA

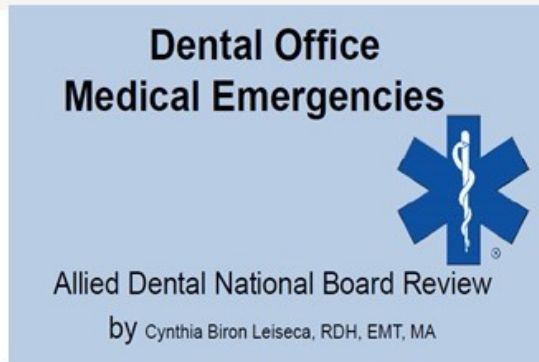


Community Oral Health Review for DHNBE

Roberta E. Brown, CDA, RDH, MSDH



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Summer Camp Amelia Island 2016
Schedule of Courses

| Mon. 8/1 | | Tues. 8/2 | | Wed. 8/3 | | Thurs. 8/4 | | Fri. 8/5 | | Sat. 8/6 | | Sun. 8/7 | |
|---------------------------------------|---|---|---|--------------------------------|--|--|--------------------------------|----------------------------------|---------------------------|--|---|--|---|
| Days Inn Jasmine & Magnolia | Amelia Room | Days Inn Jasmine & Magnolia | Amelia Room | Days Inn Magnolia | Days Inn Jasmine | Days Inn Magnolia | Days Inn Magnolia | Amelia Room | Days Inn Jasmine | Days Inn Jasmine & Magnolia | Days Inn Jasmine | Days Inn Jasmine | Days Inn Magnolia |
| 8-5pm | 8-5 | 8-5 | 8-5 | 8-5 | 8-Noon | 8-5 | 8-5 | 8-5 | 8-5 | 8-5 | 8-5 | 8-Noon | 8-Noon |
| #1 How to Teach DH Preclinic | #3 Radiology Educator's Workshop | DH Clinical Teaching Method. Continue | Radiology Educator's Workshop Continue | #4 DH Accred Workshop | #5 How to Teach Oral Anatomy | #8 Community Dentistry Educator's Workshop | #9 DA Accred Workshop | #10 How to Teach Ethics | #8 Com Den Continue | #12 How to Teach DHNB Review | #16 Allied Dental Educators Teaching Methodol. | #17 How to Teach Pharm Emerg | #18 How to Teach Dental Mater |

Lunch at LaMancha Restaurant

| 1-5 | | 1-5 | | 1-5 | | 1-5 | | 1-5 | | 1-5 | | 1-5 | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| #2 DH Clinical Teaching Method. | Continue | #6 Histology & Embryol | Continue | #7 How to Teach Preventive Dentistry | Continue | #11 How to Teach Perio | Continue | #14 How to Teach Oral Path | Continue | #15 How to Teach Community Dentistry | Continue | End | End |
| 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge | 5:30 Reception Sea Breeze Lounge |



Rates at Amelia Hotel at the Beach:

- Standard Room: \$94 per night
- Deluxe Room: \$109 per night
- Ocean View: \$119 per night
- Deluxe Room with Balcony \$129 per night

Rates at Days Inn at Amelia Beach:

- All Rooms: \$89 per night

Rates at Hampton Inn Amelia Island at Fernandina Beach:

- Mon. -Thurs.: \$99 per night
- Fri-Sat.: \$119 per night

All Classes held in Amelia Hotel and Days Inn.

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Testimonials on the New *Sharpening Horse*

"Now that the students use the Sharpening Horse, we can introduce sharpening earlier in the curriculum as it is so easy for them to master the technique. The instruments last longer. When they trade in their instruments before they take their boards the instruments are not over sharpened and worn like they use to be with the old techniques. With the Sharpening Horse technique there is more cutting edge left than before. It is much easier to get consistency with their sharpening with this technique. **I have tried all the sharpening systems out there and this is the only thing that truly works!**" *Marta Ferguson, RDH, PhD, Director of Dental Hygiene, Indian River State College, FL*

"The report from the second year instructors is that the students' instruments are not only sharp, but they are holding their shape and contour which **is a vast improvement over the stationary instrument/moving stone method** which caused many curets to be turned into sickles from holding the stone at the wrong angle. The Sharpening Horse is easy to teach and use!" *Janet Ogden, RDH, MS Columbia Basin College, WA.*

"We teach the students the stationary instrument/moving stone method first and then show them the Sharpening Horse. This year, the students wanted to know why we taught the other method when the Sharpening Horse is so much easier and exact. I like the Sharpening Horse because it makes sharpening so easy. "DIY Sharpening for Dummy's!" No need to spend so much time thinking about angles. **The Sharpening Horse automatically "sets the perfect angle"** of the stone for the bevel of the blade." *Susan Smith, RDH, MS Clinic Coordinator, Wake Technical College, Raleigh, NC. "*

