

Dental Hygiene PUR 2023-2024

Dental Hygiene:**Date: 09-11-2024**

- Dental Hygiene PUR 2023-24 Self Study

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1.A. Program or Unit Description

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Briefly describe (1 paragraph) the program/unit, including but not limited to the following: academic division that the program/unit belongs to, the academic area(s) represented, degrees/certificates offered, average student enrollment, number of full-time faculty, type of curriculum or pedagogical approaches, and any other pertinent aspect of the program/unit.

The Dental Hygiene (DH) Program, accredited by the Commission on Dental Accreditation (CODA), is a two-year (four semester), bachelor of science degree program. The general education, college or program core requirements are not part of the dental hygiene curriculum. The program is located on the Dandini Campus in the Life Sciences, Allied Health and Public Safety Division. The program accepts 16 students each fall semester. Currently there are one Administrative Faculty (Director), three full-time faculty, nine part-time faculty, one dental clinic manager, one front office assistant and one administrative assistant IV, who make up our dental hygiene team. March 2023, the program received its fully accredited status with no reporting requirements. Program curriculum is rigorous and focuses on evidence-based content related to the practice of dental hygiene and working inter-professionally for patient centered care.

1.B. Program or Unit Mission

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State the department's or unit's mission. Describe how it aligns to the College's Mission, and how program learning outcomes (PLOs) for degrees and certificates offered, or for the unit, align to the department/unit mission. If your department or unit does not currently have a mission statement, please discuss among your colleagues and develop one.

A. DH Program Mission:

The purpose of the dental hygiene program is to:

- Provide the highest quality of instruction and educational experience culminating in a license to practice dental hygiene and the knowledge to provide preventative dental health services safely to the public.
- Prepare competent practitioners to provide educational clinical and therapeutic services supporting total health through the promotion of optimal health.
- To encourage a philosophical appreciation for the highest standard of care, ethical and moral conduct.
- To provide an environment for the development of professional values consistent for lifelong learning for self-improvement, maintain professional competence, and community standing.
- To encourage thought, action and respect appropriate for diverse populations.
- To recognize and understand the roles and responsibilities of health care workers and value the role of teamwork in the delivery of inter-professional patient-centered care.

TMCC Mission:

Create a future you will love with accessible, innovative educational opportunities at TMCC. Together we can make it happen.

The Dental Hygiene Program's mission aligns with the College's mission by way of preparing graduates with a variety of opportunities for educational and cultural enrichment through high quality, accessible and innovative education.

The PLO's for the BSDH degree align to the DH Program's mission through the rigorous curriculum of preparing each graduate to apply and sit for the National Board Dental Hygiene Exam (NBDH) and the Clinical Exam required for licensure in all states.

To be prepared to confidently practice in an integrated healthcare system while positively impacting the public's general health through oral health when providing patient centered care to all populations.

To educate oneself with the multiple opportunities available to dental hygienist

outside of private practice setting while advancing their career through pursuing post graduate education through life-long learning.

1.C. Program Learning Outcomes

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Program Learning Outcomes (PSLOs or PLOs)
Dental Hygiene
BS Dental Hygiene (173)
Eligible to apply for and sit for a state or regional clinical examination. (Active from Fall 2010)
Eligible to apply for and take the ethics examination for state licensure. (Active from Fall 2010)
Eligible to apply for and take the written National Board Dental Hygiene Examination (NBDHE). (Active from Fall 2010)
PSLO1: Be eligible to take the written National Board Dental Hygiene Examination (NBDHE), apply and take the ethics examination for state licensure, and be eligible to apply and sit for state or regional clinical examination. (Active from Spring 2020)
PSLO2: Utilize critical thinking skills to investigate and pursue the evolving role of the dental hygienist in career options outside the traditional private practice model such as in education, research, administration, public health, corporate sales, as members of inter-professional healthcare teams, and in advanced practice pursuing additional skills and education needed to advance their careers. (Active from Fall 2023)
PSLO3: BSDH graduates will be better prepared to practice within an integrated healthcare system to positively impact the public's oral and overall health by functioning as competent oral healthcare providers who can deliver optimal patient care within a variety of practice settings to meet the needs of diverse populations and the evolving healthcare environment. (Active from Spring 2020)

2.A. Progress on Previous Findings and Recommendations

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Describe your progress on the major findings and recommendations for the program/unit from the last PUR, any annual progress reports (APRs), and if applicable, external reviews, (e.g. advisory boards, articulation committees, and program accreditors).

- **Which findings and recommendations have the program/unit addressed?**
- **Which have yet to be accomplished? Which are no longer relevant, and why?**
- **Has the program/unit undergone any major changes as a result or that would impact the findings and recommendations since the last PUR?**

The 2016-17 PUR Findings and Recommendations and how they have been addressed.

CURRICULUM:

1. Continue to research and develop a BSDH degree: Students graduated with 109 credits and received an ASDH degree during our last PUR. The DH Program transitioned from the ASDH degree to a BSDH degree with a total of 120 credits, graduating the first BSDH cohort in 2021. This also removed the hidden pre-requisite credits of Math, English, Chemistry and Biology courses showing transparency of all course credits. The ASDH degree is no longer active.

DEMOGRAPHICS & ENROLLMENT: At the 2017 PUR the committee's weaknesses and concerns are noted below with how we addressed their concerns.

1. Increasing the number of students accepted per cohort: Due to 30-50 applicants applying each year and only 12 spots accepted

- The program increased the cohort to 14 in 2017 and just increased the cohort to 16, fall 2023.

2. Work on increasing the number of white males applying and accepted into the program:

- The dental hygiene profession predominantly has had more female students than male students. The last PUR conveyed 8% of males declared DH as their major. while TMCC's student population made up 45% of males. Looking at the 2022 PUR Dashboard data it shows a slight increase in male DH students applying and accepted.

- Fall 2022: 11.5%
- Fall 2021 10.7%
- Fall 2020: 4.0%
- Fall 2019: 3.4%

- **DH PROGRAM MINORITY DATA:** Concern's from the PUR committee at the last PUR was that the percentage of Hispanic students admitted into the program was only 13% compared to 28% of students expressing interest in Dental Hygiene and 23% Hispanics contributing to the TMCC student body as a whole. Looking below at the most current data from the dashboard there has been a large increase over the past several years of acceptance of Hispanic students among several other diverse populations. This is due to a higher number of diverse students applying to the program.

- **Asian:** Fall 19: 6.9%/ Fall 20: 12.0%/ Fall 21 10.7%/ Fall 22: 15.4%
- **Hispanic:** Fall 19: 27.6%/ Fall 20: 20.0%/ Fall 21: 35.7%/Fall 22: 53.8%
- **Two or more races:** Fall 19: 10.3%/ Fall 20: 4.0%/ Fall 22: 3.8%
- **Unknown:** Fall 19: 3.4%/ Fall 20: 4.0%/ Fall 21: 3.6%

RESOURCES: At the 2017 PUR the committee's recommendations are noted below with how we addressed the recommendations.

1. Sixteen Year Old Dental Equipment:

- New equipment was purchased with the clinic remodel summer of 2019. An addition of six more radiology rooms totaling 10 radiology rooms and eight more dental clinic chairs and operator's for a total of 20 units. This has allowed us to grow our program to a cohort of 16 and eventually 20 and ability to apply be accepted to be a Western Regional Exam Board (WREB) testing site which started in 2021.

2. Limited Dental Clinic Space: Due to both the Dental Hygiene and Dental Assisting Program's sharing the space.

- The remodel in 2019 increased the number of dental units, radiology rooms, a larger radiology viewing room, another lecture classroom which is shared by both DH and DA and a larger patient check-in and check-out area.

3. Replacement Cycle:

- Director checked into the cost of purchasing a replacement cycle contract and after researching this and meeting with the division dean and VP of Finance it was not in the program's best interest to move forward with a contract but to replace 2-3 chairs every 5-8 years, so all 20 do not have to be replaced at the same time/or continue to work with the Foundation Office on future donors who could fund for new equipment.

4. Hire Additional Faculty to meet CODA's New Faculty Student Ratio Requirement:

- The director hired more part-time faculty to help meet the 1:5 faculty/student ratio requirements in clinics and labs. It used to be 6:1, so the cost to hire qualified faculty has increased over the years.

5. Implementing a BSDH degree will require hiring a fourth FT Tenured Track Instructor:

- With the BSDH degree implemented a new fourth FT tenured track faculty position was developed and approved. The tenured track instructor completed her tenure process and was granted tenure spring 2023.

6. Limited classroom space for lecture courses/Separate DA and DH labs to foster a more Conducive Learning Environment:

- With the 2019 remodel we gained an additional room shared between DA and DH programs and were able to remove the "sled desks" and get new tables and chairs in the dedicated DH lecture classroom which has helped with group activities and improvement with a more conducive learning environment. With the 2019 remodel eight more dental units were added to the dental clinics which has helped both DH and DA programs with increase in space utilization. In 2017 the PUR Committee recommended for DA and DH to separate labs to foster stronger programs but with the high cost of equipment that both programs utilize and the fact that we utilize the same equipment we found it to be more cost effective by continuing to share the equipment but increase the work space that both programs share.

6. Pursue Funding for the Purchase of a Pediatric Digital X-ray Sensor:

- We were able to purchase a digital child sensor in 2019 with funds from dentists in the community who were asked to help support the dental hygiene and dental assisting programs with funds to support the program to go towards purchasing updated equipment to train future dental hygiene and dental assisting students on. We have been gifted funds for 2024-25 from the Del Grande Foundation to be able to purchase a 2nd digital child sensor.

7. Differential Tuition is being used to fund a newly developed DH Clinic Manager instead of new equipment:

- As the Dental Hygiene Clinic Manager position was developed, the 30% of this position's salary was paid for by DH differential tuition fees until the following year where the position was paid for by the state and continues to be funded by the state. As mentioned above all equipment the students are utilizing to treat patients was purchased new in 2019.

8. Differential Tuition Adds an Additional \$5,200 to Student Debt/Continue to pursue DH Student Scholarships:

- Prior to the 2017 PUR the program director has worked with Scholarship and Foundation Office to secure scholarships for the DH students. The program director continues to work with the Scholarship Office in securing more scholarships for the DH students. At the time of the last PUR we had six (Pennington) scholarships worth \$10,000 per student and the last two years have now increased this to eight (Pennington) scholarships; in addition to four more scholarships at \$2,500. from Sala Family Dentistry. Also, when the Differential Tuition was approved by the Regents, a requirement of 10% of the differential fees are collected and distributed back to the DH students each academic year. Now that we are offering a BSDH degree the students graduate with a degree which gives them a variety of opportunities to transition outside of private practice setting. They can go into education, administration, public health, state/govt. jobs, corporate representative positions, research, dental and medical facilities administrator, and legislative advocate. The opportunity for job diversity outside of private practice is a benefit. Lastly, the students use to graduate with 109 credits when we offered a ASDH degree. Now that we are a BSDH degree, eleven more credits were added for a total of 120 making the program the first to offer a BSDH degree at TMCC.

The 2017-2018 Annual Progress Report:

There were 12 recommendations at the DH Program's 2017-18 APR. Most of the recommendations noted in the APR came from the PUR in 2016-17. The recommendations noted below are the recommendations from the APR that are different then what is noted and explained above from the last PUR.

1. Unit Recommendation #10:**Continue to pursue scholarships and other sources of funding for DH students, who pay additional tuition and fees.**

The director has been working with the Foundation Office since the 2017-18 APR. The result of scholarships for the DH students is noted below:

- Pennington Scholarships (8 students) at \$10,000 per student dispersed over the two years.
- Sala Family Dentistry Scholarship (4 seniors) at \$2,500/student dispersed during their last year.
- Northern Nevada Dental Hygiene Association (NNDHA): (2 students) \$300/Student.
- Liberty Dental: (2 minority students): \$ 2,000/student.
- Soroptimist International of Truckee Meadows: (1-2 Students) \$1,00-2,500 /Student.

2. Unit Recommendation #11: The Program Director is requesting for two facility staff to complete ADEC dental equipment training to assist the Dental Clinic Manager with the maintenance of the dental equipment.

The director was approved to pay for two TMCCC Facilities Staff to be flown to the (ADEC) dental equipment training center in Portland, Oregon. They were in trained on troubleshooting and repairing the dental chairs and lights to help mitigate the high cost of having a dental repair representative called to come into the clinic when dental equipment broke. This was four years ago and worked well as the staff were Eric Lopez and Curtis Butler. Now that Eric has been promoted Curtis is training a new facilities staff but Facilities is also short-handed and we are finding they do not have the time to fix some of the time consuming dental equipment repairs. I will discuss in section 6C Support Staff, the solution for helping with this current issue.

3. Unit Recommendation : #12 The program director is requesting the approval of a P/T position to assist the Dental Clinic Manager in the Dental Clinic Front Office. Many times the Dental Clinic Manager Associate on double clinic days does not get a full lunch hour or required breaks. This is due to her being in the front and not being able to leave a student who is on front office rotation un-attended with patients, etc. We have also gone electronic with patient charts and it is taking more time for patient documents needing to be scanned into the system, the opening and filing of digital x-rays from dental offices, etc.

The director was approved to hire an LOA Front Office assistant to help the Dental Clinic Manager Associate. The funding for this position comes from the program's Differential Tuition account. The position was filled end of fall 2020 and the person started spring 2020 and just retired to work in private practice as a dental hygienist for \$75/hour. We are currently changing the position to a FT position due to the need as the program grows. This position currently will be an LOB due to no current funding from the state, this position should be a FT Administrative position. More details on this in **Section 6C Support Staff**.

****The DH Program had it's CODA site visit in March 2023. The site visit went well. It took the program director one year to write the 2200-page self study but the time and effort of the entire DH team paid off!!! There were ***"NO Recommendations" from CODA***, so we are continuing our ***Accreditation status with "No Reporting."***

**** All 2016-2017 PUR recommendations have been addressed.

****All 2017-18 APR recommendations have been addressed but current changes have made it where we are in need of some additional resources.

2.B. Workforce Needs (AAS degrees and certificates, allied health programs only)

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Describe how your program(s) are meeting workforce needs, especially in the northern Nevada region, by answering the accompanying questions. The following are potential resources for labor market data, though other sources may be referenced.

Nevada Department of Employment Training and Rehabilitation (DETR) (<https://www.nevadaworkforce.com/Home/DS-Results-Projections2>)

Nevada Governor's Office of Economic Development (GOED) Data Portal (<https://goed.nv.gov/why-nevada/data-portal/>)

U.S. Bureau of Labor Statistics (<http://www.bls.gov/>)

- **What is the evidence for the regional need for the program (DETR and EDAWN data)?**

- **What is the evidence that the program curriculum meets the latest industry trends or workforce needs?**
- **What are advisory boards suggesting about workforce needs in your program area(s)?**

1. The evidence for the regional need for the TMCC Dental Hygiene Program is shown in:

Nevada Department of Employment Training and Rehabilitation (DETR):
Long Term Projections 2018-2028:

- Base Year Employment: 2,616
- Projected Employment: 2,975
- % Change 13.72%
- Total Annual Openings: 224

Long Term Projections 2020-2030:

- Base Year Employment: 2,486
- Projected Employment: 2,807
- % Change 12.91%
- Total Annual Openings: 193

Nevada Governor's Office of Economic Development (GOED) Data:

- On page 17 and shows that Health Care is the second top growing industry in Nevada at 20,000 jobs growth. (Medical and Dental are connected as the oral health effects the overall health.) This is why I included the healthcare category on page 17.
- Dental Hygiene could also be placed in the Professional, Scientific and Technical Services which is rated fifth top growing industry in Nevada.
- On page 24, Healthcare practitioners and Technical skills are the fourth top growing occupations in Nevada at: 13,000 new jobs to fill.
- On page 26 data shows dental hygiene is the fourth highest ranking occupation in pay at almost \$40 an hour. Currently with the dental hygiene workforce shortage, hygienists are being offered \$55-75/hour per the program director.

Bureau of Labor and Statistics Data:

Quick Facts: Dental Hygienists	
2022 Median Pay	\$81,400 per year \$39.14 per hour
Typical Entry-Level Education	Associate's degree
Work Experience in a Related Occupation	None
On-the-job Training	None
Number of Jobs, 2022	219,400
Job Outlook, 2022-32	7% (Faster than average)
Employment Change, 2022-32	16,300

2. The evidence the program curriculum meets the latest industry trends/workforce needs is

by way of our Graduate and Employer surveys sent out annually. The director works with WebCollege to ensure the surveys are sent out and the data is collected for program improvement.

Examples of questions on the Graduate Survey asked are in the format of: (Very Satisfied, Satisfied, Somewhat Satisfied, Dissatisfied, No Opinion.)

The curriculum prepared me to use critical thinking for problem-solving in dental hygiene practice.
The dental hygiene curriculum provided the knowledge and competence required to provide comprehensive dental hygiene care in a variety of settings.
The curriculum prepared me to effectively communicate orally and in writing with patients, health team members, and community groups.
The curriculum prepared me to apply the dental hygiene process of care, organize, and provide the appropriate dental hygiene service.
I am adequately prepared to use management skills in the practice of dental hygiene.
The curriculum prepared me for lifelong learning and professional development.
The curriculum prepared me to appreciate professional associations, promote oral health of the public, and further the growth of the profession.
Comprehension of basic tooth/ root morphology
Knowledge of basic clinical techniques
Comprehension of dental radiographic techniques
Ability to perform advanced clinical techniques
Knowledge of periodontal disease
Knowledge of oral diseases
Knowledge of general pathological conditions
Exposure to dental pharmacology
Knowledge of treatment planning
Ability to establish an effective patient re-care system
Knowledge of nutritional counseling
Understanding of the regulations governing the practice of dental hygiene
Use of technology-digital radiography, intra-oral camera, etc.

Overall educational preparation at TMCC Dental Hygiene Program

Please indicate the types of dental hygiene technology that you use in practice.

_____ Computerized patient scheduling

_____ Patient data-entry software Name of software

_____ Electronic periodontal probe Name of System

_____ Digital radiography Name of System

_____ Cone Beam 3 D Imaging Name of System

_____ Intraoral camera Name of System

_____ Periodontal endoscopy Name of System

_____ Computerized local anesthesia Name of System

_____ Laser soft tissue management Name of System

_____ Caries detection lasers Name of System

_____ Internet search for pharmaceuticals

_____ Internet search for information on medical conditions

_____ E-mail or text for appointment confirmation and/or patient contact

_____ Microscopic clinical dental hygiene

_____ Other (please describe) _____

Examples of questions on the Employer (DDS) Survey are in the format of: (Not Applicable, Not Very Important, Moderately important, Essential.)

• **Importance of Dental Hygiene Duties**

Indicate the importance of each item in the following table as it relates to the practice of dental hygiene in your office. If it is not applicable, please mark NA.

<u>Responsibility</u>
Provides appropriate patient education
Performs infection control procedures correctly
Provides nutritional counseling
Takes /evaluates diagnostic radiographs accurately
Uses digital radiographic equipment
Charts suspicious lesions

Performs supragingival scaling
Performs subgingival scaling/root planing
Uses ultrasonic scaling
Performs coronal polishing
Performs a thorough periodontal analysis
Takes impressions of diagnostic quality
Administers local anesthesia
Administers nitrous oxide sedation
Performs tobacco cessation counseling
Finishes and polishes amalgam restorations
Uses computers or intraoral video equipment
Places pit and fissure sealants
Documents patient treatment
Performs instrument sharpening
Interpersonal staff relations
Interpersonal patient relations
Manages recare program
Manages periodontal patients
Practices effective time management
Functions as a team member

Performance of TMCC Dental Hygiene Graduates:

Indicate the level at which you feel the TMCC graduate you employ performs. If more than one TMCC graduate is employed in your practice, please indicate the average skill level.

<u>Responsibility</u>
Provides appropriate patient education
Performs infection control procedures correctly
Provides nutritional counseling
Takes /evaluates diagnostic radiographs accurately
Uses digital radiographic equipment
Charts suspicious lesions
Performs supragingival scaling
Performs subgingival scaling/root planing
Uses ultrasonic scaling

Performs coronal polishing
Performs a thorough periodontal analysis
Takes impressions of diagnostic quality
Administers local anesthesia
Administers nitrous oxide sedation
Performs tobacco cessation counseling
Finishes and polishes amalgam restorations
Uses computers or intraoral video equipment
Places pit and fissure sealants
Documents patient treatment
Performs instrument sharpening
Interpersonal staff relations
Interpersonal patient relations
Manages recare program
Manages periodontal patients
Practices effective time management
Functions as a team member

3. **The DH Advisory Board is recommending** we increase our student cohort to assist with meeting the workforce needs. The director was approved by the Commission on Dental Accreditation (CODA), the program's external accreditation in 2022 to approve 20/cohort. The DH Program has increased the cohort from 12 to 16 since the last PUR in 2017 and will increase the cohort dependent on workforce needs and the completion of an expansion in the dental hygiene and dental assisting clinic and surrounding areas as the program's continue to grow.

2.C. Accessibility and Cost of Instructional Materials

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- **What are faculty in the department/unit currently doing to help ensure that instructional materials are accessible to students with disabilities? Examples include attending Professional Development accessibility sessions, running accessibility checkers on materials, completing accessibility workshops, and working with publishers to ensure textbooks and materials are accessible.**

- **What are faculty in the department/unit currently doing to offer more affordable instructional materials to students. Examples include internal development of educational materials or utilization of low cost materials that our TMCC librarians are happy to assist you with finding (e.g. open educational resources (OER), archival materials, journal articles).**

FT department faculty are currently ensuring instructional materials are accessible to students with disabilities by:

- All DH course PPT's, rubrics, assignments, and any other handouts are on CANVAS and in accessible format. All course modules open up one week prior to the start of the semester, so students can have time to print off or download content in the format that helps them to learn best.
- The DH Program works closely with DRC and ensures any students with a disability are connected with DRC; in addition to the faculty working closely with the student and DRC.
- Laptops and audio recording (Per the instructors approval) are welcomed in all DH courses.
- All DH faculty and staff encourage students to utilize student services when needed.
- With the DH cohorts being smaller in size the faculty openly communicate with the DH students to make sure that all educational materials are available to them as needed. They regularly interact with the students in person and will meet with a student in private to remain confidentiality.
- Running accessibility checkers on materials and checking that DH textbooks are available digitally.
- Textbook orders are turned in early enough each semester, so DRC has time to convert the content, so the TMCC Bookstore can turn it into an electronic version, if needed.
- DH faculty attend TMCC Professional Development classes every semester and are aware of resources for students who would meet this criteria.

