

Portland Community College
Dental Hygiene Program

Project Title: Program Review

Date: November 16, 2018



Introduction

The Portland Community College Dental Hygiene Program, which began in 1970, is proud to graduate twenty highly competent dental hygienists each year. The program is accredited by the Commission on Dental Accreditation (CODA) and successfully completed the last self-study report and site visit in November 2017. At that time, the program did not have any recommendations from the visiting committee to address. The next scheduled site visit will be in November 2024. The primary purpose of the self-study is to assess the effectiveness of the educational program in meeting 1) the program's stated goals and objectives and 2) the Commission's Standards for Dental Hygiene Education Programs.

Data from the recent self-study and site visit provided invaluable data for this 2018 program review development. The award of continued accreditation status with no reporting requirements validates that the PCC Dental Hygiene Program is recognized throughout the nation as meeting national standards and meeting the goals and stated objectives that the college and program has set. New findings from the 2017/18 school year have also been incorporated into this program review document so that all reporting of data is as current as possible.

The last Program Review of the DH Program occurred in 2013. This was at a midpoint between the past 2010 and future 2017 Accreditation review. In the introduction of the last Program Review, it was noted that:

"The knowledge gained from assessing the program during this review process will be instrumental in helping re-assess the goals and outcomes of the program in order to develop a strategic plan that ensures all changes will be in place for the next accreditation cycle. Through critical assessment of the program, we will also be able to demonstrate what we are doing well, enhance areas where improvement is needed and determine emerging information and skills for future program development."

The data presented in this 2018 Program Review (PR) Report serves to validate that the program accomplished not only creating a strategic plan and achieving its goals for the improvement of student learning and program success, but also the accomplishment of all but one of the recommendations presented in the 2013 PR Report. These achievements could not have been accomplished without the enormous support of the PCC Administration. The program thanks the administration for their belief in the program and continued support in helping it meet its goals and objectives.

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Program/Discipline Overview:

A. WHAT ARE THE EDUCATIONAL GOALS OR OBJECTIVES OF THIS PROGRAM/DISCIPLINE? HOW DO THESE COMPARE WITH NATIONAL OR PROFESSIONAL PROGRAM/DISCIPLINE TRENDS OR GUIDELINES? HAVE THEY CHANGED SINCE THE LAST REVIEW, OR ARE THEY EXPECTED TO CHANGE IN THE NEXT FIVE YEARS?

The Dental Hygiene Program took deliberate steps to review its mission, goals and objectives in April of 2016, when the college approved a new mission statement. Per the CODA National Accreditation Standards, *“The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by a) developing a plan addressing teaching, patient care, research and service which are **consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.**”* The process must be implemented and assessed in a way that measures the outcomes and student achievement, and the data is to be used for program improvement. (CODA Accreditation Standards for Dental Hygiene Education, Standard 1-1 and 1-2)

The revised Dental Hygiene Program Mission states:

“The Portland Community College Dental Hygiene Program provides its students with the opportunity to maximize their learning and educational experiences to become competent, health care professionals who contribute to health and wellness of individuals and groups in the communities in which they serve.”

The 2016 SAC approved goals for the program are:

Access and Student Success:

We will offer an affordable and practical education that attracts students from diverse backgrounds and “walks of life.” We will use student, patient and alumni feedback for program improvement and to develop competent individuals in the discipline, who act ethically and responsibly as they deliver health care services.

Quality Education:

We will deliver education and clinical instruction based on sound research, scientific evidence and through the use of modern technology and teaching methods. We will engage students in relevant experiences and curricula that encourages critical thinking, problem solving and self-reflection. We will support faculty in staying current in the subject matter they teach and in educational methodology.

Economic Development and Sustainability:

We will serve as a key resource for the community by providing learning and collaboration opportunities in a variety of interdisciplinary environments that will enrich students’ learning and prepare them to meet the changing needs of individuals and groups in the communities they serve.

Diversity, Equity and Inclusion:

We will support the student's educational experience by providing a safe and healthy environment that embraces equality and acceptance of each individual's worth, contributions and uniqueness. Our educational surroundings will promote open communication, interactions and/or provision of care that exhibit respect while meeting the needs of all individuals and groups served.

The goals were crafted to closely align with the same four core themes of the college, reflect the program accreditation standards that address teaching, patient care, research and service and support the American Dental Hygiene Association Code of Ethics. Annual review of the goals and mission of the program occurs as part of its Curriculum Management Plan. Revisions of the goals are made as necessary to maintain their relevance to the mission/themes of the college, the CODA Accreditation Standards, the Oregon Board of Dentistry Standards of Care and philosophy of the American Dental Hygiene Association.

B. BRIEFLY DESCRIBE CURRICULAR, INSTRUCTIONAL, OR OTHER CHANGES THAT WERE MADE AS A RESULT OF YOUR SAC'S RECOMMENDATIONS IN THE LAST PROGRAM REVIEW AND/OR THE ADMINISTRATIVE RESPONSE. NOTE: ANY CHANGES NOT MADE AS A RESULT OF THE LAST PROGRAM REVIEW SHOULD BE DESCRIBED IN THE APPROPRIATE SECTION ELSEWHERE IN THIS TEMPLATE.

The following recommendations were presented to Administrators for consideration at the 2013 Dental Hygiene Program Review. Resulting action that has taken place since then follows each recommendation described:

Recommendation 1: Program to revise degree outcomes to encompass student competencies and map to core outcomes of college.

Resulting Action: With the guidance of the then LAC Chair Michele Marden and Academic Affairs Kendra Cawley, it was determined that the Student Basic Competencies (required by CODA) could be reduced and revised and have now been replaced by the current degree outcomes (See **Appendix 1**)

Recommendation 2: 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.

Resulting Action: Administration approved the creation of a 1.0 Classified Position of Clinic Coordinator beginning academic year 2016/17. The position was increased due to several factors including the implementation of a new electronic patient records system in the clinic, a need to

coordinate with FMS and Safety and Risk around waste management, as well as a need to assist the Director with the upcoming planning of the move of the clinic to the 4th and Montgomery building. Leslie Pullen-Romanio was hired and has been performing all responsibilities in an outstanding manner, relieving faculty from the need to interrupt their time with students to perform these duties.

Recommendation 3: Electronic Records and Digital Imaging Implementation: Each year our program is falling further and further behind in training our dental hygiene students (and dental 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.

Resulting Action: Recognizing that our students were at a disadvantage upon graduation due to the lack of experience with electronic patient records, the administration and bond team supported the purchase of new dental equipment and computer system with Eaglesoft Dental software. Installation occurred in August of 2015. Implementation of the software started in January of 2016 with utilizing digital imaging capabilities and by September of 2017 the program was using it for all patient assessment and chart notes data. The next phase is to work towards going totally paperless by having the patient's medical history be done electronically as well.

Recommendation 4: 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 can be scheduled in the clinic at the same time.

Resulting Action: Former Deans Jen Piper and Marilyn McGuire, Current Dean Karen Sanders, Director Josette Beach, Bond Director Linda Degman and Project Manager Debra Jarcho, have been working since 2016 with PSU, SRG Architects and the 4th and Montgomery Building owners on building and floor design of the new collaborative downtown building. To date, SRG Architects have developed, and are continuing to refine, floor plans for the new dental program and clinic space to include the six additional operatories and additional x-ray imaging machines. Building construction should begin soon with an estimated completion date of January 2021.

Recommendation 5: 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.*"

Resulting Action: No action was needed for this recommendation due to the CODA Accreditation Standards being changed to the following: Standard 3-6 “.....In laboratory sessions for dental materials courses there must not be less than one faculty for every ten students....” DH 113L is not a dental materials lab and so the 1:10 faculty student ratio does not apply. The program is in compliance with the standard.

Recommendation 6 - 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.

Resulting Action: This is the one recommendation that the program has not been able to fully realize. The administrators supported the program seeking professional development grants to allow the Community Oral Health Faculty Member to write curriculum for additional expanded practice curricula, but due to several challenging situations, other initiatives, implementation of electronic records and new clinic planning, the grant request has not yet been written. This will be listed as a recommendation again for the program to pursue in the next five years.

Recommendation 7 -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.

Resulting Action: The 2018 program review is taking place one year after the accreditation site visit and the next program review will take place one year before the next accreditation site visit. As such, these closer proximity of dates are acceptable and will be helpful to development of both sets of reporting documents.

Recommendation 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

Resulting Action: Following the completion of the HRSA Grant, the program was able to continue to offer the restorative courses to the dental hygiene students with funds from the Administration. In Fall of 2017 permanent funding was placed in the Dental Hygiene PT Faculty Budget to cover the cost needed to pay faculty for instruction in the restorative courses annually.

Recommendation 8 - Continue Annual ADEA Institutional Membership: **\$945**

Resulting Action: The department continues to pay for the valuable membership that offers unique professional development opportunities to dental educators.

Recommendation 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.

Resulting Action: Former Dean Jen Piper and HR Representative Cheryl Belt provided invaluable support in achieving this goal. In Fall of 2016 dental department faculty working in the PCC clinic where patient care is provided, have been assigned the *Directly Supervised Clinical Workload Factor*.

Outcomes and Assessment: Reflect on learning outcomes and assessment, teaching methodologies, and content in order to improve the quality of teaching, learning and student success.

A. COURSE-LEVEL OUTCOMES: THE COLLEGE HAS AN EXPECTATION THAT COURSE OUTCOMES, AS LISTED IN THE CCOG, ARE BOTH ASSESSABLE AND ASSESSED, WITH THE INTENT THAT SACs WILL COLLABORATE TO DEVELOP A SHARED VISION FOR COURSE-LEVEL LEARNING OUTCOMES.

i. WHAT IS THE SAC PROCESS FOR REVIEW OF COURSE OUTCOMES IN YOUR CCOGS TO ENSURE THAT THEY ARE ASSESSABLE?

Several processes are utilized in the review of CCOG course outcomes to ensure that they are assessable. Processes included are:

- Curriculum Management Plan (CMP)
- End of the Term Course Evaluation by Instructor
- Formal Curriculum Committee approval process
- Review of and compliance with CODA accreditation standards
- Review of National and Regional Board Exam Results
- Administration of and analysis of exit, alumni and employer surveys

Curriculum Management Plan (CMP): The dental hygiene program has a formal CMP that addresses and assesses all aspects of the program, including review of the appropriateness of course outcomes (See **Appendix 2**). The SAC reviews current courses the term prior to the term being offered. Additionally, beginning of the year and end of the year faculty meetings review changes suggested for future course offerings. Faculty communicate changes anticipated and collaborate with other SAC members about benefits of making the changes and any ramifications on other course offerings due to the suggested changes.

End of the Term Course Evaluation by Instructor: The instructor of each course reviews the overall course at the end of each term by completing the “End of Term Course Evaluation”. (See **Appendix #3**). This review involves mapping the course to the Program Outcomes (Defined Program Competencies). Additionally, instructors report the assessment methods used in evaluating and verifying that students have met the course and program outcomes. The instructor reflects on changes in content to introduce new and emerging information and to describe the course topics that review or enhance other course information. This review is not only a valuable resource for the instructor when preparing future course materials, but is also to the director who uses it to stay attuned to what is occurring within courses. Additionally, the SAC is able to review it at meetings where curriculum changes are discussed.

Formal Curriculum Committee Approval Process: Prior to any changes being made to a course it is first brought up to the SAC Committee for review. The approved changes are then entered into the Courseleaf process and approved through the SAC Chair, Administrative Liaison and Curriculum/Degrees and Certificates Committee/s if needed. Intended Outcomes are closely

reviewed prior to approval, and assessment methods are developed and listed ensuring that they will adequately validate that students have successfully met the intended course outcomes. Additionally, Clinical and lab assessments reflect which Program Outcome, PCC Core Outcome and Course Specific Learning Objective is being met, (**See Appendix 4 – Example** of clinic objective with mapped outcomes).

Meeting Accreditation Standards: CODA Accreditation **Standard 2-7** requires the program to supply the student with course syllabi at the beginning of each term that includes “*written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences and evaluation procedures...*” The intent of this standard is

“The program should identify the dental hygiene fundamental knowledge and competencies that will be included in the curriculum based on the program goals resources, current dental hygiene practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.”
(CODA Self-Study Accreditation Dental Hygiene Document – Standard 2-7)

The program adequately met this standard as evidence of the final CODA report for the 2017 Self-study and Site Visit.

Reviewing National and Regional Board Exam Results: Dental Hygiene Students must not only successfully pass all courses in the Dental Hygiene Program, but they must also pass the knowledge/case-based Dental Hygiene National Board sponsored by the Joint Commission on Dental Examinations (through the American Dental Association), as well as three other regional skill based assessments administered through the Western Regional Examining Board (WREB). Group performance of the PCC candidates is compiled annually, and sent to the Director for review. The reports are reviewed per the CMP at SAC meetings and the decision is made collaboratively as to the need for implementing course changes to address deficiencies noted in the group aggregate results. Most recently, the past two years national board results have revealed that the students are lower in the area of “Supportive Therapy” section of the exam. Following review of national board materials, course enhancement with a focus on this area occurred in DH 121, Oral Health Education and DH 230, Dental Materials. To date, all 2018 graduates have successfully passed the National Board, but statistics on performance of the PCC students in each subject area will not be released by the American Dental Association until April of 2019.

Exit, Alumni and Employer Surveys: Annually, Graduate Exit Surveys and Alumni (1 yr post graduation) are distributed. Employer surveys are sent out on a three year basis and feedback from all three surveys is reviewed as part of the CMP. Feedback related to course competencies and need for improvement are addressed and SAC approval is received for appropriate course revisions to be made.

ii. IDENTIFY AND GIVE EXAMPLES OF CHANGES MADE IN INSTRUCTION, TO IMPROVE STUDENTS' ATTAINMENT OF COURSE OUTCOMES OR OUTCOMES OF REQUISITE COURSE SEQUENCES (SUCH AS ARE FOUND IN IN MTH, WR, ESOL, BI, ETC.), THAT WERE MADE BASED ON THE RESULTS OF ASSESSMENT OF STUDENT LEARNING.

The Program has made the following changes in instruction, based on assessment of student learning, feedback from graduates, community groups, current students and national/regional exam results in order to improve students' attainment of course outcomes since the last Program Review:

Based on the results of graduate and community group surveys the program made the following changes:

- New equipment purchased with Bond money and electronic records implemented in order to address graduate feedback that they felt at a disadvantage due to the lack of experience with current electronic records technology.
- Moved the beginning Community Oral Health Course to Summer term (starting in 2016) so that students were prepared for outreach activities in September, in response to several requests from community groups for student presentations to K-12 classes and geriatric groups in the Fall Term.
- Changed instructor who taught the Periodontology (DH 260) course to someone who had extensive past experience teaching it.

Based on the end of course evaluations the program made the following changes:

- Moved the topics of sealant training, temporary crown fabrication / cementation, amalgam and composite polishing to the Restorative courses to better align topic and skill sequencing (2016)
- Faculty calibration sessions are held annually to focus on areas reported by students as needing more consistency in instruction: 2017 = Eaglesoft Implementation, 2016 = Local Anesthesia and Silver Diamine Fluoride, 2015 = digital panoramic and intra-oral imaging, 2014 = medical emergency review.
- Funds from the department were provided for Full and part-time faculty to attend a world-renowned expert presentation in the area of periodontal instrumentation, in order to learn new techniques and improve clinical instruction and patient care outcomes.

Based on the 2015/16 National Board Results the program made the following changes:

- Ethics instructor was changed, course was moved to Winter Term (right before national board examination) and emphasis was put on review of ethical topics; each theory course included additional preventive health agents (2016)
- Cara Kao-Young returned to teaching Community Oral Health. (2016)
- Review of "Supportive Therapy" topics took place and the curricula in DH 121 Oral Health Education and DH 230, Dental Materials were enhanced to place a higher emphasis in this area (2017/18).

In the subject areas of Preventive Agents, Personal Responsibility and Community Oral Health, all areas improved with the next year's class scores and have remained above the national average. In April 2019 results will be released for the 2018 graduates and it will be determined if changes in Supportive Therapy were successful.

Additionally, a commitment was made in 2016 by all faculty who were lead instructors for didactic, laboratory and clinical courses to utilize the Course Progress Notification system on a consistent basis when a student fell, at any time, below a "C" level in their course throughout the term. Previously, midterm notification was given, but it was determined that notification at the earliest opportunity with continuous outreach to the student would more likely have positive results. This has resulted in opportunities for the student/s and instructor/s to meet more regularly to identify problems with the course material and provide the necessary remediation needed.

B. ADDRESSING COLLEGE CORE OUTCOMES

i. UPDATE THE CORE OUTCOMES MAPPING MATRIX.

[HTTP://WWW.PCC.EDU/RESOURCES/ACADEMIC/CORE-OUTCOMES/MAPPING-INDEX.HTML](http://www.pcc.edu/resources/academic/core-outcomes/mapping-index.html)
FOR EACH COURSE, CHOOSE THE APPROPRIATE MAPPING LEVEL INDICATOR (0-4) TO MATCH FACULTY EXPECTATIONS FOR THE CORE OUTCOME FOR PASSING STUDENTS.