"I discussed the Sharpening Horse technique with the full-time faculty and they said instrument sharpening has been much easier to teach and learn using the Sharpening Horse technique. By using it routinely students have positive experiences with their instrumentation. The Sharpening Horse helps to maintain the integrity of the instruments. " *Susan Moss RDH, MS, Director of Dental Hygiene, Collin State College, McKinney, TX*

"The Sharpening Horse design is a brilliant, user friendly approach to the critical maintenance of dental hygiene instruments. The concept and the technique is very adaptable for novice and experts in dental hygiene, and our **program faculty made the Sharpening Horse its choice recommendation** for the dental hygiene student kits from this time forward!" *Vicki L. Snell RDH, EdM Lewis & Clark Community College, IL*

"Recently I had the opportunity to sharpen many instrument kits for a hands on scaling technique presentation. Each kit contained 10 various curettes and scalers. **I was amazed at how easy it was to sharpen these instruments quickly and precisely with the Sharpening Horse.** I recommend the Sharpening Horse to all my students, faculty and fellow hygienists at every given opportunity. When I am in clinic and instruments need sharpening I have the students take their instruments for a quick ride on the Sharpening Horse and they are truly amazed at how accurate and easy this technique is to return their blades back to a sharp and effective working edge." *Cathleen Korondi, CDA, RDH, EdM, Director of Dental Hygiene Illinois Central College*

The sharpening horse has proven to be the best method of sharpening instruments for our students. The technique is easy to learn for beginning clinicians, producing a sharp cutting edge and maintaining the original design of the blade. The instruments are lasting longer, since the **students can consistently control the angle, pressure and movement of the blade against the stone.** They love it and sharpening has never been so easy. *Michele Edwards, CDA, RDH, MS Chair of Tallahassee Community College Dental Programs, FL.*

Instrument sharpening is one of the most important, yet challenging, skills for hygiene students to master. The Sharpening Horse makes this skill easy to learn and students can quickly produce a perfectly sharp cutting edge restoring the blade in its original design. **Confidence in their ability to produce a sharp cutting edge motivates students to employ instrument sharpening as a routine daily task.** *Jill S. Nield-Gehrig, RDH, MS Dean Emeritus Asheville-Buncombe Technical College, NC*

The Sharpening Horse is great to use chairside as it is easy to use and to autoclave. It has given the students the confidence to sharpen their instruments without asking, "Am I doing this right?" Our instructors say that the Sharpening Horse makes it so easy for students to sharpen instruments **they actually use it in clinic!**" *Catherine Dunn, RDH, MS Director of Dental Hygiene Mississippi Delta College*

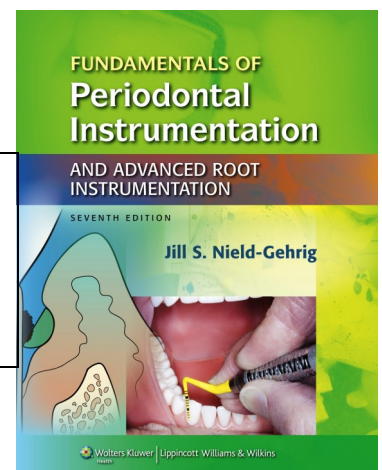


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Satisfy Accreditation Standards!

- ▶ Objective Grading Format
- ▶ Student Performance
- ▶ Quality Assurance
- ▶ Patient Tracking
- ▶ Instructor Calibration
- ▶ Outcomes Assessment Exhibits

"No recommendations!"

From Cindy Biron Leiseca, former Chairperson at Tallahassee Community College, "Our CODA site visiting team said "TalEval is impressive for generating reports for outcomes assessment, quality assurance and objective grading of student performance in clinic." With TalEval, tracking is automatic, web based and encrypted.

Patient Appointment Tracking

| Patient Classification Tracking | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|-------|-----|-----|-----|----|-------|-------|----|----|-----|----|-------|--------------|----|----|----|------|-------|-------|-----|
| 04/01/2008 - 12/01/2008 | | | | | | | | | | | | | | | | | | | | |
| Clinic IIB | | | | | | | | | | | | | | | | | | | | |
| Student | CALCS | | | | | Total | PERIO | | | | | Total | Patient Ages | | | | | | | |
| | 0 | I | II | III | IV | | 0 | I | II | III | IV | | MC | SN | PC | RC | 0-11 | 12-17 | 18-59 | 60+ |
| ADAMS, MARSHA | 0 | 8 | 7 | 13 | 0 | 28 | 0 | 11 | 13 | 3 | 1 | 28 | 7 | 4 | 15 | 11 | 0 | 0 | 22 | 6 |
| BLACK, MIRANDA | 2 | 8 | 3 | 4 | 6 | 23 | 3 | 6 | 9 | 4 | 1 | 23 | 1 | 7 | 9 | 2 | 1 | 0 | 20 | 2 |
| CARSON, MARY | 0 | 6 | 8 | 12 | 3 | 29 | 0 | 11 | 15 | 3 | 0 | 29 | 5 | 6 | 9 | 1 | 0 | 0 | 26 | 2 |
| DAVIS, JOHN | 1 | 7 | 6 | 6 | 4 | 24 | 1 | 9 | 8 | 2 | 4 | 24 | 2 | 7 | 5 | 4 | 1 | 0 | 16 | 7 |
| ESTEP, ANGELA | 2 | 5 | 8 | 7 | 2 | 24 | 3 | 7 | 11 | 3 | 0 | 24 | 4 | 5 | 11 | 1 | 0 | 3 | 16 | 5 |
| FRANKLIN, ADAM | 1 | 2 | 15 | 2 | 4 | 24 | 1 | 4 | 6 | 13 | 0 | 24 | 4 | 3 | 8 | 0 | 0 | 1 | 10 | 13 |
| GOINGS, CINDY | 0 | 6 | 8 | 10 | 0 | 24 | 1 | 10 | 6 | 7 | 0 | 24 | 8 | 12 | 11 | 8 | 0 | 0 | 14 | 10 |
| HARPER, CONNIE | 1 | 7 | 10 | 4 | 1 | 23 | 7 | 8 | 5 | 2 | 1 | 23 | 8 | 8 | 14 | 6 | 0 | 0 | 17 | 5 |
| LEWIS, LOU | 0 | 8 | 5 | 7 | 2 | 22 | 0 | 10 | 10 | 1 | 1 | 22 | 0 | 4 | 11 | 1 | 0 | 0 | 22 | 0 |
| MASON, MARSHA | 0 | 4 | 9 | 5 | 1 | 19 | 2 | 6 | 8 | 1 | 2 | 19 | 4 | 5 | 10 | 2 | 0 | 1 | 13 | 5 |
| NEWSOME, PAT | 1 | 8 | 7 | 3 | 2 | 21 | 4 | 7 | 9 | 1 | 0 | 21 | 5 | 6 | 13 | 3 | 0 | 1 | 14 | 6 |
| | 0 | 4 | 9 | 5 | 8 | 26 | 0 | 10 | 7 | 5 | 4 | 26 | 2 | 9 | 9 | 0 | 0 | 0 | 23 | 3 |
| | 1 | 2 | 12 | 7 | 1 | 23 | 2 | 12 | 4 | 5 | 0 | 23 | 6 | 7 | 9 | 4 | 0 | 0 | 16 | 7 |
| | 1 | 10 | 8 | 5 | 0 | 24 | 4 | 9 | 9 | 2 | 0 | 24 | 3 | 8 | 13 | 3 | 0 | 1 | 14 | 9 |
| | 0 | 10 | 7 | 1 | 3 | 21 | 2 | 8 | 11 | 0 | 0 | 21 | 0 | 2 | 14 | 1 | 0 | 0 | 19 | 2 |
| | 1 | 9 | 12 | 1 | 0 | 23 | 2 | 9 | 5 | 8 | 1 | 23 | 0 | 11 | 12 | 1 | 0 | 4 | 17 | 5 |
| | 1 | 6 | 6 | 10 | | | | | | | | | | | | | | | | |
| | 0 | 6 | 10 | 2 | | | | | | | | | | | | | | | | |
| | 0 | 8 | 7 | 5 | | | | | | | | | | | | | | | | |
| | 2 | 6 | 14 | 0 | | | | | | | | | | | | | | | | |
| | 14 | 130 | 171 | 105 | | | | | | | | | | | | | | | | |

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|------------|--------------|--------|-----|----------|------|-------|------|---|-----|-----|--------|
| 08/03/2010 | Abe, Sandy | M | 22 | No | | | | Radiographs- BWX w initial appointment | No | No | |
| | | F | 57 | No | I | I | | Radiographs- CMX and Pan w initial appt | No | No | Wheelc |
| | | F | 45 | No | II | II | | Patient referred to physician | Yes | Yes | Walker |
| | | M | 23 | No | I | II | | Initial appointment with student | Yes | Yes | |
| | | F | 45 | No | I | II | | Radiographs- BWX w initial appointment | Yes | Yes | |
| | | F | 48 | No | II | II | | Radiographs- BWX and Pan w initial appt | No | No | IDDM |
| 05/04/2010 | Abberton, Al | M | 23 | No | I | I | | Patient referred to physician | Yes | Yes | wheelc |

Patient Care Report

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