Offerings of more affordable instructional materials to students:

- The program director and faculty have checked into OER textbooks for dental hygiene but many of the dental hygiene textbooks are published by a publisher and OER versions are not available. Concern is if the textbooks were to start being offered in OER format they could become obsolete depending on the field and the author's ability to maintain them. The director and faculty are open minded about OER textbooks in the future.
- Utilizing and giving the option to all students to purchase online resources, E-books, journals and articles for many of the DH courses.
- Utilizing the same textbook in several of the DH courses which carries over throughout the four semesters and builds on the skill and knowledge. (Ex. DH 305 Pre-Clinic, DH 315 Clinic I, DH 405 Clinic II, DH 415 Clinic III, DH 403 Periodontics, DH 410 and DH 416 Inter-professional Collaborative Practice and Field Experience, and Skills Lab.)
- In several of the DH courses the instructors upload worksheets and assignments in the CANVAS course modules. Students can print these out at home or download onto their electronic devices rather than buying a textbook with pages that need to be torn out.
- The DH instructors allow students to turn in assignments digitally or a physical copy, to give the student the option that works best for them.

2.D. Catalog Review

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- **Is the program information in the catalog correct, including program descriptions, PLOs, course offerings, course descriptions, and semesters that courses are offered?**
- **Does the program's suggested course sequence in the catalog allow for completion of degrees within 2 years and/or certificates within 2 semesters for full-time students? Are there any hidden prerequisites?**
- **Excluding special topics courses, are there any courses that the department has not offered in 4 or more years? Please list them and indicate whether you plan to update and offer, or deactivate the(se) course(s) in the next academic year.**

1. The program information in the catalog is correct. including program descriptions, PLO's, course offerings, course descriptions and semesters that courses are offered. The director meets with Jennifer Link the Program's Dental Clinic Manager and the College Webmaster one time a year to review the program information in the catalog.

2. The suggested course sequence will allow for completion of an AS degree in two years with no hidden pre-requisites. Students will have between **23-26 General Education credits** dependent if they took English 101 prior to English 102. For additional College Requirements to be able for students to apply to the DH Program, students will complete an additional 3 credits taking a Diversity course dependent if they met the Diversity category requirement with a course that also met the Fine Arts, 4 credits for Bio 251 and 3 credits for US & NV Constitutions. **Totaling 7-10 additional college credits.** Students are also required to complete "Program Requirements" which total **24 credits and include:**

- BIOL 223 Human Anatomy & Physiology I=4 credits
- BIOL224 Human Anatomy & Physiology II =4 credits
- CHEM 220 Introductory Organic Chemistry=4 credits
- COM 113 Fundamentals of Speech= 3 credits
- SOC 101 Principles of Sociology=3 credits
- NUTR 223 Principles of Nutrition=3 credits
- PBH 281 Intro to Biostatistics in Public Health or STATS 152 Introduction to Statistics= 3 credits

Once a student is accepted into the DH Program they will complete a summer introductory DH course and four semesters, giving them 66 dental hygiene curriculum credits for a total of 120. A student can graduate in four years with the BSDH degree if they go FT all semesters.

Catalog Link for Dental Hygiene:

<https://catalog.tmcc.edu/degrees-certificates/dental-hygiene-bs/>

3. The courses noted below were from the ASDH degree and have not been taught since fall 2019 and spring 2020. All of these courses have been deactivated.

- DH 104 Dental Hygiene I
- DH 105 Intro to Clinical Practice
- DH 110 Concepts of Oral Health
- DH 112 Oral Radiology
- DH 113 General and Oral Pathology

- DH 115 Clinical Practice I
- DH 118 Advanced Clinical Topics in DH
- DH 120 Fundamentals of Nutrition
- DH 202 Pharmacology
- DH 203 Special patients
- DH 205 Clinical Practice II
- DH 20 Periodontics I
- DH 208 Community Dental Health I
- DH 211 Dental Materials and Techniques
- DH 107 Legal and Ethical Implications in Dental Hygiene
- DH 214 Periodontics II
- DH 215 Clinical Practice III
- DH 2118 Community Dental Health II

3.A. Curriculum Mapping

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- **PLOs:** Do all PLOs reflect what you want students to demonstrate once they complete the program? Are there any PLOs that need to be updated? Are all PLOs measurable?
- **Potential gaps and scaffolding:** Are there any PLOs that are not addressed across the program curriculum? Are PLOs reflected in multiple courses in a way that scaffolds learning?
- **CLO alignment:** Is there a need to modify any course learning outcomes so that courses better support PLOs?
- **Course sequencing:** Is there a need to modify the course sequencing so that learning is scaffolded throughout the program? In other words, courses taken earlier in the program sequence should introduce PLOs, and courses taken later in the sequence should reinforce PLOs by offering students additional opportunities to practice.
- **Curriculum and learning opportunities:** Is it necessary to introduce new opportunities to reinforce learning? These could be modules or assignments in specific courses, additional courses, and/or co-curricular opportunities that would be required of all students in the program.
- **Do you need to make any changes to your curriculum map after this analysis?**

[illegible]

1. The DH Program's PSLO's reflect the proficient level of skill and knowledge the students are required to have to sit for the national written board exam, the regional clinical exam, and the state jurisprudence exam. Each graduate will confidently work in many of the dental hygiene career settings within an integrated healthcare system, delivering optimal patient centered care. The PSLO's were also reviewed in March 2023 by CODA our external accrediting organization and they were happy with the PSLO's and how they mapped to our CSLO's. All PSLO's are measurable and map to the course SLO's.

2. All PSLO's are addressed across the program curriculum and reflect multiple courses in a way that builds knowledge and skills from prior semesters to help students retain the information and level of understanding to pass their national written and regional clinical exams.

3. There is no need at this time to modify any course learning outcomes (CLO's).

4. Course Sequencing does not need to be modified. The DH program's course sequence builds on each semester prior with introductory courses in the first semester and second semester, including pre-clinics and labs where students learn instrumentation skills on typodont (fake mouths) and x-rays on manikins. They then start practicing on student partners. As they transition into their second semester they start treating patient's with minimal intra-oral issues and transition to patients with complex periodontal issues. The didactic courses cover the concept and theory of the skills where the students then apply this knowledge and skills while treating patients and completing their performance evaluation requirements.

5. Curriculum and Learning Opportunities: The DH Program faculty assess all courses after being taught to ensure the success of the DH students and to identify any SLO's not being addressed. DH Faculty modify and implement new educational methods in all courses when needed. The DH students are required to pass all of their DH lecture courses with a 75% or higher in quizzes, midterm's and final's prior to the addition of other assignments. If students do not pass a course with a 75% or higher they do not transition onto the next semester. The clinic course pass requirement goes to 80% in third semester and then 85% in fourth semester. These are the building blocks that help the students gain proficiency in their knowledge, critical thinking and instrumentation skills which builds the confidence for them to pass their licensing exams at a high percentage. Another check point for modifications to the DH curriculum is reviewing the written NBDHE results which is a (6 hour comprehensive exam including all DH topics students have learned in the two years of the program) and reviewing the WREB/ADEX Clinical test scores. Both exams must be passed to apply for licensing in any state. If we find patterns where students/graduates are not passing certain categories on the exams, we modify the courses where the topic/skill is taught and make those changes. There have been changes to DH 440 and DH 442 spring 2022. These two courses were very similar in their SLO's and the students were getting confused with the expectations of the two courses. The lead instructor made the necessary changes and submitted these to CRC and was approved in 2023. The students now have a more defined and clear understanding of the capstone projects in both courses and how to properly conduct a research study and present the research based topic to dental professional with our local community professional organization.

6. The DH Program does not need to make any changes to the curriculum map at this time.

3.B. Evidence of Program Learning Outcomes Assessment

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Summarize the most significant program assessment results since your last PUR. These will come from past CARS, APRs, and Action Plans and assessment data within eLumen. Please discuss course assessment findings as they apply to the program and program learning outcomes.

(Please click on the blue folder in the upper right hand corner to download the DH Program Assessment Plan)**

DH Program Student Learning Outcomes:

PSLO1: Be eligible to take the written National Board Dental Hygiene Examination (NBDHE), apply and take the ethics examination for state licensure, and be eligible to apply and sit for state or regional clinical examination.

PSLO2: Utilize critical thinking skills to investigate and pursue the evolving role of the dental hygienist in career options outside the traditional private practice model such as in education, research, administration, public health, corporate sales, as members of inter-professional healthcare teams, and in advanced practice pursuing additional skills and education needed to advance their careers.

PSLO3: BSDH graduates will be better prepared to practice within an integrated healthcare system to positively impact the public's oral and overall health by functioning as competent oral healthcare providers who can deliver optimal patient care within a variety of practice settings to meet the needs of diverse populations and the evolving healthcare environment.

Summarizing the most significant program assessment results over the past five years we have found that the majority of the DH courses map to all PSLO's with only five DH courses SLO's mapping to 1-2 PSLO's. The five courses that map to 1-2 PSLO's are DH 299 Skills Lab, DH 409 Ethics, Law and Business Practice, DH 410 Foundations of Inter-professional Collaborative Practice, DH 416 Inter-professional Collaborative Practice Field Experience and DH 417 Community Dental Health. We understand all course SLO's do not have to map to all PSLO's but know that with the majority of the DH CSLO' mapping to the PSLO's is one of the factors of why the DH Program has successful results. The DH courses are sequenced in the curriculum to assist the students in developing a good base of knowledge and skills, giving each student the opportunity to build on what they learned the prior semester and continue building on that knowledge and skill throughout the four semester program. As mentioned prior, we assess each course after it is taught. We started this with the change of the BSDH curriculum to mitigate any SLO's that are not meeting learning expectations and modify what we need to. With the transition of the AS to BSDH degree the 300-400 level courses all had to have the CSLO's modified to reflect a higher level of learning. We have found that overall the CSLO's have aligned well with the PSLO's.

The five year average percentage of the 27 DH Course SLO categories for the learning expectation categories are:

- **Exceeds Expectations =42%**
- **Meets Expectations=44%**
- **Approaches Expectations=9%**
- **Does Not Meet Expectations=1%**

(See Uploaded DH Assessment Data Summary Table in the blue folder in the upper right hand corner)**

The **Exceeds Expectations (42%)** and **Meets Expectations (44%)** category numbers reflect the DH students are grasping the knowledge and skill level required to pass the DH courses and

transition into the next semester. The **Approaches Expectations** category is **9%** with the **Does Not Meet Expectations at 1%**.

Further analyzing these two categories where the students have **Approached Expectations** and **Does Not Meet Expectations**, reflects these scores are in 1st year clinical and lab courses. There are three 1st year didactic courses we see this level of learning is in, DH 404 Research Methods, DH 312 Oral Pathology and DH 313 Periodontic Principles. The students have not had research courses, so this content is new to them. The DH 312 and 313 courses have introductory content that the students continue to retain, process and learn how it applies when they are treating patients in clinic. The DH curriculum is setup to build on the courses from the past semester. It has worked well over the 24 years as we know students grasp the concepts and application of the content at different intervals in the program. The data shows students start to develop a good level of understanding by bringing the concepts and theory of the didactic courses to the application modality of learning. We also see with more patient experiences in their 3rd and 4th semesters, helps the students to connect the concepts with the application of the dental hygiene process of care. This is why our program curriculum is developed to build upon each semester, as we know all students learn at different intervals in their education. The successful numbers are due to the well aligned projects, assignments, quizzes and exams that thoroughly cover the CSLO's mapping to the PSLO's. Also, the program faculty closely monitor and mentor each student's progress in their course(s); mitigating a high number of students, "**Not Meeting Expectations**", reducing the number of student fail rates in each course and/or failing out of the program.

*****See DH Program Assessment Plan:** This plan was developed several years ago by the program director as a guide to show the different modalities of student assessment the program completes each semester.

DH Curriculum Courses:

- DH 102 Oral Biology (Lecture/Lab)
- DH 103 Head and Neck Anatomy (Lecture/Lab)
- DH 209 Pain and Anxiety Control (Lecture/Lab)
- DH 299 Skills Lab (Lab)
- DH 304 Dental Hygiene Theory I (Lecture)
- DH 305 Pre-Clinical Practice (Lab)
- DH 308 Dental Materials (Lecture/Lab)
- DH 310 Foundations of Dental Hygiene Practice (Lecture/Lab)
- DH 311 Pharmacology (Lecture)
- DH 312 General and Oral Pathology for the Dental Hygienist (Lecture)
- DH 313 Periodontic Principles I (Lecture/Lab)
- DH 314 Oral Radiology and Interpretation (Lecture/Lab)
- DH 315 Clinical Dental Hygiene I (Clinic)
- DH 403 Periodontic Principles II (Lecture)
- DH 404 Research Methodology (Lecture)
- DH 405 Clinical Dental Hygiene II (Clinic)
- DH 407 Dental Public Health Concepts (Lecture)
- DH 409 Ethics, Law and Business Practice in Dental Hygiene (Lecture)
- DH 410 Foundations of Inter-Professional Collaborative Practice (Lecture)
- DH 411 Dental Public Health Field Experience (Field Experience)
- DH 413 Periodontic Principles III (Lecture)
- DH 415 Clinical Dental Hygiene III (Clinic)
- DH 416 Inter-Professional Collaborative Practice Field Experience (Lecture/Field Experience)
- DH 417 Community Dental Health (Lecture)
- DH 420 Dental Management of Special Patients (Lecture)
- DH 440 Capstone Seminar I (Lecture)

- DH 442 Capstone Seminar II (Lecture/Field Experience)

**Summary of DH Course Percentages for CSLO's
2019-2023**

Rounded to nearest whole number percentage.

DH Courses	Exceeds Expectations	Meets Expectations	Approaches Expectations	Does Not Meet Expectations
102 Oral Biology	37	60	3	0
103 Oral Biology	8	86	7	0
209 Oral Biology	0	0	96	0
299 Skills Lab	0	90	4	0
304 Dental Hygiene Theory I	50	37	13	14
305 Pre-Clinical Practice	29	51	20	0
308 Dental Materials	25	69	6	0
310 Pre-Clinical Practice	Donna Clifford working with eLumen to try to locate our data for DH 310.			
311 Pharmacology	64	29	6	9
312 General and Oral Pathology for the Dental Hygienist	24	62	7	7
313 Periodontic Principles I	22	48	28	0
314 Oral Radiology and Interpretation	26	67	6	0
315 Clinical Dental Hygiene I	64	26	19	0
403 Clinical Dental Hygiene I	31	36	0	0
404 Research Methodology	56	34	3	7
405 Clinical Dental Hygiene II	31	48	21	0
407 Dental Public Health Concepts	50	50	0	0
409 Ethics, Law and Business Practice in Dental Hygiene	79	21	0	0
410 Foundations of Inter-Professional Collaborative Practice	0	100	0	0
411 Dental Public Health Field Experience	98	2	0	0
413 Periodontic Principles III	91	9	0	0
415 Clinical Dental Hygiene III	45	55	0	0
416 Inter-Professional Collaborative Practice Field Experience	0	100	0	0
417 Community Dental Health	76	24	0	0
420 Dental Management of Special Patients	37	63	0	0
440 Capstone Seminar I	90	8	1	0
442 Capstone Seminar II	90	11	0	0
Percent data total for each category divided by total number of DH courses	1123/27	1186/27	240/27	37/27
Total Average for each category	42%	44%	9%	1%

Describe how department faculty implemented plans to improve students' achievement of program learning outcomes. What changes did you make to the program based on assessment results and improvement plans?

Department faculty are continually modifying course assignments and updating PowerPoint slides, homework assignments, quizzes and exams to ensure the information is relevant and current to ensure the SLO's are being met.

DH Courses	Implemented Plans and Changes to the Program
DH 102 Oral Biology	Implemented more in-class activities where students had to illustrate or create relationships between oral anatomy, oral histology, or oral microbiology. Students worked in groups and we had class discussions for verification and clarification. Implemented more images as well as YouTube videos to help with understanding the more complex topics.
DH 103 Head and Neck Anatomy	Implementation of more hands-on activities and dividing students into smaller groups in class where students could have the opportunity to work in groups while learning with identification exercises with models. The DH Program invested \$10,000 toward the Anatomage table located in RDMT 312 so the Dh students and instructor could utilize during their DH 103 course.
DH 209 Pain and Anxiety Control	A treatment plan assignment was implemented where the students needed to consider a patient's systemic conditions and medication to critically think what the best anesthetic would be for the patient and treatment time. Generating more case studies throughout the semester to challenge the students to consider different and unique medical histories, drug-drug interactions, and patient complications to encourage students to always have a

	mindful approach to delivery of local anesthesia in the most safe, effective, and comfortable way.
DH 299 Skills Lab	A change of lead instructors have changed in this course to help keep the information, knowledge, skills technique consistent with what the students are learning in pre-clinic and clinic. Implemented a post-test to evaluate students knowledge of clinical lab equipment and medical emergency equipment location. Want to start video recording individual students instrumentation technique to be able to have them self-assess their areas of strengths and challenges. Implementing a required completion of Skills Lab Evaluation form to assist the student top critically think about their skill level to assess their instrumentation skill growth.
DH 304 Dental Hygiene Theory I	Developed a pre-determined grading rubric for the ethical/issues/ dilemmas paper and for the treatment plan assignment. Posted a portfolio exemplar on Canvas to assist the first-year students in writing a portfolio. Re-iterate the DH Process of Care with the standards for clinical dental hygiene. Remove an Ethical Dilemma experience paper and integrate an ethical dilemma case scenario that the student has to answer questions and critically think about the scenario and how the ethical principles apply in the DH profession.
DH 305 Pre-Clinical Practice	New patient cloud based system was purchased and implemented August 2022. Continually update and modify the Practicum Exit Exam to ensure relevancy. Proctored the exam in a two day session instead of 1 day session. Students were not as tired and able to be more alert. Developed a faculty grading rubric to keep instructors calibrated on the number of points deducted on the exam. Moving the due date of the Medical Emergency paper up during the semester, so the students do not wait until the end of the semester to start researching the topic, etc.
DH 308 Dental Materials	Certain topics have been reduced in content while others have been added and emphasized to they more accurately reflect expected encounters in the "real world" setting.

	Incorporated several mock training sessions on taking impressions on the typodonts. The techniques were then reviewed again prior to taking an impression on a student patient. Also, limiting the number of impressions each student can take, helped each student to really slow down and focus on the correct technique to give them a good impression result.
DH 310 Foundations of Dental Hygiene Practice	Implementation of additional topics and modified the grading rubric for the Flip Chart for Chairside Instruction project. Modified the Home Health Care Product Oral Presentation and grading rubric. Remove the oral hygiene aid presentation and create a new lecture for this information to increase the retention and learning of this information. Implemented two CDC Foundation: Building the Safest Dental Visit Training Courses with a required certificate that is uploaded from the student. Updated all PowerPoint slides, homework assignments, quizzes and examinations to ensure the information is relevant and current.
DH 311 Pharmacology	Implemented a new and updated Pharmacology book to ensure the students are receiving the most up to date information possible. Continue to modify homework assignments, the presentation, the drug chart, quizzes, and exams to ensure the students identify and verbalize drug therapy considerations and systemic drug to drug interactions. Moved the lecture on respiratory diseases up sooner in the curriculum due to the many patients in the clinic with respiratory diseases such as asthma. Students need to become familiar with these conditions and drug therapy for respiratory diseases earlier in the course.
DH 312 General and Oral Pathology for the Dental Hygienist	A fill-in chart was created by the instructor for students to utilize in class as we discuss different pathology to help them stay organized. APA formatting on papers is required and students still have difficulty with APA format. Recommending the students

	utilize the Learning Commons more frequently to get more information and assistance on proper APA formatting.
DH 313 Periodontic Principles I	A document was created by DH instructors to assist the students with a step by step list in how students should be caring for how to clean an oral prosthesis. The old document did not follow the current steps shown during the demonstration. Requiring students to now turn in research article paper on line with "turn it in" on CANVAS. A exemplar was incorporated on CANVAS for the research article review assignment which also included proper APA formatting. Some lecture topics were moved around to align with the week antibiotics in Pharmacology were discussed.
DH 314 Oral Radiology and Interpretations	Incorporation of more pictures into the PPT presentations so students could visualize the concepts being discussed. Kahoots the online quiz platform has been created to utilize in class to enhance student learning and keep students engaged. More case studies have been added into CANVAS modules to introduce the students to the types of case study questions they will see on their NBDHE. Removed information on analog radiographs since the NBDHE no longer has these questions relating to the outdated technology. Student grading sheets were re-created to decrease confusion when students were grading their radiographs.
DH 315 Clinical Dental Hygiene I	New patient cloud based system was purchased and implemented August 2022. A DH 315 Clinical Practice I instructor's manual was created to address frequently asked questions from the first-year students to ensure all first-year instructors are calibrated. A special needs category was added to the student folder so the students have to critically think about treatment modifications they need to make for patients with special needs. A change in the x-ray requirement to primary dentition = age 7 and below, mixed dentition = age 8-12 years old. A change to the points given for watching the Pattison videos. They have to watch all required videos to receive the full 25 points. If they are missing a video on the log, they receive 0 points. Requiring students to disclose the patient one time during the treatment. This will allow the students to visually see areas that the patient is missing during oral hygiene instruction and

