We thank you for your tireless dedication to your profession, students and the community as you’ve created, maintained and improved the outstanding quality of the discipline.

Your presentations were thoughtful, thorough and well organized.

This response contains 4 sections: 1) Commendations, 2) Suggestions/observations, 3) Response to recommendations/areas of SAC needs and 4) Closing comments.

1. **Commendations**

   * CODA accreditation
   * The integration of the Program Goals and Skill Competencies required by CODA
   * The annual assessment of your program’s educational goals
   * The programs' entrepreneurial activities to include the Kaiser cohort and the HRSA grant
   * For including program updates based on responses from previous Dean of Instruction
   * The expansion of professional development opportunities through an institutional membership with the American Dental Education Association (ADEA)
   * The clearly laid out alignment of your Degree Outcomes with PCC’s Core Outcomes
   * Appendix 5 showing changes implemented based on assessment of outcomes
   * The inclusion of service learning opportunities for your students
   * Built in opportunities for remediation rather than simply dropping students
   * List of methods used to help students succeed
   * Reference to your work in Salem to exempt CODA programs from being required to have a licensed dentist as the Director
   * The participation of program graduates and industry partners in the presentation
   * The Program’s award for having the best Assessment Design for 2013
   * Creation of instructional videos both for students direct use and for calibration of faculty.
   * For the extraordinarily high success rates, both internally for your students as well as on their board exams

2. **Suggestions and Observations**

   It is clear that the assessment of outcomes takes place in a highly orchestrated manner throughout the program, but the details seemed difficult to identify. For example:
The section asking for “assessment-driven change made to improve attainment of course level student outcomes” (Section 2A of the Program Review outline), instead described program changes that were driven by the need to implement new content in restorative and accommodate the Kaiser cohort. This was useful information, but would have been more appropriate in a different section of the report. The table within this section, on pp.11&12, did identify changes relating to Core Outcomes assessment but lacked sufficient detail to link the assessment and results with changes to improve teaching and learning.

Appendix 3 is referenced throughout your Review as tying together “student clinical competencies with the program degree outcomes and the college core outcomes,” but doesn't clearly show their relationship to one another. (except indicating that all are met by the end of the program)

The relationship of core outcomes to Degree outcomes (section 2B.i of the Program Review Outline) are shown in Table 3, but a brief narrative description would have been appropriate to support this information

The Core Outcome mapping matrix update (2.B.ii) was not done (and in fact there is not one posted for DH, though there is for DA). Please create this matrix for the DH courses.

Section C (Assessment of Degree and Certificate outcomes) listed assessment tools in a very general way, and offered results that were difficult to relate to improvement or changes implemented. The annual assessment reports that DH has submitted describe these things in more detail, and it would have been appropriate to summarize some of this work and provide the LAC reports as appendices (or links), as requested in the Program Review Outline document.

We strongly suggest that the Dental faculty and/or Director attend a Program Review workshop prior to the next Dental Program Review. Our accreditation requirements for reporting on assessment of student learning outcomes have led to the expectation of a different level of detail regarding assessment program reviews, and the workshops help to give guidance on the college expectations of how this information is best presented in the program review.

It was apparent that you collect student demographic information, but less clear about how instruction is informed by it.

You’ve provided a list of individuals, representing clerical, technical, administrative and/or tutoring who support the program, but haven’t provided examples of how they do so.

You’ve indicated that your Advisory Committee meets once or twice a year. While there are no specific requirements regarding number of meetings per year, we want to call our
guidelines to your attention. “Advisory Committee meetings should be held frequently enough and be of appropriate length to maintain the support interests and involvement of advisory committee members and to meet the responsibilities of the Advisory Committee per Academic Standards and Practice Handbook section A108.”

You’ve provided a comprehensive list of groups you solicit feedback from, but few details about how that feedback was used to make changes.

Regarding electronic record keeping and HIPPA, please continue working closely with your Program Director and Division Dean to ensure they are in the loop, which will better position them to be advocates for your needs.

3. **Recommendations**

**Teaching and Learning**

Recommendation: Program to revise degree outcomes to encompass student competencies and map to core outcomes of college.

