**Sinclair Community College**

**Continuous Improvement Annual Update 2014-15**

**Please submit to your Division Assessment Coordinator / Learning Liaison for feedback no later than March 1, 2015**

**After receiving feedback from your Division Assessment Coordinator, please revise accordingly and make the final submission to your dean and the Provost’s Office no later than May 1, 2015**

**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?*

Trends and Factors

The first Department Trend Data that I received FY 13-14 showed 59 students completed degrees or short term certificates. I immediately knew this was inaccurate. We graduated 23 dental hygiene degree students and 45 EFDA. STC. After meeting with Jared Cutler, we discovered that 8 Expanded Functions for Dental Auxiliaries (EFDA) STC. were missing from the data (for a total of 45 students). This information was shared with Candace Moody who corrected the problem. She also added EFDA to her list to check at the end of Spring term to verify everyone has the certificate on record and we are graduating them for future. This table is now correct for trend data FY13-14 at 67.

I became interim chair in 8/2011 and the annual update was new for me. Therefore, I overlooked and now question the data for FY 09-10, FY 10-11 and FY 11-12. I am certain those counts are low as well. I tried to search the data for these years with limited success. FY 10-11 the count should read 67 (40 EFDA.STC and 27 dental hygiene students).

I was unsuccessful in finding the number of graduated EFDA.STC students in FY 09-10. However, I would guess the count to be near 40 based on our class sizes when I was teaching in the program. We graduated 27 dental hygiene degree students. The total would be higher than the 57 and should read approximately 67 total students.

I was also unsuccessful in finding the number of graduated EFDA.STC students in FY 11-12. Again, based on the reason stated above, our count was approximately near 40 graduated EFDA.STC. students and 25 dental hygiene degree students. The total would be higher than the 58 displayed and should read approximately 65 total students.

External factors noted that our numbers have gone down since 07-08 when the recession hit but have remained steady since the initial dip. The EFDA.STC is not financial aid eligible. These students must be employed in a dental office where they complete their clinicals. Employer dentists would sometimes support the cost of the program for these auxiliaries but many students pay for the cost of the program themselves. Financial costs are a key reason associated with enrolling in the EFDA.STC program. Additionally, Miami Jacobs instituted an EFDA program 3 years ago located in Springboro. It is reasonable to assume that Sinclair would have absorbed those students prior to Miami Jacobs EFDA program. The closest program to Sinclair previously was Ohio State.

Actions and Strategies

Internal factors reveal that we graduate fewer dental hygiene students on semesters than quarters. This is due to the heavy science based curriculum that combines challenging courses in the same semester. The dental hygiene program is dedicated to providing a student-centered learning environment on preparing students to succeed in the licensed practice of dental hygiene. Actions taken (but not limited to):

* We implement a very detailed orientation that describes the rigors of the program and strategies for success. This more detailed orientation was implemented in 2013.
* We work closely with Brenda Smith. All students must meet with Brenda for a counseling session before they start the program. If we identify a personal struggle, we will suggest that the student meet with Brenda again. We have been doing this before my tenure as chairperson.
* The department also instituted an early academic advising strategy using a standard tool that was implemented this year by faculty. This occurs around midterms in Fall Semester of the first year. The tool helps us to identify weaknesses and counsel students based on the information gathered. It also calibrates the faculty so that we are advising students the same.
* There are multiple opportunities for open lab for students to practice their skills to meet preclinical and clinical competency. We post open labs and encourage all students to take advantage. Starting fall, 2015, I am referring students to take advantage of the BIOSIS lab to help review their head and neck anatomy (DEH 1202).
* Faculty are very open to helping students who struggle with academic material. We have a dedicated faculty who have always worked with students who asked for additional support.
* We seek the advice of outside experts and disability services when we identify students having difficulties being successful in our program due to limitations. The department values outside advice and are very comfortable seeking expert advice.

Our program is open enrollment and we have a 3+year waitlist. Students are strongly encouraged to take all non DEH courses and to save money as the program is expensive. Students are warned not to work while in the program because it is a fulltime commitment. Nevertheless, students enter the program not financially prepared and continue to work which causes them to be unsuccessful. Also, students have many outside distractions and family issues which sometimes impedes their success. Lastly, many students make a personal decision to leave the program because they don’t like dental hygiene once they enter the program.

The Dental Hygiene program incorporated the AAAA model as an optional process for entry to the technical courses with limited enrollment, effective Fall 2008. The AAAA program was developed to encourage students to be highly successful in general education/division specific courses taken prior to entry into the limited enrollment courses. Students demonstrating academic excellence are rewarded by accelerated entrance into the Dental Hygiene limited enrollment courses. We can admit up to 50% of entering students each semester based on academic achievement rather than placement on the waiting list. We have just started to track if AAAA students are more successful than non-AAAA. We admitted 18 AAAA students in Fall 2014. We lost 12 first year students throughout the first semester. Five students withdrew for personal reasons. One student was dismissed for academic dishonesty which led to failing a course. Seven students failed one or more DEH courses in the first semester. Of the 12 students that we lost, 3 students were AAAA status.

We are also piloting the TEAS test. After 3 years, we will determine a cut score for admission to recruit candidates who are more likely to be successful.

We are currently working on a Dental Assisting.STC program to help us balance the trends in the department when enrollment dips in one area or the other. This program should be ready to roll out by Spring 2016. These are the many strategies that the department employs when looking at completions in our department

**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.

DEH 1102 success rate improved by 10% from the previous year.

DEH 1202 success rate declined by 20% from the previous year

DEH 1204 success rate improved by 12% from the previous year

DEH 1206 success rate improved by .3% from the previous year

DEH 1302 success rate declined by .2% from the previous year

DEH 1304 success rate declined by 13% from the previous year

DEH 1306 success rate declined by 4% from the previous year

DEH 1308 success rate improved by 13% from the previous year

DEH 1102 is a prerequisite course to get into the program. This course is also taken by students who want to explore dental as a possible career. We have changed the weight for quizzes for mastery learning and encourage students with emails and private meetings to be successful. This was implemented in Fall 2014 and we have seen improved success in this course.

The other DEH courses listed above are **first year courses** where we typically see the highest rate of attrition due to the rigor of the dental science courses and the difficulty of the course curriculum. It is not unusual to see fluctuation between these courses as many of them are taken in the same semester which are heavily science based. Students are also not retaining previous content from prerequisite courses.

The other DEH courses in the Appendix show successful completion rates at 100%.

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.)

Below is our Graduate/Exit Survey for the Class of 2014 distributed just prior to graduation. We had a 100% pass rate on National Boards, Regional Computer and Clinical boards and the State law exam on the first attempt. We are in process of collecting Alumni data. Employer surveys will follow later in the Spring.

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| **GRADUATE / EXIT SURVEY** |
| **1. Gender** |
|  a. Male |
|  b. Female |
| **2. Age** |
|  a. Under twenty |
|  b. 20-25 |
|  c. 26-35 |
|  d. Over 35 |
| **3. Marital Status:** |
|  a. Married |
|  b. Single |
|  c. Divorced |
|   |
| **4. Number of Children:** |
|  a. 0 |
|  b. 1 |
|  c. 2 |
|  d. 3 |
|  e. 4 or more |
| **5. What was the PRIMARY reason you selected the dental hygiene program at Sinclair Community College?** |
|  a. Advertisements |
|  b. Reputation |
|  c. Location |
|  d. Tuition rates |
|  e. Referral |
| **6. Are you satisfied with the education you received from Sinclair Community College?** |
|  a. Very satisfied |
|  b. Satisfied |
|  c. Dissatisfied |
|  d. Very dissatisfied |
| **7. Do you feel you were prepared for the Dental Hygiene National Boards?** |
|  a. Very prepared |
|  b. Adequately prepared |
|  c. Unprepared |
| **8. Do you feel you were prepared for the Northeast Regional Board Exam?** |
|  a. Very prepared |
|  b. Adequately prepared |
|  c. Unprepared |
| **9. Do you believe you are prepared for employment as a dental hygienist?** |
|  a. Very prepared |
|  b. Adequately prepared |
|  c. Unprepared |
| **10. If you had to do it all over, would you choose Sinclair Community College as** |
| **your dental hygiene program?** |
|  a. Yes |
|  b. No |
|  \*comment of number of respondent "because of the wait list" |
|  c. Undecided |
| **11. Do you believe the dental hygiene faculty prioritizes student learning in the classroom/** |
| **lab/clinic?** |
|  a. Highly |
|  b. Somewhat |
|  c. Not at all |
| **12. Are you satisfied with the facilities (classroom, lab and clinic) that Sinclair Community** |
| **College provides dental hygiene students?** |
|  a. Very satisfied |
|  b. Satisfied |
|  c. Dissatisfied |
|  d. Very dissatisfied |
| **13. Do you believe the dental hygiene staff prioritizes students' needs?** |
|  a. Highly |
|  b. Somewhat |
|  c. Not at all |
| **2014 RESPONSES** |
| **14. What are the strengths of the dental hygiene program at Sinclair Community College?** |
| \*Factual information of subjects are very up to date |
| \*Variety of Instructors, preparation of students for professionalism. |
| \*Facilities, staff. |
| \*The amount of clinic times, the facilities available, faculty. |
| \*I feel that I am prepared for any situation that the "Real World" could throw at me. "Clinic" at Sinclair is tough and  |
| rigorous however, I can handle any patient with any situation. Really appreciate the chair, Sue Raffee and the clinic  |
| coordinator, Pam Edwards. They want to see successful students.  |
| \*The fantastic facility we have here at Sinclair and the wonderful faculty. The hours we got in clinic was a huge benefit |
| to my learning.  |
| **\***Very hands on. The faculty are or were hygienists so I feel they can related a lot. I feel that I have learned so much |
| in the last 2 years which has been such a confidence booster for me personally.  |
| **\***They make sure that you are very well prepared. Dr. Holliday is an amazing teacher. |
| **\***This dental hygiene program is very organized and focused on the success of each student. Every faculty member |
| is helpful and cares about their students. The education I have received is well worth the 5 semesters of learning. I |
| would recommend this program to anyone.  |
| \*Great clinical experience. |
| \*Having clinic three days a week. Professionalism of instructors. |
| \*Amount of times spent in clinic (3 days a week). Starting our summer clinic with friends & family as patients not the |
| general public (this prepared us for the public). |
| \*Variety and difficulty of clinical experience. |
| \*They have an excellent knowledgeable staff. The clinic and SIMS lab are awesome for student practice.  |
| \*Dr. Holliday. Great clinic staff. Teachers (classroom) ability to teach material in a way we understand. |
| \*Strengths: The faculty was very helpful and knowledgeable. The facility & technology. The Clinic was excellent. |
| \*Clinic |
| \*Staff is very well informed on what they need to teach and what we need to know. |
| \*The instructors try to fully prepare you for all the boards, especially with anatomy and landmarks. |
| \*Nice clinic. |
| **15. Do you have any recommendation for the program?** |
| \*Radiology lecture should be better organized. Dental materials should be during summer semester to lighten fall work |
| load and so students have more time to apply sealants.  |
| \*Better grading system for practical skills. |
| \*Reevaluate the clinic points system.  |
| Clinic faculty needs to be calibrated. |
| \*The staff should come up with ways to relieve the pressure and stress of the program for students. More encouragement |
| instead of degrading comments. |
| \*No |
| \*Make clinic grading system more consistent and reflective of student's skills. |
| \*Amount of wastes of products: setting up as 1st years and using supplied that aren’t needed that day. |
| \*Increase calibration of clinic instructors (part time). |
| \*Calibrate & reevaluate the clinic grading system. I believe you should earn points daily so it doesn’t not effect your |
| your grade so drastically when you lose points one day.  |
| \*Clinic point system. |
| \*The grading system in clinic needs to be updated.  |
| \*None |
| \*Clinic grading system needs to change. In multiple areas you can only lose points and not gain them. Also some  |
| of the staff loves drama and it causes a lot of unneeded extra stress on the students. |
| \*Start dental materials in summer semester to give students more time to meet requirements.  |
| \*Some of the staff members (clinic instructors) could be more respectful to the students.  |

**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.

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| **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 [ ] Completed **X**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.**1/24/15: This goal and revisions discussed above have been completed in our 73 credit hour program. We are satisfied that our curriculum was an improvement for the students. However, we are at another crossroad to reduce our program’s credit hours to 65 (or more if we receive OBOR approval.) We are currently working on a very difficult 65 credit hour program and a 70 credit hour program. As of this writing, we do not know what direction the OBOR will want us to take.** |

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.**1/24/15: Dr. Holliday will be retiring at the end of Spring Semester 2015. He will return in the Fall Semester for supplemental teaching. We expect to post his position before the end of the current semester.** **Dr. Holliday is putting his course material on a flash drive for the new DDS and will also house it on our shared drive. He will mentor the new DDS on his courses which are the most difficult ones in our curriculum and turn them over methodically so as not to overload the new DDS.** **We have created a template that illustrates what courses the new DDS will teach in the next academic year. Sue Raffee and Pam Edwards have taken over much of the lecture responsibility in DEH 2502/2503. The new DDS will also be the course director with lecture/lab responsibilities in DEH 2502/2503.****Cynthia Leverich responsibilities have changed as she is with us on a limited basis and is teaching fulltime at OSU.****I am optimistic that we will have an effective transition.** |
| 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 [ ] Completed [ ] No longer applicable **X** | 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.**1/24/15: This recommendation is reviewed annually as suggested and the department is ready to flex if adjustments are needed.**  |
| 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 XCompleted [ ] 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.**1/24/15: Fall of 2015 we will admit our second group of students who took the TEAS making this goal in progress.****We have become more paperless (90%) in the clinic by using EagleSoft dental software more extensively. This better prepares the students for private practices where paper patient records are no longer used. This was a very labor intensive goal as I developed electronic documents to use for teaching purposes that previously was documented on paper. We will inch a step closer in Fall 2015 to paperless patient records as we implement electronic progress notes.** **Our student manual is now updated annually for accuracy. This benefits the students as changes are ever-changing and the manual is an important piece of understanding policies and procedures for the students.****We have been understaffed beginning in January 2013 when our office manager Judy Fronsoe took a medical retirement. She was replaced with Stephany Elworth who was hired in May 2013 who was assigned 30 hours in our department as an administrative assistant and 10 hours in ALH.** **Sonya Hutchinson, our fulltime administrative assistant became ill in May 2014 and has since medically retired. We hired a recent graduate in late September as a temp to work 3 days a week. She is currently with us less than 3 days a week due to active guard duty and her new dental hygiene job.** **Due to all the changes, it is difficult to maintain daily operations and the addition of new goals is difficult. The biggest objective of the department is to get back to some normalcy. The plan as of this writing will be to reorganize the department with a fulltime administrative assistant and a 28 hour week administrative assistant.** |
| 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. **1/24/15: The Dental Health Science department is committed to upgrading technology annually.** **We work closely with IT on a weekly basis to keep up with the repairs of our computer related equipment.****Each clinic cubicle (20) has been upgraded with USB ports and cables for the use of intraoral cameras which are now used extensively in private practice giving the students more learning opportunities with this technology.****We are committed to upgrading our radiology department over the next several years using sensor technology which has now become the gold standard in digital dental offices for dental x-rays. We are aware that our students do not have enough learning opportunities in that area.**  |
| 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 [ ]  | 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.**1/24/15: The department has not come to a decision on competitive admission. We will continue to track TEAS and other proactive means to increase retention before making any decision towards competitive admissions. This is in keeping with the philosophy of being a community college with an open enrollment policy.** |

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| Please respond to the following items regarding external program accreditation. |
| **Date of Most Recent Program Accreditation Review** | Date of most recent accreditation review: 9/12-13/2013**OR**[ ]  Programs in this department do not have external accreditation  |
| **Please describe any issues or recommendations from your last accreditation review (if applicable)** | There were no recommendations from our last accreditation site visit. The Commission on Dental Accreditation granted the program accreditation status of “approval without reporting requirements.” The next site visit is scheduled for 2020. |
| **Please describe progress made on any issues or recommendations from your last accreditation review (if applicable)** | N/A |

**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**.

**PLEASE NOTE – FOR THE NEXT TWO YEARS, GENERAL EDUCATION OUTCOME ASSESSMENT WILL BE TEMPORARILY POSTPONED. WE WOULD ASK THAT IN THIS ANNUAL UPDATE YOU IDENTIFY AT LEAST ONE COURSE IN YOUR DEGREE PROGRAM(S) WHERE ASSESSEMENT AT THE MASTERY LEVEL WILL OCCUR FOR THE FOLLOWING THREE GENERAL EDUCATION OUTCOMES:**

* **CRITICAL THINKING/PROBLEM SOLVING**
* **INFORMATION LITERACY**
* **COMPUTER LITERACY**

**NOTE THAT THERE WILL NEED TO BE AT LEAST ONE EXAM / ASSIGNMENT / ACTIVITY IN THIS COURSE THAT CAN BE USED TO ASSESS MASTERY OF THE COMPETENCY.**

**YOU MAY ALSO SUBMIT ASSESSMENT RESULTS FOR THESE GENERAL EDUCATION COMPETENCIES IF YOU HAVE THEM, BUT IT WILL BE CONSIDERED OPTIONAL**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Education Outcomes** | To which degree(s) is this program outcome related? | Year courses identified where mastery of general education competency will be assessed. | PLEASE INDICATE AT LEAST ONE COURSE WHERE MASTERY OF THE COMPETENCY WILL BE ASSESSED FOR EACH OF YOUR DEGREE PROGRAMS | What were the assessment results for this General Education competency? (Please provide brief summary data)**NOTE: - THIS IS OPTIONAL FOR THE FY 2014-15 AND FY 2015-16 ANNUAL UPDATES** |
| Critical Thinking/Problem Solving | All programs | **2014-2015** | DEH 2603 Dental Hygiene Clinic III | **Case Presentation**-The student will select one of their patients that they completed treatment and deliver an oral presentation to their assigned faculty member. The faculty looks for the following outcomes (listed below) and grades on a 4 point scale using a standardized rubric. The student will identify the case, use charts and radiographs to represent the case. Identifies causes and effects of their oral disease and clearly defines the treatment and results.The students will demonstrate Critical Thinking/Problem Solving by:Organizing and delivering the presentation in a logical way.Assessment: Includes medical history diagnostics and all assessment findings.Effective dialogue re: interpretation of patient specific radiographic findings.Planning: includes treatment planning, rationale, and appropriate codes.Implementation: includes dental hygiene procedures by appointment date.Evaluation: includes outcomes, prognosis and self-evaluation. |
| Information Literacy | All programs | **2014-2015** | DEH 2504 Dental Hygiene Research | The student will prepare a **Research Paper with Annotated Bibliography** using scholarly and peer reviewed resources. The student will integrate information from multiple sources that support their oral health topic. This research paper will support their table clinic which will be developed and delivered at our Ohio Dental Hygiene Association Annual Session. The student will orally deliver their message to a professional audience.The student will be assessed in Information literacy using a rubric that demonstrates effective research strategies, organizing the information accurately and ethically.  |
| Computer Literacy | All programs | **2014-2015** | DEH 2603 Dental Hygiene Clinic III | **Mastery of EagleSoft Dental Software** for electronic patient records.The student will be assessed in Computer literacy by exhibiting knowledge of ethical behavior in the use of a computer, hardware and dental software. The student will also be assessed by completing the electronic record accurately at a level considered proficient by the dental profession. This CESCAM evaluation tool used in dental hygiene process of care evaluation serves as the tool for assisting faculty in demonstrating competency.  |
| Values/Citizenship/Community | All programs | **2015-2016** | Due in FY 2015-16 |  |
| Oral Communication | All programs | **N/A** | COM 2206/2211 |  |
| Written Communication | All programs | **N/A** | ENG 1101 |  |
| Are changes planned as a result of the assessment of general education outcomes? If so, what are those changes | **OPTIONAL FOR FY 2014-15**There are no planned changes |
| How will you determine whether those changes had an impact?  | **OPTIONAL FOR FY 2014-15. Continue to monitor our assessment methods annually.** |

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| --- | --- | --- | --- | --- |
| **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****1/24/2015**We have implemented an Outcomes Assessment Matrix as the basis for assessment planning. Additionally, our CESCAM evaluation tool serves as a tool to assess our students clinically. | 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.**1/24/2015**All students must progress throughout the program in clinical competency. Our main tool is the CESCAM evaluation tool as mentioned above. Our board pass rates for 2014 were 100% on the national board, the computer simulated and clinical NERB now known as Commission on Dental Competency Assessments (CDCA). The Ohio State Jurisprudence exam was successfully passed at a 100% pass rate.These were all first attempts. |
| 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****1/24/2015**Successful demonstration of skill proficiencies as assessed by clinical faculty. | 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. **1/24/2015**Students must pass preclinic on all skills assessments on two attempts to continue in the program in year one. We will continue to use the CESCAM tool for assessment in clinic. All second year students graduate upon meeting established competencies. |
| 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****1/24/2015**Formative and Summative assessment by faculty using standard rubrics where appropriate. | 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.**1/24/2015**Students continue to complete projects at 80% or better. Table clinic presentations at the dental hygiene annual session in fall 2014 indicated a 94% average grade. |
| 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****1/24/2015**Both in-class and community learning experiences are essential components in fulfilling course objectives. Outside learning can serve as a laboratory to test theories and skills. Experiential learning is a grading component of the program and it includes community service and service-learning opportunities (definitions below). Prior to graduation each student will invest at least 16 hours in the community by participating in the experiential learning opportunities listed below. Potential outcomes include:1. Gaining knowledge of communities,
2. Refining communication skills (verbal and non-verbal)
3. Practicing leadership skills, and
4. Identifying the outcome of providing service.
 | 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%.**1/24/15**We have maintained the same results as the last annual report. Faculty tracking and assessment of students’ community service and service learning projects completed at 80% or better. 100% student participation in “Give Kids a Smile Day” and “Celebrating Life and Health” health fair. We also had 100% participation in the Life and Health Science Career Fair by second year students. |
| 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****1/24/2015**Successful demonstration of students using formative and summative evaluation. | •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**1/24/2014**100% of our students participate in the Student Dental Hygiene Association.100% of our students attended a local Dayton Dental Hygiene Association meeting in DEH 2604.16 out of 23 second year students attended an additional component meeting for extra credit. |

|  |  |
| --- | --- |
| **Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?**  | No changes are planned |
| **How will you determine whether those changes had an impact?**  | Monitor our national and regional board scores to help us determine impact of our assessment methods. |

**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 | FY 13-14 |
| HS | 0671 | Dental Health Sciences | DEH.AAS | 26 | 26 | 26 | 26 | 26 | . | . |
| HS | 0671 | Dental Health Sciences | DEH.S.AAS | . | . | . | . | . | 27 | 23 |
| HS | 0671 | Dental Health Sciences | DEHSC.STC | 61 | 41 | 31 | 28 | 32 | . | . |
| HS | 0671 | Dental Health Sciences | EFDA.S.STC | . | . | . | . | . | 45 | 44 |

**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** | **FY 13-14** |
| 0671 | Dental Health Sciences | DEH-100 |  | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-101 |   | 82.9% | 90.3% | 94.1% | 96.8% | 93.9% | . | . |
| 0671 | Dental Health Sciences | DEH-103 |  | 77.1% | 84.4% | 87.9% | 93.5% | 84.8% | . | . |
| 0671 | Dental Health Sciences | DEH-104 |   | 100.0% | 100.0% | 88.2% | 94.4% | 95.6% | 95.3% | . |
| 0671 | Dental Health Sciences | DEH-105 |  | 93.9% | 96.7% | 97.0% | 96.7% | 93.9% | . | . |
| 0671 | Dental Health Sciences | DEH-106 |   | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-109 |  | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-1102 |   | . | . | . | . | . | 65.3% | 72.0% |
| 0671 | Dental Health Sciences | DEH-111 |  | 96.6% | 100.0% | 100.0% | 96.3% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-112 |   | 96.2% | 100.0% | 100.0% | 93.1% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-113 |  | 100.0% | 100.0% | 96.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Health Sciences | DEH-117 |   | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-118 |  | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-120 |   | 67.5% | 62.1% | 72.2% | 71.8% | 70.5% | . | . |
| 0671 | Dental Health Sciences | DEH-1202 |  | . | . | . | . | . | 90.6% | 71.9% |
| 0671 | Dental Health Sciences | DEH-1203 |   | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-1204 |  | . | . | . | . | . | 81.3% | 91.2% |
| 0671 | Dental Health Sciences | DEH-1205 |   | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-1206 |  | . | . | . | . | . | 93.5% | 93.8% |
| 0671 | Dental Health Sciences | DEH-125 |   | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-1302 |  | . | . | . | . | . | 96.2% | 96.0% |
| 0671 | Dental Health Sciences | DEH-1304 |   | . | . | . | . | . | 88.5% | 76.5% |
| 0671 | Dental Health Sciences | DEH-1305 |  | . | . | . | . | . | 96.2% | 95.8% |
| 0671 | Dental Health Sciences | DEH-1306 |   | . | . | . | . | . | 96.2% | 92.0% |
| 0671 | Dental Health Sciences | DEH-1308 |  | . | . | . | . | . | 84.6% | 96.0% |
| 0671 | Dental Health Sciences | DEH-135 |   | 96.0% | 100.0% | 100.0% | 96.6% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-136 |  | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-155 |   | 88.9% | 96.4% | 87.1% | 93.5% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-156 |  | 96.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-157 |   | 100.0% | 100.0% | 100.0% | 96.4% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-165 |  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Health Sciences | DEH-170 |   | 95.8% | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-171 |  | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-210 |   | 92.6% | 96.0% | 100.0% | 100.0% | 92.3% | . | . |
| 0671 | Dental Health Sciences | DEH-211 |  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-212 |   | 100.0% | 100.0% | 100.0% | 95.8% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-213 |  | 100.0% | 100.0% | 100.0% | 96.3% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-215 |   | 96.4% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0671 | Dental Health Sciences | DEH-219 |  | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-220 |   | 96.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-221 |  | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-235 |   | 100.0% | 100.0% | 100.0% | 100.0% | 96.2% | . | . |
| 0671 | Dental Health Sciences | DEH-236 |  | 100.0% | 100.0% | 100.0% | 96.3% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-2402 |   | . | . | . | . | . | . | 100.0% |
| 0671 | Dental Health Sciences | DEH-2403 |  | . | . | . | . | . | . | 100.0% |
| 0671 | Dental Health Sciences | DEH-2405 |   | . | . | . | . | . | . | 100.0% |
| 0671 | Dental Health Sciences | DEH-247 |  | 100.0% | 97.9% | 100.0% | 100.0% | 95.6% | . | . |
| 0671 | Dental Health Sciences | DEH-248 |   | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-249 |  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-250 |   | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-2502 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0671 | Dental Health Sciences | DEH-2504 |   | . | . | . | . | . | 100.0% | 100.0% |
| 0671 | Dental Health Sciences | DEH-2506 |  | . | . | . | . | . | 96.3% | 100.0% |
| 0671 | Dental Health Sciences | DEH-2508 |   | . | . | . | . | . | 100.0% | 100.0% |
| 0671 | Dental Health Sciences | DEH-2509 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0671 | Dental Health Sciences | DEH-253 |   | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-255 |  | 100.0% | 100.0% | 100.0% | 96.3% | 100.0% | . | . |
| 0671 | Dental Health Sciences | DEH-257 |   | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | DEH-2601 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0671 | Dental Health Sciences | DEH-2602 |   | . | . | . | . | . | 100.0% | 100.0% |
| 0671 | Dental Health Sciences | DEH-2603 |  | . | . | . | . | . | 100.0% | 100.0% |
| 0671 | Dental Health Sciences | DEH-2604 |   | . | . | . | . | . | 100.0% | 100.0% |
| 0671 | Dental Health Sciences | EFD-1102 |  | . | . | . | . | . | . | 100.0% |
| 0671 | Dental Health Sciences | EFD-1202 |   | . | . | . | . | . | 100.0% | 97.9% |
| 0671 | Dental Health Sciences | EFD-1203 |  | . | . | . | . | . | . | . |
| 0671 | Dental Health Sciences | EFD-1302 |   | . | . | . | . | . | 97.9% | 97.8% |
| 0671 | Dental Health Sciences | EFD-1303 |  | . | . | . | . | . | . | . |