STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
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MEMORANDUM

DATE	May 9, 2015
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer
SUBJECT	**JNT 7:** Report on the Results of the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Occupational Analysis of the Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) Practical Examinations.

The Department of Consumer Affairs' (Department) Office of Professional Examination Services (OPES) has completed its *Occupational Analysis of the Registered Dental Assistant Profession*. The following includes a memorandum from Heidi Lincer, Ph.D., Chief of the OPES and a copy of the occupational analysis report. Dr. Lincer will also be available at the Board meeting to present the findings and answer any questions the Board may have.

Please note that the *Occupational Analysis of the Registered Dental Assistant in Extended Function Profession* is not yet complete and will be presented at a future meeting.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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MEMORANDUM

DATE	May 9, 2016
TO	Karen Fischer, Executive Officer Dental Board of California
FROM	Heidi Lincer, Ph.D., Chief Office of Professional Examination Services
SUBJECT	**Evaluation of Clinical Skills Related to Registered Dental Assistant Scope of Practice as a Prerequisite to Licensure**

In March 2015, the Office of Professional Examination Services (OPES) initiated an occupational analysis (OA) of the Registered Dental Assistant (RDA) profession at the request of the Dental Board of California (Board). Business and Professions (B&P) Code section 139 requires that the boards and bureaus of the Department of Consumer Affairs conduct an occupational analysis for each license classification every five to seven years. The previous OA for the RDA profession was conducted in 2010.

One purpose of the OA is to develop a description of current practice in terms of the actual job tasks that entry-level licensees must be able to perform safely and competently. The results of occupational analysis research projects are also used to ensure that the content of written, practical, and law and ethics licensing examinations reflect knowledge and skills that are critical for public protection.

During the course of the RDA OA, Assembly Bill (AB)179 was passed, requiring that OPES "conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered." OPES conducted this review in conjunction with the OA.

As part of the RDA OA, two focus groups were convened where licensees independently reviewed the tasks and knowledge identified in the OA as being critical to entry-level practice. The focus group participants consisted of RDAs and RDAs in Extended Functions, of which several were also current RDA educators and one was a current RDA practical examiner.

During the focus groups, the licensees were asked to review preliminary areas of RDA clinical skills (e.g., clinical photography, taking dental impressions, etc.) and to identify those tasks and knowledge that they deemed related to the performance of those skills. Following the assignment of the tasks and knowledge to the RDA clinical skills, each group was asked to discuss factors related to the evaluation of the tasks and knowledge using a written or practical examination.

SUMMARY OF LICENSEE FOCUS GROUPS

The focus group participants identified several clinical skills which they believed were not only critical to RDA practice but were also important for candidates to demonstrate minimum competence as a prerequisite to licensure. These skills include:

a) Taking Impressions (direct/indirect restorations),
b) Fabricating dental provisionals, and
c) For Direct and Indirect Restorations: placing bases and liners, placing matrices and wedges, placing temporary filling material, applying etchant, placing bonding agent, cementation procedures, and removing indirect provisional restorations.

As part of their review, the focus group participants also identified factors related to the evaluation of these clinical skills using a written or practical examination. While a written examination could evaluate candidates' knowledge of applicable methods, techniques, and procedures, only a skills assessment could adequately evaluate a candidate's ability to perform the clinical skills. A summary of the results of their discussion focusing on a practical examination are provided below.

An evaluation of candidate proficiency in performing the clinical skills noted above should take into consideration the following factors.

1. The difficulty associated with the application of certain clinical skills is dependent on:

   a) The candidate's familiarity with the techniques and procedures related to preparing, applying, and removing the specific materials used in the dental practice, (e.g., different types of materials such as impression material, base and liner material, temporary filling material, etc.) may employ different techniques and procedures. In other words, taking an impression involves not only the skill to take the impression but the ability to apply the techniques and procedures related to the specific impression material; and,

   b) The location of the tooth being treated, the condition of the tooth, the respective tooth surface, and/or the condition of adjacent teeth; not all teeth are entry-level.

2. The level of proficiency improves over time and with increasing practice for many skills areas (e.g., placing temporary filling material, fabricating a dental provisional, etc.). This is coincident with and in addition to 1a and 1b.

3. Several skills areas (e.g., placing matrices and wedges, placing bonding agents, cementation procedures, and removing indirect provisional restorations) can be taught and learned within a short time. Familiarity with the techniques and procedures related to the specific material and/or equipment is as important as the ability to perform the skill itself.

4. Dentist preference dictates what dental materials are used for each procedure in their dental practice. As such, the practical examination may require candidates to demonstrate proficiency on materials not related to the dental practice where they will work, leaving the supervising dentist to evaluate candidate proficiency with the materials used in the practice.

TRAINING AND EDUCATION CONSIDERATIONS

OPES's evaluation of possible options for assessing candidate proficiency in performing the RDA clinical skills also involved looking at the training and education required for RDA licensure and at the role of the RDA within a dental practice.

Current California law states that the Board has the ability to approve the curricula for dental assisting programs in California as well as establish the minimum criteria for the curricula for non-board approved programs (in cooperation with the Superintendent of Public Instruction) (B&P Code Sections 1752.1(a)(1) and 1752.1(c)).

Current California law also states that, "Except as provided in Section 1777, the supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision," (B&P Code Section1752.4(c)).

OPES RECOMMENDATIONS

Based on the review pursuant to AB 179, OPES is providing two options for the evaluation of RDA clinical skills as a prerequisite to licensure.

<u>OPTION 1</u>:
Continue use of a Board administered practical examination. This option requires that the Board's practical examination be updated to include the 2016 RDA OA results.

<u>Primary Benefits:</u>

- Much of the current infrastructure (e.g., test sites, administration policies and procedures, etc.) could remain in place
- The Board would retain control over all aspects of the examination

Practical Considerations:

- Will require additional workshops to develop recommendations for what skills and dental materials to include in the new test
- Will require additional workshops for determining the minimum acceptable competence criteria for evaluating and scoring candidate performance on the identified skills
- A certain proportion of candidates may be required to learn two sets of skills, those related to the skills/materials used on the test and those related to the skills/materials used in the dental practice where they will work
- A certain proportion of candidates may continue to be tested on skills/materials relevant to the test but not to the dental practice where they will work; the supervising dentist will continue to evaluate candidate proficiency with the skills/materials used in the dental practice

OPTION 2:

Candidates meet initial educational and training requirements through schools and/or on the job training, as currently allowed in statute. Once education and training requirements have been met, the candidate gains practical clinical experience under supervising Dentist. Following satisfactory acquisition of clinical skills as determined by the supervising dentist, candidates will submit an application for licensure with certification from their supervising dentist indicating that the candidate can demonstrate the required RDA clinical skills.

Primary benefits:

- The Board has regulatory authority to determine appropriate curricula and oversee the program
- Infrastructure for schools to submit applications and for the Board to evaluate the program/applications are already in place
- Schools could have some flexibility in identifying the skills and material requirements relevant to the dental practices in their areas of service
- Current law recognizes, except as provided in B&P Code Section 1777, the supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision (B&P Code Section 1752.4(c))
- Current law recognizes the supervising licensed dentist shall be responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by B&P Section 1750.1.
- Candidates will be required to learn the skills/materials used in the dental practice where they will work
- Dentists will continue to evaluate candidate proficiency with the skills/materials used in the practice

Practical Considerations:

- Will require additional workshops for determining the minimum acceptable competence (MAC) criteria for assessing candidate performance on the identified clinical skills
- Updating requirements for school curricula in regard to teaching RDA clinical skills may be needed.
- Requirements for academic curricula and minimum acceptable competence criteria for evaluating competency may need to expand to accommodate the various needs of practicing dentists
- Will require updating regulations (16 California Code of Regulations Section 1070)
- Board oversight of schools may need to increase to monitor application of curricula

CONCLUSION

The review conducted by OPES determined that the evaluation of candidate competency to perform specific clinical skills is a necessary component of RDA licensure; however, there are multiple methods the Board could employ to ensure that these skills are assessed as part of the licensure process.

Finally, OPES will assist the Board in all phases of the determination and implementation of whichever option the Board pursues. OPES can assist with the drafting of the regulatory language required to implement the changes to current procedures. OPES will also provide assistance with implementing the psychometric aspects of the skills evaluation to ensure that the evaluation is legally defensible and meets the requirements of Business and Professions Code Section 139.

DENTAL BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE

REGISTERED DENTAL ASSISTANT PROFESSION

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS

DENTAL BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE

REGISTERED DENTAL ASSISTANT PROFESSION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

April 2016

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PROFESSIONAL EXAMINATION SERVICES

EXECUTIVE SUMMARY

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of Registered Dental Assistant practice in California. The purpose of the occupational analysis is to define practice for Registered Dental Assistants in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the Registered Dental Assistant licensing examination.

OPES test specialists began by researching the profession and conducting a stakeholder and practitioner focus group that included four Registered Dental Assistants, two Registered Dental Assistants in Extended Functions, one educator, and two dentists who practice in locations throughout California. The focus group was held at OPES on June 19-20, 2015, to identify changes and trends in Registered Dental Assistant practice specific to California. Information gained during the research and focus group was used to conduct telephone interviews with six Registered Dental Assistants and three Registered Dental Assistants in Extended Functions who practice in locations throughout California. The purpose of these interviews was to identify the tasks performed in Registered Dental Assistant practice and to specify the knowledge required to perform those tasks in a safe and competent manner. The interviews were also used to follow up on topics arising from the focus group.

Two additional focus groups were later held with Registered Dental Assistants and Registered Dental Assistants in Extended Functions to review and refine the preliminary list of task and knowledge statements. The licensees in these focus groups also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. New task and knowledge statements were created as a result of this process, and some statements were eliminated from the final list due to overlap and reconciliation. The licensees also developed demographic items for inclusion in the survey.

OPES then developed a three-part questionnaire to be completed by Registered Dental Assistants statewide. Development of the questionnaire included a pilot study which was conducted using a group of ten licensees. The participants' feedback was used to refine the questionnaire. The final questionnaire was prepared by OPES for administration in October 2015.

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

OPES selected a stratified random sample of licensees to participate in the occupational analysis. The sample was stratified by years of practice and county of practice, with oversampling of individuals licensed 0 to 5 years. The Board sent notification letters to a sample of 2,700 Registered Dental Assistants (out of 32,980 total licensees) inviting them to complete the questionnaire online. Approximately 16% (16.3%) of the licensed Registered Dental Assistants in the sample (442) responded by accessing the Web-based survey. The final sample size included in the data analysis was 278, or 10.3% of the population that was invited to complete the questionnaire. The demographic composition of the respondent sample is representative of the California Registered Dental Assistant population.

OPES then performed data analyses on the task and knowledge rating responses. OPES combined the task ratings 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 had been analyzed, two additional focus groups were conducted with Registered Dental Assistants and Registered Dental Assistants in Extended Functions. The purpose of these focus groups was to evaluate the criticality indices and determine whether any task or knowledge statements should be eliminated. The licensees in these groups also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The licensees then evaluated and confirmed the content area weights.

The description of practice for the Registered Dental Assistant is structured into four content areas weighted by criticality relative to the other content areas. The description of practice specifies the job tasks and knowledge critical for safe and competent Registered Dental Assistant (RDA) practice in California at the time of licensure and serves as a basis for developing examinations for inclusion in the process of granting California RDA licensure. Similarly, the description of practice serves as a basis for evaluating the degree to which the content of any examination under consideration measures content critical to California RDA practice.

At this time, California licensure as an RDA is granted by meeting the requisite education and training requirements and passing the RDA General Knowledge, Law and Ethics, and practical examinations.

The examination outline for the RDA General Knowledge examination is structured into three content areas weighted by criticality relative to the other content areas. The examination outline for the RDA Law and Ethics examination is structured into four content areas weighted by criticality relative to the other content areas. An overview of the final examination outlines for both exams are provided below.

OVERVIEW OF THE REGISTERED DENTAL ASSISTANT
GENERAL KNOWLEDGE EXAMINATION CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
I. Patient Treatment and Care	This area assesses the candidate's ability to review the patient's dental health by assessing medical and dental history; to note and chart the oral cavity; and to provide instruction regarding oral hygiene, preoperative care, and postoperative care.	40
II. Dental Procedures: Direct and Indirect Restorations	This area assesses the candidate's knowledge of materials, techniques, and procedures regarding direct and indirect restoration dental procedures.	45
III. Dental Specialty Procedures	This area assesses the candidate's knowledge of materials, techniques, and procedures regarding dental specialty procedures.	15
Total		**100**

OVERVIEW OF THE REGISTERED DENTAL ASSISTANT
LAW AND ETHICS EXAMINATION CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
I. Patient Treatment and Care	This area assesses the candidate's knowledge of laws related to patient care, Registered Dental Assistant scope of practice, and ethical principles related to patient care.	30
II. Dental Procedures	This area assesses the candidate's knowledge of laws related to patient care and Registered Dental Assistant scope of practice regarding direct and indirect restorations and preventative dental procedures.	25
III. Dental Specialty Procedures	This area assesses the candidate's knowledge of Registered Dental Assistant scope of practice regarding dental specialty procedures.	10
IV. Safety	This area assesses the candidate's knowledge of laws and regulations regarding infection control, radiation safety, and occupational safety.	35
Total		**100**

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis to identify critical job activities performed by licensed Registered Dental Assistants. This occupational analysis was part of the Board's comprehensive review of Registered Dental Assistant practice in California. The purpose of the occupational analysis is to define practice for Registered Dental Assistants in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for determining the tasks and knowledge that make up the description of practice for the Registered Dental Assistant profession in California.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the occupational analysis reflected the actual tasks performed by Registered Dental Assistants in practice. The technical expertise of California-licensed Registered Dental Assistants was used throughout the occupational analysis process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected Registered Dental Assistants (RDA) and Registered Dental Assistants in Extended Functions (RDAEF) to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current RDA practice during the development phase of the occupational analysis. They also participated in focus groups to review the content of task and knowledge statements for technical accuracy prior to administration of the occupational analysis questionnaire. Following administration of the occupational analysis questionnaire, groups of SMEs were convened at OPES to review the results, finalize the description of practice, and develop the content outlines for the RDA General Knowledge and Law and Ethics examinations.

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 and professional guidelines and technical standards. For the purpose of an occupational analysis, 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 job activities required for practice.

DESCRIPTION OF OCCUPATION

The Registered Dental Assistant occupation is described as follows in Section 1752.4 of the California Business and Professions Code:

1752.4. (a) A registered dental assistant may perform all of the following duties:
(1) All duties that a dental assistant is allowed to perform.
(2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
(3) Apply and activate bleaching agents using a nonlaser light-curing device.
(4) Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.
(5) Obtain intraoral images for computer-aided design (CAD), milled restorations.
(6) Pulp vitality testing and recording of findings.
(7) Place bases, liners, and bonding agents.
(8) Chemically prepare teeth for bonding.
(9) Place, adjust, and finish direct provisional restorations.
(10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.
(11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
(12) Place periodontal dressings.
(13) Dry endodontically treated canals using absorbent paper points.
(14) Adjust dentures extra-orally.

(15) Remove excess cement from surfaces of teeth with a hand instrument.
(16) Polish coronal surfaces of the teeth.
(17) Place ligature ties and archwires.
(18) Remove orthodontic bands.
(19) All duties that the board may prescribe by regulation.

(b) A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved registered dental assistant educational program in those duties, or if he or she has provided evidence, satisfactory to the board, of having completed a board-approved course in those duties.

(1) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

(2) The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.

(3) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.

(4) The application of pit and fissure sealants.

(c) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.

(d) This section shall become operative on January 1, 2010.

CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

PRACTITIONER FOCUS GROUP

OPES test specialists began by researching the profession and conducting a stakeholder and practitioner focus group that included four RDAs, two RDAEFs, one educator, and two dentists. The focus group was held at OPES on June 19-20, 2015, to identify changes and trends in RDA practice specific to California. Information gained during the research and focus group was used to conduct telephone interviews with seven RDAs throughout California. The purpose of these interviews was to identify the tasks performed in RDA practice and to specify the knowledge required to perform those tasks in a safe and competent manner. The interviews were also used to follow up on topics arising from the focus groups.

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of six RDAs and three RDAEFs practicing throughout California to contact for telephone interviews. During the nine semi-structured interviews, the licensees were asked to identify all of the activities performed that are specific to the RDA profession. The interviews confirmed major content areas of their practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge required by RDAs to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES staff integrated the information gathered during the interviews and from prior studies of the profession and developed task and knowledge statements. The statements were then organized into the major content areas of practice.

In July and August 2015, OPES facilitated two focus groups of RDAs and RDAEFs to evaluate the task and knowledge statements for technical accuracy and comprehensiveness and to assign each statement to the appropriate content area. The groups verified that the content areas were independent and non-overlapping. The groups also 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. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

The finalized lists of task and knowledge statements were developed into an online questionnaire that was eventually completed and evaluated by a sample of RDAs throughout California.

QUESTIONNAIRE DEVELOPMENT

OPES developed the online occupational analysis survey, a questionnaire soliciting the licensees' ratings of the job task and knowledge statements for analysis. The surveyed RDAs were instructed to rate each job task in terms of how often they performed the task (FREQUENCY) and how important the task was to the performance of their current practice (IMPORTANCE). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge was to the performance of their current practice (IMPORTANCE). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The questionnaire can be found in Appendix I**.**

PILOT STUDY

Prior to developing the final questionnaire, OPES prepared an online pilot questionnaire. The pilot questionnaire was reviewed by the Board and a group of ten RDA licensees for feedback about the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use. OPES used this feedback to develop the final questionnaire.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

OPES selected a stratified random sample of licensees to participate in the occupational analysis. The sample was stratified by years of practice and county of practice, with oversampling of individuals licensed 0 to 5 years. The Board sent notification letters to the sample of 2,700 RDAs (out of 32,980 total licensees) inviting them to complete the questionnaire online. The online format allowed for several enhancements to the survey and data collection process. As part of the survey development, configuration, and analysis process, various criteria were established to ensure the integrity of the data.

A total of 442 RDAs (16% of the mailing sample) responded by accessing the Web-based survey. The final sample size included in the data analysis was 278, or 10.3% of the population that was invited to complete the questionnaire. This response rate (10.3%) reflects two adjustments. First, data from respondents who indicated they were not currently licensed and practicing as RDAs in California were excluded from analysis. Second, the reconciliation process removed surveys containing incomplete and unresponsive data. The respondent sample is representative of the population of California RDAs based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

Of the respondents included in the analysis, 62% had been practicing as an RDA for 5 years or less, 33% had been practicing between 6 and 20 years, and 5% had been practicing for more than 20 years (see Table 1).

As shown in Table 8, respondents gained the majority of their work experience to become an RDA from the dentist (58.6%), a private career school (30.9%), an experienced RDA or RDAEF (28.8%), or a community college program (26.6%). As shown in Table 2, a large part of the sample had either 11 months (29.9%) or 12 to 15 months (13.3%) experience as a dental assistant before applying for licensure. A quarter of the sample (25.2%) gained their experience during an internship.

The respondents were asked to indicate the primary work setting where they provide services as an RDA. Work in a solo dental practice was reported by 42.8 % of the sample, 30.2% worked in a group dental practice (2 or more dentists), 12.2% worked in specialty dental practice settings, and 7.2% of respondents worked in public health dentistry. The remaining respondents primarily reported working in government (1.1%), hospital (1.4%), dental school clinics (0.7%), or military (0.4%) settings (see Table 3).

Respondents generally worked as either the only RDA (19.4%) or with one other RDA (22.7%), with almost a third of the sample (32%) working with two to three additional RDAs (see Table 6).

The respondents were also asked to indicate the type of dental practice in their primary work setting. General dentistry was reported as a primary work setting by 74.6 % of respondents, 9% worked in pedodontic dentistry, and 7.2% worked in orthodontic dentistry (see Table 4).

As shown in Table 11, the respondents reported that, on average, 32.5% of their time was spent assisting the dentist at chairside, 16.5% of their time was spent maintaining a sterile and orderly work environment, and 20.4% of their time was spent either working with patient charts (10.2%) or working directly with patients providing instructions and education to support treatment (10.2%).

Complete demographic information from the respondents can be found in Tables 1 through 11.

CHANGES AND TRENDS IN DENTAL PROCEDURES

Based on the results of the initial focus group and practitioner interviews, specific dental procedures, either performed or assisted by RDAs, were included in the questionnaire. These procedures were included to identify the extent to which possible trends were being seen in the workplace (radiography by x-ray or by digital sensor, for example). Respondents were asked to provide information regarding the extent to which the frequency of their performing the specific dental procedures had changed over the last 2 years and, based on their current practice, the extent to which the frequency of their performing these procedures was expected to change over the next 5 years. These results are summarized in Appendix F.

In addition, specific dental procedures performed by RDAs related to direct and indirect restorations were identified for inclusion in the survey to identify the frequency with which they are currently being performed by practitioners. These questionnaire items focus on a specific procedure (fabricating provisional restorations, for example) and the teeth where the procedure may be employed (mandibular anterior, for example). The results allow for a comparison of the average frequency with which the dental procedures are applied to specific groups of teeth by the licensees. The results are summarized in Appendix G.

TABLE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A REGISTERED DENTAL ASSISTANT

Years	N	Percent
0 to 5 years	172	61.9%
6 to 10 years	59	21.2%
11 to 20 years	32	11.5%
More than 20 years	15	5.4%
Total	278	100

FIGURE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A REGISTERED DENTAL ASSISTANT

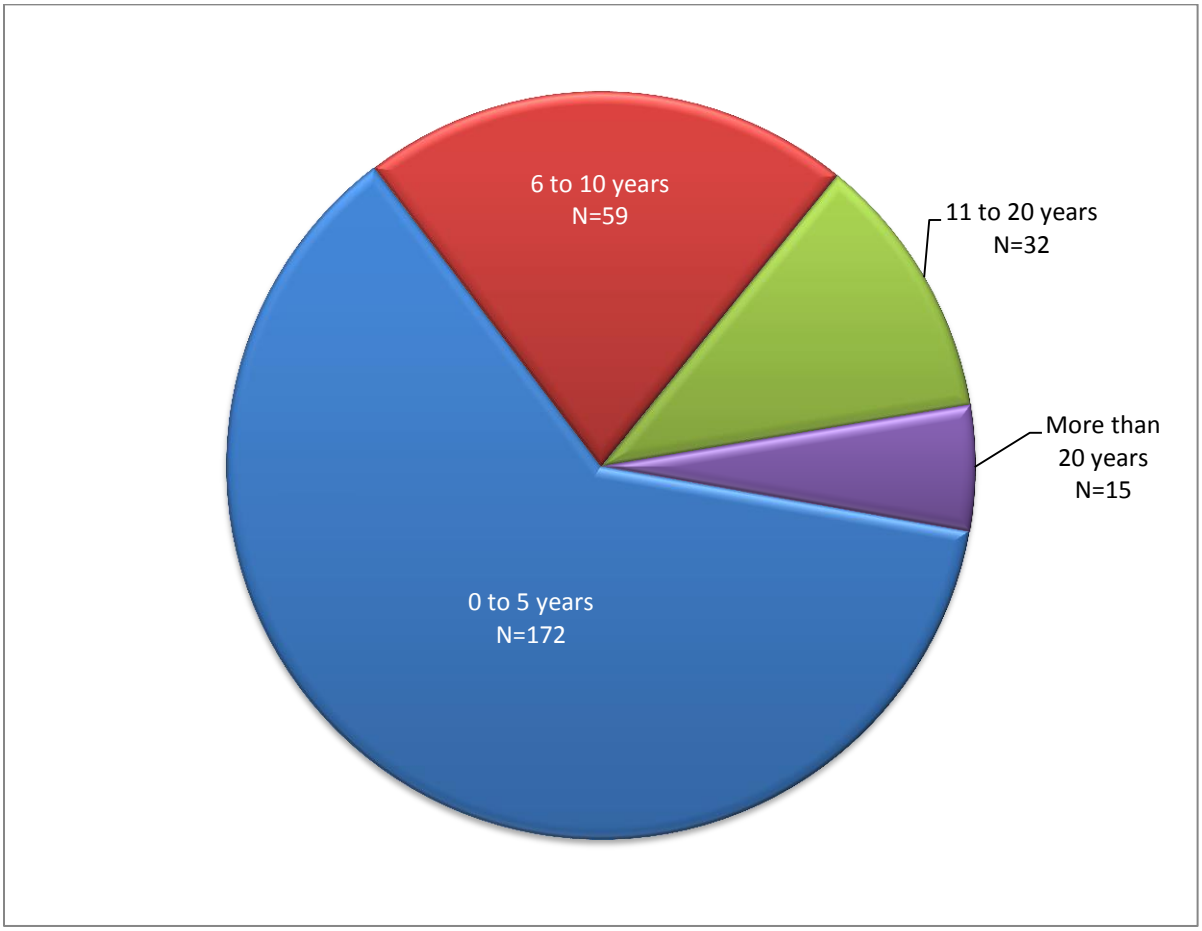


TABLE 2 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSURE

Years	N	Percent
N/A, I worked as an intern	70	25.2%
0 to 11 months	83	29.9%
12 to 15 months	37	13.3%
16 months to 2 years	32	11.5%
3 to 5 years	34	12.2%
6 to 10 years	13	4.7%
More than 10 years	9	3.2%
Total	278	100

FIGURE 2 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSURE

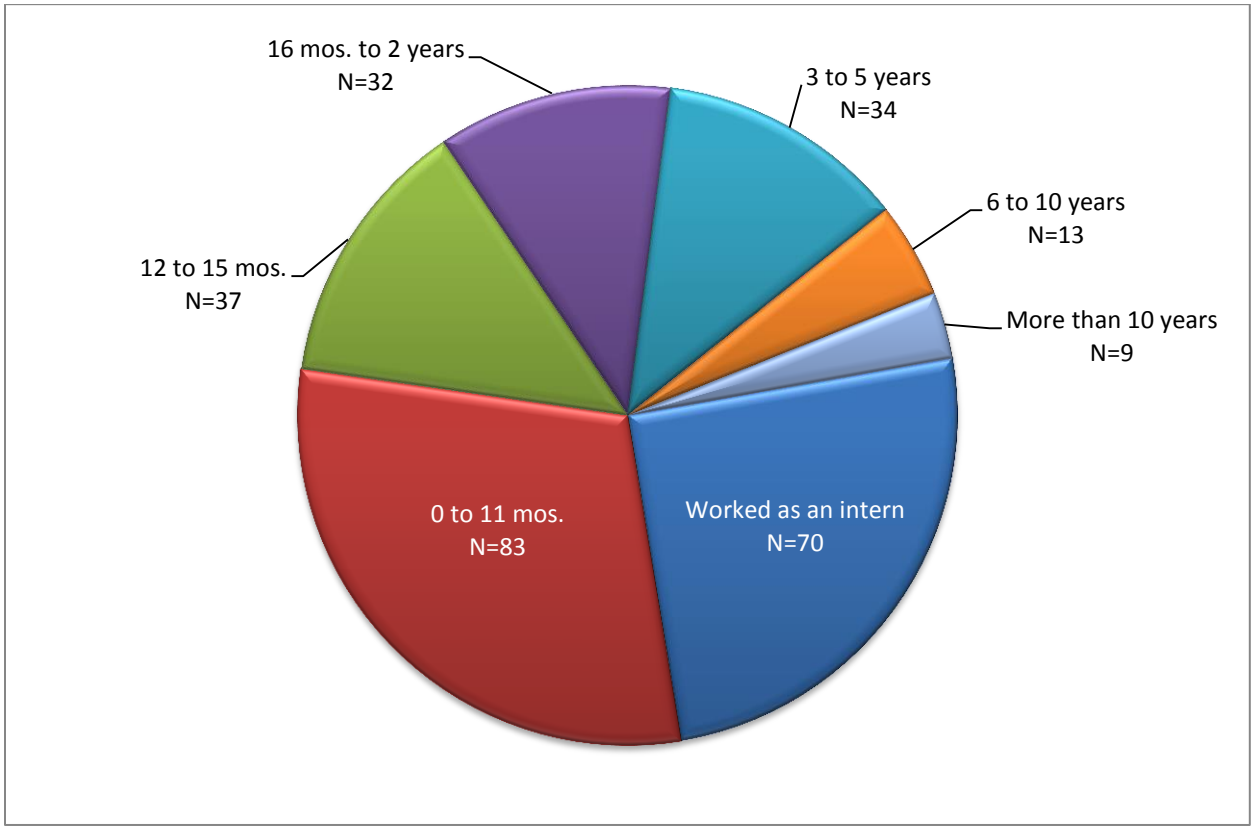


TABLE 3 – PRIMARY WORK SETTING

Work Setting	N	Percent
Solo dental practice	119	42.8
Group dental practice	84	30.2
Specialty dental practice (oral/maxillofacial surgery, dentofacial orthopedics)	34	12.2
Public health dentistry	20	7.2
Missing	11	4
Hospital dental clinic	4	1.4
Government	3	1.1
Dental school clinic	2	0.7
Military	1	0.4
Total	278	100