Outcome Mapping: The SAC has worked diligently to create program outcomes that are mapped to PCC's Course Outcomes and adequately reflect the appropriate mapping indicator with the student level of knowledge and skill. This information is reported to the CODA accrediting body to meet Curriculum Standard 2-6: *"The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled student."* (CODA Accreditation Standards for Dental Hygiene Education- Standard 2-6).

Please find below a copy of the current (2016) Core Mapping of Program Outcomes to the PCC Core Outcomes. Following this document is the more in depth document required by CODA that further distinguishes the assessment methods used to evaluate the student's skill level for each course and competency/outcome. Students are made aware of this document though the PCC Program Manual, each course syllabus (lists the outcomes that are addressed in the specific course) and on each skill evaluation/ grading rubric form specific to the outcome that the evaluation meets.

AAS - Dental Hygiene AAS Degree

Degree Outcomes	Core Outcomes
Communicate with patients, peers, the public and other healthcare professionals using verbal, non-verbal and written language with clarity, coherence and purpose.	<ul style="list-style-type: none"> • Communication
Apply scientific research methods to support evidence based treatment modalities with specific concern for oral health and overall health.	<ul style="list-style-type: none"> • Critical Thinking and Problem Solving
Competently assess, diagnose, plan, implement, evaluate and document dental hygiene needs of an individual and/or community, and deliver appropriate oral disease prevention therapies in an ever changing healthcare environment.	<ul style="list-style-type: none"> • Community and Environmental Responsibility • Critical Thinking and Problem Solving • Professional Competence
Enhance knowledge and practice self-assessment as a life-long learner by seeking peer support in professional associations, fulfilling continuing education and exploring career and professional growth.	<ul style="list-style-type: none"> • Self-Reflection
Practice the ethics and responsibilities of the profession by maintaining current knowledge of all dental hygiene procedures, as defined within the scope of the state practice act.	<ul style="list-style-type: none"> • Community and Environmental Responsibility • Professional Competence
Promote, refer, collaborate and exhibit professional behaviors expected of a member of the oral healthcare team.	<ul style="list-style-type: none"> • Critical Thinking and Problem Solving • Professional Competence
Recognize different oral health beliefs and effectively communicate with, advocate for, educate and treat diverse populations.	<ul style="list-style-type: none"> • Cultural Awareness

<http://www.pcc.edu/resources/academic/core-outcomes/DHy.html>

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Core Outcomes Mapping

Mapping Level Indicators:

- 0: Not Applicable.
- 1: Limited demonstration or application of knowledge and skills.
- 2: Basic demonstration and application of knowledge and skills.
- 3: Demonstrated comprehension and is able to apply essential knowledge and skills.
- 4: Demonstrates thorough, effective and/or sophisticated application of knowledge and skills.

SAC - DH: Dental Hygiene

PCC Core Outcomes:

CO1: Communication.

CO2: Community and Environmental Responsibility.

CO3: Critical Thinking and Problem Solving.

CO4: Cultural Awareness.

CO5: Professional Competence.

CO6: Self-Reflection.

Course #	Course Name	CO1	CO2	CO3	CO4	CO5	CO6
DH100	Special Dental Hygiene Practice	0	0	0	0	0	0
DH 101	Dental Hygiene Theory I	1	1	1	1	1	1
DH 102	Dental Hygiene Theory II	2	2	2	2	2	2
DH 103	Dental Hygiene Theory III	3	3	2	3	2	3
DH 104	Dental Hygiene Practice I	1	1	1	1	1	2
DH 105	Dental Hygiene Practice II	2	2	1	2	2	2
DH 106	Dental Hygiene Practice III	3	3	2	3	3	3
DH 109	Dental Radiology I	1	2	1	1	1	2
DH 109L	Dental Radiology I (lab)	2	1	1	1	1	2
DH 110	Cariology	2	2	2	2	2	2
DH 113	Dental Anatomy	1	1	2	1	2	1
DH 113L	Dental Anatomy (lab)	1	1	2	1	2	1
DH 121	Oral Health Education & Promotion	1	1	1	0	1	1
DH 127	Medical Emergencies	1	1	1	1	1	1
DH 128	Oral Histology	1	1	1	1	2	2
DH 129	Oral Pathology	2	2	2	2	2	3
DH 130	Oral Histology Independent Study	0	0	0	0	0	0
DH 201	Dental Hygiene Theory IV	3	3	3	3	3	3
DH 202	Dental Hygiene Theory V	4	4	3	4	3	4
DH 203	Dental Hygiene Theory VI	4	4	4	4	4	4
DH 204	Dental Hygiene Practice IV	0	0	0	0	0	0
DH 204A	Dental Hygiene Practice IV	3	3	3	3	3	3
DH 204B	Dental Hygiene Practice IV	3	3	3	3	3	3
DH 205	Dental Hygiene Practice V	4	4	3	4	3	4
DH 206	Dental Hygiene Practice VI	4	4	4	4	4	4
DH 208	Community Oral Health	2	2	2	2	1	2
DH 210	Dental Radiology Lab II	3	3	4	4	3	4
DH 228	Head and Neck Anatomy	2	1	1	1	2	2
DH 229	Local Anesthesia	3	2	3	2	3	3
DH 230	Dental Materials	3	3	2	1	3	1
DH 232	Nitrous Oxide Sedation	2	2	3	1	3	1

Course #	Course Name	CO1	CO2	CO3	CO4	CO5	CO6
DH 236	Ethics & Jurisprudence	3	3	3	1	1	2
DH 240	Intro to Dh Restorative Dentistry	2	2	2	0	2	2
DH 241	DH Restorative Dentistry I	2	2	2	0	1	2
DH 242	DH Restorative Dentistry II	2	2	2	0	1	2
DH 243	DH Restorative Dentistry III	3	3	2	3	2	3
DH 244	DH Restorative Dentistry IV	3	3	3	3	3	3
DH 245	DH Restorative Dentistry V	4	4	3	4	4	4
DH 246	Pharmacology	3	1	3	1	2	3
DH 250	Research Methods & Issues in Oral Health	3	2	2	2	2	3
DH 252	Community Oral Health II	3	3	3	3	3	3
DH 253	Community Oral Health III	4	4	4	4	4	4
DH 260	Periodontology I	3	2	3	3	2	3

Updated 08/15/2016 (1)

Program Course and Outcome Mapping

(See Program Degree Outcomes for 1-7 Competencies Descriptions (Appendix 1), the outcomes and competencies are the same)

PCC DH Courses and Basic Academic Competencies

Level of Expectation and Assessment Mechanisms

COURSE NUMBER	COURSE NAME	PROGRAM COMPETENCIES	SKILL LEVEL	ASSESSMENT METHODS USED TO EVALUATE THE STUDENT'S SKILL LEVEL
Term 1 – FIRST YEAR FALL TERM				
DH 101	DH Theory I	#’s 1-7	Introductory	<i>Presentations, assignments, journals, research, attendance, quizzes, final exam</i>
DH 104	DH Practice I	#’s 1,2,3,5,6,7	Introductory	<i>Clinic objectives, assignments, attendance</i>
DH 113 (L)	Dental Anatomy & Lab	#’s 3, 4	Introductory	<i>Weekly quizzes, assignments, final exam</i>
DH 121	Oral Health Education	#’s 1,2,3,5,6,7	Introductory	<i>Written exam, role playing, case study presentation</i>
DH 127	Medical Emergencies	#’s 1,2,3,6,7	Introductory	<i>Weekly quizzes, final exam</i>
Term 2 – FIRST YEAR WINTER TERM				
DH 102	DH Theory II	#’s 1-,7	Developing	<i>Presentations, assignments, journals, research paper, attendance, quizzes, final exam</i>
DH 105	DH Practice II	#’s 1-7	Developing	<i>Clinic objectives, assignments, attendance, clinic test case</i>
DH 109	DH Radiology I	#’s 1,3,4,5,6	Introductory	<i>Quizzes, radiographic interpretation, assignments, lab final</i>
DH 109L	DH Radiology Lab I	#’s 1,3,4,5,6		<i>Quizzes, final /DXTR films, radiographic interpretation, assignments, lab final</i>
DH 228	Medical Emergencies	#’s 1,2,3	Developing	<i>Weekly quizzes, midterm, final exam</i>
DH 128	Oral Histology	#’s 1,2,3	Introductory	<i>Weekly quizzes, final exam</i>
Term 3 – FIRST YEAR SPRING TERM				
DH 103	DH Theory III	#’s 1-7	Developing	<i>Presentations, assignments, journals, research paper, table clinic, attendance, quizzes, final exam</i>
DH 106	DH Practice III	#’s 1-7	Developing	<i>Clinic objectives, assignments, attendance, clinic test case</i>
DH 210	DH Radiology Lab II	#’s 1-6	Developing	<i>Radiograph skill tests, final exam, radiographic interpretation, pathology reviews, patient referral for treatment</i>
DH 110	Cariology	#’s 1-7	Introductory	<i>Weekly discussion postings, weekly quizzes, online CE course completion, Assignments, Weekly quizzes</i>
DH 129	Oral Pathology	#’s 3,7	Developing	<i>Weekly quizzes, final exam</i>
DH 230	Dental Materials	#’s 1-7	Developing	<i>Online discussions, quizzes, lab projects, final exam</i>
DH 246	Pharmacology	#’s 2,3,5,6	Developing	<i>Research assignment, quizzes, comprehensive final exam</i>

COURSE NUMBER	COURSE NAME	PROGRAM COMPETENCIES	SKILL LEVEL	ASSESSMENT METHODS USED TO EVALUATE THE STUDENT'S SKILL LEVEL
Term 4 – SUMMER TERM				
DH 204A	DH Practice IV A	#'s 1-7	Developing	<i>Clinic Patient Experiences, specific clinical objectives, attendance</i>
DH 208	Community Oral Health I	#'s 1-7	Introductory	<i>Quizzes, web-site reading and activities, group activities, final exam</i>
DH 240	Introduction to DH Restorative	#'s 1-7	Introductory	<i>Self-Peer and Small group evaluation, weekly quizzes, Final Written and Skill test, Mock Board</i>
DH 241/ DH 242	DH Restorative I and II	#'s 1-7	Introductory	<i>Self-Peer and Small group evaluation, weekly quizzes, Final Written and Skill test, Mock Board, competency test</i>
Term 5 – SECOND YEAR FALL TERM				
DH 201	DH Theory IV	#'s 1-7	Developing	<i>Assignments, journals, attendance, quizzes, exams, on-line final exam</i>
DH 204B	DH Practice IVB	#'s 1-7	Developing	<i>Patient Experiences, specific clinical objectives, attendance, test case</i>
DH 252	Community Oral Health II	#'s 1-7	Developing	<i>Cultural competence self-assessments, clinical rotation evaluation, group assignments for student outreach project planning assignment</i>
DH 229	Local Anesthesia	#'s 1-7	Introductory	<i>Written exams, clinical exams, mock board exam</i>
DH 260	Periodontology	#'s 1-7	Developing	<i>Quizzes, case presentation, final exam</i>
DH 243	DH Restorative III	#'s 1-7	Developing	<i>Self-Evaluation, Student Requirements, Skill Test, Mock Board</i>
Term 6 – SECOND YEAR WINTER TERM				
DH 202	DH Theory V	#'s 1-7	Developing	<i>Presentations, journals, attendance, quizzes, case study, final exam</i>
DH 205	DH Practice V	#'s 1-7	Developing	<i>Patient experiences, specific clinic objectives, attendance, periodontal patient management, clinic test case</i>
DH 250	Research Methods	#'s 1-7	Introductory	<i>Quizzes, assignments, evaluate a research article, final exam</i>
DH 236	Ethics In DH	#'s 1,3, 4, 5, 6	Developing	<i>Research assignment, midterm exam, final exam</i>
DH 244	DH Restorative IV	#'s 1-7	Developing	<i>Self-Evaluation, Student Requirements, Skill Test, Mock Board</i>
Term 7 – SECOND YEAR SPRING TERM				
DH 203	DH Theory VI	#'s 1-7	Competent	<i>Presentations, individual assignments, group assignments, journals, peer evaluations, academic portfolio</i>
DH 206	DH Practice VI	#'s 1-7	Competent	<i>Patient experiences, specific clinic objectives, Mock Board Exam/test case</i>
DH 253	Community Oral Health III	#'s 1-7	Competent	<i>On-line discussions, student outreach projects written report and presentation, clinical rotations and evaluations, rotation journals, peer evaluations</i>
DH 232	Nitrous Oxide Sedation	#'s 2,3,6	Competent	<i>Successful oral sedation lab sessions, written exam</i>
DH 245	DH Restorative V	#'s 1-7	Competent	<i>Self-Evaluation, Student Requirements, Skill Test, Mock Board</i>

C. ASSESSMENT OF CORE OUTCOMES (LDC) OR DEGREE AND CERTIFICATE (CTE) OUTCOMES.

- i. REFLECTING ON THE LAST FIVE YEARS OF ASSESSMENT, PROVIDE A BRIEF SUMMARY OF ONE OR TWO OF YOUR BEST ASSESSMENT PROJECTS, HIGHLIGHTING EFFORTS MADE TO IMPROVE STUDENTS' ATTAINMENT OF THE CORE OUTCOMES (LDC-DE DISCIPLINES) OR DEGREE AND CERTIFICATE OUTCOMES (CTE PROGRAMS). (IF INCLUDING ANY SUMMARY DATA IN THE REPORT OR AN APPENDIX, BE SURE TO REDACT ALL STUDENT IDENTIFIERS.)**

One of our more successful learning assessments focused on the performance of DH2 students during their Mock Anesthesia Board. What we learned from this report helped us to create faculty calibration techniques and testing protocols that resulted in a marked difference in student performance, close faculty calibration and overall satisfaction by all parties reported during the subsequent Mock Board examinations. The findings and results from this report have continued with little variation in student success since implementation of the changes were done 4 years ago (2014) and continues to this day with similar results. See **Appendix 5** for rubrics used and comparison data.

- ii. DO YOU HAVE EVIDENCE THAT THE CHANGES MADE WERE EFFECTIVE BY HAVING REASSESSED THE SAME OUTCOME? IF SO, PLEASE DESCRIBE BRIEFLY.**

Yes, we have found the continued students success results to continue, as well as the continued examination effectiveness, efficiency and consistent faculty calibration. The 2014 year's assessment reviewed the changes recommended and implemented as a result of the previous year's initial assessment review. The changes made and implemented as a result of the previous year's review resulted in tremendous success and improvements in student learning. Far fewer errors in student performance, higher inter-instructor calibration of instruction, and an overall result of 80% first attempt success (2014) vs. 52.5% first-attempt success rate (2013) on the Mock Board (with 75% fewer errors). This culminated in a 100% first-attempt success in the students' actual/official WREB Board Examination.

The changes made did not involve the curriculum, but in calibration of instructors, more frequent direct observance of students performing injections on patients and consistency in presentation (verbiage used) of information within the curriculum.

Student learning improved and all students successfully passed internal mock board exams as well as licensure board exams upon first attempt. The changes made included:

- • Early faculty calibration in the areas identified on last year's "high error" areas
- • Two instructors were chosen to act as "lead" instructors who:

- Calibrated with each other in the instruction of technique throughout the year
- Calibrated themselves with other supportive part-time instructors
- Teamed together to provide instruction together as early as in the Orientation class for this course
- Were the only instructors to observe and provide one-on-one feedback/coaching to students as they practiced the techniques and clinical skills learned on real patients
- Directly observed all injections given during additional Restorative clinics

(See Appendix 5 for 2014 mock board results, 2013 mock board results example of Individual student performance rubrics used for this data collection/student learning assessment tool).

iii. EVALUATE YOUR SAC’S ASSESSMENT CYCLE PROCESSES. WHAT HAVE YOU LEARNED TO IMPROVE YOUR ASSESSMENT PRACTICES AND STRATEGIES?

Our best successes come from evaluating student performance with our number of Mock Board Exams. Due to the technical skills required within our program, licensing institutions and discipline, our student success is marked by a total of six (6) costly examinations before full licensure can be achieved. Therefore, it is imperative that students are proven to be competent to pass these board examinations. Our program provides students with rich experiences in “mock” examinations to prepare them for success in passing. Even though our students have always had a highly successful passing rate (100%), by focusing our assessments on these mock examination experiences, we have been able to improve student scores achieved on these board exams, as reported to us by the examination authorities.

iv. ARE THERE ANY CORE OUTCOMES THAT ARE PARTICULARLY CHALLENGING FOR YOUR (LDC-DE) SAC TO ASSESS, OR DIFFICULT TO ALIGN AND ASSESS WITHIN YOUR (CTE) PROGRAM? IF YES, PLEASE IDENTIFY WHICH ONES AND THE CHALLENGES THAT EXIST.

There are no Core Outcomes that the SAC identifies as challenging to assess.

v. CTE ONLY: BRIEFLY DESCRIBE THE EVIDENCE YOU HAVE, DETERMINED BY DIRECT ASSESSMENT, THAT STUDENTS ARE MEETING YOUR DEGREE AND/OR CERTIFICATE OUTCOMES.

