

**Chabot College
Program Review Report
2015 -2016**

**Year One
Program Review Cycle**

Dental Hygiene

**Submitted on 10/24/2014
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____ YEAR ONE – DENTAL HYGIENE

1. **Where We've Been** - Complete Appendix A (Budget History) prior to writing your narrative. Limit your narrative to no more than one page. As you enter a new Program Review cycle, reflect on your achievements over the last few years. What did you want to accomplish? Describe how changes in resources provided to your discipline or program have impacted your achievements. What are you most proud of, and what do you want to continue to improve?

Achievements over the Last Few Years

- Implementation of digital radiography
- Affiliate of the National Children's Oral Health Foundation
- 100% membership in the ADHA (American Dental Hygiene Association; our professional organization) for both faculty and students
- Community Service – 300 hours every semester
- 1st Annual Give Kids a Smile Day - \$5,000 of service donated
- 100% Success Rate on the National Dental Hygiene Board Exam
- Average 98 % pass rate on the State Clinical Board Exam
- In service rotations to provide dental hygiene services at La Clinica de La Raza and Samaritan House
- Formed community partnership with Tiburcio Vasquez Clinic
- Reached out to underrepresented populations to provide dental screenings/dental hygiene care
- Offering Continuing Education course in Radiation Safety and Certification to the dental community

What We Wanted to Accomplish

- Vision Leadership and Innovation - Provide safe, secure and up-to-date facilities and technology
- Implementation of an EHR (electronic health record) system
- Working with IT in setting up technical requirements for EHR
- Provide continued competency coursework for the dental hygiene community

How Changes in Resources Provided to Our Program Have Impacted Our Achievements

Resources provided to our program have impacted student success in the dental hygiene program. With the advancing technologies in dentistry, it was most crucial to prepare our students for the job market. With the implementation of digital radiography, the graduates are prepared, trained, and marketable in the latest and current digital radiographic technologies.

Although we are grateful for the resources provided to our program, we did not receive the requested resources for an EHR system. The impact of not receiving some of our requested funding from the previous two Program Review cycles has delayed the implementation of the electronic health record system (EHR) in the Dental Hygiene Clinic. Our current paper chart system is antiquated and compromises patient confidentiality since it is not in full compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Student learning has been impacted negatively as our current patient management software is very limited and provides students with little to no experience in preparation for the workforce. The students have expressed concern that they lack the skills to be able to enter private practice with the knowledge and the confidence of using an electronic health record system. In addition, the EHR would play a role in student success by tracking student requirements, competencies, and immunizations. The EHR for the dental hygiene clinic would also prevent the students' ability to alter treatment records since all changes must be signed electronically and tracked.

A request had been submitted in our Program Review for the last two cycles (Year 2 and Year 3 of the Program Review Cycle) and was finally approved by the Budget Committee in the beginning of the Fall Semester of 2014. Due to the two year delay, the system and software upgrade that was originally submitted two years ago no longer meets the current needs of the program and the requirements demanded from the our accreditation body CODA (Commission on Dental Accreditation). The result of the delay has increased in EHR's price significantly. As a result, a different vendor is necessary in order to meet the needs of the program and the needs of the students.

What We Are Most Proud Of

The dental hygiene program continues to have a very high success rate with very low attrition. The Dental Hygiene Program is one of the college's most successful programs. For the past ten years, the students have all passed the National Board Dental Hygiene Exam with an average score that exceeds the national average. The student success rate on the State Board Clinical Exam averages 98% on the first attempt (Statewide average pass rate is 80%).

The program is committed to serving the community through community service activities and providing low cost dental hygiene services to those that are unable to afford dental hygiene care in the traditional dental office setting. The clinic serves approximately 1500 dentally uninsured individuals per year. The students actively participate in over 30 hour of community service activities providing dental screenings at college and community sponsored health fairs each year.

What We Want to Continue To Improve

- Community Partnership - Increase experiential learning opportunities for our students through partnerships with community partners in the City of Hayward (student rotations with Tiburcio Vasquez Clinic and the Silva Clinic)

- We would like to improve our support from the college's ITS department; we have been unable to move forward with the technical requirements for EHR
- Obtain funding for and continue to attempt to work with the college ITS department to successfully implement a computerized system for tracking successful completion of clinical CLOs.
- Work with ITS to implement the changes needed to enhance the program website.
- Work with the College Foundation to increase revenue by offering continued competency coursework for the dental hygiene community.
- Work with ITS to launch on-line dental hygiene application.
- Work with ITS to alleviate the need to contract out a DBA in order to minimize additional costs.

Meeting the program objectives for implementation of EHR require immediate attention as the ability to successfully meet goals will be evaluated in the Dental Hygiene Program's accreditation site visit in April 2015.

2. Where We Are Now - Review success, equity, course sequence, and enrollment data from the past three years at <http://www.chabotcollege.edu/ProgramReview/Data2014.asp>

Please complete Appendices B1 and B2 (CLO's), C (PLO's), and D (A few questions) before writing your narrative. Limit your narrative to two pages.

After review of your success and retention data, your enrollment trends, your curriculum, and your CLO and PLO results, provide an overall reflection on your program. Consider the following questions in your narrative, and cite relevant data (e.g., efficiency, persistence, success, CLO/PLO assessment results, external accreditation demands, etc.):

Overall Reflection of the Program

The Chabot College Dental Hygiene Program directly supports the mission of the college and the strategic plan. The Chabot College Dental Hygiene students are highly successful and are employable and marketable. Upon passing the state clinical board exam, the graduates are employable and have been able to find work.

Our clinical facility directly meets the needs of the community by providing affordable dental hygiene services at a time when many are uninsured and/or unemployed. The students are involved in the community by participating in community health fairs providing free dental hygiene screenings and assessments.

Efficiency

The Dental Hygiene Program strives to make dental hygiene care for the community accessible and affordable. As a working clinical program, the students provide dental hygiene services to over 1,500 patients per year. Having a rigorous clinical component to the program, has led to our high success rate on the state clinical dental hygiene board exam. Students graduate with the skills needed to be able to pass the exams required for licensure and to enter the workforce.

Persistence

In order for students to progress from semester to the next in the dental hygiene program, they must successfully complete all the coursework each semester. The program is a two year program, and the students must complete all of the required coursework within the two year time frame.

Students persist as a result of factors both on and off campus. Factors that help the student persist include faculty support, peer/cohort support, family support and future goals.

Success

All students in the Dental Hygiene Program achieve their educational goal with 100% success.

CLO/PLO Assessment Results

The Dental Hygiene faculty meets annually to review student learning outcomes, assessment data and curriculum. Course outlines are updated yearly and submitted in CurricuNet. The faculty will continue to monitor the need for each course in the curriculum and make changes as needed.

The basic data review reaffirms that the programs PLO's are, for the most part, being met. The program will be required to continue to update equipment to meet market demands for the students to have training on the latest treatment modalities. The program will also need to continue to work to use technology to aid in the compilation of data, student tracking of successful completion of CLO's, and marketing.

External Accreditation Demands

- Obtain funding for and continue to attempt to work with the college ITS department to successfully implement a computerized system for tracking successful completion of clinical CLOs.
- Work with ITS to implement the changes needed to enhance the program website.

Meeting the above program objectives require immediate attention as the ability to successfully meet these goals will be evaluated in the program's accreditation (CODA) site visit in April, 2015.

- What are the trends in course success and retention rates (based on overall results and CLO assessments) in your program?
Successful completion of all of the courses in the Dental Hygiene curriculum is mandatory. Development of clearly delineated student outcomes with measurable objectives that are available to the students as well as the faculty contribute to student success. The dental hygiene faculty and staff work collaboratively to review and update all program policies and procedures as well as course content.

Do you see differences based on gender and/or ethnicity?