FIGURE 3 – PRIMARY WORK SETTING

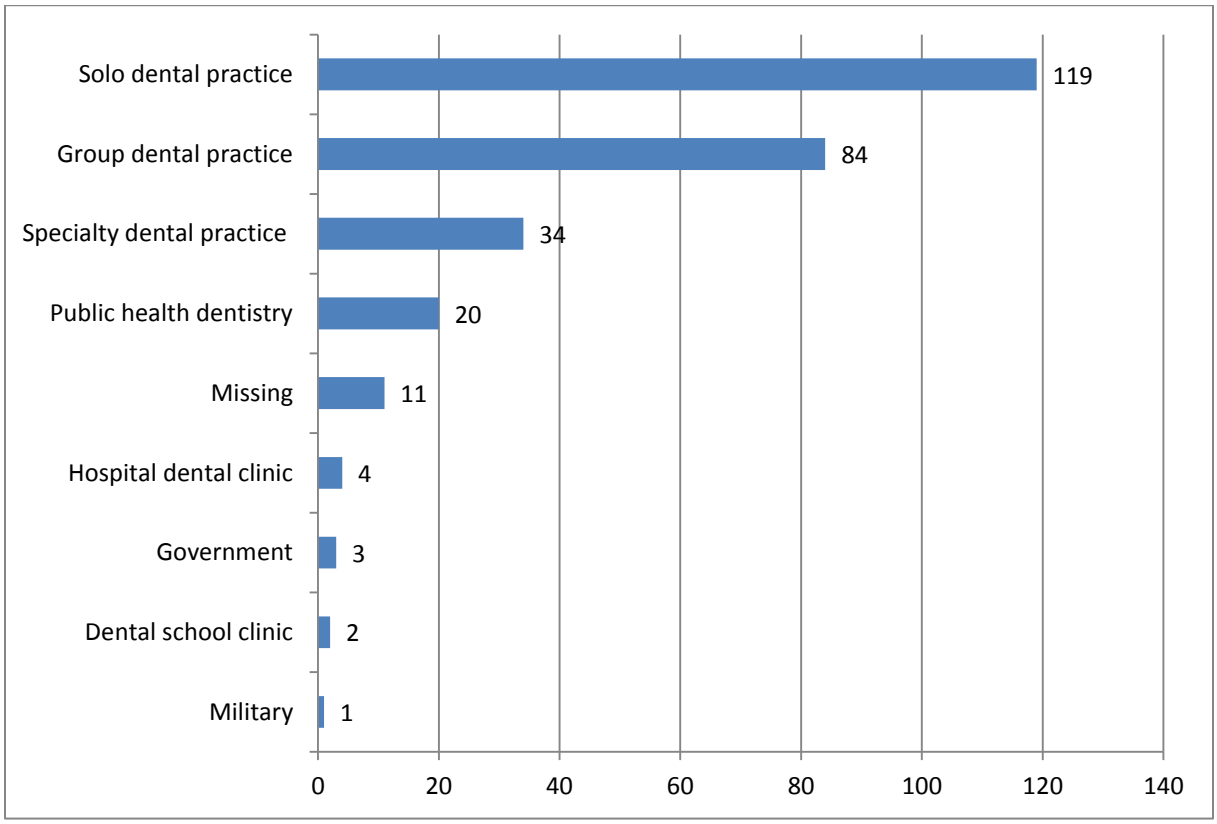


TABLE 4 – TYPE OF DENTAL PRACTICE IN PRIMARY WORK SETTING

Practice Type	N	Percent
General dentistry	208	74.6%
Pedodontic dentistry	25	9.0%
Orthodontic dentistry	20	7.2%
Missing	9	3.2%
Periodontic dentistry	6	2.2%
Oral surgery	4	1.8%
Endodontic dentistry	3	1.1%
Prosthodontic dentistry	3	1.1%
Total	278	100*

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

FIGURE 4 – TYPE OF DENTAL PRACTICE IN PRIMARY WORK SETTING

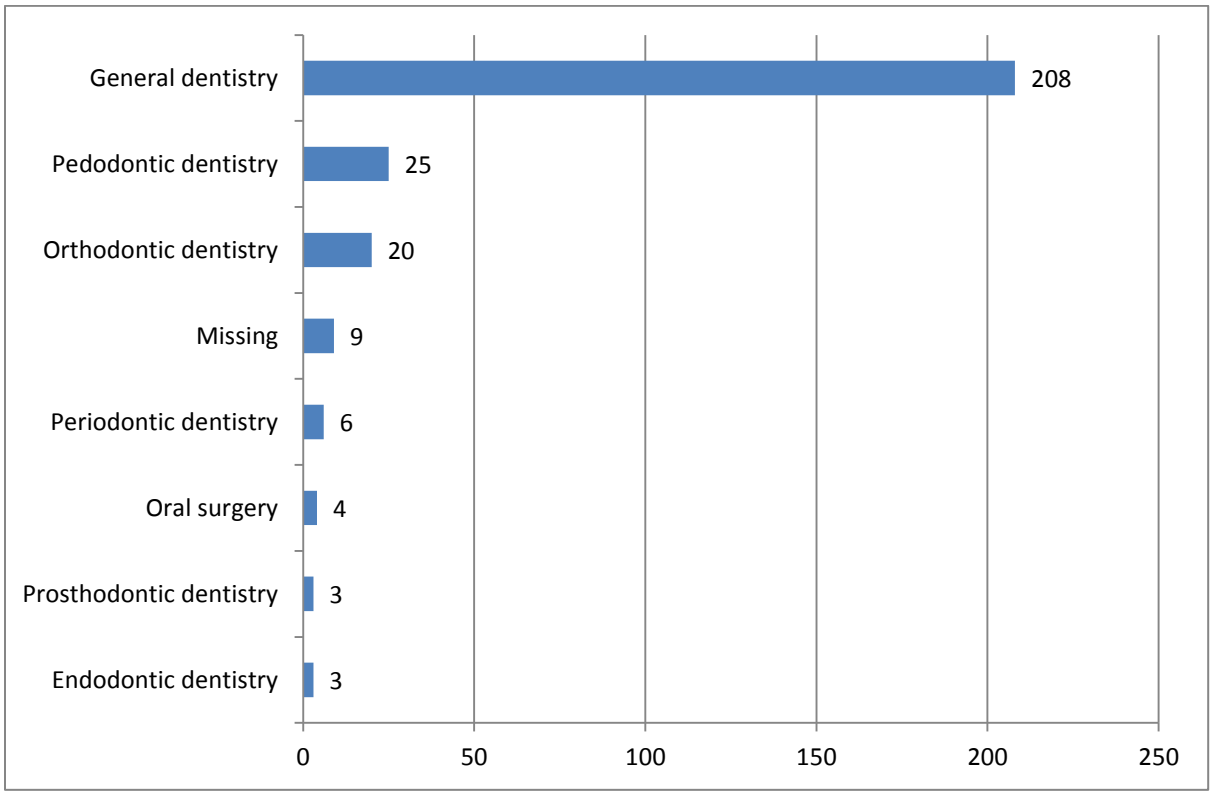


TABLE 5 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DA) IN PRIMARY WORK SETTING

Number of Unlicensed DAs	N	Percent
None	135	48.6%
1 DA	60	21.6%
2 to 3 DAs	58	20.9%
4 to 5 DAs	10	3.6%
More than 5 DAs	13	4.7%
Missing	2	0.7%
Total	278	100*

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

FIGURE 5 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DA) IN PRIMARY WORK SETTING

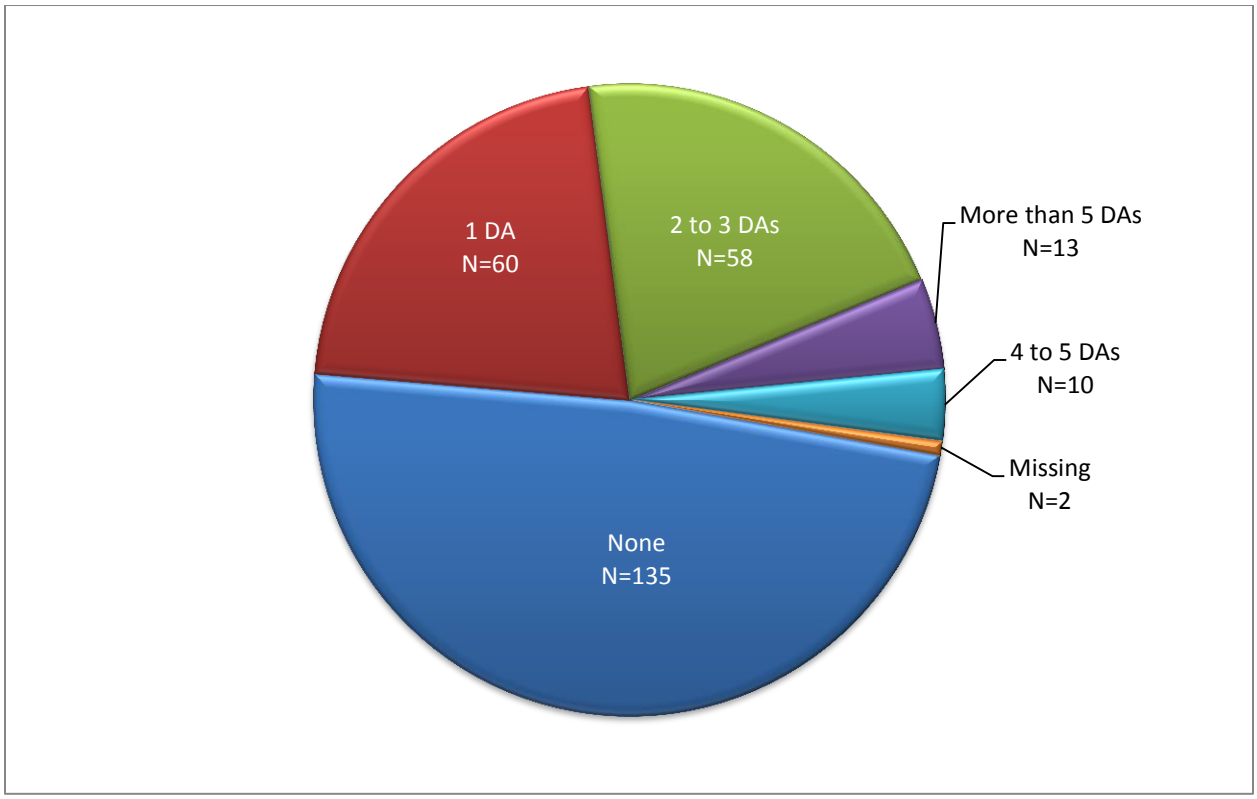


TABLE 6 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDA) IN PRIMARY WORK SETTING

Number of RDAs	N	Percent
None	54	19.4%
1 RDA	63	22.7%
2 to 3 RDAs	89	32.0%
4 to 5 RDAs	26	9.4%
More than 5 RDAs	43	15.5%
Missing	3	1.1%
Total	278	100*

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

FIGURE 6 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDA) IN PRIMARY WORK SETTING

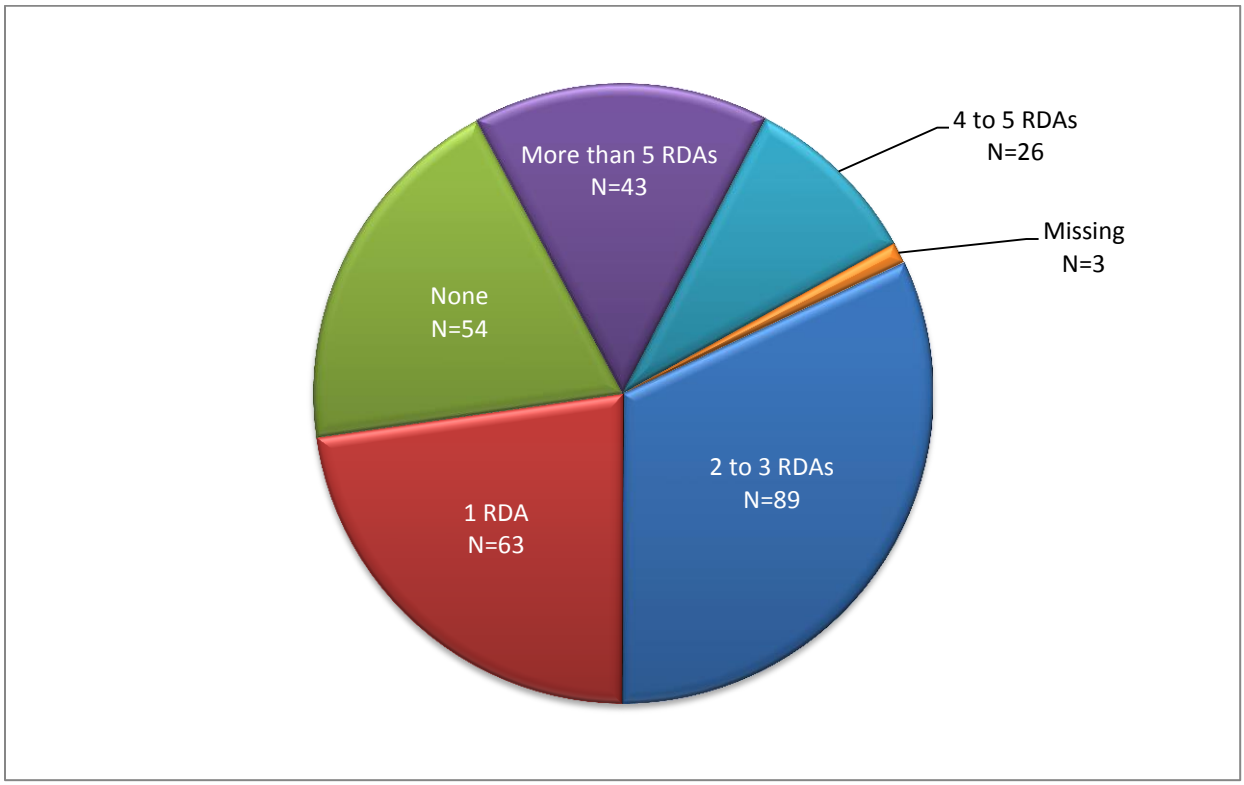


TABLE 7 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEF) IN PRIMARY WORK SETTING

Number RDAEFs	N	Percent
None	231	83.1%
1 RDAEF	32	11.5%
2 to 3 RDAEFs	12	4.3%
4 to 5 RDAEFs	2	0.7%
Missing	1	0.4%
Total	278	100

FIGURE 7 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEF) IN PRIMARY WORK SETTING

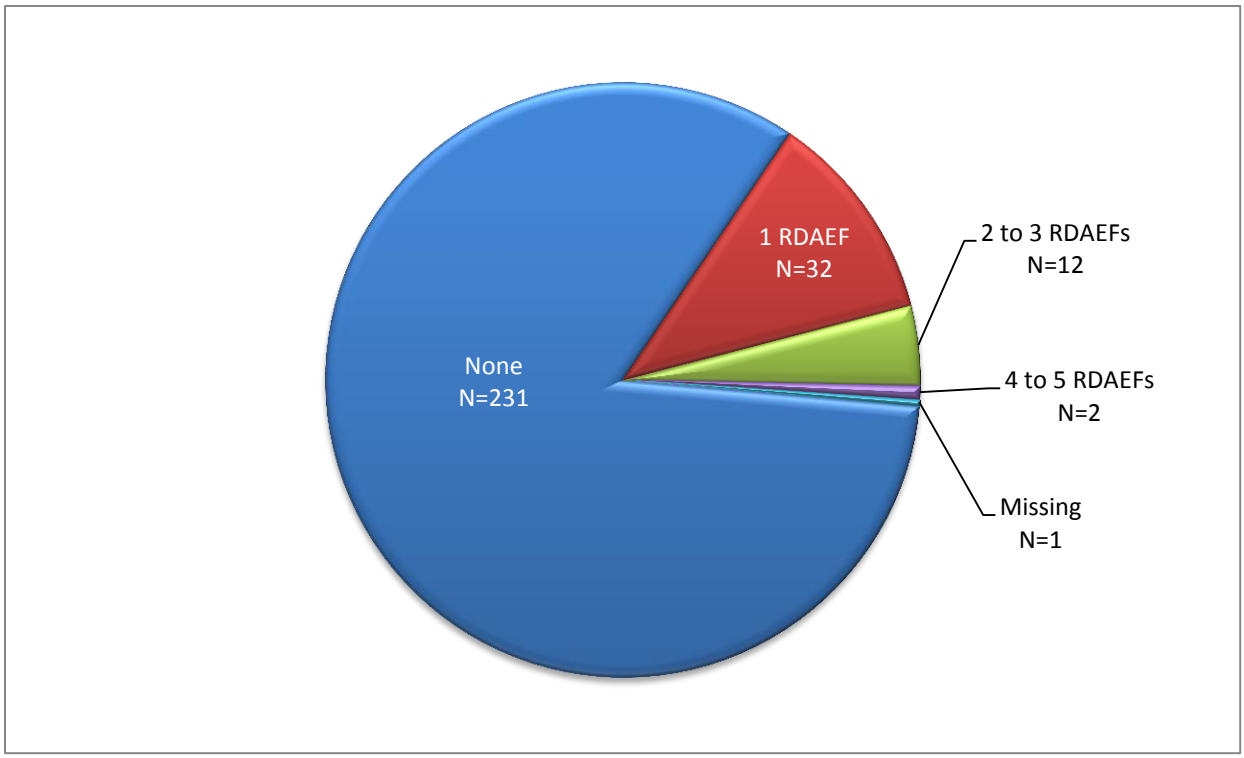


TABLE 8 – SOURCE OF WORK EXPERIENCE TO BECOME A REGISTERED DENTAL ASSISTANT

Experience Source	N	Percent
On the job from Dentist	163	58.6%
Private career school	86	30.9%
On the job from experienced RDA/RDAEF	80	28.8%
Community college program	74	26.6%
ROP program	54	19.4%
University-level program	17	6.1%
Online school or program	10	3.6%
Military	4	1.4%

**NOTE: Respondents were asked to select no more than 3 options.*

FIGURE 8 – SOURCE OF WORK EXPERIENCE TO BECOME A REGISTERED DENTAL ASSISTANT

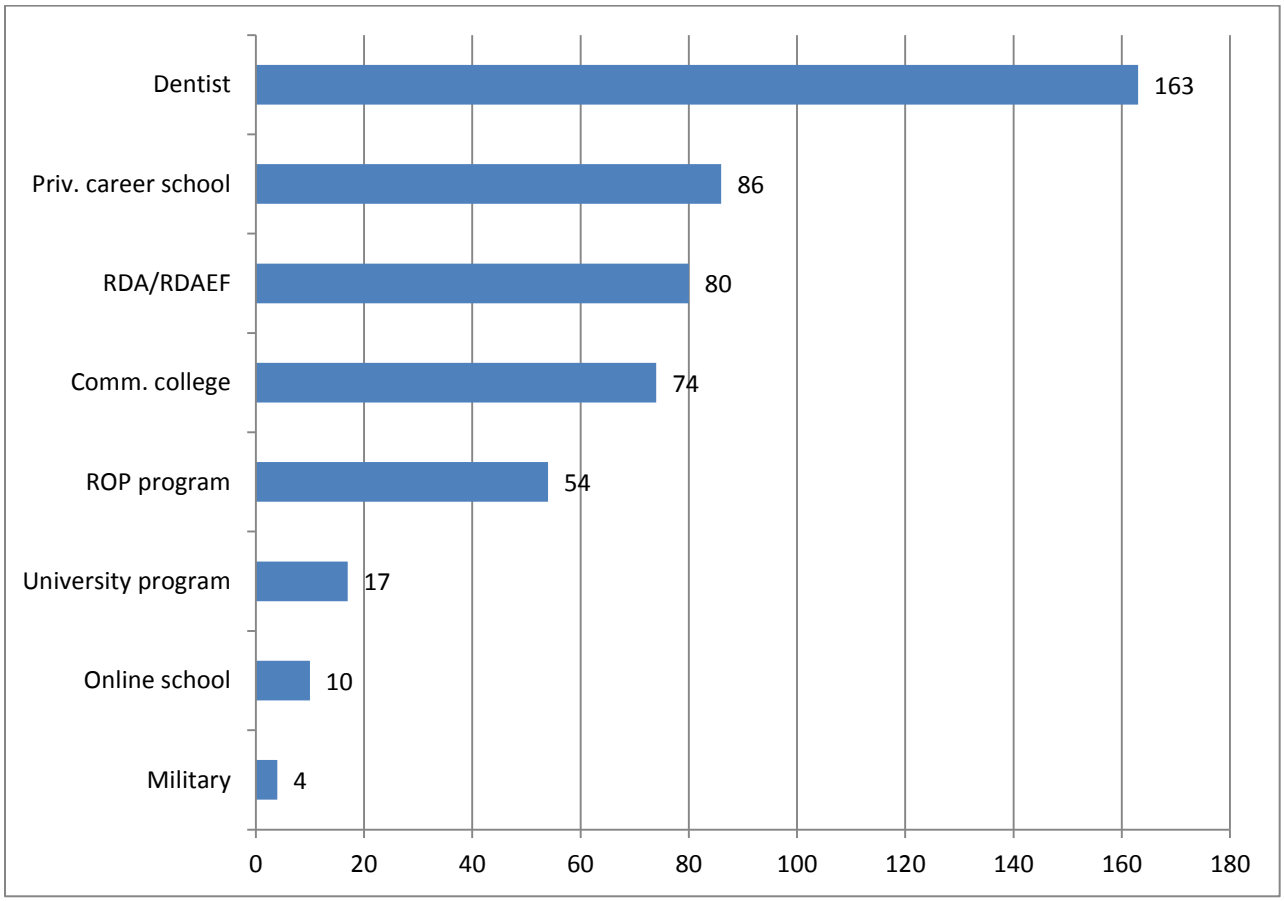


TABLE 9 – OTHER CERTIFICATES/CREDENTIALS POSSESSED

Credential	N	Percent
Coronal Polishing Certification	270	97.1%
Pit & Fissure Sealants Certification	184	66.2%
Other	42	15.0%
Ultrasonic Scaling Certification	36	12.9%
Dental Sedation Asst. Permit	8	2.2%
Orthodontic Asst. Permit	5	1.8%

**NOTE: Respondents were asked to select all that apply.*

FIGURE 9 – OTHER CERTIFICATES/CREDENTIALS POSSESSED

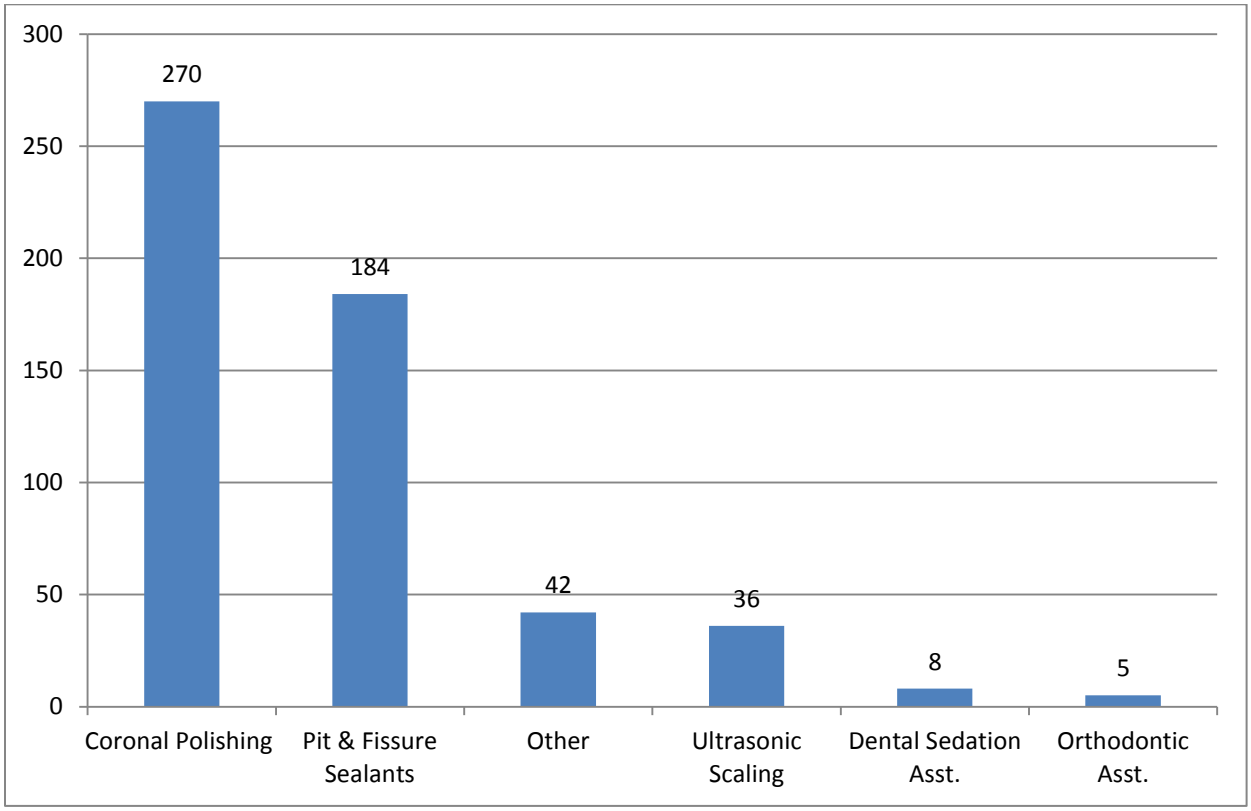


TABLE 10 – LOCATION OF PRIMARY WORK SETTING

	N	Percent
Urban	191	68.7%
Rural	84	30.2%
Missing	3	1.1%
Total	278	100

FIGURE 10 – LOCATION OF PRIMARY WORK SETTING

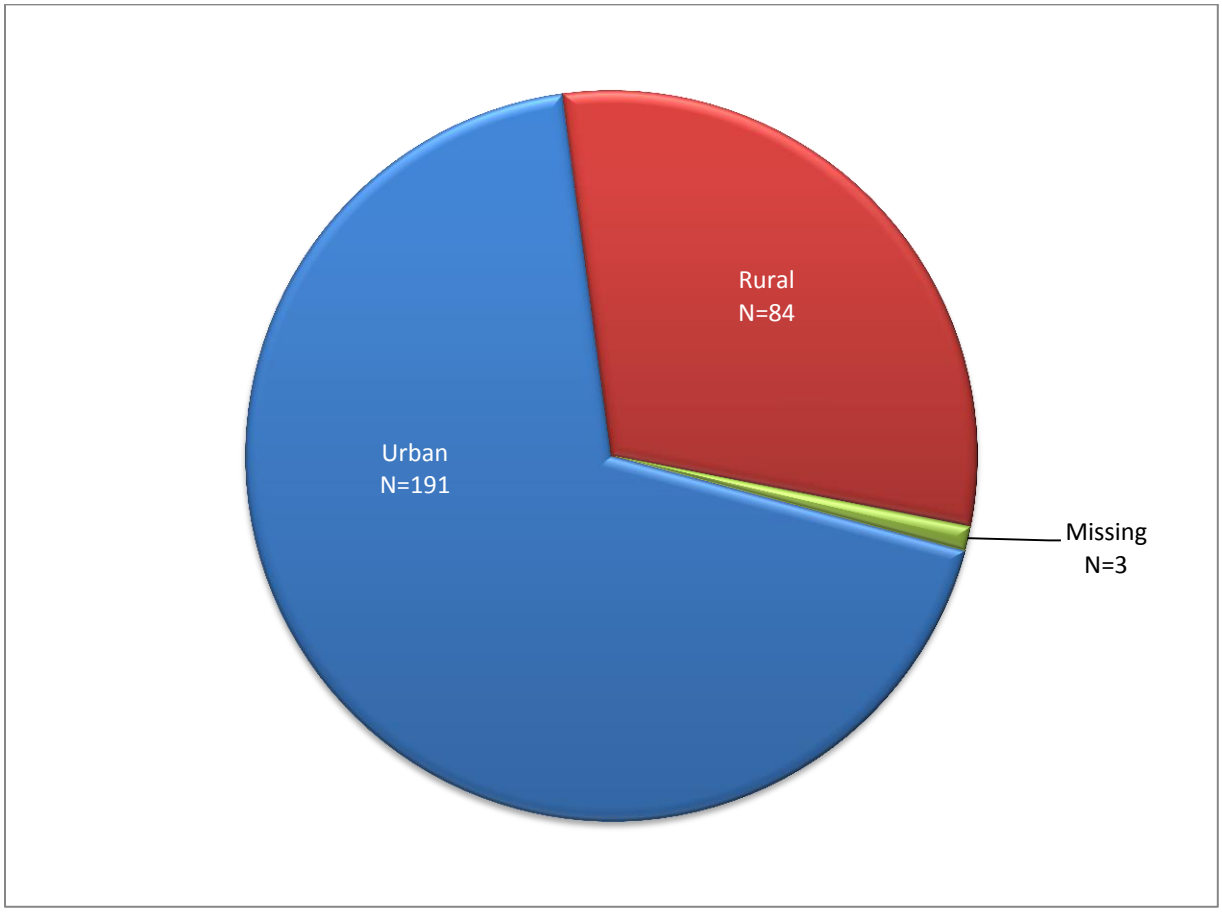
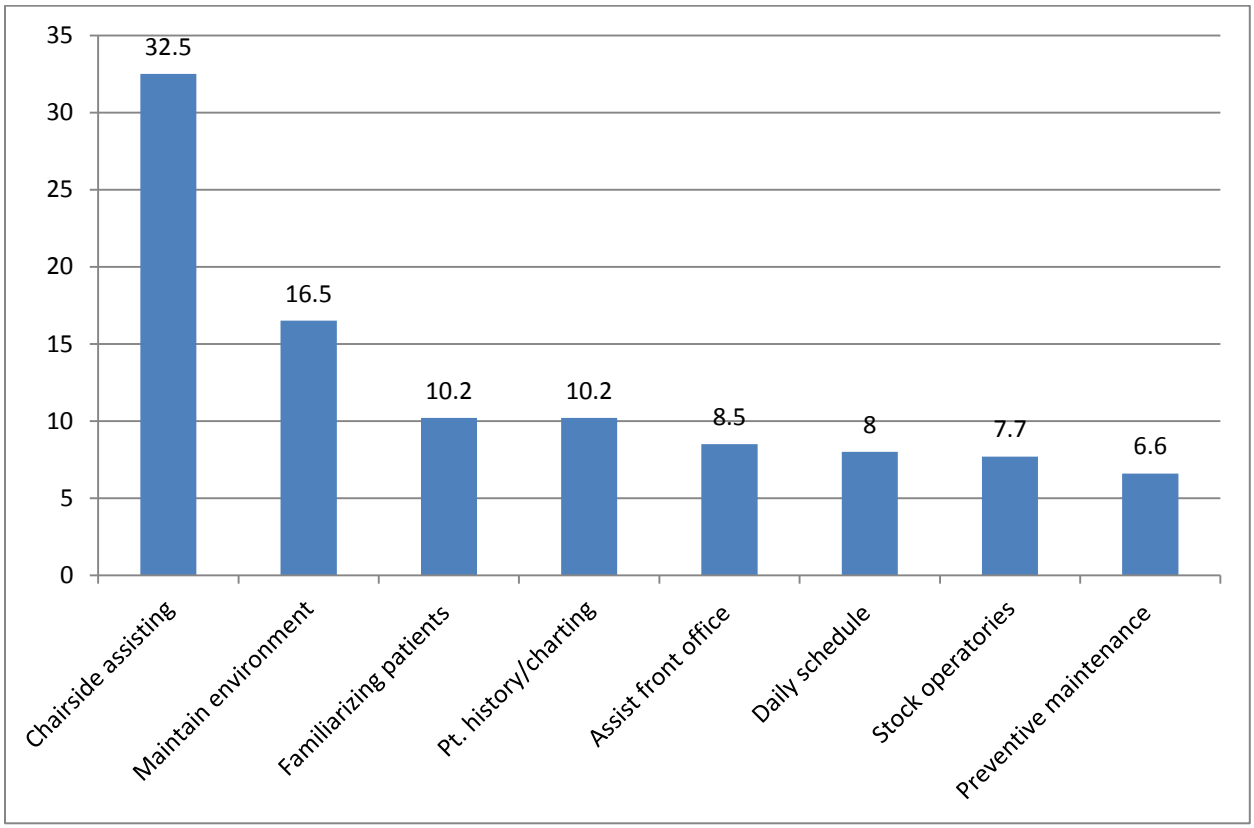


TABLE 11 – PERCENTAGE OF TIME SPENT ON PRINCIPAL WORK TASKS IN AN AVERAGE WEEK

Work Task	Average Percent
Assisting the dentist in the administration of treatment at the chairside	32.5
Maintaining a sterile and orderly work environment	16.5
Familiarizing patients with the aspects of their dental visit and providing instructions and education to support treatment	10.2
Reviewing patients' health history and making chart entries under the direction of the dentist	10.2
Assisting with front office procedures if time allows or as determined by the dentist	8.5
Reviewing the daily schedule to set up appropriate trays and instruments	8.0
Stocking operatories and maintaining the clinical supply inventory	7.7
Supervising the preventive maintenance of dental equipment	6.6

FIGURE 11 – PERCENTAGE OF TIME SPENT ON PRINCIPAL WORK TASKS IN AN AVERAGE WEEK



CHAPTER 4. DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

The job task and knowledge ratings obtained by the questionnaire were evaluated with a standard index of reliability, coefficient alpha (α) that ranges from 0 to 1. Coefficient alpha is an estimate of the internal-consistency of the respondents' ratings of job task and knowledge statements. Coefficients were calculated for all respondent ratings.