	<p>they will be able to modify the treatment plan for the individual patient.</p> <p>Continue to modify and update grading rubrics on patient case presentations, daily clinic evaluations, performance evaluations and phase examinations.</p>
DH 403 Periodontic Principles II	<p>Added supplemental videos and articles to each module to help present the information in different formats for different learning styles.</p> <p>Moved midterm and final to an online format.</p> <p>Moved all assignments/required documents to online submission.</p> <p>Moved all rubrics to Canvas and linked with assignment.</p> <p>Created new rubrics to guide students with requirements for assignments.</p> <p>Incorporated in-class videos, discussions, and articles to facilitate open discussions regarding different dental hygiene scenarios to help with critical thinking.</p> <p>Incorporated resources from the American Academy of Periodontology to help with learning of periodontal staging and grading.</p> <p>Modified periodontal case report and presentation to entail 4-6 week periodontal re-evaluation in the fall semester instead of continuing this portion into spring semester.</p> <p>Reviewed difference between 4-6 week periodontal re-evaluation and periodontal maintenance.</p> <p>Added Turnitin to assignment to help students identify areas in need of modifications with Turnitin feedback.</p> <p>Provided resources for APA 7th edition format to help guide students when writing paper.</p> <p>Changed Canvas format to help clarify objectives for each module and to help with student access.</p> <p>Quote of the day to help with morale and to show support.</p>
DH 404 Research Methodology	<p>Instructor has implemented more time in class to break down the research paper project into different sections. This has helped the students to have more time to ask questions and give them a better understanding of the sections and how they fit together. Rubrics have been updated and transferred into CANVAS. All quizzes have been re-written to help improve clarity and coverage of information covered in the course.</p>
DH 405 Clinical Dental Hygiene II	<p>New patient cloud based system was purchased and implemented August 2022.</p>

	Privacy screens have been added to the computer monitors and students are utilizing tablets to aid in the case presentation of patient data. This has proven to be an excellent aid to instruction. All rubrics have been transferred into Canvas. Many clinic forms have been updated to a uniform font.
DH 407 Dental Public Health Field Experience	Updated test questions and added virtual learning games to enhance student learning and retention of material. All rubrics have been updated and transferred to CANVAS. Modified the main group project to not be as similar as the project in DH 440.
DH 409 Ethics, Law and Business Practice in Dental Hygiene	<p>Created PowerPoint presentations for this course where there were previously none, restructured the quizzes, created critical thinking activities, created a step-by-step PowerPoint to guide students to register for licensure, and created a study guide for their jurisprudence exam. This course used to be a hybrid course and we changed it to face-to-face so more in-class time to discuss topics related to employment in dental offices. Updated assignments to provide more emphasis on leadership and business planning.</p> <p>A six-step worksheet was created on decision making. Students are paired up and work through a case study that was provided to them. Then they present to their classmates.</p>
DH 410 Foundations of Inter-Professional Collaborative Practice	Changed the format of the article review from the instructor facilitating this assignment and assigned each student an article to review, develop questions to ask classmates when they are facilitating the discussion. Incorporated Concept mapping into assignments to help students see the overall information for the professional they were assigned to interview. Incorporated in-class role playing and collaborated with UNR Inter-professional Consortium on an Inter-professional event where the DH students, Social Work, PA and Nursing students collaborated on teams to

	<p>develop a care plan for an adult and child patient. The DH students developed a PPT on how to accurately perform an intra-oral exam and what lesions are more important to assess. Two of the original three SLO's in this course were modified after it was taught for two years. In 2021 the updated CSLO's were implemented and aligned better with the course assignments and PSLO's. Three more inter-professional events have been implemented and coordinated by the instructor, collaborating with TMCC's Diet Tech, Nursing, Rad Tech, Paramedics, and Social Work students. Also, the DH students have collaborated with UNR's PA's, Nursing and Social Work students for a virtual inter-professional event, fall 2023. All rubrics have been transferred into Canvas</p>
DH 411 Dental Public Health Field Experience	<p>This course is a field experience and has not needed any modifications. The students have performed well in this course at 97.98% Exceeds Expectations.</p>
DH 413 Periodontic Principles III	<p>Moved presentations, in-class assignments, and homework assignments earlier or later in the semester to help develop connections with clinic experiences.</p> <p>Also, to make sure all relevant material is presented prior to national boards exam.</p> <p>Developed discussion boards to help increase critical thinking among students and within class.</p> <p>Added presentation component to Periodontist office observation to share different observations/experiences in class to help expose entire class to different scenarios and procedures from observation.</p> <p>Modified Periodontal case assignment to entail a new periodontally involved patient instead of carrying patient from DH 403 into DH 413.</p> <p>Removed Perio case presentation as a component of assignment leaving only written report.</p> <p>Added in class perio case discussion to evaluate students learning and understanding of periodontal disease from Perio case in DH 403 to Perio case in DH 413.</p> <p>Perio patient from last semester will now count as a re-care patient in DH 415 helping to develop connections associated with SRP/ 4-6-week re-evaluation/periodontal maintenance.</p> <p>Changing guest lecturer pool to help increase student engagement.</p>
DH 415 Clinical Dental Hygiene III	<p>A new Mock Board examination grade</p>

	<p>sheet was created to help the students prepare for the ADEX standardized examination</p> <p>Replica typodonts were purchased for students to practice calculus removal similar to the ADEX examination that they will take for licensure.</p> <p>Faculty workshops will be implemented to provide more explanation for the mock board examinations.</p> <p>All rubrics have been transferred into Canvas</p>
DH 416 Inter-Professional Collaborative Practice Field Experience	<p>Reiterated on PPT presentation rubric the importance of highlighting the connections between the IPEC Core Competencies the students learned in DH 410 and applying them to DH 416. This course started out with one inter-professional external rotation and over the four years since the course was first taught, three more experiential rotations have been added to give the students a variety of inter-professional experiences which they have to develop a PPT and present to their classmates their experience; in addition to the gaps, overlaps and barriers they identified between the dental hygiene profession and the profession they were assigned.</p>
DH 417 Community Dental Health	<p>The table clinic portion of this course was moved to DH 442 Capstone II course as the students were getting confused with a similar assignment in both DH 417 and DH 440. A presentation assignment was added A pre-determined rubric was used to grade the students. They were graded on: Organization of information, utilizing the appropriate tobacco cessation form as well as following the 5A's of cessation, adequate understanding of tobacco cessation, and their presentation skills.</p> <p>Students were randomly assigned their topic for this assignment.</p>
DH 420 Dental Management of Special Patients	<p>The more experience that students have with patients with disabilities or special circumstances, the easier it will be for them to navigate through their dental appointment. I have updated many of the PowerPoint lectures and have added YouTube videos to help bring attention to possible disabilities that students may see in their chairs.</p>

DH 440 Capstone Seminar I	<p>Identified areas of confusion as both DH 440 and 442 courses were very similar in their capstone. SLO's were changed and approved by CRC in spring 2023</p> <p>Many changes were made to this course after teaching it in the fall of 2021. Students were very confused with the expectations and this course conflicted with another course. Students expressed their concerns and changes were made with CRC, which were all approved. This course has been taught twice since the major changes have been implemented and the students have a better understanding of what a Capstone project is and how to properly conduct a research study to present to dental professionals within our professional organization.</p> <p>.</p>
DH 442 Capstone Seminar II	<p>Identified areas of confusion as both DH 440 and 442 courses were very similar in their capstone. Identified areas of confusion as both DH 440 and 442 courses were very similar in their capstone.</p> <p>A professional quality PowerPoint presentation (table clinic) on a dental related topic assignment was implemented,</p> <p>in addition to a brochure which supports their presentation of a dental related topic</p> <p>An assignment where the students will reflect and self-evaluate their experience from the process of researching, analyzing, developing, and implementing a presentation on a dental related topic</p>

3.C. General Education Outcomes Assessment (if applicable)

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

- **Describe which general education learning outcomes (GELOs) you assessed in your department/unit and summarize the most significant assessment results.**
- **Describe how department faculty implemented plans to improve students' achievement of GE learning outcomes. What changes did you make to general education based on assessment results and improvement plans? Do any CLOs need to be changed to align with GELOs?**

1. We have not assessed (GELO's) in our department.

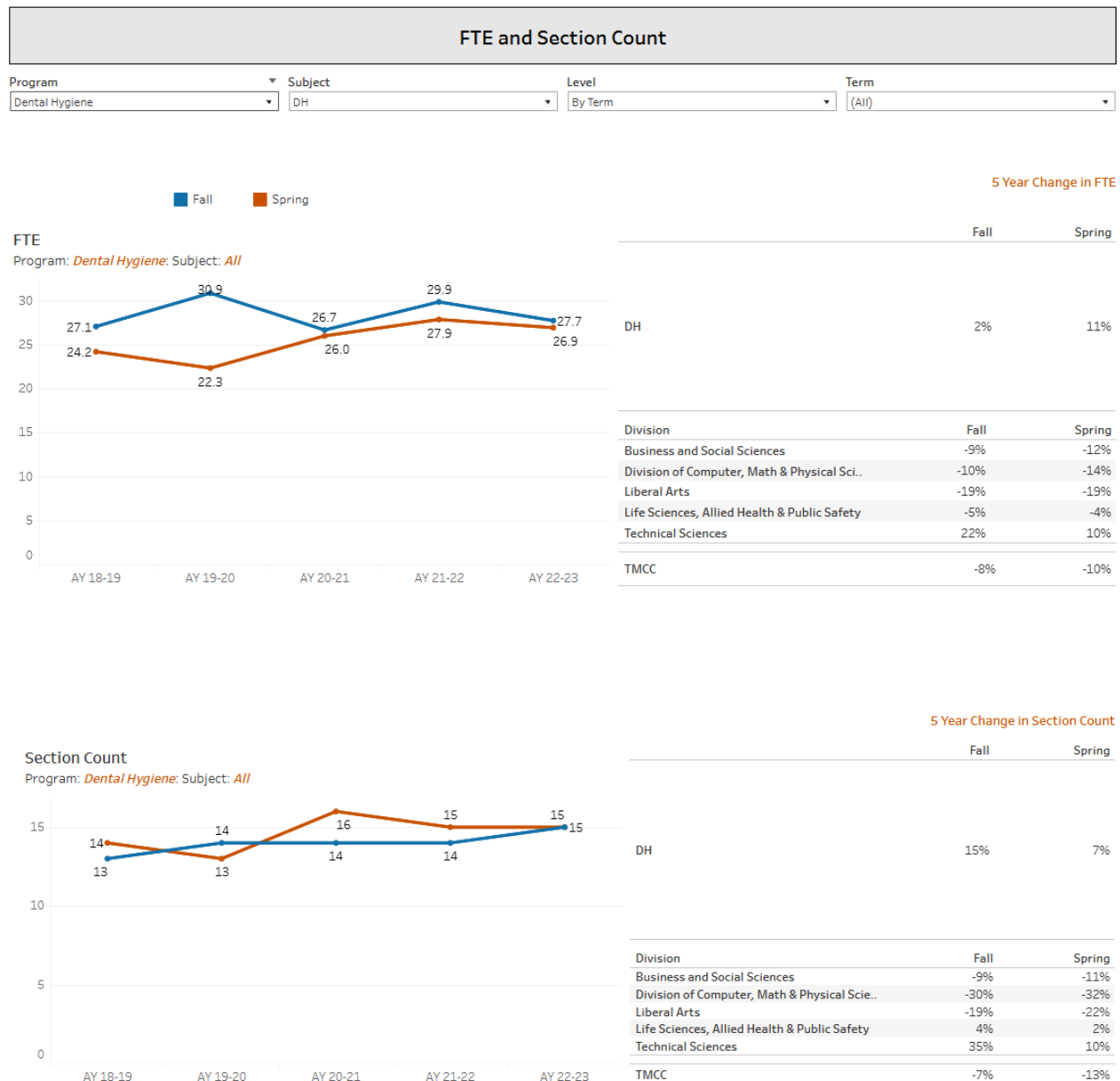
2. Although we do not teach general education courses we recognize the importance of ensuring these courses help to build a strong base for the students to be successful with the rigorous DH curriculum, once accepted into the program. The director stays in communication with advising, regarding potential changes with any DH courses. (Example:) Now that we are a BSDH degree program the students applying need to complete a Stats 152 course. There is a PBH 281 Intro to Biostatistics in Public Health course available which the DH Program will also accept, since it is focused on public health and is the umbrella the dental hygiene profession falls under.

The director also stays in communication with other department faculty and chairs. For several years we have required Math 126 Pre-calculus course to meet the 3 credit mathematics requirement. After further discussion with advising and math professor Dr. Amankona, we learned that Math 124 College Algebra will better prepare the students to learn skills in solving algebraic problems which will build on skills when solving statistic questions. The DH students are required to take Stats 152, PBH 281 or a higher statistics course to apply to the DH Program. The director has started the process for this to be approved through CRC for the following academic year.

4.A. FTE and Section Count

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study



Please analyze the trends in FTE and course section counts by academic year and by term. Discuss what these trends suggest about the viability of the program based on its enrollment.

FTE Academic Year Explanation: The Dental Hygiene Program does not have a large change in enrollment (FTE) due to the DH Program being limited entry each year. The changes with FTE for the academic year averaging between 51.3 to 57.7 is due from either a student(s) being dismissed from the program due to poor grades or a student leaving the program due to the dental hygiene profession not being a right fit for them. We have always had more applicants then acceptance spots available for each cohort. On an average we usually receive between 35-40 applications for the 16 spots per year. We use to take 14 per cohort and fall 2023 we accepted 16 and will continue to increase as the workforce needs reflect.

***See the Dental Hygiene Student Outcome Data <https://www.tmcc.edu/dental-hygiene/outcome-data>

Looking at the 5 year data in DH Program FTE of 7% compared to other divisions at a range of 16% to (-) 19% and TMCC at a (-)9 overall, the DH program is fulfilling the FTE capacity over the past 5 years.

Section Count Academic Year Explanation: The section count for academic years 2018/2019 and 2019/2020 were at 27 sections with the ASDH degree. In spring of 2020 the section count increased from 27-30 due to COVID shut down and the director having to develop solutions by dividing up the lab courses to keep compliant with CDC and College mandates. An additional DH 308 Dental Materials Lab was added to divide the class to keep the students 6 ft. apart from each other. The other sections added were for the implementation of the BSDH degree courses for a total of 66 program credits and a total degree requirement of 121. Spring has more sections due to the 1st year students clinic course hours increasing to treat patients and become proficient with their dental hygiene skills.

Looking at the 5 year average data for all terms in DH Program Section Count between 2-15% compared to other divisions at a range of 35% to (-) 32% and TMCC between (-)7 to (-)1, the DH program reflects good viability and consistency based on it's enrollment.

Academic Year	FTE	Section Count
2022/2023	54.7	30
2021/2022	57.7	29
2020/2021	52.7	30
2019/2020	53.2	27
2018/2019	51.3	27

FTE Fall Term : Analyzing the fall terms FTE for the past five years reflect slight changes when a student either was dismissed or withdrew from the program. With the 2019/2020 fall term this reflects that no students withdrew or were dismissed from the program during this term.

2022/2023=27.7
2021/2022=29.9
2020/2021=26.7
2019/2020:=30.9
2018/2019: 27.1

FTE Spring Term: Analyzing the spring terms FTE for the past five years reflect slight changes when a student either was dismissed or withdrew from the program.

2022/2023= 26.9
2020/2021=26.0
2019/2020 =22.3
2018-2019=24.2

Section Count Fall Term: Analyzing the fall terms section count for the past five years reflects minimal changes but the increase from 13-15 section counts due to the implementation of the BSDH degree and the addition of two classes in the fall.

2022/2023=15
2021/2022=14
2020/2021=14
2019/2020=14
2018-2019=13

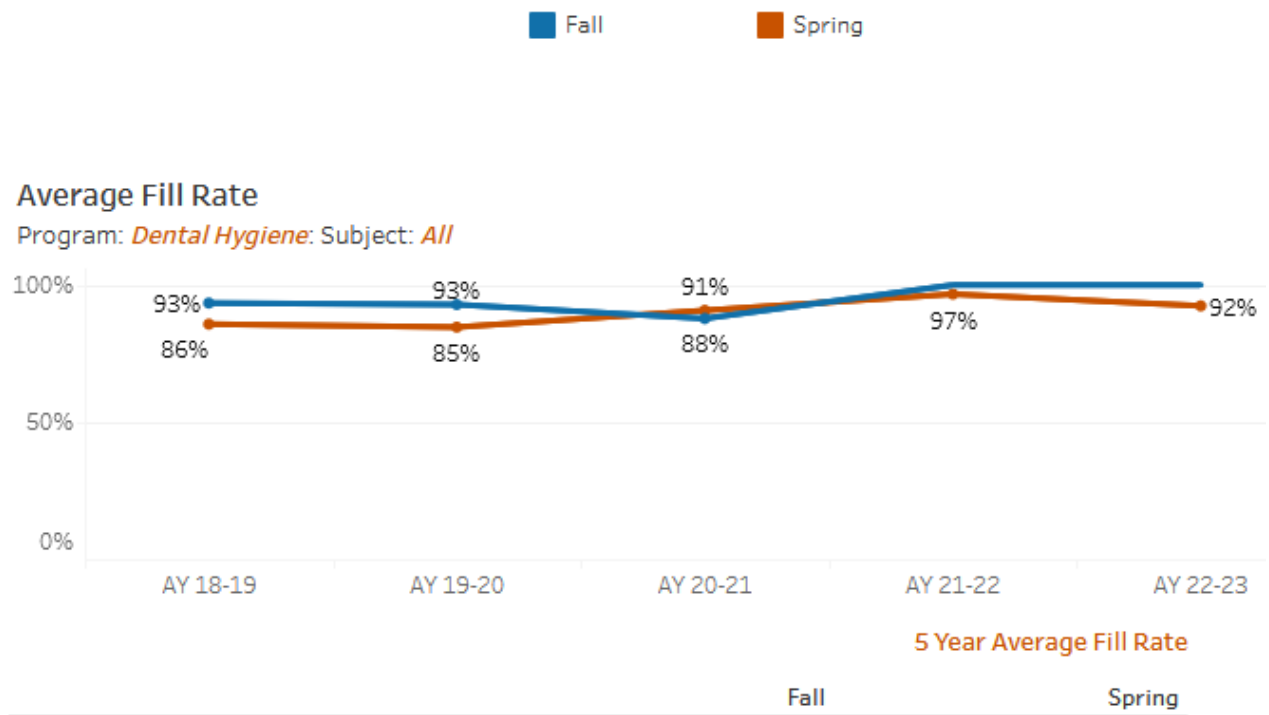
Section Count Spring Term: Analyzing the spring terms section count for the past five years reflects minimal changes but the increase from 14-16 section counts due to the addition of lab sections during COVID and the additional courses in the spring for the increased clinical course hours where the students are treating patients to build upon their skill level and get them ready for 2nd year.

1. 2022/2023=15
2. 2021/2022=15
3. 2020/2021=16
4. 2019/2020=13
5. 2018-2019=14

4.B. Course Fill Rates and Unsuccessful Enrollment Attempts

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study



DH	95%	90%
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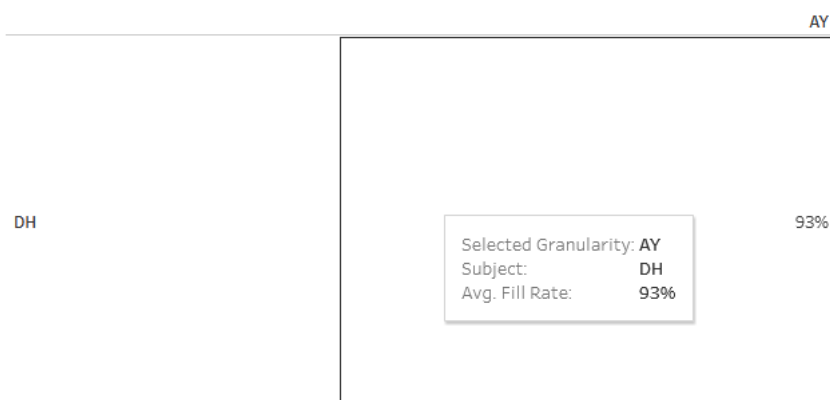
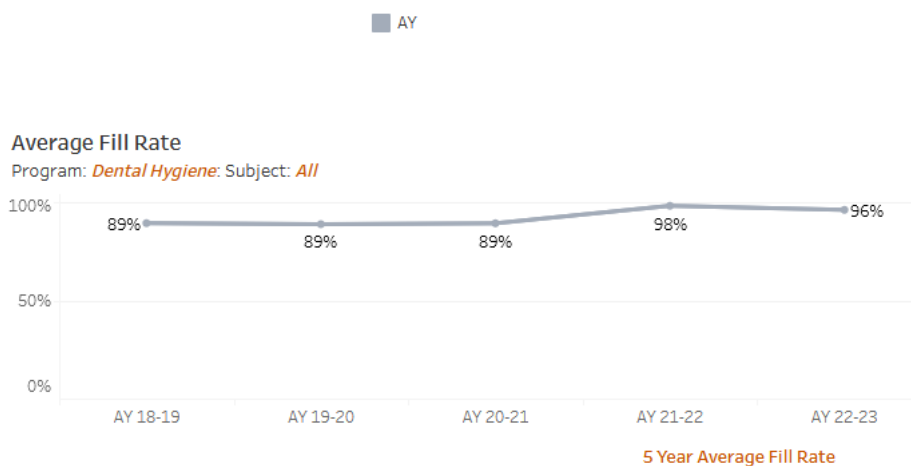
Division	Fall	Spring
Business and Social Sciences	69%	63%
Division of Computer, Math & Physical Sci..	84%	79%
Liberal Arts	82%	76%
Life Sciences, Allied Health & Public Safety	79%	76%
Technical Sciences	45%	43%
TMCC	72%	68%

5 Yr Avg Course Level Fill Rate

Program: *Dental Hygiene*; Subject: *All*

	Fall	Spring
DH 102	100%	
DH 103	100%	
DH 104	100%	
DH 105	100%	
DH 107		100%
DH 110	100%	
DH 112	100%	
DH 113		100%
DH 115		100%
DH 118		100%
DH 120		100%
DH 202		100%
DH 203	93%	
DH 205	93%	
DH 207	93%	
DH 208	93%	
DH 209		94%
DH 211	93%	
DH 214		100%
DH 215		100%
DH 218		100%
DH 299	88%	68%
DH 304	100%	
DH 305	100%	
DH 308	93%	
DH 310	100%	
DH 311		93%
DH 312		93%
DH 313		95%
DH 314	100%	
DH 315		93%
DH 403	93%	
DH 404		93%
DH 405	93%	
DH 407	93%	
DH 409		95%
DH 410	93%	

DH 411	95%
DH 413	95%
DH 415	95%
DH 416	95%
DH 417	95%
DH 420	93%
DH 440	93%
DH 442	95%



Division	AY
Business and Social Sciences	66%
Division of Computer, Math & Physical Sci..	82%
Liberal Arts	79%
Life Sciences, Allied Health & Public Safety	78%
Technical Sciences	44%
TMCC	70%

5 Yr Avg Course Level Fill Rate

Program: *Dental Hygiene*: Subject: *All*

	AY	
DH 102	100%	^
DH 103	100%	
DH 104	100%	
DH 105	100%	
DH 107	100%	
DH 110	100%	
DH 112	100%	
DH 113	100%	
DH 115	100%	
DH 118	100%	
DH 120	100%	
DH 202	100%	
DH 203	93%	
DH 205	93%	
DH 207	93%	
DH 208	93%	
DH 209	94%	
DH 211	93%	
DH 214	100%	
DH 215	100%	
DH 218	100%	
DH 299	77%	
DH 304	100%	
DH 305	100%	
DH 308	93%	
DH 310	100%	
DH 311	93%	
DH 312	93%	
DH 313	95%	
DH 314	100%	
DH 315	93%	
DH 403	93%	
DH 404	93%	
DH 405	93%	
DH 407	93%	
DH 409	95%	
DH 410	93%	

DH 411	95%
DH 413	95%
DH 415	95%
DH 416	95%
DH 417	95%
DH 420	93%
DH 440	93%
DH 442	95%

Unsuccessful Enrollment Attempts

Program	▼	Subject
Dental Hygiene	▼	DH

5 Yr Average Unsuccessful Enrollment Attempts

An enrollment attempt is considered unsuccessful if the student tried to enroll in one or more sections of a course but could not because the section was full, and who ultimately did not take the course that term. If they eventually enrolled in another section, they are not counted as unsuccessful. And a student is only counted once per course no matter how many section-level attempts they had.