The dental hygiene program typically has less male students than female students. This is a reflection of the profession as well in that less than 3% of the dental hygienists in the country are males. Therefore, the males in our program are largely outnumbered. We are tremendously diverse having students representing a variety of ethnicities.

The diversity of the students in our program leads to unique challenges. Faculty and staff have to be sensitive to the cultural differences that exist between students. Since the program provides services directly to the community which is also very diverse, having this unique blend of students allows us to serve all members of the community.

Cultural and linguistic competence needs to be an integral part of education healthcare professionals. Our accrediting agency is requiring the dental hygiene program faculty and staff to show proof of competency in these areas. The Dental Hygiene Program now requires that all students, faculty, and staff complete a course in cultural and linguistic competence. The Cultural Competency Course is offered online through the U.S. Department of Health and Human Services, Office of Minority Health Services (OMHS). Upon completion of the course, the OMHS provides students, faculty, and staff with a certificate. Cultural Competence will be a part of the program's self-study accreditation document.

Between on-campus and online or hybrid online courses? Provide comparison points (college-wide averages, history within your program, statewide averages).

N/A All courses in the Dental Hygiene Program are on-campus.

1. Success and persistence rates

The dental hygiene program continues to have a very high success rate with very low attrition. The Dental Hygiene Program is one of the college's most successful programs. For the past ten years, the students have all passed the National Board Dental Hygiene Exam with an average score that exceeds the national average. The student success rate on the State Board Clinical Exam averages 98% on the first attempt (Statewide average pass rate is 80%).

2. Distance education vs. face-to-face courses.

This does not apply to Dental Hygiene at this time as all our courses are face-to face courses.

3. The Difference We Hope to Make - Review the Strategic Plan goal and key strategies at

<http://www.chabotcollege.edu/prbc/StrategicPlan/SP> forPR.pdf prior to completing your narrative. Please complete Appendices E (New Initiatives) and F1-8 (Resource Requests) to further detail your narrative. Limit your narrative to three pages, and be very specific about what you hope to achieve, why, and how.

Note: Chabot is in the process of creating our next Educational Master Plan, to last six years. Educational Master Plans are generally large enough in scope to be flexible. They are used in particular at the District Level to guide in facility and community planning.

Please take this moment to reflect on your program's larger term vision(s) and goals (6 years), and to incorporate them into Program Review under the section below as a separate paragraph or otherwise. The drafters of the Educational Master Plan will be mining Program Review for contributions to the plan, with a commitment to read what programs have submitted. IR has offered to work with programs to determine future market trends to be incorporated into this year's program review in relation to long-term goals. Please contact Carolyn Arnold for support. We will have other avenues to communicate with the Educational Master Plan Consultants. This is simply one avenue.

- What initiatives are underway in your discipline or program, or could you begin, that would support the achievement of our Strategic Plan goal?
 - The Dental Hygiene Program is awaiting the budget approval of the electronic health record (EHR) system. The new EHR will help the Dental Hygiene Program faculty to track, improve and access student performance through patient care.
- Over the next three years, what improvements would you like to make to your program(s) to improve student learning?
 - Over the next three years, we would like to be able to fund faculty retreats and staff development trainings. The trainings would focus on cultural sensitivity, program effectiveness, and student assessment. Regularly scheduled training is essential in improving student learning through faculty calibration.
- Over the next 6 years, what are your longer term vision(s) and goals? (Ed Master Plan)
 - Our longer term vision and goals is to be able to provide our students the latest trends in professional technology, learning environment, and community based experiences. Through the goal, Dental Hygiene will be part of the college's Educational Master Plan by helping the community train skilled workforces, life-long learners, and community conscience activists.
- What are your specific, measurable goals? How will you achieve them?
 - Specific measurable goals are a 100% success rate on passing the National Board Dental Hygiene Exam and a 98% success rate on the clinical exam. The students are workforce ready and employable upon passing both of these exams.
 - We achieve this by:
 1. Providing experience and practices through mock board exams
 2. Aligning learning objectives based on the National Board criteria
 3. Providing career exposure via preceptorship, career day, private practice, and other job related opportunities
- Would any of these require collaboration with other disciplines or areas of the college? How will that collaboration occur?
 - Yes, in the area of cultural sensitivity. We would like to collaborate this with the Nursing Program on campus.

YEAR TWO

A. What Progress Have We Made?

Complete Appendices A (Budget History), B1 and B2 (CLO's), C (PLO's), and D (A few questions) prior to writing your narrative. You should also review your most recent success, equity, course sequence, and enrollment data at <http://www.chabotcollege.edu/ProgramReview/Data2013.cfm>.

In year one, you established goals and action plans for program improvement. This section asks you to reflect on the progress you have made toward those goals. This analysis will be used by the PRBC and Budget Committee to assess progress toward achievement of our Strategic Plan and to inform future budget decisions. It will also be used by the SLOAC and Basic Skills committees as input to their priority-setting process. In your narrative of two or less pages, address the following questions:

- What were your year one Program Review goals?
- Did you achieve those goals? Specifically describe your progress on the goals you set for student learning, program learning, and Strategic Plan achievement.
- What are you most proud of?
- What challenges did you face that may have prevented achieving your goals?
- Cite relevant data in your narrative (e.g., efficiency, persistence, success, FT/PT faculty ratios, CLO/PLO assessment results, external accreditation demands, etc.).

B. What Changes Do We Suggest?

Review the Strategic Plan goal and key strategies at <http://www.chabotcollege.edu/prbc/StrategicPlan/SPforPR.pdf> prior to completing your narrative. Please complete Appendices E (New Initiatives) and F1-8 (Resources Requested) to further detail your narrative. Limit your narrative to two pages, and be very specific about what you hope to achieve, why, and how.

Note: Chabot is in the process of creating our next Educational Master Plan, to last six years. Educational Master Plans are generally large enough in scope to be flexible. They are used in particular at the District Level to guide in facility and community planning.

Please take this moment to reflect on your program's larger term vision(s) and goals (6 years), and to incorporate them into Program Review under the section below as a separate paragraph or otherwise. The drafters of the Educational Master Plan will be mining Program Review for contributions to the plan, with a commitment to read what programs have submitted. IR has offered to work with programs to determine future market trends to be incorporated into this year's program review in relation to long-term goals. Please contact Carolyn Arnold for support. We *will* have other avenues to communicate with the Educational Master Plan Consultants. This is simply one avenue.

Given your experiences and student achievement results over the past year:

- what changes do you suggest to your course/program improvement plan?
- What new initiatives might you begin to support the achievement of our Strategic Plan goal?
- Do you have new ideas to improve student learning?
- What are your specific, measurable goals? How will you achieve them? Would any of these require collaboration with other disciplines or areas of the college? How will make that collaboration occur?
- What is your longer term vision(s) or goals? (Educational Master Plan)

YEAR THREE

A. What Have We Accomplished?

Complete Appendices A (Budget History), B1 and B2 (CLO's), C (PLO's), and D (A few questions) prior to writing your narrative. You should also review your most recent success, equity, course sequence, and enrollment data at <http://www.chabotcollege.edu/ProgramReview/Data2013.cfm>.

In year one, you established goals and action plans for program improvement. This section asks you to reflect on the progress you have made toward those goals. This analysis will be used by the PRBC and Budget Committee to assess progress toward achievement of our Strategic Plan and to inform future budget decisions. It will also be used by the SLOAC and Basic Skills committees as input to their priority-setting process. In your narrative of two or less pages, address the following questions:

- What program improvement goals did you establish?
- Did you achieve the goals you established for the three years? Specifically describe your progress on goals you set for student learning, program learning, and Strategic Plan achievement.
- What best practices have you developed? Those could include pedagogical methods, strategies to address Basic Skills needs of our students, methods of working within your discipline, and more.
- Are these best practices replicable in other disciplines or areas?
- What were your greatest challenges?
- Were there institutional barriers to success?
- Cite relevant data in your narrative (e.g., efficiency, persistence, success, FT/PT faculty ratios, CLO/PLO assessment results, external accreditation demands, etc.).