Table 12 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency (α = .96) and task importance (α = .96) across content areas were highly reliable. Table 13 displays the reliability coefficients for the knowledge statements rating scale in each content area. The overall ratings of knowledge importance (α = .98) across content areas were highly reliable. These results indicate that the responding RDAs rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 12 – TASK SCALE RELIABILITY

CONTENT AREA	Number of Tasks	α Frequency	α Importance
I. Patient Examination	10	.88	.88
II. Dental Procedures	14	.94	.94
III. Safety	24	.94	.94
IV. Dental Specialty Procedures	12	.91	.91
Total	60	.96	.96

TABLE 13 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	α Importance
I. Patient Examination	26	.96
II. Dental Procedures	34	.98
III. Safety	33	.97
IV. Dental Specialty Procedures	14	.94
Total	107	.98

TASK CRITICAL VALUES

Focus groups of licensed RDAs were convened at OPES in January and February 2016 to review the average frequency and importance ratings and the criticality indices of all task and knowledge statements. The purpose of these workshops was to identify the essential tasks and knowledge required for safe and competent RDA practice at the time of licensure. The licensees reviewed the task frequency, importance, and criticality indices for all task statements.

In order to determine the critical values (criticality) of the task statements, the frequency rating (Fi) and the importance rating (Ii) for each task were multiplied for each respondent, and the products averaged across respondents.

Critical task index = mean [(Fi) X (Ii)]

The task statements were then ranked according to the tasks' critical values. The task statements, their mean frequency and importance ratings, and associated critical values are presented in Appendix B.

The January 2016 focus group of SMEs evaluated the tasks' critical values based on the questionnaire results. OPES staff instructed the SMEs to identify a cutoff value of criticality in order to determine if any tasks did not have a high enough critical value to be retained. The SMEs determined that no cutoff value should be set based on their judgment of the relative importance of all tasks to RDA practice. The February 2016 focus group of SMEs performed an independent review of the same data and arrived at the same conclusion that no cutoff value should be set and that all tasks should be retained.

KNOWLEDGE IMPORTANCE RATINGS

In order to determine the importance of each knowledge, the mean importance (KImp) rating for each knowledge statement was calculated. The knowledge statements were then ranked according to mean importance. The knowledge statements and their importance ratings are presented in Appendix C.

The January 2016 focus group of SMEs that evaluated the task critical values also reviewed the knowledge statement importance values. After reviewing the average importance ratings and considering their relative importance to RDA practice, they determined that no cutoff value should be established, and all knowledge statements were retained. The February 2016 focus group of SMEs independently reviewed the same data and arrived at the same conclusion that no cutoff value should be set and that all knowledge statements should be retained.

CHAPTER 5. EXAMINATION PLAN

CONTENT AREAS AND WEIGHTS

In order for the February 2016 group of SMEs to determine the relative weights of the content areas of the RDA General Knowledge and the Law and Ethics examinations, initial calculations were performed by dividing the sum of the task critical values for a content area by the overall sum of the task critical values for all tasks, as shown below.

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

In reviewing the preliminary weights based solely on the task critical values, the SMEs determined that these weights did not reflect the relative importance of the content areas to RDA practice in California for either the General Knowledge or the Law and Ethics examinations.

The SMEs were then presented with values based on the knowledge importance (KImp) ratings for each content area (KImp Prelim. Wts.). These values were calculated by dividing the sum of the knowledge importance for a content area by the overall sum of the knowledge importance ratings for all knowledge, as shown below.

$$\frac{\textit{Sum of K(Imp) for Knowledge in Content Area}}{\textit{Sum of K(Imp) for All Knowledge}} = \textit{Percent Weight of Content Area}$$

In determining the final weighting of the content areas for the General Knowledge examination, the February 2016 group of SMEs evaluated the group of tasks and knowledge, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area for RDA practice in California.

For the RDA General Knowledge examination, the SMEs identified that the preliminary weights based on the KImp values were fairly representative of the relative importance of each content area to practice. The preliminary values were adjusted based on their discussion to arrive at the final content area weights. The results of their evaluation are depicted in Table 14.

In determining the final weighting of the content areas for the RDA Law and Ethics examination, the February 2016 group of SMEs evaluated the group of tasks and knowledge, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area for RDA practice in California. The linkage between the tasks and knowledge was based on the linkage used to develop the description of practice. As such, the same tasks representing critical areas of practice were used with the General Knowledge and the Law and Ethics examination where they were linked to the knowledge for each examination.

For the RDA Law and Ethics examination, the final weights took into consideration where the majority of ethics-related knowledge statements were located (Content Area I, Patient Treatment and Care). The SMEs also considered that the majority of laws in Content Area III (Dental Specialty Procedures) were related to scope of practice while the laws related to Content Area IV (Safety) involved multiple areas of law and practice. Heavier weighting was therefore considered appropriate for Content Areas I and IV because of the greater diversity of practice-related content represented by the tasks and knowledge in Content Areas I and IV as compared to Content Areas II and III. Finally, the SMEs changed the name of Content Area I to better represent the tasks and knowledge statements included in that area. The results of their evaluation for the RDA Law and Ethics examination are depicted in Table 15 below.

The examination outline for the General Knowledge examination can be found in Table 16, and the examination outline for the Law and Ethics examination can be found in Table 17.

TABLE 14 – CONTENT AREA WEIGHTS - GENERAL KNOWLEDGE EXAMINATION

Content Area	Final Weights
I. Patient Treatment and Care	40
II. Dental Procedures: Direct and Indirect Restorations	45
III. Dental Specialty Procedures	15
Total	**100**

TABLE 15 – CONTENT AREA WEIGHTS - LAW AND ETHICS EXAMINATION

Content Area	Final Weights
I. Patient Treatment and Care	30
II. Dental Procedures	25
III. Dental Specialty Procedures	10
IV. Safety	35
Total	**100**

TABLE 16 – EXAMINATION OUTLINE: REGISTERED DENTAL ASSISTANT GENERAL KNOWLEDGE EXAMINATION

I. Patient Treatment and Care (40%): This area assesses the candidate's ability to review the patient's dental health by assessing medical and dental history; to note and chart the oral cavity; and to provide instruction regarding oral hygiene, preoperative care, and postoperative care.

Task Statements	Knowledge Statements
1 Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment.	1 Knowledge of effects of coexisting medical/dental conditions on dental treatment.
2 Take patient's blood pressure and vital signs.	2 Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes).
3 Inspect patient's oral condition with mouth mirror.	3 Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine).
4 Chart existing oral conditions and diagnostic findings at the direction of the licensed provider.	4 Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics).
5 Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans).	6 Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves).
6 Respond to patient questions about existing conditions and treatment following dentist's diagnosis.	7 Knowledge of acceptable levels of blood pressure for performing dental procedures.
7 Observe for signs and conditions that may indicate abuse or neglect.	8 Knowledge of methods and techniques for using medical equipment to take vital signs.
8 Perform dental procedures using professional chairside manner.	9 Knowledge of techniques and procedures for using imaging equipment to perform intraoral and extraoral diagnostic imaging.
9 Educate patient about behaviors that could affect oral health or dental treatment.	10 Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology.
	11 Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fractures lines) and how to document them.

I. Patient Treatment and Care (continued)

Task Statements	Knowledge Statements
10 Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances. 48 Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist. 49 Assist in the administration of oxygen to patients as instructed by dentist. 51 Assist in emergency care of patient. 32 Utilize caries detection materials and devices to gather information for dentist.	12 Knowledge of effects of substance abuse on patient's physical condition including oral tissues. 13 Knowledge of effects of nutrition and malnutrition on the oral cavity. 14 Knowledge of effects of smoking and smokeless tobacco on oral tissue. 18 Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them. 19 Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation). 23 Knowledge of methods and techniques patients can perform to improve oral health. 24 Knowledge of pre- and postoperative care and maintenance for dental procedures and appliances. 25 Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures. 92 Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen. 93 Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures. 95 Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry. 64 Knowledge of types of automated caries detection devices, materials, and procedures for their use.

II. Dental Procedures: Direct and Indirect Restorations (45%): This area assesses the candidate's knowledge of materials, techniques, and procedures regarding direct and indirect restoration dental procedures.

Task Statements	Knowledge Statements
13 Place bases and liners. 14 Place matrices and wedges. 15 Place temporary filling material. 16 Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations. 17 Place bonding agent. 18 Fabricate and adjust direct and indirect provisional restorations. 19 Perform cementation procedure for direct and indirect provisional restorations. 20 Obtain intraoral images using computer generated imaging system (e.g., CADCAM). 21 Take impressions for direct and indirect provisional restorations. 22 Remove indirect provisional restorations. 23 Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence).	28 Knowledge of types of base and liner materials and the techniques and procedures for their application and placement. 29 Knowledge of types of wedges and the techniques and procedures for their use. 30 Knowledge of techniques and procedures for using matrix bands with or without band retainers. 31 Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them. 32 Knowledge of types of bonding agents and the techniques and procedures for their application and placement. 33 Knowledge of types of etchants and the techniques and procedures for their application and placement. 34 Knowledge of irregularities in margins that affect direct and indirect provisional restorations. 35 Knowledge of techniques used to eliminate open margins when placing restorative materials. 36 Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. 37 Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. 38 Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations.

II. Dental Procedures: Direct and Indirect Restorations (continued)

Task Statements	Knowledge Statements
	40 Knowledge of equipment and procedures used to obtain intraoral images for computer-aided, milled restorations. 41 Knowledge of types of impression materials and techniques and procedures for their application and placement. 42 Knowledge of techniques and procedures used to mix and place provisional materials. 43 Knowledge of techniques and procedures for bonding provisional veneers. 44 Knowledge of indications and contraindications for the use of whitening (bleaching) agents. 45 Knowledge of indications and contraindications for the use of bonding agents. 46 Knowledge of indications and contraindications for the use of etching agents. 47 Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application. 48 Knowledge of types of cements and the techniques and procedures for their application, placement, and removal.

III. Dental Specialty Procedures (15%): This area assesses the candidate's knowledge of materials, techniques, and procedures regarding dental specialty procedures.

Task Statements	Knowledge Statements
3A. Dental Specialty Procedures: Endodontic Procedures	
58 Test pulp vitality.	102 Knowledge of techniques and procedures for testing pulp vitality.
59 Dry canals with absorbent points.	103 Knowledge of techniques and procedures for measuring canal length and size.
3B Dental Specialty Procedures: Periodontal Procedures	
62 Place periodontal dressings at surgical site.	109 Knowledge of types of periodontal dressings and techniques for their application.
3C Dental Specialty Procedures: Orthodontic Procedures	
63 Place orthodontic separators.	111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties.
64 Place and remove ligature ties and arch wires.	
65 Place elastic ties to secure arch wires.	112 Knowledge of techniques for placement and removal of removable orthodontic appliances.
66 Remove orthodontic bands.	
67 Take impression for fixed and removable orthodontic appliances.	113 Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application.
68 Remove fixed orthodontic appliances.	
3D Dental Specialty Procedures: Implants, Oral Surgery and Extractions	
69 Remove post-extraction and post-surgery sutures as directed by dentist. (K114)	114 Knowledge of techniques for removing post-extraction and post-surgery sutures.
70 Place and remove dry socket dressing as directed by dentist. (K115)	115 Knowledge of methods for treating dry socket.

III. Dental Specialty Procedures (continued)

Task Statements	Knowledge Statements
3E Dental Specialty Procedures: Prosthetic Appliances	
71 Adjust prosthetic appliances extraorally.	116 Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances. 117 Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances.

TABLE 17 – EXAMINATION OUTLINE: REGISTERED DENTAL ASSISTANT LAW AND ETHICS EXAMINATION

I. Patient Treatment and Care (30%): This area assesses candidate knowledge of laws related to patient care, Registered Dental Assistant scope of practice, and ethical principles related to patient care.

Task Statements		Knowledge Statements	
1	Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment.	15	Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient.
2	Take patient's blood pressure and vital signs.	16	Knowledge of professional and ethical principles regarding patient care.
3	Inspect patient's oral condition with mouth mirror.	17	Knowledge of legal requirements and ethical principles regarding patient confidentiality.
4	Chart existing oral conditions and diagnostic findings at the direction of the licensed provider.	20	Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect).
5	Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans).	22	Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules or regulations to the proper authorities.
6	Respond to patient questions about existing conditions and treatment following dentist's diagnosis.	26	Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.
7	Observe for signs and conditions that may indicate abuse or neglect.		
8	Perform dental procedures using professional chairside manner.		
9	Educate patient about behaviors that could affect oral health or dental treatment.		
10	Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances.		

II. Dental Procedures (25%): This area assesses candidate knowledge of Registered Dental Assistant scope of practice regarding direct and indirect restorations and preventative dental procedures.

Task Statements	Knowledge Statements
2A Dental Procedures: Direct and Indirect Restorations	
13 Place bases and liners.	39 Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents.
14 Place matrices and wedges.	49 Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents.
15 Place temporary filling material.	50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.
16 Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations.	51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations.
17 Place bonding agent.	52 Knowledge of RDA and RDAEF scopes of practice related to final impressions.
18 Fabricate and adjust direct and indirect provisional restorations.	
19 Perform cementation procedure for direct and indirect provisional restorations.	
20 Obtain intraoral images using computer generated imaging system (e.g., CADCAM).	
21 Take impressions for direct and indirect provisional restorations.	
22 Remove indirect provisional restorations.	
23 Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence).	

II. Dental Procedures (continued)

Task Statements	Knowledge Statements
2B Dental Procedures: Preventive Procedures	
31 Perform coronal polishing.	
32 Utilize caries detection materials and devices to gather information for dentist.	60 Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants.
33 Prepare teeth and apply pit and fissure sealants.	68 Knowledge of scope of practice for RDAs related to use of caries detection devices and materials.

III. Dental Specialty Procedures (10%): This area assesses candidate knowledge of Registered Dental Assistant scope of practice regarding dental specialty procedures.

Task Statements	Knowledge Statements
3A Dental Specialty Procedures: Endodontic Procedures 58 Test pulp vitality. 59 Dry canals with absorbent points.	104 Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures.
3B Dental Specialty Procedures: Periodontal Procedures 62 Place periodontal dressings at surgical site.	108 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials.
3C Dental Specialty Procedures: Orthodontic Procedures 63 Place orthodontic separators. 64 Place and remove ligature ties and arch wires. 65 Place elastic ties to secure arch wires. 67 Take impression for fixed and removable orthodontic appliances.	110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials.
3D Dental Specialty Procedures: ProstheticAppliances 71 Adjust prosthetic appliances extraorally.	118 Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extraoral prosthetic appliances.

IV. Safety (35%): This area assesses candidate knowledge of laws and regulations regarding infection control, radiation safety, and occupational safety.

Task Statements	Knowledge Statements
4A Safety: Infection Control	
34 Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks.	69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments.
35 Purge dental unit lines with air or water prior to attachment of devices.	74 Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL).
36 Use germicides for surface disinfection (e.g., tables, chairs, counters).	84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials (OPIM).
37 Use surface barriers for prevention of cross-contamination.	
38 Perform instrument sterilization in compliance with the office’s infection control program.	
39 Disinfect and sterilize laboratory and operatory equipment in compliance with the office’s infection control program.	
40 Use hand hygiene procedures.	
41 Conduct biological spore testing to ensure functioning of sterilization devices.	
42 Dispose of biological hazardous waste and Other Potentially Infectious Materials (OPIM).	
43 Dispose of pharmaceuticals and sharps in appropriate container.	

IV. Safety (35%) (continued)

Task Statements	Knowledge Statements
4B Safety: Radiation Safety 44 Implement measures to minimize radiation exposure to patient during radiographic procedures. 45 Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures. 47 Implement measures for the storage and disposal of radiographic film.	89 Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety. 90 Knowledge of methods for the storage and disposal of radiographic film.
4C Safety: Occupational Safety 55 Implement protocols and procedures to protect operator from exposure during hazardous waste management. 56 Package, prepare, and store hazardous waste for disposal. 57 Store, label, and log chemicals used in a dental practice.	99 Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal. 101 Knowledge of requirements for placing hazardous substances in secondary containers, (e.g., labeling, handling, applicable containers).

CHAPTER 6. CONCLUSION

The occupational analysis of the Registered Dental Assistant profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent the practice of Registered Dental Assistants. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the Registered Dental Assistant content outline for the Registered Dental Assistant General Knowledge examination and the Registered Dental Assistant Law and Ethics examination contained in this report, the Board ensures that its examination program 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 VICINITY

County of Practice	Frequency
Los Angeles	33
Orange	16
TOTAL	49

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	12
Santa Clara	12
Contra Costa	7
Napa	5
San Mateo	5
Marin	3
Solano	3
San Francisco	2
Santa Cruz	2
TOTAL	51

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	9
Kings	9
Merced	7
Stanislaus	6
San Joaquin	5
Kern	3
Tulare	3
TOTAL	42

SACRAMENTO VALLEY

County of Practice	Frequency
Sacramento	19
Yolo	4
Glenn	2
Lake	2
Yuba	2
Butte	1
Colusa	1
Sutter	1
TOTAL	32

SAN DIEGO AND VICINITY

County of Practice	Frequency
San Diego	23
Imperial	1
TOTAL	24

SHASTA/CASCADE

County of Practice	Frequency
Plumas	4
Siskiyou	3
Lassen	2
Shasta	2
Tehama	2
Trinity	1
TOTAL	14

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	11
San Bernardino	5
TOTAL	16

SIERRA MOUNTAIN

County of Practice	Frequency
Placer	6
Tuolumne	6
Nevada	4
Amador	2
Calaveras	1
Inyo	1
Mariposa	1
TOTAL	21

NORTH COAST

County of Practice	Frequency
Mendocino	5
Del Norte	2
Humboldt	1
TOTAL	8

SOUTH/CENTRAL COAST

County of Practice	Frequency
Monterey	6
Santa Barbara	5
Ventura	5
San Benito	1
San Luis Obispo	1
TOTAL	18

COUNTY 2

County of Practice	Frequency
Contra Costa	2
Los Angeles	1
Madera	3
Riverside	1
Sacramento	1
San Bernardino	1
San Joaquin	1
Santa Clara	3
Solano	1
Stanislaus	2
Tehama	1
Tulare	1
Ventura	1
Yuba	1
TOTAL	20

COUNTY 3

County of Practice	Frequency
Merced	1
Sutter	1
TOTAL	2

APPENDIX B. CRITICALITY INDICES FOR ALL TASKS

CA	T#	Task Statement	Mean TFreq	Mean TImpt	TCV
3A	38	Perform instrument sterilization in compliance with the office's infection control program.	4.67	4.86	22.84
3A	36	Use germicides for surface disinfection (e.g., tables, chairs, counters).	4.66	4.85	22.73
3A	34	Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks.	4.63	4.86	22.62
3A	39	Disinfect and sterilize laboratory and operatory equipment in compliance with the office's infection control program.	4.57	4.81	22.21
3A	37	Use surface barriers for prevention of cross-contamination.	4.56	4.77	21.99
3A	43	Dispose of pharmaceuticals and sharps in appropriate container.	4.48	4.83	21.78
3A	40	Use hand hygiene procedures.	4.44	4.82	21.56
3B	44	Implement measures to minimize radiation exposure to patient during radiographic procedures.	4.42	4.65	20.79
1	8	Perform dental procedures using professional chairside manner.	4.47	4.52	20.62
3A	41	Conduct biological spore testing to ensure functioning of sterilization devices.	4.19	4.74	20.14
3B	45	Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures.	4.25	4.56	19.83
3A	42	Dispose of biological hazardous waste and Other Potentially Infectious Materials (OPIM).	4.11	4.67	19.64
3A	35	Purge dental unit lines with air or water prior to attachment of devices.	4.09	4.54	19.06
1	10	Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances.	4.21	4.33	18.65
1	5	Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans).	4.16	4.36	18.57
1	1	Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment.	3.88	4.5	18.02
1	9	Educate patient about behaviors that could affect oral health or dental treatment.	4.04	4.2	17.46
3B	46	Implement measures for the storage and maintenance of radiation protective barriers and portable X-Ray units.	3.76	4.41	17.07
3D	55	Implement protocols and procedures to protect operator from exposure during hazardous waste management.	3.49	4.54	16.22
1	6	Respond to patient questions about existing conditions and treatment following dentist's diagnosis.	3.75	4.03	15.65

CA: Content Area

CA	T#	Task Statement	Mean TFreq	Mean TImpt	TCV
3D	57	Store, label, and log chemicals used in a dental practice.	3.4	4.38	15.36
1	4	Chart existing oral conditions and diagnostic findings at the direction of the licensed provider.	3.61	4	15.06
2C	31	Perform coronal polishing.	3.59	3.98	15.02
3D	56	Package, prepare, and store hazardous waste for disposal.	3.24	4.51	14.94
1	7	Observe for signs and conditions that may indicate abuse or neglect.	3.2	4.02	13.56
1	3	Inspect patient's oral condition with mouth mirror.	3.03	3.56	11.82
1	2	Take patient's blood pressure and vital signs.	2.73	3.88	11.52
3C	54	Follow infection control procedures during the administration of first aid and basic life support.	2.5	4.48	11.47
3C	53	Implement emergency preparedness protocols as per office procedures.	2.55	4.31	11.35
2A	21	Take impressions for direct and indirect provisional restorations.	2.67	3.88	11.09
2A	19	Perform cementation procedure for direct and indirect provisional restorations.	2.28	3.82	9.22
2A	18	Fabricate and adjust direct and indirect provisional restorations.	2.25	3.84	9.15
2C	33	Prepare teeth and apply pit and fissure sealants.	2.18	3.8	9.01
2A	16	Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations.	2.25	3.64	8.82
2A	17	Place bonding agent.	1.96	3.72	8
2A	22	Remove indirect provisional restorations.	2.01	3.4	7.54
3B	47	Implement measures for the storage and disposal of radiographic film.	1.7	4.09	7.47
3C	51	Assist in emergency care of patient.	1.66	4.41	7.44
3C	49	Assist in the administration of oxygen to patients as instructed by dentist.	1.75	3.82	7.12
3C	48	Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist.	1.71	3.87	6.97
3C	52	Implement first aid and BLS measures to support patient care.	1.51	4.35	6.7
2A	14	Place matrices and wedges.	1.78	3.36	6.69
3C	50	Implement basic life support and/or use of AED as indicated during medical emergency.	1.41	4.49	6.4
2A	20	Obtain intraoral images using computer generated imaging system (e.g., CADCAM).	1.59	3.66	6.32
2A	15	Place temporary filling material.	1.82	3.06	6.26

CA: Content Area

CA	T#	Task Statement	Mean TFreq	Mean TImpt	TCV
2C	32	Utilize caries detection materials and devices to gather information for dentist.	1.59	3.32	6
2A	13	Place bases and liners.	1.3	3.33	4.74
4D	67	Take impression for fixed and removable orthodontic appliances.	1.23	3.5	4.72
4A	59	Dry canals with absorbent points.	1.11	3.75	4.57
4A	58	Test pulp vitality.	1.14	3.66	4.55
2A	23	Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence).	1.36	2.8	4.47
4E	69	Remove post-extraction and post-surgery sutures as directed by dentist.	1.11	3.55	4.34
4D	64	Place and remove ligature ties and arch wires.	0.9	3.67	3.67
4D	65	Place elastic ties to secure arch wires.	0.89	3.6	3.61
4F	71	Adjust prosthetic appliances extraorally.	0.95	3.29	3.48
4D	63	Place orthodontic separators.	0.77	3.35	2.89
4E	70	Place and remove dry socket dressing as directed by dentist.	0.67	3.46	2.6
4D	66	Remove orthodontic bands.	0.65	3.38	2.43
4D	68	Remove fixed orthodontic appliances.	0.6	3.39	2.33
4C	62	Place periodontal dressings at surgical site.	0.39	3.44	1.44

CA: Content Area

APPENDIX C. KNOWLEDGE IMPORTANCE RATINGS

CA	K#	Knowledge Statement	Mean KImpt
1	3	Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine).	4.62
3A	81	Knowledge of procedures for handling, disinfecting, and sterilizing detachable intraoral handpieces, instruments, and devices.	4.57
3A	69	Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments.	4.56
3A	76	Knowledge of procedures and protocols for the disinfection/decontamination of surfaces and work areas.	4.56
3A	83	Knowledge of protocols for using biological spore test and heat indicating devices.	4.55
3B	85	Knowledge of methods and procedures for the use and care of protective barriers (e.g., lead apron, thyroid collar, shield) to protect patient from radiation exposure.	4.55
1	6	Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves).	4.54
3A	82	Knowledge of protocols and procedures for hand hygiene.	4.54
3A	84	Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials (OPIM).	4.54
3C	95	Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry.	4.54
3C	93	Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures.	4.53
3C	97	Knowledge of measures for preventing spread of infection during first aid and BLS.	4.53
3A	78	Knowledge of what defines critical, semi-critical and non-critical instruments and their respective disinfection/sterilization protocols.	4.52
3A	80	Knowledge of procedures for the disinfection and sterilization of laboratory equipment, operatory equipment, and mechanical devices.	4.52
3C	96	Knowledge of the equipment used for first aid and BLS and their uses and applications (e.g., eyewash station, AED).	4.52
3A	71	Knowledge of methods and procedures for the handling, use, cleaning, and disposal of personal protective equipment (e.g., gloves, masks, goggles, gown).	4.51
3A	73	Knowledge of procedures and protocols for the use of surface barriers to prevent contamination.	4.49
3A	70	Knowledge of procedures and protocols for management and disposal of pharmaceuticals and sharps.	4.48
3A	79	Knowledge of types of sterilization devices and the indications and procedures for their use (e.g., steam and dry heat automated sterilization devices).	4.48