Course Level

Program: Dental Hygiene

DH 112	1.00
DH 209	2.00
DH 299	1.00

Division & College Wide

Business and Social Sciences	4.08
Division of Computer, Math & Physical Sciences	18.00
Liberal Arts	8.99
Life Sciences, Allied Health & Public Safety	7.01
Technical Sciences	2.96
TMCC	7.53

Please analyze the trends in course fill rates and unsuccessful enrollment attempts. Discuss what these trends suggest about meeting student demand for the courses offered in your program (s).

Fill Rates Academic Year: The average fill rate by academic year for the DH program is 93% compared to the other divisions with a range of 44-82%. This shows the dental hygiene fill rate is the highest and most consistent with the 93% over all divisions and TMCC as a whole at 70% .

2022/2023	96%
2021/2022	98%
2020/2021	89%

2019/2020	89%
2018/2019	89%

Fill rates by Fall Term: The fill rate for fall term for the past five years reflects an average of 95% compared to the other divisions of the College with a range of 45%-84%. With TMCC at 72%. The high consistent fill rates of the dental hygiene program are due to the students working for two years completing their pre-requisites of 54-60 credits and acquiring their AS degree prior to applying to get into the DH program. By the time the students apply and are accepted into the DH Program they are half way to achieving their goal and dream of becoming a dental hygienist!!

2022/2023	95%
2021/2022	97%
2020/2021	91%
2019/2020	93%
2018/2019	93%

Fill Rates by Spring Term: The fill rate for spring term for the past five years reflects an average of 90% compared to the other divisions of the College with a range of 43%-79%. With TMCC at 68%. Even though the DH Program Fill rates are higher than the other divisions and TMCC, the 90% in the spring compared to the 95% in the fall semester reflects that if a student is not going to be successful in the DH program or the program is not a good fit for them it is at the end of the fall semester when this usually occurs leaving the spring semester term at a slightly lower fill rate for the DH courses.

2022/2023	92%
2021/2022	97%
2020/2021	88%
2019/2020	85%
2018/2019	86%

Unsuccessful Enrollment Attempts: 5 Year Average: The three courses where DH students tried to enroll and were unable to, were due from the administrative assistant setting up the courses in People Soft and forgetting we had increased the number of the cohort registering for the courses. The issue was resolved immediately and the student(s) were able to enroll in their appropriate courses.

DH 112	1.00
DH 209	2.00
DH 299	2.00

4.C. Student Demographics: Ethnicity, Gender, Credit Load, Student Status, Age Range, Pell-eligibility, and First-generation status

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Demographics: Program Majors

Program Dental Hygiene

This section shows the demographics of the students who are declared majors in your program.

Headcount of Program Majors

Program: *Dental Hygiene*

Major	Fall 18	Fall 22	5 Yr Change
DH-AS	26	0	
DH-BS	0	26	

TMCC Headcount

Institution	Fall 18	Fall 22	5 Yr Change
TMCC	11,271	10,082	-11%

Term Fall Demographics by Ethnicity

Program Majors by Ethnicity

Term: *Fall* Program: *Dental Hygiene*

	Fall 18	Fall 19	Fall 20	Fall 21	Fall 22
Asian		6.9%	12.0%	10.7%	15.4%
Hispanic	34.6%	27.6%	20.0%	35.7%	53.8%
Caucasian	53.8%	51.7%	60.0%	50.0%	26.9%
Two or more races	3.8%	10.3%	4.0%		3.8%
Unknown	7.7%	3.4%	4.0%	3.6%	

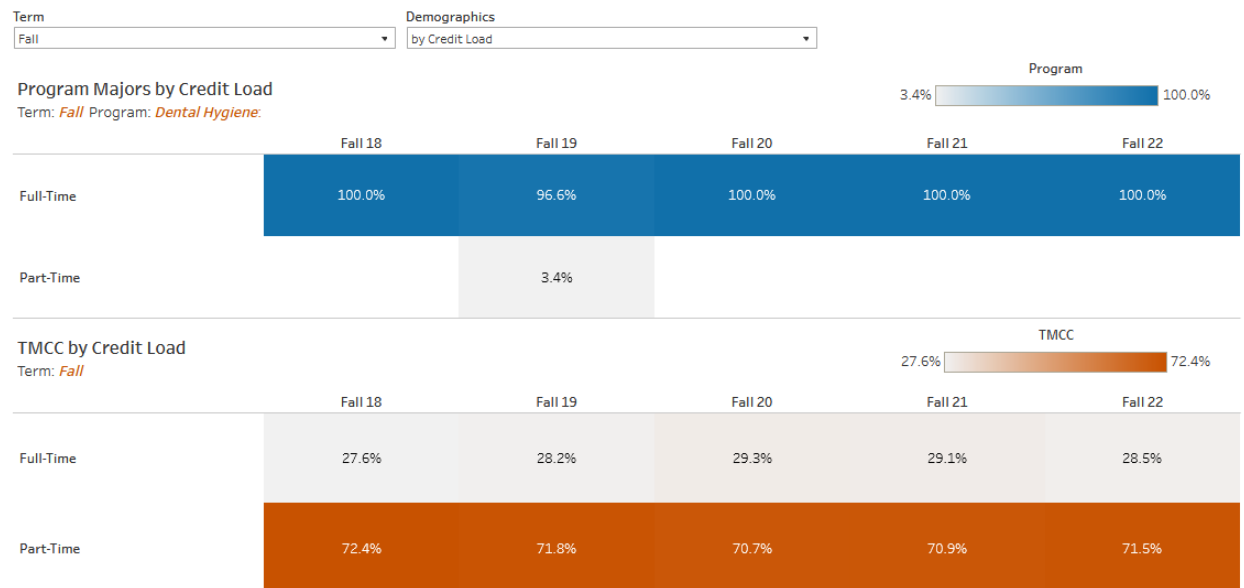
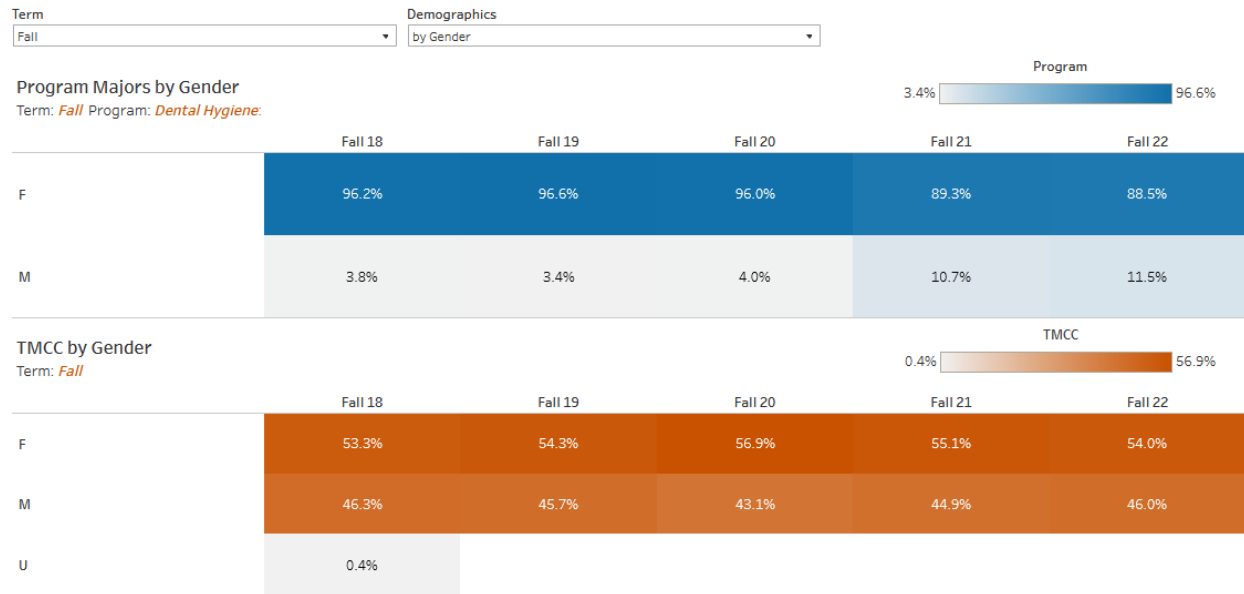
Program
3.4% 60.0%

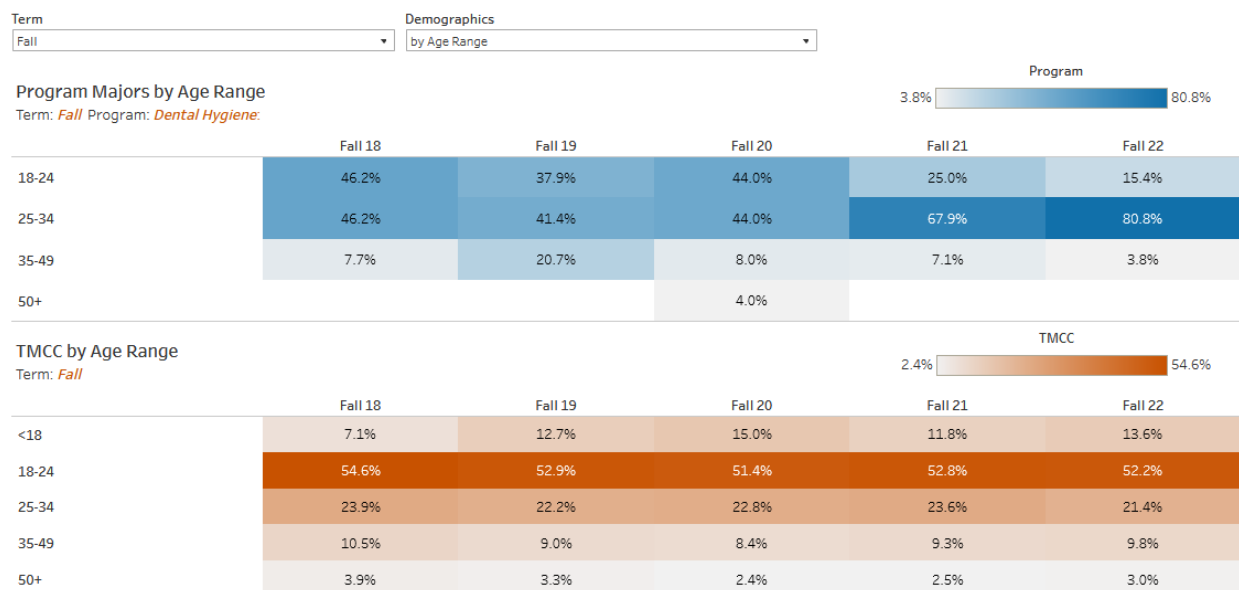
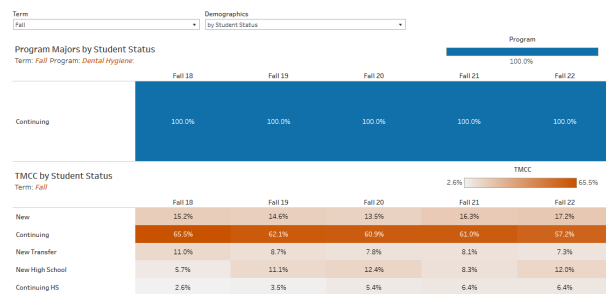
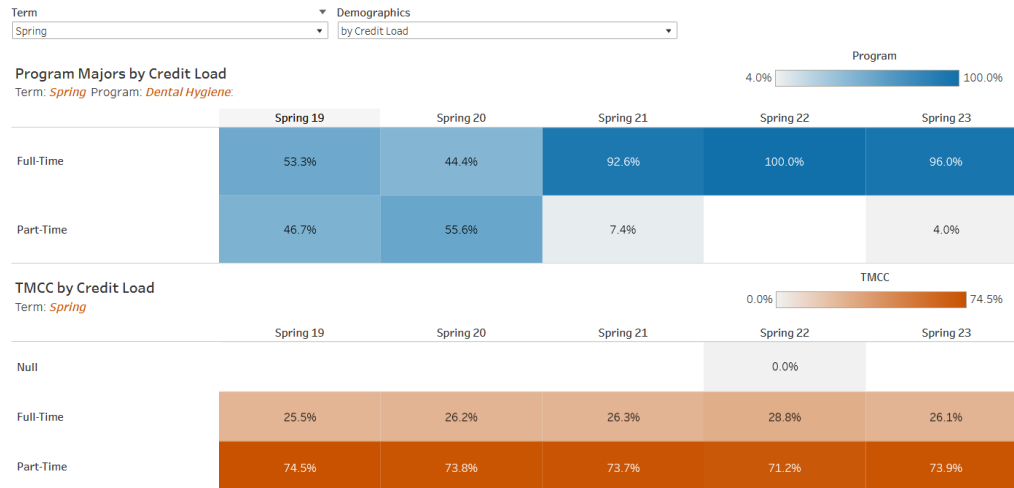
TMCC by Ethnicity

Term: *Fall*

	Fall 18	Fall 19	Fall 20	Fall 21	Fall 22
International	0.4%	0.3%	0.4%	0.5%	0.5%
American Indian	1.3%	1.0%	1.0%	1.3%	1.1%
Asian	5.9%	5.8%	6.5%	6.1%	6.6%
Black	2.6%	2.8%	2.8%	2.5%	2.4%
Hawaiian or Pacific Islander	0.0%	0.1%	0.1%	0.1%	0.3%
Hispanic	29.9%	32.3%	31.1%	33.6%	34.2%
Caucasian	54.1%	51.7%	51.5%	49.6%	48.3%
Two or more races	3.7%	4.2%	4.7%	4.3%	5.0%
Unknown	1.9%	1.7%	1.9%	2.1%	1.6%

TMCC
0.0% 54.1%





- **Briefly describe the typical student in terms of ethnicity, gender, credit load, student status, first-generation students, age range, Pell-eligibility and first-generation status, including how they compare to demographics of the college. Please note any potential equity gap and discuss your plans for closing them. An equity gap is where there is a significant and persistent disparity in access or achievement between different groups of students.**
- **Describe the demographics of the program's faculty compared to the demographics of the program's students.**
- **Discuss teaching methods and other practices used by the program's faculty to cultivate a welcoming, safe, and inclusive learning environment.**

Ethnicity: Predominately the typical DH students was a Caucasian female in their early 20's. The dental hygiene cohorts are becoming more culturally diverse since the last PUR. Over the past five years we have seen an increase in Hispanic students applying and being accepted into the DH Program. Looking at the five year data we can see predominately Caucasian ethnicity at an average of 53%, (Last PUR 56%) Hispanic at 34% (Last PUR 27%) and Asian at 9%, same as last PUR. We also have 4.5% for two or more races which is very close to the same percentage as our last PUR. The groups not identified in the DH program data is International, American Indian, Black and Hawaiian or Pacific Islander. Comparing the program data to TMCC's data these groups percentage is very low college wide with a five year average with International students at .42%, American Indian at 1.14%, Black at 2.62% and Hawaiian or Pacific Islander at 0.12%. I feel as the population continues to grow in our region and state the numbers of applicants in these ethnic groups will also continue to increase. Overall the dental hygiene students and TMCC students compare closely in all ethnic categories in the last five years. Fall of 2022 does show the DH Program with 53.8 and TMCC at 34.2% of Hispanic students, reflecting the increased number of Hispanic students applying with acceptance into the program.

- **Equity Gap Plans for Ethnic groups who identify as:** There is no program data showing students/graduates from the DH Program identifying as International, American Indian, Black and Hawaiian or Pacific Islander. I do have one student currently who identifies as Native American and had one student who graduated in Class of 2020 who identified as Native American. I also have had three students who identified as Black. I am not sure why the data is not showing up? Maybe they identified as two or more races. My plans to increase the number of applicants from these ethnic groups is to continue to attend career fairs and events such as the one we were not able to attend on the reservation here in Reno this past semester. The plan is to hire the new Front Office Associate who can help the faculty out by attending some of these events.

Gender: The typical dental hygiene student is female. The average five year data shows 93% female and 6% male while the TMCC students are 55% female and 45% male.

- **Equity Gap Plans for Gender Categories :** Research has shown more females dominate the DH profession due to repetitive small intricate motor skills and limited working area within the oral cavity that can make the profession of dental hygiene more difficult for larger handed hygienists. In the past the dental hygiene program would have one or two males apply but we are now seeing more often one to two male students apply each year. We continue to go to career fairs at high schools and community events in the northern Nevada area. We also attend all of the TMCC Fall and Spring Welcome and Resource Fairs. Dental Hygiene Program Information Nights are also held each semester.

Credit Load: Enrolled fall term shows an average of 100% of all DH students carried a full-time credit load. Overall dental hygiene students are degree oriented and attempt to take a full-time load in their pre-requisites courses. They are required to be full-time students once accepted into the DH Program and do not have an option to go part-time. The dental hygiene program is a full-time program for two years with 19 credits 1st semester, 16 credits 2nd semester, 16 credits 3rd semester and 15 credits fourth semester. Comparing this to TMCC's data with an average for both fall and spring terms, 28% of students attending full time and 70% attending part-time there is quite a difference between the DH Program and the College students. I wanted to also report on the five year data for spring term which shows Spring of 2019 (38.5%) and 2020 (53.8%) DH students enrolled part-time. The explanation for this was the ASDH degree, the fourth semester curriculum reflects 2nd year students were enrolled in less than 12 credits which reflects a part-time status. With the ASDH degree we had a DH 299 Skills Lab course which was an independent study course with a credit range of 1-5 credits for DH students to register, dependent if they needed more time in the independent study course to work on deficient instrumentation skills, etc. This is the reason for the difference in FTE for 2019 and 2020 due to some students registering for more credits with the Skills Lab course and some only registering for 1 credit, keeping them under the FT credit load. . With the implementation of the BSDH degree in 2019 the DH 299 Skills Lab course was then changed from the independent study course to a regular lab course of 1 credit offered all four semesters.

Student Status: The DH Program shows 100% of all DH students for both fall and spring terms from 2019-2023 continuing with their education. Comparing this to the College data which is fall term an average of 60%. The other categories that apply to Student Status such as: Continuing HS, New High School, New Transfer and New show a range between 1.8% to 16% which does not apply to the DH Program. Due to our accrediting organization (CODA), all applicants must complete specific 100 and 200 science courses and specific general education courses prior to applying into any of the DH Programs in the country. This eliminates any opportunity for us to accept any transfer students, high school students or student continuing on from high school. The DH Program is very rigorous and we need to ensure the students who are applying have completed the required pre-requisite courses to ensure their success, once accepted into the program.

First-generation Students: The DH Program's First Generation Students accepted into the program for both fall term are between 2018 and 2023 ranged from 46 to 76.9%. Comparing this to TMCC's First Generation population between 2018 and 2023 ranging from 46.4% to 49.2%. The DH Program has shown an increase since fall 2019 with 46.4% and increasing to 76.9% for 2022. We are excited to see the increase with first generation students and feel much of this has also come from our past students/graduates promoting our program and attendance at many of the high school career fairs and community events the faculty attend.

*** (I analyzed this data because it is asks for it in the main title of section 4C but not in the subheading.) The data is on the Dashboard under Dental Hygiene Fall and Spring, Pell Eligibility and 1st Generation.)

Age Range: The DH Program has never had 18 and under students due to the pre-requisite courses required prior to applying take approximately two years. The DH Program and TMCCC are similar in the 18-24 age range with an average of 40-50%. The 25-34 age range for DH is 40%-80% with TMCC lower at a consistent 20-25%. This age range is higher for DH students because of the time it takes a student to complete the required prerequisites and their ability for them to be a FT or a PT student due to work and family responsibilities. Another reason for being higher is that the director has seen an increase in students applying who have already received a four year degree in another profession. More students are finding out they are not happy in their profession they chose initially and are interested in dental hygiene due to the flexible hours and schedule. The 35-49 age range for both the DH Program and TMCC are similar at 7-16%. The last category of 50+ shows for fall term the DH Program having 4.0% of students for only 2020 compared to

TMCC at a consistent range of 2.4-3.9% over the past five years. The DH Program does not see a lot of 50+ age students applying due to most students at 50+ already have a profession they are happy with and/or do not want to go back to school for four years.

Pell-Eligibility: The DH students percentage for the past five years for fall term was a range of 57.7-72.4% which was higher than TMCC's Pell eligible students with a range of 34-44.1%. Pell grants are awarded by enrollment, so if a student is enrolled in a minimum of 6 credits or half time they are Pell eligible. DH Program students Pell-Eligibility is much higher than the College as a whole due to the high FTE of the DH students. The DH students are enrolled in 19 credits their 1st semester 16 credits their 2nd and 3rd semesters and 15 their 4th semester reflects the DH Programs high percentage of Pell Grant Eligibility.