B. What's Next?

This section may serve as the foundation for your next Program Review cycle, and will inform the development of future strategic initiatives for the college. In your narrative of one page or less, address the following questions. Please complete Appendices E (New Initiatives) and F1-8 (Resources Requested) to further detail your narrative and to request resources.

Note: Chabot is in the process of creating our next Educational Master Plan, to last six years. Educational Master Plans are generally large enough in scope to be flexible. They are used in particular at the District Level to guide in facility and community planning.

Please take this moment to reflect on your program's larger term vision(s) and goals (6 years), and to incorporate them into Program Review under the section "The Difference We Hope to Make" as a separate paragraph or otherwise. The drafters of the Educational Master Plan will be mining Program Review for contributions to the plan, with a commitment to read what programs have submitted. IR has offered to work with programs to determine future market trends to be incorporated into this year's program review in relation to long-term goals. Please contact Carolyn Arnold for support. We *will* have other avenues to communicate with the Educational Master Plan Consultants. This is simply one avenue.

- What goals do you have for future program improvement?
- What ideas do you have to achieve those goals?
- What must change about the institution to enable you to make greater progress in improving student learning and overall student success?
- What are your longer term vision(s) and goals for your program? (Educational Master Plan)

Appendix A: Budget History and Impact

Audience: Budget Committee, PRBC, and Administrators

Purpose: This analysis describes your history of budget requests from the previous two years and the impacts of funds received and needs that were not met. This history of documented need can both support your narrative in Section A and provide additional information for Budget Committee recommendations.

Instructions: Please provide the requested information, and fully explain the impact of the budget decisions.

| Category | 2013-14 Budget Requested | 2013-14 Budget Received | 2014-15 Budget Requested | 2014-15 Budget Received |
|---|--------------------------------|-------------------------------|--------------------------------|-------------------------------|
| Classified Staffing (# of positions) | 2 | 2 | 2 | 2 |
| Supplies & Services | 56,450.00 | 51,483.00 | 56,450.00 | 56,450.00 |
| Technology/Equipment | 30,029.00 | 0.00 | 37,586.08 | 0.00 |
| Other | | | | |
| TOTAL | 86,479.00 | 51,483.00 | 94,036.08 | 56,450.00 |

1. How has your investment of the budget monies you did receive improved student learning? When you requested the funding, you provided a rationale. In this section, assess if the anticipated positive impacts you projected have, in fact, been realized.

We did not receive the funding that was requested in order to improve student learning. However, the funding that was received improved student learning by covering the operational costs for the clinical facility. The Dental Hygiene Clinic provides the students with the clinical experience and provision of direct patient care that is required by our accrediting agency.

Technology and equipment funding spent in 2012-13 were used to purchase additional digital sensors that are used to upgrade the radiology lab to digital radiography. After implementation of the digital radiography system, we needed to order additional sensors for the high demands of usage from students on patient care. These additional sensors also provided us with back-up needed in the event of digital sensor malfunction or damage.

2. What has been the impact of not receiving some of your requested funding? How has student learning been impacted, or safety compromised, or enrollment or retention negatively impacted?

The impact of not receiving some of our requested funding from the previous two Program Review cycles has delayed the implementation of the electronic health record system (EHR) in the Dental Hygiene Clinic. Our current paper chart system is antiquated and compromises patient confidentiality since it is not in full compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Student learning has been impacted negatively as our current patient management software is very limited and provides students with little to no experience in preparation for the workforce. The students have expressed concern that they lack the skills to be able to enter private practice with the knowledge and the confidence of using an electronic health record system. In addition, the EHR system would play a role in student success by tracking student requirements, competencies, and immunizations. The EHR system for the dental hygiene clinic would also prevent the students' ability to alter treatment records since all changes must be signed electronically and tracked.

A request had been submitted in our Program Review for the last two cycles (Year 2 and Year 3 of the Program Review Cycle) and was finally approved by the Budget Committee in the beginning of the Fall Semester of 2014. Due to the two year delay, the system and software upgrade that was originally submitted two years ago no longer meets the current needs of the program and the requirements demanded from our accreditation body CODA (Commission on Dental Accreditation). The result of the delay has increased in EHR's price significantly. As a result, a different vendor was necessary in order to meet the needs of the program and the needs of the students. Additional expenses will be necessary if we do not have the proper technical support from ITS in implementing this upgrade.

The axiUM Hygiene software by Exan fully supports the operations of a dental clinic allowing a completely paperless clinic management system. This software was developed specifically for Dental Hygiene Schools to meet the ever-changing needs of the industry. Quality assurance is enhanced by having a paperless management system, whereby full audit trails can be tracked, reported, and displayed. Monthly or quarterly, the EHR system provides a secure data environment since there are no physical deletions from the database by any user.

By not having a complete Dental Hygiene Clinic Management Program, the students are not able to enter their own procedures, schedule appointments, and generate patient lists/reports as they would be required to have knowledge of in the workforce industry. This impedes positive student learning and patient care. The students currently lack valuable understanding of the electronic operation environment of a dental clinic and will be less marketable due to their lack of experience with electronic health records.

The axiUM Hygiene software meets the present needs and adapts to educational clinic environmental changes.

Appendix B1: Student Learning Outcomes Assessment Reporting Schedule

I. Course-Level Student Learning Outcomes & Assessment Reporting (CLO-Closing the Loop).

A. Check One of the Following:

No CLO-CTL forms were completed during this PR year. **No Appendix B2** needs to be submitted with this Year's Program Review. **Note:** All courses must be assessed once at least once every three years.

Yes, CLO-CTL were completed for one or more courses during the current Year's Program Review. **Complete Appendix B2 (CLO-CTL Form)** for each course assessed this year and include in this Program Review.

The Dental Hygiene Program is required by our accrediting body to assess SLO's at a minimum once per year. Data from our assessment mechanisms (tests, student didactic grades, student clinical competencies as well as graduation rates and success rates on the National Board Dental Hygiene Exam and the Clinical State Board Exam are reviewed by program faculty at our bi-annual collaboration meetings (clinical) and our annual curriculum review meeting (held in the summer each year). As a result of these meetings, changes are made to SLO's and course outlines. These are then submitted to the curriculum committee for review.

This year, as a result of our assessment process, we have submitted revisions to a number of our courses.

B. Calendar Instructions:

List all courses considered in this program review and indicate which year each course Closing The Loop form was submitted in Program Review by marking **submitted** in the correct column.

| Course | This Year's Program Review | Last Year's Program Review | 2-Years Prior |
|--|---|----------------------------|--|
| *List one course per line. Add more rows as needed. | *CTL forms must be included with this PR. | | *Note: These courses <u>must</u> be assessed in the next PR year. |

| | | | |
|---|--|--|--|
| <p>All Dental Hygiene courses are reviewed annually.</p> | <p>For each dental hygiene course, the SLOs are assessed at the end of the course/term. Students complete an online survey for each class to aid in determining if the SLOs have been met from the student perspective.</p> | <p>The dental hygiene program has been doing course level assessment as required by our accrediting agency for the past 14 years.</p> | <p>All courses are assessed yearly.</p> |
| | | | |
| | | | |