Evidence that students are meeting Degree Outcomes that occurs through Direct Assessment are the 100% pass rate in the following:

- Dental Hygiene National Board (300 question, knowledge-based exam administered by the Joint Commission on Dental Examinations, sponsored by the American Dental Association – necessary prior to licensure
- WREB Anesthesia Written and Clinical examinations, Restorative and DH Clinical examinations (Four (4) separate tests administered by the Western Regional Examining Board – necessary prior to licensure
- Didactic Final Exams – administered by each course instructor at the end of each term
- Clinical Test Cases at the end of each Clinic Term – patient based skill exams administered in the PCC Dental Clinic at the end of DH 105, 106, 204B, 205 and 206.

Please refer to the table below for the complete examples of the evidence that students are meeting the Degree Outcomes:

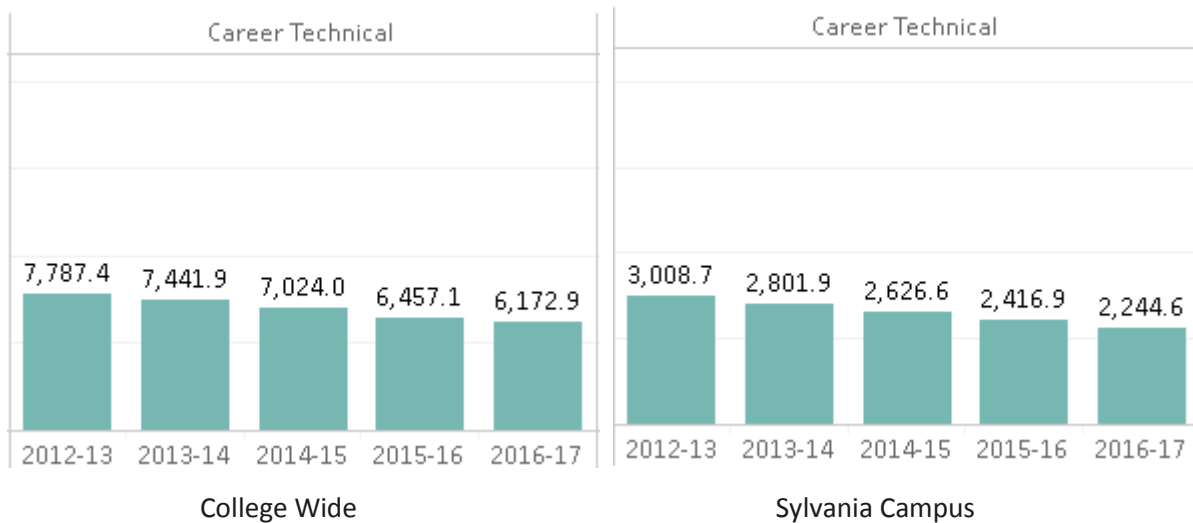
Dental Hygiene Degree Outcome	Aligned with DH Technical Skill Assessment
Communicate with patients, peers, the public and other healthcare professionals using verbal, non-verbal and written language with clarity, coherence and purpose	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH Clinical Exams Table Clinic and Formal Research Paper (DH 103)
Apply scientific research methods to support evidence based treatment modalities with specific concern for oral health and overall health.	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH Clinical Exams Research Report (DH 250)
Competently assess, diagnose, plan, implement, evaluate and document dental hygiene needs of an individual and or/community, and deliver appropriate oral disease preventions therapies in an ever changing healthcare environment	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH and Restorative Clinical Exams Clinical Test Cases (DH 105, 106, 204B, 205, 206) Mock Board Exams (DH 229, 206, 245)
Enhance knowledge and practice self-assessment as a life-long learner by seeking peer support in professional assoc., fulfilling continuing education and exploring career and professional growth.	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH Clinical Exams

	<p>Journal Self-Assessment (DH 101, 102, 103, 201, 202, 203)</p> <p>Clinical Self-Assessment (DH 104, 105, 106, 204A, 204B, 205, 206)</p>
<p>Practice the ethics and responsibilities of the profession by maintaining current knowledge of all dental hygiene procedures, as defined within the scope of the state practice act</p>	<p>National Board Knowledge and Case-Based Exam</p> <p>WREB Anesthesia and DH and Restorative Clinical Exams</p> <p>Ethics Research and Paper (DH 236)</p>
<p>Promote, refer, collaborate and exhibit professional behaviors expected of a member of the oral healthcare team</p>	<p>National Board Knowledge and Case-Based Exam</p> <p>WREB Anesthesia and DH Clinical Exams</p> <p>Professionalism Process Evaluations: (DH 104, 105, 106, 204A, 204B, 205, 206)</p>
<p>Recognize different oral health beliefs and effectively communicate with, advocate for, educate and treat diverse populations.</p>	<p>National Board Knowledge and Case-Based Exam</p> <p>WREB Anesthesia and DH Clinical Exams</p> <p>Rotations to Community Partners and Design of Year-long Community Oral Health Project (DH 205, 206, 252, 253)</p>

Other Instructional Issues

- A. PLEASE REVIEW THE DATA FOR COURSE ENROLLMENTS IN YOUR SUBJECT AREA. ARE ENROLLMENTS SIMILAR TO COLLEGE FTE TRENDS IN GENERAL, OR ARE THEY INCREASING OR DECREASING AT A FASTER RATE? WHAT (IF ANY) FACTORS WITHIN CONTROL OF YOUR SAC MAY BE INFLUENCING ENROLLMENTS IN YOUR COURSES? WHAT (IF ANY) FACTORS WITHIN CONTROL OF THE COLLEGE MAY BE INFLUENCING ENROLLMENTS IN YOUR COURSES?**

The following enrollment data tables were obtained from the Institutional Effectiveness site (<https://www.pcc.edu/ir/factsheet/Factbook/201617/swrafte201617.html>).



As a CTE closed-program, students go through a competitive application process prior to enrollment. Once accepted into the program, the student must enroll in all courses and proceed through the course of study as designed, in order to graduate and sit for licensing exams. Twenty students are accepted annually to begin the two-year program. PCC has ample numbers of applicants and a high retention rate. On occasion, a student may begin the program, but decide while in the program that they would like to pursue a different career choice. This situation occurred in Fall 2017 when a second year dental hygiene student made the courageous decision to leave the program and follow her true calling of becoming a State Police Officer. Additionally, there are times when a student has a personal unforeseeable life-challenge that prevents them from continuing the program with their initial cohort. Situations have also occurred when a student cannot matriculate into the next term due to additional remediation, skill practice, or the need to re-enroll in a didactic course. The program is dedicated to its students and in these cases makes every effort to create an individualized program in order for the student to complete the program as a third-year student. Most recently, one of the 2018 graduates completed as a third year student and a 2019 graduate is in a similar situation. During an exit interview between the Director and 2018 graduate/third year student, the graduate revealed that extending her program of study allowed her the time necessary to comprehend the detailed information, practice the difficult professional care skills and apply the knowledge/skills during patient care in such a way that she now feels she has the competence and confidence to be licensed and employed as a Registered Dental Hygienist.

Data below reveals the number of applicants, accepted, enrolled and graduated students in the DH program. As the job market improved over the last four years following the recession, the applicant pool to the program also increased and is remaining strong.

	Preceding Years: Yr Admitted/Yr Graduated				Current Year (recently admitted class)
	2013/15	2014/16	2015/17	2016/18	2017/19
Number of Applicants (submitted required credentials)	96	72	88	112	121
Met the Minimum Admission Criteria	85	59	67	84	89
Number Offered Admission	22	23	22	23	22
Total Number Enrolled	20	20	21	21**	20
Number Completed	20	18	19*	20***	19 currently enrolled (1) is in 3-Yr Program
Percentage Completed	100%	90%	90%	95%	TBD%

*One student dropped the program due to financial constraints and long-distance from children and husband. One student unable to graduate with original class, but entered second year in Fall 2017.

**Student added as third year student in Fall 2017

*** A different second year student left the program F'17 to pursue another career choice

B. PLEASE REVIEW THE GRADES AWARDED FOR THE COURSES IN YOUR PROGRAM. WHAT PATTERNS OR TRENDS DO YOU SEE? ARE THERE ANY COURSES WITH CONSISTENTLY LOWER PASS RATES THAN OTHERS? WHY DO YOU THINK THIS IS THE CASE, AND HOW IS YOUR SAC ADDRESSING THIS?

The retention rates displayed in the above table demonstrates a high 90+ percentage retention rate to graduation for each of the five years. Compared to the 40% retention rates reported by Institutional Effectiveness for District-wide and Sylvania Campus, the dental hygiene students double the success rate. Occasionally a student may struggle in one of the heavier science courses in the program such as Histology, Oral Pathology or Head and Neck Anatomy. When this occurs, an individualized program is designed, allowing the student to re-enroll in the course at

its next offering and becoming a third-year student. In the past fourteen years there has only been one student who was still unsuccessful after being allowed to have an individualized /third year program. In her case it was due to comprehension of English language challenges. Typically, English as second language students can struggle more with the more specialized dental subject area. At these times, the faculty spend extensive time in helping to remediate these students or to help find past graduates who can mentor them in their native language. Other students may struggle with the curriculum because while working on their pre-requisites, they only took one science course at a time. While they could be successful taking 4-5 credit hours / term, they find it much more difficult when they have to take 12-15 credit hours in a term. Again, remediation or a third year individualized program is offered and students most often continue on to successful completion.

The paradigm shift in faculty thinking regarding dismissal of low-achieving students in the program, has been evolving over many years. Rather than immediately dismissing a student from the program when low scores are received in one course, the faculty now realize that the student may not be successful.....yet.....but through additional resources and support system, they can eventually achieve success. They now come to the director with innovative ideas of how the student could enroll in one credit practicums to keep their skills up and possibly enroll in certain classes with their original classmates in order to lighten their three-year load. It has been inspiring to see the faculty dedication and realization of how hard the student worked to get into the program and their efforts to join with the student to create a plan to help them eventually reach their goals.

C. WHICH OF YOUR COURSES ARE OFFERED ONLINE AND WHAT IS THE PROPORTION OF ON-CAMPUS AND ONLINE? FOR COURSES OFFERED BOTH VIA DL AND ON CAMPUS, ARE THERE DIFFERENCES IN STUDENT SUCCESS? IF YES, DESCRIBE THE DIFFERENCES AND HOW YOUR SAC IS ADDRESSING THEM.

One course, DH 110 Cariology, is offered completely online. All other courses are “enhanced” with D2L or learning activities through the use of technology. Due to the close relationship with the learning of DH theory, combined with immediate practice of new skills in the PCC Dental Clinic, there have not been other online courses developed. Currently the SAC is considering offering the Ethics and Jurisprudence course, DH 236, online/hybrid based on comments provided by students on the most recent Winter Course Evaluations.

D. HAS THE SAC MADE ANY CURRICULAR CHANGES AS A RESULT OF EXPLORING/ADOPTING EDUCATIONAL INITIATIVES (E.G., COMMUNITY-BASED LEARNING, INTERNATIONALIZATION OF THE CURRICULUM, INQUIRY-BASED LEARNING, ETC.)? IF SO, PLEASE DESCRIBE.

The Dental Hygiene Program has a large focus of Community-Based Learning as part of the second year DH curriculum. Through the years, the Community Oral Health Instructor, Cara Kao-Young, has worked tirelessly to enrich the students’ experiences concerning the current access to

care issues prevalent in the State and Nation. Students rotate to OHSU Russell Street HIV Clinic, the Salem Boys and Girls Club or Creston Children’s Clinic and PCC’s Sealant Day to provide care to those who have low access to dental care. Additionally, students participate in three self-chosen community projects to help educate groups, participate in Oregon Dental Hygiene Day at the Capitol or attend professional organization meetings. Further, working in pairs, students design a community oral health project aimed at improving the health of a targeted population. This capstone project enables the student to assess, determine, plan, implement and evaluate a program that they design. A variety of group projects have been developed over the years for populations such as teen mothers, geriatrics, physical disability groups, low-income, toddler and infant programs and teen agers. What the student learns from this experience sparks their interest into helping groups and many go on to work in community type public health areas upon graduation.

Graduates of the 2016 cohort encountered a special innovative collaborative project with five senior dental students from the Oregon Health Sciences University School of Dentistry (OSHU SOD). During the Spring of 2015, a faculty member of the SOD contacted the PCC DH Director about participating in a pilot project that would allow dental students who were near graduation to simulate their own private practice by leading a PCC Dental Hygienist and a PCC Dental Assistant through patient care during a typical practice day. PCC DH students went to OHSU for three days per week Winter and Spring Term to provide dental hygiene care for patients on a schedule that more closely reflected what they would find upon graduation. The “practice” would “huddle” in the morning, discussing with the dentist each patient that was scheduled and developing a plan for the most efficient sequencing of care throughout the day. The DH students were allowed to administer local anesthetic to the dental student patient, to assist the dental student during the preparation of a restoration and then sit down to place the restoration to completion. The dental student learned to leave the patient he or she was working on to do an exam for a DH student’s patient or consult on an area of concern. Student’s comments at the completion of this practice revealed that their confidence in their ability to succeed in private practice was enhanced because of their experience with this project.

E. ARE THERE ANY COURSES IN THE PROGRAM THAT ARE OFFERED AS DUAL CREDIT AT AREA HIGH SCHOOLS? IF SO, DESCRIBE HOW THE SAC DEVELOPS AND MAINTAINS RELATIONSHIPS WITH THE HS FACULTY IN SUPPORT OF QUALITY INSTRUCTION.

Currently the Dental Assisting Program offers dual enrollment, but the DH program does not.

Students from the Health Care classes at Beaverton High School are offered the opportunity to visit the first year dental hygiene students each spring and spend one hour in lecture with them; have lunch to provide answers to their questions about the program; and then spend a clinic session observing the students who are working in clinic. This collaborative event has been developed out of the coordinated interest of the program faculty members and the lead health instructor and PCC Dental Advisory Committee member, Matt Bayha. This is the fourth year that this collaborative activity has taken place. Positive feedback has been received from both the DH students and high school students involved in this project.

F. PLEASE DESCRIBE THE USE OF COURSE EVALUATIONS BY YOUR SAC. HAVE YOU CREATED SAC-SPECIFIC QUESTIONS? DO YOU HAVE A MECHANISM FOR SHARING RESULTS OF THE SAC-SPECIFIC QUESTIONS AMONG THE MEMBERS OF YOUR SAC? HAS THE INFORMATION YOU HAVE RECEIVED BEEN OF USE AT THE COURSE/PROGRAM/DISCIPLINE LEVEL?

Course Evaluations are valuable resources for the individual faculty members who teach courses, for the SAC to gain data regarding clinical and lab courses where numerous PT faculty are also instructors and by the Director when guiding the SAC through curriculum and more broad institutional changes. Information is utilized for the faculty's personal professional development and goal setting, as well as course revisions based on student feedback. The program has designed six SAC-Specific Comments for the students to supply feedback on. They are:

1. The Instructor treated students with respect
2. The instructor made connections between course material and private practice employment
3. This course provided the opportunity to increase my professional competency
4. This course provided the opportunity for self-reflection
5. The textbook was helpful for this course
6. What changes, if any, would you recommend to improve this class?

The questions were designed to elicit information from students for instructors who teach in lecture, lab and clinical courses. All full-time and numerous part-time faculty also teach in the PCC Dental Clinic as students are practicing their skills on patients. By having students reflect on the above criteria, the SAC is able to learn where to focus professional development activities to increase faculty members' performance. Course changes also occur based on student feedback. Most recently a change to Ethics Course DH 236 was discussed to make it a hybrid/online course.

Needs of Students and the Community

A. HAVE THERE BEEN ANY CHANGES IN THE DEMOGRAPHICS OF THE STUDENT POPULATIONS YOU SERVE? IF THERE HAVE BEEN CHANGES, HOW HAVE THEY IMPACTED CURRICULUM, INSTRUCTION, OR PROFESSIONAL DEVELOPMENT, AND, IF SO, IN WHAT WAY?

The Dental Hygiene program has always attracted students from all cultures and ethnicities and that is the same today. Teaching practices, methods of instructions and professional development courses have continued to reinforce teaching the ESOL student, students who work while going to school, students with families and many other outside commitments, even in the midst of a very strenuous, competitive program. To accomplish this goal, many courses are enhanced through online technology, providing access to learning at any hour of the day. Courses are also designed with multiple learning methods: lab, lecture, clinical application, online format, videos of procedures to be learned, live demonstrations as well as recorded demonstrations that can be accessed any hour of the day for repeated viewing and learning enhancement. A variety of learning assessments also provides the opportunity for students to succeed in the area that they may learn best, as well as provide a well-rounded development of their own learning styles. The program is proud to graduate students that represent the diverse populations of the communities they will serve.

We have also seen a change in the average age of our students as well as a change in their preferred learning styles. Our student groups now tend to consist of younger students who are more technologically dependent. Newer research has pointed out that students of this age group will learn better if engaged in learning on their “devices” (e.g., laptops, smart phones, tablets). This has prompted more frequent utilization of online venues where students can use their smart phones to interact within the classroom and capture “nuggets” of learning via quizzes and questions posed through active learning websites such as Kahoot and Poll Everywhere. Students consistently report they enjoy learning this way, access information immediately and are prompted to utilize critical thinking during the learning process.