The demographics of the program's faculty compared to the demographics from 2018-2022 the program's students are similar. The DH faculty have a higher number of females at 77% to males at 23% and a slightly higher number being of the Caucasian group 62%, Asian group .076%, and two or more races.23% . The Program's Students reflect 93% females and 7% males. Comparing ethnic groups with the DH faculty to the program's students' is similar in that Caucasian ethnicity is an average of 53%, Hispanic at 34%, Asian at 9% and two or more races at 4.5%. This five year data does not show a large equity gap between the DH program students and faculty. From five years ago the program students are more diverse and the DH faculty are also becoming more diverse as more culturally diverse applicants apply.

The teaching methods faculty utilize in the DH Program for a more inclusive environment are integration in the DH courses of many different types of educational methods for all learners. Visual, auditory, reading/writing and kinesthetic (hands-on). All of the DH courses also have multiple assignments/projects where the students pair up with a partner or work in groups to be able to learn from each other. The director chose to be apart of the American Dental Education Association (ADEA) Climate Study, conducted February 2022. The director asked the two FT faculty who have their MS degree in Equity and Diversity in Education to be the Climate Study representatives and to facilitate the survey of the DH students. The Climate Study gathered and analyzed data from participating dental schools and allied dental education programs around the country to reflect the level of cultural competency, humanistic environment and inclusive culture, representing all social identity groups and students with disabilities. The results for the TMCC DH Program were consistent in all categories with the majority of the students responding with **Agree** or **Strongly Agree** to the program being inclusive to all groups of students. The DH Program has more English as their second language (ESL), students applying and being accepted to the DH Program so the director met with John Hughes, Associate Dean of Library and WebCollege and Debi Pezutto,(Student Service Coordinator ABE Program) in October 2023 to discuss TMCC learning resources available for DH students who are ESL. The program director found out there are tutors who can assist the students but the courses available through ABE would not help the DH students with the dental terminology and the ability to be able to enunciate the words during patient education. The director was able to connect the student with two other DH students of the same ethnic group to assist her with tools to assist during winter break.

5.A. Course Completion Rates

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Outcomes: Course Completion...

Outcomes: Awards & Transfer

Outcomes: Course Completion Rates

Program Subject Level

The tables below show the percent of students completing your courses. These numbers are compared to all divisions and to TMCC as a whole. The metrics can be disaggregated by the demographics below.


Completion Rate: The number of students who remain in a class until the end of the semester and receive A, B, C, D, Pass (P), Satisfactory (S), In Progress (X), Incomplete (I) or Audit (AD) grade notations.

Successful Completion: The number of students who completed a course with a C or better (A, B, C).

Gender Ethnicity Credit Load Age Range Student Status First Generation Pell Eligible

Avg Completion & Successful Completion Rates by Subject

Program: *Dental Hygiene* Subject: *DH*

Program 

Subject	AY 18-19 AY	AY 19-20 AY	AY 20-21 AY	AY 21-22 AY	AY 22-23 AY	5 yr Avg
DH Completion Rate	100%	98%	100%	97%	96%	98%
Successful Completion	84%	68%	86%	84%	83%	81%

5 Yr Avg Completion & Successful Completion Rates by Division

Division 

	Business & Social Sciences	Division of Computer, Math & Physical Sciences	Liberal Arts	Life Sciences, Allied Health & Public Safety	Technical Sciences	TMCC
Completion Rate	81%	71%	78%	85%	84%	79%
Successful Completion	73%	54%	70%	76%	74%	69%

Please discuss any trends or shifts that you see in the overall course completion rate, and successful completion (C or better). What might these trends or shifts mean?

Next, disaggregate the data by student demographics. Discuss any potential equity gaps and your plans for closing these gaps. An equity gap is where there is a significant and persistent disparity in access or achievement between different groups of students.

Comparing the DH Program's course completion rates for the past five years reflect a consistent 98% compared to TMCC's course completion rates at an average of 79%. The DH Program's Successful Completion's average is 81% compared to TMCC's at a 69%. The DH Program requires all students pass DH courses at a 75% or higher to continue on in the program. The DH Program has always had a high course completion rate due to the commitment and time the students have already put in with pre-requisite course completion to be eligible to apply to the program; in addition to a student not completing all DH courses they will not get the BSDH degree to be able to apply for licensure allowing them to practice dental hygiene. The reason for the Successful Course Completion not being 100% is due to either a student(s) withdrawing from the program realizing this is not the right profession for them or the student being dismissed due to not having a 75% or higher in all of their courses or cheating. This does not happen to often as the data reflects.

***See DH Program Outcome Data: <https://www.tmcc.edu/dental-hygiene/outcome-data>

Disaggregating the data by student demographics see below:

- **Gender:** Consistent at **99-100%** between both female and male students. Successful Completion at 80% compared to TMCC at 78% and 68%
 - **Ethnicity:** Consistent between **97-100%** for Caucasian, Hispanic, Asian, two or more races and unknown. Successful Completion averaging 82% compared to TMCC at 81% and 72%. Successful Completion between 68-82% compared to TMCC at 70-80%.
 - **Equity Gap:** I did notice there is no data for ethnic groups of International, American Indian, Black and Hawaiian or Pacific Islander. The DH Program has had a couple students that identified as Native American and African American but apparently marked the two or more races when completing the demographic data. We did get an invite this semester to attend a career fair on a reservation but there were no faculty or staff available to attend this being so late in the semester and close to finals. Julie Ellsworth, our Dean has been putting in a lot of efforts into connecting with more high schools and organization groups to promote the allied health programs here at TMCC. I currently have a FT Front Office Associate position open which we will be hiring by end of December. I have decided to add to this position the responsibility of the person assisting with career fairs when myself or the other faculty are unavailable. This will give us more opportunities to attend these types of events off campus helping to promote our program to more diverse cultures.
 - **Credit Load:** FT -PT 98-100%. Successful Completion range of 68-82% compared to TMCC at 70-80%.
 - **Age Range:** Average of all ages are 97-100%. Successful Completion range of 74-82% and TMCC at 81% and Successful Completion at an average of 68%.
 - **First Generation:** Students five year average are 98% with Successful Completion at 82% and TMCC at 78% and Successful Completion at 68%.
 - **Pel Eligible:** Completion rates being Pel Eligible are 98% with Successful Completion at 81%. TMCC is at 78% and Successful Completion at 67%.
- ***The DH Program is very consistent and aligns with TMCC or scores higher than TMCC in all demographic categories. The only area I see an equity gap is in the ethnic groups which I discussed above and my plan to try and close this gap in the future.

DH Program Goals Assessment Plan

Program Goals	Objectives	Monitoring Mechanism	Evaluating Mechanism	When Evaluated	Who Collects Data	Who Assesses Data	Results	Resulting Action	Program Improvement as a result of data analysis
Goal #1 Be eligible to take the written National Board Dental Hygiene Examination (NBDHE), apply and take the ethics examination for state licensure, and be eligible to apply and sit for state or regional clinical examination.	Have successfully completed coursework/clinical requirements and deemed eligible for NBDHE, ethics and state/regional clinical exams.	1-4th semester Persistence Graduation Rate Successfully passing the NBDHE. Jurisprudence and ADEX with a 75% or higher.	E-folio, quizzes, tests, projects, PE's Daily Clinic Evaluations 1 st -4 th semester Mock Clinical Exam Faculty Evaluation Employer Survey Curriculum Review NBDHE Clinical Board Exam E	Each semester 1-4 th semester Final grade report.	All lead faculty Program Director	All faculty Program Director	Students must pass all course work with a 75% Must pass clinic requirements with a 75-80% or better. This % increases as students matriculate to 4 th <u>semester</u> Graduation Rate: 2023: 86% 2022: 100% 2021:79% 2020:100% 2019:86% 2018:83% 2017: 92% 2016:100% NBDHE 100% ADEX Exam Pass Rates: 2015-2022: 100% 2023: 92%	Remediation offered by way of: <ul style="list-style-type: none"> Contract for Success Skills Lab remediation Disciplinary Action Critical Error Success/ Probation Contract 	Assess each course right after being taught instead of assessing at the end of the academic year. Assess each course every year instead of every three years, since transition from AS to BSDH degree. Purchased typodonts utilized on clinical boards for students to practice on to become more proficient scaling on manikins. Scheduling Ethics course component with more face-to-face classes for increased comprehension.

DH Program Goals Assessment Plan

Goal #2	Objectives	1-4th semester	E-folio, quizzes, tests, projects, PE's Daily Clinic Evaluations 1 st -4 th semester	Each semester	All lead faculty	All faculty	Students must pass all course work with a 75% Must pass clinic requirements with a 75-80% or better. This % increases as students matriculate to 4 th semester	Remediation offered by way of:	Integrated inter-professional education courses into the BSDH curriculum.
Utilize critical thinking skills to <u>investigate</u> and pursue the evolving role of the dental hygienist in career options outside the traditional private practice model such as in education, research, administration, public health, corporate sales, as members of inter-professional healthcare teams, and in advanced practice pursuing additional skills and education needed to advance their careers.	Have successfully completed all coursework/ clinical requirements applicable to the dental hygiene professional and evolving roles of the dental hygienist as an integral member of the inter-professional team.	Persistence Graduation Rate Successfully passing the NBDHE and ADEX with a 75% or higher.	Mock Clinical Exam Faculty Evaluation Graduate Survey Employer Survey Curriculum Assessment NBDHE Clinical Board Exam	1-4 th semester Final grade report.	Program Director	Program Director	Graduation Rate: 2023: 86% 2022: 100% 2021: 79% 2020: 100% 2019: 86% 2018: 83% 2017: 92% 2016: 100% NBDHE 100% ADEX Exam Pass Rates: 2015-2022: 100% 2023: 92%	<ul style="list-style-type: none"> Contract for Success Skills Lab remediation Disciplinary Action Critical Error Success/ Probation Contract 	<ul style="list-style-type: none"> Integrated DH 404 Research Methods course into the BSDH curriculum to better prepare students <u>on</u> the research process and how it applies to evidence-based patient care. Added an Inter-professional competency to the Dental Hygiene Education Competencies E-Folio assignment.

DH Program Goals Assessment Plan

Goal #3	Objectives	1-4th semester	E-folio, quizzes, tests, projects, PE's Daily Clinic Evaluations 1 st -4 th semester	Each semester	All lead faculty	All faculty	Students must pass all course work with a 75% Must pass clinic requirements with a 75-80% or better. This % increases as students matriculate to 4 th semester	Remediation offered by way of:	Implemented an annual inter-professional event with other allied health students to prepare 2 nd year DH students to treat patients in an integrated healthcare system through patient-centered care.
BSDH graduates will be better prepared to practice within an integrated healthcare system to positively impact the public's oral and overall health by functioning as competent oral healthcare providers who can deliver optimal patient care within a variety of practice settings to meet the needs of diverse populations and the evolving health care environment.	Have successfully completed all coursework/ clinical requirements applicable to promoting professional and cultural competence, community service while enabling the graduate to work effectively in cross-cultural situations.	Persistence Graduation Rate Successfully passing the NBDHE and ADEX with a 75% or higher.	Mock Clinical Exam Faculty Evaluation Employer Survey Curriculum Review NBDHE Clinical Board Exam	1-4 th semester Final grade report.	Program Director	Program Director	Graduation Rate: 2023: 86% 2022: 100% 2021: 79% 2020: 100% 2019: 86% 2018: 83% 2017: 92% 2016: 100% NBDHE 100% ADEX Exam Pass Rates: 2015-2022: 100% 2023: 92%	<ul style="list-style-type: none"> Contract for Success Skills Lab remediation Disciplinary Action Critical Error Success/ Probation Contract 	

5.B. Graduation and Transfer

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Outcomes: Awards & Transfer

Program
Dental Hygiene

This section shows the number of degrees your program has awarded over the past 5 years. A second bar chart shows the rate at which students who graduate from your program transfer to other institutions.

Gender (All) Ethnicity (All) Credit Load (All) Age Range (All) First Generation (All) Pell Eligible (All)

Awards

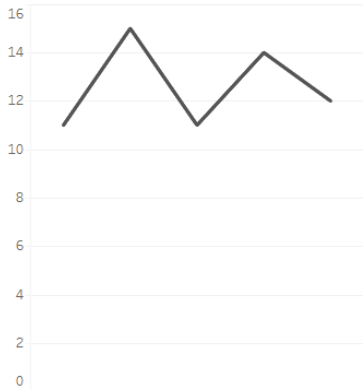
Program: Dental Hygiene

Program 11 15

		AY 18-19	AY 19-20	AY 20-21	AY 21-22	AY 22-23	Total Awards
Degrees	DH-AS	11	15				26
	DH-BS			11	14	12	37
Total Awards		11	15	11	14	12	63

Program Award Trend

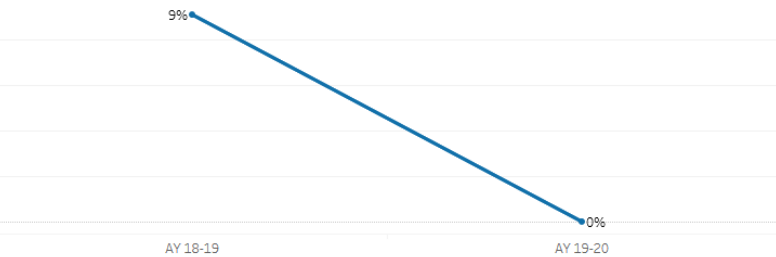
Program: Dental Hygiene



Transfer Rate of Graduates

Program: Dental Hygiene

Degree Type
Transfer



Transfer Schools

Program: Dental Hygiene

	# of Transfer Graduates	% of Transferred Graduates
NSHE	1	100%
Non-NSHE	0	0%
Total Transfer Graduates	1	100%

Please discuss any trends or shifts that you see in the number of graduates and graduates who have transferred in the past 5 years.

Next, disaggregate the data by student demographics, and discuss any potential equity gaps: Which student populations are earning degrees or certificates compared to the demographic makeup of the program? Do graduates resemble the student demographics of the program? If not, discuss ideas to mitigate potential equity gaps.

Looking at the data reflects academic year **2018-19 a 9% transfer rate**. This was because graduates wanted to get a bachelors degree in dental hygiene. This was to give them more opportunities in the dental hygiene profession to apply for administrative, government and educational positions. Academic year **2019-2020** and forward there were no transfers. This is due to our program offering the BSDH degree starting fall 2019 and graduating the first class in 2021. Also, the DH graduates once licensed are able to find employment immediately in their professional field.

*****See DH Student/Graduate Outcome Data: <https://www.tmcc.edu/dental-hygiene/outcome-data>**

Disaggregating the data by student demographics of the DH students/graduates, it conveys the students in the Caucasian and Hispanic groups have the highest percentage of earning the ASDH (prior to 2021) and BSDH degrees (spring 2021 forward), this is because of these two groups having a higher number of applicants applying to the program. There were (32) graduates identifying as Caucasian between 2018-2023. There were (21) graduates identifying as Hispanic between 2018-23. Between 2020-23 there were (5) graduates identifying as Asian. Two or more races was a total of (2) and Unknown population was (3) from 2019-23. Multiple populations of DH students are earning their degree. The graduates resemble the student demographics of the program. Over the past few years the demographics of the program is slowly transitioning to a more culturally diverse group of applicants. I believe this to be due to the number of more culturally diverse people moving to our state and applying to the DH Program.

6.A. Faculty Achievement

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Describe the program/unit's full-time (FT) faculty credentials, experience, and highlights of significant activities and/or contributions to TMCC. Please use the format below for each FT faculty member.

- **Faculty Name, FTE**
- **Degree(s) or professional certification(s) awarded, discipline, awarding institution**

- **Number of years teaching at TMCC**
- **Total number of years in academia**
- **Primary courses taught**
- **Significant activities or contributions made to TMCC (Please limit to 3)**
- **Substantial accomplishments or contributions to the community, especially those related to education or your discipline (e.g. mentoring, community service) (Please limit to 3)**

The program's FT faculty credentials and highlights are noted in alphabetical order below.

1. Luan Kieu, RDH, BS (MA Candidate, summer 2024) FTE: 100% (B Contract) (Just starting tenure process.)

- Degrees/Certifications:

- Western Governors University (WGU) Masters Degree (C) Instructional Design (Spring 2024)
- Truckee Meadows Community College (AA Dental Hygiene, May 2011)
- University of Nevada, Reno (Bachelors Human and Community Science, Spring 2002)

- Registered Dental Hygienist (license NV 101728, current as of July 2011)

- Number of Years Teaching: 10 years at TMCC and total time in academia.

- Fall 2023 semester (Full Time Faculty Tenure Track)
- Fall 2013 – Spring 2023 (Part Time Instructor)

- Primary Courses Taught:

- DH 314 Oral Radiology – Lab instructor
- DH 415 Clinical Dental Hygiene Practice – co instructor
- DH 103 Head and Neck Anatomy – lead instructor
- DH 299 Skills Lab – co-instructor
- DH 120 Nutrition – co-instructor
- DH 209 Pain and Anxiety Control – lead instructor
- DH 102 Oral Biology – lead instructor
- DH 305 Clinical Dental Hygiene – co instructor

- Significant Activities/Contributions to TMCC:

- Excellence in Teaching Dental Hygiene Certificate (May 2020)
- Signed up to teach a TMCC Professional Development course on the "Anatomage" table 2021 but was cancelled.
- "I Stand for TMCC" representative (2013).

-Substantial Accomplishments or Contributions to the Community:

- Mentored potential dental hygiene applicants when they were referred to Luan's dental office for an observation site requirement prior to applying to the program.

2. Kerry Kuster, RDH, MS, FTE: 100% (B Contract) Tenured spring 2023

- Degrees/Certifications:

- University of Nevada, Reno, Master of Science
- University of Colorado Health Science Center, Denver, CO. Bachelor of Science
- Registered Dental Hygienist

-Number of Years Teaching at TMCC: 8 years, 10 months at TMCC and total time in academia.

- Fall 2019 (FT Faculty Tenure Track)
- Spring 2015-Spring 2019 (Part-time Instructor)

-Primary Courses Taught:

- DH 310- Foundations of Dental Hygiene Practice
- DH 304 – Dental Hygiene Theory I
- DH 311 – Pharmacology
- DH 313 – Periodontic Principles
- DH 305 - Pre-Clinical Dental Hygiene
- DH 305 - Pre-Clinical Dental Hygiene Coordinator
- DH 315 - Clinical Dental Hygiene I
- DH 315 - Clinical Dental Hygiene I Coordinator
- DH 315 - Seminar
- DH 405 - Clinical Dental Hygiene II
- DH 415 - Clinical Dental Hygiene III

Significant Activities or Contributions Made to TMCC:

- Member of the TMCC Part-Time Faculty committee
- Member of the TMCC Dental Hygiene Advisory Board committee
- Member of the TMCC Diversity committee

Substantial Accomplishments or Contributions to the Community:

- NV Promise Scholarship Mentor
- Member of the State Emergency Registry of Volunteers Nevada (SERV-NV) through the Nevada Department of Health and Human Services
- Member of the Battle Born Medical Corps Provisional Volunteers

3. Lori McDonald, RDH, MA: FTE 100% (A Contract)**- Degrees/Certifications:**

- University Nevada, Reno, Master of Arts, Educational Leadership (2012)
- Oregon Health Sciences University, Portland Oregon, Bachelor of Science in Dental Hygiene (1989)
- Shasta College Community College, Redding CA, Associate of Science
- NvLEND Certification UNR, 2013 Nevada Leadership Education in Neurodevelopmental Disabilities
- Registered Dental Hygienist (RDH) #3023 CA #14033 (In-active Status)
- Healthcare Provider CPR Local Anesthesia/Nitrous Oxide

-Number of Years Teaching at TMCC: 16 Years at TMCC and total time in academia.

-Primary Courses Taught:

- DH 410 Foundations of Inter-professional Collaborative Practice
- DH 416 Inter-professional Collaborative Practice Field Experience
- DH 104 Dental Hygiene I
- DH 105 Introduction to Clinical Practice
- DH 105 Introduction to Clinical Practice Coordinator
- DH 107 Legal and Ethical Implications in Dental Hygiene
- DH 110 Preventative Oral Health Concepts
- DH 112 Oral Radiology Lab
- DH 115 Clinical Dental Hygiene I
- DH 115 Clinical Dental Hygiene I Coordinator
- DH 205 Clinical Practice II
- DH 215 Clinical Practice II/Seminar (Taught for F/T faculty on sabbatical)
- DH 209 Pain and Anxiety Control Lecture/lab
- DH 211 Dental Materials Lab
- DH 299 Skills Lab

Significant Activities or Contributions Made to TMCC:

- Coordinated three inter-professional events the past four years with collaboration between Dental Hygiene, Diet Tech, Paramedics, Social Work faculty and students.
- Coordinated and helped develop the BSDH degree and the transition of the ASDH degree to the BSDH degree (2016-2019).
- Excellence in Teaching Award: 2009.

Substantial Accomplishments or Contributions to the Community:

- Currently working with University Center for Autism and Neurodevelopment (UCAN) to develop a resource list of local dentist who treat this population of patients.
- Collaborated with the UNR Inter-professional Consortium Committee and helped facilitate an inter-professional event with the TMCC Dental Hygiene students and the UNR PA's and Social Work Students. (Fall 2023)
- Nevada Leadership Education in Neurodevelopmental Disabilities (NVLEND) Dental Representative (2012).

4. Kristin Temme, BSDH, M.Ed: FTE 100% (B Contract) In the middle of tenure process.

-Degree(s) or professional certification(s) awarded, discipline, awarding institution

- Master's degree in Education Specializing in Career and Technical Education – California State University San Bernardino, San Bernardino, CA
- Bachelor's degree in Dental Hygiene – Northern Arizona University, Flagstaff, AZ
- Associate's degree in Dental Hygiene – San Joaquin Valley College, Rancho Cucamonga, CA

-Number of years teaching at TMCC

- 2.5 years teaching at TMCC

-Total number of years in academia

- 8 years teaching in academia

-Primary courses taught

- DH 314 Oral Radiology
- DH 405 Clinic Seminar
- DH 407 Public Health for the Dental Hygienist
- DH 411 Dental Public Health Field Experience
- DH 415 Clinic Seminar
- DH 417 Community Dental Health
- DH 420 Dental Management of Special Needs Patients in Dental Hygiene
- DH 440 Capstone I
- DH 442 Capstone II

-Significant activities or contributions made to TMCC

- Served on the Cultural Diversity GELO committee and presented during professional development week in Spring 2023
- Updated the majority of the dental clinical documents to have matching fonts and formatting.