* THE FOLLOWING IS A SAMPLE OF THE CLO TRACKING SHEET THAT WE ARE REQUIRED TO HAVE FOR EVERY COURSE

Student Learning Outcomes – Instructional Chart

DH 71A Pre-Clinical Dental Hygiene

| Expected Outcomes/Topic | Week Taught | Instructional Objectives | Teaching Strategies | Evaluation Mechanism |
|--|-------------|--|---|--|
| Describe and demonstrate methods of sterilization and disinfection for dental instruments, supplies, equipment and demonstrate maintenance of asepsis for dental hygiene therapy | 1 | <ol style="list-style-type: none"> 1. Discuss standard precautions and basic infection-control concepts. 2. Explain the similarities and differences between the infection-control model and model of dental hygiene care. 3. Identify the government agencies that play key roles in regulations of infection control standards. 4. Discuss the standard of care, including assessment of risk of disease transmission in oral healthcare, and planning of appropriate control measures. 5. Explain the principles of infection control. 6. Select appropriate protective attire for dental hygiene client care. 7. Prepare the dental environment before and after client care. 8. Discuss strategies to prevent disease transmission, and how healthcare personnel can take action to stay healthy. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |

| | | | | |
|---|------------------|--|---|--|
| <p>Demonstrate appropriate body mechanics and correct positioning options for the patient and operator during instrumentation</p> | <p>1</p> | <ol style="list-style-type: none"> 1. Apply ergonomic principles in dental hygiene practice. 2. Discuss environmental factors leading to repetitive strain injury (RSI). 3. Describe modifications in the work environment that minimize RSI and stress. 4. Relate proper grasp and instrument factors to ergonomic principles. 5. Relate proper hand stabilization to ergonomic principles. 6. Modify client positioning based on ergonomic principles and client needs. 7. Demonstrate neutral shoulder, elbow, forearm, and wrist positions. 8. Demonstrate strengthening and chair side stretching exercises. 9. Describe common RSIs in terms of symptoms, risks, prevention, and treatment. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| <p>Collect and record data from the patient interview: medical/dental history and synopsis</p> | <p>1 & 3</p> | <ol style="list-style-type: none"> 1. Explain the purpose of the health history, including legal and ethical issues regarding health record documentation. 2. Gather information pertinent to the health and dental history by utilizing the technique of patient-centered interviewing. 3. Discuss decision making after the health and dental history is obtained 4. Recognize implications of client health status for dental hygiene care. 5. Understand the rationale and indications for pre-procedure prophylactic antibiotics. 6. Identify the need for consultation and collaboration with other healthcare professionals in order to develop an individualized dental hygiene care plan. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| <p>Utilize the medical history and patient interview, collect and document information pertinent to the patient's medical and dental status</p> | <p>1</p> | <ol style="list-style-type: none"> 1. Discuss documentation, including its significance to the process of care and practitioner liability 2. Correctly document all treatment to be provided to the patient. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |

| | | | | |
|--|-------|---|---|--|
| Describe and demonstrate the correct technique for taking vital signs (pulse, respiration, temperature and blood pressure) | 1 | <ol style="list-style-type: none"> 1. Discuss vital signs and the importance of minimizing risk of a medical emergency via vital signs assessment. 2. Discuss the significance of the pulse rate 3. Assess the pulse rate/respiration/blood pressure and record these vital signs measurements. 4. Recognize findings of the pulse rate/respiration/blood pressure that have implications for care planning, and initiate medical referrals for the health and safety of the client. 5. Compare baseline measurements of the pulse rate/respiration/blood pressure with current findings, and communicate significant changes to the client and dentist. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| Demonstrate and identify the uses for assessment instruments, including the periodontal probe, explorer, and mouth mirror | 2 & 3 | <ol style="list-style-type: none"> 1. Discuss basic dental hygiene instrument design of the probe/explorer/and mouth mirror and describe their design and uses. 2. Customize fulcrum placement for a tooth surface. 3. Identify intraoral and extra oral fulcrums for periodontal instrumentation. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |

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|---|-----------|--|---|--|
| Identify normal intraoral and extra-oral structures and note any deviations in the treatment record | 2 & 3 | <ol style="list-style-type: none"> 1. Discuss the clinical assessment, including recognition of normal head and neck anatomic structures, common signs of oral disease, and deviations from normal. 2. Conduct the extra oral clinical assessment, including proper methods and sequence. 3. Conduct the intraoral clinical assessment, including proper methods and sequence. 4. Describe and document significant findings in the client's record using precise descriptive terms, including appropriate follow-up and referral when atypical or abnormal tissue changes warrant further medical or dental evaluation. 5. Discuss cancers affecting the head and neck. 6. Explain oral self-examination techniques to the client. 7. Explain the use of biopsy as well as other methods for early detection of oral cancer. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| Demonstrate techniques and proper procedure for performing a thorough periodontal assessment | 2, 3, & 4 | <ol style="list-style-type: none"> 1. Explain the clinical application of the periodontal assessment 2. Identify the six basic tools needed to assess clinical parameters. 3. Describe healthy periodontium by clinical signs and histologic characteristics. 4. Describe diseased periodontium by clinical signs and histologic characteristics. 5. Begin to distinguish among varying types of gingivitis and periodontitis. 6. Begin to describe indices for measuring periodontal diseases. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |

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|---|-------|---|---|--|
| Describe the uses and limitations of the universal curettes and sickle scalers in scaling and root planning | 5 & 7 | <ol style="list-style-type: none"> 1. Discuss basic dental hygiene instrument design of the universal curettes and sickles 2. Classify an instrument and its use based upon variations in instrument shank length, curvature, flexibility, blade type, and blade-to-shank angulation. 3. Customize fulcrum placement for a tooth surface. 4. Describe the intended uses for sickles and universal curettes 5. Explain proper instrument blade adaptation and angulation. 6. Define the stroke principles of blade angulation, adaptation, and activation. 7. Describe protective scaling strategies and reinforcement scaling. 8. Identify intraoral and extra oral fulcrums for periodontal instrumentation. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| Record and describe the appearance of the periodontium | 6 | <ol style="list-style-type: none"> 1. Explain the clinical application of the periodontal assessment 2. Describe healthy periodontium by clinical signs and histologic characteristics. 3. Describe diseased periodontium by clinical signs and histologic characteristics. 4. Begin to distinguish among varying types of gingivitis and periodontitis. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| Complete dental hygiene documentation following patient treatment according to clinical guidelines | 6 | <ol style="list-style-type: none"> 1. Discuss documentation, including its significance to the process of care and practitioner liability 2. Correctly document all treatment to be provided to the patient. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |

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|--|-------------|--|---|--|
| <p>Demonstrate use of the dental hygiene universal periodontal probe, explorers, curettes and sickle scalers on a typodont and a student partner</p> | <p>1-17</p> | <ol style="list-style-type: none"> 1. Discuss basic dental hygiene instrument design and classify an instrument and its use based upon variations in instrument shank length, curvature, flexibility, blade type, and blade-to-shank angulation. 2. Discuss the classifications of instruments. 3. Describe assessment instruments, their design, and uses. 4. Customize fulcrum placement for a tooth surface. 5. Describe treatment instruments, their design, and uses. 6. Explain proper instrument blade adaptation and angulation. 7. Define the stroke principles of blade angulation, adaptation, and activation. 8. Describe protective scaling strategies and reinforcement scaling. 9. Identify intraoral and extra oral fulcrums for periodontal instrumentation. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| <p>Prepare and record medical and dental histories on all student partners who are seen as patients</p> | <p>1-17</p> | <ol style="list-style-type: none"> 1. Explain the purpose of the health history, including legal and ethical issues regarding health record documentation. 2. Gather information pertinent to the health and dental history by utilizing the technique of patient-centered interviewing. 3. Discuss decision making after the health and dental history is obtained 4. Recognize implications of client health status for dental hygiene care. 5. Understand the rationale and indications for pre-procedure prophylactic antibiotics. 6. Identify the need for consultation and collaboration with other healthcare professionals in order to develop an individualized dental hygiene care plan. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |

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| Record complete dental restorative charting on a student partner | 8 | <ol style="list-style-type: none"> 1. Discuss the purpose and methods of documentation including charting and the responsibilities of the dental hygienist. 2. Differentiate between the tooth numbering systems. 3. Discuss the classification of dental caries and restorations. 4. Discuss tooth assessment and detection of signs of dental caries. 5. Explain the dentition and periodontal charting, including application of charting symbols to a case study. 6. Discuss occlusion and common problems of occlusion. 7. Distinguish between the classification of malocclusion and the sub-types. 8. Discuss the primary occlusion. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| Recognize the categories of tooth discolorations and stains | 11-12 | Define and discuss types of extrinsic and intrinsic tooth stains | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| Identify the indications and contraindications for selective polishing | 11-12 | <ol style="list-style-type: none"> 1. Describe effects of rubber-cup and air polishing on teeth, gingiva, restorative materials, and the dental care setting. 2. Describe indications, contraindications, precautions, and techniques for rubber-cup and air polishing. 3. Describe and discuss selection of devices and armamentaria used for rubber-cup and air polishing. 4. Explain goal and rationale for selective polishing. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |

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| Perform selective polishing technique with appropriate material selection and precautions for polishing natural and restored tooth surfaces and dental appliances | 11-12 | <ol style="list-style-type: none"> 1. Describe and discuss extrinsic stain removal techniques. 2. Describe selection, maintenance, and infection control for instruments, devices, and armamentaria used for rubber-cup and air polishing. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| Provide an appropriate rationale for the application of topical fluorides | 13 | <ol style="list-style-type: none"> 1. Describe and discuss fluoride therapies 2. Distinguish between the different types of ingested fluorides used for dental caries management and how each type relates to caries risk. 3. Differentiate between acute and chronic fluoride toxicity including causes, signs, symptoms, and management. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| Demonstrate technique, procedures and precautions for applying topical fluoride | 13 | <ol style="list-style-type: none"> 1. Identify the methods of delivery for topical fluorides used in dental caries management. 2. Name and describe the professionally applied fluorides for caries management, including product selection and the tray and paint-on techniques. 3. Discuss acute fluoride toxicity including causes, signs, symptoms, emergency management, and prevention. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| Discuss the principles of instrument sharpening for proper sharpening of curettes and sickles | 15 | <ol style="list-style-type: none"> 1. Describe the methods, techniques, and importance of instrument sharpening. 2. Discuss how to prevent and manage instrument tip breakage. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration | <ol style="list-style-type: none"> 1. Didactic Exam |

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|--|-----------|---|---|--|
| <p>Demonstrate the technique of use of the Gracey curette on a student partner</p> | <p>10</p> | <ol style="list-style-type: none"> 1. Discuss basic dental hygiene instrument design of the Gracey curettes and sickles and classify an instrument and its use based upon variations in instrument shank length, curvature, flexibility, blade type, and blade-to-shank angulation. 2. Customize fulcrum placement for a tooth surface. 3. Describe the intended uses for Gracey curettes 4. Explain proper instrument blade adaptation and angulation. 5. Define the stroke principles of blade angulation, adaptation, and activation. 6. Describe protective scaling strategies and reinforcement scaling. 7. Identify intraoral and extra oral fulcrums for periodontal instrumentation. | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint 3. Instructor demonstration 4. Preclinical activity with classmates | <ol style="list-style-type: none"> 1. Didactic Exam 2. Preclinical Competency Evaluation |
| <p>Discuss dental hypersensitivity management in relation to periodontal instrumentation</p> | <p>14</p> | <ol style="list-style-type: none"> 1. Identify risk factors contributing to dentinal hypersensitivity. 2. Explain techniques that reduce dentinal hypersensitivity during periodontal therapy. 3. Describe active ingredients available to treat hypersensitivity | <ol style="list-style-type: none"> 1. Lecture 2. PowerPoint | <ol style="list-style-type: none"> 1. Didactic Exam |

Appendix B2: “Closing the Loop” Course-Level Assessment Reflections.

| | |
|---|---|
| Course | All Courses |
| Semester assessment data gathered | All Courses |
| Number of sections offered in the semester | One section of all didactic courses/3-5 sections of Pre-Clinical, Clinical, and Radiology |
| Number of sections assessed | All |
| Percentage of sections assessed | 100% |
| Semester held “Closing the Loop” discussion | Done in the Spring each year |
| Faculty members involved in “Closing the Loop” discussion | All instructors teaching didactic course work as well as lead clinical instructors |

Form Instructions:

- Complete a separate Appendix B2 form for each Course-Level assessment reported in this Program Review. These courses should be listed in **Appendix B1: Student Learning Outcomes Assessment Reporting Schedule.**
- **Part I: CLO Data Reporting.** For each CLO, obtain Class Achievement data in aggregate for all sections assessed in eLumen.
- **Part II: CLO Reflections.** Based on student success reported in Part I, reflect on the individual CLO.
- **Part III: Course Reflection.** In reviewing all the CLOs and your findings, reflect on the course as a whole.

PART I: COURSE-LEVEL OUTCOMES – DATA RESULTS

| CONSIDER THE COURSE-LEVEL OUTCOMES INDIVIDUALLY (THE NUMBER OF CLOs WILL DIFFER BY COURSE ★) | Defined Target Scores* (CLO Goal) | Actual Scores** (eLumen data) |
|---|--|--------------------------------------|
| (CLO) 1: See Attached | | |
| (CLO) 2: See Attached | | |

| | | |
|-----------------|--|--|
| | | |
| (CLO) 3: | | |
| (CLO) 4: | | |

★ If more CLOs are listed for the course, add another row to the table.

* **Defined Target Scores:** What scores in eLumen from your students would indicate success for this CLO? (Example: 75% of the class scored either 3 or 4)

****Actual scores:** What is the actual percent of students that meet defined target based on the eLumen data collected in this assessment cycle?

PART II: COURSE- LEVEL OUTCOME REFLECTIONS

A. COURSE-LEVEL OUTCOME (CLO) 1:

1. How do your current scores match with your above target for student success in this course level outcome?

The dental hygiene program has had an excellent success rate. For the past ten years, the students have all passed the National Board Dental Hygiene Exam with an average score that exceeds the national average. The student success rate on the State Board Clinical Exam averages 98% on the first attempt.

2. Reflection: Based on the data gathered, and considering your teaching experiences and your discussions with other faculty, what reflections and insights do you have?

The faculty are continually updating and evaluating course content, evaluation and assessment mechanisms, as well as working to implement teaching strategies that promote student success. The faculties are required by our accrediting agency to take courses in teaching methodology in the subject area that they teach. All of our students are successful in their academic courses.

All faculty and the clinical assistant must take continuing education courses in order to renew their license(s). In addition, they maintain private practice experience and are aware of the current trends and changes in the field of dentistry.

PART III: COURSE REFLECTIONS AND FUTURE PLANS

1. What changes were made to your course based on the previous assessment cycle, the prior *Closing the Loop* reflections and other faculty discussions?

The dental hygiene faculty meets yearly and mid-year for curriculum and calibration meetings. At these meetings, clinic procedures and protocols are reviewed as well as program updates and assessments. Courses are updated to reflect current research and guidelines.

Course level SLO's were reviewed for each course and updated course outlines that reflect the results of the assessments from the previous cycle have been submitted to the curriculum committee.

2. Based on the current assessment and reflections, what course-level and programmatic strengths have the assessment reflections revealed? What actions has your discipline determined might be taken as a result of your reflections, discussions, and insights?

The graduates of the dental hygiene program have a 100% success rate on their National Board Dental Hygiene Exam. Their average score typically exceed the national average. The students' ability to successfully pass the didactic exam is a reflection of the successful tracking of course level assessment data.

The dental hygiene faculty continues to meet twice a year for course level SLO review and for clinical calibration. Curriculum changes in the form of updates to current SLO's as well as updates on clinic policy and procedures are discussed. All lead instructors meet on a weekly basis for an hour to discuss policy, curriculum and program needs.

