



OCCUPATIONAL ANALYSIS OF THE
REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
PROFESSION

DENTAL BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS PROFESSION



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This occupational analysis report is mandated by California Business and Professions (B&P) Code § 139 and by DCA Licensure Examination Validation Policy OPES 18-02.

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 the registered dental assistant in extended functions (RDAEF) profession in California. The purpose of the OA is to define practice in terms of critical tasks that RDAEFs must be able to perform safely and competently at the time they are licensed. The results of this OA provide a description of practice for the RDAEF profession and provide the basis for constructing a valid and legally defensible Registered Dental Assistant in Extended Functions Written Examination.

OPES test specialists began by researching the profession extensively and meeting with RDAEFs working throughout California. The purpose of these meetings was to identify the tasks performed by RDAEFs and to specify the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and meetings, OPES test specialists developed a preliminary list of tasks performed by RDAEFs in their practice, along with a list of the knowledge needed to perform those tasks.

In March 2021, OPES convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing RDAEF practice in California. RDAEFs participated in the workshops as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., location of practice, years licensed). In May 2021, OPES convened a second workshop to review and finalize the preliminary lists of tasks and knowledge statements describing RDAEF practice in California. The SMEs also linked each task with the knowledge required to perform that task and reviewed demographic questions to be used on a two-part OA questionnaire to be completed by a sample of RDAEFs statewide.

After the second workshop, OPES test specialists developed the OA questionnaire. The development included a pilot study that was conducted using a group of RDAEFs who participated in the March and May 2021 workshops. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in June and July 2021.

In the first part of the OA questionnaire, RDAEFs were asked to provide demographic information related to their work settings and practice. In the second part, RDAEFs were asked to rate specific tasks by frequency (i.e., how often the RDAEF performs the task in their current practice) and importance (i.e., how important the task is to effective performance in their current practice). They were also asked to rate each knowledge statement by importance (i.e., how important the knowledge is to effective performance of their current practice).

In June 2021, on behalf of the Board, OPES sent an email to a sample of 557 actively practicing RDAEFs, inviting them to complete the online OA questionnaire. The email invitation was sent to RDAEFs for whom the Board had an email address on file. Reminder emails were sent weekly after the initial invitation was made.

A total of 212 RDAEFs, or approximately 38.1% of the RDAEFs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the

data analysis was 119 (21.4%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDAEFs in California. Second, OPES excluded data from questionnaires that contained a large portion of incomplete responses.

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

Once the data were analyzed, OPES conducted a third workshop with SMEs in August 2021. The SMEs evaluated the criticality indices and determined whether any task statements should be excluded from the examination outline. They also reviewed the list of knowledge statements to verify that all knowledge statements were critical for safe and competent entry level performance as an RDAEF in California. The SMEs established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and wrote descriptions of those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the Registered Dental Assistant in Extended Functions Written Examination outline.

The examination outline is structured into four content areas weighted relative to the other content areas. The new outline identifies the tasks and knowledge critical to safe and competent RDAEF practice in California at the time of license issuance.

The examination outline developed as a result of this OA provides a basis for developing the Registered Dental Assistant in Extended Functions Written Examination.

OVERVIEW OF THE RDAEF WRITTEN EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1. Preliminary Patient Evaluations	This area assesses the candidate's knowledge of evaluating patients' medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.	25
2. Treatment Procedures	This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations. These services are performed under the supervision of a licensed dentist.	57
3. Health and Safety	This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and adhering to infection control protocols and standard precautions.	8
4. Laws and Regulations	This area assesses the candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.	10
Total		100

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	iii
CHAPTER 1 INTRODUCTION.....	1
PURPOSE OF THE OCCUPATIONAL ANALYSIS.....	1
PARTICIPATION OF SUBJECT MATTER EXPERTS.....	1
ADHERENCE TO LEGAL STANDARDS AND GUIDELINES.....	1
DESCRIPTION OF OCCUPATION.....	2
CHAPTER 2 OCCUPATIONAL ANALYSIS QUESTIONNAIRE.....	3
TASKS AND KNOWLEDGE STATEMENTS	3
QUESTIONNAIRE DEVELOPMENT	4
PILOT STUDY	4
CHAPTER 3 RESPONSE RATE AND DEMOGRAPHICS.....	5
SAMPLING STRATEGY AND RESPONSE RATE	5
DEMOGRAPHIC SUMMARY.....	5
CHAPTER 4 DATA ANALYSIS AND RESULTS.....	19
RELIABILITY OF RATINGS.....	19
TASK CRITICALITY INDICES	20
KNOWLEDGE STATEMENTS.....	20
TASK-KNOWLEDGE LINKAGE.....	21
CHAPTER 5 EXAMINATION OUTLINE.....	23
CONTENT AREAS AND WEIGHTS	23
CHAPTER 6 CONCLUSION	31

LIST OF TABLES

TABLE 1 – YEARS HOLDING RDAEF LICENSE	7
TABLE 2 – YEARS AS AN RDA BEFORE OBTAINING RDAEF LICENSE	8
TABLE 3 – YEARS AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSE	9
TABLE 4 – OTHER LICENSES AND CERTIFICATIONS HELD	10
TABLE 5 – LOCATION OF PRIMARY WORK SETTING	11
TABLE 6 – PRIMARY WORK SETTING DESCRIPTION.....	12
TABLE 7 – DESCRIPTION OF DENTAL PRACTICE IN PRIMARY WORK SETTING	13
TABLE 8 – LICENSED RDAEFs IN PRIMARY WORK SETTING	14
TABLE 9 – LICENSED CALIFORNIA REGISTERED DENTAL ASSISTANTS IN PRIMARY WORK SETTING	15
TABLE 10 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING ..	16
TABLE 11 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING	17
TABLE 12 – RESPONDENTS BY REGION.....	18
TABLE 13 – TASK SCALE RELIABILITY.....	19
TABLE 14 – KNOWLEDGE SCALE RELIABILITY.....	20
TABLE 15 – CONTENT AREA WEIGHTS	23
TABLE 16 – REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS WRITTEN EXAMINATION OUTLINE.....	24

LIST OF FIGURES

FIGURE 1 – YEARS HOLDING RDAEF LICENSE	7
FIGURE 2 – YEARS AS AN RDA BEFORE OBTAINING RDAEF LICENSE.....	8
FIGURE 3 – YEARS AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSE	9
FIGURE 4 – OTHER LICENSES AND CERTIFICATIONS HELD.....	10
FIGURE 5 – LOCATION OF PRIMARY WORK SETTING.....	11
FIGURE 6 – PRIMARY WORK SETTING DESCRIPTION	12
FIGURE 7 – DESCRIPTION OF DENTAL PRACTICE IN PRIMARY WORK SETTING	13
FIGURE 8 – LICENSED RDAEFs IN PRIMARY WORK SETTING.....	14
FIGURE 9 – LICENSED CALIFORNIA REGISTERED DENTAL ASSISTANTS IN PRIMARY WORK SETTING	15
FIGURE 10 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING	16
FIGURE 11 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING	17

LIST OF APPENDICES

APPENDIX A RESPONDENTS BY REGION	33
APPENDIX B CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA.....	37
APPENDIX C KNOWLEDGE STATEMENT MEAN IMPORTANCE RATINGS BY CONTENT AREA.....	43
APPENDIX D EMAIL INVITATION TO PRACTITIONERS.....	51
APPENDIX E QUESTIONNAIRE	53

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 (OA) as part of the Board's comprehensive review of the registered dental assistant in extended functions (RDAEF) profession in California. The purpose of the OA is to define RDAEF practice in terms of critical tasks that practitioners must be able to perform safely and competently when they are issued a license. The results of this OA provide a description of practice for the RDAEF profession and provide the basis for constructing a valid and legally defensible Registered Dental Assistant in Extended Functions Written Examination.

PARTICIPATION OF SUBJECT MATTER EXPERTS

Fifteen licensed RDAEFs participated as subject matter experts (SMEs) during the phases of the OA to ensure that the description of practice directly reflects the current RDAEF profession in California. These SMEs represented the occupation in terms of geographic location of practice and years of experience. In workshops, SMEs provided technical expertise and information regarding different aspects of current RDAEF practice. During these workshops, the SMEs developed and reviewed the tasks and knowledge statements describing RDAEF practice, organized the tasks and knowledge statements into content areas, evaluated the results of the OA, and developed the examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

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

- California Business and Professions (B&P) Code § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), 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, certification, or registration program to meet these standards, it must be solidly based upon the occupational activities required for practice.

DESCRIPTION OF OCCUPATION

The registered dental assistant in extended functions occupation is described as follows in California B&P Code § 1753.5:

(a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and those duties that the board may prescribe by regulation.

(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.

(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.

(3) Cord retraction of gingiva for impression procedures.

(4) Size and fit endodontic master points and accessory points.

(5) Cement endodontic master points and accessory points.

(6) Take final impressions for permanent indirect restorations.

(7) Take final impressions for tooth-borne removable prosthesis.

(8) Polish and contour existing amalgam restorations.

(9) Place, contour, finish, and adjust all direct restorations.

(10) Adjust and cement permanent indirect restorations.

(11) Other procedures authorized by regulations adopted by the board.

(c) All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks and knowledge statements, OPES test specialists integrated information gathered from literature reviews of practice-related sources (e.g., previous OA reports, articles, laws and regulations, and industry publications) and from meetings with SMEs. The statements were then organized into major content areas of practice.

OPES test specialists facilitated two workshops in March and May 2021. SMEs from diverse backgrounds (e.g., years licensed and geographic location) participated in these workshops. During the first workshop in March, SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness of assessment of practice. In addition, SMEs evaluated the organization of task statements within content areas to ensure that the content areas were independent and non-overlapping.

During the second workshop in May, the SMEs accomplished three tasks. First, they performed a preliminary linkage of the task and knowledge statements. The linkage was performed to identify the knowledge required for performance of each task and to verify that each identified knowledge statement was important for safe and competent performance as an RDAEF. The linkage ensured that all task statements were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task statement. Second, SMEs evaluated the scales that would be used for rating task and knowledge statements. Finally, the SMEs reviewed and revised the proposed demographic questions for an online OA questionnaire.