-Substantial accomplishments or contributions to the community, especially those related to education or your discipline (e.g. mentoring, community service)

- Give Kids a Smile – Volunteer dental hygienist
- Special Olympics – Volunteer dental hygienist
- Nevada Promise Scholarship Mentor – Mentorship for up to 4 students

6.B. FT/PT Faculty and Student Credit Hours Taught

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Describe the trends or shifts in the number of full-time (FT) and part-time (PT) faculty, and the number of student credit hours (SCH) taught by FT and PT faculty since the last program/unit review. What Impact, if any, have these trends or shifts had on the program/unit?

Faculty Headcount and Workload (FT/PT):

****Download the updated Faculty Headcount, FTE and Student Credit Hours Data located in the blue folder in the upper right as the original data for Student Credit Hours was incorrect.**

Sidenote: The program director is administrative faculty and does not count toward the FT headcount and FTE. I teach 2 credits each semester which shows up as PT headcount and FTE.

FT Faculty Fall/Spring: 2018-2022

Reviewing the data in 2018-19 the FT faculty headcount is 2 with an FTE of 2.3 in fall and a 2.2 in spring. One of our PT faculty supervising DDS who supervised many of the clinic sessions retired spring 2019, reflecting the jump in headcount in fall 2019 (10) and spring 2020 (11). In 2019-20 we were approved to hire another FT faculty due to the implementation of the BSDH degree. This shows 3 FT faculty with an FTE of 3.2 fall and 3.4 spring, once again showing a slight overload of hours. In 2020-21 the headcount is still 3 but one of our FT faculty was preparing for retirement and started phasing out which shows a 2.8 FTE for fall and a 3.6 for spring. The other two FT faculty worked the maximum 6 credit overload during this semester. We hired a FT faculty summer 21 to take the place of the one who retired, so the headcount is still 3 in 2021-22 with an FTE of 3.3 fall and 3.2 spring. Fall 2022-2023 we had another FT faculty start to phase out and the headcount remains 3, showing a FTE of 3.0 fall and a 2.9 spring. The 2.9 reflects one of our PT faculty stepped in to teach a course.

PT Faculty Fall/Spring 2018-2022

Fall 2018-19 we had a PT headcount of 9 in fall and 8 in spring with an FTE of 1.8 in both fall and spring. One of our PT faculty supervising DDS who supervised many of the clinic sessions retired spring 2019, reflecting the jump in headcount in fall 2019 (10) and spring 2020 (11) which then increased the FTE. In Fall 2020 we had a FT faculty start phase out which increased the FTE of PT filling in and one of the supervising DDS wanted to work less hours/week, so the director hired one more supervising DDS giving us a headcount of (11) in the fall and (12) in spring 21. One of our FT faculty was on phase out, increasing the number of PT FTE. Also, looking at the consistent higher number of PT faculty in the spring semesters, reflects the increased number of clinic sessions the director needs covered. The 1st year students do not have active clinic sessions in the fall as they are still learning how to treat patients safely but in the spring we add three more 1st year clinic sessions, equaling 12 hours a week. Fall 2021 shows a 8 headcount because a couple of the dental hygiene instructors retired and the director offered more of the hours to the PT faculty who were not at their 19 hours/week maximum. Spring 2022 we jump back up to (11) headcount with a 2.4 FTE, due to the extra clinic sessions. Fall 2022 we have a headcount of 9 as one of the FT faculty started phase out and the director Hired another PT supervising DDS to work in clinic as one of the other DDS wanted to reduce their hours. Spring 2023 is back up to a headcount of (11) with a 3.0 FTE due to the FT faculty on phase out, increasing PT FTE to 3.0. The overload hours the FT faculty teach is not due to a lack of PT faculty but because the FT faculty enjoy teaching the overload hours they are able to teach.

Student Credit Hours (FT/PT): (Data is skewed) Reviewing the data it shows FT faculty are working a higher number of credit hours in each semester then they really are. The fall terms show FT faculty credit hours between 46%-76% and PT credit hours between 24-54%. The spring term shows FT between 58%-78% and PT between 22%-42%. This is due to IR adding any of the credit hours for PT faculty to FT faculty credit hours, if the clinic courses were noted in PeopleSoft under a FT faculty as a lead instructor. This is the case with our clinics, as we have a 1st year clinic coordinator and a 2nd year clinic coordinator who are always noted as leads for the clinic courses. Most of our PT credit hours come from the PT faculty teaching in the clinics and labs. Looking at the graph for Student Credit Hours it should reflect more closely to approximately 55% FT and 45% PT for both semesters. Apparently the courses with more than 2 instructors has caused inaccurate data in the IR system. I have spoken with the Dean, Melissa Deadmond and Cheryl Jones about this and hope to resolve this in the future by scheduling a meeting, so we can discuss how to move forward with getting more accurate data regarding student credit hours taught.

The impact these trends and shifts have had on the program have been positive, as we have transitioned well from the faculty who helped start the program to bringing in new FT faculty with updated ideas, by breaking old thinking patterns, making new connections, and gaining fresh perspectives in all areas of the program.

Regarding PT faculty we have a great team who have committed to wanting to work their maximum 19 hours a week and have given up some of their private practice days to do so. This is why our PT Headcount has reduced some from 2019-20. We have a great team and I am blessed

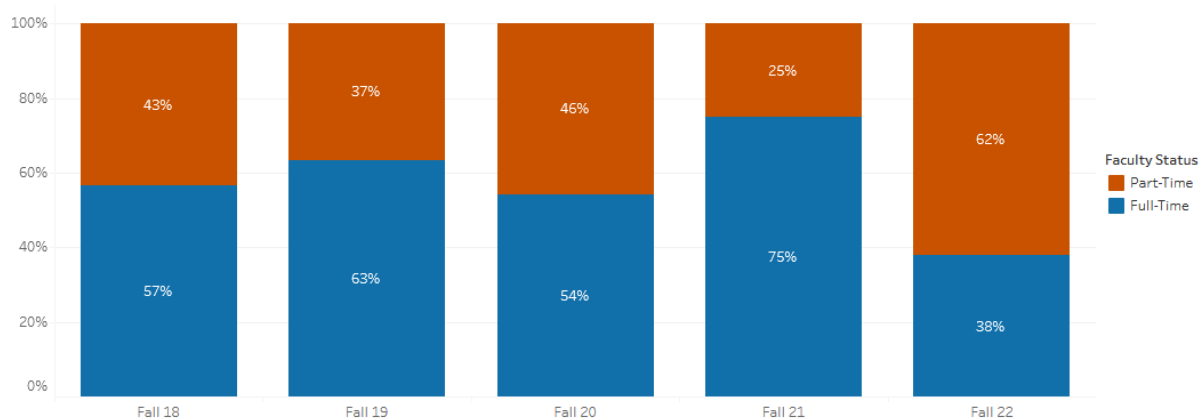
to be apart of this dedicated team of DH educators.

Faculty Workload

Program ✕ ▼ Term ▼
 Dental Hygiene ▼ Fall ▼

Student Credit Hours

Program: *Dental Hygiene*



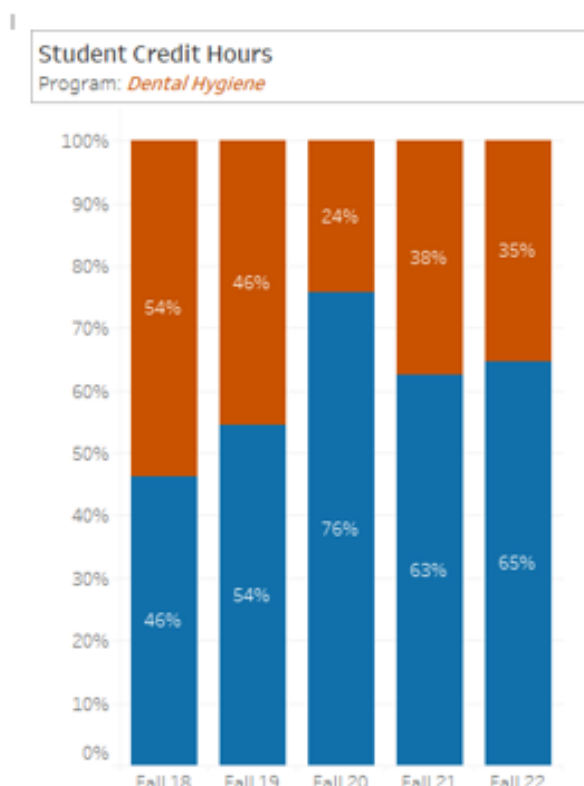
The above section shows the percent of student credit hours that were taught by Full-Time vs Part-Time faculty within your program's subject area. These student credit hours are not necessarily enrollments of your declared majors, they are enrollments by all students taking your courses. Student credit hours are defined as the sum of (enrolled students x units).

Headcount & FTE

Program: *Dental Hygiene*

	Full-Time		Part-Time	
	Headcount	FTE	Headcount	FTE
Fall 18	2	1.2	5	0.9
Fall 19	3	1.4	4	0.9
Fall 20	3	1.1	5	1.0
Fall 21	3	1.6	5	0.5
Fall 22	2	0.8	5	1.5

Revised Faculty Workload Reports: Dental Hygiene



NOTE:

For individual Dental Hygiene courses taught by multiple instructors, if one or more [instructor](#) for the course was full-time, then the Student Credit Hours for that course were counted towards the Full-Time faculty SCH totals.

Headcount & FTE

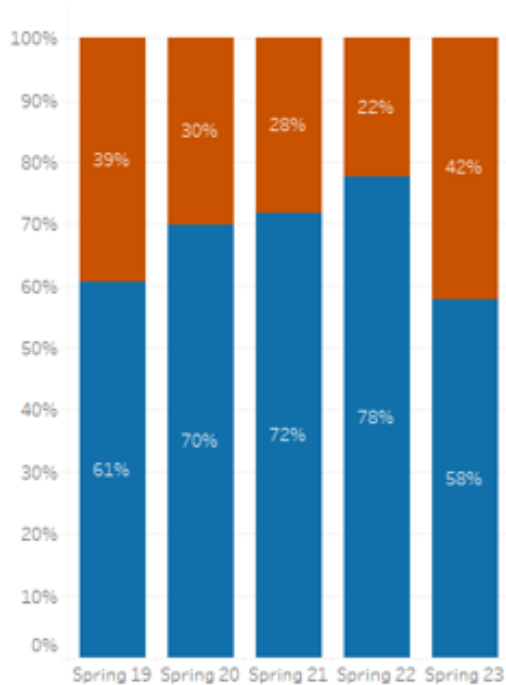
Program: *Dental Hygiene*

	Full-Time		Part-Time	
	Headcount	FTE	Headcount	FTE
Fall 18	2	2.3	9	1.8
Fall 19	3	3.2	10	2.2
Fall 20	3	2.8	11	2.5
Fall 21	3	3.3	8	2.3
Fall 22	3	3.0	9	2.2

Revised Faculty Workload Reports: Dental Hygiene

Student Credit Hours

Program: *Dental Hygiene*



NOTE:

For individual Dental Hygiene courses taught by multiple instructors, if one or more [instructor](#) for the course was full-time, then the Student Credit Hours for that course were counted towards the Full-Time faculty SCH totals.

Headcount & FTE

Program: *Dental Hygiene*

	Full-Time		Part-Time	
	Headcount	FTE	Headcount	FTE
Spring 19	2	2.2	8	1.8
Spring 20	3	3.4	11	2.7
Spring 21	3	3.6	12	2.8
Spring 22	3	3.2	11	2.4
Spring 23	3	2.9	11	3.0

6.C. Support Staff

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Describe the program/unit's support staff, including their FTE, major duties, and any specialized credentials necessary to carry out their duties. Is the number of staff adequate to support the program/unit? Explain.

1. Dental Clinic Manager Associate: FTE 100%, 40 hours/week. This position used to be a classified position but the director was approved in 2015 to transition it to an administrative position as the the position required someone with dental related experience in terminology and dental treatment processes to be able to answer questions from community dental professionals, patients, faculty, staff and students.

Position Description:

Reporting directly to the director of dental hygiene, this position oversees the day to day functions of a working dental hygiene clinic. Insuring that the clinic runs smoothly, efficiently & that the Director, instructors, students and patients have the support that they need. This includes the dental clinic management and maintenance. Train, supervise & evaluate the performance of dental hygiene students in front office procedures, entering dental charges, checking patients in & out, collect clinic fees, close out shift, manage medical records ensuring that students comply with HIPAA laws. Compile & retrieve statistical data for presentation in written & graph form. The typical work schedule is Monday through Thursday 7:30 am to 5:00 pm and Friday from 8:00 am to 2:00 pm

Dental Clinic Operations:

- Clinic preparation, management, maintenance, stocking & inventory control.
- Training of students and faculty on equipment and clinic procedures.
- Monitor and evaluate clinic activities to ensure compliance with safety procedures, HIPAA, ADA, OSHA, and other State and federal regulations.

Hygiene Front Office Operations:

- Oversee full operations of the front office.
- Incumbents have full supervisory responsibility for Dental Hygiene students on front office rotation to include training, monitor quality control, and evaluations.
 - Maintain patient flow and control.
 - Supervise required cash handling to include daily cash flow, recording fees & deposits.
 - Maintain and track complex permanent active and archived patient files, both computer and hard copy files as legally required for health records.
 - Monitor and ensure that students comply with and observe HIPAA regulations

with regards to patient interaction and medical record keeping.

- Update and maintain the Dentrax dental software with procedure codes for tracking data and maintaining appropriate patient coding.
- Provide annual patient/procedure reports via clinic management software program for statistical data, patient recruitment, and program improvement.
- Plans & presents lectures/workshops instructing students and faculty in the use of dental software program. Develop student instructional documents and quizzes to increase understanding of correct front office procedures.
- Update, format, and print manuals. Prepare and update annually a Front Office Procedure Manual to explain policies and procedures.

Budget and Finance:

- Prepare requisitions and purchase orders to maintain supply and material stock and order new equipment; and secure price quotes for equipment repairs and purchases.
- Audit student accounting data entries for patients, make corrections and advise students of correct procedures.
- Run and provide revenue reports for dental clinic via clinic management software.
- Monitoring patient accounts and invoice any outstanding accounts receivables. Audit invoices, collect and track clinic receivables, balance clinic revenues for deposit daily. Submitting deposits to cashier's office.

Dental Hygiene Student Recruitment

- Provide annual patient/procedure reports via clinic management software program for statistical data and patient recruitment.
- Answer general, specific and logistic inquiries regarding the Dental Hygiene program and services for dental clinic patient recruitment in person, email and via telephone. Providing established policies and procedures in order to meet established student goals and objectives.
- Participate in the coordination and presentation of program informational sessions and student orientations informing participants in the policies and procedures in order to meet established goals and objectives of the program. Refer potential applicants to appropriate departments or resources: counseling, admissions and records, etc. when applicable.
- Participate at career fairs.
- Participate as a member of the program application selection committee. Reviewing applications and/or documents containing specific information to determine eligibility for acceptance into the Dental Hygiene program.
- Advise individual students at the school or college level related to degree requirements, eligibility, course content, program objectives, licensing, timelines and related information; academic coursework, career choices, academic testing, scholarships, and other financial aid.

Preferred Qualifications for this position:

- Associates Degree from an accredited institution in a related field.
- Registered Dental Hygienist or Dental Assistant.
- Strong computer skills including Microsoft Excel, Word, and Access.
- Knowledge of Dentrix and Dexis software.
- Experience in cash handling to include daily cash flow, recording fees & deposits.
- Auditing accounting data entries for patients
- Knowledge of tooth numbering system

Additional Position Experience Required:

- Dental Office experience: knowledge of operational & technical aspects in a working dental clinic setting, dental front office procedures, dental equipment including computers and dental software.
- Skill in teaching applications.
- Exceptional communication skills - the ability to work effectively with people from a variety of culturally diverse backgrounds.
- Ability to maintain, troubleshoot and repair dental equipment,
- Work independently with little direction,
- Ability to interpret and apply multiple policies.
- Maintaining confidentiality of information
- Analyzing problems, evaluating alternatives and making good sound recommendations
- Applying relevant laws, regulations, policies and procedures
- Establishing and maintaining effective working relationships with all who are contacted in the course of the work
- Preparing clear, concise, accurate and complete records and other written material/data to include graphs & charts.
- Correct spelling, grammar and punctuation.
- Advanced organizational skills
- Strong problem solving skills
- Ability to manage multiple priorities
- Ability to work under pressure and manage deadlines
- Ability to delegate and coordinate duties and activities
- Ability to complete tasks and projects allowing for **constant** interruption.
- This position requires stocking, which included maintaining inventory records, ordering supplies, equipment and materials.
- Ability to maintain, troubleshoot and repair dental equipment,
- Limited exposure to human contagions, radiology, chemicals, disinfectants and biohazard wastes.
- Must be able to get down on hands and knees to troubleshoot and maintain dental equipment problems.
- Requires lifting of at least 35 lbs. and bending when receiving and unloading supply orders, and when handling and archiving charts.

****Jennifer Link is responsible for the front office duties and also responsible for managing the clinic with supply ordering, trouble shooting equipment issues and equipment maintenance for 30 dental chairs, 20 dental units, 11 x-ray machines, sterilization equipment and all of the IT equipment housed within the two clinics and labs. With the growth of the program and addition of more equipment to maintain the director requested for a PT position to assist in the front office. Jennifer was continually working over her maximum number of hours per week and not getting her required time for lunch or breaks due to the multiple clinics held each week. The program director was approved for a PT Front Office Assistant position to assist in the front office which started, January 2020. (This was also a request on the last 2017-18 APR.) This **Front Office Assistant position** has worked out well but now as the program continues to grow the PT front office position needs to be FT. The duties and responsibilities of this position are too much for

one person and needs to be divided into two positions. This was approved spring 2023 as a temporary LOB contract until funding can be approved and implemented to transition this position to an Administrative Faculty position. The DH program is responsible for paying the salary of this LOB position until that change occurs.

2. Front Office Assistant: FTE 50% 19 hours/week. (This position started in fall 2020 and has been paid for out of the DH Program's Differential Tuition account.) The person who has been in this position was a retired dental hygienist and a past graduate of our program. She worked from Spring 2021 to Spring 2023 and left end of fall 23 semester to work in private practice for \$75/hour. She also knew we were transitioning this PT position to a FT position and she was not interested.

Essential Duties and Responsibilities:

- Assist day to day operations maintaining patient flow and control of a working dental hygiene clinic, supervising students during front office rotations, entering dental charges/treatment, checking patients in and out, collection of clinic fees and close out shift, maintaining patient care, confidentiality, rights and code of ethics.
- Maintain policies and procedure to better serve students and patients in the office environment and operation of duties.
- Answer general, specific, and logistic inquiries regarding the Dental Hygiene Program and services for dental clinic patients in person, email and telephone. Providing established policies and procedures to the general public to ensure their understanding in order to meet established student goals and objectives.
- Provide appropriate information to the public and/or refer to the appropriate community resource.
- Communication with dental offices to send/receive patient records. Import and number digital x-rays.
- Maintain electronic dental records, including scanning of existing paper charts.

Student Mentor:

- Dental Front Office procedures
- Patient and dental professional etiquette (in person, phone and email)
- HIPAA

Dental Hygiene Program Director and Dental Clinic Manager Support

- Assist Dental Clinic Manager in maintaining patient forms and brochures, auditing receipts, and preparing end of semester and end of year reports.

3. Dental Hygiene Office Associate (Newest FT LOB Position): 40 Hours/week. The Director is requesting this to be a FT Administrative Position when funding is available. (****This position will be paid for out of the DH Programs' Differential Tuition Account as an LOB.)

We completed a search for this FT LOB position end of fall 23 semester. We had two candidates apply and interviewed them, One called prior to our decision

being made and said she wanted to withdraw her name and the other one we offered the position to. She accepted but when she gave her two weeks notice to the dentist, he offered her a substantial raise to keep her. This position needs a person who has knowledge and experience with dental terminology, dental processes, etc. as they are the initial person in contact with the patients and community. I have found that this is a hard to hire position and the maximum salary for this position is \$28/hour. Most Front Office staff in the workforce might start at this but will get raises as they prove their competence level. I reached out to HR about the maximum salary to see if I could supplement the salary with some funding from my differential tuition account and they said "No" unless the responsibilities changed and increased. Our dental clinic support staff is a different entity than most department support staff. I do not feel the positions match the level of pay under the NSHE Administrative Faculty Duty descriptions.

****(We currently do not have this position filled, so Jennifer Link is now working both positions with no additional pay and getting burned out.) I am concerned she might end up leaving and this would be detrimental to the DH Program and would severely hinder the ability for the clinic to run and continue with the students being able to treat the patients. Fall semester we have 16 hours/week of clinic where students treat patients and the spring we have 28 hours/week of clinic. **As the director I am thinking of stepping in to help out in the front during some clinic sessions this semester.** We will re-post this position in April and hope to get some qualified applicants. We hope to hire end of May, so the person can be trained through summer and be ready for fall 2024 semester.

Summary: Under the direct supervision and management of the Dental Hygiene Program Director, the Office Associate is responsible for the day-to-day operations of the dental hygiene clinic and related Dental Hygiene Program operations. The Dental Hygiene Office Associate must possess a working knowledge of dental terminology and dental office procedures, as well as computer skills necessary to manage correspondence, data tracking, and practice management. The Office Associate is responsible for providing the highest level of customer service.

Essential Duties and Responsibilities:

- Performs a variety of complex secretarial and clerical duties such as data entry, maintaining records, bills payable, filing, processing and distributing mail and ordering, maintaining office supplies for the dental hygiene clinic, and maintenance of office equipment.
- Maintains confidential data files for program.
- In compliance with standard rules and regulations, enters patient data and procedure information into patient record management system; maintains and prepares patient charts, reports and audits.
- Collects patient fees; tracks daily revenue; prepares deposits; maintains and reconciles financial records and reports, and resolves discrepancies; monitors dental hygiene clinic budget.
- Assists Director in confidential student, staff and/or program related matters.
- Provides information and assistance to callers, takes messages and/or routes to appropriate personnel.
- Greets and assists visitors.
- Provides information and assistance to faculty, staff, students and the public regarding the program.
- Develops and maintains standard program documents such as forms, flyers, program documents, policies and procedures.