3. What is the nature of the planned actions (please check all that apply)?

Curricular

Pedagogical

Resource based

- Change to CLO or rubric

Change to assessment methods

- Other: _____

Appendix C: Program Learning Outcomes

Considering your feedback, findings, and/or information that has arisen from the course level discussions, please reflect on each of your Program Level Outcomes.

Program: Dental Hygiene

- **PLO #1:**
- Assessment of Program Level Outcomes-The following outlines tracks where each of the PLO's are taught, and evaluated and at what level. Assessment of PLO's is also done as part of the overall assessment of the Program Goals-also included

The Dental Hygiene program is required by our accrediting agency (CODA) to track all PLO's. Evaluation of successful completion of the PLO's for the program is done by the graduates prior to exiting the program. CODA also requires that employer surveys are conducted to determine if the employers feel the graduates have met applicable course level PLO's.

The program competency document is provided below.

ASSESSMENT OF COMPETENCIES-DENTAL HYGIENE

I. Professionalism - The competent dental hygienist provides skilled care using the highest professional knowledge, judgment & ability following the ADA Code of Ethics.

| Skill Description | Evaluation Method | Monitor | Course | Student Level | | | | |
|--|--|---|-----------------------------|-------------------|------------------------------|----------------|------------------------|-------------------------------|
| | | | | Entering (novice) | End of Pre-clinic (beginner) | Intermediate | Graduation (competent) | *Alumni (proficient- *expert) |
| Supporting Competency: | | 1.1 Apply ethical reasoning to dental hygiene practice | | | | | | |
| 1. Utilize knowledge of ADHA code of ethics in patient care | Review ADHA Code of Ethics, role play ethical scenarios, case studies | AP, JG | DH 50A, DH 58 | DH 50A, 69A | DH 71 B | DH 58 | DH 58 | X |
| 2. Identify unethical practices as outlined in the DPA | Pre-test, Dental Practice Act (DPA) worksheet, Post-test, multiple choice, true-false, fill-in | JG | DH 58 | | | DH 58 | DH 58 | X |
| 3. Demonstrate the ability to practice ethically, providing evidence based-care | Self-evaluation, needs assessment form, daily goal sheet | AP, JG, NC | 71A/B, 81A/B | DH 71A | DH 71B | DH 81A | DH 81B | X |
| 4. Demonstrate sound judgment and ethical reasoning in determining radiographic exposure | Test simulation and performance assessment, needs assessment Radiographic evaluation sheet | NC, RK, JG, ACF | 74A 74B 71B 81A/B | DH 74A | DH 74B, DH 71A | DH 81A | DH 81B | X |
| Supporting Competency: | | 1.2 Serve all clients in the community without discrimination | | | | | | |
| 1. Demonstrate knowledge of the Chabot College non-discrimination policy | Orientation /check-off | NC, AP, JG | 50 A-C | DH 50A | | DH 50B | DH 50C | |
| 2. Use knowledge of policy to serve the community through client care | Needs assessments, daily goals, development of patient centered care/treatment plans, clinical supervision | NC, JC, JG, AP, RK, ACF | 50 A-C, 74A/B, 71A/B, 81A/B | DH 50A | DH 71A, DH 74A | DH 50B, DH 81A | DH 50C, DH 81B | X |
| 3. Use knowledge of policy to serve the community through community outreach projects | Student participation, self-evaluation, student outreach projects, community projects | JC, JG, AP, NC | 56A/B, DH 82A | | | DH 56A, DH 82A | DH 56B | |
| 4. Use knowledge of policy to serve the community through diverse offsite clinical rotations | On site clinical supervision, self-evaluation write ups | JG | 81A/B, | | | DH 81A | DH 81B | |

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|--|---|---------------------|---------------------------------|----------------|------------------------|--------|---------------|---|
| 5. Use knowledge of policy to serve clients with special needs | Clinical supervision, oral presentation multiple choice/true-false, competencies, needs assess. | JG, NC, AP, EO | 71B,83 81A/B | | DH 71B | DH 81A | DH 83, DH 81B | X |
| 6. Provide appropriate radiographic surveys for clients | Performance assessment, radiographic survey requirements | NC, RK, JG, AP | 74A/B, 71A/B 81A/B | DH 74A | DH 74B, DH 71B | DH 81A | DH 81B | X |
| Supporting Competency: 1.3 Provide Humane and compassionate care to all patients/clients | | | | | | | | |
| 1. Adhere to the concepts outlined in the Client's Bill of Rights | Clinical instructor check-off, chart audits, needs assessment | AP, JG, NC, ACF | 71B, 81A/B | | DH 71B | DH 81A | DH 81B | X |
| 2. Utilize client exit survey to determine client's satisfaction with treatment | Clinical instructor check-off, chart audits | JG, AP, NC | 71B, 81A/B | | DH 71B | DH 81A | DH 81B | |
| 3. Exhibit ability to provide humane and compassionate care | Self-Evaluations, Needs assessment, client exit surveys | AP, JG, NC | 71A/B 74A/B 81A/B | DH 71A, DH 74A | DH 71B, DH 74B | DH 81A | DH 81B | X |
| 4. Understand and assess human needs when formulating a dental hygiene diagnosis | Exams, Case studies, case documentation, group discussion | AP, JG, EO, NC | 69A/B, 74A/B 80A/B, 82A/B | DH 69A, | DH 69B, DH 71B | DH 81A | DH 81B | X |
| 5. Expose radiographic surveys as needed to provide optimum patient care | Performance assessment, radiographic evaluation sheets Needs assessment | NC, RK, AP | 74A/B, 71B, 81A/B | DH 74A | DH 74B, 71B | DH 81A | DH 81B | X |
| Supporting Competency: 1.4 Maintain honesty in relationships with patients/clients, colleagues & other professionals | | | | | | | | |
| 1. Demonstrate an understanding of, and compliance with, program standards | Orientation, adherence to college student conduct policy* | AP, JG, NC | 50A-C | DH 50A | DH 50B | DH 50C | | |
| 2. Exhibit honesty in relationships with clients, colleagues, and other professionals | Self-evaluation, journals, goal sheets, needs assessments | AP, JG, NC AF | All Courses | DH 1 | DH 1 | DH 2 | DH 2 | X |
| Supporting Competency: 1.5 Ensure the privacy of the patient during dental hygiene treatment & confidentiality of patient/client records | | | | | | | | |
| 1. Demonstrate ability to adhere to Clients Bill of Rights | Self-evaluation, journals, goal sheets, needs assessments, chart-audits | AP, JG, NC ACF | 71B, 81A/B | | DH 71B | DH 81A | DH 81B | |
| 2. Maintain the clients' right to privacy/confidentiality | Written Exam, case studies, role play, needs assessments, chart audits | AP, EO, JG, NC, RK | 69A, 71A/B 74A/B 81A/B | DH 69A, DH 74A | DH 69B, DH 71B, DH 74B | DH 81A | DH 81B | X |
| 3. Adhere to clinical protocol regarding filing/maintenance of | Self-evaluation, needs assessment, chart audits | AP, JG, NC staff | 71A/B, 74 A/B, | DH 71A, DH 74A | DH 71B, DH 74B | DH 81A | DH 81B | |

