CODA Alignment: Dental Hygiene Programs

Risk-Based Caries Management: A Minimally Invasive Approach supports dental hygiene programs in meeting Commission on Dental Accreditation (CODA) standards.

CODA accredits programs, not courses. No module is "CODA-approved," and each program decides how the series fits its own competency statements.

- **Coverage.** *Direct* means a module objective and a decision students make address the standard. *Partial* means the series addresses part of the standard; the cell names the part that is missing.
- **Standards checked.** The Accreditation Standards for Dental Hygiene Education Programs, effective August 8, 2025.
- Modules can be assigned one at a time, by track, or as the full series. The mapping table refers to modules by number.

Sources

- Accreditation Standards for Dental Hygiene Education Programs (effective August 8, 2025)
- CODA Accreditation Standards page

This mapping was checked against CODA's standards in November 2026. CODA revises its standards periodically, so each program is responsible for confirming the current standards at coda.ada.org.

Module	Title	Track
1	The Disease Process of Dental Caries	Foundations
2	Caries Risk Assessment	Foundations
3	Risk Categories and What They Mean	Foundations
4	Matching the Care Plan to Risk	Prevention & Intervention
5	Classifying the Lesion	Prevention & Intervention
6	Assessing Lesion Activity	Prevention & Intervention
7	Fluoride: From Prevention to Arrest	Prevention & Intervention
8	Sealants and Surface Protection	Prevention & Intervention
9	Levels of Intervention: When Operative Care Is Justified	Prevention & Intervention
10	Talking With Patients About Diet and Caries Risk	Application & Whole-Person Care
11	Monitoring and Recall Decisions	Application & Whole-Person Care
12	Whole-Person Care: A Complete Case	Application & Whole-Person Care

Dental hygiene standards (effective August 8, 2025)

Standard	What it requires	Where the series supports it	Coverage
2-8b	Biomedical science content, including nutrition	Diet as a driver of caries, including fermentable carbohydrate and how often it is eaten (Modules 1, 6, 10). General nutrition is not covered.	Partial
2-8d	Dental hygiene science, including oral health education and preventive counseling, health promotion, patient management, care for patients with special needs, community oral health, and legal and ethical aspects	Preventive counseling (Module 10). Health promotion and prevention (the full series). Patients who depend on others for care (Modules 3, 4, 9). Community water fluoridation (Modules 2, 7). Informed consent (Module 7).	Partial
2-12	Dental hygiene care for all patient populations: child, adolescent, adult, geriatric and special needs	Cases include a child (Marcus, 6–8; Modules 3, 6–8), an adolescent (Patient C, 15, in a Module 1 knowledge check), adults (Modules 2–4, 7–12), an older adult (Elena, 71; Modules 5, 7–9), and patients who depend on others for care. Adolescent content is limited to that one knowledge check.	Partial
2-13a	Comprehensive collection of patient data	Disease indicators, risk factors and protective factors (Module 2). A patient's daily eating and drinking pattern (Module 10). A full assessment collected without prompts (Module 12).	Direct
2-13b	Analysis of assessment findings and use of critical thinking	Assigning a risk category from the form (Module 3). Classifying a lesion with the ADA Caries Classification System (Module 5). Judging lesion activity (Module 6). Working a complete case (Module 12).	Direct
2-13c	A care plan with realistic goals and treatment strategies	A plan set by risk category and the patient's own risk factors (Module 4). One change that fits the patient's day (Module 10). A complete plan (Module 12).	Direct
2-13d	Patient-centered, evidence-based care that minimizes risk	Sealing and arresting lesions instead of restoring them (Modules 7, 8). Not restoring noncavitated lesions (Modules 5, 9). Using a rounded probe, never a sharp explorer, on a surface that may be broken (Module 5).	Direct
2-13e	Measuring whether care plan goals were achieved	What counts as evidence that a plan is working, and finding out which part did not happen and why (Module	Direct

Standard	What it requires	Where the series supports it	Coverage
		11). Active versus arrested lesions (Module 6).	
2-13f	Complete and accurate documentation	Choosing a chart note another member of the oral health team can act on, and recording findings rather than judgments (Module 12).	Direct
2-15	Interprofessional communication and collaboration. The intent adds recognizing cultural influences on health beliefs.	Within the oral health team: weighing a colleague's argument against the evidence (Module 8) and a chart note for another member of the team (Module 12). Beyond it: asking Sam's physician or pharmacist, with his agreement, about whether a different medication or dose would cause less dry mouth (Module 4); that is the only step involving another health profession. Cultural influences: asking about the cultural traditions or personal preferences behind a patient's eating pattern (Module 10).	Partial
2-19	Ethical reasoning, ethical decision making and professional responsibility	Informed consent for silver diamine fluoride (SDF), including the patient's right to refuse (Module 7). Evidence versus opinion when changing a risk category (Module 3). A clinician naming their own bias (Module 9). Chart language that records findings, not judgments (Module 12). Ethical principles are applied but not named.	Partial
2-22	Evaluating current scientific literature	Students see how evidence is weighed: study populations and methods (Module 5), trial results by product format (Module 4), why a nonrandomized study is not proof on its own (Module 8), strength of ADA recommendations (Module 7), how a guideline panel grades certainty (Module 9), and a trial on recall intervals (Module 11). Students do not search for or appraise studies themselves.	Partial
2-23	Problem-solving strategies related to comprehensive patient care. The intent names critical thinking and decision-making.	Every module opens with a prediction students commit to. Modules 2–12 model a clinician's reasoning aloud, and Modules 3–12 include case decisions students make on their own.	Direct