B. WHAT STRATEGIES ARE USED WITHIN THE PROGRAM/DISCIPLINE TO FACILITATE SUCCESS FOR STUDENTS WITH DISABILITIES? IF KNOWN, TO WHAT EXTENT ARE YOUR STUDENTS UTILIZING THE RESOURCES OFFERED BY DISABILITY SERVICES? WHAT DOES THE SAC SEE AS PARTICULARLY CHALLENGING IN SERVING THESE STUDENTS?

The PCC DH Website provides applicants to the program access to the “Technical Skill Standards” that have been determined for the profession (See **Appendix 6**). Once accepted into the program, the standards are reviewed with the new students at an orientation prior to enrollment. At that time, any student who feels they are challenged with performing any of the technical standards is

encouraged to speak with the lead instructor, who then will refer the student to Disability Services or other resources for counsel.

Each syllabus distributed on the first day of class includes the required ADA Statement that informs students the process to follow if they believe they require accommodations in order to successfully complete the course. Typically accommodations are rare, but when needed are usually in the form of providing extra time to take exams, quiet space needed for exams and/or note taking by someone else during class.

Other methods that have been employed to increase the success of all students are:

- Online posting of all course materials, including lecture Powerpoints, handouts, study guides
- Online posting of clinical practice videos, which allow students to view them as many times as necessary prior to testing.
- Opportunity to “check-out” equipment to take home for clinical practice as needed.
- One-on-one coaching in clinical and restorative labs for students needing additional skill enhancement
- Numerous mock board exams prior to the actual local anesthesia, DH clinical and restorative board testing
- Study Guide development for all students preparing to take exams in the heavy science classes
- Study sessions with the instructor for students who are below a “C” grade during the term
- Individual one-on-one advising sessions with instructor, done twice per term, to review student success, identify areas of weakness; provide encouragement and strategies for student success.

C. WHAT STRATEGIES ARE USED WITHIN THE PROGRAM/DISCIPLINE TO FACILITATE SUCCESS FOR ONLINE STUDENTS? WHAT DOES THE SAC SEE AS PARTICULARLY CHALLENGING IN SERVING ONLINE STUDENTS?

The program helps prepare students for online National and Regional Testing that consists of knowledge-based and cased-based test questions by offering course testing online in the following ways: Summer term DH 208; fall term DH 252, 201; and winter term DH 250, 202: On-line quizzes are instituted where previously in 1st year all quizzes are in class, on paper. These online quizzes allow students to navigate online exams, employ time efficiency strategies, and answer test questions. These prepare students to successfully pass two (2) of their written board exams that are online: the WREB Local anesthesia written exam in DEC, and March the National DH Board Exam by CODA.

Also, students work with a partner in DH 201 to complete a comprehensive online patient case. This gives the student the opportunity to navigate the computer to view patient medical/dental/social histories, patient photos, radiographic images, dental/perio charting, and use these to develop a treatment plan for the patient.

Challenges in serving online learning include:

DH 110: Spending time outside of class for introduction & enhancement of learning. The challenge lies in providing rich learning experiences, which are usually hands-on. These activities are now being planned for the future.

D. HAS FEEDBACK FROM STUDENTS, COMMUNITY GROUPS, TRANSFER INSTITUTIONS, BUSINESS, INDUSTRY OR GOVERNMENT BEEN USED TO MAKE CURRICULUM OR INSTRUCTIONAL CHANGES (IF THIS HAS NOT BEEN ADDRESSED ELSEWHERE IN THIS DOCUMENT)? IF SO, DESCRIBE.

As a CODA Accredited Program, the Dental Hygiene Program must employ “*outcome measures that are utilized to determine the degree to which...stated goals and objectives are being met,*” (DH Accreditation Standards 1-5). As such, a variety of outcomes measures provide feedback that influence curricular change, such as: National and Regional Board Testing Results, Exit Surveys of new graduates and Alumni Surveys of graduates who have been employed one year, Employer Surveys (every three years), Clinic Patient Satisfaction Surveys, Advisory Committee Feedback, Learning Assessment Council Reports and Peer Review and Service Learning /Community Partner Evaluations.

Please refer to Section 2, #1 (page 5) for a summary that presented changes made resulting from outcome measure feedback. Additionally, the Advisory Committee and the Oregon Health Authority have been instrumental in providing feedback and Oregon State changes that resulted in important curricular revisions. The examples are listed below:

- Providing feedback related to electronic records systems used in practice and the pros and cons of each. Eventually the final decision to purchase the Eaglesoft system was based on the committee’s feedback.
- Importance of graduates needed to simulate more realistic time frames for completing patients that mirror what they will find in private practice. Simulated Private Practice experiences in the clinic, as well as participation in the OHSU Tilikum Project occurred from these suggestions.
- Use of Insurance codes is a responsibility of the Dental Hygienist providing care. Advisory Committee members volunteered to have students close to graduation to observe them in their practice using the insurance codes and also their time management skills.
- Decisions regarding use of the lead apron during digital imaging were decided on following discussion and feedback with the advisory committee members (This discussion occurred following the letter from the Oregon Oral Health Authority stating there was no need to use lead aprons anymore based on evidence of the low radiation dose).

A. PROVIDE INFORMATION ON HOW THE FACULTY INSTRUCTIONAL PRACTICES REFLECT THE STRATEGIC INTENTIONS FOR DIVERSITY, EQUITY AND INCLUSION IN PCC'S STRATEGIC PLAN, THEME 5. WHAT HAS THE SAC DONE TO FURTHER YOUR FACULTY'S INTER-CULTURAL COMPETENCE AND CREATION OF A SHARED UNDERSTANDING ABOUT DIVERSITY, EQUITY, AND INCLUSION?

The dental hygiene program and faculty embraces the mission of the college in regards to diversity and success for all students. The Department as a whole places purposeful focus on openness, acceptance/inclusion and celebration of each individual's worth. Whether we encounter a student, staff/faculty member, patient or even a person lost on campus who needs directions, respect and kindness is the face they see.

One of the most rewarding examples of this respect and kindness can be illustrated by a situation that occurred a year ago in our department. The HT 206 dental reception area is like a "fish bowl" for people walking through the HT Building. Often times lost, they seek directions from the department administrative assistant, Arleen Shannon and receptionist, Carolina Valle. On one occasion the week before school was to start in September, a student who just arrived from a country where he was escaping fighting and fear came into the department. He asked for directions and the staff spoke with him for a good twenty minutes, welcoming him to Oregon and the college. He left the department, but immediately returned, thanking them by saying that he didn't know how people would accept him when he arrived in the US. He didn't know if people would understand him or want to help him and from their kindness, he now feels very welcome and happy to move forward at the college. This is just one example of the welcoming environment people encounter within the department and programs.

Examples that the program and SAC have used to further inter-cultural competence and creation of a shared understanding about diversity, equity and inclusion includes:

- SAC development of program goals that includes a shared understanding about diversity, equity and inclusion: Diversity, Equity and Inclusion: We will support the student's educational experience by providing a safe and healthy environment that embraces equality and acceptance of each individual's worth, contributions, and uniqueness. Our educational surroundings will promote open communication, interactions, and/or provision of care that exhibit respect while meeting the needs of all individuals and groups served.
- Annual cultural collaborative project with the International Studies Department where first year dental hygiene students participate in "Speed Talks" with the International Students. During this activity, the DH students ask an international student a question about their oral health beliefs based on their culture and the international student asks the dental hygiene student a question of their choice. When the bell rings, the students rotate to another person to do the same thing, so that by the time the activity is over,

each group of students has met and encountered many people with views unique to their culture. From this report, we learned...

- Of all 106 submitted Patient Satisfaction Surveys:
 - 38 (35%) of the responders self-identified themselves as meeting at least one of the categories of a multi-cultural society:
 - LGBTQ
 - Receiving public assistance
 - an ethnicity other than white/Caucasian,
 - did not complete high school
 - having a physical or mental impairment
 - unemployed
 - Of these 38 responses, the number of responses to the culturally sensitive questions were then tallied (e.g., The student asked me about my beliefs on oral health, Information was presented in a way that I could understand).
 - 34 (90%) "Agreed" with the statement,
 - 2 (5%) "Somewhat Agreed" with the statement,
 - 1 (2.5%) "Disagreed" with this statement
 - 1 (2.5%) did not answer the question.

In summary, the SAC felt that based on these Patient Survey results, that while a 90% attainment of our goal is good, we believe that there is room for some improvement. We believe that making a few changes to our survey would help us identify student demographic more clearly (1st yr students vs. 2nd yr) and integrating workplace practices that would ensure that more patients have the opportunity to complete the survey.

Courses that include cultural competence:

- In the Community Oral Health 3-series courses, the 2nd year students build on cultural competence and communication as dental hygienists; materials and activities are adapted from nursing textbooks.
- DH 208: COH I – Class activity on varying social constructs, health values and belief models
- DH 252: COH II – Cultural competence self-evaluation; online credentialing of Cultural Competence for Oral Health Providers by DHHS; five (5) online cultural competence modules

Additionally, During the SAC Inservice Day all FT Staff and Faculty participated in a group activity/discussion on Micro-aggressions. This discussion was led by Magda D'Angelis-Morris, a Dental Assisting Faculty member and also one of the Co-Chairs on the Curriculum and Pedagogy Committee of the Sylvania Diversity Council. The group felt the activity was very valuable and brought insight into their understanding. Part-time faculty participated in a similar two hour training on the same topic June 8, 2018. Following the micro-aggressions workshops, the Director assigned three (3) Continuing Education modules on the topic entitled *Cultural Competency Program for Oral Health Providers*, sponsored by the American Dental Association and US Department of Health and Human Services. This 6 hour free course can be found at (<https://www.thinkculturalhealth.hhs.gov/education/oral-health-providers>). The survey was

assigned to do over the summer. Discussion and follow-up activities included a faculty meeting on October 2nd 2018. At this meeting, faculty members completed group exercises and brainstormed ideas for the upcoming move to the new building downtown by incorporating best practices learned from the modules.

B. REPORT ANY CHANGES THE SAC HAS MADE TO INSTRUCTOR QUALIFICATIONS SINCE THE LAST REVIEW AND THE REASON FOR THE CHANGES. CURRENT INSTRUCTOR QUALIFICATIONS ARE AVAILABLE AT: [HTTP://WWW.PCC.EDU/RESOURCES/ACADEMIC/INSTRUCTOR-QUALIFICATIONS/INDEX.HTML](http://www.pcc.edu/resources/academic/instructor-qualifications/index.html)

Previous instructor Qualifications were: “Bachelor’s Degree and 3 years of work experience.” Three years is a change from the PCC required 4 years of experience due to the difficulty of finding qualified applicants who are willing to leave their private practice positions for education. Instructor Qualifications were again changed in April of 2018 to read: “*Bachelor’s Degree and continuous work experience in the dental field for the past three years as a licensed Registered Dental Hygienist or Dentist (change from the college standard of 4 years of experience).*”

The current instructor qualifications reflect the CODA Standard for faculty which states “*The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree. Part-time faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program.*” Additionally, CODA requires that all dental hygiene program faculty members must have: “*a) current knowledge of specific subjects they are teaching, b) documented background in current educational methodology concepts consistent with teaching assignments, and c) faculty who are dental hygienists must be graduates of dental hygiene program accredited by the Commission on Dental Accreditation*” (DH Accreditation Standard 3-7). All faculty are in compliance with this Standard.

C. HOW HAVE PROFESSIONAL DEVELOPMENT ACTIVITIES OF THE FACULTY CONTRIBUTED TO THE STRENGTH OF THE PROGRAM/DISCIPLINE? IF SUCH ACTIVITIES HAVE RESULTED IN INSTRUCTIONAL OR CURRICULAR CHANGES, PLEASE DESCRIBE.

Licensed Dentists and Dental Hygienists must obtain mandatory continuing education each biennium in order to renew their licenses through the Oregon Board of Dentistry. Additionally, CODA DH Accreditation Standard 3-7 requires the following:

All dental hygiene program faculty members must have:

- a) current knowledge of the specific subjects they are teaching.**
- b) documented background in current educational methodology concepts consistent with teaching assignments.**

Faculty register for continuing education and utilize department or division funding when available, funding from Professional Development Grants and through personal funds. Monies earned from “School Use Fees” from the WREB exams are also used to register all FT and PT faculty in at least one professional development event each year. Examples of events funded for faculty using WREB school use fees in the last few years include:

2018 – Faculty were given a choice of having registration paid for to attend either the NW DH Educator’s Conference or the Oregon Dental Conference

2018 – Faculty and Student Registration for Oregon Dental Hygiene Association Conference

2018 – Faculty and Student Registration at Virginia Garcia’s Memorial Health Center Symposium on Toxic Stress

2017 – Anna Pattison – Advanced Periodontal Instrumentation 8 hr. CE (All FT and PT attended)

2017 - Faculty and Student Registration at Virginia Garcia’s Memorial Health Center Symposium on Women and Child’s Health

2016 – Oregon Dental Conference

2016 – Oregon Dental Hygiene Conference

Faculty have also attended numerous other professional development/continuing education meetings that are aimed at updating their course material with the current information. Examples for the full-time faculty are listed below:

Nancy Pilgrim, DDS

Course Title	Course Content and Provider	Month and Year
Medical History and Evaluation Management of medical Emergencies	University of Minnesota	9/16
6 th Annual oral path educators institute <i>I adopted the book that the speakers had published</i> <i>For my oral pathology course “ General and Oral pathology for the dental hygiene practice” by Sandra Myers and Alice Curran</i>	University of Minnesota	7/14
RENAISSANCE IN LOCAL ANESTHESIA <i>I would like to incorporate some of the recommendations into the existing Local anesthesia course. I need to work with Linda Munro and Cara Kao Young to make these changes</i>	Stanley Malamad	February 25, 2017
Dental Embryology, Dental Histology and Dental Anatomy “Boot camp” series <i>This online course was put on by the authors of my adopted Histology/dental anatomy book. Since I am very familiar with this book I did not make any changes to my course</i>	Margaret Fehrenbach RDHEDU.com	Summer 2017
Osteology of the skull Cranial Nerves and Muscles	U of M 5	1/24/17

<i>This course provided a few new tidbits of information</i>		
14th annual PROH conference- <i>Interesting short course on silver diamide fluoride that outlined the pros and cons of using.</i>	OHSU	10/27/17

Sandra Curren, RDH

Course Title	Course Content and Provider	Month and Year
New Elements of Standard Precautions and Essential Elements of Transmission-based Precautions	Fady F. Faddoul, DDS, MSD; Géza T. Terézhalmy, DDS, MA, Dentalcare.com	8/2016
Hand Hygiene: Infection Control/Exposure Control Issues for Oral Healthcare Workers	Géza T. Terézhalmy, DDS, MA; Michael A. Huber, DDS, Dentalcare.com	8/2016
Management of Medical Emergencies: An Update	Stewart Bergmen, DDS, MS, WesternSchools.com	8/2016
Management of the Pediatric Medical Emergencies in the Dental Office <i>I included information into my Pediatric Behavior Lecture</i>	Steven Schwartz, DDS, Dentalcare.com	8/2016
Clinical Practice Guideline for an Infection Control/Exposure Control Program in the Oral Healthcare Setting	Géza T. Terézhalmy, DDS, MA, Dentalcare.com	8/2016
Caring for the Modified Care Patient in the Oral Health Care Setting	Portland Community College	6/2015
Dental Implants: A Comprehensive Review <i>I included information into my Dental Implant lecture</i>	Sanda Moldovan, DDS, MS, CNS, Dentalcare.com	1/2015
A Guide to Clinical Differential Diagnosis of Oral Mucosal Lesions	Michael W. Finkelstein, DDS, MS, Dentalcare.com	8/2016
Electronic Cigarettes: the Past, Present and Future <i>I included this information into my Tobacco PPT</i>	David Nguyen, MSDH, EPDH, Gail Aamodt, RDH, EPDH, MS, Dentalcare.com	1/2015
The Inter-Professional Puzzle: Connecting the Professions	Greg Hinckley, MS, NW DH Educator's Conference	1/2015
An Update on Demineralization/Remineralization	Mark E. Jensen, MS, DDS, PhD; Robert V. Faller, BS, Dentalcare.com	1/2015
A History and Update of Fluoride Dentifrices	James S. Wefel, PhD; Robert V. Faller, BS, Dentalcare.com	1/2015
Digital Imaging Techniques & Error Correction	Gail F. Williamson, RDH, MS, Dentalcare.com	12/2014

Introduction to Preventing Transmission of Infectious Agents in Healthcare Settings	Proctor & Gamble Dentalcare.com	8/2014
The OralHealth-Systemic Body Connection	Int'l Quintessence Symposium on Oral Health	2/2014

Cara Kao-Young, RDH, EPDH

Course Title	Course Content and Provider	Month and Year
11th Annual Oregon Oral Health Coalition Strategic Plan Update	Priority actions policymakers should consider to improve access to oral care. Marko Vujcic, PhD,	11/2016
My Favorite Things...Dental Hygiene Style	Minimally invasive dentistry; new technologies in DH instrumentation; fluoride and xylitol. Angie Stone, RDH, BS	11/2016
Dying from Dirty Teeth....Oral Health of Dependent Adults: A Problem and A Viable Solution	Care teams for dependent elders; advanced treatment modalities for dependent elders. Angie Stone, RDH, BS	11/2016
Drugs and Dentistry: New Issues and New Solutions	Identify new drug-related problems encountered in dental practice and to outline practical management solutions. Karen Baker, MSPHarm	4/2016
The 4 C's in Solving the Caries Puzzle!	Caries risk assessment, mapping a treatment plan, and incorporate appropriate therapies based on patient individual risk and evidence. Judy Bendit, RDH, BS	4/2016
Providing Culturally Competent Care for the Hispanic Population	Panel presentation will examine varying aspects of providing culturally competent care for the Hispanic population in Oregon. ODHA Annual Session	11/2015
A Review of Oregon Labor Laws and the Oregon Dental Practice Act	Current laws pertinent to dental hygiene; Dr. Paul Kleinstub, Chief Investigator Oregon Board of Dentistry	11/2015
Ultrasonic Scaling Teaching Institute, Dentsply International	Three-day didactic and hands-on workshop.	7/2015
Introduction to Biostatistics and Introduction to Biostatistics 2: Variables	training in a variety of public health concentrations regarding the current and future public health workforce. University of Minnesota School of Public Health	10/2014
CAMBRA - Caries Management by Risk Assessment Certification	A Six-Week Online Course Certification. The scientific basis for caries risk assessment, practice interventions, and a variety of case studies. Dr. John Featherstone, UC at San Francisco	6/2014
Tongue-Tied: A Story NOT Silenced by Oral Cancer	Course speaker is an oral cancer stage IV survivor, a champion for early detection, and who founded the Six-Step method of oral cancer screening. Eva Grayzel	4/2014
Medical Emergencies Updates	4 hour course: on managing emerg. Dr. Howerton / Dr. Kennedy	4/2014

<p>The Oral Health-Systemic Body Connection: The 1st Int'l Quintessence Symposium on Oral Health</p>	<p>A 2-day symposium. Appraise literature and understand etiology of oral-systemic connection; assess associations linking oral health with general health; understand role of oral health care professionals in improving overall patient health. Speakers included Dr. Michael Glick, Dr. Panos Papapanou, Dr. Robert Genco, and Dr. Thomas Van Dyke</p>	<p>2/2014</p>
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A. DESCRIBE HOW CLASSROOM SPACE, CLASSROOM TECHNOLOGY, LABORATORY SPACE, AND EQUIPMENT IMPACT STUDENT SUCCESS.