CA: Content Area

CA	K#	Knowledge Statement	Mean KImpt
1	5	Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	4.46
3A	77	Knowledge of the methods and procedures for the application and disposal of low-level, intermediate-level and high-level disinfectants and germicides.	4.46
3B	88	Knowledge of techniques and procedures for minimizing exposure to self and others during radiation procedures.	4.43
3A	72	Knowledge of sequence for donning and removing personal protective equipment.	4.42
3C	94	Knowledge of procedures for implementing protocols for responding to office and environmental emergencies.	4.41
3A	74	Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL). (Dental Board Minimum Standards for infection control	4.39
1	2	Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes).	4.38
1	4	Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics).	4.38
3D	99	Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal.	4.34
1	22	Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules or regulations to the proper authorities.	4.32
3B	89	Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety.	4.32
3C	92	Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen.	4.31
3D	101	Knowledge of requirements for placing hazardous substances in secondary containers, (e.g., labeling, handling, applicable containers).	4.3
1	9	Knowledge of techniques and procedures for using imaging equipment to perform intraoral and extraoral diagnostic imaging.	4.29
3A	75	Knowledge of procedures for managing self-contained water systems.	4.29
1	23	Knowledge of methods and techniques patients can perform to improve oral health.	4.28
3C	91	Knowledge of the applications and contraindications for use of oxygen and nitrous oxide/oxygen in a dental practice setting.	4.28
1	7	Knowledge of acceptable levels of blood pressure for performing dental procedures.	4.27
1	25	Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures.	4.27
3B	86	Knowledge of types of film holding devices and placement to minimize multiple exposures during radiography.	4.25

CA: Content Area

CA	K#	Knowledge Statement	Mean KImpt
1	24	Knowledge of pre- and postoperative care and maintenance for dental procedures and appliances.	4.24
1	17	Knowledge of legal requirements and ethical principles regarding patient confidentiality.	4.23
3D	98	Knowledge of location within Safety Data Sheets of safe handling and emergency protocols for hazardous substances.	4.23
1	26	Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.	4.22
1	21	Knowledge of techniques to provide patient comfort during intraoral procedures.	4.18
3B	87	Knowledge of factors of radiographic film speed, digital sensors, phosphor plates, and exposure time as related to radiographic safety.	4.18
2C	65	Knowledge of procedures for preparing the tooth for the application of pit and fissure sealants.	4.17
2C	61	Knowledge of indications and contraindications for performing coronal polishing.	4.14
2C	66	Knowledge of indications and contraindications for use of pit and fissure sealants.	4.14
2C	60	Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants.	4.13
2C	62	Knowledge of techniques and procedures for coronal polishing.	4.13
3D	100	Knowledge of methods for maintaining a chemical inventory.	4.13
1	8	Knowledge of methods and techniques for using medical equipment to take vital signs.	4.12
1	16	Knowledge of professional and ethical principles regarding patient care.	4.1
2A	52	Knowledge of RDA and RDAEF scopes of practice related to final impressions.	4.1
3B	90	Knowledge of methods for the storage and disposal of radiographic film.	4.1
1	19	Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation).	4.09
2A	36	Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations.	4.08
2A	51	Knowledge of RDA and RDAEF scopes of practice related to indirect restorations.	4.07
2C	67	Knowledge of types of pit and fissure sealants and the techniques and procedures for their application.	4.07
1	15	Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient.	4.06
1	20	Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect).	4.06

CA: Content Area

CA	K#	Knowledge Statement	Mean KImpt
1	11	Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fractures lines) and how to document them.	4.05
1	1	Knowledge of effects of coexisting medical/dental conditions on dental treatment.	4.01
2A	34	Knowledge of irregularities in margins that affect direct and indirect provisional restorations.	4.01
2A	50	Knowledge of RDA and RDAEF scopes of practice related to direct restorations.	4
2A	37	Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations.	3.99
2A	35	Knowledge of techniques used to eliminate open margins when placing restorative materials.	3.97
2A	39	Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents.	3.97
2A	41	Knowledge of types of impression materials and techniques and procedures for their application and placement.	3.95
2A	42	Knowledge of techniques and procedures used to mix and place provisional materials.	3.95
2A	49	Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents.	3.95
4F	118	Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extraoral prosthetic appliances.	3.95
2A	38	Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations.	3.94
2A	40	Knowledge of equipment and procedures used to obtain intraoral images for computer-aided, milled restorations.	3.94
2A	33	Knowledge of types of etchants and the techniques and procedures for their application and placement.	3.92
2A	48	Knowledge of types of cements and the techniques and procedures for their application, placement, and removal.	3.92
1	10	Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology.	3.91
2A	32	Knowledge of types of bonding agents and the techniques and procedures for their application and placement.	3.91
1	18	Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them.	3.9
2A	46	Knowledge of indications and contraindications for the use of etching agents.	3.89
2A	31	Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them.	3.87

CA: Content Area

CA	K#	Knowledge Statement	Mean KImpt
2A	45	Knowledge of indications and contraindications for the use of bonding agents.	3.87
1	12	Knowledge of effects of substance abuse on patient's physical condition including oral tissues.	3.85
2A	44	Knowledge of indications and contraindications for the use of whitening (bleaching) agents.	3.85
2A	43	Knowledge of techniques and procedures for bonding provisional veneers.	3.83
4E	115	Knowledge of methods for treating dry socket.	3.83
4E	114	Knowledge of techniques for removing post-extraction and post-surgery sutures.	3.82
2C	68	Knowledge of scope of practice for RDAs related to use of caries detection devices and materials.	3.79
4F	117	Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances.	3.78
2C	63	Knowledge of types of disclosing agents used in conjunction with coronal polishing.	3.76
4D	110	Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials.	3.76
2A	47	Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application.	3.75
1	14	Knowledge of effects of smoking and smokeless tobacco on oral tissue.	3.74
2A	28	Knowledge of types of base and liner materials and the techniques and procedures for their application and placement.	3.74
1	13	Knowledge of effects of nutrition and malnutrition on the oral cavity.	3.72
4A	104	Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures.	3.71
2A	30	Knowledge of techniques and procedures for using matrix bands with or without band retainers.	3.69
4C	108	Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials.	3.68
2A	29	Knowledge of types of wedges and the techniques and procedures for their use.	3.66
4F	116	Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances.	3.66
4A	103	Knowledge of techniques and procedures for measuring canal length and size.	3.64
4D	111	Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties.	3.63
2C	64	Knowledge of types of automated caries detection devices, materials, and procedures for their use.	3.62
4D	112	Knowledge of techniques for placement and removal of removable orthodontic appliances.	3.58

CA: Content Area

CA	K#	Knowledge Statement	Mean KImpt
4A	102	Knowledge of techniques and procedures for testing pulp vitality.	3.55
4D	113	Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application.	3.53
4C	109	Knowledge of types of periodontal dressings and techniques for their application.	3.51

APPENDIX D. TASK-KNOWLEDGE LINKAGE: GENERAL KNOWLEDGE EXAMINATION

TASK AND KNOWLEDGE LINKAGE:
GENERAL KNOWLEDGE EXAMINATION

I. Patient Treatment and Care (40%)

Task Statements	Knowledge Statements
1 Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment.	1 Knowledge of effects of coexisting medical/dental conditions on dental treatment. 2 Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes). 3 Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine). 4 Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics). 6 Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves).
2 Take patient's blood pressure and vital signs.	7 Knowledge of acceptable levels of blood pressure for performing dental procedures. 8 Knowledge of methods and techniques for using medical equipment to take vital signs.
3 Inspect patient's oral condition with mouth mirror.	10 Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology. 11 Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fractures lines) and how to document them. 12 Knowledge of effects of substance abuse on patient's physical condition including oral tissues. 13 Knowledge of effects of nutrition and malnutrition on the oral cavity. 14 Knowledge of effects of smoking and smokeless tobacco on oral tissue. 18 Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them.

I. Patient Treatment and Care (continued)

Task Statements	Knowledge Statements
4 Chart existing oral conditions and diagnostic findings at the direction of the licensed provider.	10 Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology. 11 Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fractures lines) and how to document them. 12 Knowledge of effects of substance abuse on patient's physical condition including oral tissues. 13 Knowledge of effects of nutrition and malnutrition on the oral cavity. 14 Knowledge of effects of smoking and smokeless tobacco on oral tissue. 18 Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them. 19 Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation).
5 Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans).	9 Knowledge of techniques and procedures for using imaging equipment to perform intraoral and extraoral diagnostic imaging.
6 Respond to patient questions about existing conditions and treatment following dentist's diagnosis.	1 Knowledge of effects of coexisting medical/dental conditions on dental treatment. 25 Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures.
7 Observe for signs and conditions that may indicate abuse or neglect.	13 Knowledge of effects of nutrition and malnutrition on the oral cavity. 14 Knowledge of effects of smoking and smokeless tobacco on oral tissue.
8 Perform dental procedures using professional chairside manner.	25 Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures.
9 Educate patient about behaviors that could affect oral health or dental treatment.	23 Knowledge of methods and techniques patients can perform to improve oral health.
10 Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances.	24 Knowledge of pre- and postoperative care and maintenance for dental procedures and appliances.

I. Patient Treatment and Care (continued)

Task Statements	Knowledge Statements
32 Utilize caries detection materials and devices to gather information for dentist.	64 Knowledge of types of automated caries detection devices, materials, and procedures for their use.
48 Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist.	92 Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen.
49 Assist in the administration of oxygen to patients as instructed by dentist.	92 Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen. 93 Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures.
51 Assist in emergency care of patient.	93 Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures. 95 Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry.

II. Dental Procedures: Direct and Indirect Restorations (45%)

Task Statements	Knowledge Statements
13 Place bases and liners.	28 Knowledge of types of base and liner materials and the techniques and procedures for their application and placement.
14 Place matrices and wedges.	29 Knowledge of types of wedges and the techniques and procedures for their use. 30 Knowledge of techniques and procedures for using matrix bands with or without band retainers.
15 Place temporary filling material.	29 Knowledge of types of wedges and the techniques and procedures for their use. 30 Knowledge of techniques and procedures for using matrix bands with or without band retainers. 31 Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them.
16 Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations.	33 Knowledge of types of etchants and the techniques and procedures for their application and placement. 46 Knowledge of indications and contraindications for the use of etching agents.
17 Place bonding agent.	32 Knowledge of types of bonding agents and the techniques and procedures for their application and placement. 43 Knowledge of techniques and procedures for bonding provisional veneers. 45 Knowledge of indications and contraindications for the use of bonding agents.
18 Fabricate and adjust direct and indirect provisional restorations.	34 Knowledge of irregularities in margins that affect direct and indirect provisional restorations. 35 Knowledge of techniques used to eliminate open margins when placing restorative materials. 36 Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. 37 Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations.

II. Dental Procedures: Direct and Indirect Restorations (continued)

Task Statements	Knowledge Statements
18 Fabricate and adjust direct and indirect provisional restorations.	42 Knowledge of techniques and procedures used to mix and place provisional materials. 43 Knowledge of techniques and procedures for bonding provisional veneers.
19 Perform cementation procedure for direct and indirect provisional restorations.	48 Knowledge of types of cements and the techniques and procedures for their application, placement, and removal.
20 Obtain intraoral images using computer generated imaging system (e.g., CADCAM).	40 Knowledge of equipment and procedures used to obtain intraoral images for computer-aided, milled restorations.
21 Take impressions for direct and indirect provisional restorations.	41 Knowledge of types of impression materials and techniques and procedures for their application and placement.
22 Remove indirect provisional restorations.	38 Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations.
23 Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence).	44 Knowledge of indications and contraindications for the use of whitening (bleaching) agents. 47 Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application.

III. Dental Specialty Procedures (15%)

Task Statements	Knowledge Statements
3A Dental Specialty Procedures: Endodontic Procedures	
58 Test pulp vitality.	102 Knowledge of techniques and procedures for testing pulp vitality.
59 Dry canals with absorbent points.	103 Knowledge of techniques and procedures for measuring canal length and size.
3B Dental Specialty Procedures: Periodontal Procedures	
62 Place periodontal dressings at surgical site.	109 Knowledge of types of periodontal dressings and techniques for their application.
3C Dental Specialty Procedures: Orthodontic Procedures	
63 Place orthodontic separators.	111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties.
64 Place and remove ligature ties and arch wires.	111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties.
65 Place elastic ties to secure arch wires.	111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties.
66 Remove orthodontic bands.	111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties.
67 Take impression for fixed and removable orthodontic appliances.	113 Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application.
68 Remove fixed orthodontic appliances.	112 Knowledge of techniques for placement and removal of removable orthodontic appliances. 113 Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application.

III. Dental Specialty Procedures (continued)

Task Statements	Knowledge Statements
3D Dental Specialty Procedures: Implants, Oral Surgery and Extractions	
69 Remove post-extraction and post-surgery sutures as directed by dentist.	114 Knowledge of techniques for removing post-extraction and post-surgery sutures.
70 Place and remove dry socket dressing as directed by dentist.	115 Knowledge of methods for treating dry socket.
3E Dental Specialty Procedures: Prosthetic Appliances	
71 Adjust prosthetic appliances extraorally.	116 Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances. 117 Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances.

APPENDIX E. TASK-KNOWLEDGE LINKAGE: LAW AND ETHICS EXAMINATION

TASK AND KNOWLEDGE LINKAGE:
LAW AND ETHICS EXAMINATION

I. Patient Treatment and Care (30%):

Task Statements	Knowledge Statements
1 Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment.	15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient. 16 Knowledge of professional and ethical principles regarding patient care. 17 Knowledge of legal requirements and ethical principles regarding patient confidentiality. 26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.
2 Take patient's blood pressure and vital signs.	15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient. 16 Knowledge of professional and ethical principles regarding patient care. 26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.
3 Inspect patient's oral condition with mouth mirror.	15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient. 16 Knowledge of professional and ethical principles regarding patient care. 26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.
4 Chart existing oral conditions and diagnostic findings at the direction of the licensed provider.	16 Knowledge of professional and ethical principles regarding patient care. 17 Knowledge of legal requirements and ethical principles regarding patient confidentiality. 26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.
5 Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans).	15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient.

I. Patient Treatment and Care (continued)

Task Statements	Knowledge Statements
5 Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans).	16 Knowledge of professional and ethical principles regarding patient care. 17 Knowledge of legal requirements and ethical principles regarding patient confidentiality. 20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). 22 Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules or regulations to the proper authorities. 26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.
6 Respond to patient questions about existing conditions and treatment following dentist's diagnosis.	15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient. 16 Knowledge of professional and ethical principles regarding patient care. 17 Knowledge of legal requirements and ethical principles regarding patient confidentiality. 26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.
7 Observe for signs and conditions that may indicate abuse or neglect.	17 Knowledge of legal requirements and ethical principles regarding patient confidentiality. 20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). 22 Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules or regulations to the proper authorities.
8 Perform dental procedures using professional chairside manner.	15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient. 16 Knowledge of professional and ethical principles regarding patient care. 26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.

I. Patient Treatment and Care (continued)

Task Statements	Knowledge Statements
9 Educate patient about behaviors that could affect oral health or dental treatment.	20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). 26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.
10 Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances.	15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient. 20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). 26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.

II. Dental Procedures (25%):

Task Statements	Knowledge Statements
2A Dental Procedures: Direct and Indirect Restorations	
13 Place bases and liners.	39 Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents. 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations. 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations.
14 Place matrices and wedges.	50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.
15 Place temporary filling material.	50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations. 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations
16 Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations.	50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations. 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations
17 Place bonding agent.	39 Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents. 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations. 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations
18 Fabricate and adjust direct and indirect provisional restorations.	50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations. 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations
19 Perform cementation procedure for direct and indirect provisional restorations.	50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations. 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations

II. Dental Procedures (continued)

Task Statements	Knowledge Statements
20 Obtain intraoral images using computer generated imaging system (e.g., CADCAM). (	52 Knowledge of RDA and RDAEF scopes of practice related to final impressions.
21 Take impressions for direct and indirect provisional restorations.	50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations. 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations
22 Remove indirect provisional restorations.	51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations
23 Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence).	49 Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents.
2B Dental Procedures: Preventive Procedures	
31 Perform coronal polishing.	60 Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants 68 Knowledge of scope of practice for RDAs related to use of caries detection devices and materials.
32 Utilize caries detection materials and devices to gather information for dentist.	68 Knowledge of scope of practice for RDAs related to use of caries detection devices and materials.
33 Prepare teeth and apply pit and fissure sealants.	60 Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants.

III. Dental Specialty Procedures (10%):

Task Statements	Knowledge Statements
3A Dental Specialty Procedures: Endodontic Procedures	
58 Test pulp vitality.	104 Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures.
59 Dry canals with absorbent points.	104 Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures.
3B Dental Specialty Procedures: Periodontal Procedures	
62 Place periodontal dressings at surgical site.	108 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials.
3C Dental Specialty Procedures: Orthodontic Procedures	
63 Place orthodontic separators.	110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials.
64 Place and remove ligature ties and arch wires.	110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials.
65 Place elastic ties to secure arch wires.	110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials.
67 Take impression for fixed and removable orthodontic appliances.	110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials.
3D Dental Specialty Procedures: Prosthetic Appliances	
71 Adjust prosthetic appliances extraorally.	118 Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extraoral prosthetic appliances.

IV. Safety (35%):

Task Statements	Knowledge Statements
4A Safety: Infection Control	
34 Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks.	69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments.
35 Purge dental unit lines with air or water prior to attachment of devices.	74 Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL).
36 Use germicides for surface disinfection (e.g., tables, chairs, counters).	69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments.
37 Use surface barriers for prevention of cross-contamination.	69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. 84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials
38 Perform instrument sterilization in compliance with the office’s infection control program.	74 Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL). 84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials
39 Disinfect and sterilize laboratory and operatory equipment in compliance with the office’s infection control program.	69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. 74 Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL). 84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials
40 Use hand hygiene procedures.	69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments.

IV. Safety (continued)

Task Statements	Knowledge Statements
41 Conduct biological spore testing to ensure functioning of sterilization devices.	69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments.
42 Dispose of biological hazardous waste and Other Potentially Infectious Materials (OPIM).	84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials
43 Dispose of pharmaceuticals and sharps in appropriate container.	69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. 84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials
4B Safety: Radiation Safety 44 Implement measures to minimize radiation exposure to patient during radiographic procedures.	 89 Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety.
45 Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures.	89 Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety.
47 Implement measures for the storage and disposal of radiographic film.	90 Knowledge of methods for the storage and disposal of radiographic film.

IV. Safety (continued)

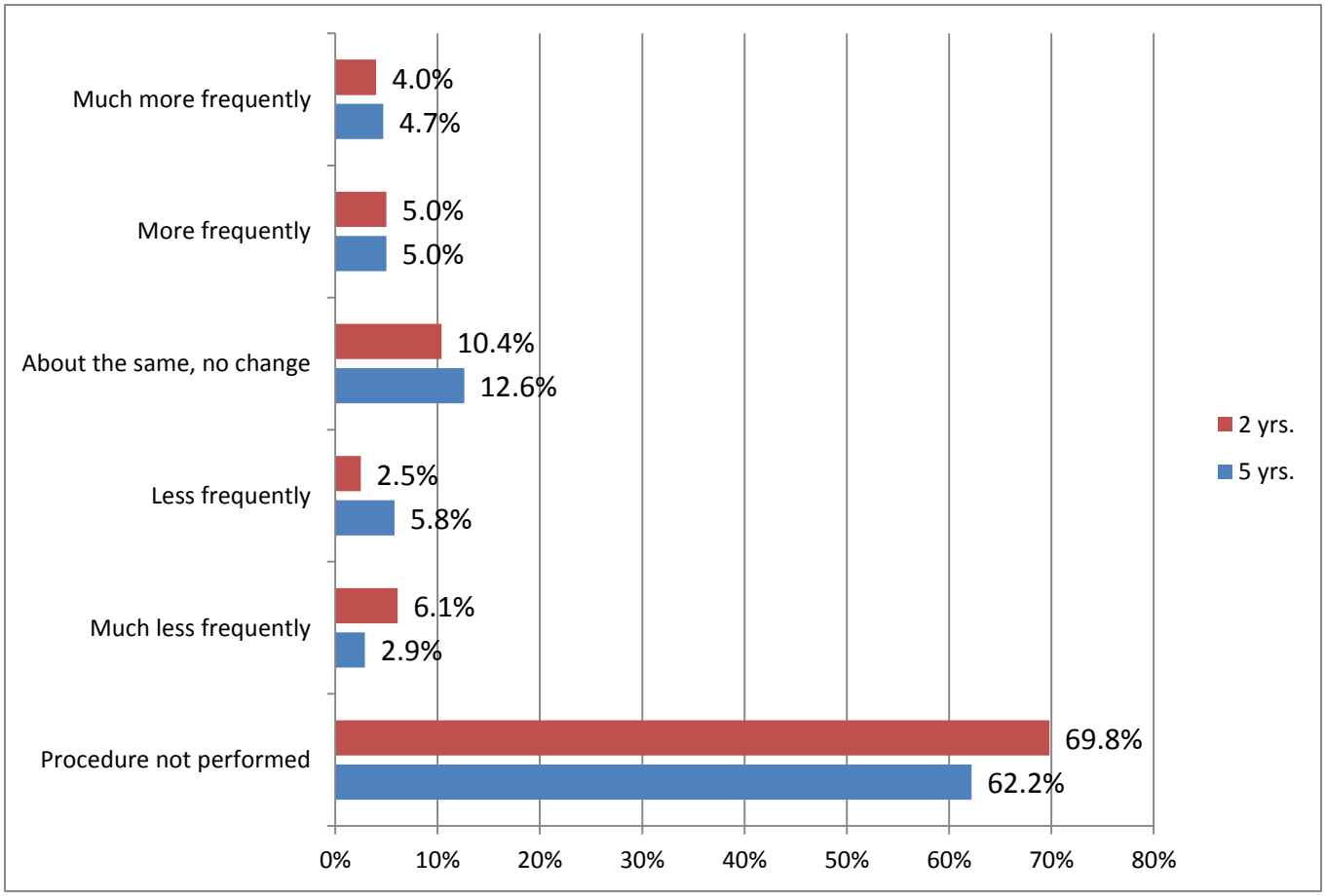
4C	**Safety: Occupational Safety**		
55	Implement protocols and procedures to protect operator from exposure during hazardous waste management.	99	Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal.
56	Package, prepare, and store hazardous waste for disposal.	99 101	Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal Knowledge of requirements for placing hazardous substances in secondary containers, (e.g., labeling, handling, applicable containers).
57	Store, label, and log chemicals used in a dental practice.	99 101	Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal Knowledge of requirements for placing hazardous substances in secondary containers, (e.g., labeling, handling, applicable containers).

APPENDIX F. FREQUENCY OF PERFORMING DENTAL PROCEDURES IN REGISTERED DENTAL ASSISTANT PRACTICE SETTING

Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Traditional braces (brackets/wire)

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed *	194	69.8	173	62.2
Much less frequently	17	6.1	8	2.9
Less frequently	7	2.5	16	5.8
About the same, no change	29	10.4	35	12.6
More frequently	14	5	14	5
Much more frequently	11	4	13	4.7
Missing	6	2.2	19	6.8
Total	278	100	278	100



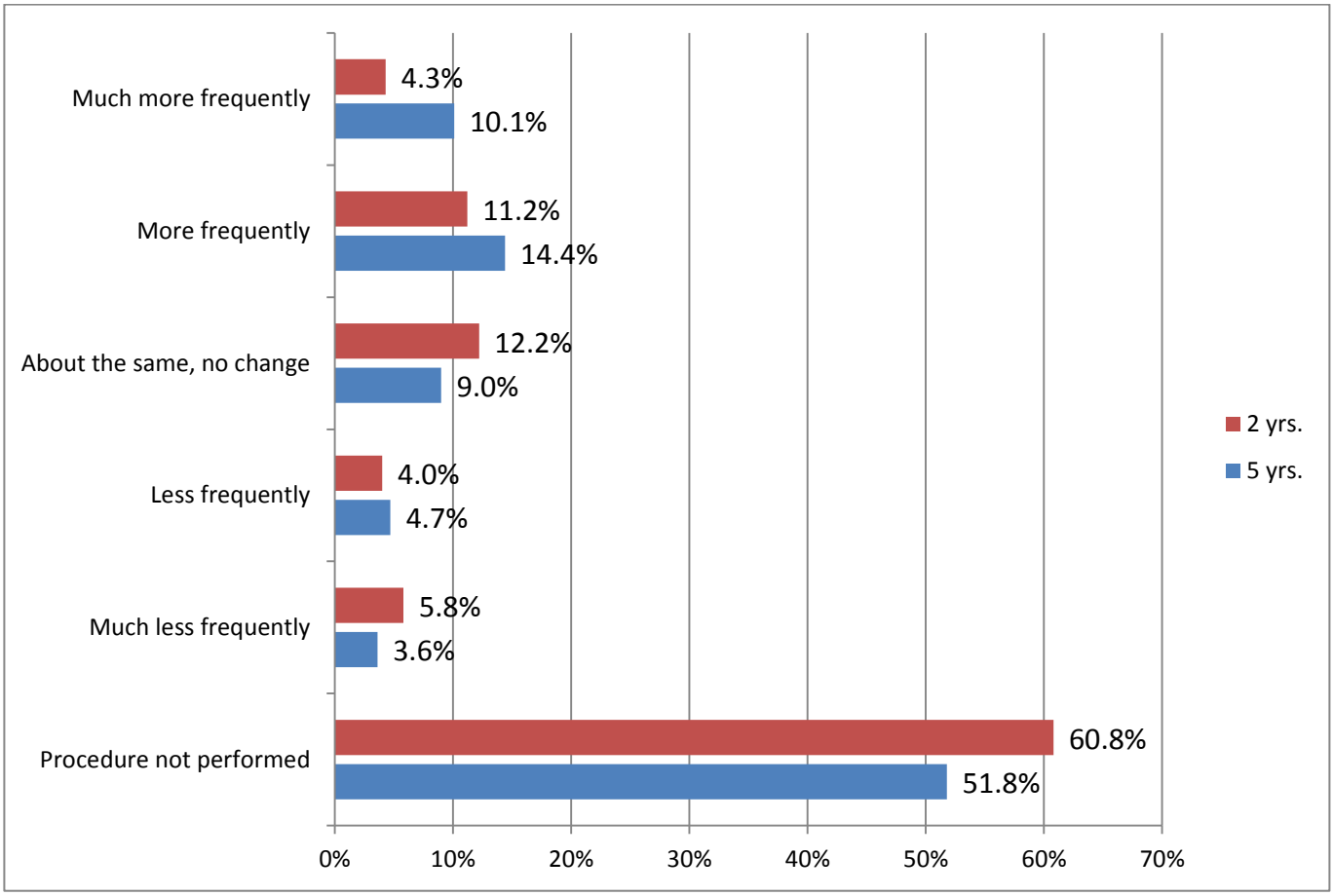
* Procedure typically performed only in specialty dental settings.

Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Clear tooth aligner systems (e.g., Invisalign, Minor Tooth Movement [MTM])

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed *	169	60.8	144	51.8
Much less frequently	16	5.8	10	3.6
Less frequently	11	4	13	4.7
About the same, no change	34	12.2	25	9
More frequently	31	11.2	40	14.4
Much more frequently	12	4.3	28	10.1
Missing	5	1.8	18	6.5
Total	278	100*	278	100**

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



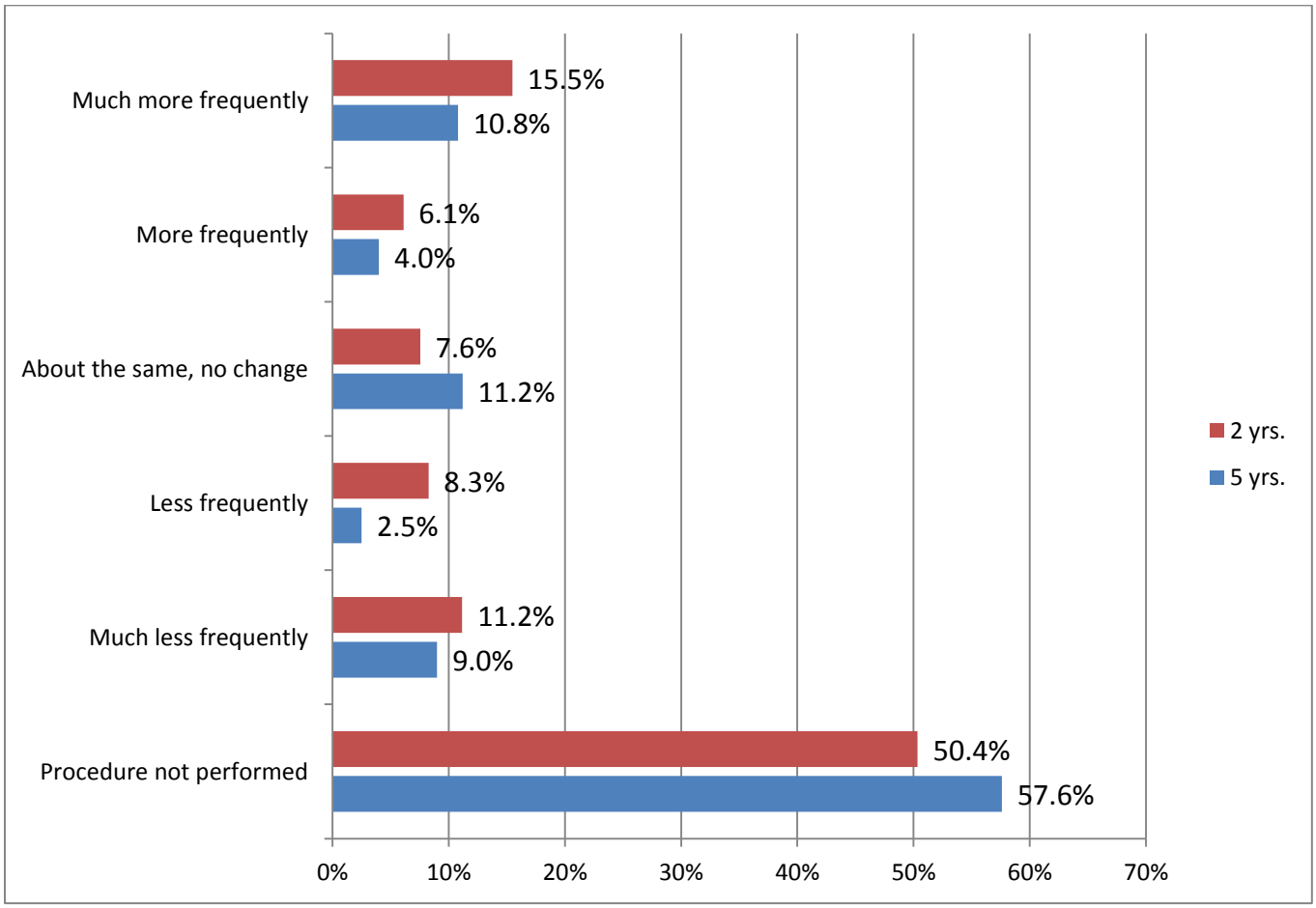
* Procedure typically performed only in specialty dental settings

Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Radiographs by X-ray film

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	140	50.4	160	57.6
Much less frequently	31	11.2	25	9
Less frequently	23	8.3	7	2.5
About the same, no change	21	7.6	31	11.2
More frequently	17	6.1	11	4
Much more frequently	43	15.5	30	10.8
Missing	3	1.1	14	5
Total	278	100*	278	100*

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

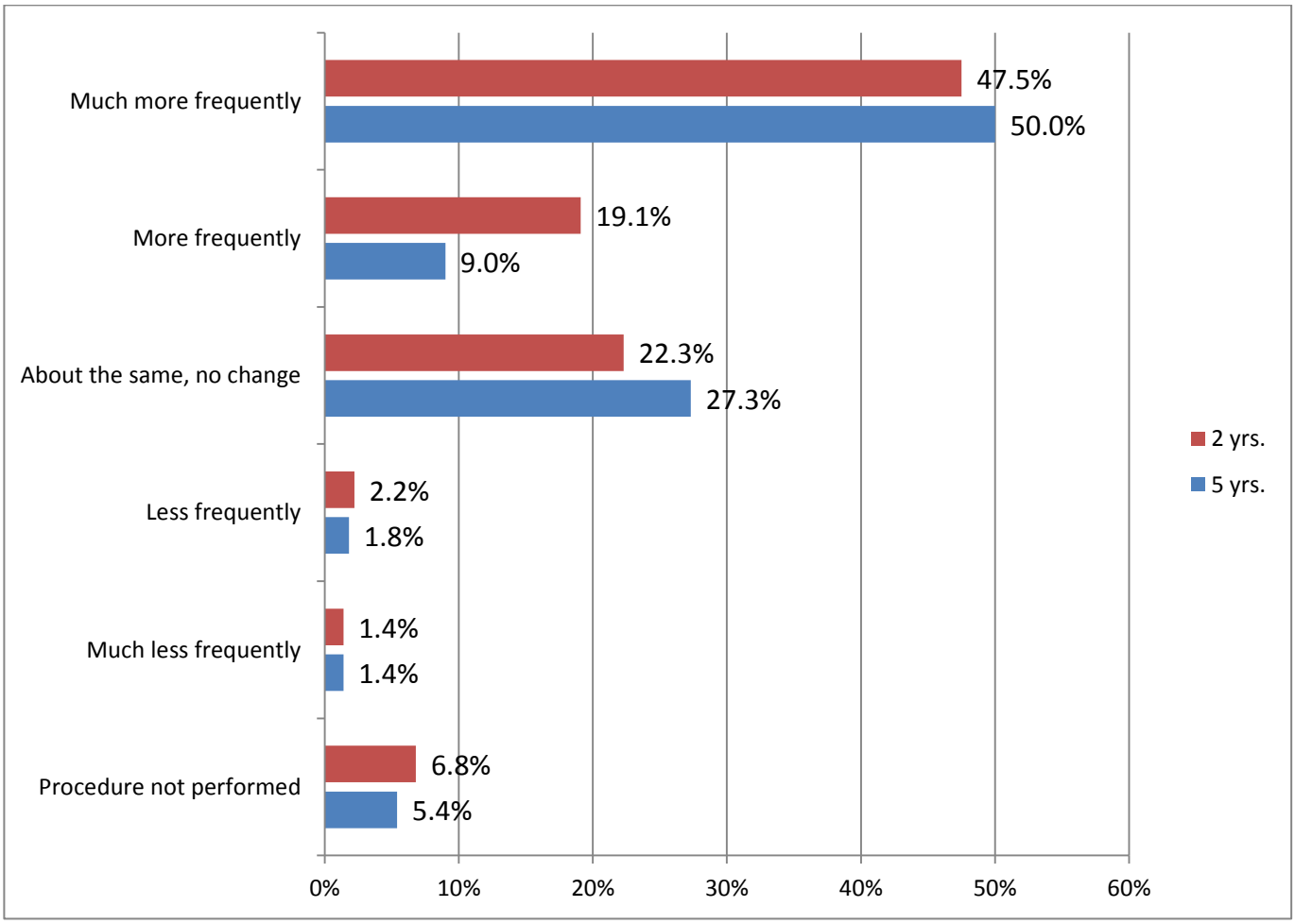


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Radiography by digital sensors/phosphor plates

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	19	6.8	15	5.4
Much less frequently	4	1.4	4	1.4
Less frequently	6	2.2	5	1.8
About the same, no change	62	22.3	76	27.3
More frequently	53	19.1	25	9
Much more frequently	132	47.5	139	50
Missing	2	0.7	14	5
Total	278	100	278	100*

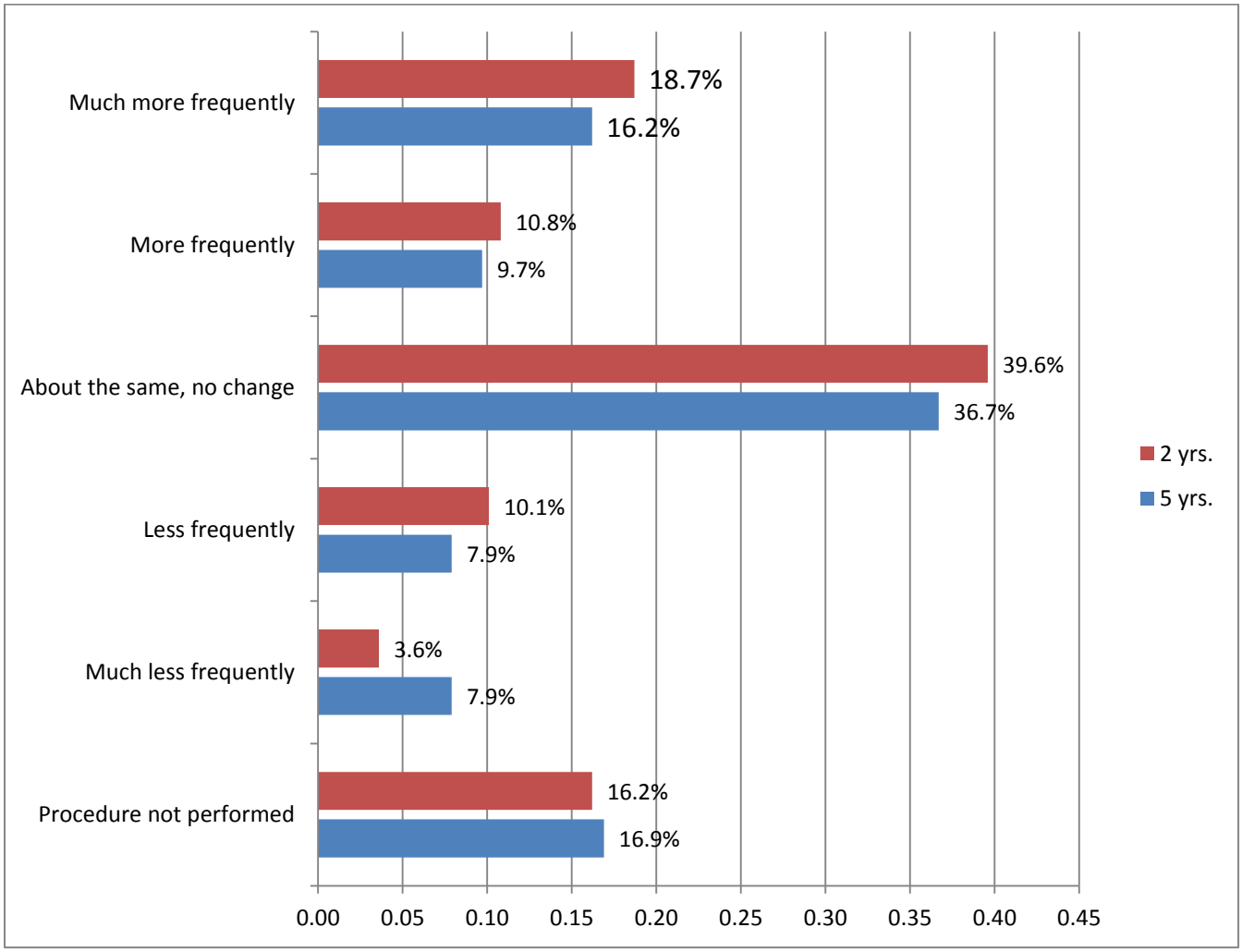
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Restorations using traditional impression material

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	45	16.2	47	16.9
Much less frequently	10	3.6	22	7.9
Less frequently	28	10.1	22	7.9
About the same, no change	110	39.6	102	36.7
More frequently	30	10.8	27	9.7
Much more frequently	52	18.7	45	16.2
Missing	3	1.1	13	4.7
Total	278	100	278	100

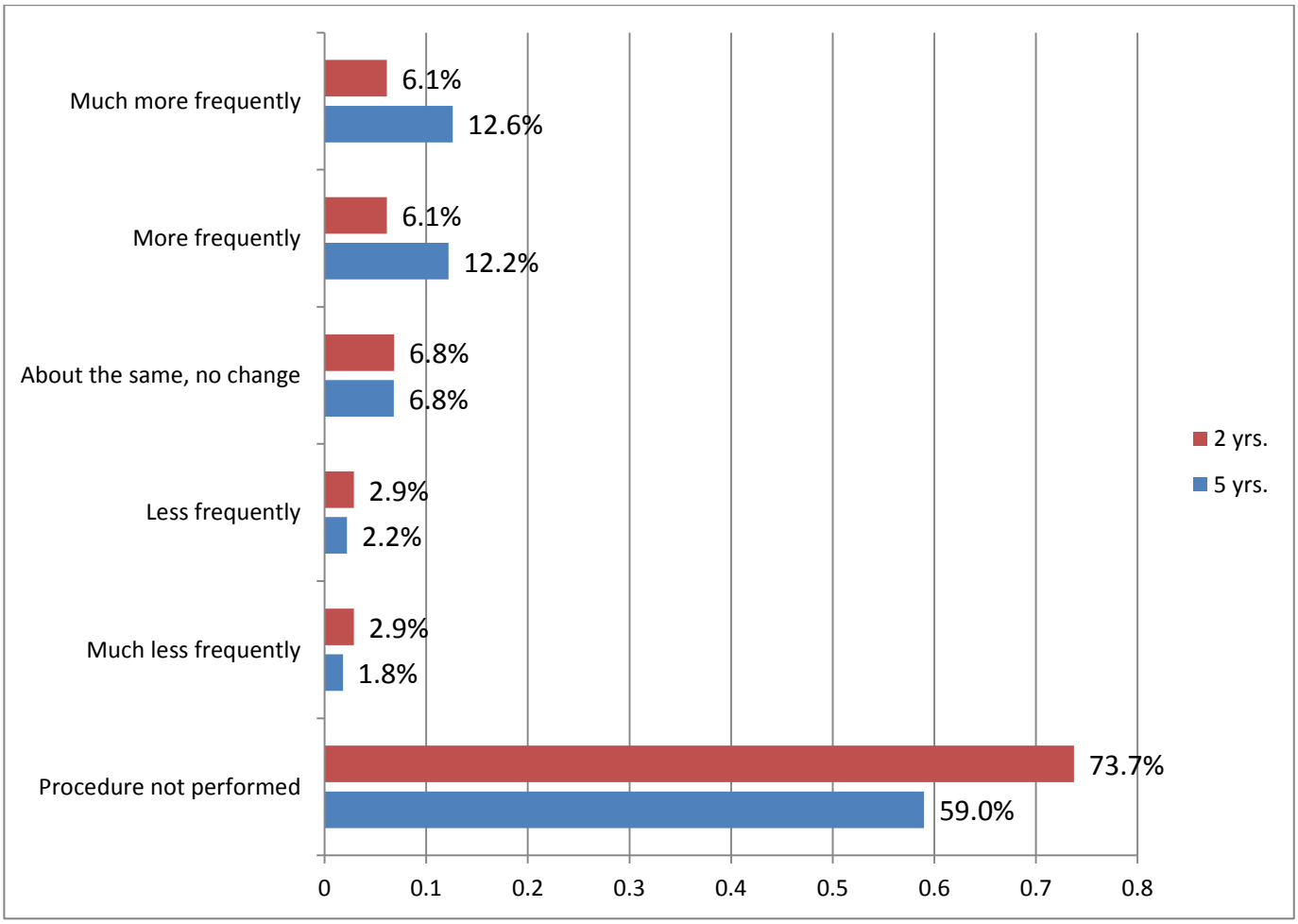


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Restorations using digital impressions (CAD/Cam)

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	205	73.7	164	59
Much less frequently	8	2.9	5	1.8
Less frequently	8	2.9	6	2.2
About the same, no change	19	6.8	19	6.8
More frequently	17	6.1	34	12.2
Much more frequently	17	6.1	35	12.6
Missing	4	1.4	15	5.4
Total	278	100*	278	100

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

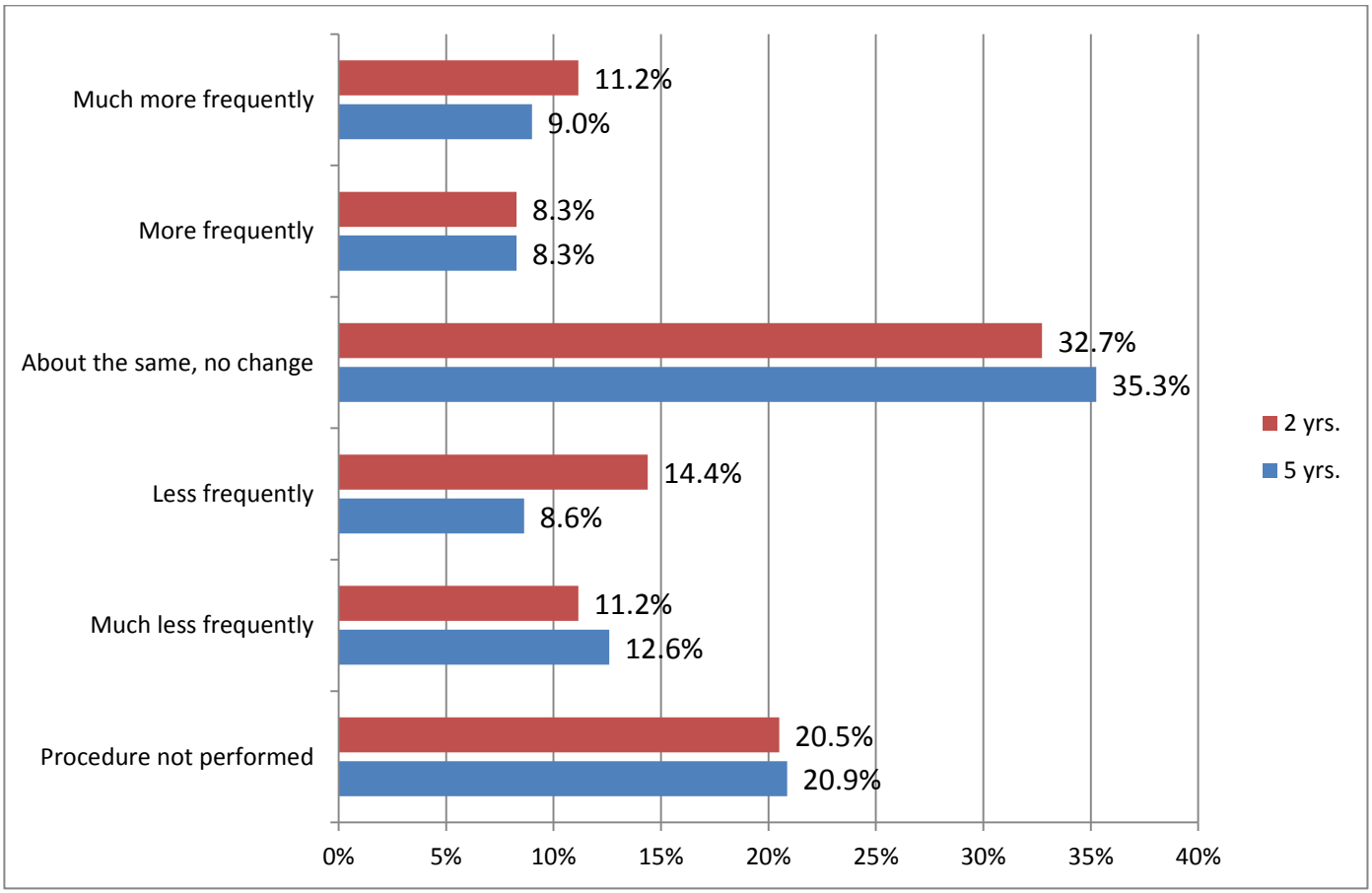


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Cements (zinc phosphate, polycarboxylate)

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	57	20.5	58	20.9
Much less frequently	31	11.2	35	12.6
Less frequently	40	14.4	24	8.6
About the same, no change	91	32.7	98	35.3
More frequently	23	8.3	23	8.3
Much more frequently	31	11.2	25	9
Missing	5	1.8	15	5.4
Total	278	100*	278	100*

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

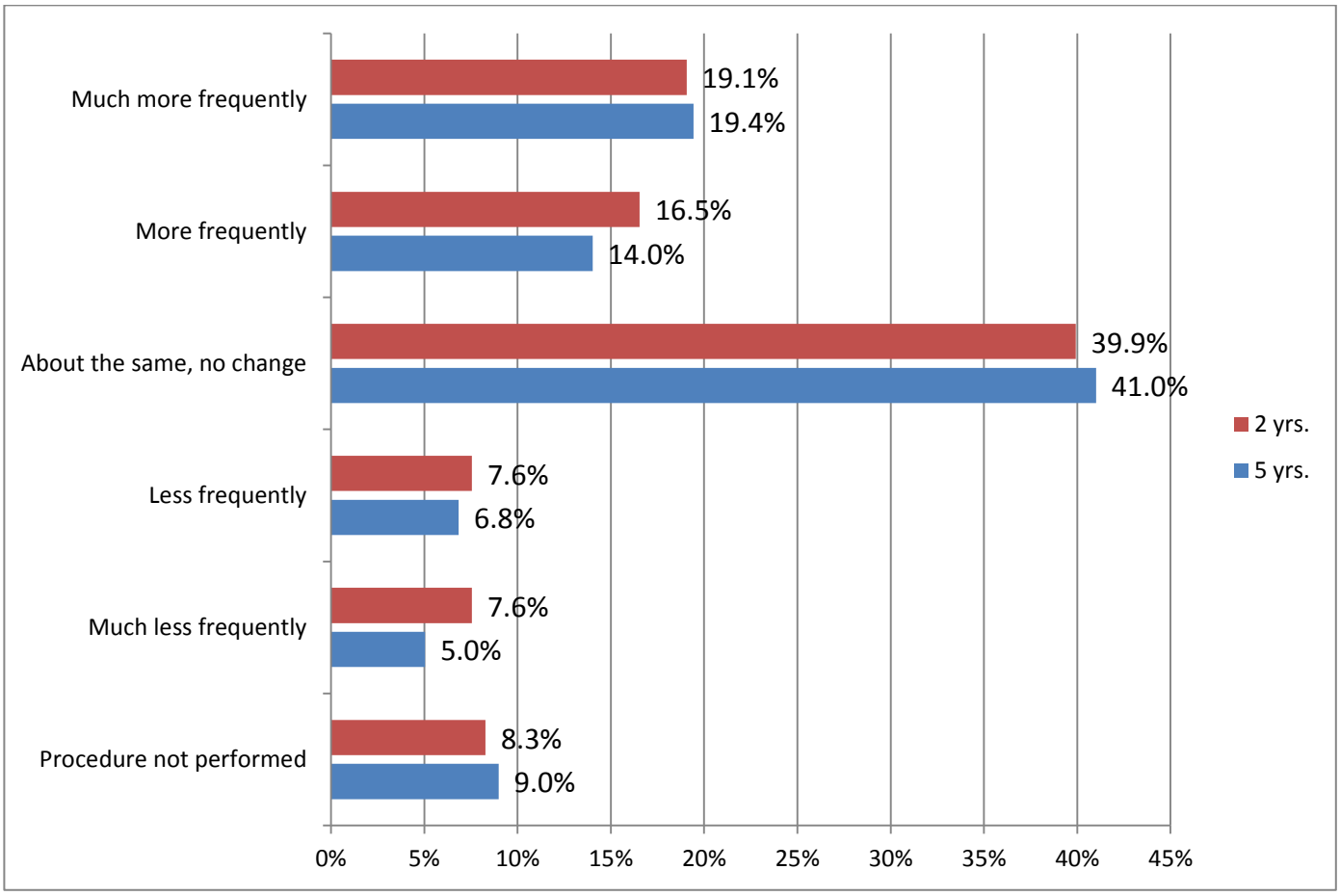


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Cements (glass ionomers and bonded cements)

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	23	8.3	25	9
Much less frequently	21	7.6	14	5
Less frequently	21	7.6	19	6.8
About the same, no change	111	39.9	114	41
More frequently	46	16.5	39	14
Much more frequently	53	19.1	54	19.4
Missing	3	1.1	13	4.7
Total	278	100*	278	100*

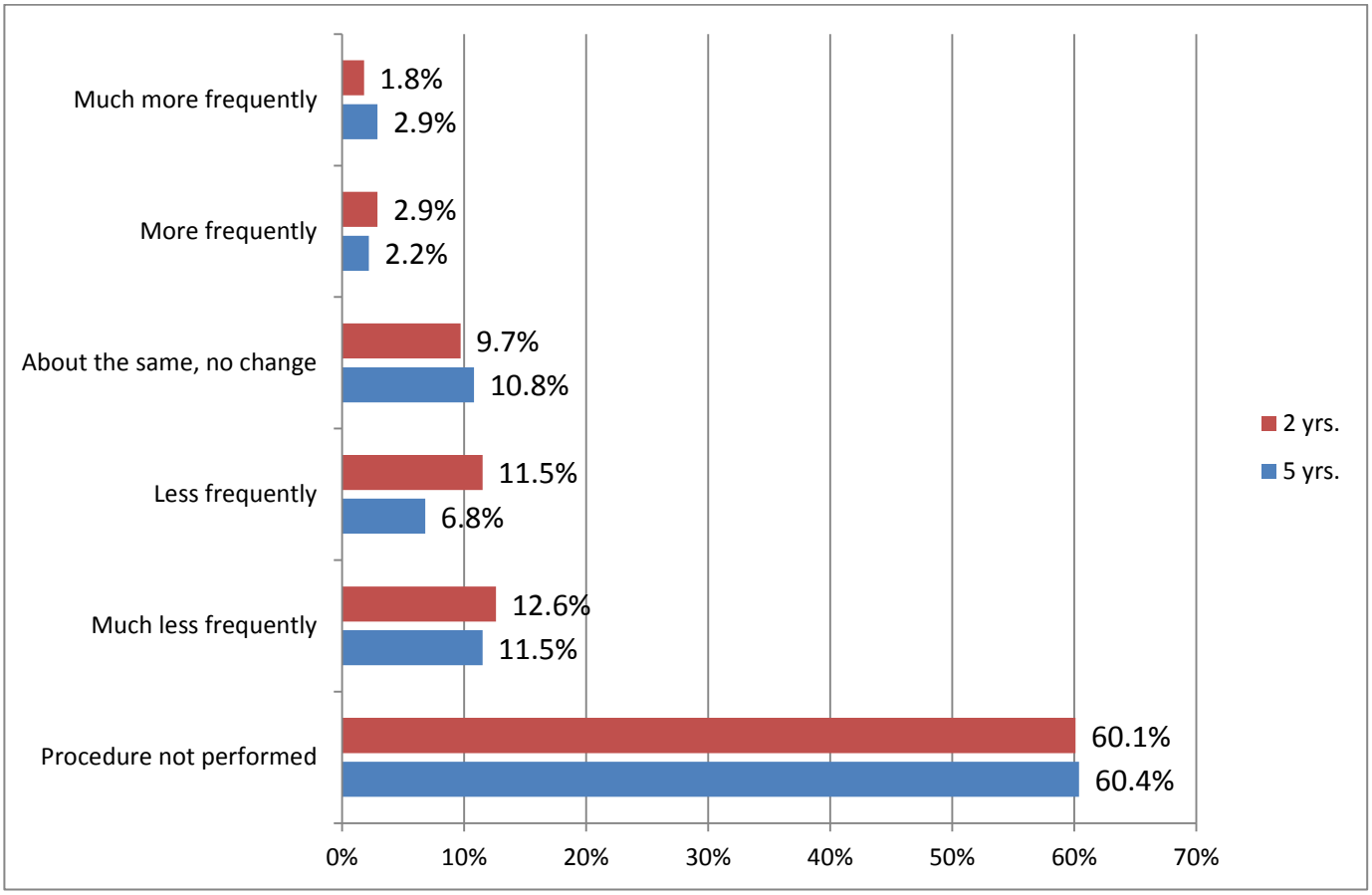
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Core build-up using amalgam

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	167	60.1	168	60.4
Much less frequently	35	12.6	32	11.5
Less frequently	32	11.5	19	6.8
About the same, no change	27	9.7	30	10.8
More frequently	8	2.9	6	2.2
Much more frequently	5	1.8	8	2.9
Missing	4	1.4	15	5.4
Total	278	100	278	100

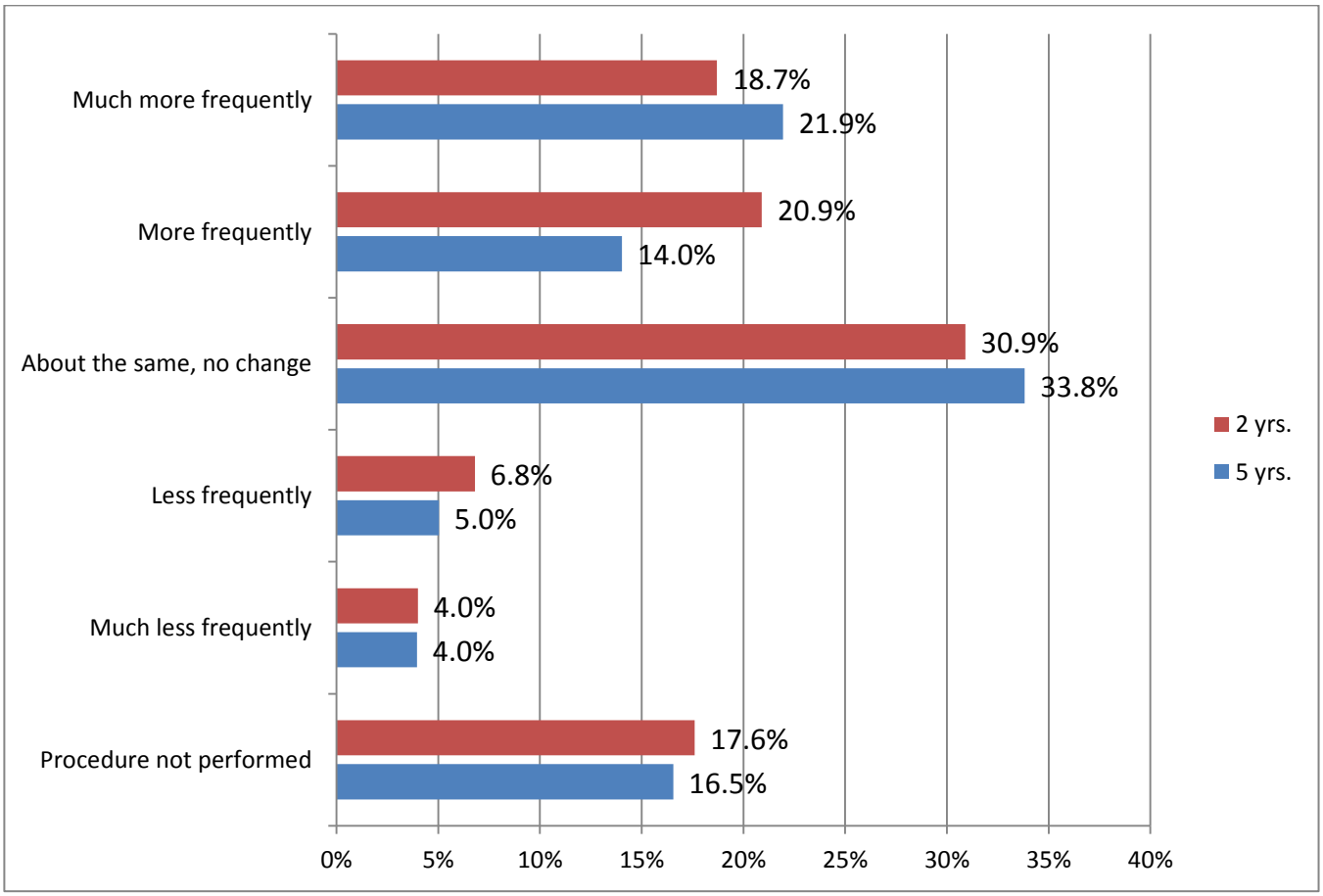


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Core build-up using glass ionomers and composites