- Attends meetings as assigned and provides administrative staff support, including taking notes and providing and maintain minutes and agendas for monthly staff meetings.
- Assists in preparation of and submits data to the state and federal agencies in order to maintain licensure, certifications and accreditation.
- Assists with new student application and selection process.
- Contacts successful student applicants and maintain alternate student list.
- Assists in coordination of the graduation/pinning ceremonies.
- Assists with updating program application and information packet annually.
- Assists Director with preparation of accreditation documents.
- Provides clerical and computer support to faculty, students, and staff.
- Attends career days/fairs to promote the program.
- Trains, manages, and evaluates students on rotation as front office assistants.
- Maintains and assists in the development of the Dental Hygiene Program's webpage and social media accounts.
- Remains current in clinic policies and procedures to cover in the absence of the Clinic Manager.
- Performs other related duties as requested or assigned.

- Strong computer skills including Microsoft Excel, Word, and Access.
- Knowledge of Dentrax and Dexis software.
- Experience in cash handling to include daily cash flow, recording fees & deposits.
- Auditing accounting data entries for patients
- Knowledge of tooth numbering system

Additional Position Experience Required:

- Dental Office experience: knowledge of operational & technical aspects in a working dental clinic setting, dental front office procedures, dental equipment including computers and dental software.
- Skill in teaching applications.
- Exceptional communication skills - the ability to work effectively with people from a variety of culturally diverse backgrounds.
- Work independently with little direction,
- Limited exposure to human contagions, radiology, chemicals, disinfectants and biohazard wastes.
- Must be able to get down on hands and knees to troubleshoot and maintain dental equipment problems.
- Requires lifting of at least 35 lbs. and bending when receiving and unloading supply orders, and when handling and archiving charts.
- Ability to interpret and apply multiple policies.
- Maintaining confidentiality of information
- Analyzing problems, evaluating alternatives and making good sound recommendations
- Applying relevant laws, regulations, policies and procedures
- Establishing and maintaining effective working relationships with all who are contacted in the course of the work
- Preparing clear, concise, accurate and complete records and other written material/data to include graphs & charts.
- Correct spelling, grammar and punctuation.
- Advanced organizational skills
- Strong problem solving skills
- Ability to manage multiple priorities
- Ability to work under pressure and manage deadlines
- Ability to delegate and coordinate duties and activities

- Ability to complete tasks and projects allowing for **constant** interruption.

4. Dental Hygiene Clinic Associate: FTE 100%, 40 hours/week. (New position for the clinic which was part of the Dental Clinic Manager Associate position prior to being divided.)

Summary: Under the direct supervision and management of the Dental Hygiene Program Director, the Clinic Associate is responsible for the day-to-day operations of the dental hygiene clinic and related Dental Hygiene Program operations.

The Dental Hygiene Clinic Associate must possess a working knowledge of dental terminology and dental office and clinical procedures, as well as expertise in infection control and safety compliance. The Clinic Associate is responsible for providing the highest level of customer service.

Essential Duties and Responsibilities:

- Develops and maintains confidential patient files.
- Provides information and assistance to faculty, staff, students and the public regarding the clinic, including providing public tours as requested.
 - Ensures that the clinic is clean and orderly at all times.
 - Assists the Clinic Coordinator in the daily operations of the clinic, which includes implementing staff and student rotation schedules, providing direction on clinical procedures during emergency situations and the opening and closing of each clinic session.
- Develops and maintains standard clinic and patient documents such as patient questionnaire forms, flyers, program documents, policies and procedures.
 - Maintains medical emergency cart drugs, anesthetic, and nitrous oxide and oxygen
 - Assists in the organization of laboratory materials and equipment for use in laboratory classes.
- Performs routine and analytical work needed to prepare chemicals, equipment and materials safely and correctly, and keep dated material current.
 - Demonstrates the safe and proper use of laboratory equipment, which includes radiology equipment.
- Ensures safety and compliance of sterilization and sanitation procedures.
- Monitors waterline safety.
- Trains, manages, and evaluates students on rotation as clinical assistants.
- Serves as a technical resource for staff and students. Operates, maintains, tests, adjusts, performs routine maintenance on and calibrates a variety of technical laboratory equipment; troubleshoots equipment and makes minor repairs or arranges for service repair.
 - Purchases clinic supplies and equipment to maintain adequate inventory. Receives orders, inspects for proper condition and quantity.
 - Maintains safety standards by safely handling, labeling, storing and disposing of hazardous or bio-hazardous materials properly. Serves as a resource and maintains knowledge with ever changing environmental health and safety regulations and advances in the dental field.
 - Generates and maintains accurate computerized records, databases, reports and files including those for Safety Data Sheets (SDS).
 - Manages the practical application of infection control standards.
 - Assists in preparation of and submits data to the state and federal agencies in order to maintain licensure, certifications and accreditation.
 - Assists with new student application and selection process.
 - Assists with updating program application and information packet annually.
 - Assists Director with preparation of accreditation documents.
 - Remains current in clinic policies and procedures to cover in the absence of the Office Associate.
- This position requires stocking, which included maintaining inventory records, ordering supplies, equipment and materials.

- Ability to maintain, troubleshoot and repair dental equipment.
- Limited exposure to human contagions, radiology, chemicals, disinfectants and biohazard wastes.
- Must be able to get down on hands and knees to troubleshoot and maintain dental equipment problems.
- Requires lifting of at least 35 lbs. and bending when receiving and unloading supply orders.

5. Administrative Assistant IV:FTE 33%(Shared by the Dental Assisting, Diet Tech and Surgical Tech programs.)

Overview and History: The DH program currently has an Administrative Assistant IV (Toni Hippert) which has a .33 FTE. We share her with four other allied health programs.

Program Support:

- Compile departmental information, track enrollment and statistics;
- Coordinate and Build class schedule; Process schedule revisions as needed
- Respond to departmental correspondence
- Coordinate Admission & Records information
- Provide support to accreditation team
- Coordinate and purchase host items for student's organizations
- Ensure compliance with procedures, policies, program guidelines and the law; make recommendations for non-compliance.
- Problem resolution – research, comparison and examination of detailed agency/program specific information.

Student Recruitment:

- Advise and provide specific information related to degree and program requirements to students regarding eligibility, timelines and related information; academic testing, scholarships, and other financial aid.
- Refer potential applicants to appropriate departments or resources: counseling, admissions and records, etc. when applicable.
- Process program application; Review applications and/or documents containing specific information to determine eligibility for acceptance into the Dental Hygiene program.
- Process applications and verify academic requirements for admission into programs.
- Obtain / record specialized admission information regarding program students.

Budget:

- Maintain budgets and Reconcile accounts
- Prepare and maintain purchase requisitions
- Process accounts payable
- Provide updates when requested
- Manage revenue and sales information
- Prepare period activity pay
- Monitor part-time salaries and full-time overloads
- Study historical trends; analyze and reconcile data; develop spreadsheets for

data analysis

Management:

- Provide coverage as needed for program as needed.
- Serve as on-site liaison when Director is off site
- Supervise student worker;
- Enter timesheets for all hourly part-time instructors.

6.D. Facilities and Technology

Dental Hygiene

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Describe the facilities and technology used by the program/unit, and discuss any unique requirements. These may include labs, studios, off-campus sites, computer classrooms, specialized equipment, etc. Are program/unit facilities and technology adequate to support the program? Explain.

The TMCC dental clinic, an expansion and renovation of the pre-existing dental clinic was completed in August 2019. It is located on the fourth floor of the Red Mountain Building (RDMT) in RDMT 415. The re-modeled clinic is set up to provide accommodations for disabled individuals at all units and units # 1,7 and 8 allow students to treat a patient in their wheelchair, if needed. TMCC provides labeled parking for disabled individuals, and was approved for 10 parking spots in Lot F in 2021. Building and elevator access follows the Federal American Disabilities Act. Classrooms and clinic facilities are readily accessible to disabled individuals.

In 2019 a remodel of the clinic was completed with an addition of two more dental units, totaling 14 units in the large clinic and six dental units in the small clinic (RDMT 413). The small clinic is currently being rented out and utilized on Thursdays and some Fridays by the Adopt a Vet Program. Now that both the Dental Assisting and Dental Hygiene Programs are growing the need for the small clinic all week is needed. An additional six radiology rooms were added totaling ten radiology rooms and a radiology viewing room with updated computers, Scanex and Panorex machines. All 10 rooms are separate from the general treatment area and adjacent from the clinic with 2 connecting walkways for students/patient access. Radiographic rooms are available to students during clinic rotations but this has been an area where both dental assisting and dental hygiene students are utilizing the radiology rooms at the same time in the spring semester. This has caused issues with the dental hygiene students not being able to utilize more radiology rooms when treating patients and having to wait for radiology rooms to open up. (Creative scheduling) The Digital Panorex unit is located in the radiograph viewing room. The viewing room can hold 7 students for viewing and critiquing radiographs. Expansion of the front office was also completed knowing we would need more room for an additional support staff as the program transitioned to a BSDH degree.

Outside of RDMT 415A is the Patient Reception Area which needs to be expanded. It is a long narrow hallway with benches and a few chairs. It is a liability for any person trying to walk through

the narrow hallway where other patient's are sitting to get to check in or out of the Front Office. As the program grows and more patients are seen during the 4 clinic session during fall and 7 clinic sessions during spring we need more room for chairs for patients when checking in. Currently the overflow of patients are sitting out in the hallway on some benches which is not ideal because many students from other programs are passing through during the clinic session times. Within the Patient Reception Area is the student locker room in RDMT 416. These lockers are for the DH students and their expensive instruments and supplies they utilize while treating patients. Adjoining the locker room is the dental hygiene and dental assisting supply room.

RDMT 413 Small Dental Clinic: This has six dental units set up similarly to RDMT 415 large clinic.

- ADEC Dental Cabinet w/supply drawers, handwash station with knee operated water control/trash receptacle
- Assistant table with water, saliva and high-speed evacuator connectors/chair control
- Patient treatment chair
- Rheostat
- Clinician bracket table w/ chair and light control panel/ hand piece connectors
- Saliva and high-speed evacuator connectors on chair
- Clinician stool
- Assistant stool
- Ceiling mounted dental light
- The dental units in this clinic are missing the Ascend Academic cloud-based program on the computers and are not set up with all of the dental hygiene supplies because Adopt A Vet (AAVD) utilizes these units and has them set up for their patient treatment.

RDMT 413C: Digital Imaging and Panorex Viewing Lab: This lab is shared by DA and DH students when assessing and grading digital images. There are 7 computers with keyboards and mouse; in addition to two Scanex machines which also are utilized for intra-oral imaging. There is one Panorex machine utilized by both Programs.

RDMT 414 Dental Lab: Connected via hallway to the dental clinic is shared by dental assisting and dental hygiene. There are 20 student stations consisting of a biology table with chair, bench mount capability and electric outlets for small for electric mixing bowls, etc. This lab can also be used as a lecture room.

- White board
- Lectern
- LCD Projector/ Screen
- Computer: keyboard, monitor, CPU, internet access, wired mice
- (ELMO Presenter 4) Video visualizer/document
- Sound System

RDMT 415 A: Dental Clinic Front Office: This is the Dental Clinic Front Office where patients check in and out. There are three working stations and three computers, keyboards and mouse, with filing cabinets to house the office supplies and documents that need to be locked up.

RDMT 415: Each operatory in the dental clinics includes:

- ADEC Dental Cabinet w/supply drawers, handwash station with foot operated water control/trash receptacle
- Assistant table with water, saliva and high-speed evacuator connectors/chair control
- Patient treatment chair
- Rheostat
- Clinician bracket table w/ chair and light control panel/ hand piece connectors
- Saliva and high-speed evacuator connectors on chair

- Clinician stool
- Assistant stool
- Ceiling mounted dental light
- Computer screen w/ internet access and Ascend Academics Cloud based dental system/keyboard/mouse/mini tower. (The Ascend Academics program was purchased in 2022 by the DH Program and funds from VPAA account. We ran out of room to house the patient data on the old dental software system and had to transition to a cloud based system.)

- Patient signature pads
- iPad for patient education videos and to review assessment results
- Cord extender
- Closed water system
- Dentsply US Unit

RDMT 415 D Instructors Booth. This small area has two computers, keyboards, mouse, three iPads (faculty use for student grading) and cabinets. These cabinets house copies of student proficiency and skill documents, faculty resource textbooks, and additional specialized instruments and DH supplies that need to be locked up. The Instructors Booth is required by the DH accrediting organization to have a place for faculty to consult with students or patients privately, when needed.

RDMT 415 E,F,G,H,I,J,P,S,T, U Radiology Rooms: These are the ten radiology rooms that each house a dental chair and an x-ray machine with a computer, keyboard, mouse, table and lead apron.

RDMT 415 G: X-ray Processing Room and Laundry Room : DA and DH Programs share this small room. The DH program has faculty lab coats and clinic towels that are washed daily. The DH Program does not use this room for processing traditional x-rays anymore since digital imaging is the current standard for imaging intra oral structures.

RDMT 415 B: Patient Reception Area: This is the small and narrow waiting area for patients who are being treated by the students. There are three chairs and two benches for patients but room is limited , so many patients will sit out in the hallway where students are passing.

RDMT 416: DH Student Locker Area: This is where the students expensive equipment is housed and locked up every night. Each DH students has two lockers and there are two benches for students to sit on when calling their patients, etc.

RDMT 416 A Supply Room: This is the DH and DA supply room that houses the supplies for clinic and for the Front Office.

RDMT 408 and 412: Classrooms for Didactic Courses:

Each classroom is equipped with:

- White board
- Rolling White Board
- Lectern
- LCD Projector/ Screen
- Computer: keyboard, monitor, CPU, internet access, wired mice
- (ELMO Presenter 4) Video visualizer/document
- Sound System
- Camera/Tripod to Zoom lectures for students who are out sick and want to join.

• **RDMT 408 Classroom:** This is the DH students main lecture room and many of their courses are 2-4 hours long. The tables and chairs are of good quality and work well for the students group work but the director is requesting an expansion of the room into RDMT 409 next door to 408 and with this would come new carpet which has been a request of the director and

several conversations with Marcus Ollom. The carpet is very old and has a musty odor which has been a problem with the faculty and students when in this room for several hours.

- **RDMT 412 Classroom:** This is Dental Assisting's main lecture room and has new tables, chairs and carpet. This room is a great room to lecture in.

RDMT 417-Faculty Office Space:

There are 4 private offices designated for full-time faculty all located near the dental clinic: RDMT 417-H (Director's Office), RDMT 417-A, RDMT 417-U and RDMT 417-R. All faculty offices have two computer screens, keyboard, mouse and printer. There is one designated private office for the DH part-time faculty located on the 4th floor which is RDMT 417-N. This office is shared with other PT faculty from other programs and has one desk and one computer with internet access for part-time faculty to utilize. Additionally, part-time clinic instructors have access to the Instructor's Booth located in the clinic and also have use of the space and equipment found in Part-time Faculty Support Office located in the Red Mountain and Sierra Bldgs.

Part-time instructors have access to duplicating machines, computers, conference rooms, conference tables and workstations and/or equipment located in the dental clinic resource room and in RDMT 417. This area can be enclosed for privacy when needed. There is one office for the administrative assistant, RDMT 417-C near the F/T faculty offices and the Dental Clinic Front Office is utilized by the Dental Clinic Manager and Front Office Assistant in RDMT 415-A, connecting to the dental clinic and patient waiting area.

Life-Span of Equipment: The current life-span of the new clinic equipment is 20+ years. It is anticipated the program will realize a life-span of 15 years before replacement is necessary. Long-range plans for maintaining and repairing current equipment include oversight of proper use by students, by the faculty, Clinic Manager and Facilities. The maintenance calls for equipment repair costs a minimum of \$400/ visit. To help mitigate these costs the director requested and was approved in 2019 to send two staff from Facilities to training on how to maintain the dental equipment. This worked well for a short time but one of the facilities staff (Eric Lopez) was promoted and this was no longer part of his duties. We currently have one facilities staff (Curtis Butler) who does assist us when he is able to. The Facilities Department is also short handed, so many times we are not able to have Curtis assist us. This is another reason the director is wanting to have a FT position in the back clinic. Several years ago the director researched Equipment Life Cycle Plans but it was very expensive and not a good long term plan. Replacement plans include submitting budget augmentation requests, grant or gift requests to the TMCC Foundation, the Advisory Committee, and/ or the local dental society, when needed or required.

***In summary the program facilities need to be expanded for the dental hygiene program to be able to expand. The DH Program currently accepts 16 students per cohort and has been approved to accept 20 from CODA and could be approved for more than 20, if workforce demands reflect the need. The director is unable to move forward with accepting more than 16 due to not being able to utilize the small clinic when Adopt a Vet is utilizing the small clinic. Also, more radiology rooms are needed, so the DH students can have more rooms to utilize during patient treatment when dental assisting is using them. An expansion of the Patient Reception area and RDMT 408 lecture room are also needed to expand the DH Program.

7.A. Five-Year Plan

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Using your analyses from previous sections, develop a 5-year plan for the program(s). Include an estimated timeline of goal completion. Please address the following questions:

- **Using the most significant curriculum and assessment findings, describe strategies to sustain or improve student learning.**

- **After considering the most significant enrollment findings, discuss strategies, if needed, to improve enrollment and close equity gaps. These may include more efficient scheduling, streamlining pathways to completion, outreach to underserved students, addressing internal or external factors anticipated to impact future enrollment, etc.**

- **With respect to course completion rate, graduation, and transfer, discuss strategies to enhance student success and close equity gaps. These may include curriculum changes, pedagogical changes, streamlining pathways to completion, improving advising, mentoring, retention efforts, etc.**

- **Considering the above strategies, what are the major goals that the department/unit hopes to accomplish in the next 5 years? Include an estimated timeline for completing goals. How does the department or unit plan align with the Academic Affairs Strategic Plan or the College's Strategic Master Plan?**

1. Curriculum Assessment Findings:

After analyzing the curriculum and assessment findings the current strategies we are using to sustain the high success of student learning will be:

Timeline: Ongoing

- Continue to assess each course every year, right after being taught, so the information is fresh in our minds and accurate.
- The faculty will also continue to meet for an "Assessment Day" at the end of each semester and discuss the assessment results with the action plans. Due to the DH Program having so many PT faculty the program director meets individually with the PT faculty who are unable to attend the assessment meeting at the end of each semester.
- DH Program faculty will continue to update and modify the course(s) content to reflect current information and trends that are applicable to the dental hygiene profession.

2. Enrollment Data: Demographics

Gender Equity Gap: The typical dental hygiene student is female. The average five year data shows 93% female and 6% male while the TMCC students are 55% female and 45% male.

- **Equity Gap Plans for Gender Categories :** Research has shown more females dominate the DH profession due to repetitive small intricate motor skills and limited working area within the oral cavity. This can make the profession of dental hygiene more difficult for larger handed hygienists. In the past the dental hygiene program would have one or two males apply every few years but we are now seeing more often one to two male students apply each year. We

continue to go to career fairs at high schools and community events in the northern Nevada area. We also attend all of the TMCC Fall and Spring Welcome and Resource Fairs. Dental Hygiene Program Information Nights are also held each semester.

Ethnicity: The DH Program is consistent between **97-100%** for Caucasian, Hispanic, Asian, two or more races and unknown. Successful Completion averaging 82% compared to TMCC at 81% and 72 %. Successful Completion between 68-82% compared to TMCC at 70-80% but an equity gap noted below:

- **Equity Gap Plans for Ethnic Group Categories:** There is no program data showing students/graduates from the DH Program identifying as International, American Indian, Black and Hawaiian or Pacific Islander. I do have one student currently who identifies as Native American and had one student who graduated in Class of 2020 who identified as Native American. I also have had three students who identified as Black. I am not sure why the data is not showing up? Maybe they identified as two or more races. My plans to increase the number of applicants from these ethnic groups is to continue to attend career fairs and events such as the one we were not able to attend on the reservation here in Reno this past semester. The plan is to hire the new Front Office Associate who can help the faculty out by attending some of these events.

3. DH Program's Course Completion Rates for the past five years reflect a consistent 98% compared to TMCC's course completion rates at an average of 79%. The DH Program's Successful Completion's average is 81% compared to TMCC's at a 69%.

Regarding the **Graduation and Transfer Percentages** there is no equity gaps as the program has a high graduation rate with the number of more culturally diverse applicants applying and graduating from the program.

The **Transfer Rates in 2018-2019 = 9%** of students transferred to obtain a BSDH completion degree. This degree would to give them more opportunities in the dental hygiene profession to apply for administrative, government and educational positions. Academic year **2019-2020** and forward there were no transfers. This is due to our program offering the BSDH degree starting fall 2019 and graduating the first class in 2021. Also, the DH graduates once licensed are able to find employment immediately in their professional field. There are no equity gaps.

4. The major goals the program hope to accomplish:

Timeline: Ongoing

- Continue attending high school career fairs and TMCC student fairs to promote the profession of dental hygiene to attract more male applicants; in addition to more diverse students
- Continue with assessing the DH courses right after being taught.
- Be prepared to modify course SLO's as the dental hygiene profession scope of practice changes within Nevada and also on the national scale.
- Continue to meet with faculty to review assessment results and potential changes with course content.

The DH Department's mission and goals align closely with the TMCC Strategic Plan as noted below:

Goals and Objectives:

1. Access

NSHE Goal: Increase participation in postsecondary education.

TMCC Goal: Increase TMCC's enrollment to keep pace with our community's growth and diversity.

- The DH Program offering a BSDH degree does promote postsecondary education.
- Approved to increase the number of students accepted each year due to the growth in the community and the workforce demands.

OBJECTIVE – 1. Serve as an open-access institution: *The past few years the DH Program's Hispanic enrollment of DH applicants matches or was higher in 2022 then TMCC.*

OBJECTIVE – 2. Cultivate a welcoming, safe and inclusive learning environment: Our DH graduates are culturally well diverse and many of our faculty have attended workshops on Safe Zone, and creating accessible content.