The Administration at PCC recognizes that the space the Dental Sciences Department resides in, and specifically, the PCC Dental Clinic in which Dental Hygiene (and Dental Assisting) students receive their training, is not adequate in relationship to privacy/confidentiality of patient information, safety of operators and patients related to space allocations and maintaining infection control standards related to proximity and openness of the dental chairs to each other. The 2008 Bond received funds to remedy the deficiencies and the Bond Team and Administration have explored several options for the program that includes:

- 1) Remodel and expansion of the program in the current HT building by moving the CDC Program into a new building that would be built
- 2) Movement of the program to a building site near the campus
- 3) Building a Health Professions Building near the CLIMB center where all health profession programs would move
- 4) Moving the program to a collaborative building to be built in downtown Portland.

This building would be inhabited by the Dental Sciences Programs, the OHSU and PSU Graduate School of Public Health, the PSU Graduate School of Education and the City of Portland Department of Sustainability.

The fourth option has been approved and current work between the collaborative group, SRG Architects, Planning and Capital Construction Team and Department is occurring in planning of the new building and dental department space. Estimated completion of the building and relocating the Dental Sciences Programs to 4th and Montgomery is January of 2021.

Efforts to address the inadequacies and resulting impact on student learning were described in Section 1.B (pages 2-5) of this document. Additional technology improvements have occurred in laboratory and clinical areas with use of Bond funds in the following ways:

- Permanent computers and monitors/Mondo pad have been installed in HT 202 (Clinic), HT 208 (Dental Radiology Lab) and HT 204 (Dental Materials Lab). These technology improvements have increased the ability of students to view from anywhere in the room the course presentations and demonstrations/videos. Prior to this a computer cart had to be requested by each instructor. This inconvenienced instructors and interrupted learning when another instructor was using the computer cart at the same time it was needed elsewhere.
- Scanning Technology was purchased so that analog film x-rays could be scanned from patients previous visits into the new Electronic Patient Records.

- Through a collaborative effort from the PCC IT Team, a solution was created to the problem of how to transfer patient electronic records from the new Eaglesoft system to the patient's oral health provider at OHSU or other private practices. HIPAA standards to protect patient privacy was at the heart of the discussion and solution designed. Final approval to transfer patient records through an encrypted thumb drive given directly to the patient, or by sending the information through an encrypted email system designed specifically to protect the patient's information. These efforts allow the students to learn with the technology they will encounter upon graduation, while also protecting patient confidential information and remove breaches and liability to the PCC Institution.

B. DESCRIBE HOW STUDENTS ARE USING THE LIBRARY OR OTHER OUTSIDE-THE-CLASSROOM INFORMATION RESOURCES (E.G., COMPUTER LABS, TUTORING, STUDENT LEARNING CENTER). IF COURSES ARE OFFERED ONLINE, DO STUDENTS HAVE ONLINE ACCESS TO THE SAME RESOURCES?

The Dental Hygiene Program must meet the CODA Accreditation Standard related to Learning Resources. This standard states: *“Instructional aids and equipment must be provided for student learning, Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids”* (DH Accreditation Standard 4-7).

Students are given a list of PCC resources in their student Handbook at the mandatory Student Fall Orientation which is held on the Friday before classes begin in Fall term. Each resource is listed individually with a summary of services provided, and reviewed one-by-one as a group.

Students are also taken on a “field trip” with a librarian who introduces them to using the library resources during Spring term. Student are required to use the library for access to medical and dental data bases for their Spring term research project.

Jen Klaudinyi, Library Liaison to the Dental Department, has been instrumental in assisting faculty in the support of students utilizing library resources, as well as assisting the director in compiling data for the November 2017 Accreditation Self-study and Site Visit. The following information describes how students are using the library and other resources and the types of collections available related to the dental field available:

Collection

- Over 150 journals related to dental subject area - access is primarily through online databases
- More than 10 online databases related to allied health that include dental content

- over 190 books in the dental subject area
- over 125 ebooks in the dental subject area
- over 16,000 books related to health and medicine

Research instruction

- DH103 students participate in research instruction sessions with a librarian every year, and other dental classes have this opportunity as well. These sessions are designed to help students meet information literacy-related outcomes and integrate evidence-based practices.

Online support

- [Dental subject guide](#), with resources, tutorials, and more.
- Like all PCC students, dental students have access to online chat with librarians, email help, tutorials, citation guidance and other instructional resources through the library's website.

Reference and other services

- Dental students utilize the library's research help desk, and ask librarians questions related to finding reliable evidence, incorporating sources into their projects and citing sources properly.
- Students also can email Jen Klaudinyi, directly with research questions.

Requests for new materials go through the librarian liaison assigned to the health programs, Jen Klaudinyi. Faculty can place requests on-line or by email and Jen will place the orders. During faculty SAC meetings, and as part of the curriculum management process, the library collection is reviewed. As faculty identify new available resources, they are added to the collection as funds allow. Collectively, the health and health professions departments have 12,000 available annually for purchase of library holdings. Jen Klaudinyi reviews the collection each year and removes outdated materials. She monitors new publications and purchases at the suggestions of the department or as she sees appropriate to maintain/ update materials.

The building that the dental hygiene program is located in has a computer lab with 30 computers. Instructors reserve this room to teach beginning skills in entering electronic patient records into Eaglesoft. Once done using the demo module, the students then proceed to work in the clinic with the software and entering patient data. The computer lab has open hours daily that allow students to complete project work if desired. Additionally, computers for studying and assignment completion are also located in the Sylvania Campus Library.

The dental department has computers available in the front office, copy room and clinic if an emergency comes up where students need immediate access to a computer.

C. DOES THE SAC HAVE ANY INSIGHTS ON HOW STUDENTS ARE USING ACADEMIC ADVISING, COUNSELING, STUDENT LEADERSHIP, AND STUDENT RESOURCE CENTERS (E.G., THE VETERANS, WOMEN’S, MULTICULTURAL, AND QUEER CENTERS)? WHAT OPPORTUNITIES DO YOU SEE TO PROMOTE STUDENT SUCCESS BY COLLABORATING WITH THESE SERVICES?

It is difficult for the SAC to track information on how students are using the resources listed in the above question due to privacy and confidentiality of actual usage. Referrals are made to the appropriate resource that would help a student according to their needs. Whether a student accesses the resources, can only be known if revealed voluntarily by the student to the instructor. In the case of use of disability services, course instructors are notified by student and disability personnel if accommodations are needed. As described earlier, this occurs very seldom in the dental hygiene program, but is handled appropriately when it does occur.

Other resource usage that the SAC is aware of includes:

- Health Admissions Office Advising: All students attend information sessions and individual advising sessions prior to and throughout the application process. Grad Plan advising occurs each September as a first year student and again when entering their second year of training.
- Counseling: Students are referred to the counseling office as needed for personal challenges they are facing.
- Faculty Advising Sessions: Each student meets individually with lead instructors of each course as needed throughout the term to discuss their progress. This especially occurs after a CPN has been sent to a student regarding concerns about their progress in a course. Additionally, each student meets with a clinical instructor at least one time each term to discuss their progress in their clinical course and completion of the requirements for the term. A plan is developed, in cases when additional resources are needed to assist the student. Students who are not at the appropriate skill level to proceed to the next clinical term, have an individualized plan developed and are scheduled with advising sessions with the lead instructor on a regular basis to track their progress.
- Grad Plan and Financial Aid Resources: College representatives are schedule to speak to students during orientation to answer questions.
- Career/Job Placement Resources: Diane Jantze is the Career Specialist assigned to the Dental Sciences Programs. She has been instrumental in meeting with students to provide assistance on Cover Letter, Resume Design and Interview Skill development.
- Public Safety Officers: Student receive personal safety instructions and safety protocol from public safety offices at orientation in September.

A unique opportunity also exists for the students to interact with Veterans who are enrolled at PCC. The Dental Sciences department currently partners with the Veterans Resource Center to provide veterans with free dental cleanings, x-rays and limited examinations. It was during one of these visits where a veteran’s life was saved by identification of Stage 2 melanoma and a recommendation for referral to a dermatologist. This story was featured on the 3 local television stations, KPTV, KGW and KATU.

Collaboration with other student Resource Centers could result in similar student success.

Career and Technical Education (CTE) Programs only: To ensure that the curriculum keeps pace with changing employer needs and continues to successfully prepare students to enter a career field...

A. EVALUATE THE IMPACT OF YOUR PROGRAM’S ADVISORY COMMITTEE ON CURRICULUM AND INSTRUCTIONAL CONTENT METHODS, AND/OR OUTCOMES. PLEASE INCLUDE THE MINUTES FROM THE LAST THREE ADVISORY COMMITTEE MEETINGS IN THE APPENDIX.

The formal active liaison mechanism between the program and the dental community is through the Dental Sciences and Dental Hygiene Advisory Committees. These committees consist of representatives from all three disciplines as well as interested community members and student representatives. The meetings are led by the appointed committee chairperson and assisted by the FT faculty and program director. At the combined joint meeting there is a general session of all members, with time allowed for a break-out session of each subcommittee. The subcommittees then focus on issues, concerns and emerging information for that discipline. Each subcommittee determines whether a Winter meeting is necessary to continue their work, or whether Spring Term would be the next formal meeting. At times, additional smaller focus group meeting may occur as needed to work on projects specific to the committee members’ expertise. As an example, smaller group meetings occurred when determining second year DH student job shadowing in advisory member offices during their last year of training and also when decisions were being made about which Electronic Health Record System would be most appropriate for PCC to implement into the dental clinic.

Informally, Part- time faculty and guest presenters advise the program on important curricular issues. They are utilized in the following ways:

Faculty: Many of the faculty members maintain part-time employment in clinical practice. As a result, the program utilizes their expertise as a resource, particularly for the clinical aspects of dental hygiene practice. Other faculty members are involved in professional association leadership positions, volunteer activities with a variety of agencies, community rotation sites for student enhancement of skills, and provide continuing education in areas such as pharmacology, the adult learning and current periodontal therapy philosophy, local anesthesia, medical emergencies, radiology principles and use of silver diamine fluoride.

Guest Lecturers: Dental and health care specialists are invited to give presentations on related course topics. They provide instruction on a variety of subjects throughout the curriculum such as current periodontal therapies, digital and intraoral camera imaging, treating the HIV patient,

understanding community oral health organizations and utilization of insurance coding. Others support instruction in the additional following ways: assistance with community projects such as Sealant Day, orientation and support of off-site community dental health rotations, information regarding state and local dental hygiene associations, provision of sites for observation and job shadowing and acting as team leaders and mentors for international experiences.

Advisory Committee Meeting Minutes are included in **Appendix 7**. The Fall 2017 minutes are not included, as that meeting was scheduled to coincide with the Accreditation Site Visit. A confidential meeting between the Advisory Committee and Site Visitors took place and minutes were not kept. No recommendations or suggestions regarding the effectiveness of the program and utilization of the advisory committee were noted by the Site Visitor Final Report. In fact, verbal comments by the site visitors included how impressed they were by the active participation and interest in the program of the advisory members. Meeting minutes are included in this document for the Spring 2018, Spring 2017 and Fall 2016 Advisory Meetings.

B. DESCRIBE CURRENT AND PROJECTED DEMAND AND ENROLLMENT PATTERNS FOR YOUR PROGRAM. INCLUDE DISCUSSION OF ANY IMPACT THIS WILL HAVE.

Since the 2008 Program Review, one dental hygiene program offered through Carrington College in the Lloyd Center area closed. This contributed to the increased applicant numbers in the ensuing years (Please refer to the previous presented table on pages 2-3 relating the application pool statistics since the previous program review).

The Dental Sciences Department has received invaluable support from Diane Jantze, PCC Career Specialist. She reveals that she worked with 45 different dental employers wanting to hire our Dental Hygiene Graduates in the 2017/18 academic year. Through Diane's organization, the second annual Dental Job Fair was held in May 2018. Thirteen employers attended from corporate, small practices and dental staffing organizations. Approximately 100 students from all three programs attended the event. She states that she "frequently hears from offices that they have hired our graduates, had a good experience, and now hope to hire another of our graduate." Employers like to hear that we talk about soft skills and employer expectations in our classes. Diane presents information regarding this subject to the students spring term, as well as information on resume writing.

C. HOW ARE STUDENTS SELECTED AND/OR PREPARED (E.G., PREREQUISITES) FOR PROGRAM ENTRY?

PCC's Dental Hygiene Program admits 20 students into its cohort yearly in the fall term. In special circumstances a student who has been given approval for re-admittance or continuation in the program may be accepted, bringing the class number to 21 admitted students. The acceptance of the additional student does not inhibit the success of other students or the operation of the program, due to the fact that the dental clinic has 23 chairs available for use.

Applications are accepted each year from January 1 to April 15th. The program has limited entry with restricted enrollment. The admissions process is competitive and based on a point system. Applicants with the highest point totals will be accepted. Completing admission requirements and applying to the program does not guarantee admission. The following prerequisites are required for consideration for admission:

- Writing 121 English Composition, 3-4 credits.
- Completion of Math 65 (Math 70, 95, 105 or higher)
- BI 231 and BI 232 Human Anatomy and Physiology sequence with lab, 8 cr.
- BI 234 Microbiology with lab, 4 or 5 cr (must be completed within the last seven years).
- CH 102 or 106, Organic Chemistry Principles, 5 cr (applicants are encouraged to enroll in the full chemistry series if their goal is to continue on to Bachelor's Degree Completion).
- Psychology (4 credits)
- Sociology (4 credits)
- Speech Communication (4 credits)

These prerequisite courses may be in progress at the time of application (winter term). Courses planned for spring term will not be considered. Pass/No pass evaluation is not acceptable in the prerequisite courses. It is the applicant's responsibility to update their application information by providing final grades of winter term courses which are in progress at the time of application.

Points are determined in the following way:

- Completion of prerequisite course with a grade of:
 - A = 10 points, B = 6 points, C = 2 points
- Completion of WR 121 and Math 65 (Math 70, 95, 105 or higher), Psychology, Sociology and Speech Communications with a minimum grade of "C". (Points awarded for **A** Grade = 15, **B** Grade = 10 and **C** Grade = 5)
- Completion of Nutrition course with minimum grade of "C" = 2 points added to the score
- Overall college GPA (range of 20 points possible depending on GPA)
- Bachelor's Degree Completed = 5 points
- Experienced Certified Dental Assistants (CDA), or work experience in dental setting for a minimum of 1 year = 5 points awarded + 1 to 5 points awarded per dentist employer ranking survey
- For non-CDA's job shadowing of practicing dental hygienist for a minimum of 20 hours = 5 points. Applicants are able to count 7 hours of job shadowing done in the PCC Dental clinic. Applicants must shadow in one 3-hour first year clinic and one 4-hour second year clinic for the hours to count towards job shadowing.