OPES used the final list of task statements, associated knowledge statements, demographic questions, and rating scales to develop the online OA questionnaire that was sent to a sample of California RDAEFs.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit RDAEFs' ratings of the tasks and knowledge statements. The surveyed RDAEFs were asked to rate how often they perform each task in their current practice (Frequency) and how important each task is to effective performance of their current practice (Importance). In addition, they were asked to rate how important each knowledge statement is to effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding RDAEFs. The OA questionnaire can be found in Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to the 12 SMEs who had participated in the OA workshops. OPES received feedback to the pilot study from six respondents. The SMEs reviewed the task and knowledge statements in the questionnaire for technical accuracy and for whether they reflected RDAEF practice. The SMEs also provided feedback about the estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to refine the final questionnaire, which was administered from June 29, 2021 to July 23, 2021.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In June 2021, on behalf of the Board, OPES sent an email to a sample of 557 actively practicing RDAEFs for whom the Board had an email address on file, inviting them to complete the online OA questionnaire. Reminder emails were sent weekly after the initial invitation. The email invitation is displayed in Appendix D.

A total of 212 RDAEFs, or approximately 38.1% of the RDAEFs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 119 (21.4%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDAEFs in California. Second, OPES excluded data from questionnaires with a large portion of incomplete responses.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding RDAEFs reported a range of years of experience and were distributed across the predefined experience level categories. A majority of respondents (51.3%) reported holding an RDAEF license for 5 years or fewer, while 48.7% reported holding an RDAEF license for 6 years or longer.

Table 2 and Figure 2 show that 28.6% of the respondents reported that they held a registered dental assistant (RDA) license for 5 years or fewer before obtaining their RDAEF license, while 33.6% reported that they held an RDA license for 6–10 years, and 37.8% reported that they held an RDA license for 11 years or longer. Table 3 and Figure 3 show that 43.7% of respondents reported that they had also worked as an unlicensed dental assistant for 1 year or less before obtaining an RDA license, while 46.2% reported that they had worked as a dental assistant for 1–5 years, and 9.2% reported that they had worked as a dental assistant for 6 years or longer.

Table 4 and Figure 4 show other licenses or certificates that respondents reported holding in addition to their RDAEF license. Most respondents reported holding an RDA license (75.6%), while 26.9% of respondents reported that they held an ultrasonic scaling certificate. A small proportion of respondents reported that they held an orthodontic assistant permit (6.7%) or a dental sedation assistant permit (3.4%).

Table 5 and Figure 5 show that 81.5% of the respondents reported that their primary work setting was located in an urban area, and 18.5% reported that it was located in a rural area. When asked about their primary work setting, 49.6% of respondents reported working in a private dental practice with two or more dentists, while 32.8% reported working in a private dental practice with one dentist. Approximately 11% of the respondents reported that they worked in either a public health dentistry or a school clinic setting (see Table 6 and Figure 6). When asked to describe the type of dentistry practiced in their primary work setting, 85.7% of

respondents reported that they worked in general dentistry, while 3.4% described their primary work setting as pedodontics, 1.7% as prosthodontics, and 0.8% as oral surgery (see Table 7 and Figure 7).

Table 8 and Figure 8 show that 56.3% of respondents reported being the only RDAEF working in their primary work setting, while 23.5% reported one additional RDAEF in their primary work setting, and (approximately) 20% reported 2–3 additional RDAEFs. Table 9 and Figure 9 show that approximately 13% of respondents reported that their work setting did not include any RDAs; 22.7% reported that their work setting included only 1 RDA; 37.8% reported 2–3 RDAs; and 26.1% reported 4 or more RDAs. Table 10 and Figure 10 show that 31.9% of respondents reported that their practice setting did not use unlicensed dental assistants, while 37% reported that one dental assistant worked in their primary work setting, 26.1% reported 2–3 dental assistants, and 5.1% reported 4 or more dental assistants.

Table 11 and Figure 11 show the breakdown of procedures performed in the respondent's primary work setting. Respondents were asked to select all that apply. Approximately 91.6% of respondents reported using manual impressions in their primary work setting, and 65.5% reported that digital scan impressions were being used in their primary work setting. In addition, 43.7% of respondents reported that CAD/CAM were used to fabricate restorations, and 38.7% reported using silver diamine fluoride.

Additional demographic information from respondents can be found in Tables 1–12 and Figures 1–11.

TABLE 1 – YEARS HOLDING RDAEF LICENSE

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	1	0.9
1–5 years	60	50.4
6–10 years	27	22.7
11–15 years	13	10.9
16–20 years	8	6.7
More than 20 years	10	8.4
Total	119	100

FIGURE 1 – YEARS HOLDING RDAEF LICENSE

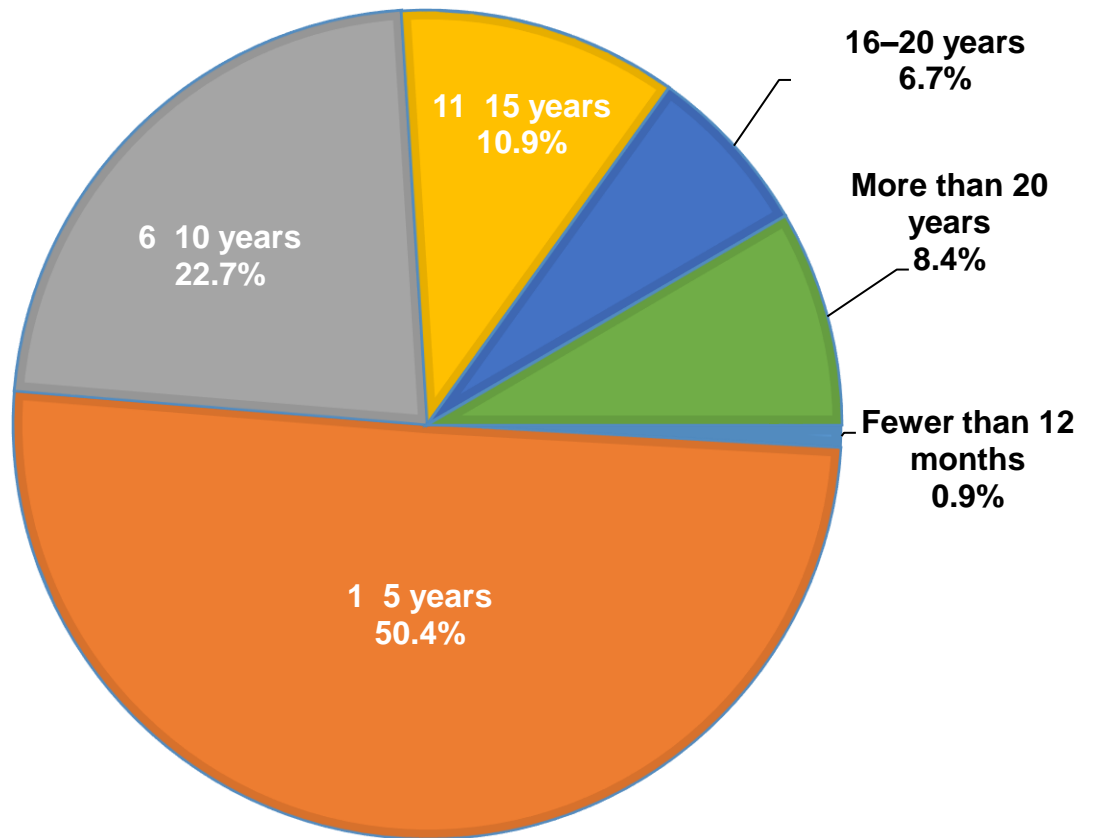


TABLE 2 – YEARS AS AN RDA BEFORE OBTAINING RDAEF LICENSE

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	3	2.5
1–5 years	31	26.1
6–10 years	40	33.6
11–15 years	20	16.8
16–20 years	15	12.6
More than 20 years	10	8.4
Total	119	100

FIGURE 2 – YEARS AS AN RDA BEFORE OBTAINING RDAEF LICENSE

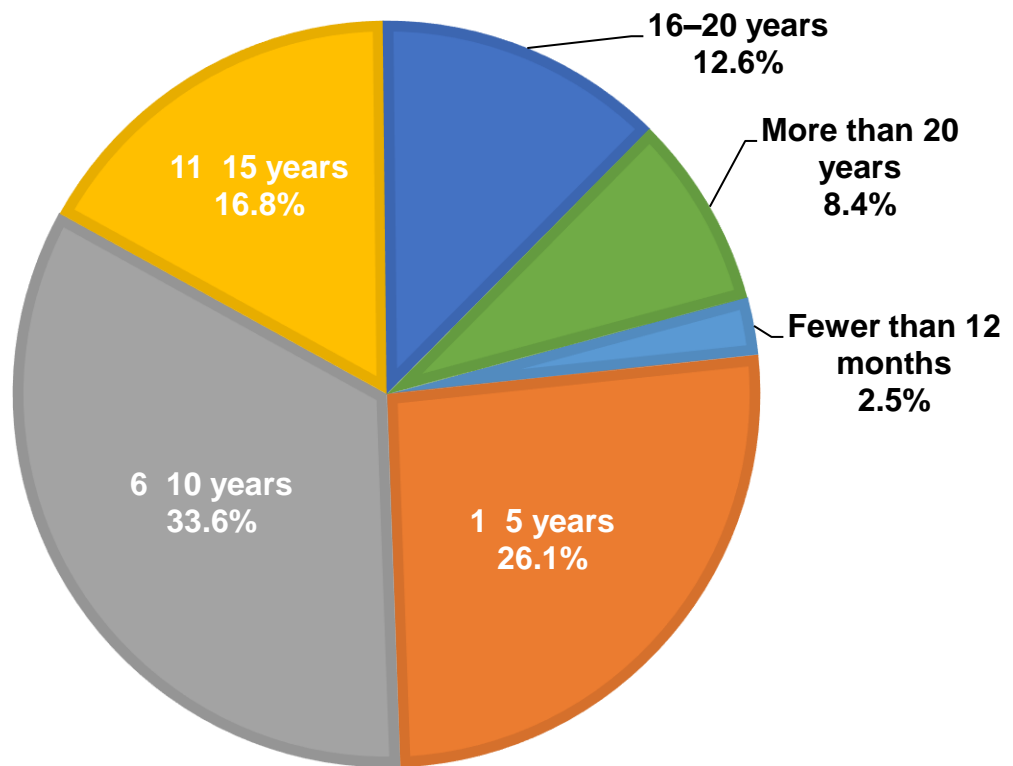


TABLE 3 – YEARS AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSE

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	52	43.7
1–5 years	55	46.2
6–10 years	6	5.0
11–15 years	5	4.2
Missing	1	0.9
Total	119	100

FIGURE 3 – YEARS AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSE

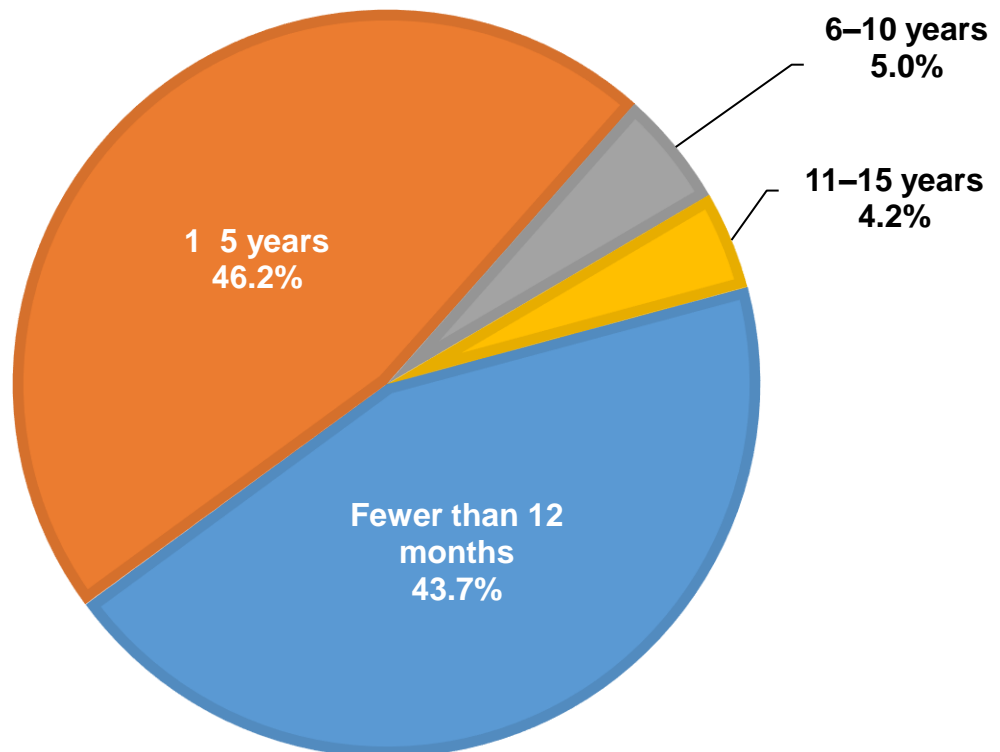


TABLE 4 – OTHER LICENSES AND CERTIFICATIONS HELD*

LICENSE/CERTIFICATE	NUMBER (N)	PERCENT**
Not applicable	15	12.6
Registered Dental Assistant (RDA)	90	75.6
Orthodontic Assistant Permit (OAP)	8	6.7
Dental Sedation Assistant (DSA)	4	3.4
Ultrasonic Scaling Certificate	32	26.9
Other	16	13.4

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

**NOTE: Percentages indicate the proportion in the sample of respondents.

FIGURE 4 – OTHER LICENSES AND CERTIFICATIONS HELD

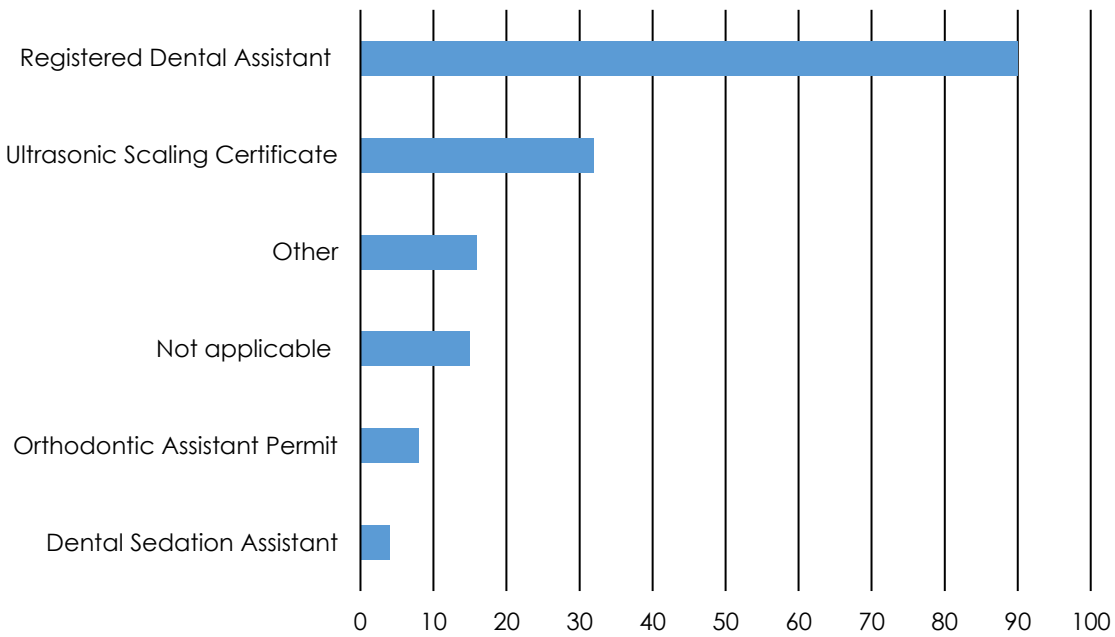


TABLE 5 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	97	81.5
Rural (fewer than 50,000 people)	22	18.5
Total	119	100

FIGURE 5 – LOCATION OF PRIMARY WORK SETTING

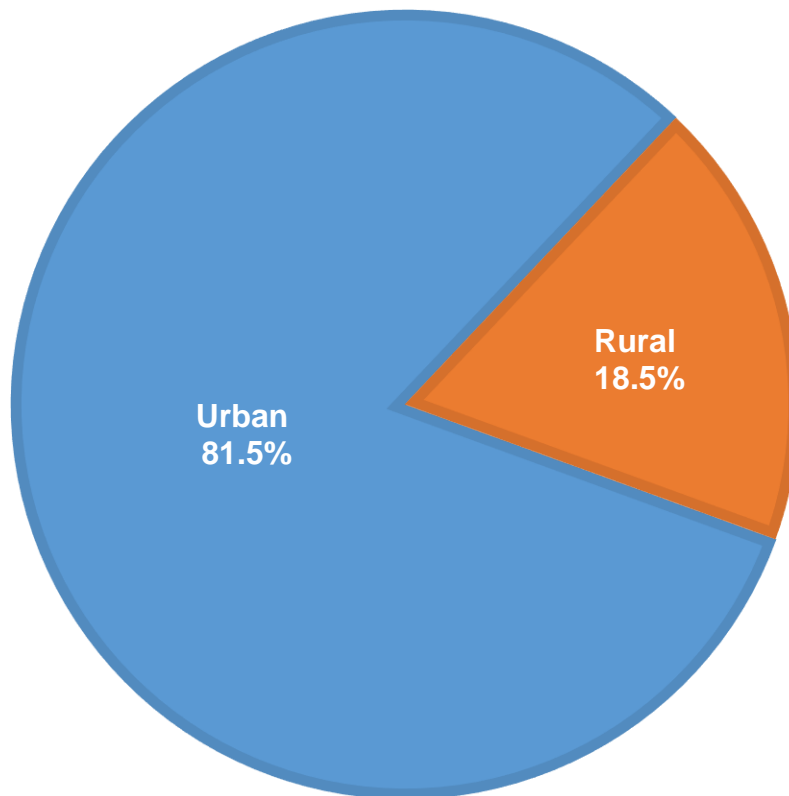


TABLE 6 – PRIMARY WORK SETTING DESCRIPTION

WORK SETTING	NUMBER (N)	PERCENT
Private dental practice with one dentist	39	32.8
Private dental practice with two or more dentists	59	49.6
Public health dentistry	12	10.1
Dental school clinic	1	0.8
Other	8	6.7
Total	119	100

FIGURE 6 – PRIMARY WORK SETTING DESCRIPTION

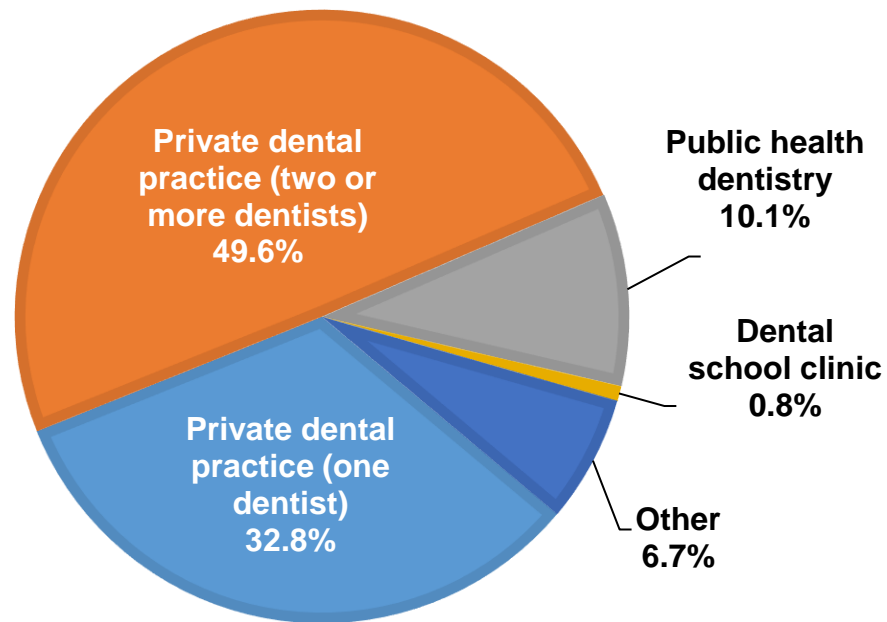


TABLE 7 – DESCRIPTION OF DENTAL PRACTICE IN PRIMARY WORK SETTING

DENTAL PRACTICE	NUMBER (N)	PERCENT
General dentistry	102	85.7
Pedodontic dentistry	4	3.4
Prosthodontic dentistry	2	1.7
Oral surgery	1	0.8
Other	10	8.4
Total	119	100

FIGURE 7 – DESCRIPTION OF DENTAL PRACTICE IN PRIMARY WORK SETTING

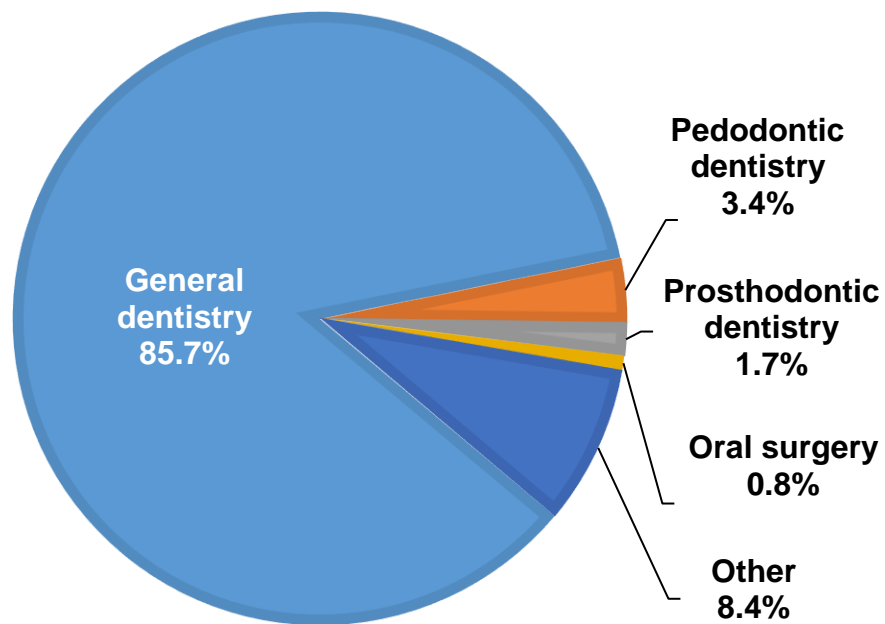


TABLE 8 – LICENSED RDAEFs IN PRIMARY WORK SETTING (NOT INCLUDING YOURSELF)

RDAEFs	NUMBER (N)	PERCENT
0	67	56.3
1	28	23.5
2	12	10.1
3	12	10.1
Total	119	100

FIGURE 8 – LICENSED RDAEFs IN PRIMARY WORK SETTING (NOT INCLUDING YOURSELF)

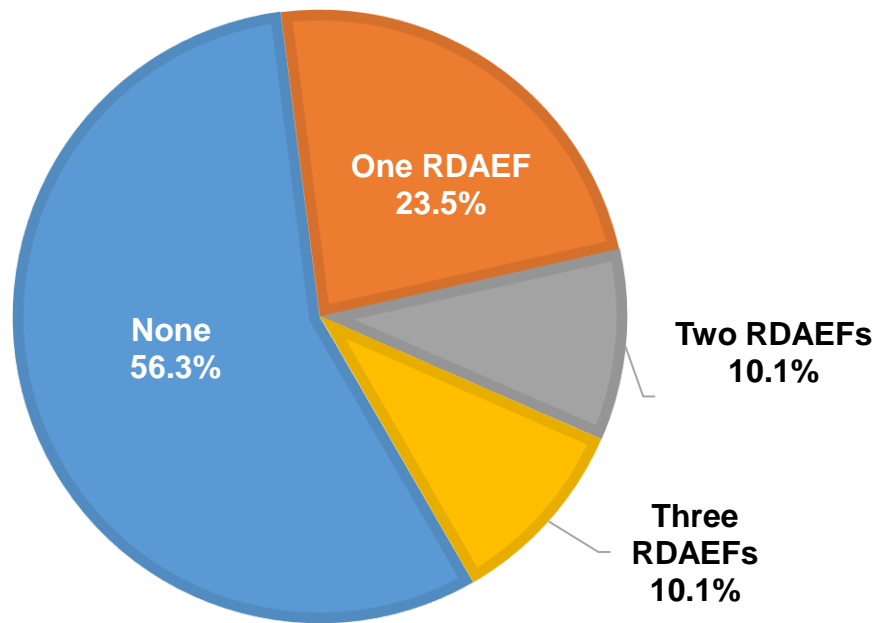


TABLE 9 – LICENSED CALIFORNIA REGISTERED DENTAL ASSISTANTS IN PRIMARY WORK SETTING (DO NOT HOLD RDAEF LICENSE)

REGISTERED DENTAL ASSISTANTS	NUMBER (N)	PERCENT
0	16	13.4
1	27	22.7
2-3	45	37.8
4-5	7	5.9
More than 5	24	20.2
Total	119	100

FIGURE 9 – LICENSED CALIFORNIA REGISTERED DENTAL ASSISTANTS IN PRIMARY WORK SETTING (DO NOT HOLD RDAEF LICENSE)

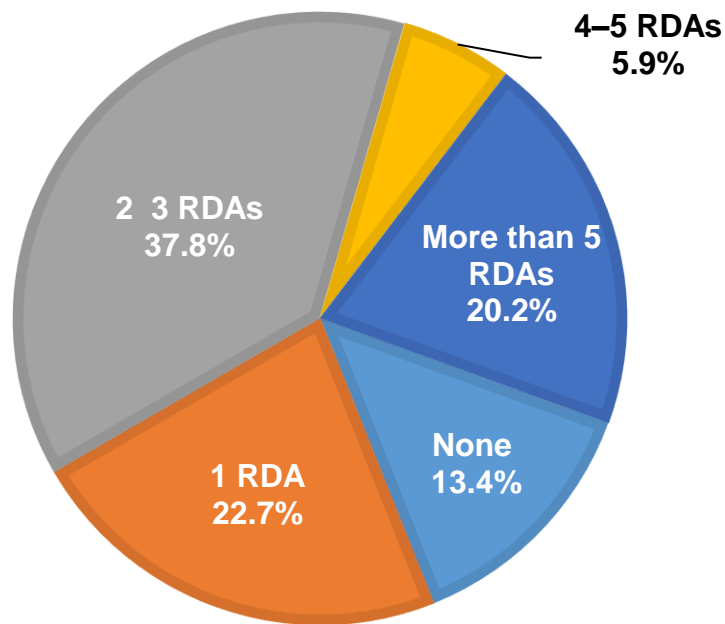


TABLE 10 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING

DENTAL ASSISTANTS	NUMBER (N)	PERCENT
0	38	31.9
1	44	37.0
2-3	31	26.1
4-5	4	3.4
More than 5	2	1.7
Total	119	100*

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

FIGURE 10 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING

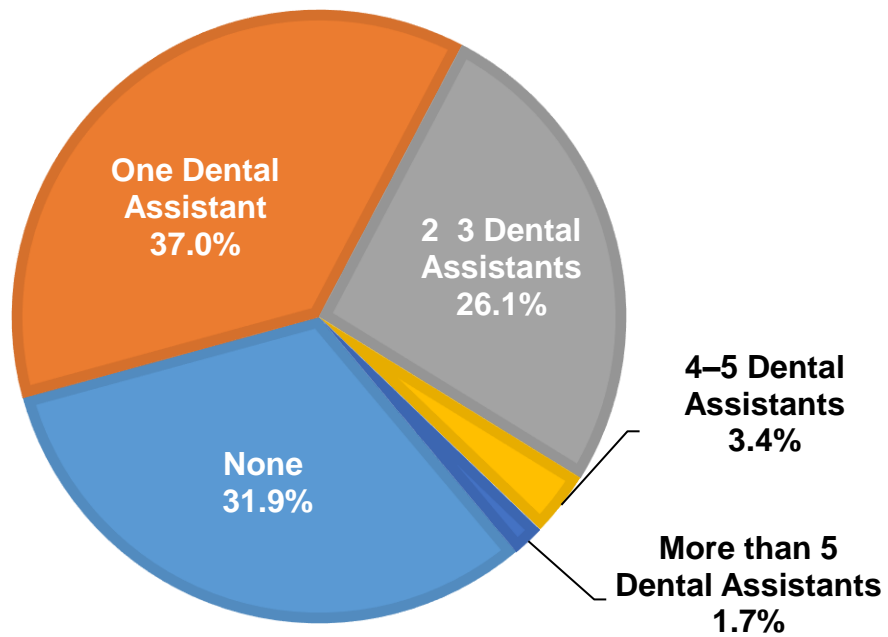


TABLE 11 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING*

PROCEDURES	NUMBER (N)	PERCENT**
Not applicable	4	3.4
Digital scan impressions	78	65.5
Manual impressions	109	91.6
CAD/CAM restorations	52	43.7
Silver diamine fluoride	46	38.7
Other	13	10.9

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

**NOTE: Percentages indicate the proportion in the sample of respondents.

FIGURE 11 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING

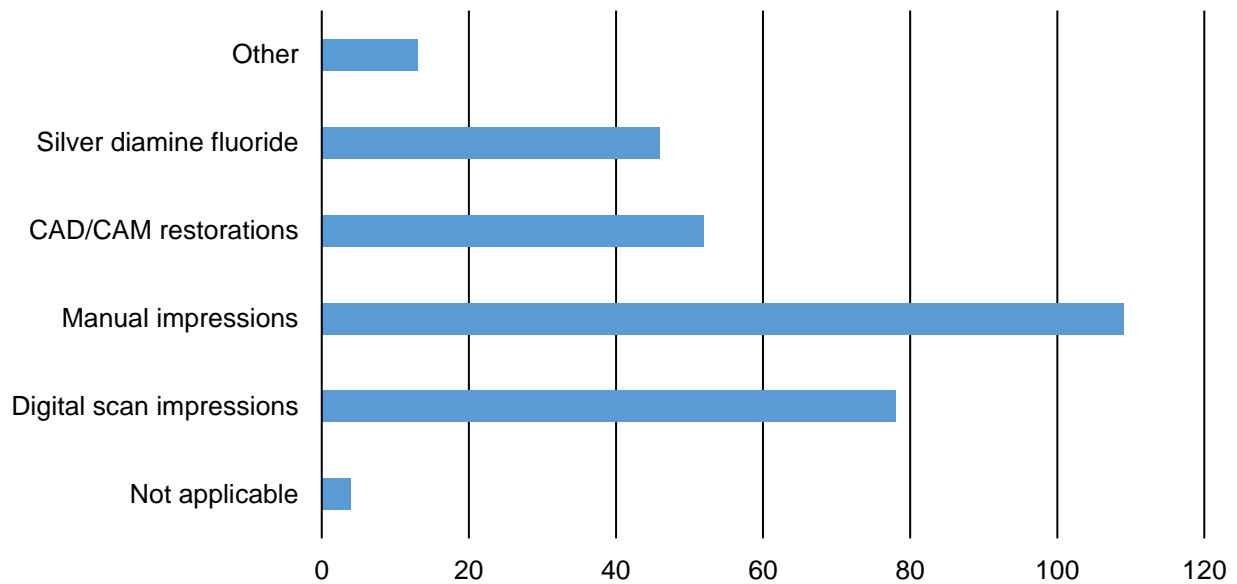


TABLE 12 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	20	16.8
San Francisco Bay Area	20	16.8
San Joaquin Valley	14	11.8
Sacramento Valley	23	19.3
San Diego County and Vicinity	5	4.2
Shasta-Cascade	2	1.7
Riverside and Vicinity	17	14.3
Sierra Mountain Valley	3	2.5
North Coast	5	4.2
South Coast and Central Coast	10	8.4
Total	119	100

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

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task ratings obtained by the questionnaire 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 the task statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 13 displays the reliability coefficients for the task statement rating scale in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (Frequency $\alpha = .915$; Importance $\alpha = .902$). Table 14 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were highly reliable ($\alpha = .980$). These results indicate that the responding RDAEFs rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 13 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Preliminary Patient Evaluations	7	.847	.875
2. Treatment Procedures	20	.899	.847
3. Health and Safety	4	.768	.770
4. Laws and Regulations	6	.771	.796
Overall	37	.915	.902

TABLE 14 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. Preliminary Patient Evaluations	25	.964
2. Treatment Procedures	44	.968
3. Health and Safety	11	.934
4. Laws and Regulations	10	.943
Overall	90	.980

TASK CRITICALITY INDICES

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

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

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

OPES convened a workshop consisting of RDAEF SMEs in August 2021. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent RDAEF practice. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index. Based on the SMEs’ opinion of the relative importance of tasks to RDAEF practice, the SMEs determined that all tasks were important to practice; therefore, all tasks were retained.

SMEs made a grammatical change to task 9 in the content area “Treatment Procedures.” The SMEs changed the word “sulcus” to “tissue” for increased accuracy.

KNOWLEDGE IMPORTANCE RATINGS

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

The SMEs who participated in the August 2021 workshop also reviewed the list of knowledge statements that was developed during the initial OA workshops to verify that all knowledge

statements were critical for safe and competent entry level performance as an RDAEF in California. The SMEs determined that all knowledge statements were important to practice; therefore, all knowledge statements were retained.

The SMEs made a lexical change to knowledge statement 64 in the content area “Treatment Procedures.” The SMEs changed the word “dental” to “oral” for increased accuracy.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the August 2021 workshop then confirmed the final linkage of tasks and knowledge statements. The SMEs worked individually to verify that the knowledge statements linked to each task were critical to competent performance of that task.

CHAPTER 5 | EXAMINATION OUTLINE

CONTENT AREAS AND WEIGHTS

The SMEs in the August 2021 workshop were asked to verify the organization of task and knowledge statements within content areas. They were then asked to write descriptions of the content areas and to finalize the weights for the content areas.

To determine the weights for content areas, OPES test specialists presented the SMEs with preliminary weights that had been calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

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

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry level RDAEF practice in California. Through discussion, the SMEs determined that adjustments to content area weights were necessary to more accurately reflect the relative importance of each area. The content area weights for content areas “Preliminary Patient Evaluations” and “Treatment Procedures” were increased, while the content area weights for “Health and Safety” and “Laws and Regulations” were decreased. A summary of the preliminary and final content area weights for the RDAEF Written Examination outline is presented in Table 15.

TABLE 15 – CONTENT AREA WEIGHTS

CONTENT AREA	Preliminary Weights	Final Weights
1. Preliminary Patient Evaluations	14%	25%
2. Treatment Procedures	53%	57%
3. Health and Safety	13%	8%
4. Laws and Regulations	20%	10%
Total	100%	100%

The SMEs who participated in the August 2021 workshop then organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were finalized by SMEs to form the basis of the examination outline for the RDAEF Written Examination. The RDAEF Written Examination outline is presented in Table 16.

TABLE 16 – REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS WRITTEN EXAMINATION OUTLINE

1. PRELIMINARY PATIENT EVALUATIONS (25%) – This area assesses the candidate’s knowledge of evaluating the patients’ medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate’s knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
1A. Patient Information and Evaluations (18%)	T1. Review patient medical and dental history to identify conditions that may affect treatment.	K1. Knowledge of types of common medical conditions or medications that affect treatment. K2. Knowledge of dental conditions that affect treatment. K3. Knowledge of methods for collecting information about patient medical and dental history.
	T2. Evaluate patient’s oral health under dentist’s direction to assist with overall patient assessment.	K4. Knowledge of methods for evaluating conditions of the oral cavity. K5. Knowledge of signs of decay or stain formations that cause oral health problems. K6. Knowledge of signs of periodontal disease. K7. Knowledge of effects of dietary habits on oral health. K8. Knowledge of effects of substance use on oral health. K9. Knowledge of effects of smoking or tobacco use on oral health.
	T3. Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	K10. Knowledge of types of muscles and physiological structures in the head and neck. K11. Knowledge of techniques for performing evaluations of myofunction of the head and neck. K12. Knowledge of signs of abnormal or limited myofunction of the head and neck. K13. Knowledge of signs of temporal mandibular dysfunction.
	T4. Perform intraoral and extra-oral evaluation of soft tissue to identify conditions related to patient’s oral health.	K14. Knowledge of types of anatomical structures and landmarks of the oral cavity. K15. Knowledge of signs of healthy hard and soft tissue. K16. Knowledge of signs of intraoral and extra-oral pathology. K17. Knowledge of methods for performing intraoral and extra-oral evaluations. K18. Knowledge of the relationship between facial or oral abnormalities and dental problems.
	T5. Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	K19. Knowledge of classifications of occlusion and malocclusion. K20. Knowledge of effects of occlusion and malocclusion on oral health.

1. PRELIMINARY PATIENT EVALUATIONS (25%), continued – This area assesses the candidate’s knowledge of evaluating the patient’s medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate’s knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
1B. Imaging and Documentation (7%)	T6. Determine type of imaging needed to assist in gathering diagnostic information.	K21. Knowledge of types of radiographic imaging. K22. Knowledge of criteria for determining type of digital or X-ray images to be performed.
	T7. Chart oral conditions to document patient characteristics for treatment.	K23. Knowledge of types of dental nomenclature and morphology. K24. Knowledge of universal numbering and Palmer quadrant notation systems. K25. Knowledge of methods for charting oral conditions and problems.

2. TREATMENT PROCEDURES (57%) – This area assesses the candidate’s knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2A. Tissue Retraction and Final Impression Procedures (18%)	T8. Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	K26. Knowledge of types of periodontal conditions contraindicated for chemical retraction. K27. Knowledge of types of medical conditions contraindicated for chemical retraction.
	T9. Select retraction cord or retraction material to displace tissue.	K28. Knowledge of types of chemical compounds associated with impregnated cords. K29. Knowledge of physiological effects of chemical compounds used in cord retraction. K30. Knowledge of types of retraction cords and their sizing. K31. Knowledge of criteria for selecting retraction cords based on clinical indications. K32. Knowledge of types of retraction pastes. K33. Knowledge of criteria for selecting retraction paste based on clinical indications.
	T10. Place retraction cord or retraction paste to prepare tissue for impression procedures.	K34. Knowledge of techniques for placing retraction cords or retraction paste. K35. Knowledge of types of instruments used to place retraction cords or retraction paste.
	T11. Observe patient during retraction process to monitor tissue or physiological responses.	K36. Knowledge of signs of irritation or tissue damage during cord retraction. K37. Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.
	T12. Remove retraction cord according to guidelines to prevent soft tissue damage.	K38. Knowledge of the relationship between retraction time and periodontal response. K39. Knowledge of techniques for removing retraction cords. K40. Knowledge of methods for preventing tissue damage during cord removal.
	T13. Take final impression to capture oral conditions for fixed indirect restorations.	K41. Knowledge of techniques for taking final impressions. K42. Knowledge of methods for managing sulcular fluids during final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.
T14. Take final impression to capture oral conditions for tooth-borne removable prosthesis.	K41. Knowledge of techniques for taking final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.	

2. TREATMENT PROCEDURES (57%), continued – This area assesses the candidate’s knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2B. Direct and Indirect Restorations (34%)	T15. Isolate oral cavity to preserve integrity of restorative area.	K44. Knowledge of techniques for isolating restorative area. K45. Knowledge of types of devices and materials used to isolate restorative area.
	T16. Select materials for direct restoration to address clinical indications.	K46. Knowledge of types of material used for direct restorations and their indications. K47. Knowledge of methods for selecting material based on location and type of direct restoration. K48. Knowledge of contraindications associated with direct restoration materials.
	T17. Place and contour direct restorations to restore proper tooth form, function, and margins.	K49. Knowledge of techniques for placing and contouring direct restorations. K50. Knowledge of methods for evaluating form and function of direct restorations.
	T18. Adjust direct restorations to customize them to patient’s oral conditions.	K51. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies. K52. Knowledge of techniques for adjusting direct restorations.
	T19. Finish direct restorations to provide a smooth surface or prevent irritation.	K53. Knowledge of techniques for finishing and polishing direct restorations. K54. Knowledge of effects of improper or incomplete finishing and polishing.
	T20. Adjust indirect restorations to ensure proper fit.	K55. Knowledge of techniques for adjusting indirect restorations.
	T21. Cement final indirect restorations to restore tooth function.	K56. Knowledge of types of cement and their indications. K57. Knowledge of techniques for cementing indirect restorations. K58. Knowledge of types of instruments used to cement indirect restorations.
	T22. Remove excess subgingival cement to prevent periodontal infection or inflammation.	K59. Knowledge of techniques for removing subgingival cement. K60. Knowledge of instruments used to remove subgingival cement. K61. Knowledge of signs of infection or inflammation associated with residual subgingival cement.
	T23. Identify factors impacting proper placement of restorations to prevent damage or decay.	K62. Knowledge of the relationship between occlusion and potential for damage or decay. K63. Knowledge of signs of postoperative complications.
	T24. Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	K64. Knowledge of enamel and oral histology. K65. Knowledge of types of preparation characteristics associated with indirect restorations.
T25. Select endodontic master and accessory points to fill canal.	K66. Knowledge of materials associated with master and accessory points.	

2. TREATMENT PROCEDURES (57%), continued – This area assesses the candidate’s knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2C. Treatment Specialty Area (5%)	T26. Verify size of master points to ensure proper cone fit for canal.	K67. Knowledge of techniques for fitting master points and accessory points.
	T27. Cement endodontic master and accessory points to seal canal.	K68. Knowledge of types of endodontic cement material. K69. Knowledge of techniques for cementing endodontic master and accessory points.

3. HEALTH AND SAFETY (8%) – This area assesses the candidate’s knowledge of maintaining a safe and sanitary work environment and adhering to infection control protocols and standard precautions.

Task Statements	Knowledge Statements
T28. Identify signs of medical emergencies to address situations that require immediate intervention.	K70. Knowledge of signs of allergic reaction or anaphylactic shock. K71. Knowledge of signs of medical crisis or emergency. K72. Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).
T29. Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.	K73. Knowledge of guidelines for providing for patient safety during dental health care procedures. K74. Knowledge of guidelines for providing for health care personnel safety during dental health care procedures. K75. Knowledge of types of adverse events or injury that can result from inadequate safety dental health care precautions.
T30. Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	K76. Knowledge of types of infections or communicable diseases and their route of transmission. K77. Knowledge of methods for preventing the spread of infectious and communicable pathogens. K78. Knowledge of guidelines for sterilization and disinfection in dental health care delivery.
T31. Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	K79. Knowledge of types of waste associated with dental treatments and their contamination potential. K80. Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.

4. LAWS AND REGULATIONS (10%) – This area assesses the candidate’s knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.

Task Statements	Knowledge Statements
T32. Comply with laws regarding consent to respect patients’ right to make informed treatment decisions.	K81. Knowledge of laws regarding patient consent.
T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	K82. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
T34. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	K83. Knowledge of signs of child abuse or neglect. K84. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K85. Knowledge of signs of elder adult abuse, neglect, or exploitation. K86. Knowledge of methods for reporting child, elder, or dependent adult abuse.
T35. Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	K87. Knowledge of legal standards for patient record-keeping and documentation. K88. Knowledge of laws regarding the storage and disposal of patient charts or records.
T36. Comply with laws about professional conduct to maintain professional integrity.	K89. Knowledge of laws regarding professional conduct.
T37. Comply with laws about scope of practice to maintain professional boundaries.	K90. Knowledge of laws regarding scope of practice.

CHAPTER 6 | CONCLUSION

The OA of the registered dental assistant in extended functions (RDAEF) profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent RDAEF practice. Results of this OA provide information regarding current practice that can be used to make job-related decisions regarding occupational licensure.

By using the California Registered Dental Assistant in Extended Functions Written Examination outline contained in this report, the Board ensures that its examination program reflects current practice and complies with B&P Code § 139.

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

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	13
Orange	7
TOTAL	20

NORTH COAST

County of Practice	Frequency
Del Norte	0
Humboldt	0
Mendocino	1
Sonoma	4
TOTAL	5

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	10
San Bernardino	7
TOTAL	17

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	4
Colusa	1
Glenn	0
Lake	3
Sacramento	15
Sutter	0
Yolo	0
Yuba	0
TOTAL	23

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	0
San Diego	5
TOTAL	5

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	5
Contra Costa	4
Marin	1
Napa	2
San Francisco	0
San Mateo	0
Santa Clara	4
Santa Cruz	2
Solano	2
TOTAL	20

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	1
Kern	7
Kings	2
Madera	0
Merced	0
San Joaquin	2
Stanislaus	2
Tulare	0
TOTAL	14

SHASTA-CASCADE

County of Practice	Frequency
Lassen	0
Plumas	0
Shasta	1
Siskiyou	1
Tehama	0
Trinity	0
TOTAL	2

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Alpine	0
Amador	0
Calaveras	1
El Dorado	1
Inyo	0
Mariposa	0
Nevada	0
Placer	1
Sierra	0
Tuolumne	0
TOTAL	3

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	3
San Benito	0
San Luis Obispo	0
Santa Barbara	3
Ventura	4
TOTAL	10

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Preliminary Patient Evaluations

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T1.	Review patient medical and dental history to identify conditions that may affect treatment.	4.41	4.48	20.34
T2.	Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.	3.59	3.74	16.50
T3.	Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	2.12	2.78	14.85
T7.	Chart oral conditions to document patient characteristics for treatment.	4.05	4.15	11.45
T6.	Determine type of imaging needed to assist in gathering diagnostic information.	3.91	4.12	9.52
T4.	Perform intraoral and extra-oral evaluation of soft tissue to identify conditions related to patient's oral health.	2.83	3.41	9.13
T5.	Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	2.80	3.07	8.05

Content Area 2: Treatment Procedures

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T23.	Identify factors impacting proper placement of restorations to prevent damage or decay.	4.26	4.45	20.43
T25.	Select endodontic master and accessory points to fill canal.	1.28	2.31	20.26
T19.	Finish direct restorations to provide a smooth surface or prevent irritation.	4.59	4.58	19.97
T24.	Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	3.94	4.48	19.95
T18.	Adjust direct restorations to customize them to patient's oral conditions.	4.50	4.58	19.46
T17.	Place and contour direct restorations to restore proper tooth form, function, and margins.	4.51	4.67	19.24
T20.	Adjust indirect restorations to ensure proper fit.	4.37	4.50	19.06
T22.	Remove excess subgingival cement to prevent periodontal infection or inflammation.	4.34	4.75	18.91
T21.	Cement final indirect restorations to restore tooth function.	4.27	4.52	18.32
T13.	Take final impression to capture oral conditions for fixed indirect restorations.	4.33	4.55	18.15
T26.	Verify size of master points to ensure proper cone fit for canal.	1.32	2.47	17.98
T27.	Cement endodontic master and accessory points to seal canal.	1.16	2.41	17.91
T12.	Remove retraction cord according to guidelines to prevent soft tissue damage.	4.35	4.53	17.21

Content Area 2: Treatment Procedures (continued)

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T11.	Observe patient during retraction process to monitor tissue or physiological responses.	4.06	4.17	16.97
T16.	Select materials for direct restoration to address clinical indications.	4.46	4.48	15.23
T14.	Take final impression to capture oral conditions for tooth-borne removable prosthesis.	3.91	4.41	12.29
T10.	Place retraction cord or retraction paste to prepare tissue for impression procedures.	4.35	4.37	12.10
T15.	Isolate oral cavity to preserve integrity of restorative area.	4.53	4.64	11.58
T8.	Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	2.77	3.48	10.93
T9.*	Select retraction cord or retraction material to displace sulcus tissue .	4.29	4.31	10.75

**NOTE: SMEs in the August 2021 workshop changed “sulcus” to “tissue” for increased accuracy.*

Content Area 3: Health and Safety

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T29.	Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.	4.16	4.46	21.58
T30.	Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	4.69	4.80	20.73
T28.	Identify signs of medical emergencies to address situations that require immediate intervention.	2.97	4.26	20.48
T31.	Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	4.34	4.60	20.30

Content Area 4: Laws and Regulations

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T33.	Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	4.66	4.65	21.66
T37.	Comply with laws about scope of practice to maintain professional boundaries.	4.62	4.66	21.53
T36.	Comply with laws about professional conduct to maintain professional integrity.	4.64	4.66	21.40
T34.	Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	1.93	4.35	21.39
T35.	Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	4.53	4.64	21.05
T32.	Comply with laws regarding consent to respect patient's right to make informed treatment decisions.	4.56	4.57	20.54

*NOTE: SMEs in the August 2021 workshop changed “document patient treatment” to “document, store, and dispose of patient chart or records” for increased accuracy.

APPENDIX C | KNOWLEDGE STATEMENT MEAN IMPORTANCE RATINGS BY CONTENT AREA

Content Area 1: Preliminary Patient Evaluations

Knowledge Number	Knowledge Statement	Importance
K2.	Knowledge of dental conditions that affect treatment.	3.50
K21.	Knowledge of types of radiographic imaging.	3.37
K1.	Knowledge of common types of medical conditions or medications that may affect treatment.	3.36
K25.	Knowledge of methods for charting oral conditions and problems.	3.32
K5.	Knowledge of signs of decay or stain formations that cause oral health problems.	3.30
K22.	Knowledge of criteria for determining type of digital or X-ray images to be performed.	3.30
K3.	Knowledge of methods for collecting information about patient medical and dental history.	3.27
K6.	Knowledge of signs of periodontal disease.	3.26
K15.	Knowledge of signs of healthy hard and soft tissue.	3.22
K4.	Knowledge of methods for evaluating conditions of the oral cavity.	3.22
K9.	Knowledge of effects of smoking or tobacco use on oral health.	3.21
K24.	Knowledge of universal numbering and Palmer quadrant notation systems.	3.19
K16.	Knowledge of signs of intraoral and extra-oral pathology.	3.15
K8.	Knowledge of effects of substance use on oral health.	3.15
K20.	Knowledge of effects of occlusion and malocclusion on oral health.	3.14
K14.	Knowledge of types of anatomical structures and landmarks of the oral cavity.	3.09

Content Area 1: Preliminary Patient Evaluations (continued)

Knowledge Number	Knowledge Statement	Importance
K23.	Knowledge of types of dental nomenclature and morphology.	3.07
K7.	Knowledge of effects of dietary habits on oral health.	3.06
K17.	Knowledge of methods for performing intraoral and extra-oral evaluations.	3.04
K19.	Knowledge of classifications of occlusion and malocclusion.	2.98
K18.	Knowledge of the relationship between facial or oral abnormalities and dental problems.	2.90
K13.	Knowledge of signs of temporal mandibular dysfunction.	2.71
K10.	Knowledge of types of muscles and physiological structures in the head and neck.	2.63
K11.	Knowledge of techniques for performing evaluations of myofunction of the head and neck.	2.53
K12.	Knowledge of signs of abnormal or limited myofunction of the head and neck.	2.51

Content Area 2: Treatment Procedures

Knowledge Number	Knowledge Statement	Importance
K51.	Knowledge of methods for evaluating occlusion, margins, and contact discrepancies.	3.65
K52.	Knowledge of techniques for adjusting direct restorations.	3.61
K49.	Knowledge of techniques for placing and contouring direct restorations.	3.60
K41.	Knowledge of techniques for taking final impressions.	3.58
K50.	Knowledge of methods for evaluating form and function of direct restorations.	3.58
K43.	Knowledge of methods for managing impression materials and conditions that impact quality of impression.	3.56
K44.	Knowledge of techniques for isolating restorative area.	3.56
K57.	Knowledge of techniques for cementing indirect restorations.	3.56
K53.	Knowledge of techniques for finishing and polishing direct restorations.	3.55
K62.	Knowledge of the relationship between occlusion and potential for damage or decay.	3.55
K42.	Knowledge of methods for managing sulcular fluids during final impressions.	3.54
K54.	Knowledge of effects of improper or incomplete finishing and polishing.	3.54
K59.	Knowledge of techniques for removing subgingival cement.	3.54
K46.	Knowledge of types of material used for direct restorations and their indications.	3.53
K61.	Knowledge of signs of infection or inflammation associated with residual subgingival cement.	3.53
K63.	Knowledge of signs of postoperative complications.	3.53
K56.	Knowledge of types of cement and their indications.	3.52

Content Area 2: Treatment Procedures (continued)

Knowledge Number	Knowledge Statement	Importance
K55.	Knowledge of techniques for adjusting indirect restorations.	3.52
K47.	Knowledge of methods for selecting material based on location and type of direct restoration.	3.49
K60.	Knowledge of instruments used to remove subgingival cement.	3.47
K36.	Knowledge of signs of irritation or tissue damage during cord retraction.	3.46
K45.	Knowledge of types of devices and materials used to isolate restorative area.	3.39
K48.	Knowledge of contraindications associated with direct restoration materials.	3.38
K34.	Knowledge of techniques for placing retraction cords or retraction paste.	3.37
K37.	Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.	3.35
K30.	Knowledge of types of retraction cords and their sizing.	3.31
K31.	Knowledge of criteria for selecting retraction cords based on clinical indications.	3.30
K58.	Knowledge of types of instruments used to cement indirect restorations.	3.29
K40.	Knowledge of methods for preventing tissue damage during cord removal.	3.24
K65.	Knowledge of types of preparation characteristics associated with indirect restorations.	3.24
K35.	Knowledge of types of instruments used to place retraction cords or retraction paste.	3.23
K38.	Knowledge of the relationship between retraction time and periodontal response.	3.23
K64.*	Knowledge of enamel and dental oral histology.	3.21
K39.	Knowledge of techniques for removing retraction cords.	3.14
K28.	Knowledge of types of chemical compounds associated with impregnated cords.	3.02
K27.	Knowledge of types of medical conditions contraindicated for chemical retraction.	2.98

**NOTE: SMEs in the August 2021 workshop changed “dental” to “oral” for increased accuracy.*

Content Area 2: Treatment Procedures (continued)

Knowledge Number	Knowledge Statement	Importance
K29.	Knowledge of physiological effects of chemical compounds used in cord retraction.	2.94
K26.	Knowledge of types of periodontal conditions contraindicated for chemical retraction.	2.87
K33.	Knowledge of criteria for selecting retraction paste based on clinical indications.	2.73
K32.	Knowledge of types of retraction pastes.	2.71
K68.	Knowledge of types of endodontic cement material.	2.27
K66.	Knowledge of materials associated with master and accessory points.	2.25
K69.	Knowledge of techniques for cementing endodontic master and accessory points.	2.21
K67.	Knowledge of techniques for fitting master points and accessory points.	2.18

Content Area 3: Health and Safety

Knowledge Number	Knowledge Statement	Importance
K78.	Knowledge of guidelines for sterilization and disinfection in dental health care delivery.	3.86
K72.	Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).	3.79
K71.	Knowledge of signs of medical crisis or emergency.	3.74
K77.	Knowledge of methods for preventing the spread of infectious and communicable pathogens.	3.74
K73.	Knowledge of guidelines for providing for patient safety during dental health care procedures.	3.72
K80.	Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.	3.71
K74.	Knowledge of guidelines for providing for health care personnel safety during dental health care procedures.	3.69
K79.	Knowledge of types of waste associated with dental treatments and their contamination potential.	3.68
K70.	Knowledge of signs of allergic reaction or anaphylactic shock.	3.67
K76.	Knowledge of types of infections or communicable diseases and their route of transmission.	3.64
K75.	Knowledge of the types of adverse events or injury that can result from inadequate dental health care safety precautions.	3.58

Content Area 4: Laws and Regulations

Knowledge Number	Knowledge Statement	Importance
K90.	Knowledge of laws regarding scope of practice.	3.77
K89.	Knowledge of laws regarding professional conduct.	3.50
K87.	Knowledge of legal standards for patient record-keeping and documentation.	3.48
K81.	Knowledge of laws regarding patient consent.	3.45
K82.	Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).	3.44
K83.	Knowledge of signs of child abuse or neglect.	3.43
K84.	Knowledge of signs of dependent adult abuse, neglect, or exploitation.	3.39
K85.	Knowledge of signs of elder adult abuse, neglect, or exploitation.	3.39
K86.	Knowledge of methods for reporting child, elder, or dependent adult abuse.	3.37
K88.	Knowledge of laws regarding the storage and disposal of patient charts or records.	3.22

APPENDIX D | EMAIL INVITATION TO PRACTITIONERS

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

Dear Registered Dental Assistants in Extended Functions:

Thank you for opening this online survey. You have been selected to participate in a study of the RDAEF profession by the Dental Board of California (DBC). The DBC is collecting information on the tasks performed by RDAEFs in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that RDAEF licensing examinations reflect current practice in California.

We worked with a group of RDAEFs to develop a survey to capture this information. The survey should take less than an hour to complete.

For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The weblink is available 24 hours a day, 7 days a week.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other RDAEFs, and only group data will be analyzed.

If you have any questions or need assistance with the survey, please contact [REDACTED] with the Office of Professional Examination Services at [REDACTED]

To begin the survey, click "Next". Please submit the completed survey by **Friday, July 23, 2021**.

We welcome your feedback and appreciate your time!

Thank you!

Dental Board of California

[Begin Survey](#)

Please do not forward this email as its survey link is unique to you.
[Privacy](#) | [Unsubscribe](#)

APPENDIX E | QUESTIONNAIRE



**REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021**

1. Message from the Dental Board of California



ENGINEER, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



Dear RDAEF:

We are conducting an occupational analysis (OA) of the Registered Dental Assistant in Extended Functions (RDAEF) profession in California. An OA is a comprehensive study of a profession. Using this survey, the Board will identify the tasks currently performed by licensed professionals, the importance of those tasks, and the knowledge required to perform them safely and competently.

With your help, the Board is surveying licensed RDAEF professionals who collectively represent the profession based on their geographic location, years of experience, and practice specialty.

The results of the OA will be used to update the description of practice that provides the basis for the California Registered Dental Assistant in Extended Functions Written Examination.

The survey was developed by test specialists from the Office of Professional Examination Services (OPES) with the participation of licensed RDAEF professionals serving as subject matter experts (SMEs).

This survey does not need to be completed in a single session. You can exit the survey at any time and return to it later without losing your responses as long as you access the survey from the same computer using the same browser. The survey will save responses only from fully completed pages; responses to items on partially completed pages will not be saved.

We understand that your time is valuable. The survey is available online 24/7 and you can complete it at any time before the deadline of **July 23, 2021**.

If you need assistance, please contact [REDACTED] at [REDACTED]@dca.ca.gov.

We value your contribution and appreciate your time!

Respectfully,

Karen M. Fischer

Karen M. Fischer, MPA
Executive Officer



REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

2. Part I - Personal Data

Complete this survey only if you currently hold a license and are working as a Registered Dental Assistant in Extended Functions (RDAEF) in California.

The DBC recognizes that every RDAEF may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study, and your contributions will help establish standards for safe and effective RDAEF practice in the State of California.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey to generate a demographic profile of RDAEFs practicing in California.

*** 1. Are you currently licensed and practicing as a Registered Dental Assistant in Extended Functions (RDAEF) in California?**

- Yes
- No



**REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021**

3. Part I - Personal Data

2. How long have you held an RDAEF license in California?

- Less than 12 months
- 1–5 years
- 6–10 years
- 11–15 years
- 16–20 years
- More than 20 years

3. How long did you work as a Registered Dental Assistant (RDA) before obtaining your RDAEF license?

- Less than 12 months
- 1–5 years
- 6–10 years
- 11–15 years
- 16–20 years
- More than 20 years

4. How long did you work as a dental assistant before obtaining your RDA license?

- Less than 12 months
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

5. How would you describe your primary work setting?

- Private dental practice with one dentist
- Private dental practice with two or more dentists
- Public health dentistry
- Dental school clinic
- Military
- Other (please specify)

6. How would you describe the dental practice of your primary work setting?

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

7. How many other licensed RDAEFs work in your primary work setting (not including yourself)?

- 0
- 1
- 2
- 3

8. Which of the following licenses or certificates do you possess in addition to your RDAEF license?

(Select all that apply.)

- Not applicable
(N/A)
- Registered Dental Assistant (RDA)
- Orthodontic Assistant Permit (OAP)
- Dental Sedation Assistant Permit
(DSA)
- Ultrasonic Scaling
Certificate
- Other (please
specify)



**REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021**

4. Part I - Personal Data

9. How many licensed RDAs who do not hold an RDAEF license work in your primary work setting?

- 0
- 1
- 2-3
- 4-5
- More than 5

10. How many unlicensed dental assistants work in your primary work setting?

- 0
- 1
- 2-3
- 4-5
- More than 5

11. Which of the following procedures are performed with your assistance in your primary work setting? (Select all that apply.)

Not applicable
(N/A)

Digital scan
impressions

Manual
impressions

CAD/CAM
restorations

Silver Diamine
Fluoride

Other (please
specify)

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

Urban (population greater than
50,000)

Rural (population less than
50,000)



**REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021**

5. Part I - Personal Data

Blank area for personal data entry.

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

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



REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

6. Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

In this part of the questionnaire you will be presented with 37 task statements. Please rate each task as it relates to your current practice as an RDAEF using the **Frequency** and **Importance** scales displayed below. Your frequency and importance ratings should be separate and independent ratings. Therefore, the ratings you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT a part of your current practice, rate the task as "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 rating, and then select the value based on your current practice.

FREQUENCY RATING SCALE

HOW OFTEN are these tasks performed in your current practice? Use the following scale to make your ratings.

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

1 - RARELY. This task is one of the tasks I perform least often in my current practice relative to other tasks I perform.

2 - SELDOM. I perform this task less often than most other tasks I perform in my current practice.

3 - REGULARLY. I perform this task as often as other tasks I perform in my current practice.

4 - OFTEN. I perform this task more often than most other tasks I perform in my current practice.

5 - VERY OFTEN. This task is one of the tasks I perform most often in my current practice relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT are these tasks for effective performance of your current practice? Use the following scale to make your ratings.

0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE. This task is not important to my current practice; I do not perform this task in my current practice.

1 - OF MINOR IMPORTANCE. This task is of minor importance 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; however, 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 practice.

4 - VERY IMPORTANT. This task is very important for effective performance relative to other tasks; 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 relative to other tasks; it has the highest degree of priority of all the tasks I perform in my current practice.



REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

7. Part II - Task Ratings

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

Content Area 1. Patient Evaluations

	Frequency	Importance
T1. Review patient medical and dental history to determine implications for treatment.	<input type="text"/>	<input type="text"/>
T2. Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.	<input type="text"/>	<input type="text"/>
T3. Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	<input type="text"/>	<input type="text"/>
T4. Perform intraoral and extraoral evaluation of soft tissue to identify conditions related to patient's oral health.	<input type="text"/>	<input type="text"/>
T5. Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	<input type="text"/>	<input type="text"/>
T6. Determine type of imaging needed to assist in gathering diagnostic information.	<input type="text"/>	<input type="text"/>
T7. Chart oral conditions to document patient characteristics for treatment.	<input type="text"/>	<input type="text"/>



**REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021**

8. Part II - Task Ratings

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 2. Treatment Procedures

	Frequency	Importance
T8. Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	<input type="text"/>	<input type="text"/>
T9. Select retraction cord or retraction material to displace sulcus.	<input type="text"/>	<input type="text"/>
T10. Place retraction cord or retraction paste to prepare tissue for impression procedures.	<input type="text"/>	<input type="text"/>
T11. Observe patient during retraction process to monitor tissue or physiological responses.	<input type="text"/>	<input type="text"/>
T12. Remove retraction cord according to guidelines to prevent soft tissue damage.	<input type="text"/>	<input type="text"/>
T13. Take final impression to capture oral conditions for fixed indirect restorations.	<input type="text"/>	<input type="text"/>
T14. Take final impression to capture oral conditions for tooth-borne removable prostheses.	<input type="text"/>	<input type="text"/>
T15. Isolate oral cavity to preserve integrity of restorative area.	<input type="text"/>	<input type="text"/>
T16. Select materials for direct restoration to address clinical indications.	<input type="text"/>	<input type="text"/>
T17. Place and contour direct restorations to restore proper tooth form, function, and margins.	<input type="text"/>	<input type="text"/>
T18. Adjust direct restorations to customize them to patient's oral conditions.	<input type="text"/>	<input type="text"/>
T19. Finish direct restorations to provide a smooth surface or prevent irritation.	<input type="text"/>	<input type="text"/>
T20. Adjust indirect restorations to ensure proper fit.	<input type="text"/>	<input type="text"/>
T21. Cement final indirect restorations to restore tooth function.	<input type="text"/>	<input type="text"/>
T22. Remove excess subgingival cement to prevent periodontal infection or inflammation.	<input type="text"/>	<input type="text"/>
T23. Identify factors impacting proper placement of restorations to prevent damage or decay.	<input type="text"/>	<input type="text"/>
T24. Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	<input type="text"/>	<input type="text"/>
T25. Select endodontic master and accessory points to fill canal.	<input type="text"/>	<input type="text"/>
T26. Verify size of master points to ensure proper cone fit for canal.	<input type="text"/>	<input type="text"/>
T27. Cement endodontic master and accessory points to seal canal.	<input type="text"/>	<input type="text"/>



REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

9. Part II - Task Ratings

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 3. Health and Safety

	Frequency	Importance
T28. Identify signs of medical emergencies to address situations that require immediate intervention.	<input type="text"/>	<input type="text"/>
T29. Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.	<input type="text"/>	<input type="text"/>
T30. Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	<input type="text"/>	<input type="text"/>
T31. Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	<input type="text"/>	<input type="text"/>



REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

10. Part II - Task Ratings

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 4. Law and Regulations

	Frequency	Importance
T32. Comply with laws regarding consent to respect patient's right to make informed treatment decisions.	<input type="text"/>	<input type="text"/>
T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	<input type="text"/>	<input type="text"/>
T34. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	<input type="text"/>	<input type="text"/>
T35. Comply with laws about record-keeping to document patient treatment.	<input type="text"/>	<input type="text"/>
T36. Comply with laws about ethical conduct to maintain ethical integrity.	<input type="text"/>	<input type="text"/>
T37. Comply with laws about scope of practice to maintain professional boundaries.	<input type="text"/>	<input type="text"/>



REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

11. Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

In this part of the questionnaire, you will be presented with 90 knowledge statements. Please rate each knowledge statement based on how important you believe that knowledge is to the effective performance of tasks in your current practice as an RDAEF.

If the knowledge does **NOT** apply to your current practice, rate the statement as "0" (zero) importance and go on to the next statement.

Please use the following importance scale to rate the knowledge statements:

IMPORTANCE SCALE

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

0 - NOT IMPORTANT; NOT REQUIRED. This knowledge does not apply to my current practice; it is not required for effective performance.

1 - OF MINOR IMPORTANCE. This knowledge is of minor importance for effective performance; it is useful for some relatively minor parts of my current practice.

2 - FAIRLY IMPORTANT. This knowledge is fairly important for effective performance in some relatively major parts of my current practice.

3 - MODERATELY IMPORTANT. This knowledge is moderately important for effective performance in some relatively major parts of my current practice.

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

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



**REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021**

12. Part III - Knowledge Ratings

18. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 1. Patient Evaluations

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K1. Knowledge of common medical conditions or medications that may affect treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K2. Knowledge of dental conditions that may affect treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K3. Knowledge of methods for collecting information about patient medical and dental history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K4. Knowledge of methods for evaluating conditions of the oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K5. Knowledge of signs of decay or stain formations that cause oral health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K6. Knowledge of signs of periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K7. Knowledge of effects of dietary habits on oral health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K8. Knowledge of effects of substance use on oral health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K9. Knowledge of effects of smoking or tobacco use on oral health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K10. Knowledge of types of muscles and physiological structures in the head and neck.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K11. Knowledge of techniques for performing evaluations of myofunction of the head and neck.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K12. Knowledge of signs of abnormal or limited myofunction of the head and neck.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K13. Knowledge of signs of temporal mandibular dysfunction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K14. Knowledge of types of anatomical structures and landmarks of the oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K15. Knowledge of signs of healthy hard and soft tissue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K16. Knowledge of signs of intraoral and extraoral pathology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K17. Knowledge of methods for performing intraoral and extraoral evaluations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K18. Knowledge of the relationship between facial or oral abnormalities and dental problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K19. Knowledge of classifications of occlusion and malocclusion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K20. Knowledge of effects of occlusion and malocclusion on oral health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K21. Knowledge of types of radiographic imaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K22. Knowledge of criteria for determining type of digital or X-ray images to be performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K23. Knowledge of types of dental nomenclature and morphology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K24. Knowledge of universal numbering and Palmer quadrant notation systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K25. Knowledge of methods for charting oral conditions and problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021**

13. Part III - Knowledge Ratings

19. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 2. Treatment Procedures

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K26. Knowledge of types of periodontal conditions contraindicated for chemical retraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K27. Knowledge of types of medical conditions contraindicated for chemical retraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K28. Knowledge of types of chemical compounds associated with impregnated cords.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K29. Knowledge of physiological effects of chemical compounds used in cord retraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K30. Knowledge of types of retraction cords and their sizing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K31. Knowledge of criteria for selecting retraction cords based on clinical indications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K32. Knowledge of types of retraction pastes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K33. Knowledge of criteria for selecting retraction paste based on clinical indications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K34. Knowledge of techniques for placing retraction cords or retraction paste.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K35. Knowledge of types of instruments used to place retraction cords or retraction paste.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K36. Knowledge of signs of irritation or tissue damage during cord retraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K37. Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K38. Knowledge of the relationship between retraction time and periodontal response.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K39. Knowledge of techniques for removing retraction cords.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K40. Knowledge of methods for preventing tissue damage during cord removal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K41. Knowledge of techniques for taking final impressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K42. Knowledge of methods for managing sulcular fluids during final impressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K44. Knowledge of techniques for isolating restorative area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K45. Knowledge of types of devices and materials used to isolate restorative area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K46. Knowledge of types of material used for direct restorations and their indications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K47. Knowledge of methods for selecting material based on location and type of direct restoration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K48. Knowledge of contraindications associated with direct restoration materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K49. Knowledge of techniques for placing and contouring direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K50. Knowledge of methods for evaluating form and function of direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K51. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K52. Knowledge of techniques for adjusting direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K53. Knowledge of techniques for finishing and polishing direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K54. Knowledge of effects of improper or incomplete finishing and polishing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K55. Knowledge of techniques for adjusting indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T56. Knowledge of types of cement and their indications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T57. Knowledge of techniques for cementing indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T58. Knowledge of types of instruments used to cement indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K59. Knowledge of techniques for removing subgingival cement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K60. Knowledge of instruments used to remove subgingival cement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K61. Knowledge of signs of infection or inflammation associated with residual subgingival cement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K62. Knowledge of the relationship between occlusion, margin, and potential for damage or decay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K63. Knowledge of signs of postoperative complications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K64. Knowledge of enamel and dental histology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K65. Knowledge of types of preparation characteristics associated with indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K66. Knowledge of materials associated with master and accessory points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K67. Knowledge of techniques for fitting master points and accessory points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K68. Knowledge of types of endodontic cement material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K69. Knowledge of techniques for cementing endodontic master and accessory points.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 3. Health and Safety

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K70. Knowledge of signs of allergic reaction or anaphylactic shock.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K71. Knowledge of signs of medical crisis or emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K72. Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K73. Knowledge of guidelines for providing for patient safety during dental health care procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K74. Knowledge of guidelines for providing for health care personnel safety during dental health care procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K75. Knowledge of the types of adverse events or injury that can result from inadequate dental health care precautions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K76. Knowledge of the types of infections or communicable diseases and their route of transmission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K77. Knowledge of methods for preventing the spread of infectious and communicable pathogens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K78. Knowledge of guidelines for sterilization and disinfection in dental health care delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K79. Knowledge of types of waste associated with dental treatments and their contamination potential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K80. Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021**

15. Part III - Knowledge Ratings

21. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 4. Law and Regulations

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K81. Knowledge of laws regarding patient consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K82. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K83. Knowledge of signs of child abuse or neglect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K84. Knowledge of signs of dependent adult abuse, neglect, or exploitation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K85. Knowledge of signs of elder adult abuse, neglect, or exploitation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K86. Knowledge of methods for reporting child, elder, or dependent adult abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K87. Knowledge of legal standards for patient record-keeping and documentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K88. Knowledge of laws regarding the storage and disposal of patient charts or records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K89. Knowledge of laws regarding ethical conduct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K90. Knowledge of laws regarding RDAEF scope of practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
OCCUPATIONAL ANALYSIS SURVEY 2021**

16. Thank you!

Thank you for taking the time to complete this survey. The Dental Board values your contribution to this study.