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|--|--|--------------------|--|-----------------------------|------------------------------|-------------------|-------------------|---|
| client charts/records | | | 81A/B | | | | | |
| 4. Discuss the importance of record keeping, informed consent, patient's rights to access records, and loaning and transfer of records | Tests, performance assessment, needs assessments, chart audits | AP, JG, NC | 50 A-C, 69B 74A/B 71A/B 81A/B | DH 50A DH 71A, DH 74A | DH 69B, DH 71B, DH 74B | DH 50B, DH 81A | DH 50C, DH 81B | |
| Supporting Competency: 1.6 Adhere to state and federal laws governing the practice of dentistry & dental hygiene | | | | | | | | |
| 1. Demonstrate knowledge of the DPA | Pre-test, post-test, DPA worksheet | JG | 58 | | | | DH 58 | |
| 2. Apply knowledge of DPA in providing client care | Self-evaluation, needs case studies assessments, journals, goal sheets | JG, AP, NC, ACF | 71B 81A/B | | DH 71B, | DH 81A | DH 81B | X |
| 3. Articulate DPA restrictions regarding extended functions | Exams, competencies, case studies, performance assessments, needs assessment | JG, AP | 57, 58 81A/B | | | DH 57, DH 81A | DH 58, DH 81B | |
| 4. Demonstrate knowledge of the Consumer Radiation Health and Safety Act of 1981 | Test Simulation | NC, RK | 74A/B | DH 74A | DH 74B | | | |
| 5. Demonstrate knowledge of radiographic equipment certification and registration | Test, Performance Assessments | NC, RK | 74A | DH 74A | | | | |
| 6. Discuss State and Federal regulations concerning radiation | Test | NC, RK | 74A/B | DH 74A | DH 74B | | | |

* Alumni Proficient-RDH: Passage of California State Clinical Exam or Western Regional Exam

2. **Professional Identity** - The dental hygienist will continuously perform self-assessment for life-long learning & professional growth.

| | | | | | | | | | |
|---|---|-----------------------|--------------------------------|---|---|---|---|---|---|
| Supporting Competency: 2.1 Advance the profession through leadership, service activities & affiliation with professional organizations. | | | | | | | | | |
| 1. Exhibit involvement as oral healthcare providers/change agents | Written examinations, oral presentations, community project | JC, JG, AP EO, ACF | 56A/B, 71A-B 81A-B 83 | | | | X | X | X |
| 2. Advance the art and science of DH through research | Oral presentations, case presentations, development of care plans, risk assess., lit reviews, research papers | JG, JC | 56A/B, 69B, 73 | | X | X | X | X | X |
| 3. Participate in state and regional student leadership workshops | Written critiques, PowerPoint presentations | JG, JC | 69A/B 56A/B 82/A-B | X | X | X | X | X | X |
| Supporting Competency: 2.2 Assume the roles of the profession (clinician, educator, researcher, change agent, consumer advocate) as defined by the ADHA | | | | | | | | | |
| 1. Exhibit professionalism in the role of clinician | Journals, daily goal sheets, self-evaluation, needs assessment, clinical competencies/exams | JG, AP, ACF | 71A/B 81A/B | X | X | X | X | X | X |

| | | | | | | | | |
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| 2. Assume the professional responsibilities of a practicing RDH | Exit questionnaire | AP, JG, ACF | 71B 81A/B | | X | X | X | X |
| 3. Provide evidence based quality care | Client questionnaire, case documentation, examinations, DH care plans, needs assess radiographic evaluation sheets | AP, NC, JG,ACF JG | 71B, 74A/B 80A/B 81A/B 82A/B | | X | X | X | |
| 4. Act as consumer advocate | Participation in community outreach activities, community project , adherence to Client's Bill of Rights | JG, JC. AP | 71B 56A/B, 81A/B | | X | X | X | X |
| 5. Actively participate in developing, and implementing research projects | Examinations, written presentation, oral presentation, research write ups, case documentation's | EO, NC JG | 73, 80A/B, 82A/B 83 | X | X | X | X | X |

3. **Information Management & Critical Thinking.** The dental hygienist must be able to acquire & synthesize information in a critical, scientific, & effective manner.

| Skill Description | Evaluation Method | Monitor | Course | Student Level | | | | |
|--|--|---------------------|--|-------------------|------------------------------|--------------|------------------------|----------------------------|
| | | | | Entering (novice) | End of Pre-clinic (beginner) | Intermediate | Graduation (competent) | Alumni (proficient-expert) |
| Supporting Competency: 3.1 Solve problems & make decisions based on accepted scientific principles | | | | | | | | |
| 1. Formulate goals and objectives for evidenced based client care | Examinations, case documentation, case studies, oral presentations, DH care plans, competencies, needs assess. | JG, NC, AP, JC, ACF | 71A/B, 69A/B, 52A/B, 73 80A/B 82A/B, 54 81A/B | X | X | X | X | X |
| 2. Apply accepted scientific principles in client care | Examinations, competencies, needs assessments, daily goal sheets, journals, DH care plans | ACF, JG, NC, AP | 69A/B, 71A/B, 52, 55A, 73 54,57, 80A/B, 82A/B 81A/B, 83 74A/B | X | X | X | X | X |
| 3. Provide comprehensive client care using accepted scientific principles | Case documentation's, journals, examinations, needs assessments, Competencies, DH care plans, Radiographic evaluation sheets | ACF, JG, NC, AP | 69A/B, 71A/B 52A/B, 73, 57, 54, | X | X | X | X | X |

| | | | | | | | | | |
|---|--|-----------------------|---|---|---|---|---|---|---|
| | | | 80A/B 74A/B 82A/B 81A/B | | | | | | |
| 4. Evaluate the effectiveness of comprehensive clinical care | Case documentation's, journals, examinations, client questionnaires, DH care plans, competencies, needs assess. | JG, NC, ACF, AP | 69A/B, 71B 80A/B 82A/B 81A/B | | X | X | X | X | |
| 5. Determine radiographic retakes based on diagnostic quality and client's need | Test, simulation, and performance assessment, radiographic evaluation sheets | NC, RK, DS ACF, AP | 74A/B 71A/B 81A/B | X | X | | X | X | X |
| 6. Perform quality control to meet established radiographic standards | Test, simulation, and performance Assessment, radiographic evaluation sheets | NC, RK ACF | 74A 74B | X | | X | X | X | X |
| Supporting Competency: 3.2 Analyze published reports of oral health research and apply this information to the practice of dental hygiene | | | | | | | | | |
| 1. Critique oral health Research | Examinations, written reports, oral reports, community projects, | JG, JC, NC | 73, 56A/B 52, 54 80A/B | X | X | X | X | | |
| 2. Utilize oral health research as a basis for evidence based client care | Examinations, case documentation, oral presentations, needs assessments, journals, Competencies, DH care plans | AF | All courses | X | X | X | X | | |
| 3. Articulate the biological effect of radiation exposure and MPD limits | Test Journals, Dosimeter monitoring, Radiographic evaluation sheets, H.A. Rad. Exposure record | NC, RK ACF | 74A/B 71B 81A/B | X | | X | | | |
| Supporting Competency: 3.3 Evaluate the safety & efficacy of oral health products & treatment | | | | | | | | | |
| 1. Apply scientific research findings in the evaluation of the safety and efficacy of oral health products and treatment | Examinations, oral presentations, case documentation, competencies, written reports, needs assessments, journals, DH care plan | AF | 69A/B 71A/B 56A/B 75, 73 74A/B, 52, 54 57 80A/B, 81A/B 82A/B, 83 | X | X | X | X | X | X |
| 2. Utilize universal precautions | Examinations, competencies, needs assessments, journals, | JG, NC, ACF, AP | 69A/B 71A/B 74A/B 80A/B 82A/B 81A/B | X | X | X | X | X | X |

| | | | | | | | | |
|---|---|---------------------|---|---|---|---|---|---|
| 3. Provide DH services utilizing current concepts of disease prevention and infection control | Examinations, competencies, needs assessments, journals, DH care plan | ACF, JG, NC, AP, JC | 69A/B 71A/B 75 74A/B 52,57 80A/B 81A/B 82A/B, 83 | X | X | X | X | X |
| 4. Discuss the principles of radiographic health as it relates to the public and dental personnel | Test, simulation, and performance assessment | NC, RK | 74A 74B | X | X | X | | |

| Supporting Competency: 3.4 Communicate professional knowledge verbally & in writing to patients, colleagues & other professionals | | | | | | | | |
|--|---|-----------------------------|---|--------|--------|---|---|---|
| 1. Demonstrate the ability to convey information to the client and other health care providers | Examinations, case documentation, chart audit, needs assessments, dental referrals, journals, case studies, client questionnaires, DH care plan | ACF, JG, JC, NC, AP, EO, RK | 69A/B 71B 75, 73 74A/B 52A/B 54, 57 80A/B 81A/B 82A/B, 83 | X | X | X | X | X |
| 2. Demonstrate the ability to recognize and assume the responsibility of appropriate referrals to medical and dental professionals | Examinations, case documentation, chart audit, needs assessments, dental referrals, journals, case studies, client questionnaires | ACF, JG, JC, NC, AP, EO, RK | 69A/B 71A/B 75 74A/B 52A/B 54, 57 80A/B 81A/B 82A/B, 83 | X | X | X | X | X |
| 3. Develop communication skills that reflect use of appropriate dental terminology | Test, simulations, performance assessments, test cases, competencies | AF | All courses | X | X | X | X | X |
| 4. Implement established standards in dental charting and notation | Test, simulation, performance Assessments, test cases, competencies | JC, JG, AP RK ACF | 60 74A/B 71A/B 81A/B | X X | X X | X | X | X |