There are a maximum number of 100 points possible in the initial application review process (Phase I). Following the initial review, the director chooses the top 40 applicants based on those with the most points. The top 40 are then invited to sit for a proctored essay (Phase II). The essay consists of a question chosen by the faculty and is completed in the computer lab on the same day(s) at the school. Strict guidelines must be followed. The forty essays are then read and ranked by four part-time faculty utilizing a 25 point possible rubric (See **Appendix 8**). Once ranked, the essay scores earned are added to the applicant’s original score. The top twenty are then sent acceptance letters and the remaining twenty are sent alternate rankings according to the highest to lowest final scores.

D. REVIEW JOB PLACEMENT DATA FOR STUDENTS OVER THE LAST FIVE YEARS, INCLUDING SALARY INFORMATION WHERE AVAILABLE. FORECAST FUTURE EMPLOYMENT OPPORTUNITIES FOR STUDENTS, INCLUDING NATIONAL OR STATE FORECASTS IF APPROPRIATE.

Employment data obtained from the Dental Hygiene Alumni (one year post graduation) over the past five years reveals the following:

	2017 Grads	2016 Grads	2015 Grads 2014 Grads	2013 Grads
Length of time to Find Employment Following Graduation	Offered a job prior to graduation = 25% 1-6 months = 75%	Offered a job prior to graduation = 37.5% 1-6 months = 62.5%	Offered a job prior to graduation = 37.5% 1-6 months = 70% Did not ask this question to the 2014 Grads 1-6 months 100%	Offered a job prior to graduation = 26% 1-6 months = 74%
Current Rate of Pay		\$35/hr = 37.5% \$36-40/hr = 62.5%	Survey of 2 classes at one time – unable to determine which year the answers are associated with. \$35/hour = 15% \$36-39/ hr =70% \$40-45/hr = 15%	\$32/hr = 10% \$35/hr = 80% \$38/hr = 10%

Employment Outlook information is presented below:

Employment Outlook (qualityinfo.org) for Dental Hygienists

Statewide Employment Analysis	<p>Employment in this occupation in 2017 was somewhat larger than most occupations across the state. The total number of job openings is projected to be somewhat larger than most occupations in Oregon through 2027. This occupation is expected to grow at a somewhat faster rate than the statewide average growth rate for all occupations through 2027.</p> <p>Reasonable employment opportunities exist.</p>
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Area Employment Projections (qualityinfo.org) for Dental Hygienists

Area	2017 Employment	2027 Employment	% Change	Annual Change Openings	Annual Replacement Openings	Total Annual Openings
Oregon	3,536	4,078	15.3%	54	223	277
Portland Tri-County	1,934	2,182	12.8%	25	120	145

Work Environment

In 2016, almost all dental hygienists worked in dentists' offices, and more than half worked part time.

Average wages for the Portland Metro Area (qualityinfo.org)

	Starting wage		Retirement wage		Average wage	Average Annual
Portland-Metro	\$33.34	\$36.31	\$41.07	\$46.48	\$41.10	\$85,476

The US Department of Health and Human Services February of 2015 Report on workforce outlook for Dentists and Dental Hygienists reports that by 2025 "all fifty states are projected to see their dentist supply to be outpaced by demand," with Oregon estimated to have a shortage of 243 Dentists. Dental hygienists are projected to not have a shortage by 2025 and it is suggested by HRSA that hygienists receive advanced training and expand their roles to maximize their productivity and reach to address the future projected shortage of Dentists (US Department Health and Human Services, Health Resources and Service Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis, Feb. 2015).

Many States have developed expanded roles for the Dental Hygienist and the model used in Oregon is the Expanded Practice Dental Hygienist. If the dental hygienist's expanded role continues to become more advanced to include additional therapies such as application of silver diamine fluoride and interim therapeutic restorations (ITR) to slow/arrest the decay process, the PCC DH Program will need to expand the topics/skills being taught. Remaining current in newest Standards of Practice will be of highest importance to the program over the next 5-10 years.

Data from Diane Jantze, PCC DH Career Specialist, reveals the number of jobs forwarded from employers over the last four years looking to hire a PCC DH Graduate. See data below.

of jobs forwarded to PCC DH graduates:

	Fall	Winter	Spring	Summer
2017-2018 AY	6	7	15	19
2016-2017 AY	4	5	11	10
2015-2016 AY	5	5	9	5
2014-2015 AY	1	3	9	5

Additionally, she reports

“The demand from employers to hire our students remains strong, as does the local and national job market. The demand to hire our Dental hygiene graduates, has proportionately surpassed the increase to hire from our other PCC dental programs. My speculation for the increase in local demand for Dental Hygienists comes from retirement resignations and the growth in the local population seeking dental services.”

Data presented reflects the positive future employment outlook for the Dental Hygiene Profession. The program should remain in high demand with continued increase in applicant numbers.

E. PRESENT DATA ON THE NUMBER OF STUDENTS COMPLETING DEGREE(S) AND/OR CERTIFICATE(S) IN YOUR PROGRAM. ANALYZE ANY BARRIERS TO DEGREE OR CERTIFICATE COMPLETION THAT YOUR STUDENTS FACE, AND IDENTIFY COMMON REASONS WHY STUDENTS MAY LEAVE BEFORE COMPLETION. IF THE PROGRAM IS AVAILABLE 100% ONLINE, PLEASE INCLUDE RELEVANT COMPLETION DATA AND ANALYSIS.

Table of data that represents the number of students completing the degree for the last 5 years.

	Preceding Years:				Current Year (recently admitted class)
	Yr Admitted/Yr Graduated				
	2013/15	2014/16	2015/17	2016/18	2017/19
Total Number Enrolled	20	20	21	21**	20
Number Completed	20	18	19*	20***	19 currently enrolled (1) is in 3-Yr Program
Percentage Completed	100%	90%	90%	95%	TBD%

The following table indicates the number of students who withdrew from the program during the past five years.

Program Non-Completion Reasons Academic Year of Enrollment	REASON FOR WITHDRAWAL			
	ACADEMIC PROBLEMS	LACK OF INTEREST	PERSONAL/ FINANCIAL ISSUES	OTHER (SPECIFY)
2017	0	0	0	1 (seek other career)
2016	1*	0	1	*Restart Sp17
2015	1*	0	1	*Restart Sp16
2014	1	0	1	0
2013	0	0	0	0
TOTAL	3	0	3	

F. IS THE PROGRAM PERKINS-ELIGIBLE? IF SO, ANSWER THE QUESTIONS BELOW. IF NOT, PUT N/A FOR F.

i. WITH WHICH SECONDARY SCHOOL(S) DOES THE PROGRAM HAVE ALIGNED PROGRAMS OF STUDY? DO PCC FACULTY MEET WITH THESE HS PROGRAM FACULTY ON A REGULAR BASIS?

N/A, but as previously discussed the Dental Assisting Program has Dual Credit with Benson High School Dental Assisting Program. Perkins funds have been used to purchase a digital panoramic imaging machine that is utilized by the PCC DA and DH programs and is taught to the Benson High School Students each year.

ii. PLEASE DESCRIBE THE TECHNICAL SKILL ASSESSMENTS (TSAs) THAT ARE REPORTED ANNUALLY. INCLUDE INFORMATION ABOUT THE NATURE OF THE ASSESSMENT, CONTENT COVERED, ALIGNMENT OF DEGREE AND CERTIFICATE OUTCOMES, WHEN THE ASSESSMENT IS TAKEN BY STUDENTS, THE NUMBER OF COMPLETERS, AND THE PERCENTAGE OF STUDENTS MEETING THE IDENTIFIED BENCHMARK(S) FOR THE LAST 5 YEARS.

Dental hygiene students are tested in numerous ways that include National and Regional testing. The exams taken qualify for Technical Skills Assessment and are reported annually as part of the PCC TSA reporting requirements. All Exams are taken in the second year of training starting with

the WREB Anesthesia Written and Clinical exam in February. Students usually sit for the knowledge and case-based National Board Exam in March or April and complete their final WREB Restorative and DH Clinical exams in May/June, just prior to graduation.

The required examinations are aligned with the Degree Outcomes and PCC Core Outcomes in the following ways:

Dental Hygiene Degree Outcome	Aligned with PCC Core Outcome	Aligned with DH Technical Skill Assessment
Communicate with patients, peers, the public and other healthcare professionals using verbal, non-verbal and written language with clarity, coherence and purpose	Communication	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH Clinical Exams
Apply scientific research methods to support evidence based treatment modalities with specific concern for oral health and overall health.	Critical Thinking and Problem Solving	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH Clinical Exams
Competently assess, diagnose, plan, implement, evaluate and document dental hygiene needs of an individual and or/community, and deliver appropriate oral disease preventions therapies in an ever changing healthcare environment	Community/ Environment Responsibility Professional Competence Critical Thinking and Problem Solving	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH and Restorative Clinical Exams
Enhance knowledge and practice self-assessment as a life-long learner by seeking peer support in professional assoc., fulfilling continuing education and exploring career and professional growth.	Self-Reflection	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH Clinical Exams
Practice the ethics and responsibilities of the profession by maintaining current knowledge of all dental hygiene procedures, as defined within the scope of the state practice act	Community and Environmental Responsibility Professional Competence	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH and Restorative Clinical Exams
Promote, refer, collaborate and exhibit professional behaviors expected of a member of the oral healthcare team	Critical Thinking and Problem Solving Professional Competence	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH Clinical Exams
Recognize different oral health beliefs and effectively communicate with, advocate for, educate and treat diverse populations.	Cultural Awareness	National Board Knowledge and Case-Based Exam WREB Anesthesia and DH Clinical Exams

Summary of National and Western Regional Board Scores

4.

Year	Student #	Ntl. Bd 1 st Attempt		Ntl. Bd 2 nd Attempt		WREB Anesth Written 1 st Attempt		WREB Anesth Written 2 nd Attempt		WREB Anesth Clinical 1 st Attempt		WREB Anesth Clinical 2 nd Attempt		WREB Restor. 1 st Attempt		WREB Restor. 2 nd Attempt		WREB DH Clinic 1 st Attempt		WREB DH Clinic 2 nd Attempt	
		Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	P	F	P	F	P	F	P	F
2018	20	20	0	0	0	20	0	0	0	19****	1	0	0	20	0	0	0	17	3	3	0
2017	19/18* for Anesth	18	1	1	0	16	2	1	1	16 (17 attempt)	2	1	1**	16	3	3	0	16	3	3	0
2016	18	17	1	1	0	18	0	0	0	13	5	3	2***	19	1	1	0	20	0	0	0
2015	20	20	0	0	0	20	0	0	0	18	2	2	0	18	2	2	0	20	0	0	0
2014	20	20	0	0	0	20	0	0	0	19	1	1	0	17	3	3	0	19	1	1	0
2013	20	20	0	0	0	20	0	0	0	15	5	5	0	12	2	2	0	19	1	1	0

*2017 – 19 students enrolled, 1 elected not to take WREB Anesthesia Exam as not required to practice in OR

** 2017 – One student attempted anesthesia exam and passed on third attempt

***2016 - One student reattempt and passed on 3rd attempt. One student did not re-attempt Anesthesia Clinical (not needed in OR).

****2018- One student did not re-attempt Anesthesia Clinical (not needed in OR).

i. WHAT DOES THE SAC CONSIDER TO BE THE MOST IMPACTFUL USE OF PERKINS FUNDING FOR YOUR PROGRAM?

Perkins funds have been extremely important to the department in the purchase of the Digital Panoramic Imaging Machine, as well as providing funding for the Director to attend the American Dental Educator's Association (ADEA) annual meeting and the ADEA Phase V Leadership Training that focused on Mindfulness. Support from Perkins enhances the students' learning in the area of new technology, as well as providing support to the director in improving her leadership of the program.

B. DESCRIBE OPPORTUNITIES THAT EXIST OR ARE IN DEVELOPMENT FOR GRADUATES OF THIS PROGRAM TO CONTINUE THEIR EDUCATION IN THIS CAREER AREA OR PROFESSION.

Numerous opportunities occur for the PCC DH Graduates to continue their education by either earning a Bachelor's degree in Dental Hygiene, Public Health, Health Administration or other areas of interest. Graduates have gone on to earn a higher degree through Eastern Washington, Pacific University, Portland State University, University of Idaho and Oregon Institute of Technology. It is hoped that a collaborative agreement can be developed between the OHSU Grad School of Public Health, allowing for other opportunities for the DH Graduates. Exit Survey data reveal that 47 % have future plans to further their education by pursuing a Bachelor's or Master's Degrees.

Additionally, the Department receives numerous requests for students in Bachelor's or Master's programs to complete capstone projects by volunteering in the PCC Dental Clinic. Most are on the path to becoming an educator and find the volunteer experience allows them to look at the education experience from the eyes of the educator, rather through the lens of a student. Other graduates who already have a Bachelor's Degree and are interested in becoming an educator request to volunteer teach one day per week as a way of determining whether they truly would like to leave private practice for a career in education. Allowing volunteer dental hygienists to mentor students while they are working on more difficult periodontally involved patients provides the student with one-on-one instruction that would otherwise be difficult to arrange in the busy clinic session. Many of these volunteer graduates are eventually hired as part-time instructors when openings occur. Their experience and understanding of the PCC clinical teaching process allows for a smooth transition into the instructor role.

Recommendations

A. WHAT IS THE SAC PLANNING TO DO TO IMPROVE TEACHING AND LEARNING, STUDENT SUCCESS, AND DEGREE OR CERTIFICATE COMPLETION, FOR ON-CAMPUS AND ONLINE STUDENTS AS APPROPRIATE?

1. The SAC plans to continue its work on implementing the Eaglesoft Electronic Records System in such a way that it can be used at its highest and most efficient capabilities. Currently, In order to accomplish tasks such as sending patient records to outside offices and showing patients educational material online, the use of two different computers is required. We are hoping to streamline the process in order to make it more “real-world” like and similar to what graduates are able to do in practice.
2. Research Interpretation Phone Services for patients who do not have English as their first language. Currently patients who do not have an interpreter with them are not able to adequately fill out the health history questions and give consent for treatment. Organizations receiving federal funding have an obligation to provide interpreters/translations for Limited English Speaking Patients.
3. Attention will be given to creating a curriculum plan that avoids program interruption during the future January 2021 move to 4th and Montgomery. Details will need to address lecture course completion, clinic availability and patients’ ability to have services completed prior to the move or at the new facility.
4. Online development of the Ethics and Jurisprudence Course.
5. Increasing Community Oral Health Partners and Rotation Sites
6. Researching collaborative opportunities with the OHSU School of Dentistry
7. Ensuring Faculty and Students can transition smoothly to the new location through transportation and parking initiatives and possibly cost saving incentives
8. Market the program’s move to potential students, the current and new patients
9. Determine if other options for transport of patients to the new facility exist
10. Ensure resources for faculty/students downtown, such as PE, Library, Advising, Childcare
11. Write Curriculum Improvement POD Grant for Expanded Practice DH Course

B. WHAT SUPPORT DO YOU NEED FROM ADMINISTRATION IN ORDER TO CARRY OUT YOUR PLANNED IMPROVEMENTS? (FOR RECOMMENDATIONS ASKING FOR FINANCIAL RESOURCES, PLEASE PRESENT THEM IN PRIORITY ORDER. UNDERSTAND THAT RESOURCES ARE LIMITED AND ASKING IS NOT AN ASSURANCE OF IMMEDIATE FORTHCOMING SUPPORT. MAKING THE ADMINISTRATION AWARE OF YOUR NEEDS MAY HELP THEM LOOK FOR OUTSIDE RESOURCES OR ALTERNATIVE STRATEGIES FOR SUPPORT.)

Many of the planned SAC improvements concerning curriculum can be addressed by SAC Members, the Director, and other faculty. Support is needed however, for actions that are connected to the 2020/2021 move to the 4th and Montgomery move. The needed support is described below:

- **Avoid program interruption during the move between Fall and Winter Term 2020/21:** It will be necessary to fund faculty members and staff at special project rate to plan and implement the move from faculty offices, clinic, department spaces to the new building during the Winter Break. Time will be needed to create a modified class schedule for Fall and Winter. Estimated costs for Dental Hygiene is 20 hours x 10 faculty/staff x \$31 = \$6,200
- **Parking downtown** for patients, students and employees is a large concern. Since the new building has easy access to mass transit, perhaps subsidized transit-passes, or help with employee parking could be considered. Other options would be for students/faculty/patients to go to a PCC campus and take a shuttle downtown to the new clinic. Annual parking zone passes are \$350.
- **Marketing** the program to students and patients – Incentives should be offered to returning and new patients in order to build up a new patient base at the new location. Many of our long-time patients are elderly and will find it difficult to make the trip downtown. Perhaps for groups that live in places such as King City , a PCC bus could be rented for certain days, or payment for shuttle transportation of residents by their living facilities could occur. Estimated costs include:
 - Marketing costs: \$1,500
 - Providing patient care at no cost for the first year (revenue lost to PCC): approximately \$18,000 per year)
 - Bus Rental: Estimated 10 x per year at \$300 each time = \$3,000
- **Resources for PCC employee/students at the PSU campus:**
 - use of PE/Recreation Facilities
 - IT Support
 - Public Safety
 - Library Resources

- **Interpretation Services for Patients with Limited English Speaking Patients:**
 - Passports to Languages (service used by OHSU School of Dentistry) charges \$1 per minute of phone translation. It is estimated that a total of (20) thirty-minute translation sessions would be needed/ year = \$600

CONCLUSION

The PCC Dental Hygiene Program provides a vital service to the students, profession and community at large. The dedicated faculty and staff work in a unique setting than others at the college. Not only do they work tirelessly towards the education of the enrolled students who are becoming dental hygienists, they also are tasked with operating a thriving dental clinic and treating patients from diverse backgrounds who have low access to dental care due to financial constraints. It is very difficult to separate the educational program from the aspect of serving the community because one cannot be achieved without the other. Over the past five years, the Dental Hygiene SAC members have completely aligned the program with the mission, values and core outcomes of the college. Students continually excel in all state, regional and national exams and complete the program at an extremely high retention rate. Community professionals play a vital role in providing off-site rotations that provide experience with unique populations, and also advise the program on the most current standards of care. The recent report by the CODA Accreditation Site Visitors revealing that no recommendations for the program were found, is evidence that the program meets all national standards set by the profession. The employment outlook is good and demand for dental hygienists has increased since the last program review. Earning potential of a dental hygienist is high above livable wages. The faculty and staff appreciate the administration's support in helping the program achieve their strategic plan goals over the past five years and look forward to the exciting future that is ahead when the next program review takes place in the new 4th and Montgomery building in downtown Portland.