2. Student Success

NSHE Goal: Increase student success.

TMCC Goal: Increase student success metrics to those of our aspirational peers.

- The DH Program assessment data shows the success of the DH students as they graduate and become licensed dental hygienists.

OBJECTIVE – 3. Improve successful completion of students' educational goals: DH student retention is high with great success in the BSDH degree conferred.

OBJECTIVE – 4. Foster student learning and preparation with high-quality instruction: The DH students are successful in completing general education requirements to be able to apply to the DH Program and are assessed by departments that offer the general education courses ensuring course SLO's are being met.

OBJECTIVE – 5. Provide student support services that correlate with student success: Program director recommends students utilize advising prior to applying to help them with their most successful pathway. Also when DH students are struggling with curriculum, DH faculty promote students utilizing TMCC advising, counseling and DRC when applicable.

3. Close the Achievement Gap:

NSHE and TMCC Goal: Close the achievement gap among underserved populations.

- **First Generation:** Students five year average are 98% with Successful Completion at 82% and TMCC at 78% and Successful Completion at 68%.

OBJECTIVE – 6. Close achievement gaps across underserved student populations:

- **Ethnicity:** Over the past five years we have seen an increase in Hispanic students applying and being accepted into the DH Program. Looking at the five year data we can see predominately Hispanic at 34% (Last PUR 27%) .

4. Workforce:

NSHE Goal: Collaboratively address the challenges of the workforce and industry education needs of Nevada.

TMCC Goal: Proactively cultivate public-private partnerships to strengthen economic growth and diversification and build a competitive, highly-skilled workforce.

OBJECTIVE – 7. Develop innovative programs that respond to the dynamic needs of industry and the community.

- The DH Program has partnerships with Community Health Alliance (CHA) and Adopt A Vet Dental Clinic (AAVD). The students provide treatment to underserved children at CHA and to the veterans who are not able to get dental care at the VA Hospital. Other partnerships are with Early Head Start, Northern Nevada Dental Health Program, UNR and several Washoe County schools where our students provide screenings, preventative services and oral hygiene instruction.

5. Research:

TMCC Goal: Enhance research as a tool for teaching and learning.

OBJECTIVE – 8. Promote student learning through undergraduate research and experiential learning.

OBJECTIVE – 9. Encourage research-based practices in teaching.

- The DH students are required to take a Research and Methods course in the DH curriculum and all DH curriculum content is evidence-based research. In addition; the DH students have many experiential projects on and off campus that promote this goal and objective. A more current example is the inter-professional collaboration the DH students had with the TMCC Diet Tech and Social Work students in November. It was very successful and helped the students to have a better understanding of the other professions and to value what each profession brings to the table when treating a patient/client.

6. Stewardship of Resources:

TMCC Goal: Ensure ongoing stewardship of resources.

OBJECTIVE – 10. Optimize state-funded revenue.

- With the DH Program offering a BSDH degree most of the courses are 300-400 level courses. These course credits are weighted at a higher amount since they are upper division level courses.

OBJECTIVE – 11. Maximize and grown on-state-funded revenue streams:

- The DH Program has a Clinic Sales non-state account from the funds that come in from the treatment the students to the patients. Also, a differential Tuition account was implemented in 2015. These accounts have helped the program out in 2020 with the prices for all dental clinic supplies utilized by the students and faculty, doubling during COVID. Also, the equipment in the dental clinic is very expensive to maintain, so these funds help to mitigate the cost when repairs and or new equipment is required.

OBJECTIVE – 12. Promote environmental sustainability:

- The DH Program has transitioned to 80% of patient documents to electronic format with the new Ascend Academic cloud-based system. This has helped with cost of paper and printing the past two years. In addition to most of the DH course instructors are now creating their rubrics on CANVAS, and having students upload their assignments and projects on CANVAS to reduce printing.

Academic Affairs Strategic Plan Objectives:

Objective 1: Improving completion and retention among PT students does not apply to our students due to them all being FTE all four semesters.

Objective 2: Improving Gateway course completion .Even though the DH students do not have general education courses in their DH curriculum, the program director continues to work closely with advising and chair's of the other departments to keep lines of communication open.

Objective 3: Prepare students for further education and employment in the community by offering well-planned, in-demand, and high quality programs.

As a high quality in demand BSDH program, we are helping our students to be well skilled and proficient in the workforce. The DH graduates are able to further their education with a BSDH degree, they can graduate and apply to any master's degree program.

Objective 4: Student learning is enhanced through faculty PD: All FT and PT DH faculty take PD courses throughout the semester. The DH faculty take TMCC PD courses consistently and the DH program is a member of the American Dental Education Association and the California Dental Hygiene Educator's Association. These two associations offer unlimited PD for dental educators which has been very beneficial to have knowledge of what the trends are with other dental hygiene programs in our country.

Objective 5: Recruitment, development and retention of diverse faculty is improving with the DH program. We have three male faculty with two of them as PT and the other was just hired as a FT Tenured Track.

Objective 6: Improve student completion through academic support services: When DH

students are struggling with DH courses the faculty always meet with them and strategize where their areas of deficiencies are. Faculty recommend tools to help the student retain information, analyze and process it and improve their ability to implement it into their didactic and clinic courses. The faculty many times will recommend for DH students to utilize TMCC Student Support Services.

8.A. Resource Requests

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Identify any resource requests. For each request, please indicate whether the request is for an additional faculty and/or staff position, capital improvements (facilities), technology or specialized instructional resources, or professional development. Address the following items:

- **Request (Additional faculty/staff, capital improvements, technology or other specialized instructional resources, or professional development)**
- **Estimated time to hire or time the request will be made.**
- **Projected measurable outcomes. Which PLOs and/or student success metrics does the department hope to improve as a result of the request?**
- **Alignment to the Academic Affairs or College's Strategic Plan**

Resource Requests:

Faculty and Staff:

- **Front Office Associate Staff:** As noted before this position has already been approved for hire and paid for as a temporary LOB with the funding coming from the DH Differential Tuition account until funding from the state is available for an Administrative Faculty Position. Due to the dental knowledge this person must have, this is a hard to hire position and the maximum pay at \$28/hour, we are finding this position is more difficult to find someone to work 40 hours/week for the \$28/hours. I had reached out to HR to see if I could supplement the pay from my Differential Tuition account for both the newly divided positions for the front office and back clinic. They said I could not unless I wanted to request a job description assessment.
- **Time Range:** Spring 2024 semester. We need to hire a qualified person for the Front Office Associate position this spring and get them trained prior to fall semester, then Jennifer Link can start to work on her new job responsibilities as the Back Clinic Associate.
- **Projected Measurable Outcomes:** If we are unable to hire a person for this position, I am afraid I will end up losing Jennifer Link due to work overload. The clinics cannot function without a Front Office and Back Clinic person monitoring and completing the tasks noted in section 6C. All three PSLO's will be affected regarding the students learning.
- **Sidenote:** Funds from a Differential Tuition account are supposed to go to direct student learning and when I proposed the Differential Tuition I surveyed the students from a request by

the BOR. The students welcomed having some of the funds go toward more staff to mentor them in their front office and clinical rotations. This is how I have been able to pay for the PT Front Office Assistant position these past three years.

Capital Improvements: *****See Dental Clinic Area Schematic located in the blue folder in the upper right hand corner.***

- **Access M-F to the Small Dental Clinic (RDMT 414):** In order for the DH Program to take more students in the near future, we need full access, on all week days of the smaller clinic (RDMT 414) that Adopt A Vet (AAVD) organization is currently utilizing. They currently rent this space but have not utilized it to the full capacity since they have been here as they are using it one day a week.

- **Time Range: ASAP.** This past year we accepted 16 students and tried to utilize the AAVD clinic for testing the students on a few days they were not there. The AAVD clinic is not set up with the same as the large clinic which can cause some issues with students who are in the AAVD clinic not getting the same experience with testing as in the large clinic. We have asked AAVD if they could move their clinic day to Friday as the DA and DH students would really benefit from this clinic M-Th, but they said that would not work for them. We did hear that AAVD might be looking for another place to rent off campus. Time will tell.

- **Projected Measurable Outcomes:** All of the PSLO's are affected with us not being able to utilize the small clinic for student learning. This negatively impacts the DH Program and TMCC's mission to be able to provide high quality instruction and educational experiences for student success.

- **Expansion of Patient Reception Area (RDMT 415B), Student Locker Room (RDMT 416), and Dental Clinic Supply Room (RDMT 416A):**

- As we add more students we need to have more room for the patients. Currently the patients are sitting out in the hallway shared with TMCC students passing back and forth from class. We want a welcoming environment and reception area for the patients as they are vital to the student success in their completion of patients and skill proficiencies. We are requesting to expand the reception area to move into the Student Locker Room and then move the Student Locker Room into the Clinic Supply Area. The Student Locker Room is needed as they store their expensive instruments and equipment in these lockers. We lock the door every night and on the weekends to keep the supplies safe. With the re-model in 2019 we were able to move some of the supplies directly into the dental clinic. The Dental Clinic Manager (Jennifer Link) is working on re-organizing the supply room. This will help to reduce the required size of the room we currently have in RDMT 416A. There is also more space on the other side of the south wall of the supply room where we could expand into, if needed.

- **Time Range: 2-Years.** As the DH Program cohorts increase.

- **Projected Measurable Outcomes:** This request will improve upon all of the PSLO's. All of the PSLO's are affected if we are not able to expand the dental area to be able to house patients, keep the students equipment safe and have room for the dental supplies with all three being essential to the success of the students.

- **Expand the Radiology area to Increase the Number of X-ray Units/Rooms:(RDMT 411 and 412.)**

- Dean Ellsworth has been advocating for the expansion of the 4th floor to allow the Dental Assisting, Dental Hygiene, Diet Tech, and Biology Departments to have room to grow their programs. Looking at the schematic you will see that we are hoping to expand with more radiology rooms into RDMT 411 to keep the dental programs area combined for more efficiency. As mentioned in the report the DA and DH Programs do not have enough areas for x-ray room and are currently the DH Program has to have the students schedule their patients who need x-rays on certain days due to the lack of room when both programs are using them. Both DA and DH Program's are also requesting a room to house dental simulators which can be used by both programs to give students the hours they need in competing their proficiency skills.

- **Time Range: 2-Years.**

- **Projected Measurable Outcomes:** This request will improve upon all of the PSLO's. All of the PSLO's are affected and slow the growth of the program if we are not able to expand the dental X-ray rooms and units.

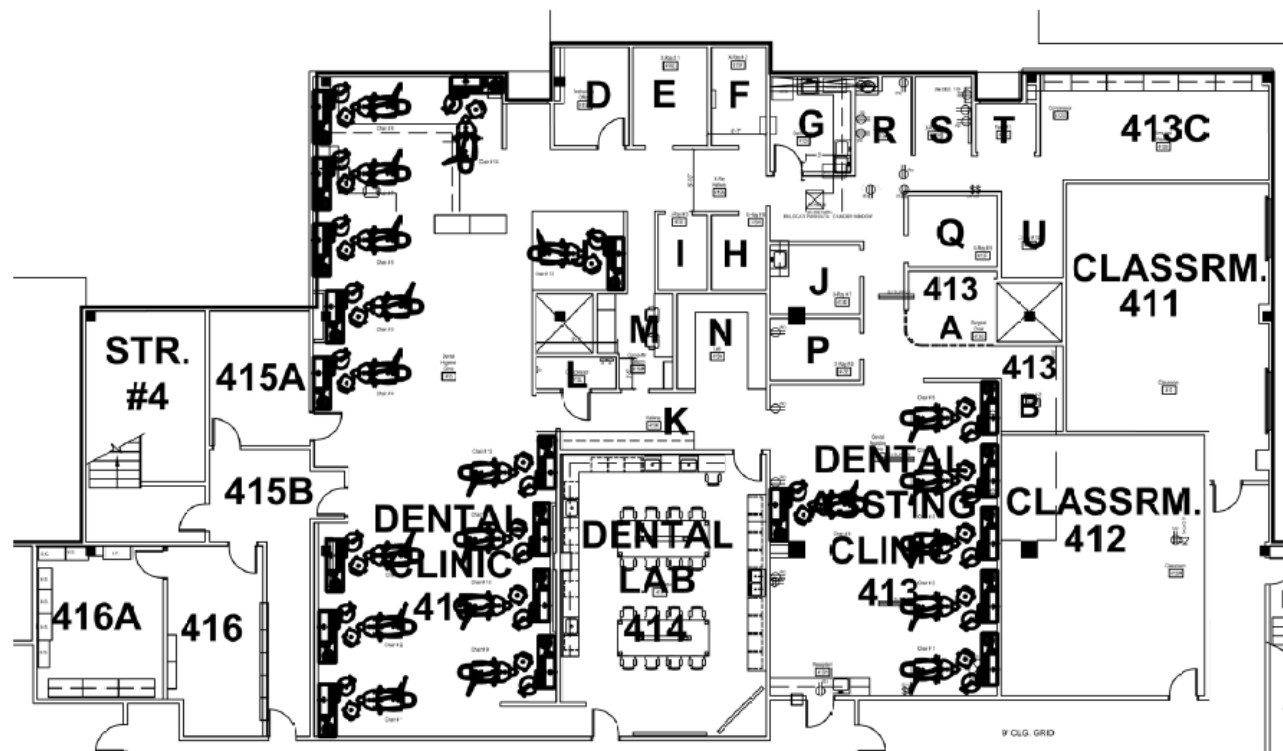
- **Expand DH Lecture Classroom (RDMT 408):** As the program grows we will need a larger classroom for didactic courses. The DH students work many times in pairs or groups and tables and chairs are needed in their classroom. RDMT 408 currently has nice tables and chairs but the carpet is 20 years old. I am requesting to expand this room into the room next to it (RDMT 409), or to a larger room on the 4th floor. **In the meantime I have reached out to Marcus several times in the past two years to ask if I can get RDMT 408 on a list to have some new carpet put in as the carpet in this room is at least 20-25 years old and has a musty smell. The students and faculty complain and this is our main lecture room. Still no movement forward with this request.

- **Time Range: 2-Years.**

- **Projected Measurable Outcomes:** The request will improve upon all of the PSLO's. All of the PSLO's are affected and slow the growth of the program if we are not able to expand the dental X-ray rooms and units.

- **Re-model of the 4th Floor Women and Men's Bathrooms:** For the past two years I have been trying to get the RDMT 4th floor bathrooms that are near Elevator #2 on a list for a renovation. The toilets have to be flushed twice the and the bathroom is one of the oldest bathrooms in the RDMT Bldg. I have spoken to Marcus several times in the past two years but he has said there are other bathrooms that are worse off on other campuses. We not only have students, faculty ,and staff use these bathrooms but patients and community partners. It would be nice to get this bathroom updated with well functioning toilets.

***All of these resource requests align well with both the Academic Affairs and College's Strategic Plans. These requests help to give access to more students by growing the program and being able to continue to give the students the quality high standard education they have been getting for 24 years. The resource requests will also help the DH Program to meet the workforce needs in Nevada.



Academic Standards and Assessment Committee Findings and Recommendations

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

Academic Standards and Assessment Committee's Findings:

The DH program has done an excellent job supporting student success, workforce needs, and has a successful student completion rate which far exceeds that of other programs/ units. In order to sustain this success and future projected growth, it is clear that the program needs the support of a full-time Dental Hygiene Clinic Associate (FTE 100%). There is also a need to remodel the bathrooms on the 4th floor to meet patient and student demands. Additionally, there is a need for support which will facilitate the requested expansion of the patient reception area (RDMT 415B), student locker room (RDMT 416), and dental clinic supply room (RDMT 416A). Director McDonald has done a great job explaining how this expansion could be facilitated by remodeling and

repurposing of RDMT 416 and RDMT 416A to accommodate patient and student needs. Additional remodels that should be explored which will support the need for more x-ray machines includes potentially expanding into RDMT411.

With future projected growth, it could be the case that the DH program may need to expand beyond the 4th floor of the RDMT building.

Program Strengths:

Remarkable growth has been made in this program aligning with previous recommendations. This includes growing the cohort size, hiring new faculty, increasing accepted male applicants, expanding facilities, purchasing new equipment, and graduating its first BSDH cohort in 2021.

Great strides have been made in DH to provide as an affordable experience as possible for their students. This includes taking cost-savings measures by utilizing the same textbook over several semesters and developing their own worksheets instead of using publisher-generated worksheets. It should be noted affordability and “OER” are not synonymous. Additionally, not all programs have OER resources available to them - this is the case for DH. This makes their efforts in providing affordable education all the more remarkable.

The DH program has demonstrated remarkable retention rates, and students success rates across all demographics which surpass those of the college. Additionally, these demographics have shifted in recent years resulting in a more diverse cohort of students. This is particularly evident in the increase in male and Hispanic students being accepted into and succeeding in the program.

The DH program does a phenomenal job reaching out to the community and demonstrating to students - particularly at the high school level - that DH is an attainable, stable, and rewarding career which they can begin at TMCC. The success of the program starts with this outreach and the follow through is demonstrable in the success rates and in the community. Anecdotally, many ASA committee members shared their experiences having TMCC DH graduates as their own DH specialist at the dentist.

Clear and concrete steps have been taken in the classroom to address student needs and educational goals corresponding to the assessment of CSLOs. DH209 is a great example among many. In this course, more case studies were added in response to students' need to develop a better understanding of relevant patient history, drug-drug interactions, and patient complications. Similar examples exist throughout this section. DH 440 and DH442 are capstone courses which have undergone changes according to student feedback. Students now have a more defined and clear understanding of capstone projects in both courses.

Areas of Concern or Improvement:

- It was unclear how many faculty have attended accessibility training or participated in the accessibility best practices described in the self-study.
- The program's curriculum map could be improved by showing where PLOs are introduced and reinforced throughout the curriculum to better demonstrate scaffolding.
- Assessment of CSLOs has occurred on a yearly basis which is great. While the self-study provided a summary of the percentage of students meeting/exceeding expectations in each course, what this means in terms of achieving PLOs or CODA Learning Goals was unclear.
- There is a need for more space for students and patients concomitant with the current and projected growth of the DH program. As noted in the self-study, the bathrooms on the 4th floor need to be remodeled. Some on the ASA committee have questioned if this might be a legal issue.
- The DH program lacks a Dental Hygiene Office Associate, which needs knowledge of dental hygiene. The Dental Clinic Manager Associate is currently trying to fulfill this role, which is not sustainable, and there is concern that she will quit.

Recommendations:

- Analyze CSLOs results in the context of PLOs and/ or CODA learning standards.
- As identified in the self-study, continue to explore options to accommodate the growing student and patient population. Are there options to expand onto other campuses (i.e. Redfield)?
- As identified in the self-study, continue to identify funding solutions for personnel/ resource needs.

Other comments:

This program was granted an extension and turned in the self-study on 1/29.

Dean's Findings and Recommendations**Dental Hygiene****Dental Hygiene PUR 2023-24 Self Study**

This section has no content

Vice President of Academic Affairs' Findings and Recommendations

Dental Hygiene

Dental Hygiene PUR 2023-24 Self Study

VPAA's Findings and Conclusions: (Include which of the ASA Committee's and Dean's findings and recommendations were upheld or not upheld.)

Dental Hygiene (DH) is an example of a program that produces superb graduates and meets a tangible workforce need very effectively. I admire Director McDonald's advocacy, support, and work-ethic, and her passion for her discipline is evident in everything she does. The program's facilities are of very good quality, their equipment is also, and their community relationships are a genuine asset to the program. Above all, their graduates are clearly devoted to the program and strive to excel in everything they study. Their Spring 2024 graduation ceremony was the best, most enjoyable graduation that I have ever attended.

Strengths:

The key strengths of this program are its faculty, its Director, and its Dean. Together, they marshal resources, encourage faculty, and engage with the community in countless ways. The support of the faculty for community causes is remarkable, and is deserving of thanks and recognition. Their graduates are very clearly ready to take on the profession, and they owe their readiness to their exceptional instructors.

Areas for Improvement:

Practically speaking, the chief way that this program can improve is by producing more graduates, to the cohort cap that the accreditor will allow, but I recognize the limitations that the program faces in its facilities, availability of some equipment, and office staffing. Beyond this, the program strives to recruit more male students, though this has been difficult. The recent hire of a male instructor is a step toward this goal, as representation can encourage enrollment and retention.

Recommendations and Next Steps for the Program Based on the PUR:

(Include whether the program should be continued, significantly revised, or discontinued, followed by a rationale.)

This program should absolutely continue, and it should continue to pursue its very clear and beneficial mission to produce superb graduates. I recommend that the program unwind its affiliation with the Adopt a Vet group in order to reclaim full use of the spaces allocated to them that are underutilized. This space is clearly needed by our DH program.

Resources Needed to Implement Recommendations Towards Program Improvement or Enhancement:

In isolation, each of the resource needs identified by this PUR is sound, and providing them would logically benefit the program. However, no program at a college operates in isolation. Understandably, DH is a high-cost program. It is very, very expensive to operate, even with a differential fee. Few programs operate public clinics with office staff, x-ray machines, patient records software, and related costs. High-cost programs are supported by those with lower operating costs, many of which face staffing and equipment needs of their own.

Regarding staffing, last year, Director McDonald advocated for the realignment of a vacant Culinary position to DH, but that position, while vacant, is not budgeted in this biennium. I recognize the importance of having both a front-office manager and a clinic manager, but until several more FT faculty positions can be restored in other areas that face shortages, and until a budgeted, non-instructional position vacancy appears, this may not be feasible. In the interim, we should study ways to increase the hourly rate paid to the LOB employee in the role, or provide further subventions to augment their wage. My office will explore together with the Dean.

Regarding facilities and equipment, several of the DA and DH lab spaces were renovated not long ago, and there have been investments made in recent years to repair X-ray machines, repair flood-damaged facilities, and provide new, cloud-based patient record software. My office will prioritize further updates, but a funding source on the scale of a grant or a federal appropriation will likely be needed to realize the major renovations outlined in this PUR. My office was not aware of the aged carpet in 408, and I will bring this to the attention of Facilities immediately and advocate for its urgent replacement. I will also support further improvements on this scale.