

Administrative Program Review Response to the October 2008 Dental Hygiene Program Review
Prepared by Barbara VanAmerongen, Ret. DOI, SY Campus
February 15, 2010

Realizing that you have just this last week dealt with your CODA Accreditation site visit, I want to start my response by saying congratulations. I know, from talking with your Division Dean, John Saito, that there were minimal changes that you needed to implement in preparation and/or as a result of this accreditation. I'm not surprised. Your program review in October, 2008 was exemplary. So it only follows that your accreditation visit would go well.

Your presentation was well prepared. The video was very well done. It was very thorough and offered the perspectives of a variety of stakeholders. It was demonstrative of the work that I read in your Program Review document. It was easy to read and understand, and carefully and clearly laid out both the positive and negative aspects of the program, the areas that you are proud of and those that you have concerns about. I'd like to address each of these:

Curriculum:

This is the ultimate strength of this program. And this strength lies in the Annual Curriculum Management Plan. This is an exemplary process, one that should be a model for other programs and disciplines. It is data driven and depends on data sources that span all of the stakeholders of the program: students, faculty, administration, employers, clients and other institutions offering DH programs. It is a program that is under continuous self-induced scrutiny with a result that there is broad-based **and** detailed planning, ongoing assessment, the implementation of new initiatives and further feedback. Without such a strong process, awareness of what's happening with competitive programs and decisions to implement projects such as the restorative care program would be lacking.

Faculty:

This program would not be the force that it is in the industry were it not for its strong Faculty and Director. Your resolve to maintain the quality of the program and to demand improvements in processes, facilities, equipment and software epitomizes your commitment to your students, the industry and the College. Faculty involvement is critical and apparent. It was wonderful to see, as I reread your PR document, the direct linkage between Professional Development opportunities that you availed yourselves to and the specific curricula changes that resulted. The retention of 100% of all students for multiple years is incredible and is undoubtedly a direct result of the interaction of these students with their faculty – both full time and part time. Faculty in every CTE program must bear the burden of having to maintain their industry credentialing, whether formally or informally. DH is no exception to this. One question I would ask is if there is a way to use DL or ITV to help reduce the amount of time that this requires. (Already thought of that, right?)

Articulations:

Articulations with Pacific University, Eastern Washington University, Oregon Institute of Technology and the University of Kansas were stated to be in various stages of completion. Particularly as the legislature might be convinced to differentiate the value of Associates vs. Bachelors degrees, these might make PCC's DH program more competitive than Portland's newer up-start programs. I strongly recommend that these agreements be concluded soon, and in an easily maintainable fashion.

Patient Management S/W:

One of the primary concerns of this review was the program's outdated patient management system. This **needs** to be of primary importance. Such systems are what our students will encounter in the workplace and employers therefore – rightly – expect them to be well versed with their use. It was stated that there was the potential for a donation of the software were the hardware to be available. I'm assuming that, with the expansion of the operatories under the current Bond effort, this is now feasible. If the company that would potentially be donating the s/w is A-dec, now is probably a good time to be seeking such an endowment. PCC has been working prominently in the Newberg community for the last year, and companies such as A-dec are aware of the College's commitment to the area. I would recommend that this implementation precede the rest of the Bond buildout.

Restorative Care:

I know that the curriculum for this add-on to the curriculum is complete. You stated in your PR document and in your presentation that PCC's program is one of the last to implement this initiative – in large part because the resultant salary increase for DH's is minimal (and therefore the student demand for such a program has also been minimal) and costs to the students is not covered (at the time of the writing of your PR) by financial aid.

I would encourage you to 1) implement this program as soon as possible and 2) if possible, integrate it into the existing program so that students do not have to bear the burden of its cost totally on their own. This might mean that we have to charge a differential tuition for this program, something that has been considered in the past but perhaps needs to be realized in DH now. With proprietary programs such as Apollo charging significantly more for their instruction, PCC would still remain relatively competitive and, with financial aid, the direct cost to students might be insignificant. What is secured is both a perceived and real state-of-the-art program. This is important to both attracting and retaining students and employers.

Another factor that I heard you mention in your review is that what you called the "big gorilla" dentists retiring in the next few years. Once these practitioners leave, the restorative work that they did will likely fall to our DH's. They need to be prepared to step into this void.

Finally, another direction to consider would be to work with companies such as Willamette Dental and Keiser and PCC's contract education program to contract directly with them to educate their current and potential DH employees. (Or are we already doing that?)

Facility/Program Expansion:

Voter approval of the Bond Measure will have a direct impact on the DH program's need for expansion of your operatories. This was one of your priorities and one that I know you're likely very excited about. While this project will have to be queued up with the other Bond efforts, once completed, it will take a lot of strain off of the program.

However, I don't think that operatory expansion automatically should imply program expansion. You talked in your document about a state-wide need for 53 additional graduates per year, based on both retirements and new demand. However, the entry into the market of ODS/OIT, with 24 potential graduates annually, Pacific, with 32, and Apollo, with 24, every 15 months, suggests that PCC's program does not need to expand at this time. I realize that what's still missing from this mix is the need to service more rural areas. I would suggest that, if this is a niche that we want to help fill, we focus on the use of distance learning (online, interactive TV and other?) to help us fulfill that role.

Conclusion:

PCC's Dental Hygiene program is one of the best in the College – and the nation. Its Faculty and Administration are committed. Both are very engaged, day-in and day-out, to the relentless improvement of the program. My hope is that this is a program that is used as an example of what a CTE program should strive for in terms of curriculum review, not just every few years, but continuously. I applaud you and your efforts.