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	49	17.6	46	16.5
Much less frequently	11	4	11	4
Less frequently	19	6.8	14	5
About the same, no change	86	30.9	94	33.8
More frequently	58	20.9	39	14
Much more frequently	52	18.7	61	21.9
Missing	3	1.1	13	4.7
Total	278	100	278	100*

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

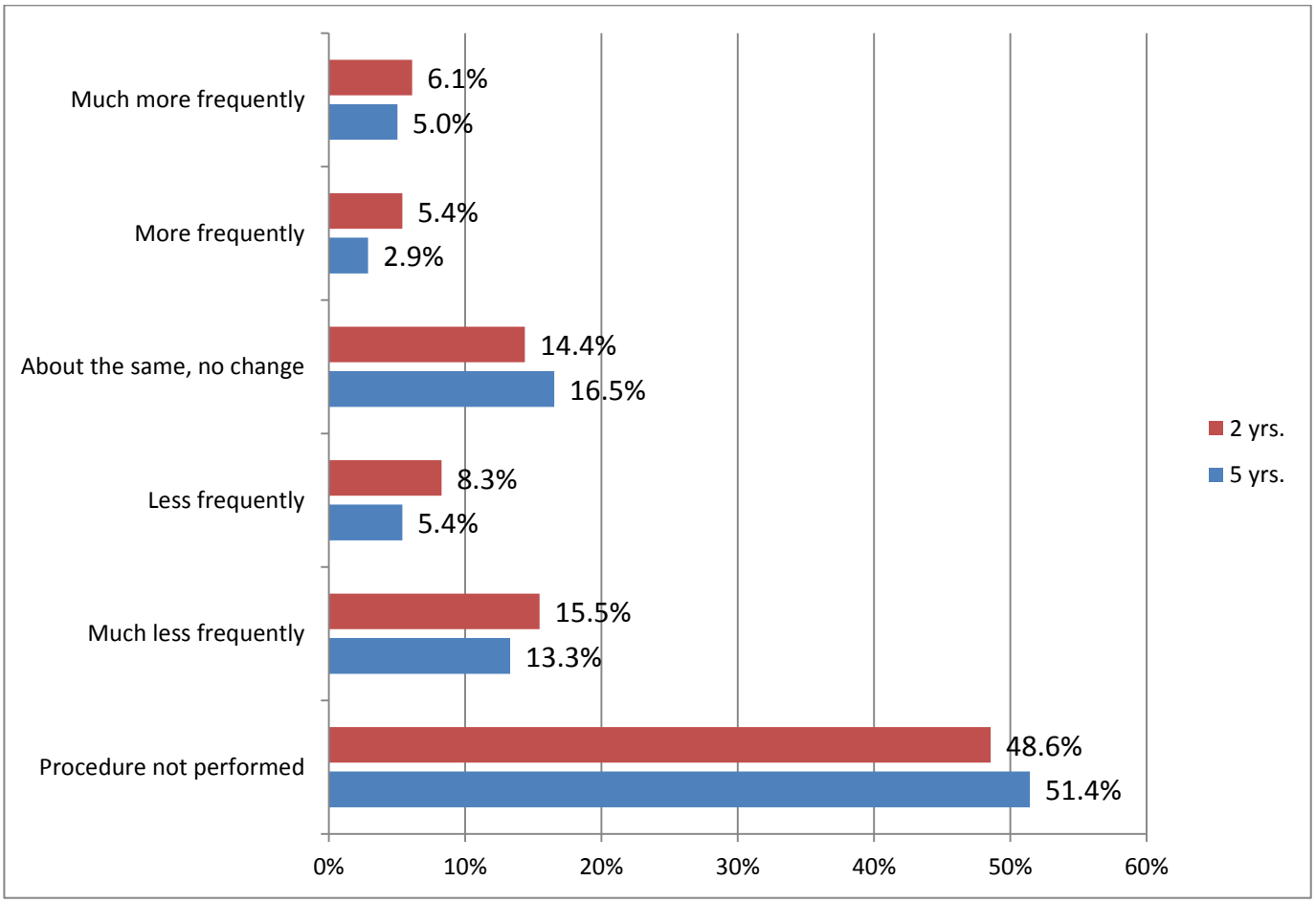


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Posterior direct restorations (amalgam)

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	135	48.6	143	51.4
Much less frequently	43	15.5	37	13.3
Less frequently	23	8.3	15	5.4
About the same, no change	40	14.4	46	16.5
More frequently	15	5.4	8	2.9
Much more frequently	17	6.1	14	5.0
Missing	5	1.8	15	5.4
Total	278	100*	278	100*

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

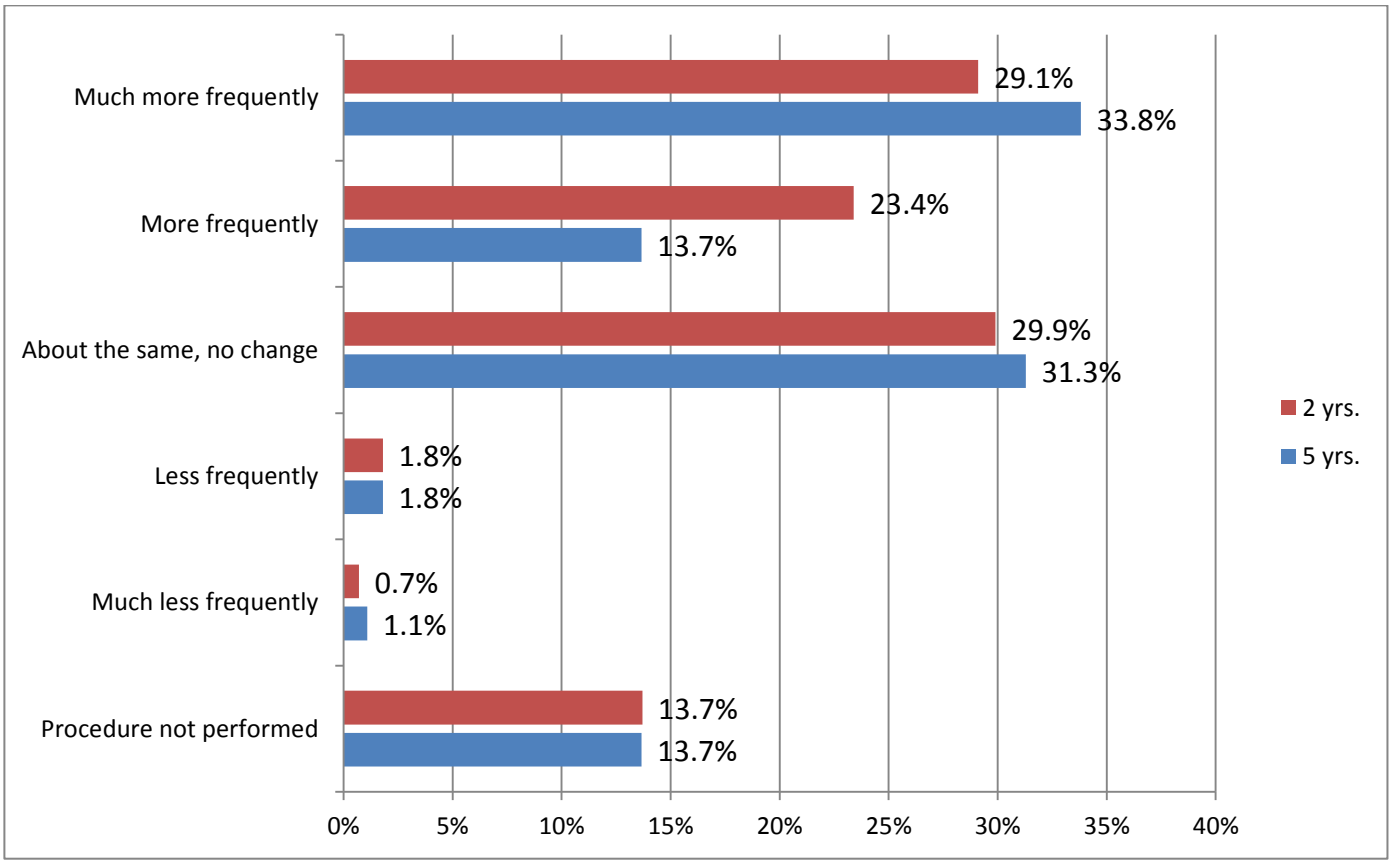


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Posterior direct restorations (composites)

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	38	13.7	38	13.7
Much less frequently	2	0.7	3	1.1
Less frequently	5	1.8	5	1.8
About the same, no change	83	29.9	87	31.3
More frequently	65	23.4	38	13.7
Much more frequently	81	29.1	94	33.8
Missing	4	1.4	13	4.7
Total	278	100	278	100*

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

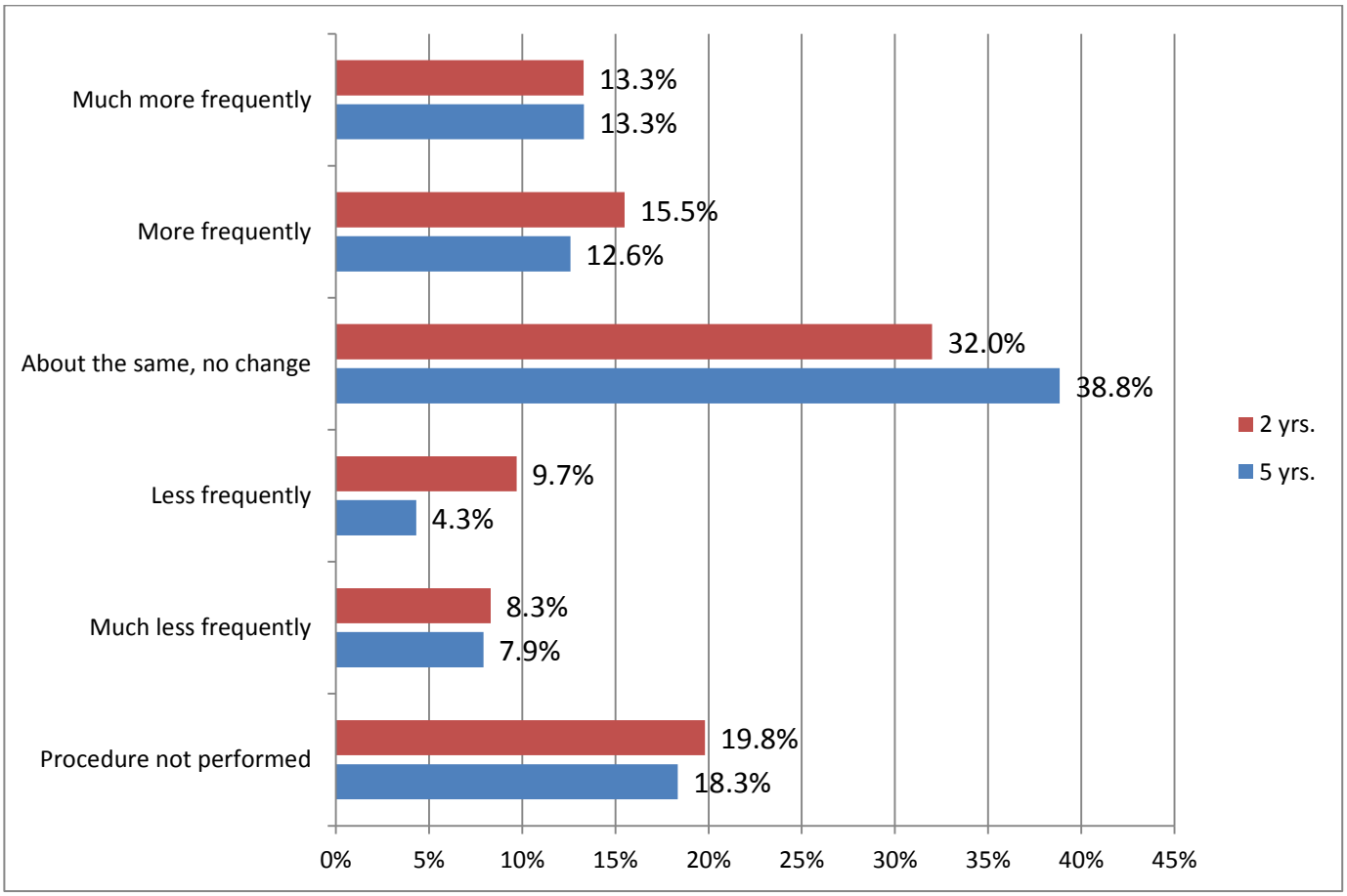


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Caries detection – explorer & disclosing agents

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	55	19.8	51	18.3
Much less frequently	23	8.3	22	7.9
Less frequently	27	9.7	12	4.3
About the same, no change	89	32	108	38.8
More frequently	43	15.5	35	12.6
Much more frequently	37	13.3	37	13.3
Missing	4	1.4	13	4.7
Total	278	100	278	100*

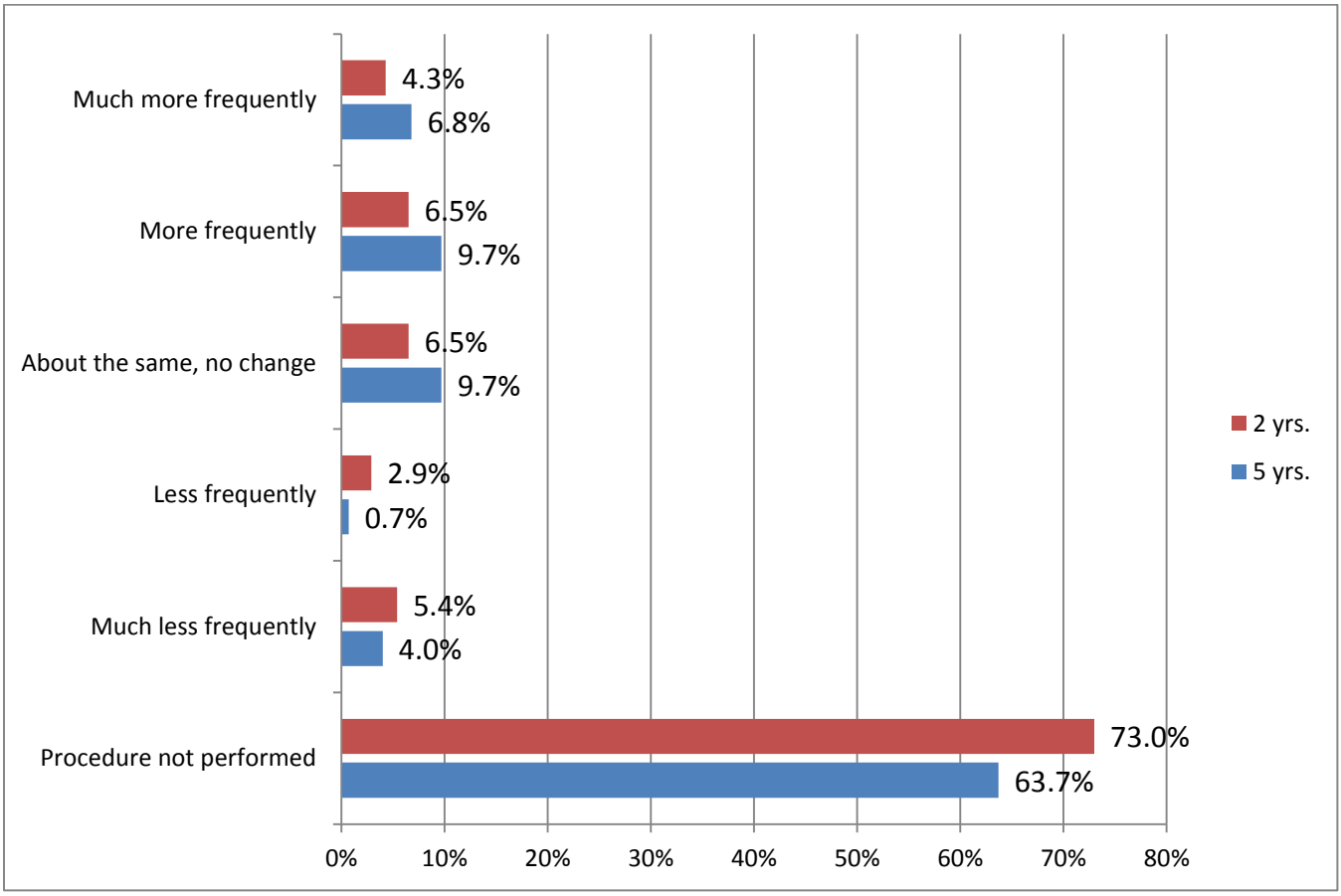
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Caries detection – laser fluorescence

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	203	73	177	63.7
Much less frequently	15	5.4	11	4
Less frequently	8	2.9	2	0.7
About the same, no change	18	6.5	27	9.7
More frequently	18	6.5	27	9.7
Much more frequently	12	4.3	19	6.8
Missing	4	1.4	15	5.4
Total	278	100	278	100

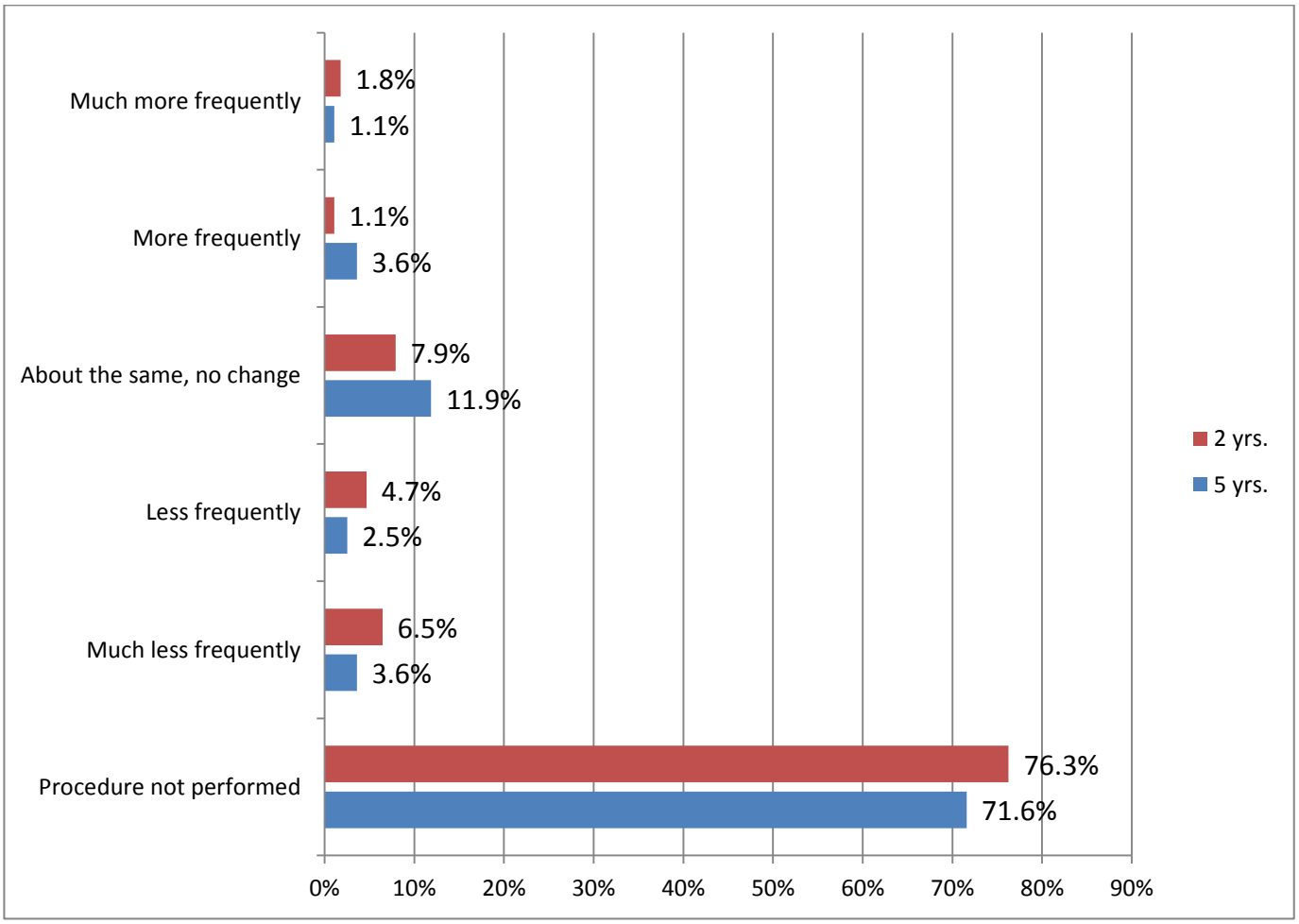


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Periodontal dressing (catalyst-based)

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	212	76.3	199	71.6
Much less frequently	18	6.5	10	3.6
Less frequently	13	4.7	7	2.5
About the same, no change	22	7.9	33	11.9
More frequently	3	1.1	10	3.6
Much more frequently	5	1.8	3	1.1
Missing	5	1.8	16	5.8
Total	278	100*	278	100*

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

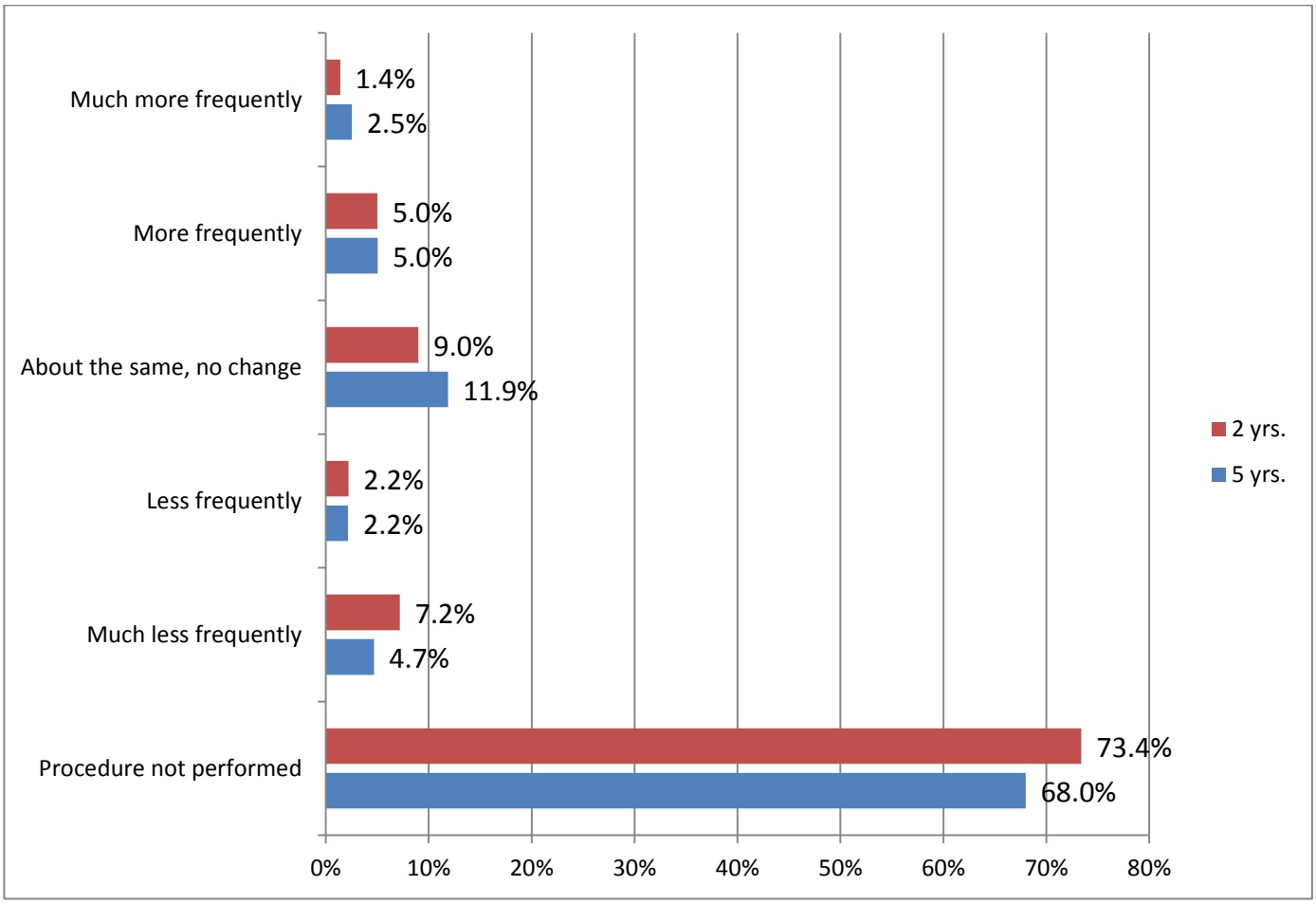


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

Periodontal dressing (auto-mix)

	Last 2 years		Next 5 years	
	N	Percent	N	Percent
Procedure not performed	204	73.4	189	68
Much less frequently	20	7.2	13	4.7
Less frequently	6	2.2	6	2.2
About the same, no change	25	9	33	11.9
More frequently	14	5	14	5
Much more frequently	4	1.4	7	2.5
Missing	5	1.8	16	5.8
Total	278	100	278	100*

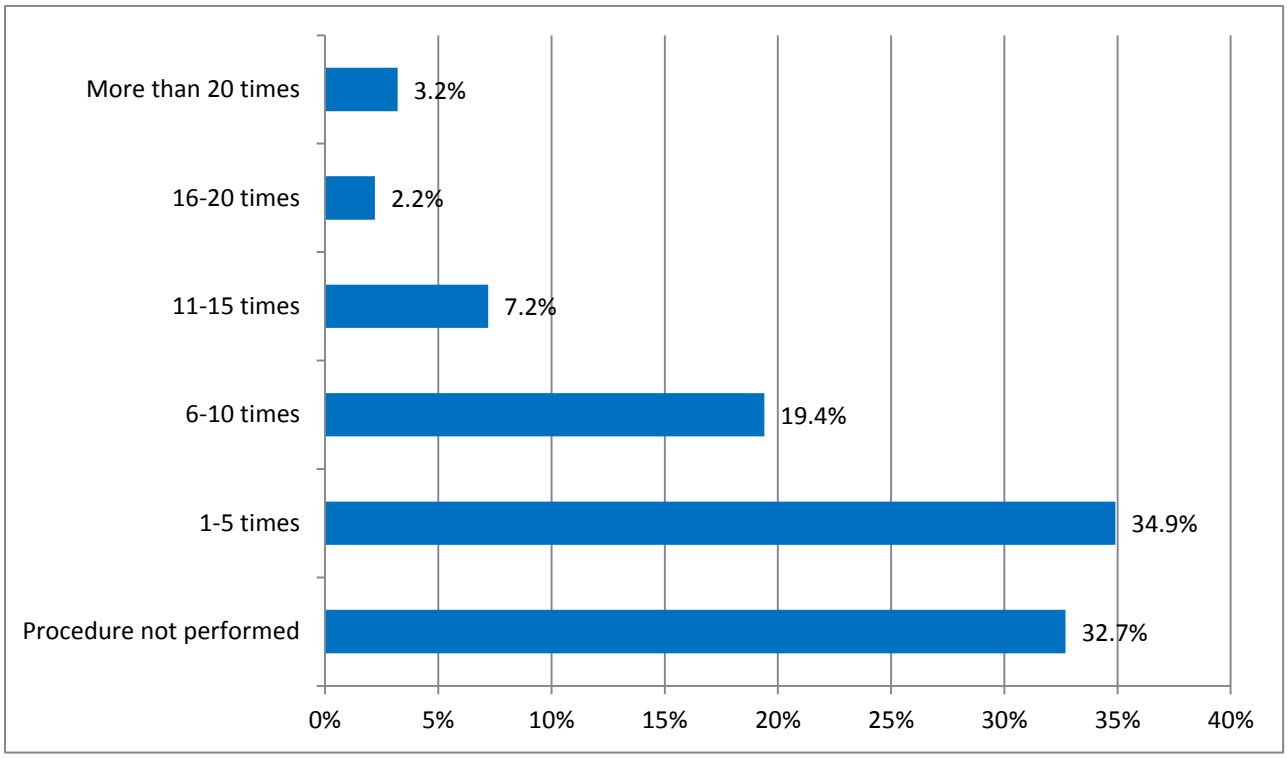
**NOTE: Percentages do not add to 100 due to rounding.*



APPENDIX G. FREQUENCY OF PERFORMING DENTAL PROCEDURES BY REGISTERED DENTAL ASSISTANTS

In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

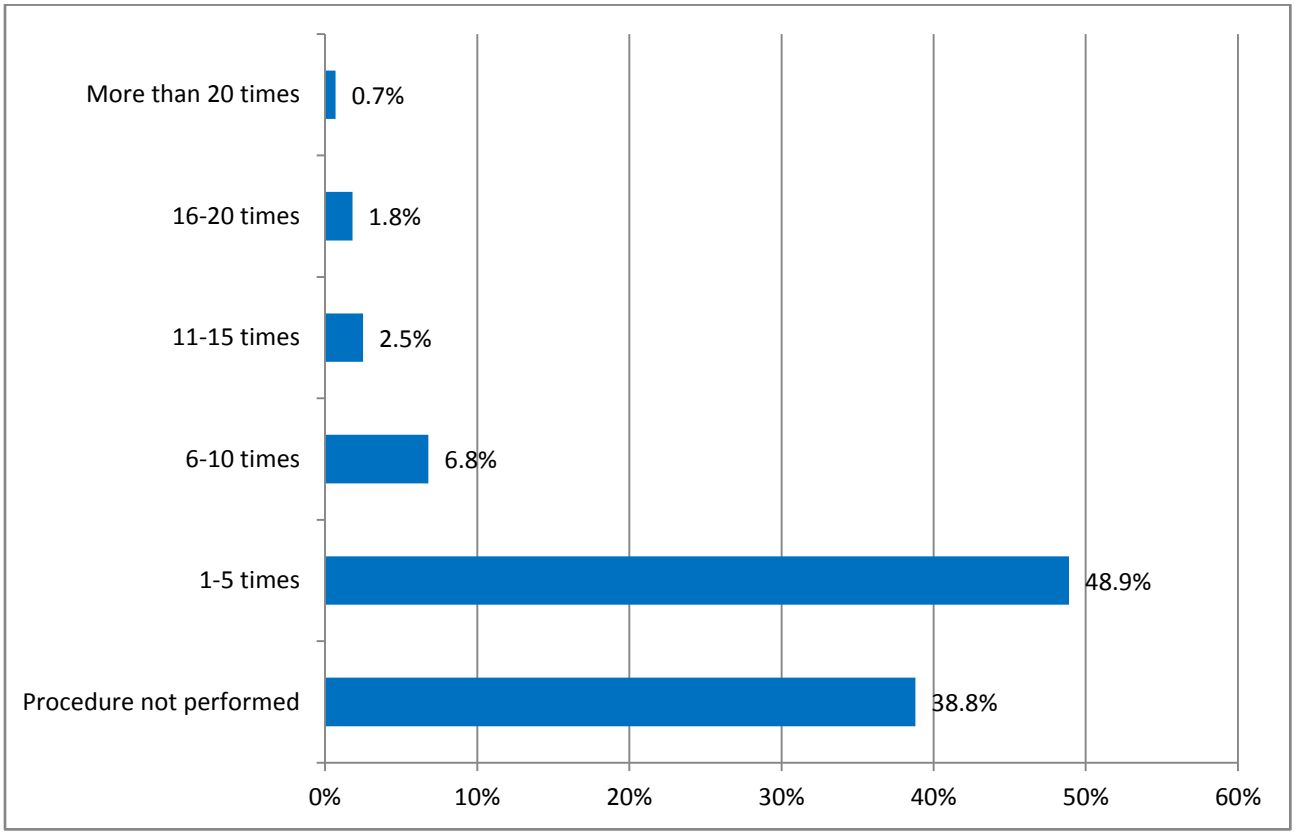
Mandibular posterior	N	Percent
Procedure not performed	91	32.7
1-5 times	97	34.9
6-10 times	54	19.4
11-15 times	20	7.2
16-20 times	6	2.2
More than 20 times	9	3.2
Missing	1	0.4
Total	278	100



In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

Mandibular anterior	N	Percent
Procedure not performed	108	38.8
1-5 times	136	48.9
6-10 times	19	6.8
11-15 times	7	2.5
16-20 times	5	1.8
More than 20 times	2	0.7
Missing	1	0.4
Total	278	100*

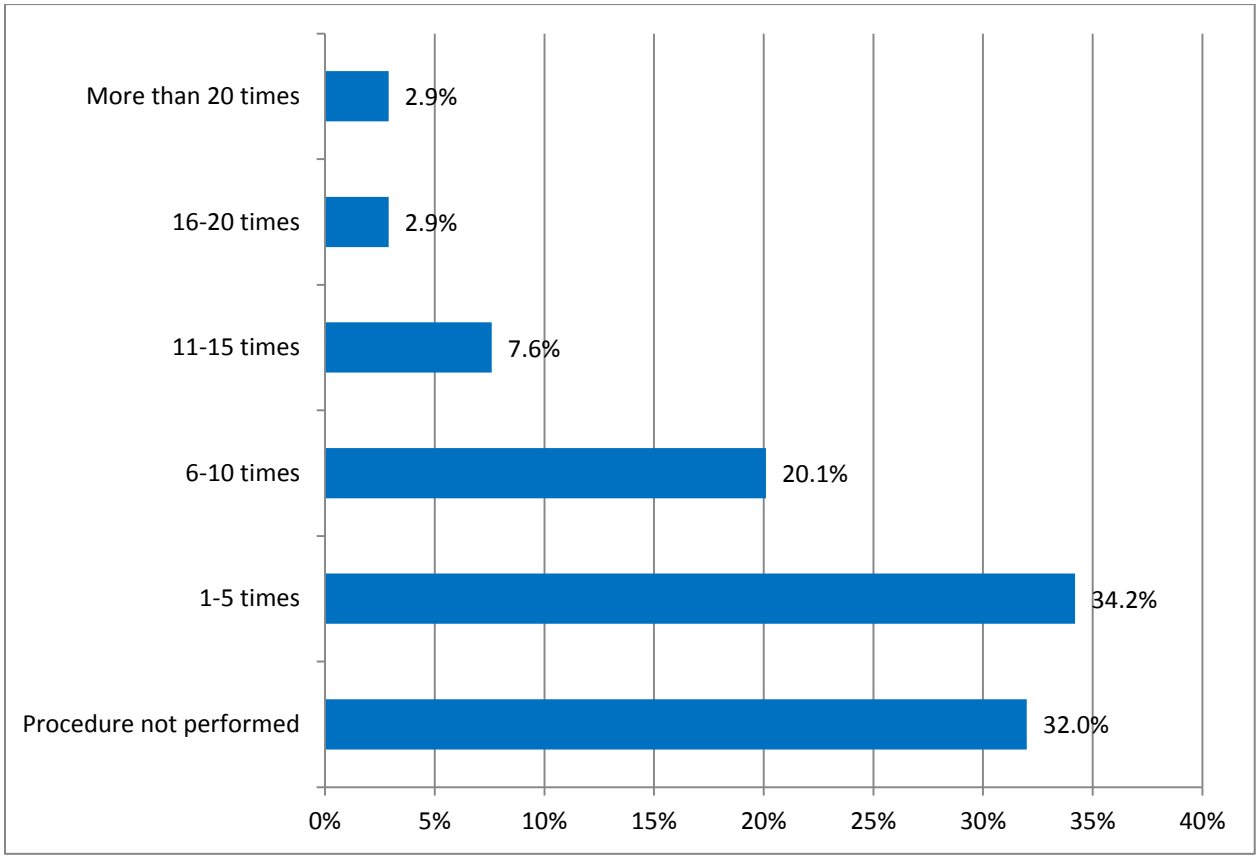
**NOTE: Percentages do not add to 100 due to rounding.*



In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

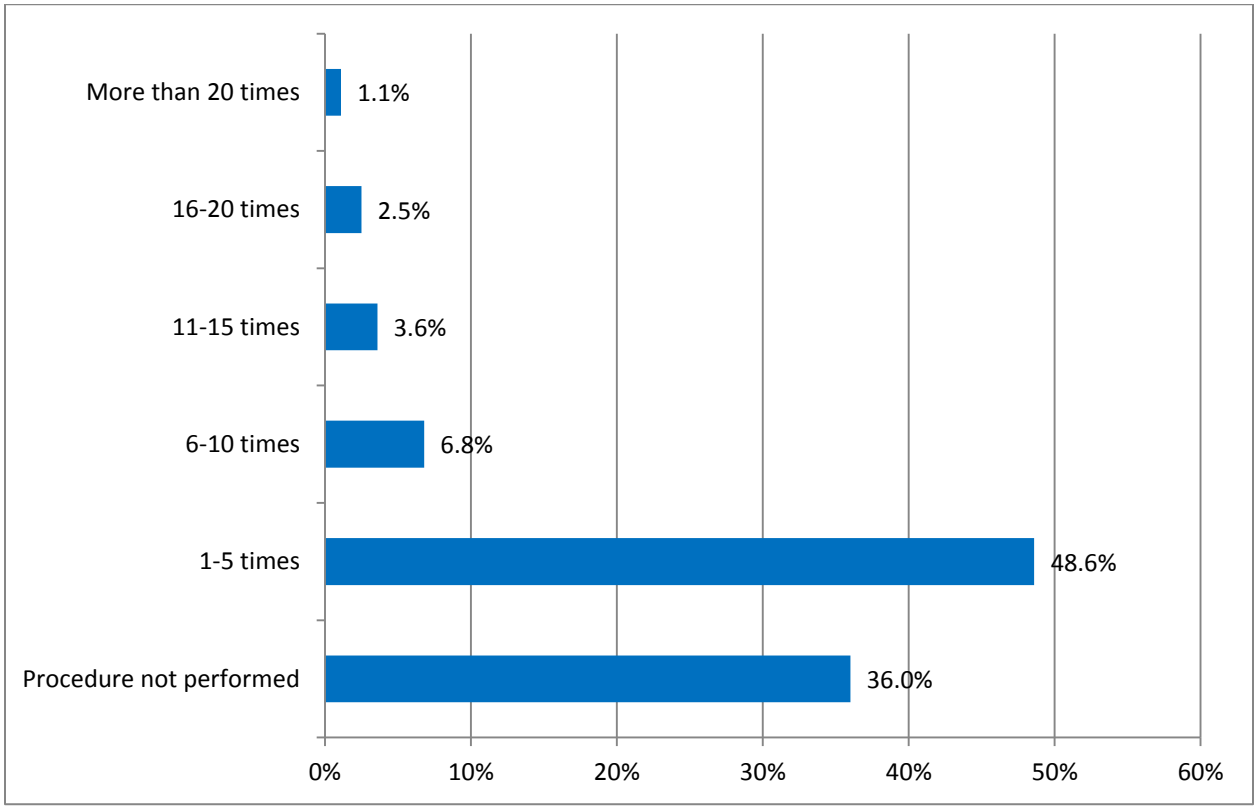
Maxillary posterior	N	Percent
Procedure not performed	89	32
1-5 times	95	34.2
6-10 times	56	20.1
11-15 times	21	7.6
16-20 times	8	2.9
More than 20 times	8	2.9
Missing	1	0.4
Total	278	100*

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



In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

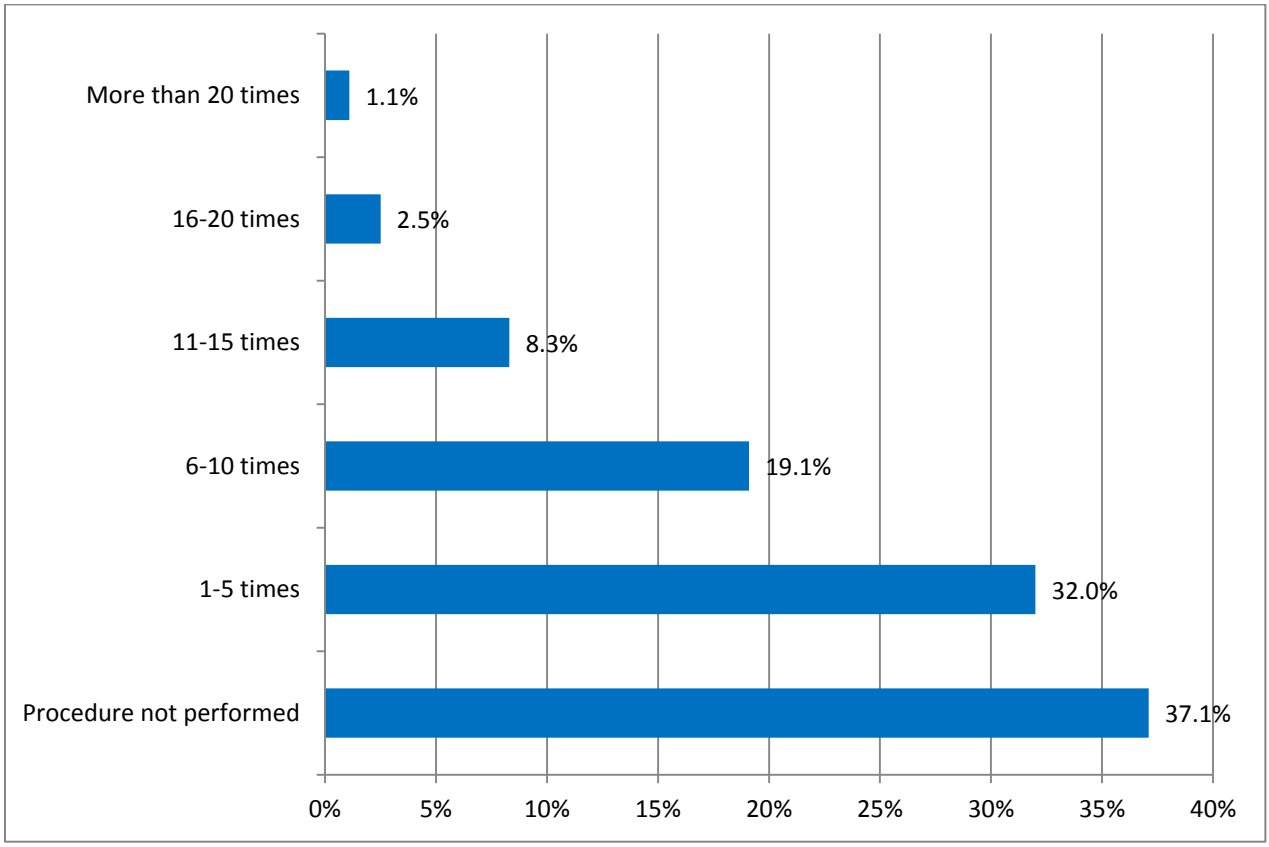
Maxillary anterior	N	Percent
Procedure not performed	100	36
1-5 times	135	48.6
6-10 times	19	6.8
11-15 times	10	3.6
16-20 times	7	2.5
More than 20 times	3	1.1
Missing	4	1.4
Total	278	100



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

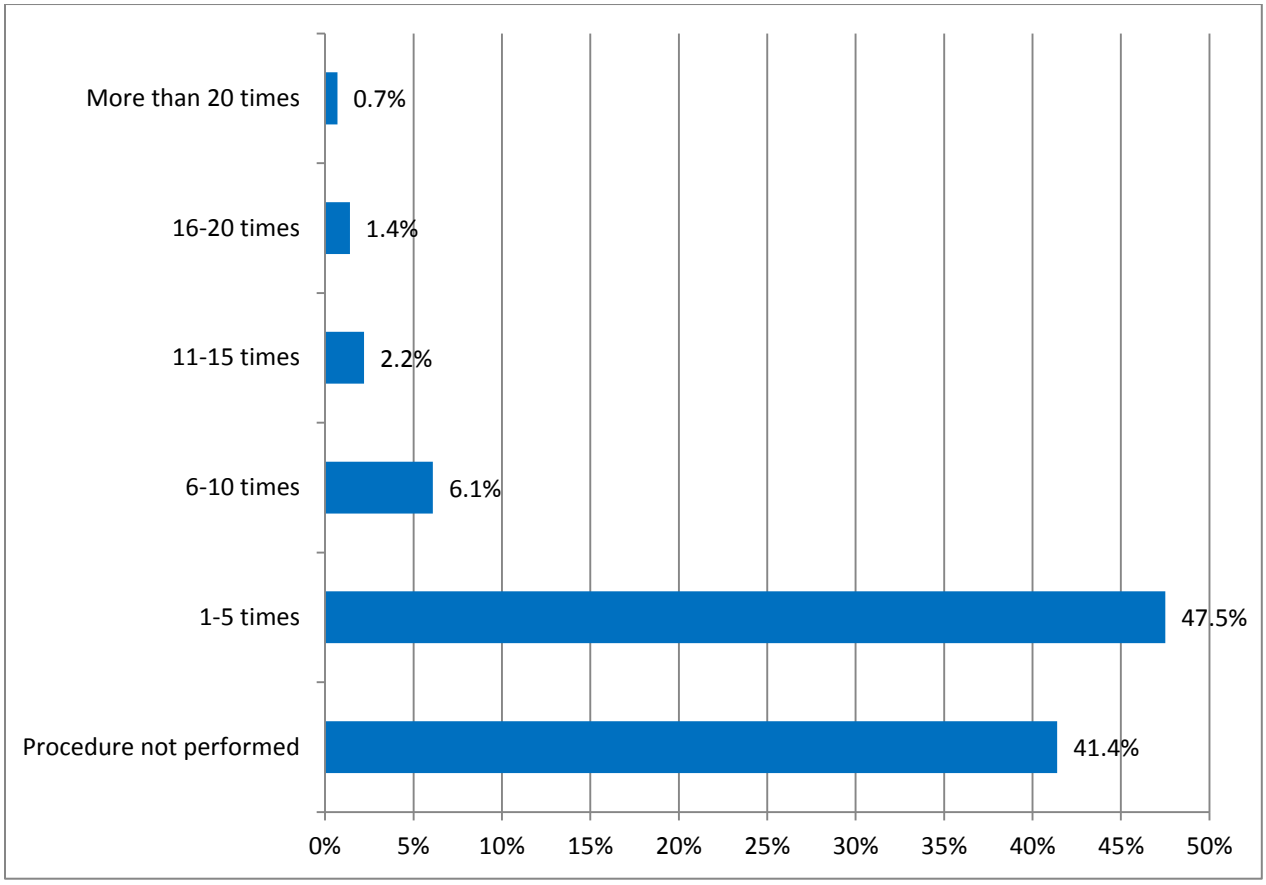
Mandibular posterior	N	Percent
Procedure not performed	103	37.1
1-5 times	89	32
6-10 times	53	19.1
11-15 times	23	8.3
16-20 times	7	2.5
More than 20 times	3	1.1
Total	278	100*

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



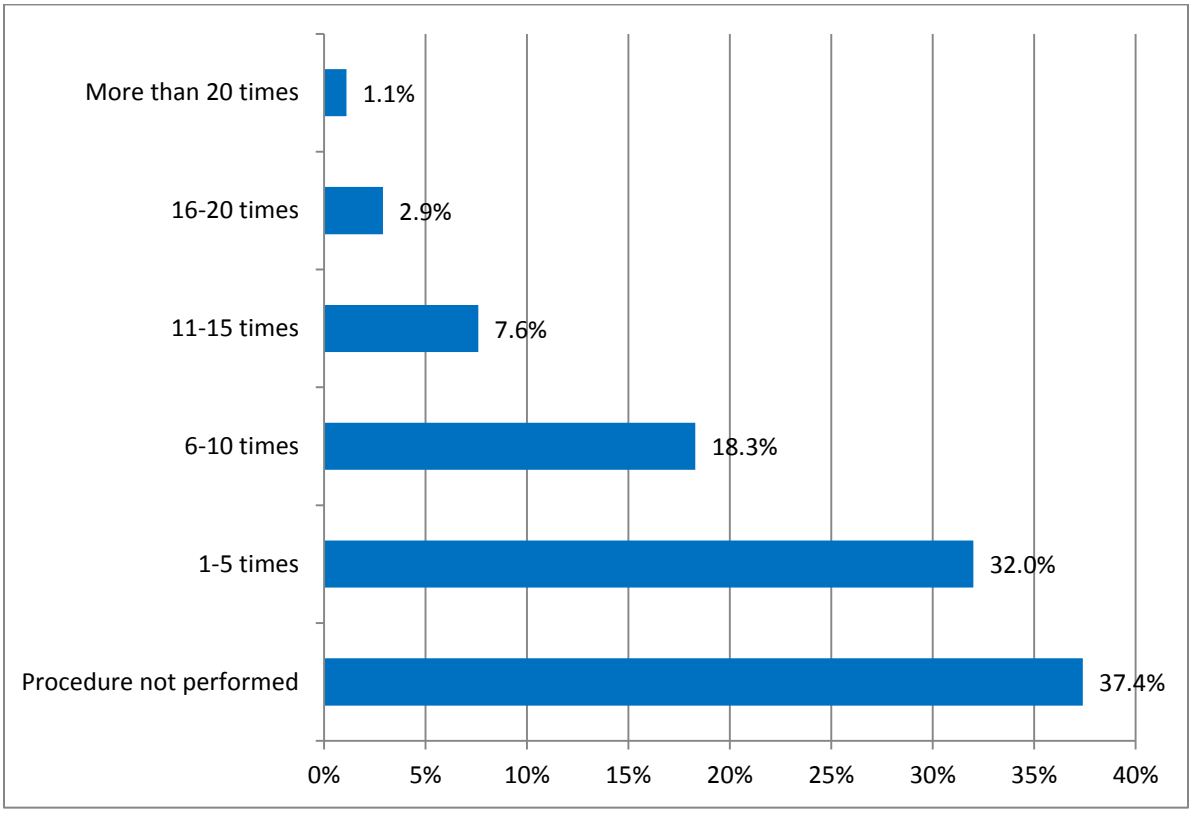
In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

Mandibular anterior	N	Percent
Procedure not performed	115	41.4
1-5 times	132	47.5
6-10 times	17	6.1
11-15 times	6	2.2
16-20 times	4	1.4
More than 20 times	2	0.7
Missing	2	0.7
Total	278	100



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

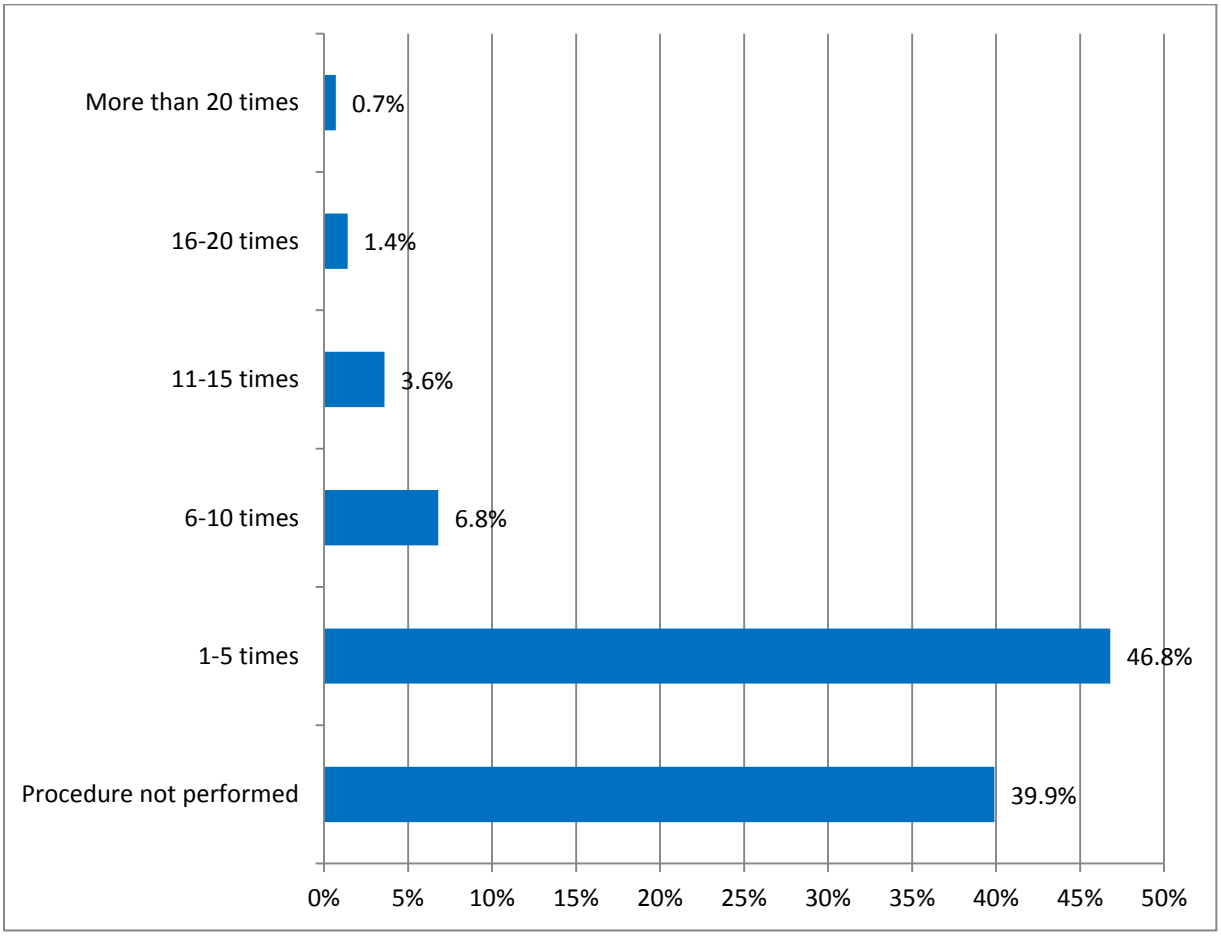
Maxillary posterior	N	Percent
Procedure not performed	104	37.4
1-5 times	89	32
6-10 times	51	18.3
11-15 times	21	7.6
16-20 times	8	2.9
More than 20 times	3	1.1
Missing	2	0.7
Total	278	100



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

Maxillary anterior	N	Percent
Procedure not performed	111	39.9
1-5 times	130	46.8
6-10 times	19	6.8
11-15 times	10	3.6
16-20 times	4	1.4
More than 20 times	2	0.7
Missing	2	0.7
Total	278	100*

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



APPENDIX H. LETTER TO PRACTITIONERS

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

October 7, 2015

FirstName LastName 5D_Code
Address1
City, State Zip

Dear Registered Dental Assistant,

The Board is inviting you to participate in the 2015 Occupational Analysis (OA) of the Registered Dental Assistant and Registered Dental Assistant in Extended Functions practice and we would like to award you three CE hours for helping us out on this very important project!

As you know, the Board is responsible for developing examinations to test applicant's skills for licensure in California. The development of an examination begins with an occupational analysis which is a method for identifying the tasks performed in a profession and the knowledge, skills, and abilities required to perform that job. The OA is only conducted every five to seven years and the results are very important to the development of the written and practical exams.

Several workshops with RDAs and RDAEFs have been held in Sacramento, conducted by the Office of Professional Examination Services (OPES). As a result of their efforts, a survey questionnaire has been developed and we invite you to participate in evaluating the 2015 OA as it relates to your current practice as an RDA, RDAEF in California. Your responses will be combined with responses of other licensees to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

The survey will be available from **October 12 thru November 6, 2015,** 24 hours a day, 7 days a week. It will take approximately two - three hours to complete the online survey questionnaire. For your convenience, you may begin the survey questionnaire and exit to return at a later time, as long as it is from the same computer. Certificates for three CE hours will be mailed to those participants who have completed the entire survey.

If you are interested in helping us out with this important project, please:

Enter the following link to access the survey: **https://www.surveymonkey.com/s/H6JLD9H?c=#####**
In place of the **#####,** please type in the 5 digits located after your name (above).
The password for the survey is **dentin** (all lower case).

Again, we appreciate your dedication to your profession and to our mission of protecting the consumers of California by licensing qualified and competent providers.

Sincerely,

The Dental Board of California

APPENDIX I. QUESTIONNAIRE

RDA - REGISTERED DENTAL ASSISTANT OCCUPATIONAL ANALYSIS QUESTIONNAIRE

Welcome Registered Dental Assistants

Dear Licensee:

The Dental Board of California (Board) is conducting an occupational analysis of the Registered Dental Assistant profession. The purpose of the occupational analysis is to identify the important tasks performed by Registered Dental Assistants in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the CA Registered Dental Assistant description of practice.

The Board requests your assistance in this process. Please take the time to complete the survey questionnaire as it relates to your current practice. Your participation ensures that all aspects of the profession are covered and is essential to the success of this project.

Licensees completing the survey in its entirety will earn 3 CE credits for their participation.

Your individual responses will be kept confidential. Your responses will be combined with responses of other RDAs and only group trends will be reported.

In order to progress through this survey, please use the following navigation buttons:

- **Click the Next button to continue to the next page.**
- **Click the Prev button to return to the previous page.**
- **Click the Exit this survey button to exit the survey and return to it at a later time.**
- **Click the Done/Submit button to submit your survey as completed.**

Any questions marked with an asterisk (*) require an answer in order to progress through the survey questionnaire.

Please Note: Once you have started the survey, you can exit at any time and return to it later without losing your responses as long as you are accessing the survey from the same computer. The survey automatically saves fully-completed pages, but will not save responses to questions on pages that were partially completed when the survey was exited.

Please make sure to exit only after completing all items on a page and clicking NEXT.

For your convenience, the weblink is available 24 hours a day 7 days a week.

Please complete the survey questionnaire by November 6, 2015.

If you have any questions about completing this survey, please contact Dental Board staff at rda_surveyhelp@dca.ca.gov. The Board welcomes your participation in this project and thanks you for your time.

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

* Are you currently licensed and practicing in California as a licensed Registered Dental Assistant (RDA)?