What is needed: Time for faculty to conduct the review and design the revisions to send to the degrees and curriculum committee for approval.

Comment: The Director and SAC Chair met at length with LAC Chair Michele Marden and Academic Affairs Kendra Cawley to discuss learning assessment philosophy and determine the assessment tools that would be most beneficial in arriving at learning assessment data. It was determined that the DH National Board and Mock Boards were found to relate the best to assessing achievement of degree outcomes. It was also determined that student competencies should possibly be reviewed/revised and replace the current degree outcomes.

*Please work with your Director and Division Dean to develop a detailed proposal that outlines the tasks to be accomplished along with the resources needed to accomplish them.*

**Recommendations requiring funding**

1. Addition of Classified position (.5) to coordinate inventory/supply ordering between DA, DH and Restorative Dentistry Program; Revision/updating patient clinic forms and protocol; tracking of patient care records/letters to ensure timely treatment and avoid further more serious disease; and coordination of the three programs in regard to obtaining bids and supply needs for the bond build-out.

Potential Financial Cost: $14,000 + Benefits

*We understand your need for this half time position, so urge you to work with your Division Dean to prioritize it relative to other requests within your Division. Should additional,*
permanent funds become available, your request will be reviewed along with others from across the campus.

2. Electronic Records and Digital Imaging Implementation: Each year our program is falling further and further behind in training our dental hygiene students (and assisting students) on technology that is now, most often the standard of care in dental practices. Numerous meetings have occurred to address implementing this technology in the clinical setting, but the change has not yet occurred. HIPAA concerns have been listed as part of the challenge because of how the information would be stored in the PCC server system. TSS is researching solutions, but none have been revealed to date. Students should be learning to use this technology in the clinical setting, rather than a computer lab setting; The DH SAC had made this same recommendation in the 2009 Program Review and would like to recommend again that having the ability to teach students electronic records in the clinical setting occur sooner than waiting for the bond build-out.

Potential Financial Cost: $129,000 (Includes computers, software, server, digital sensor systems and support).

We agree, it is important for CTE programs to instruct students in both processes and with technologies they are most likely to encounter in the industry. Having said that, our efforts to do so now have been complicated by the delays with the HT Bond renovations. As I recall, this technology is under consideration through the Bond, but we have to be certain we don’t spend funds today only to spend more funds to correct systems when the Bond work occurs. A key part of this discussion is the creation of a centralized Health Professions Building through the Bond. If a new building is eventually built, we have to be certain that any funds spent today won’t be wasted when Bond work begins.

3. Bond Build-out: During Bond Construction 6 additional dental operatories, 2 additional radiology rooms and 2 additional x-ray heads placed within the 29 chair dental clinic would adequately serve student and instructor scheduling so that Dental Hygiene and Dental Assisting students could be scheduled in the clinic at the same time. Potential Financial Cost: $250,000 (Includes addition of 6 dental operatories plus cabinetry dividers between 29 dental units and computer carts/attachment.

Clearly, this is a very important issue tied closely to both the Bond and item # 2 above. We understand the current need, but must ensure that funds spent now must remain both effective and efficient as Bond projects begin. I will work with the Campus President and the Syl Bond Executive Committee to push for decisions relative to the HT Bond work relative to the concept of a Health Professions building.

4. Add Additional DH 113L section to be in CODA Compliance with Faculty:student ratios.: Currently the DH 113L Faculty:Student ratio is 1:20. CODA Standard 3-6 Faculty states: “The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public…… Laboratory sessions in the dental science courses must not exceed one to ten to ensure the development of clinical competence and maximum protection
of the patient, faculty and students.” The program would be in compliance with this standard if two sections of this lab were offered. The lab is currently taught by FT Faculty Member, Nancy Pilgrim, DDS. For consistency of instruction it would be desirable to have Nancy teach both sections of this lab. To avoid overload of her workload, she should be relieved of one three hour clinic session/week. A Part Time Dentist could be scheduled in her place in clinic. The PT Faculty Budget should be increased to cover this additional cost:

Potential Financial Cost: $1,782 (plus benefits needed)

There are, however, some questions. How is it that we are CODA approved when we don’t meet Standard 3-6? Additionally, are our students experiencing problems and low success rates with our current ratio? If answers to these indicate we are out of compliance and our CODA approval is at risk and/or our students are experiencing difficulties and low success rates, we need to figure out a way to address this. Please work with your Division Dean to clarify these issues.