Assurances

Please put X's next to all three boxes to verify that...

faculty and FDCs at all of the campuses offering courses in this discipline/program have received a late-stage draft of the Program Review document.

all of the division deans offering courses in this discipline/program have been sent the late-stage draft.

the SAC administrative liaison has reviewed and had the opportunity to provide feedback on the final report.

Appendix 1 – Current Dental Hygiene Degree Outcomes

AAS - Dental Hygiene AAS Degree

Degree Outcomes	Core Outcomes
Communicate with patients, peers, the public and other healthcare professionals using verbal, non-verbal and written language with clarity, coherence and purpose.	<ul style="list-style-type: none"> • Communication
Apply scientific research methods to support evidence based treatment modalities with specific concern for oral health and overall health.	<ul style="list-style-type: none"> • Critical Thinking and Problem Solving
Competently assess, diagnose, plan, implement, evaluate and document dental hygiene needs of an individual and/or community, and deliver appropriate oral disease prevention therapies in an ever changing healthcare environment.	<ul style="list-style-type: none"> • Community and Environmental Responsibility • Critical Thinking and Problem Solving • Professional Competence
Enhance knowledge and practice self-assessment as a life-long learner by seeking peer support in professional associations, fulfilling continuing education and exploring career and professional growth.	<ul style="list-style-type: none"> • Self-Reflection
Practice the ethics and responsibilities of the profession by maintaining current knowledge of all dental hygiene procedures, as defined within the scope of the state practice act.	<ul style="list-style-type: none"> • Community and Environmental Responsibility • Professional Competence
Promote, refer, collaborate and exhibit professional behaviors expected of a member of the oral healthcare team.	<ul style="list-style-type: none"> • Critical Thinking and Problem Solving • Professional Competence
Recognize different oral health beliefs and effectively communicate with,advocate for, educate and treat diverse populations.	<ul style="list-style-type: none"> • Cultural Awareness

Appendix 2 – Example of DH Program and Curriculum Management Plan

When	Activity	Who is Responsible?	Discuss Date	Due Date	Action/Follow Up Needed
Summer	1. Update DH Student Handbook	Faculty	Aug '16	Sept '16	Cara will do
	2. Update DH Clinic Manual	SAC	Aug '16	Sept '16	Sandie C. will do
	3. Review Clinic Policies/Proc./Forms	SAC	End of yr retreat	Changes due 9- '16	PT and FT Faculty
	4. Review Syllabi for Fall	Faculty	June '16	Sept '16	Lead Instructors
Fall	1. Faculty/Student CPR/Immun Current	Clinic Coordinator	N/A	Sept 15, '16	CC follows up w. students.
	2. Evaluate courses/instruction from Spring/Summer terms	SAC	Fall SAC Mtg.	10/26/16	Update Core Outcome Map.
	3. Evaluate exit, alumni and patient surveys	SAC	Fall SAC Mtg.	10/26/16	Increase use of Digital/ES Rec.
	4. Review SAC assessment report (from LAC Peer Review)	SAC	Fall SAC Mtg.	Nov. Ph I due	Next Project will be Restorative Mk. Bd.
	5. Review ntl./region. board exam results	SAC	Fall SAC Mtg.	10/26/16	Low on Supportive Tx
	6. Plan advisory meetings for Fall and Spring	SAC	Fall SAC Mtg.	10/26/16	Date for Fall 11/16/16
	7. Review library holdings and requests	SAC	Fall SAC Mtg.	10/26/17	JB contact Jen K. w new requests
	8. Review sequencing of courses	SAC	Fall SAC Mtg.	10/26/17	Move DH 230 to Sp. E/J to 2 nd yr
	9. Begin the process required to make minor/major course and program changes; schedule timelines for EAC approvals	SAC Chair	Fall SAC Mtg.	10/26/17	Submit Course of Study offerings change For terms. Done F'16
	10. Review course syllabi/course content for Winter term	Lead Instr/SAC	Staff/SAC Mtg.	Nov. 16	1 st yr DH to learn pano in DH 109 and ped. BW.
	11. Review DH Application Process for Upcoming Yr. with HAO	JB Meet w. HAO share w. SAC	Summer '16	JB and BG to meet every other wk. Fall Term	Reviewed Web-site, Application Materials, Time Frame for ApplicatioPeriod.
Winter	1. Evaluate Fall term courses/ instruction	SAC	Staff Mtg.	End of Wk 1 form to JB	JB explain link to CC Outcomers and Compet.
	2. Review competencies/ outcomes assessment plan	SAC	Staff Mtg	End of Winter	JB sent Google Doc.
	3. Cont. working on SAC assessment report	SAC Chair			

	<ol style="list-style-type: none"> 4. Take any changes before the Curric and D/C Committees 5. Review/ change as needed info for brochure, catalog, web site, etc. 6. Review course syllabi/course content for Spring Term 7. Review Program Alignment with Institution Mission/Vision/Values (as needed) 	<p>SAC Chair/JB</p> <p>SAC Chair/JB</p> <p>SAC</p> <p>SAC</p>	<p>Discuss progress Submit Oct '16</p> <p>Submit Sp '17</p> <p>SAC Mtgs</p> <p>SAC Mtg.</p>	<p>Phase II due June Approved 11/16</p> <p>May '17 sent to Joy Kilgore By end of Winter '17</p> <p>Done 2016 Spring.</p>	<p>SAC Chair and Sara wk. on E/J moved, 230 Moved, 252 moved.</p> <p>HAO office location change Add Nomad into DH 210. 5 wks 4 hr sessions</p> <p>Reviewed in Fall '16. Goals revised.</p>
Spring	<ol style="list-style-type: none"> 1. Evaluate courses/instruct. from Winter term 2. Assess textbook/instruc. needs for next yr. 3. Review program goals/ competencies and methods for assess. (As needed) 4. Submit LAC Report 5. Review equipment/supply/student issue and clinic needs 6. Develop proposals for equipment acquisition/maintenance 7. Review applicants for Fall term 8. Review results of chart audit 9. Recommend changes in clinic procedures/policies 10. Administer graduates exit/alumni/employer surveys 	<p>SAC/Faculty</p> <p>SAC/Faculty</p> <p>SAC/Faculty</p> <p>SAC Chair</p> <p>Sandie and Cara</p> <p>SAC/Depart.</p> <p>JB and HAO, Faculty P. Essay</p> <p>JB and SAC</p> <p>SAC/PT Fac.</p> <p>Josette</p> <p>SAC/Faculty</p>	<p>SAC Mtg.</p> <p>SAC Day</p> <p>SAC Day</p> <p>SAC Day</p> <p>SAC Day</p> <p>F, W, Sp 2016/17</p> <p>Mid May</p> <p>End of May</p> <p>End of Yr Mtg.June</p> <p>Mid-May</p>	<p>?Spring 17</p> <p>4/25/17</p> <p>4/25/17</p> <p>June 2017</p> <p>End of Sp. St. Kit and July 1 Supplies</p> <p>Final Due May '17 to Dean Mid May</p> <p>Mid-June</p> <p>Mid June</p> <p>Early June</p> <p>Early June</p>	<p>Retraction cord taught to clinical comp.</p> <p>JB created google doc. Faculty adding info Restorative MK Bd. Due June 2017</p> <p>Josette suggest no disposables in student kit this yr. save student \$ and use excess we have prior to move. DXTTRs, HP's repair, Air polisher Invite to proctor. Essay sent 5/9 to top 40 cand.</p> <p>223 charts audited. Most common def. are signatures/ notes in ES, but not in paper chart. SACs decision for 2017/18 to not have paper shart except for Med. Hx. Goal is to go total paperless 2018/19</p> <p>JB created online for 2017,sent email out to</p>

	11. Review course syllabi/course content for Summer				have to before leave 6/16
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End of Term Curriculum Review Form DH Program

Date of Review _____ Course Taught _____ Instructor _____ Term _____

1. Check the competencies that are taught in this course and indicate level of proficiency expected of student
(I= Introductory, D= Developing, C= Competent)

✓	Level	Following all state and federal regulations the student will:	Tied to PCC Core Outcome
	I D C	Communicate with patients, peers, the public and other healthcare professionals using verbal, non-verbal and written language with clarity, coherence and purpose.	Communication
	I D C	Apply scientific research methods to support evidence based treatment modalities with specific concern for oral health and overall health.	Critical Thinking and Problem Solving
	I D C	Competently assess, diagnose, plan, implement, evaluate and document dental hygiene needs of an individual and/or community, and deliver appropriate oral disease prevention therapies in an ever changing healthcare environment	Comm/Environ. Resp. Critical Think. Problem Solv., Profess. Comp.
	I D C	Enhance knowledge and practice self-assessment as a life-long learner by seeking peer support in professional associations, fulfilling continuing education and exploring career and professional growth.	Self-Reflection
	I D C	Practice the ethics and responsibilities of the profession by maintaining current knowledge of all dental hygiene procedures as defined within the scope of the state practice act.	Comm/Environ. Resp. Profess. Comp.
	I D C	Promote, refer, collaborate and exhibit professional behaviors expected of a member of the oral healthcare team.	Critical Thinking and Problem Solving
	I D C	Recognize different oral health beliefs and effectively communicate with, advocate for, educate and treat members of diverse populations.	Cultural Awareness

2. Teaching Format ___ Lecture ___ Online ___ Hybrid ___ Lab ___ Clinic ___

3. Evaluation Methods Used:

Assignments/Projects	___	Oral Presentation	___	Quizzes	___
Group Activities	___	Lab/clinic skill eval	___	Midterm	___
Research	___	Self Evaluations	___	Final Exam	___
Written paper	___	Table Clinic	___	Journals	___
Portfolios	___	Comm. Rotations	___	Other	_____

4. List courses in the DH Program that Review/Enhance material presented in this course:

Topic _____	Other Course/s _____	Review	Enhance
Topic _____	Other Course/s _____	Review	Enhance
Topic _____	Other Course/s _____	Review	Enhance
Topic _____	Other Course/s _____	Review	Enhance

5. How do you coordinate instruction with the other course instructors?

6. What emerging information/technology/text/evidence or research do you plan on incorporating into this course in the future?

7. Based on your answer to # 6 what resource support will you need to help you?

8. Is there any subject material that is outdated and should be removed?

List:

Why:

9. What changes will you make to the course based on student evaluations, exit/alumni surveys, board results, advisory committee comments, employer surveys or self-assessment?

10. If you were not able to cover everything included in the course content, what provisions have you made to assure students will receive the information?

Topic:

Plan for Info presentation to students:

11. Describe any factors (positive or negative) that had an impact on your ability to achieve your teaching goals for this course:

Final Grade Distribution

Grade	A	B	C	D	F	I	W
# Students				Remediation Offered Y N	Remediation Offered Y N	Plan Developed Y N	Personal Program

Please Return this Course Review to the Program Director by End of Finals Week

Appendix 4: Example of Mapping of Course Specific Learning Objective with Program and PCC Core Outcomes

<u>DH 105/106 Specific Learning Objective:</u> Pediatric Mixed Dentition	<u>DH Program Outcomes: 1-7</u> <u>PCC Core Outcomes: 1-6</u> <u>Skill Level: Developing</u>	<u>Evaluation Method: Student must notify Instructor during Bay meeting of the intention to complete this objective. Instructor will verify findings during Check-in.</u>
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Scoring Descriptors:

M = Meets expectation: Acceptable performance w/minor or no error in technique, no instructor help needed

I = Improvement needed, instructor help/prompting needed, must repeat objective

O = Omitted step or unable to perform to expected level, must repeat objective

- The student must pass all steps at the expected skill level
- Depending upon the step(s) missed, the instructor will determine if the student may re-attempt immediately or must repeat the objective later after more practice.
- Categories with an "*" are a critical component of the objective and if omitted must be reattempted at a separate time following review and practice.

Patient Qualification: The patient must be between the ages of six (6) and twelve (12) and must have a MINIMUM of four (4) primary teeth still remaining OR a MINIMUM of four (4) fully erupted or partially erupted permanent teeth present in the mouth.

Pediatric Mixed Dentition	Evaluation Self	Instr.
Recognizes and successfully charts Primary teeth		
Recognizes and successfully charts Permanent teeth		
Recognizes and successfully charts restorations/conditions		

Student understands and can clearly communicate the processes involved in this objective

Date Completed: _____ **Instructor's Signature/Initials:** _____ **PASS**
REPEAT

Date of Reattempt: _____ **Instructor's Signature/Initials:** _____ **PASS**
Remediation Needed

Comments:

IA DATA

Passed 1st	11	55%
Passed 2nd	6	30%
Failed 2nd +	3	15%

74% of all errors

Errors Made/Student #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total Errors	% of Total Errors
Window (cartidge) visible						1	1														2	9%
Improper needle recapping and/or disposal																				1	1	4%
3 Unsuccessful attempts to penetrate	1,2,3																				3	13%
Too inferior							1					1	1								3	13%
Too lateral		1										1									2	9%
Barrel too mesial		1			1,2	1					1	1	1								7	30%
Angle too high						1															1	4%
Too shallow							1	1				1,2									4	18%
Comments:	<p>2nd Attempt: student unclear on basic anatomy; 3rd attempt: 3-4 mm into cheek; stopped student</p> <p>2nd IA much better</p> <p>Tray a bit cluttered, wait for instruction from WREB examiner to "proceed," etc.</p> <p>For rotation, syringe was moved only. slow down deposit rate</p> <p>#1 Didn't recog pos aspiration until very "late." #2 recog +, could you have repositioned? Gauze in the way?</p> <p>#1 not over premolars, angle not parallel, watch big window pointing at you. Have pt use left hand, don't rest hand on pt's hand.</p> <p>#1 Incorrect readjustment, no max depth & angle verbalized before aspiration, speak louder, Positive aspiration. #2 Better injection, used index finger, patient positioning questionable.</p> <p>Slow down, show examiners that she is over the premolars</p> <p>A bit low on penetration</p> <p>No verbalization of max depth & angle, wait for 2nd examiner to say "Proceed" before depositing, placed topical before instructor, made correct decision to restart</p> <p>#1 Watch bar code on cartidges! Were you depositing? Started over premolars but when depositing you were between lateral/canine. #2 much better angle. Wait for examiners to give you the go-ahead to proceed.</p> <p>#2 Rec to start over, repositioning didn't get you adequate depth, but acceptable.</p> <p>#1 over lateral/canine at start & end. Were you a bit low?, physical movement of aspiration? Thumb straight. #2 much better.</p> <p>Drippy needle! Have the mirror on tray.</p> <p>Don't go any higher for penetration site.</p> <p>Good job--watch withdrawal on aspirating, watch idling</p> <p>Watch to make sure over premolars, almost too deep (resistance?). Sharps container handled with contaminated gloves.</p> <p>Try to have light farther back (to accommodate examiners' heads), adjust light between injections.</p> <p>Make sure you are over premolars.</p> <p>#1 Light on site not available, needed prompting, was not over premolars, too high on entry to mouth.#2 Pt disqualified due to petecccia.</p>																				23	100%

PSA DATA

Passed 1st	10	50%
Passed 2nd	3	15%
Failed 2nd	7	35%

86% of all Errors

Errors Made/Student #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total Errors	% of Total
Aspirates effectively, manages "+"																	1,2		1		3	8%
Controls "bowing," withdraws w/o tissue injury																	1,2	1			4	9%
Maintains safe rate of delivery (fast/slow)					1																1	2%
Air pocket more than stopper width																			1,2		2	4%
Too Anterior	1,2																				2	4%
Too Posterior							2														1	2%
Not in mucobuccal fold		1	1,2				1														4	9%
Needle not at 45 degrees toward midline	1,2	1,2	1,2			1,2	2										1,2		1,2		13	30%
Needle not at 45 degree angle to occlusal plane	1,2		1,2			1	1		1												7	15%
Too Shallow	1,2	1					1			1									1,2		7	15%
Too deep		2																			1	2%
Comments:	<p>3rd attempt: 3-4 mm into cheek; stopped student</p> <p>Thumb in way, went straight in, no 2nd/3rd angle</p> <p>#1 final depth angle: slow rate of withdrawal, #2 incorrect site, too much in buccal, bring arm over pt's chest</p> <p>Adjust light on PSA, be sure to penetrate on initial penetration</p> <p>#1 Gauze in way, don't wait too long to decid3e if + (3sec?), Don't let patient wear red clothing or lipstick, too much patient talking, 2nd angle on PSA. #2 thumb in mouth</p> <p>#1 thumb in mouth? Thumb did not appear secure w/thumbring. 1st angle was about 30 degrees, not 45. #2-1st angle better but did not achieve 2nd angle; it appeared to</p> <p>#1 Speak louder, #2 didn't see 2nd or 3rd angle, just went back</p> <p>Slow down, spend a little more time on the 1st angle.</p> <p>#1 final angle was less than 45 degrees</p> <p>#1 Bent Needle, #2 Not smooth, jerky 3 angles, eventually reached max depth & angle.</p> <p>Watch retraction finger.</p> <p>Moved angles after she was at max depth. Needs to watch this.</p> <p><none></p> <p>Drippy needle! Have the mirror on tray.</p> <p>Last 45 degree angle a bit steep and slight bowing of the needle.</p> <p>Sit square in chair, arm almost touched back of operator chair. Watch rotation, either do it or don't.</p> <p>#2 thumb in mouth, try index finger, bent needle to start with, second angle not adequate (25-30 degrees, not 45). Sharps container handled with contaminated gloves</p> <p>Try to have light farther back (to accommodate examiners' heads), adjust light between injections. Watch finger, adjust it if you need too to allow for appropriate final angle.</p> <p>#1 Angles were attempted but didn't appear needle was progressing with insertion, bowing of needle (because not advancing needle), large bubble in carpule. #2 Difficult time</p> <p><none></p>																				45	100%

Anesthesia Competency Evaluation Mock Board

Name: [REDACTED]
 Date: [REDACTED] / [REDACTED] / [REDACTED]

The areas checked below were not performed at a passing level for the reasons noted. The areas marked with an * are reasons for failure. Errors marked in categories without an * are not reasons for failure, but are areas that need improvement.