- ◯ YES
- ◯ NO

CE Credit Confirmation

Please provide the board with an email address. An email will be sent to you to confirm that you initiated the survey and that you completed the survey as required to receive the continuing education credits. Note: Email is REQUIRED to receive CE credit.

Please enter the 5-digit NUMERIC code you received with your survey invitation.

Part I - Personal Information

INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS

This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Registered Dental Assistant practice as represented by the respondents to the questionnaire. Please note the instructions for each item before marking your response as several permit multiple responses.

How many years have you been licensed and practicing in California as an RDA?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

How many months or years did you work as an unlicensed Dental Assistant before obtaining RDA licensure in California?

- ◯ Not Applicable, I worked as an intern
- ◯ 0 to 11 months
- ◯ 12 to 15 months
- ◯ 16 months to 2 years
- ◯ 3 to 5 years
- ◯ 6 to 10 years
- ◯ More than 10 years

How would you describe your primary work setting?

- ◯ Solo dental practice
- ◯ Group dental practice (2 or more dentist)
- ◯ Specialty dental practice (oral and maxillofacial surgery, dentofacial orthopedics)
- ◯ Public health dentistry
- ◯ Hospital dental clinic
- ◯ Dental school clinic
- ◯ Military
- ◯ Government

Other (please specify)

How would you describe the dental practice in your primary work setting?

- ◯ General dentistry
- ◯ Orthodontic dentistry
- ◯ Endodontic dentistry
- ◯ Periodontic dentistry
- ◯ Pedodontic dentistry
- ◯ Prosthodontic dentistry
- ◯ Oral surgery

Other (please specify)

How would you describe the location of your primary work setting?

- ◯ Urban
- ◯ Rural

How many unlicensed Dental Assistants work in your primary work setting?

- ◯ None
- ◯ 1
- ◯ 2 to 3
- ◯ 4 to 5
- ◯ More than 5

How many licensed RDAs work in your primary work setting (do not include yourself)?

- ◯ None
- ◯ 1
- ◯ 2 to 3
- ◯ 4 to 5
- ◯ More than 5

How many licensed RDAEFs work in your primary work setting?

- ◯ None
- ◯ 1
- ◯ 2 to 3
- ◯ 4 to 5
- ◯ More than 5

Part I - Personal Information

Where did you gain the majority of your training and experience to become an RDA? (Check no more than 3.)

- ☐ On the job from dentist
- ☐ On the job from experienced RDA/RDAEF
- ☐ Community college program
- ☐ University-level program
- ☐ ROP program
- ☐ Private career school
- ☐ Online school or program
- ☐ Military

Which of the following permits/certificates do you possess in addition to your RDA license? (Mark all that apply.)

- ☐ Dental Sedation Assistant Permit
- ☐ Orthodontic Assistant Permit
- ☐ Ultrasonic Scaling Certificate
- ☐ Pit and Fissure Sealants Certificate
- ☐ Coronal Polishing Certificate

Other (please specify)

For each of the following procedures, use the Frequency Scale below to indicate:

- The extent to which the frequency of your performing this procedure has changed over the last 2 years.

  AND

- Based on your current practice, the extent to which the frequency of your performing this procedure is

expected to change over the next 5 years.

	How Frequently Performed Last 2 years	How Frequently Performed Next 5 years
Traditional braces (brackets/wire)		
Clear tooth aligner systems (e.g., Invisalign, Minor Tooth Movement [MTM])		
Radiographs by X-ray film		
Radiography by digital sensors/phosphor plates		
Restorations using traditional impression material		
Restorations using digital impressions (CAD/Cam)		
Bonding agents (mix catalyst and base)		
Bonding agents (all in one etch/prime and bond)		
Cements (zinc phosphate, polycarboxylate)		
Cements (glass ionomers and bonded cements)		
Core build-up using amalgam		
Core build-up using glass ionomers and composites		
Posterior direct restorations (amalgam)		
Posterior direct restorations (composites)		
Caries detection – explorer & disclosing agents		
Caries detection – laser fluorescence		

	How Frequently Performed Last 2 years	How Frequently Performed Next 5 years
Periodontal dressing (catalyst-based)		
Periodontal dressing (auto-mix)		

In an average week, what percentage of your time is spent performing each of the following tasks in the course of your work? (your numbers should add up to 100)

Assisting the dentist in the administration of treatment at the chair side

Maintaining a sterile and orderly working environment

Reviewing patients' health history and making chart entries under the direction of the dentist

Familiarizing patients with the aspects of their dental visit and providing instructions and education to support treatment

Stocking operatories and maintaining the clinical supply inventory

Reviewing the daily schedule to set up appropriate trays and instruments

Supervising the preventive maintenance of dental equipment

Assisting with front office procedures if time allows or as determined by the dentist

In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

	Procedure not performed	1-5 times	6-10 times	11-15 times	16-20 times	More than 20 times
Mandibular posterior						
Mandibular anterior						
Maxillary posterior						
Maxillary anterior						

In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

	Procedure not performed	1-5 times	6-10 times	11-15 times	16-20 times	More than 20 times
Mandibular posterior	○	○	○	○	○	○
Mandibular anterior	○	○	○	○	○	○
Maxillary posterior	○	○	○	○	○	○
Maxillary anterior	○	○	○	○	○	○

California Counties

Location of Registered Dental Assistant Services

In what California county do you perform the majority of your work as a Registered Dental Assistant? (check no more than 3)

- ☐ 01 - Alameda
- ☐ 02 - Alpine
- ☐ 03 - Amador
- ☐ 04 - Butte
- ☐ 05 - Calaveras
- ☐ 06 - Colusa
- ☐ 07 - Contra Costa
- ☐ 08 - Del Norte
- ☐ 09 - El Dorado
- ☐ 10 - Fresno
- ☐ 11 - Glenn
- ☐ 12 - Humboldt
- ☐ 13 - Imperial
- ☐ 14 - Inyo
- ☐ 15 - Kern
- ☐ 16 - Kings
- ☐ 17 - Lake
- ☐ 18 - Lassen
- ☐ 19 - Los Angeles
- ☐ 20 - Madera
- ☐ 21 - Marin
- ☐ 22 - Mariposa
- ☐ 23 - Mendocino
- ☐ 24 - Merced
- ☐ 25 - Modoc
- ☐ 26 - Mono
- ☐ 27 - Monterey
- ☐ 28 - Napa
- ☐ 29 - Nevada
- ☐ 30 - Orange
- ☐ 31 - Placer
- ☐ 32 - Plumas
- ☐ 33 - Riverside
- ☐ 34 - Sacramento
- ☐ 35 - San Benito
- ☐ 36 - San Bernardino
- ☐ 37 - San Diego
- ☐ 38 - San Francisco
- ☐ 39 - San Joaquin
- ☐ 40 - San Luis Obispo
- ☐ 41 - San Mateo
- ☐ 42 - Santa Barbara
- ☐ 43 - Santa Clara
- ☐ 44 - Santa Cruz
- ☐ 45 - Shasta
- ☐ 46 - Sierra
- ☐ 47 - Siskiyou
- ☐ 48 - Solano
- ☐ 49 - Sonoma
- ☐ 50 - Stanislaus
- ☐ 51 - Sutter
- ☐ 52 - Tehama
- ☐ 53 - Trinity
- ☐ 54 - Tulare
- ☐ 55 - Tuolumne
- ☐ 56 - Ventura
- ☐ 57 - Yolo
- ☐ 58 - Yuba

Part II - TASK RATINGS

In this part of the questionnaire, please rate each task as it relates to your current practice as a Registered Dental Assistant.

PLEASE NOTE: Numbering of Tasks occasionally skips a few numbers, this is purposeful.

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign from one rating scale should not influence the ratings that you assign from the other rating scale.

If the task is NOT part of your current practice, rate the task "0" (zero) Frequency and "0" (zero) Importance.

The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow for each list to see the ratings and then select the option based on your current job.

FREQUENCY RATING How often are these tasks performed in your current job? Use the following scale to make your rating.

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

IMPORTANCE RATING HOW IMPORTANT are these tasks in the performance of your current practice? Use the following scale to make your ratings.

- **0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE I do not perform this task in my practice.**
  1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.
  2 - FAIRLY IMPORTANT. This task is fairly important for effective performance relative to other tasks; it does not have the priority of most other tasks I perform in my current practice.
  3 - MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current job.
  4 - VERY IMPORTANT. This task is very important for performance in my practice; it has a

higher degree of priority than most other tasks I perform in my current practice.
5 - CRITICALLY IMPORTANT. This task is one of the most critical tasks I perform in practice; it has the highest degree of priority of all the tasks I perform in my current practice.

Part II - TASK RATINGS (1 through 10)

Patient Examination

	FREQUENCY	IMPORTANCE
1. Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment.		
2. Take patient blood pressure and vital signs.		
3. Inspect patient oral condition with mouth mirror.		
4. Chart existing oral conditions and diagnostic findings at the direction of the licensed provider.		
5. Perform intra-oral diagnostic imaging of patient mouth and dentition (e.g., radiographs, photographs, CT scans).		
6. Respond to patient questions about existing conditions and treatment following dentist's diagnosis.		
7. Observe for signs and conditions that may indicate abuse or neglect.		
8. Perform dental procedures using professional chairside manner.		
9. Educate patient about behaviors that could affect oral health or dental treatment.		
10. Instruct patient about preoperative and postoperative care and maintenance for dental procedures and appliances.		

Part II - TASK RATINGS (13 through 33)

Direct and Indirect Restorations

	FREQUENCY	IMPORTANCE
13. Place bases and liners.		
14. Place matrices and wedges.		
15. Place temporary filling material.		
16. Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations.		
17. Place bonding agent.		
18. Fabricate and adjust direct and indirect provisional restorations.		
19. Perform cementation procedure for direct and indirect provisional restorations.		
20. Obtain intra-oral images using computer-generated imaging system (e.g., CADCAM).		
21. Take impressions for direct and indirect provisional restorations.		
22. Remove indirect provisional restorations.		
23. Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence).		

Preventive Procedures

	FREQUENCY	IMPORTANCE
31. Perform coronal polishing.		
32. Utilize caries detection materials and devices to gather information for dentist.		
33. Prepare teeth and apply pit and fissure sealants.		

Part II - TASK RATINGS (34 through 43)

Infection Control & Safety

	FREQUENCY	IMPORTANCE
34. Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks.		
35. Purge dental unit lines with air or water prior to attachment of devices.		
36. Use germicides for surface disinfection (e.g., tables, chairs, counters).		
37. Use surface barriers for prevention of cross-contamination.		
38. Perform instrument sterilization in compliance with the office's infection control program.		
39. Disinfect and sterilize laboratory and operatory equipment in compliance with the office's infection control program.		
40. Use hand hygiene procedures.		
41. Conduct biological spore testing to ensure functioning of sterilization devices.		
42. Dispose of biological hazardous waste and other potentially infectious materials (OPIM).		
43. Dispose of pharmaceuticals and sharps in appropriate container.		

Part II - TASK RATINGS (44 through 57)

Radiation Safety

	FREQUENCY	IMPORTANCE
44. Implement measures to minimize radiation exposure to patient during radiographic procedures.		
45. Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures.		
46. Implement measures for the storage and maintenance of radiation protective barriers and portable X-Ray units.		
47. Implement measures for the storage and disposal of radiographic film.		

Emergencies

	FREQUENCY	IMPORTANCE
48. Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist.		
49. Assist in the administration of oxygen to patients as instructed by dentist.		
50. Implement basic life support and/or use of AED as indicated during medical emergency.		
51. Assist in emergency care of patient.		
52. Implement first aid and BLS measures to support patient care.		
53. Implement emergency preparedness protocols in compliance with office procedures.		
54. Follow infection control procedures during the administration of first aid and basic life support.		

Occupational Safety

	FREQUENCY	IMPORTANCE
55. Implement procedures and protocols to protect operator from exposure during hazardous waste management.		
56. Package, prepare, and store hazardous waste for disposal.		
57. Store, label, and log chemicals used in a dental practice.		

Part II - TASK RATINGS (58 through 71)

Endodontic Procedures

	FREQUENCY	IMPORTANCE
58. Test pulp vitality.		
59. Dry canals with absorbent points.		

Periodontal Procedures

	FREQUENCY	IMPORTANCE
62. Place periodontal dressings at surgical site.		

Orthodontic Procedures

	FREQUENCY	IMPORTANCE
63. Place orthodontic separators.		
64. Place and remove ligature ties and arch wires.		
65. Place elastic ties to secure arch wires.		
66. Remove orthodontic bands.		
67. Take impression for fixed and removable orthodontic appliances.		
68. Remove fixed orthodontic appliances.		

Implants, Oral Surgery, Extractions

	FREQUENCY	IMPORTANCE
69. Remove post-extraction and post-surgery sutures as directed by dentist.		
70. Place and remove dry socket dressing as directed by dentist.		

Prosthetic Appliances

	FREQUENCY	IMPORTANCE
71. Adjust prosthetic appliances extra-orally.		

Part III - KNOWLEDGE RATINGS

In this part of the questionnaire, rate each of the knowledge statements based on how IMPORTANT the knowledge is to successful performance in your practice. If a knowledge statement is NOT part of your job, then rate it "0" (zero) for Importance.

PLEASE NOTE: Numbering of Knowledges occasionally skips a few numbers, this is purposeful.

The boxes for rating the Importance of each knowledge statement have a drop-down list. Click on the "down" arrow for the list to see the ratings. Then select the rating based on your current practice.

IMPORTANCE RATING
HOW IMPORTANT is this knowledge in the performance of your current practice?

Use the following scale to make your ratings.
0 - DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED; this knowledge is not required to perform in my practice.
1 - OF MINOR IMPORTANCE; this knowledge is of minor importance for performance of my practice relative to all other knowledge.
2 - FAIRLY IMPORTANT; this knowledge is fairly important for performance of my practice relative to all other knowledge.
3 - MODERATELY IMPORTANT; this knowledge is moderately important for performance of my practice relative to all other knowledge.
4 - VERY IMPORTANT; this knowledge is very important for performance of my practice relative to all other knowledge.
5 - CRITICALLY IMPORTANT; this knowledge is essential for performance of my practice relative to all other knowledge.

Part III - KNOWLEDGE RATINGS (1 through 26)

Patient Examination

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
1. Knowledge of effects of coexisting medical/dental conditions on dental treatment.	○	○	○	○	○	○
2. Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes).	○	○	○	○	○	○
3. Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine).	○	○	○	○	○	○
4. Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics).	○	○	○	○	○	○
5. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	○	○	○	○	○	○
6. Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves).	○	○	○	○	○	○
7. Knowledge of acceptable levels of blood pressure for performing dental procedures.	○	○	○	○	○	○
8. Knowledge of methods and techniques for using medical equipment to take vital signs.	○	○	○	○	○	○
9. Knowledge of techniques and procedures for using imaging equipment to perform intra-oral and extra-oral diagnostic imaging.	○	○	○	○	○	○
10. Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology.	○	○	○	○	○	○

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
11. Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, fracture lines) and how to document them.	○	○	○	○	○	○
12. Knowledge of effects of substance abuse on patient physical condition, including oral tissues.	○	○	○	○	○	○
13. Knowledge of effects of nutrition and malnutrition on the oral cavity.	○	○	○	○	○	○
14. Knowledge of effects of smoking and smokeless tobacco on oral tissue.	○	○	○	○	○	○
15. Knowledge of the professional and ethical principles related to communicating with and fair treatment of patient. (ADA 4-A.1, C, C1, ADA 5-A, CDA 4, DANB-Justice, Truth)	○	○	○	○	○	○
16. Knowledge of professional and ethical principles regarding patient care. (CDA-Compassion, 1C, 5, Integrity)	○	○	○	○	○	○
17. Knowledge of legal requirements and ethical principles regarding patient confidentiality. (B&P code, CA client Confidentiality, HIPPA)	○	○	○	○	○	○
18. Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them.	○	○	○	○	○	○
19. Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation).	○	○	○	○	○	○
20. Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). (Penal 11166, ADA 3.E, & DANB Definition)	○	○	○	○	○	○
21. Knowledge of techniques to provide patient comfort during intra-oral procedures.	○	○	○	○	○	○
22. Knowledge of RDA/RDAEFs' legal and ethical responsibilities to report violations of the California Dental Practice Act and administrative rules and regulations to the proper authorities.	○	○	○	○	○	○
23. Knowledge of methods and techniques patients can perform to improve oral health.	○	○	○	○	○	○
24 .Knowledge of preoperative and postoperative care and maintenance for dental procedures and appliances.	○	○	○	○	○	○

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
25. Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures.	○	○	○	○	○	○
26. Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.	○	○	○	○	○	○

Part III - KNOWLEDGE RATINGS (28 through 52)

Direct and Indirect Restorations

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
28. Knowledge of types of base and liner materials and the techniques and procedures for their application and placement.	○	○	○	○	○	○
29. Knowledge of types of wedges and the techniques and procedures for their use.	○	○	○	○	○	○
30. Knowledge of techniques and procedures for using matrix bands with or without band retainers.	○	○	○	○	○	○
31. Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them.	○	○	○	○	○	○
32. Knowledge of types of bonding agents and the techniques and procedures for their application and placement.	○	○	○	○	○	○
33. Knowledge of types of etchants and the techniques and procedures for their application and placement.	○	○	○	○	○	○
34. Knowledge of irregularities in margins that affect direct and indirect provisional restorations.	○	○	○	○	○	○
35. Knowledge of techniques used to eliminate open margins when placing restorative materials.	○	○	○	○	○	○
36. Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations.	○	○	○	○	○	○
37. Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations.	○	○	○	○	○	○

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
38. Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations.	○	○	○	○	○	○
39. Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents.	○	○	○	○	○	○
40. Knowledge of equipment and procedures used to obtain intra-oral images for computer-aided milled restorations.	○	○	○	○	○	○
41. Knowledge of types of impression materials and techniques and procedures for their application and placement.	○	○	○	○	○	○
42. Knowledge of techniques and procedures used to mix and place provisional materials.	○	○	○	○	○	○
43. Knowledge of techniques and procedures for bonding provisional veneers.	○	○	○	○	○	○
44. Knowledge of indications and contraindications for the use of whitening (bleaching) agents.	○	○	○	○	○	○
45. Knowledge of indications and contraindications for the use of bonding agents.	○	○	○	○	○	○
46. Knowledge of indications and contraindications for the use of etching agents.	○	○	○	○	○	○
47. Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application.	○	○	○	○	○	○
48. Knowledge of types of cements and the techniques and procedures for their application, placement, and removal.	○	○	○	○	○	○
49 .Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents.	○	○	○	○	○	○
50. Knowledge of scope of practice for RDAs and RDAEFs related to direct restorations.	○	○	○	○	○	○
51. Knowledge of scope of practice for RDAs and RDAEFs related to indirect restorations.	○	○	○	○	○	○
52. Knowledge of scope of practice for RDAs and RDAEFs related to final impressions.	○	○	○	○	○	○

Part III - KNOWLEDGE RATINGS (60 through 68)

Preventative Procedures

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
60. Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants.	○	○	○	○	○	○
61. Knowledge of indications and contraindications for performing coronal polishing.	○	○	○	○	○	○
62. Knowledge of techniques and procedures for coronal polishing.	○	○	○	○	○	○
63. K of types of disclosing agents used in conjunction with coronal polishing.	○	○	○	○	○	○
64. Knowledge of types of automated caries detection devices and materials and the procedures for their use.	○	○	○	○	○	○
65. Knowledge of procedures for preparing the tooth for application of pit and fissure sealants.	○	○	○	○	○	○
66. Knowledge of indications and contraindications for use of pit and fissure sealants.	○	○	○	○	○	○
67. Knowledge of types of pit and fissure sealants and the techniques and procedures for their application.	○	○	○	○	○	○
68. Knowledge of scope of practice for RDAs related to use of caries detection devices and materials.	○	○	○	○	○	○

Part III - KNOWLEDGE RATINGS (69 through 84)

Infection Control and Safety

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
69. Knowledge of laws and regulations pertaining to infection control procedures related to dental healthcare personnel (DHCP) environments. (CCR 1005 Infection control)	○	○	○	○	○	○
70. Knowledge of procedures and protocols for management and disposal of pharmaceuticals and sharps.	○	○	○	○	○	○
71. Knowledge of methods and procedures for the handling, use, cleaning, and disposal of personal protective equipment (e.g., gloves, masks, goggles, gown).	○	○	○	○	○	○
72. Knowledge of sequence for donning and removing personal protective equipment.	○	○	○	○	○	○
73. Knowledge of procedures and protocols for the use of surface barriers to prevent contamination.	○	○	○	○	○	○
74. Knowledge of procedures and protocols for purging dental unit waterlines and hand pieces (DUWL). (Dental Board Minimum Standards for infection control – CCR 1005(b)(21))	○	○	○	○	○	○
75. Knowledge of procedures for managing self-contained water systems.	○	○	○	○	○	○
76. Knowledge of procedures and protocols for the disinfection/decontamination of surfaces and work areas.	○	○	○	○	○	○
77. Knowledge of the methods and procedures for the application and disposal of low-level, intermediate-level, and high-level disinfectants and germicides.	○	○	○	○	○	○

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
78. Knowledge of what defines critical, semi-critical, and non-critical instruments and their respective disinfection/sterilization protocols.	○	○	○	○	○	○
79. Knowledge of types of sterilization devices (e.g., steam and dry heat automated sterilization devices) and the indications and procedures for their use.	○	○	○	○	○	○
80. Knowledge of procedures for the disinfection and sterilization of laboratory equipment, operatory equipment, and mechanical devices.	○	○	○	○	○	○
81. Knowledge of procedures for handling, disinfecting, and sterilizing detachable intra-oral hand pieces, instruments, and devices.	○	○	○	○	○	○
82. Knowledge of procedures and protocols for hand hygiene.	○	○	○	○	○	○
83. Knowledge of protocols for using biological spore test and heat-indicating devices.	○	○	○	○	○	○
84. Knowledge of procedures and protocols for the disposal of biological hazardous waste and other potentially infectious materials (OPIM).	○	○	○	○	○	○

Part III - KNOWLEDGE RATINGS (85 through 101)

Radiation Safety

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
85. Knowledge of methods and procedures for use and care of protective barriers (e.g., lead apron, thyroid collar, shield) to protect patient from radiation exposure.	○	○	○	○	○	○
86. Knowledge of types of film-holding devices and placement to minimize multiple exposures during radiography.	○	○	○	○	○	○
87. Knowledge of factors of radiographic film speed, digital sensors, phosphor plates, and exposure time as related to radiographic safety.	○	○	○	○	○	○
88. Knowledge of techniques and procedures for minimizing radiation exposure to self and others during radiographic procedures.	○	○	○	○	○	○
89. Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety. (BPC 1645.1(a)(b) Compliance)	○	○	○	○	○	○
90. Knowledge of methods for the storage and disposal of radiographic film.	○	○	○	○	○	○

Emergencies

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
91. Knowledge of the applications and contraindications for use of oxygen and nitrous oxide/oxygen in a dental practice setting.	○	○	○	○	○	○
92. Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen.	○	○	○	○	○	○
93. Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures.	○	○	○	○	○	○
94. Knowledge of procedures for implementing protocols for responding to office and environmental emergencies.	○	○	○	○	○	○
95. Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry.	○	○	○	○	○	○
96. Knowledge of the equipment used for first aid and BLS and their uses and applications (e.g., eyewash station, AED).	○	○	○	○	○	○
97. Knowledge of measures for preventing spread of infection during first aid and BLS.	○	○	○	○	○	○

Occupational Safety

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
98. Knowledge of location within Safety Data Sheets of safe handling and emergency protocols for hazardous substances.	○	○	○	○	○	○
99. Knowledge of what constitutes hazardous waste and the procedures and protocols for its disposal.	○	○	○	○	○	○
100. Knowledge of methods for maintaining a chemical inventory.	○	○	○	○	○	○
101. Knowledge of requirements for placing hazardous substances in secondary containers (e.g., labeling, handling, applicable containers).	○	○	○	○	○	○

Part III - KNOWLEDGE RATINGS (102 through 118)

Endodontic Procedures

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
102. Knowledge of techniques and procedures for testing pulp vitality.	○	○	○	○	○	○
103. Knowledge of techniques and procedures for measuring canal length and size.	○	○	○	○	○	○
104. Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures.	○	○	○	○	○	○

Periodontal Procedures

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
108. Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials.	○	○	○	○	○	○
109. Knowledge of types of periodontal dressings and techniques for their application.	○	○	○	○	○	○

Orthodontic Procedures

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
110. Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials.	○	○	○	○	○	○
111. Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties.	○	○	○	○	○	○
112. Knowledge of techniques for placement and removal of removable orthodontic appliances.	○	○	○	○	○	○
113. Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application.	○	○	○	○	○	○

Implants, Oral Surgery, Extractions

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
114. Knowledge of techniques for removing post-extraction and post-surgery sutures.	○	○	○	○	○	○
115. Knowledge of methods for treating dry socket.	○	○	○	○	○	○

Prosthetic Appliances

	NOT REQUIRED	OF MINOR IMPORTANCE	FAIRLY IMPORTANT	MODERATELY IMPORTANT	VERY IMPORTANT	CRITICALLY IMPORTANT
116. Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances.	○	○	○	○	○	○
117. Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances.	○	○	○	○	○	○
118. Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extra-oral prosthetic appliances.	○	○	○	○	○	○

PARTICIPANT FEEDBACK

Please provide your feedback about the RDA Occupational Analysis Questionnaire.

When done, please click NEXT to continue onto the next page.

Were the instructions for rating the task and knowledge statements clearly stated?

- ◯ YES
- ◯ NO

Comments

Were the rating scales easy to understand and apply?

- ◯ YES
- ◯ NO

Comments

Were any important areas of practice left out?

- ◯ YES
- ◯ NO

Comments

Finished!

Thank you for participating in the 2015 Registered Dental Assistant Occupational Analysis.

Once the completeness of your survey has been verified you will receive a letter from the Board confirming the CE credits for your records.

Dental Board of California

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
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MEMORANDUM

DATE	May 9, 2016
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer
SUBJECT	**JNT 8:** Discussion and Possible Action Regarding the Update of the Registered Dental Assistant (RDA) Law & Ethics and Written Examinations in Accordance with Business and Professions Code Section 139 Requirements.

Now that the *Occupational Analysis of the Registered Dental Assistant Profession* is complete, the Board may consider the revision of its currently administered Dental Assisting Law & Ethics and Written Examinations in compliance with Business and Professions Code Section 139.

Business and Professions Code Section 1749.1 specifies that, in addition to any other required examination, the Board may require applicants for registered dental assistant to successfully complete an examination in California law and ethics.

Additionally, Business and Professions Code Section 1752.1 requires a candidate for registered dental assistant licensure to successfully pass a written examination administered by the Board.

Board Action Requested:
Consider and possibly direct staff to work with the Department of Consumer Affairs' Office of Professional Examination Services to update the Board's Law & Ethics and Written examinations required for registered dental assistant licensure based on the findings of the recently completed *Occupational Analysis of the Registered Dental Assistant Profession*.

The Board may also wish to direct staff to determine if it would be feasible and statutorily authorized to combine both examinations into one to allow for a greater pool of available text questions which would strengthen the psychometric validity of the examinations.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	May 9, 2016
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer
SUBJECT	**JNT 9:** Discussion and Possible Action Regarding the Registered Dental Assistant in Extended Functions (RDAEF) Written Examination in Accordance with Business and Professions Code Section 139 Requirements.

Since the final report for *Occupational Analysis of the Registered Dental Assistant in Extended Function Profession* is not yet complete, staff recommends this item be tabled to be considered at a future meeting.

STATE OF CALIFORNIA
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MEMORANDUM

DATE	May 9, 2016
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer
SUBJECT	**JNT 11:** Discussion and Possible Action Regarding the Suspension of the Registered Dental Assistant (RDA) Practical Examination in Accordance with Business and Professions Code Section 1752.1(i)(j).

During the Dental Board of California's Sunset Review in 2015, the topic of the Board's Registered Dental Assistant Practical Examination was a priority issues. The Board's Sunset legislation, Assembly Bill 179 (Chapter 510, Statutes of 2015), was signed by Governor Brown on October 6, 2015 and provided that the Board, in consultation with the Office of Professional Examination Services, would conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered. Additionally, the bill specified that if the review conducted by the Office of Professional Examination Services concludes that the practical examination is unnecessary or does not accurately measure the competency of registered dental assistants, the board may vote to suspend the practical examination. The suspension of the practical examination shall commence on the date the board votes to suspend the practical examination and shall remain suspended until July 1, 2017, at which date the practical examination shall be reinstated. If the board votes to suspend the practical examination, the board shall post a notice on its Internet Web site stating that the practical examination has been suspended, until July 1, 2017.

Action Requested:
After discussion and consideration of the *Occupational Analysis of the Registered Dental Assistant Profession*, the Board and Dental Assisting Council may take action regarding the currently administered RDA practical examination. This may include, but is not limited to:

1. Take no action to suspend the current RDA practical examination; or,
2. Take action to suspend the current RDA practical examination until July 1, 2017 and direct staff to work with the Office of Professional Examination Services to develop a revised practical examination based on the findings of the now complete *Occupational Analysis of the Registered Dental Assistant Profession* to be implemented effective July 1, 2017; or,

3. Take action to suspend the current RDA practical examination until July 1, 2017 and direct staff to work with the Office of Professional Examination Services to develop an alternative requirement for RDA licensure that does not include a practical examination. This option would require statutory amendments to take effect by July 1, 2017.