5. Curriculum Revision and submission to Curriculum Committee and Degrees/Certs: Needed to incorporate emerging information for treating special needs and medically compromised patients in preparation for obtaining their Expanded Practice Dental Hygiene Endorsement upon graduation. Currently students are able to obtain this endorsement, but didactic and clinical practice in these areas are a weak part of the curriculum.

Potential Financial Cost: $3,000 (A Staff Development Grant may be written for paying substitute faculty to replace faculty in clinic in order to have the time to work on this initiative).

We support this recommendation. Please keep your Division Dean in the loop regarding funding through a Staff Development Grant.

6. DH Program Review scheduling should align with CODA seven year cycle: The 2008 Program Review developed two years prior to the 2010 CODA Accreditation Site Visit provided excellent information and data that could then be utilized during the 2010 self-study. The five year cycle for program review has placed this review four years prior to the next CODA Accreditation Self-Study report and Site Visit. Because of this longer span, extensive time will once again have to be spent in research and report writing for the next CODA Self-Study Report. This is also true for the other two dental programs (DA and DT) program reviews and accreditation self-study reporting. These additional report writing responsibilities of the Director are not only overwhelming and a strain on her time, but also diminishes the support she can give to faculty and new initiatives the programs want to develop. Aligning program review two years prior to each accreditation report and visit will allow for research and comprehensive data collection that is truly useful during both the program review and accreditation process.

I understand the interest for and efficiencies involved in making such an adjustment. To be sure we are tracking correctly, are you proposing the following:

<table>
<thead>
<tr>
<th>Program Review</th>
<th>CODA Accreditation Site Visit</th>
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<tbody>
<tr>
<td>2015</td>
<td>2017</td>
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In other words, are you asking for a 7 year Program Review cycle that aligns with and is 2 years prior to your CODA Site Visit?

7. College affirmation of continued support at end of restorative grant award: In July of 2015 the college will be required to sustain the DH Restorative Program as stipulated in the award of the HRSA Grant (Please see Appendix 8 for copy of Affirmation sent to HRSA).

Potential Financial Cost: $70,000-80,000/year.

We acknowledge the commitment made in 2010 to sustain this component of your program, but have some questions. Based on the information presented at the Review, we understand that DH Restorative has been taught by part time faculty. Does the $70-80,000 cost noted above rely on part time instructors, or the addition of a full time faculty position? Additionally, were the additional 14 credits added to the overall number of credits needed for graduation? Or, were 14 credits eliminated elsewhere in the program to accommodate the new credits, resulting in a constant number of credits needed?

8. Continue Annual ADEA Institutional Membership: $945

Please work with your Division Dean to develop a plan to cover this expense through either Department or Division funds.

9. Discussion to assign Directly Supervised Clinical Workload Factor to FT and PT instructors teaching in the PCC Dental Clinic. Definition Contract 6.2215: Supervision of students in a setting which involves patient care. Assessment of student learning occurs during and outside of scheduled clinic hours. $4,860 to hire PT to replace FT instructors who would be over workload.

Thank you for bringing this to our attention. Approving a change such as this is beyond the scope of an Administrative Response to a Program Review. The DOIs and others are currently discussing how to address changes in workload requests like this. To date, there has been no formal process, though one is needed to ensure requests are addressed in a consistent manner.

4. Closing Comments

It was immediately obvious to us that you take great pride in your offerings and have dedicated countless hours to continuously improve them.

In closing, we want to thank you for a very thoughtful Program Review and engaging presentation.
Administrative Response submitted by Jeff S. Triplett on behalf of the Deans of Instruction and Dean of Academic Affairs.

Cheryl Scott
Jeff Triplett
Marilyn Davis
Kurt Simonds
Kendra Cawley

Admin Response Dental Hygiene Dec 2013