CATEGORIES	IA				PSA						
	1st IA		Right	Left	1st PSA		Right	Left			
	1st	2nd	Right	Left	1st	2nd	Right	Left			
		Needle Gauge/Length						Needle Gauge/Length			
1* Medical History, Anesthetic, & Syringe Selection											
2 Syringe Preparation and Handling											
3* Penetration Site											
4* Angle & Depth											
5* Aspiration											
6* Amount & Rate											
7* Sharps & Biohazardous Waste Handling											
8* Excessive Trauma											

Examiner Initials: XXX XXX

1st INJECTION (Pass) Fail
 2nd INJECTION Pass Fail

1st INJECTION (Pass) Fail
 2nd INJECTION Pass Fail

NOTES:

*Used thumb instead of index finger
 Aspirate in one plane*

*Good retraction
 Make sure to "drop" into the 3rd angle*

Cap one handed

Appendix 6 – Technical Skill Standards for the Dental Hygienist

**PCC Dental Hygiene Program
Essential Functions of a Dental Hygienist**

To be successful in the Dental Hygiene program, students must exhibit characteristics that are essential to success in a demanding program. These characteristics include:

- Organizational/Time Management skills/Stress Management Skills
- Being prepared for each class prior to class time
- Behaving in respectful manners towards all other persons
- Working collaboratively as well as independently
- Willingness to take responsibility for learning

Additionally, students in the dental hygiene program must be able to perform essential functions with or without reasonable accommodations.

Essential Function	Technical Standard	Examples of Activity
Critical Thinking	Critical thinking ability for clinical judgment	Identify cause/effect relationships in clinical situations; evaluate patient or disease responses; synthesize data, draw sound conclusions
Interpersonal Skills	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds	Establish rapport with patients, colleagues, faculty and other health care providers. Use therapeutic communication (attending, clarifying, coaching).
Communication Ability	Communication abilities sufficient for effective interaction with others in spoken and written English	Explain treatment procedures; initiate teaching; document and interpret patient data, listen attentively.
Physical Endurance	Remain continuously on task for several hours while sitting, standing or moving.	Manually resuscitate patients in emergency situations or sit for extensive periods of time.
Mobility	Physical abilities sufficient to move from clinic area to clinic area and maneuver in small spaces, full range of motion; manual and finger dexterity, and hand-eye coordination.	Move around in an operatory, workspaces and laboratory areas.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective patient care and operate equipment.	Use various types of equipment; assist and position patients or lift and operate equipment/supplies with necessary strength and dexterity.
Hearing Ability	Auditory ability sufficient to monitor and assess health needs.	Hear patient concerns, emergency signals.
Visual Ability	Normal or corrected visual ability sufficient for observation of oral conditions, patient observation and assessment; ability to discriminate between subtle changes in oral conditions and density in radiographs; see in darkroom conditions.	Observe oral conditions; observe patient/responses, oral secretions, and color. Read chart, computer screen, dials, labels and gauges.
Tactile Ability	Tactile ability sufficient for the use of small instruments with control sufficient with a light touch when using instruments in the mouth; to perform and detect swellings in tissues by palpation.	Safely perform scaling and root planing, instrument and assess teeth; perform and identify any nodules and swellings of glands or tissues during the head and neck examination.
Olfactory Ability	Olfactory senses (smell) sufficient for maintaining environment and patient safety; diagnostic tool for oral diseases.	Distinguish smells, which are contributory to assessing and/or maintaining the patient's health status or environmental safety (fire); distinguishing the smell of oral disease from health.
Professional Attitude and Demeanor	Ability to present professional appearance and implement measures to maintain own physical and mental health, and emotional stability. Ability to demonstrate emotional health required for the utilization of intellectual abilities and exercise good judgment.	Work under time restraints and stressful conditions. Be exposed to communicable diseases and contaminated body fluids. React calmly in emergency situations. Demonstrate flexibility and teamwork. Show concern for others.

Appendix 7 – DH Advisory Committee Meeting Minutes

DH Advisory Board meeting Minutes

June 5, 2018

6:00-8:00 pm

In Attendance:

Yadira Martinez, RDH	Daniel Blickenstaff, DMD	
Sara Hill, RDH	Joshua Even, DMD	Julie Maya, Office Manager
Shawna Rohner, RDH	Joanne Santee, RDH	Malia Band, RDH
Nancy Pilgrim, DDS	Michael Matsuda DMD	Sandie Curren, RDH
Cara Kao-Young, RDH	Shawna Sonoda, RDH	Josette Beach

6:00-6:45: 1st year table clinic presentations to the Advisory Committee Members

6:45-7:30: 2nd year students “Mock” Interviews with Advisory Committee Members

Silver Diamine Fluoride?

- Willamette Dental
 - uses extensively on all high caries risk patients as part of their caries risk tx
 - Uses their own twist on CAMBRA (Dwight, UCSF?)
 - Uses Diagnodent
- OHSU Faculty Dental Practice
 - Uses on many patients with cavitated lesions
- Virginia Garcia Dental Clinics
 - Uses on many patients with cavitated lesions
- Sara’s private dental practice
 - Limited use on patients with cavitated lesions

Phosphor Plates for radiographs?

- No one is using them. They all use direct due to
 - Speed
 - Convenience
 - Immediate viewing
 - Good images consistently
- Pediatric offices use them more

Nomad?

- Virginia Garcia uses one for teledentistry
- Willamette has several that they use in clinic and other places, originally for endo

Glucose testing?

- Dr Matsuda and Dr Even do not yet, but are hoping to in the future
- Yadira at Virginia Garcia use EPIC which is a medical EHR program; they can view the patient’s medical chart directly. Many diabetic patients do not disclose their condition to their dental providers.

Saliva Testing?

- No one is using

Oral Cancer Screening Devices?

- No devices are being used
- All perform the I/E Exam as taught in all dental programs

Caries Detection Devices?

- Willamette uses Diagnodent

We didn't ask about restorative hygienists.

From outside discussions: Willamette Dental HAS been employing restorative hygienists at ALL locations for several years. They have built in a "ramp up" phase for 30 days for the HYG to restore small lesions and by the end of 90 days are ready for any type/size.

Currently, WD is working with CLIMB to get ALL of their dental hygienists restorative endorsed, as they are working on a state-wide pilot program to become Oral Health Practitioners. Instead of using a Masters degree model, WD is using a unique model: they will train additional skills to become Oral Health Practitioners ON TOP of an existing restorative endorsement.

There are sporadic private dental practices using a restorative hygienist.

Dental Hygiene Advisory Committee Meeting

Tuesday June 6, 2017

In attendance: Advisory Committee Members and Community Guests: Briana Neet (RDH), Joanne Santee (RDH), Michael Matsuda (DMD), Monica Lyster (RDH), Ninette Lyon (CDA), Renee DeMallie (RDH), Shauna Sonoda (RDH), Gail Nakata (DMD), Julia Maya (RDH), Rachel Hogan (DMD), Shawna Rohner (RDH), Joshua Even (DMD), Brittany N. Green (RDH), Charlene.R.Walloch (RDH)

Faculty and Staff: Josette Beach (RDH), Nancy Pilgrim (DDS), Cara Kao Young (RDH), Sandie Curren, Linda Munro (RDH).

Students: All Y1 and Y2 students.

A light dinner was served

Agenda: "At this meeting the first hour will be 1 hr of CE for those who view our DH first year table clinics on Modified Care Patients. The second hour is Advisory Members performing "Mock Interviews" with our soon-to-be graduates."

1st year students presented table clinics to those present for one hour. Students displayed professional behavior along with in-depth knowledge of their chosen topic. Topics presented were:

ALS/Lou Gerig's Disease	ADD/ADHD	Alzheimer's Disease
HIV/AIDS	Methamphetamine Use	Down Syndrome
Paget's Disease	Diabetes	Obesity
Smoking	Smokeless Tobacco	Autisim
Parkinson's Disease	Multiple Sclerosis	Eating Disorders
Alcohol Dependency	Oral Cancer	Bell's Palsy
Heart Disease	Rheumatoid Arthritis	

2nd year students met with 1-2 advisory members and spent 15 minutes being asked "Mock Interview" questions. Students were able to rotate and meet with 4 different "interviewers". The Advisory members offered feedback to students to help them improve their interviewing skills and increase their success when interviewing for positions soon.

Follow up: The 2nd year students felt that the interviews were extremely valuable and sent a note to the committee thanking them by email. Josette added a feedback question regarding the mock interviews on the exit survey poll that will be sent to the students at the end of the week.

Please Note: Fall 2017 Meeting was a private meeting with the CODA Accreditation Site Visitors – No Notes were taken.

11/16/16 Dental Sciences Advisory Board Meeting 6:30-7:30pm

In Attendance:

DH Advisory Committee: Renee DeMallie, Jamie Hamilton, Karen Phillips, Joanne Santee, Shauna Sonoda, Ninette Lyon, Helen Massar, Lesley Harbison, Maarof Sadiq, Rachel Cole, Michael Matsuda.

DA Advisory Committee: Shelly Land, Mary Harrison, Lani O'Brien, Matt Bayha, Dan Matthews, Cindy O'Loughlin, Adam Francois.

DLT Advisory Committee: Erdem Loral, Scott Alvarez, Duke Hong, Robert Cain, Mooi Kim, John Beals, Nick Yoshida, Bryan Loflin

Faculty, Staff and Guests: Peggy Lewelling, Sara Hill, Sheila Meserschmidt, Diane Jantze, Nancy Pilgrim, Magda D'Angelis Morris, Leslie Pullen, Monica Lyster, Sandie Curren, Cara Koa-Young.

Introductions were done for the group.

JB: PPt

- Welcome!
- PCC President Matsui
- Leslie Pullem-Romanio, Clinic Coordinator
- Breakdown of each Program's:
 - # Students
 - # Instructors (FT & PT)
- Each Dept had faculty members speak of their student/program issues
 - DA/Magda & Peggy
 - Students learning digital
 - Students ready for rotations at OHSU next term
 - DH/Sandie & Cara
 - EHR is fully integrated and 1st yr students will be first cohort to use all Eaglesoft (with exception of clinic worksheets)
 - 2nd yr students are refining their clinical skills and will be ready for outside rotations
 - DLT/Houmayoun & Patrick
 - Low student enrollment due to threat of program closure
 - With fewer numbers of students, they are trying to spend time increasing student skills and efficiency.
- Equipment updates:
 - New Chairs/units in clinic
 - Eaglesoft
 - Digital Pano machine
 - Nomad

- Pano Dexter
- Light curing wands
- Possible addition of new CAD/CAM
- Jasmine Block
 - SW 4th & Montgomery, downtown PDX
 - Possible break ground Summer 2017
 - Move in by Summer 2020
- Diane Jantze: PCC Jobs & Careers
 - Large need for DAs
 - She partners with both students and community businesses to place student/grads
- Sheila Meserschmit, PCC Institute for Health Professions
 - Developing a hybrid, weekend and evening DA program through CLIMB to meet need for DAs in rural areas.
 - Program will not compete with “for credit” program
 - Will only be in place until need is met
 - Will be CODA accredited
- CODA Accreditation : November 1-3, 2017
 - Site visit w/Advisory Board on Wednesday or Thursday (11/1 or 11/2)
 - Breakfast 7a-8:30 or
 - Lunch 12p-1:30
 - JB handed out PCC Roles & Responsibilities of the Advisory Board for board to review and to think about in preparation for next year’s site visit.
 - JB also requested members elect an Advisory Board Chair for each program during breakout session tonight.

DH BREAKOUT SESSION 7:30-8:30P – Questions were asked and discussed:

What soft skills make a DH successful?

- “Show-up-tive-ness”
- Be on time
- Good attitude
- Be an educator
- Be good at preventive skills
- Good upbeat attitude
- You can tell you love what you do
- Think outside the box
- Good time management
- Ability to develop relationships with patients
- Connect with the patient
- Ability to convey what you know to the lay person
- Be firm when necessary with the patient
- Be ready to face challenges
- Good team mentality
- Do what needs to be done for others in the office

- Relate to others—communicate well with the dentist
- Be members of a study group

What Expanded Functions should DH's be skilled in?

- Removable appliances
 - Relines (hard and soft)
 - Wire and clasp bending
 - Know how to care for hybrid dentures (implant retained)
 - Know how to replace the coping inside implant partials
- Be willing to do DA duties
- Be comfortable discussing general health issues without referring to dentist:
 - Vaccines
 - Weight control
 - Diabetes
 - Overall systemic health issues
- Know about whitening products and costs offered by your practice
 - In office (Zoom)
 - Hydrogen peroxide applied 4xhr w blue light
 - Most expensive
 - Least patient compliance (other than making apt for 1 hour)
 -
 - Whitening trays
 - Must take impressions
 - Must make trays
 - Instruct pt how to use
 - Lower patient compliance
 - OTC
 - Know brands & types available to patients

What is Advisory Board's experience with Oral Health Authority's recommendation about lead aprons?

- No patients ask to have them
- All patients are given aprons but topic is brought up as a topic of discussion and option for "next time"
- Some patients expect it
- At PCC:
 - We introduce students to latest recommendations but teach them to have discussion with patient
 - We have discussion dialogue written and posted in all radiology rooms
 - The majority of patients opt for not wearing the lead apron

Appendix 8 – Top 40 Applicants Proctored Essay Rubric

PCC Dental Hygiene

2018 Proctored Essay RUBRIC

Applicant #: _____

Date: _____

Format: Spelling, grammar, font, use of spell-check	Followed typing/writing format directions exactly	1-2 Errors	3 Errors	4 Errors	5 or more Errors
	5	4	3	2	1
Content Text matter of a document or publication in any form. Content is both information and communication: the sum total of the freshness, readability, relevancy, and usefulness of the information ...	Answers the question completely	Mostly complete w/minor omissions	Touches on ideas but does not address question completely, points missing	Omits major points of question	Unclear, does not address question
	5	4	3	2	1
Self-Awareness Self Awareness is having a clear perception of your personality, including strengths, weaknesses, thoughts, beliefs, motivation, and emotions. Self - Awareness allows you to understand other people, how they perceive you, your attitude and your responses to them in the moment.	Demonstrates clear awareness of strengths, weaknesses and goals with insight	Generally aware	Somewhat aware of strengths, weaknesses, ability to state goals	Minimal or slight awareness	Demonstrates lack of awareness of weaknesses, strengths and goals
	5	4	3	2	1
Clarity of Thought	Demonstrates full command of written expression, clear and direct	General command of writing expression	Partial command of writing expression, some clarity, but indistinct	Minimal command of writing expression	Lacks fluid written thought, unclear

Quality of being well explained and easy to understand.					
	5	4	3	2	1

<p><u>Problem-Solving & Judgment</u></p> <p>Often involves decision-making, and decision-making is especially important for management and leadership. ... Good decision-making requires a mixture of skills: creative development and identification of options, clarity of judgement, firmness of decision, and effective implementation.</p>	Complete & clear, problem-solving judgment w/insight	Generally able to demonstrate judgment w/insight	Partially able to demonstrate judgment & insight	Vague judgment & insight	Lacks judgment or insight
	5	4	3	2	1

Total Score: _____ (25 Points Possible)

Interviewer's Initials: _____

General Comments: