**Sinclair Community College**

**Continuous Improvement Annual Update 2013-14**

**Please submit to your dean and the Provost’s Office no later than Oct. 1, 2013**

**Department:** 0671 – Dental Hygiene Technology

Year of Last Program Review: FY 2012-2013

Year of Next Program Review: FY 2017-2018

**Section I: Department Trend Data, Interpretation, and Analysis**

**Degree and Certificate Completion Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Degree and Certificate Completion Trend Data (Raw Data is located in Appendix A*): i.e. What trends do you see in the above data? Are there internal or external factors that account for these trends? What are the implications for the department? What actions have the department taken that have influenced these trends? What strategies will the department implement as a result of this data?*

 As demonstrated by the data in the appendix, the enrollment and degrees awarded were nearly identical in the Dental Hygiene degree program for all of the academic years represented. The differences seen above are almost entirely a result of decreased enrollment for the EFDA certificate program. The declines (and recent uptrend) directly correspond and most likely relate to the economic conditions present during this period. As the economy has improved, these rates are trending back to normal levels. The department continually monitors enrollment and attrition and adjusts faculty workload and supplies to match demand. The EFDA program is longstanding and well known by the dental community and most often fills to near capacity during normal economic conditions.

**Course Success Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Course Success Trend Data (Raw Data is located in Appendix A). Looking at the success rate data provided in the Appendix for each course, please discuss trends for high enrollment courses, courses used extensively by other departments, and courses where there have been substantial changes in success.

The Course Success Trend Data provided in Appendix A represents common historic trend patterns in the Dental Health Sciences program indicating no substantial changes. Since dental hygiene is a cohort-based, A.A.S. program, our courses are not used by other departments. Trend data continues to show the highest attrition in the first year of the curriculum which is primarily due to the rigor of the dental science courses. However, some students withdraw for non-academic reasons.

Please provide any additional data and analysis that illustrates what is going on in the department (examples might include accreditation data, program data, benchmark data from national exams, course sequence completion, retention, demographic data, data on placement of graduates, graduate survey data, etc.)

The Dental Health Science Department just accomplished an extremely successful accreditation site visit with the Commission On Dental Accreditation (CODA). As a separate document we included our Outcomes Assessment Matrix for 2012-2013. This Matrix is an ongoing assessment of our program and 2013-2014 is in progress.

**Section II: Progress Since the Most Recent Review**

Below are the goals from Section IV part E of your last Program Review Self-Study. Describe progress or changes made toward meeting each goal over the last year.

|  |  |  |
| --- | --- | --- |
| **GOALS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| Due to the numerous changes in the curriculum and updates to our programs (Dental Hygiene and EFDA), the departmental goal is to track the curriculum this year and assess changes that need to be made. Revisions will follow as necessary. | In progress [x] Completed [ ] No longer applicable [ ]  | Dental Health Science has made some changes to improve our second year into the semester conversion. For example, to be in compliance with accreditation, we removed the Ohio Board of Regents Humanities and added Sociology back into the curriculum. DEH 1304 Oral Histology and Embryology was moved from the Spring Semester of the cohorts first year into their First (Fall) Semester. This was due to a very difficult Spring Semester in 2013 resulting in students failing multiple courses. The move should improve the success of students in the Spring Semester of the first year cohort. At the end of this academic semester, we will begin a curriculum revision to split DEH 2502/2503 Pharmacology and Pain Control into two separate courses in an effort to improve logic and understanding. Efforts to improve DEH 1306 General and Oral Pathology are also currently being revised with regards to course content. All instructors have tracked "what worked and what didn't work" in their individual courses and updated accordingly. |

Below are the Recommendations for Action made by the review team. Describe the progress or changes made toward meeting each recommendation over the last year.

|  |  |  |
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| **RECOMMENDATIONS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| The department is facing the retirement of a key faculty member in the coming years – thoughtful consideration should be given to succession planning. Identifying promising candidates for the position when it becomes available and working to develop qualified applicants should be a priority. In addition, formal documentation preserving the knowledge and experience of this key faculty member should be established to ensure that they are preserved for the benefit of future faculty. | In progress [x] Completed [ ] No longer applicable [ ]  | Dr. Holliday is in process of preserving knowledge of his disciplines and is currently working to turn over his subject matter and experience to other faculty. For example, Pam Edwards and myself have taken over some of his lecture responsibility in DEH 2502/2503 Pharmacology and Pain Control. Additionally, adjunct instructor Cynthia Leverich is attending his course section of DEH 1202/1203 (team taught by Dr. Holliday and Sue Raffee) to prepare herself to take over his lecture classes in 2014. She is ready to teach DEH 1305 Medical Emergencies.Cindy is also teaching the Day Cohort of the EFDA program under the direction of Sue Raffee. Although Cindy has proven to be a very valuable educator, we are concerned with her 11 hour payload. Cindy will be unable to help us in all these areas because it will throw her above the 11 hour payload. It is very difficult finding the "right" person to teach these disciplines.  Dr. Holliday is hopeful to do supplemental teaching in some of his more difficult courses which will give us added time to find a replacement.Sue Raffee has informally interviewed three dentists to date. Two of the three are clearly not qualified and wanted to enter education due to frustration in private/public health. One dentist was qualified but not interested in the position. She recently had a baby and only wants to teach online classes which is not possible in our program.It is difficult to find a clinical dentist who is interested in teaching in a dental hygiene program due to the pay differential. However, we will continue to seek the expertise and knowledge of a dentist and will remain pro-active in our search.One of our goals is to develop a plan for the transition of faculty to ensure a seamless course handover of retiring faculty so that students' education is uninterrupted. We will focus on seeking both internal and external educators who are able to fill this commitment. |
| The department is in a difficult position with the downturn in employment prospects for dental hygienists – while the department is sensitive to the need to not produce more graduates than there are available jobs in the region, at the same time any reduction in the number of students in the cohorts may leave demand unmet for a time should the job market pick back up again. The department should annually review the job market and the number of graduates and carefully consider whether any adjustments are appropriate. In addition, any changes in admissions requirements will need to be weighed against the impact in terms of number of graduates and available jobs. | In progress [x] Completed [ ] No longer applicable [ ]  | Reviewing job opportunities has been and is always carefully tracked on an annual basis. The Ohio dental hygiene directors meet twice a year and are in constant communication discussing trends in dentistry. We discuss our graduate and employer surveys and look at labor statistics. The downturn in the job market for the dental hygienist officially began in 2007. Due to the loss of manufacturing jobs and the ripple effect; in our case loss of dental insurance, employment (according to labor statistics) is not expected to return to its pre-recession peak in our metorpolitan area. They reported that unlike other parts of the country, Dayton has not been able to fully replace the old manufacturing jobs with new business. This has affected private practice dentists and their ability to hire more hygienists. At this time should demand pick up, we are confident that we have more than a sufficient number of students in our cohort and graduated hygienists to meet available jobs. |
| In Section IV.E. of the self-study, the only goal presented was ‘track the curriculum this year and assess what changes need to be made”. While this is certainly a worthy goal, and the department should absolutely continue to assess the semester curriculum, the review team felt that the development of additional goals that would guide the department’s activities and direction in the coming years would be appropriate. The review team strongly recommends that the department develop a small number of goals by the middle of the Summer 2013 term and share those goals with the Provost’s Office. Some of these goals could be things that the department plans on doing that weren’t identified as goals in the self-study, such as the TEAS pilot and using data to set cutoff scores. | In progress [x] Completed [x] No longer applicable [ ]  | \*Track the TEAS test for three years to establish a cutoff score for admission beginning with the incoming cohort class of Fall 2014. \*To develop a long term plan for the transition to a fully computerized clinic. \* To develop a plan for the transition of faculty to ensure a seamless course handover of retiring faculty so that students' education is uninterrupted. We will focus on seeking both internal and external educators who are able to fill this commitment.\*Reorganize the Hazard Communication Program within the department by producing an accurate chemical inventory, SDS file, updated training, and organized drawers by the accreditation site team visit 9/12/13.This goal was short term and accomplished over the summer 2013.\*Update the current Student Manual including the Policy and Procedures and Clinic Manual to reflect changes within the college, division, and department. This goal has been started and will be completed for the incoming class of 2014. |
| The department has always done an excellent job of keeping the technology employed in its labs and clinics current. Technology can change rapidly, however, and it is recommended that the department continue its efforts to maintain the current technology that students need to be adequately prepared to use in the workplace. It is recommended that the department work with IT to determine the renewal and replacement cycle for much of the computer-related equipment in the lab. | In progress [x] Completed [ ] No longer applicable [ ]  | Eaglesoft Dental Software is updated annually and closely monitered by Kelly Kennedy.Our department is on IT's replacement cycle. The RAM in the computers in room 4311 were upgraded Summer, 2013. The memory in the laptops were also upgraded so they could be upgraded moved to the Windows 7 operating system in room 4341. The college has a 4 year renewal and replacement policy for lab and admin computer equipment. This is an across campus policy.Dental Hygiene consistently works with the local dental offices and national companies to stay current on IT and Dental applications, hardware and tools being used in the field. Dental Hygiene works with IT and planning and construction to determine the costs to upgrade equipment and physical changes in the lab, so their students will be learning the latest in dental applications and processes.  |
| While access has always been a priority at Sinclair, the department is encouraged to explore the possibility of competitive admissions – taking into account market trends and the impact on the number of graduates. The department already does a phenomenal job of monitoring the waitlist and being proactive about looking for ways to increase retention and success in the program – a discussion of the appropriateness and viability of competitive admissions should be part of this effort in the future. | In progress [x] Completed [ ] No longer applicable [x]  | When Sinclair began its program in 1973, it was competitive admission program. We do not know the history of when it transitioned to open enrollment. This decision was made because of the community college open admissions approach.Admission requirements have varied and changed over the years to reduce attrition prior to entry into the program. Competitive admission would certainly reduce academic attrition.However, because of the three year waitlist, we would need to wait four years before beginning a competitive process (once established) in order to accept the students who are already waiting for admission. A quicker solution to the problem would be to re-evaluate and raise our admission requirements such as a higher GPA and using the TEAS test to determine a cutoff score for admission. |

**Section III: Assessment of General Education & Degree Program Outcomes**

The Program Outcomes for the degrees are listed below. **All program outcomes must be assessed at least once during the 5 year Program Review cycle, and assessment of program outcomes must occur each year**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Education Outcomes** | To which degree(s) is this program outcome related? | Year assessed or to be assessed. | Assessment MethodsUsed | What were the assessment results? (Please provide brief summary data) |
| Critical Thinking/Problem Solving | All programs | **2012-2013** | \*Skills Assessments\*Case Studies\*CESCAM grading in clinicals\*National Board Scores\*ADLEX clinical and computer Board scores\*Written tests\*Research paper and Table clinic presentation | \*\*Students must pass a skills assessment with an 80% or higher on the second attempt in order to continue into the program.CESCAM average grading for clinicals must be summer 80%, fall 85% & spring 90% in order to remain in the programOur first attempt on the National Board was 96%Adlex Clinical Board was 100%. |
| Values/Citizenship/Community | All programs | **2013-2014** |  |  |
| Computer Literacy | All programs | **2014-2015** |  |  |
| Information Literacy | All programs | **2015-2016** |  |  |
| Oral Communication | All programs | **2016-2017** |  |  |
| Written Communication | All programs | **2016-2017** |  |  |
|  |  |  |  |  |
| **Program Outcomes** | To which course(s) is this program outcome related? | Year assessed or to be assessed. | Assessment MethodsUsed | What were the assessment results? (Please provide brief summary data) |
| Demonstrate competence in the provision of contemporary dental hygiene services including preventive, therapeutic and maintenance care based on individual patient needs. | ALH-1101 BIO-1141 BIO-1242 BIO-2205 DEH-1202 DEH-1203 DEH-1204 DEH-1205 DEH-1206 DEH-1302 DEH-1303 DEH-1305 DEH-1308 DEH-1309 DEH-2402 DEH-2405 DEH-2502 DEH-2503 DEH-2506 DEH-2507 |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document.**Pages 24-42** | The assessment results indicated a high degree of satisfaction from students, advisory board, employers and our recent accreditation site visit. Board results also indicated that our students are well prepared in the delivery of dental hygiene services. |
| Demonstrate professionalism in all aspects of dental hygiene care, including the ability to make ethical decisions and apply critical thinking skills. | ALH-1101 DEH-1102 DEH-1202 DEH-1203 DEH-1204 DEH-1205 DEH-1206 DEH-1302 DEH-1303 DEH-1305 DEH-1306 DEH-1307 DEH-1308 DEH-1309 DEH-2402 DEH-2405 DEH-2502 DEH-2503 DEH-2504 DEH-2506 |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document.**Pages 24-42** | Proficient scores on all related dental hygiene functions including medical histories, treatment planning, professionalism, critical thinking and ancillary assignments were met using our CESCAM tool for assessment.  |
| Demonstrate the ability to effectively communicate with patients, healthcare providers and the public regarding the significance of dental hygiene care and overall health. | COM-2211 DEH-1102 DEH-1202 DEH-1203 DEH-1204 DEH-1205 DEH-1206 DEH-1302 DEH-1303 DEH-2402 DEH-2405 DEH-2502 DEH-2503 DEH-2504 DEH-2506 DEH-2507  |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document**Pages 24-42** | All students completed projects with 80% or better using rubrics as the primary evaluation tool. Table clinic presentations at the state dental hygiene association's annual session in the fall indicated a 95% average grade awarded in 2012. |
| Develop an understanding and appreciation for a diverse society in the design, development and delivery of services to address the oral health needs of local and global communities. | ALH-1101 COM-2211 DEH-1102 DEH-1204 DEH-1205 DEH-1206 DEH-1302 DEH-1303 DEH-1308 DEH-1309 DEH-2402 DEH-2405 DEH-2506 DEH-2507 DEH-2508 DEH-2602 DEH-2604 PSY-1100  |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document**Pages 24-42** | Faculty tracking and assessment of students' community service and service learning projects completed at 80% or better. Participation in Give Kids a Smile Day and Health Fairs at 100%. |
| Display a professional commitment to continuing education and life-long learning. | ALH-1101 DEH-1202 DEH-1203 DEH-1204 DEH-1206 DEH-1302 DEH-1303 DEH-1305 DEH-1306 DEH-1307 DEH-1308 DEH-1309 DEH-2405 DEH-2502 DEH-2503 DEH-2504 DEH-2506 DEH-2507 DEH-2508 DEH-2601 |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document**Pages 24-42** | •It is mandatory that 100% of our students participate in the Student Dental Hygiene Association.•It is also mandatory that they attend a local Dayton Dental Hygiene Association meeting or other component meeting in DEH 2604.The students attend annual session for extra credit in DEH 2504.•24 CE’s required for biennial licensure renewal by Ohio State Dental Board |

**General Education Outcomes**

1. Are changes planned as a result of the assessment of general education outcomes? If so, what are those changes?

Because we are under strict accreditation guidelines, the department feels that we have a very solid curriculum with regards to assessing general education outcomes and we will continue to use our current assessment method to track our accountability using standardized rubrics. These assessment methods are straightforward and efficient in establishing expectations for student achievement of general education outcomes and communicating those outcomes with faculty members, students and external stakeholders.

1. How will you determine whether those changes had an impact?

Our tracking data from assessments of general education will continue to be used serving accountability demands. Discussion of this data will occur at our Department Planning and Development Day.

**Program Outcomes**

1. Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?

As stated above, if we continue to follow the guidelines of our accreditation processes, we are able to improve and revise our program. Changes were discussed in Section IV.E on page 7 where we addressed program goals. Additionally, we are going to discuss our Community Service hours at our Department Planning and Development Day and make necessary adjustments to suit the semester credit hour.

1. How will you determine whether those changes had an impact?

Our tracking data using graduate, alumni, employer surveys in addition to our National and ADLEX board scores will determine if we are successful or need to adjust our curriculum. Two Faculty will attend the National Board Review in February 2014 with the students to assess our courses and program outcomes to see if we are current.

**Improvement Efforts**

1. What were the results of changes that were planned in the last Annual Update? Are further changes needed based on these results?

Adjustments to our curriculum was made by dropping the OTM Humanities and adding Sociology back into the curriculum. General and Oral Pathology went through a CMT change to add a credit hour in order to successfully deliver all the content. We are closely monitoring Pharmacology and Pain Control and plan to separate these courses into two separate courses after this fall term, 2013.

1. Are there any other improvement efforts that have not been discussed in this Annual Update submission?

New flooring and cabinets were installed in the dental hygiene clinic as a physical improvement.

**APPENDIX – PROGRAM COMPLETION AND SUCCESS RATE DATA**

**Degree and Certificate Completion**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Division | Department | Department Name | Program | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 | FY 12-13 |
| LHS | 0671 | Dental Hygiene Tech | DEH.AAS | 26 | 26 | 26 | 26 | 26 | . |
| LHS | 0671 | Dental Hygiene Tech | DEH.S.AAS | . | . | . | . | . | 27 |
| LHS | 0671 | Dental Hygiene Tech | DEHSC.STC | 61 | 41 | 31 | 28 | 32 | . |
| LHS | 0671 | Dental Hygiene Tech | EFDA.S.STC | . | . | . | . | . | 45 |

**Course Success Rates**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Department Name** | **Course** | **FY 07-08** | **FY 08-09** | **FY 09-10** | **FY 10-11** | **FY 11-12** | **FY 12-13** |
| 0671 | Dental Hygiene Tech | DEH-100 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-101 | 82.9% | 90.3% | 94.1% | 96.8% | 93.9% | . |
| 0671 | Dental Hygiene Tech | DEH-103 | 77.1% | 84.4% | 87.9% | 93.5% | 84.8% | . |
| 0671 | Dental Hygiene Tech | DEH-104 | 100.0% | 100.0% | 88.2% | 94.4% | 95.6% | 95.3% |
| 0671 | Dental Hygiene Tech | DEH-105 | 93.9% | 96.7% | 97.0% | 96.7% | 93.9% | . |
| 0671 | Dental Hygiene Tech | DEH-106 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-109 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-1102 | . | . | . | . | . | 65.3% |
| 0671 | Dental Hygiene Tech | DEH-111 | 96.6% | 100.0% | 100.0% | 96.3% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-112 | 96.2% | 100.0% | 100.0% | 93.1% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-113 | 100.0% | 100.0% | 96.0% | 100.0% | 100.0% | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-117 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-118 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-120 | 67.5% | 62.1% | 72.2% | 71.8% | 70.5% | . |
| 0671 | Dental Hygiene Tech | DEH-1202 | . | . | . | . | . | 90.6% |
| 0671 | Dental Hygiene Tech | DEH-1203 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-1204 | . | . | . | . | . | 81.3% |
| 0671 | Dental Hygiene Tech | DEH-1205 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-1206 | . | . | . | . | . | 93.5% |
| 0671 | Dental Hygiene Tech | DEH-125 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-1302 | . | . | . | . | . | 96.2% |
| 0671 | Dental Hygiene Tech | DEH-1304 | . | . | . | . | . | 88.5% |
| 0671 | Dental Hygiene Tech | DEH-1305 | . | . | . | . | . | 96.2% |
| 0671 | Dental Hygiene Tech | DEH-1306 | . | . | . | . | . | 96.2% |
| 0671 | Dental Hygiene Tech | DEH-1308 | . | . | . | . | . | 84.6% |
| 0671 | Dental Hygiene Tech | DEH-135 | 96.0% | 100.0% | 100.0% | 96.6% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-136 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-155 | 88.9% | 96.4% | 87.1% | 93.5% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-156 | 96.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-157 | 100.0% | 100.0% | 100.0% | 96.4% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-165 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-170 | 95.8% | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-171 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-210 | 92.6% | 96.0% | 100.0% | 100.0% | 92.3% | . |
| 0671 | Dental Hygiene Tech | DEH-211 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-212 | 100.0% | 100.0% | 100.0% | 95.8% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-213 | 100.0% | 100.0% | 100.0% | 96.3% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-215 | 96.4% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-219 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-220 | 96.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-221 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-235 | 100.0% | 100.0% | 100.0% | 100.0% | 96.2% | . |
| 0671 | Dental Hygiene Tech | DEH-236 | 100.0% | 100.0% | 100.0% | 96.3% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-247 | 100.0% | 97.9% | 100.0% | 100.0% | 95.6% | . |
| 0671 | Dental Hygiene Tech | DEH-248 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-249 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-250 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-2502 | . | . | . | . | . | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-2504 | . | . | . | . | . | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-2506 | . | . | . | . | . | 96.3% |
| 0671 | Dental Hygiene Tech | DEH-2508 | . | . | . | . | . | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-2509 | . | . | . | . | . | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-253 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-255 | 100.0% | 100.0% | 100.0% | 96.3% | 100.0% | . |
| 0671 | Dental Hygiene Tech | DEH-257 | . | . | . | . | . | . |
| 0671 | Dental Hygiene Tech | DEH-2601 | . | . | . | . | . | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-2602 | . | . | . | . | . | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-2603 | . | . | . | . | . | 100.0% |
| 0671 | Dental Hygiene Tech | DEH-2604 | . | . | . | . | . | 100.0% |
| 0671 | Dental Hygiene Tech | EFD-1202 | . | . | . | . | . | 100.0% |
| 0671 | Dental Hygiene Tech | EFD-1302 | . | . | . | . | . | 97.9% |

**Sinclair Community College Dental Hygiene Program YR 2012- 2013**

**\*Outcomes Assessment Matrix**

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| **Goal #1****Demonstrate competence in the provision of contemporary dental hygiene services including preventive, therapeutic and maintenance care based on individual patient needs.**  |
|  | **When Measured** | **Who Measures** | **Expected Goal** | **Actual/ Met or did not meet** | **Resulting Action** |
| ADLEX Clinical | April | NERB | 100% | 96.7% | Calculus detection comp was redesigned and required in both semesters. |
| ADLEX Computer | April  | External Agency- Pearson | 100% | 100% | Continue |
| Alumni Survey | January | Office Manager | 95% positive | 99% | Continue |
| Attrition Rates | End of every semester | Office Manager | 90% | 92% | Implementing TEAS (Test of Essential Academic Skills) upon admission as a five year study to determine dental hygiene success.  |
| CES/CAM I Final Grades | July | Pam Edwards | 80% | 94.5% | Continue |
| CES/CAM II Final Grades | December | Pam Edwards | 85% | 93% | Continue |
| CES/CAM III Final Grades | April | Pam Edwards | 90% | 85% | Considering TalEval Assessment Tool |
| DHNBE | March | DHNBE | 100% | 100% | Continue to recommend National Board Review Course |
| Graduate Exit Surveys | May | Office Manager | 95% positive | 100% of students are very satisfied or satisfied | Continue |
| Individual Student Competencies | Year Round | All faculty | 100% by second try | 100% by second try | Created new competencies to meet semester conversion. Addition of new comps will be monitored. |
| Mock National Board | January | January | 60% raw score | 100% | Because the Mock exam is a significant predictor of student performance on the DHNBE. Continue |
| Patient Surveys | Year Round | Office Manager | 90% positive | 95% positive | Continue |
| Previsor Risk Assessment on Patient | Second Year | Pam Edwards | 100% | 100% | Implement further risk assessments |

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| **Goal #2****Develop an understanding and appreciation for a diverse society in the design, development and delivery of services to address the oral health needs of local and global communities.**  |
|  | **When Measured** | **Who Measures** | **Expected Goal** | **Actual/ Met or did not meet** | **Resulting Action** |
| Case Presentations | Fall/ SpringSecond Year | Pam Edwards | 80%/90% | 100%/100% | New rubric developed |
| Give Kids a Smile Day | February | Pam Edwards | 100% of students see two children | 100% | Continue |
| Head Start Days | Year Round | Edwards/Hemphill | ADPIE- 4 lesson plan for diverse and special needs populations Expected 2 lesson plans to be implemented.Head Start clinical experience—one per student. | 100% | Continue |
| Levin Health Fair | April | Debbie Fox, Levin Foundation | 90% student attendance | 95% met  | Continue |
| Make a Difference Day | October | Sheranita Hemphill | 80% | 80% | Continue |
| Patient Surveys | Year Round | Office Manager | 90% positive | 95% positive | Continue |
| Service Learning Projects | Annually after course completed | Sheranita Hemphill | 25 hours of service learning and community service per student | 100%  | Continue |
| Special Needs Patients | Year Round | Pam Edwards | 6 patients per student | 100% | Continue |

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| **Goal #3****Demonstrate the ability to effectively communicate with patients, healthcare providers and the public regarding the significance of dental hygiene care and overall health.**  |
|  | **When Measured** | **Who Measures** | **Expected Goal** | **Actual/ Met or did not meet** | **Resulting Action** |
| ADLEX Clinical | April | NERB | 100% all students acquire a patient | 100% | Continue |
| Bulletin Board Displays | Fall/Spring Semester | Hemphill | Two bulletin boards per month | 100% | Continue |
| Dental Hygiene Research Project | Fall Semester | All faculty | 80% or better using rubric | 88.39% | New rubric developed |
| Dietary Analysis | Fall/Spring Semester | Pam Edwards | 2 | 100% | Continue |
| Oral Hygiene Skills Assessments | Spring Semester | Preclinic faculty | 80% | 90% | New rubric developed |
| Patient Centered Instruction CES/CAM | Year Round | All faculty | 80%/85%/90% | 100%/99%/98% | Continue |
| Risk Assessments | Second Year | Pam Edwards | 100% | 100% | Incorporated other risk assessment tools |
| Table Clinic Presentation | Fall Semester | All faculty | 80% or better using rubric | 88.39% | New rubric developed |

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| **Goal #4****Demonstrate professionalism in all aspects of dental hygiene care including the ability to make ethical decisions and apply critical thinking skills.**  |
|  | **When Measured** | **Who Measures** | **Expected Goal** | **Actual/ Met or did not meet** | **Resulting Action** |
| ADLEX Clinical | April | NERB | 100% | 96.7% | Calculus detection comp was redesigned and required in both semesters |
| Critical Thinking CES/CAM | Year Round | All faculty | 80%/85%/90% | 95%/96%/95% | Continue |
| Ethical/Legal Case Presentation | Fall Semester | Larson | 100% participation in discussion forum | 100% participation in discussion forum | Move to DEH 1102 by 2015 |
| Patient Surveys | Year Round | Office Manager | 90% positive | 95% positive | Continue |
| Resume/Cover Letter Assignment | Spring Semester | Raffee | 80% after second attempt | 100% | Implemented peer reviews before submission. |
| Student Research and Copyright Assignment | Fall Semester | Hemphill | 80% | 60% | Students had to rewrite research paper to eliminate plagiarism |

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| **Goal #5****Display a professional commitment to continuing education and life-long learning.**  |
|  | **When Measured** | **Who Measures** | **Expected Goal** | **Actual/ Met or did not meet** | **Resulting Action** |
|  |  |  |  |  |  |
| Continuing Education courses through department | Year Round | Office Manager | 20 | 16 met | Continue to offer courses base on community demand |
| Instructor Evaluations by students | Year Round | Research and Analytic Records | 80% positive | All reported to Chair met expectation | Standardized Assessment evaluation forms |
| Mandatory ADHA component meeting | Spring Semester | Raffee | 100% | 100% | Continue |
| SADHA membership | Spring Semester | Larson | 100% | 100% | Continue |

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**Patient Care, Page 2**











| CURRICULUM MANAGEMENT PLAN |
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| PATIENT CARE 1. Demonstrate competence in the provision of contemporary dental hygiene services including preventive, therapeutic and maintenance care based on individual patient needs. |
| **PLAN →** | **DO →** | **STUDY →** | **ACT →** |  |
| **Program Outcomes / Core Competencies** | **Related Courses** | **Key Performance Indicators** | **Outcomes/Results 2010-2011** | **Curricular Continuous Improvement Targets** **2011-2012** | **Assessment Interval** |
|  | ALH 104, 220BIO 141, 142, 143, 205CHE 122COM 211DEH 103, 105, 106, 111, 112, 113, 120, 125, 135, 155, 156, 157, 165, 210, 211, 212, 213, 215, 220, 235, 236, 250, 253, 255 | **Accreditation**: Standards, Self-Study, Recommendations, Suggestions | Accreditation site visit planned for 2013 | Self-study assignments made (full-time faculty) | Annually at curriculum review; scheduled for spring quarter 2012All FTF |
|  |  | **National Board Dental Hygiene Examination** scores and national average comparisons | SCC pass rate= 100% | Continue to assess National Board preparedness using scores and student feedback | AnnuallyAll FTF |
|  |  |  |  | Students and faculty continue to attend board review | Annual debriefing at Spring quarter curriculum reviewALL FTE |
|  |  | **ADEX Clinical Exam (Clinical and Computer Simulated)** (administered by NERB) scores and rank: | 100 % pass in all categories | Continue Mock Board Continue to host ADEX exam. Next exam date is May 17, 2012 | Annually(Edwards)Annually(Edwards) |
|  |  | **Curriculum Review and Semester Conversion** | All master course templates and course outcomes (including general education outcomes) have been developed for semester conversion and entered into CMT | Course syllabi and schedules will be developed to begin the semester conversion effective fall, 2012 | End of term course review conducted. Scheduled for Spring quarter curriculum review. ALL FTF |
|  |  | **Faculty Retreat****(mandatory attendance)** | Program and course updates. New products and equipment. Calibration exercises conducted. | Continue to utilize a variety of clinical exercises with faculty interaction for on-going calibration using actual clinical scenarios.  | Annually at fall semester retreatAll FTF and Adjunct |
|  |  | **CES/CAM**  | All students met per term proficiencies | Continue  | Review weekly, midterm, end of term(Edwards/Hutchinson) |
|  |  | **Skills Assessments****Both formative and summative** | All students passed with 80% or better | Continue to revise, design, and implement assessment instruments | Annually at curriculum review.All FTF |
|  |  | **Faculty/Course Evaluations** | All faculty must participate in process | Results utilized for improved teaching and learning | Per termAll FT and adjunct faculty |
|  |  | **Quality Assurance: Product chart audit** |  Four out of 28 charts did not have a recall dates; four out of 28 charts had not been signed by faculty; Red/blue dots not on outside of three charts (medical/allergy alert); one HIPPA form not signed | Calibration exercises for faculty retreat planned. Audit report sent to all faculty. Faculty to review all charts before filing at end of clinic day. Issues discussed with students.All faculty will take part in chart audit in the future. | Per termAll Faculty |
|  |  | **Quality Assurance: Patient Satisfaction Survey** | Results continue to reveal a high degree of satisfaction | Continue to administer and collect data | Per termEdwards/Hutchinson |
|  |  | **Quality Assurance: Radiology Daily Log Book** | All exposed images assessed by students and evaluated by calibrated RAD faculty | On-going | Per Term(Hemphill, Leverich, and Bonn) |
|  |  | **Legislative mandates/OSDB rulings** | Hygienists will now be permitted to administer nitrous oxide sedation and dental assistants will be able to monitor its use | CE courses will be developed for the dental community and content added to the dental hygiene curriculum. | Dr. Holliday is developing these courses to be offered fall, 2011Courses will be offered as demand dictates |
|  |  | **Research Findings** | Continue to research new clinical products for inclusion in clinical treatment | Incorporated Enamel Pro Varnish with ACP, Colgate ProRelief, and others  | Per Term and AnnuallyAll Faculty |
|  |  | **Alumni/Employer Surveys** | 100% of graduates “satisfied” or “very satisfied“ in career.  | Continue to conduct these and 2nd year exit interview. | AnnuallyRaffee and Edwards |
|  |  | **Advisory Committee Feedback** | Indicates satisfaction | Continue to a collaborative working relationship with committee | AnnuallyRaffee, and all faculty |

| CURRICULUM MANAGEMENT PLAN |
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| COMMUNITY INVOLVEMENT2. Develop an understanding and appreciation for a diverse society in the design, development and delivery of services to address the oral health needs of local and global communities. |
| **PLAN →** | **DO →** | **STUDY →** | **ACT →** |  |
| **Program Outcomes / Core Competencies** | **Related Courses** | **Key Performance Indicators** | **Outcomes/Results 2010-2011** | **Curricular Continuous Improvement Targets** **2011-2012** | **Assessment Interval** |
|  | ALH 104DEH 105, 106, 120, 156, 157, 165, 211, 212, 213, 235, 236, 255ENG 111, 112PSY 119COM 211SOC 111 or HUM xxx | **Service Learning**  | SCC’s Service Learning Coordinator: feedback from data indicates satisfaction from community partners, students and faculty | Continue to survey and evaluate data to facilitate on-going collaborative community relationships and associated projects | Annually (Hemphill) |
|  |  | **Community Service** | Faculty tracking and assessment indicates diverse and worthwhile student focus and participation | Continue to pursue innovative projects and initiative with new and existing community partners | Per term(Hemphill) |
|  |  | **Make a Difference Day** | Data from service learning coordinator indicates satisfaction with programs and student involvement. Students report positive experiences | Continue to support and participate in this community-wide event | Annually(Hemphill) |
|  |  | **Departmental Community Outreach:**Levin Health Fair | Feedback indicates positive community/departmental Interface and optimal student experiences | Continue departmental commitment to this vital community initiative and pursue on-going vendor support | Annually(Hemphill) |
|  |  | Give Kids a Smile DayHeadstartSpecial Groups, etc. | Data submitted to the Ohio Dental Association has earned the department recognition in the state for our commitment to GKAS day for providing preventive services on this annual event | Continue to collaborative with the ODA, faculty, students and staff for this event | Annually(Edwards and Hutchinson) |
|  |  | HeadstartSpecial Groups, etc. | Data supports on-going preventive services for approximately 100 children and other groups annually | Continue to offer dental hygiene services during fall, winter and spring quarter | Per Term(Edwards/Hutchinson) |
|  |  | **Curriculum-based (clinical) community commitment** | Data collection indicates a diverse patient population (special needs, medically compromised, geriatric, economically disadvantaged, etc.) receiving dental hygiene services | Continue to support diverse patient populations for clinical services and optimal student learning experiences.Continue to track referral sources and zip code data | Annually(Edwards/Hutchinson) |
|  |  | Patient Satisfaction Survey | Indicates a high level of patient satisfaction with dental hygiene services | Continue to collect and analyze survey data per term | Per Term(Edwards/Hutchinson) |
|  |  | CES/CAM evaluation of student performance  | Indicates proficient performance with a diverse patient population pool | Continue evaluation process | Each clinic day(All clinical faculty) |
|  |  | **Accreditation Standards** | Compliant in all related standards | Continue to monitor | Per TermAt Curriculum Review And Annually at retreat(All Faculty) |

| CURRICULUM MANAGEMENT PLAN |
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| HEALTH PROMOTION AND DISEASE PREVENTION3. Demonstrate the ability to effectively communicate with patients, healthcare providers and the public regarding the significance of dental hygiene care and overall health. |
| **PLAN →** | **DO →** | **STUDY →** | **ACT →** |  |
| **Program Outcomes / Core Competencies** | **Related Courses** | **Key Performance Indicators** | **Outcomes/Results 2010-2011** | **Curricular Continuous Improvement Targets** **2011-2012** | **Assessment Interval** |
|  | ALH 104DEH 105, 106, 111, 112, 113, 120, 125, 155, 156, 157, 165, 210, 211, 212, 213, 215, 235, 236, 250, 253, 255ENG 111, 112PSY 119COM 211 | **Dental Hygiene Research Project** | Students completed projects with an 80% or better per data collected from evaluation rubrics | Continue to engage students in the evidence-based research process  | Annually (Hemphill and Full-Time Faculty) |
|  |  | **Table Clinic Presentations** | Full-time faculty mentor and evaluate students assigned to them. Peer mentoring and evaluation is an integral part of the process. Students presented locally and at the state level. All students completed table clinic with proficiency. | Continue to have students participate in the design, development and delivery of table clinics based on evidence-based research | Annually(Hemphill and all Full-time Faculty) |
|  |  | **Bulletin Board Displays** | Earning community service credit, students develop health promotion, disease prevention displays for college community. Anecdotal comments from patients, faulty, staff and administration are positive and encourage this educational medium. | Continue to facilitate this process which supports the dissemination of vital health promotion and disease prevention educational topics. | Per Term(Hemphill and All Full-Time Faculty) |
|  |
|  |  | **Clinic Initiatives:****See Below** |  |  |  |
|  |  | Give Kids a Smile Day and Headstart preventive care | Provided preventive and diagnostic services to approximately 100 children | Continue to offer preventive and diagnostic (clinic DDS) for area at-risk children | Fall, Winter and Spring quarters(Edwards, Hutchinson and all clinic faculty) |
|  |  | Patient Satisfaction Surveys | Data indicates a high degree of satisfaction | Continue to administer and analyze data | Per Term(Edwards/Hutchinson) |
|  |  | Skills Assessments:Blood glucose screening, calculus detection, instrumentation, vital signs, case presentations, etc. | All students earned proficient ratings on skill assessments | Continue to incorporate skills assessment that support educational goals | Per Term(Edwards and All Clinical Faculty) |
|  |  | CES/CAM Evaluations | All students earned overall proficient scores on dental hygiene services | Continue to utilize the CES/CAM system making revisions as needed for improvement | Per Term(Edwards and All Clinical Faculty) |
|  |  | **Accreditation Standards** | Compliant in all related standards | Continue to monitor performance with the standards | Annually(All Full-Time Faculty) |
|  |  | **Advisory Committee Feedback** | Meetings with advisory committee indicates satisfaction and support of the program | Continue to monitor | Annually (Raffee, Full-Time Faculty and Adjunct committee members) |

| CURRICULUM MANAGEMENT PLAN |
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| PROFESSIONALISM4. Demonstrate professionalism in all aspects of dental hygiene care including the ability to make ethical decisions and apply critical thinking skills. |
| **PLAN →** | **DO →** | **STUDY →** | **ACT →** |  |
| **Program Outcomes / Core Competencies** | **Related Courses** | **Key Performance Indicators** | **Outcomes/Results 2010-2011** | **Curricular Continuous Improvement Targets** **2011-2012** | **Assessment Interval** |
|  | ALH 104DEH 105, 106, 111, 112, 113, 120, 125, 135, 155, 156, 157, 210, 211, 212, 213, 215, 220, 235, 236, 250, 253COM 211 | **CES/CAM** Evaluations | Overall proficient scores on all dental hygiene services | Continue to analyze data to support optimal teaching and learning in the clinical setting | Weekly, Per Term and Annually(Edwards, Hutchinson and clinical faculty) |
|  |  | **Formative and Summative** Evaluations | All students earned proficient scores clinically and didactically  | On-going and dynamic aspect of the evaluation process | Per Term(All Faculty) |
|  |  | **Informal Faculty Observations** | Some inappropriate interactions with faculty by students demonstrating a lack of respect. Incidents are addressed on a case-by –case basis | Continue to role model professional behaviors (faculty) and maintain high expectations for professionalism in student behaviors | Per Term on a daily basis(All Faculty and Staff) |
|  |  | **Skills Assessments** | All students earned proficient scores (80% or better) | Continue to conduct assessments that focus on patient centered care | Per Term(Edwards and Clinical) |
|  |  | **Ethical/Legal Case Presentation** | Assessments in Intro to Dental Hygiene and Dental Hygiene Practice indicates comprehension of ADHA Code of Ethics and Ohio Laws and Rules | Continue to assess students level of understanding in Dental Hygiene Practice | Annually (Raffee) |
|  |  | **Student Research and Copyright Assignment** | Ethics as related copyrights and plagiarism is taught and evaluated in Dental Hygiene Research | Continue to evaluate students in the use of APA style guide to facilitate proper documentation of copyrighted materials | Annually(Hemphill) |
|  |  | **Case Presentations** | Rubrics and faculty feedback indicate proficient patients communication and care management  | Continue to have students incorporate PreVisor, AAP and CAMBRA risk assessments in patient assessment and patient-centered education | Per Term(Edwards, Larson and all clinical faculty) |
|  |  | **Curriculum Review** | Faculty discuss issues regarding student professionalism  | Strategies were implemented in an attempt to correct concerns | Annually(All Full-time Faculty…This is communicated to all faculty at the faculty retreat) |
|  |  | **Resume/Cover Letter Assignment** | Rubrics indicated 80% or better with peer and faculty evaluation | Continue in Dental Hygiene Practice in spring term of 2nd year | Annually(Raffee) |
|  |  | **SADHA Membership and related initiatives** | 100% participation of 1st and 2nd year student with faculty mentoring with associated projects and activities | Continue with each new class | Per Term(Hemphill) |
|  |  | **Patient Satisfaction Survey** | Indicates a high level of satisfaction with dental hygiene services | Continue to administer, evaluate and monitor | Per Term(Edwards/Hutchinson) |
|  |  | **Employer Satisfaction Survey** | Indicates a high level of satisfaction with SCC graduates | Continue to evaluate and monitor | Annually(Raffee/Hutchinson) |

| CURRICULUM MANAGEMENT PLAN |
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| PROFESSIONAL GROWTH AND DEVELOPMENT5. Display a professional commitment to continuing education and life-long learning. |
| **PLAN →** | **DO →** | **STUDY →** | **ACT →** |  |
| **Program Outcomes / Core Competencies** | **Related Courses** | **Key Performance Indicators** | **Outcomes/Results 2010-2011** | **Curricular Continuous Improvement Targets** **2011-2012** | **Assessment Interval** |
|  | DEH 105, 165, 210, 211, 212, 213, 215, 220, 250, 253, 255 | **Professional Mission Assignment** | Indicates student realize the importance of continuing education and on-going professional development with a commitment to life-long learning being key to career satisfaction and opportunities | Continue with written assignment and in-class discussion | Annually(Edwards) |
|  |  | **Ohio Revised Code and CE requirements** | 24 CEU’s are required for licensure renewal. Students are made aware of this throughout the curriculum | Continue with each class | Ongoing (Raffee and All Faculty) |
|  |  | **Alumni Survey** | Graduate involvement in the local and state professional organizations continues to enrich careers. Each year graduates assume leadership roles in DDHA and ODHA | Continue to collaborate with DDHA and ODHA to promote student membership conversion to full membership | Annually(Raffee and All Faculty) |
|  |  |  |  |  |  |
| CURRICULUM MANAGEMENT PLAN |
| PROFESSIONAL GROWTH AND DEVELOPMENT5. Display a professional commitment to continuing education and life-long learning. |
| **PLAN →** | **DO →** | **STUDY →** | **ACT →** |  |
| **Program Outcomes / Core Competencies** | **Related Courses** | **Key Performance Indicators** | **Outcomes/Results 2010-2011** | **Curricular Continuous Improvement Targets** **2011-2012** | **Assessment Interval** |
|  |  | **CE** Information/Registration on website and social media page | Ongoing multiple CE’s offered throughout the academic year | Continue to target area dental professionals with career-building educational opportunities  | Ongoing(All Faculty) |
|  |  | **Full-Time Faculty are ADHA or ADA members**. Students are required to attend local and state association meetings | Provides students with opportunities to work with seasoned professionals to attain career goals and engage in professional growth initiatives | Continue to role model commitment to our respective professional association(s) through 100% membership.Develop strategies to increase adjunct membership to 100% | Ongoing(All Full-Time Faculty) |