The following tracks the assessment of our Program Goals

| | Objective | Action Step | Monitoring Mechanism | Evaluating Mechanisms | When Evaluated | Who Collects Data | Who Assesses Data | Results | Resulting Action | Program Improvement as a results of data analysis |
|---------|---|--|---|---|--|---------------------------------------|---|---|---|---|
| Goal #1 | Maintain compliance with CODA and California State Law. | All faculty required to take mandatory course in California Law and infection control as part of licensure | Records kept of licensure renewals for all faculty | Yearly review of all clinical courses to ensure that clinical practices are based on current laws and regulations | Yearly review as part of curriculum review-ongoing as part of clinical | Faculty | Faculty are alerted to any changes in the laws and regulations that affect the practice of dental hygiene | Issues pertaining to accreditation requirements and/or California Law are shared with faculty and discussed on an on-going basis as a part of clinical discussions. Adjunct faculty are alerted via e-mail of any changes and are invited to provide feedback | Clinical manuals, courses are updated to reflect the changes | Program goal is met-program remains in compliance with state laws and accreditation |
| Goal #2 | Maintain admissions criteria that encourage students that are prepared for an intense and rigorous dental hygiene education and demonstrate the ability to succeed in their professional goals. | Admission requirements reviewed yearly-data collected for applicant pool-Attrition data kept | Data collected by Special Admissions/Program Director | Data collected is reviewed by Special Admissions/Program Director | Yearly | Special Admissions / Program Director | Program Director | Admissions criteria have been adopted that allow for qualified students to gain access into the program-attrition data reviewed for trends/pat-terns | Have expanded program to include 2 additional students based on data on attrition -reviewing current requirements for compliance with Title V regulations | Admissions criteria have allowed the program to select candidates that have a greater potential to achieve program goal of completing the program. Minimized impact of attrition on class size due to increases in class size accepted |

| | | | | | | | | | | |
|---------|---|--|---|--|---------------------------|--|--|---|--|---|
| Goal #4 | Prepare students to successfully complete National and State Licensing Examinations. | Ongoing review of NDHBE scores and pass rate on state licensing exam | Results collected in the spring and fall | Review of scores by didactic and clinical faculty | Yearly in spring and fall | Program Director 2 nd year clinical lead instructor | Program Director/Lead instructor-clinical/didactic faculty | Increases in NDHBE scores in areas targeted and overall -decrease in failure for the state clinical exam | Changes in program policies and curriculum to better prepare students to be successful on both exams | Program evaluated on an ongoing basis to help students to be successful in achieving their goal to be licensed as an RDH |
| Goal #5 | Maintain competent dental hygiene faculty and staff to ensure a high quality educational program. | Faculty/ Staff Evaluations | Per college contract-all fulltime/part time faculty and staff are evaluated every three years | Class visits, student surveys for faculty Staff surveys | Every three years | Dean collects full time faculty evaluations Program collects part time faculty evaluations and submits to the Dean for review Dean evaluates staff every three years | Dean and Program Director | Ongoing evaluation aids faculty, staff , Dean and program director in identifying areas that are in need of improvement | Faculty and Staff have the opportunity to improve | Ensures that faculty and staff are competent and that they are meeting the needs of the students as well as the program |
| Goal #6 | Review program curriculum to ensure that the curriculum is current and relevant. | Yearly review of curriculum | Learning goals grids done for each course | Faculty review of learning goals grids at curriculum meeting is spring | Spring | Instructors/ Program Director | Faculty/ Program Director | Curriculum changes made-course outlines updated/modified and submitted to college curriculum committee in fall for approval | Syllabi and course outlines are modified | Program curriculum reflects current research and practice Course work is sequential and redundancy is avoided Materials are updated |
| Goal #7 | Satisfy students with the quality of their dental hygiene | Yearly student Exit-surveys | Program Secretary sends out packets in August-post graduation | Program Director reviews results | Fall | Program Director | Program Director | Collated and distributed to faculty for review | Input used to evaluate program competencies and goals | Able to identify students areas of concern address the need for changes in program policies and procedures based on feedback from graduates |

| | | | | | | | | | | |
|---------|---|----------------------|--------------|--|----------|---------------------------------|---------------------------------|--|--|--|
| | education. | | | | | | | | | |
| Goal #8 | Satisfy patient/clients with quality of students dental hygiene care. | Patient exit surveys | Chart audits | Lead clinical instructors/student s review | On-going | Lead clinical faculty/ students | Lead clinical faculty/ students | Patient satisfaction evaluated by lead faculty-dissatisfied patients are identified-determination made as to whether the dissatisfaction due to failure to provide quality dental hygiene services | Survey information used as part of the overall evaluation of each case | Unsatisfactory comments are shared with students in clinical seminar courses to encourage students to critically think through patient care experiences. |

- PLO #2:
- PLO #3:
- PLO #4:

What questions or investigations arose as a result of these reflections or discussions?

The discussion of EHR has come up frequently since many of the other dental hygiene programs have already fully implemented EHR. The Chabot College Dental Hygiene students are not having the full experience and benefit of the EHR system and will not be as marketable in the workforce industry.

What program-level strengths have the assessment reflections revealed?

Strengths revealed: As a program, the Chabot College Dental Hygiene Faculty strive for excellence. Student success is paramount and we work very hard evaluating how well we are fostering students' ability to succeed and become ethical practitioners.

We are grateful that we were able to implement and convert our analog film system to a digital radiograph

system. Digital radiography has been an excellent learning tool for the new learners and advantageous in increasing marketability of our graduates. In addition to the need for access to training in the area of digital radiology for our students, the program directly serves the community supporting the Strategic Plans Goals to engage the community. Digital radiology has become the safest and most economical way to provide radiographic images for our patients. These patients are members of the community that lack access to traditional dental offices due to lack of insurance or lack of funds needed to pay for dental hygiene care.

What actions has your discipline determined might be taken to enhance the learning of students completing your program?

Our request for the axiUM EHR system is one of the top priorities as an action item to enhance student learning. An EHR system would present a comprehensive patient treatment record that is detailed, accurate, legible, updated, and reliable. Students would be able to view patient records in a more organized format and prepare a comprehensive dental hygiene treatment plan more efficiently. In addition, student learning would be greatly improved as they will be better prepared for the workforce. By integrating diagnosis, treatment planning, and prognosis into a comprehensive treatment recommendation, the students will have a better understanding of electronic record based on their own experience with digital media that is being used in other allied health care fields such as nursing, pharmacy technician, optician and many other practitioners.

Training the students with paperless charting would enable students to integrate the information and knowledge in the dental office. Since the college serves as an educational leader and recognizes that learning is a lifelong journey, we need to provide this opportunity to ensure student success as well as student marketability in the current job market. With the rapidly changing technology and advancements in dentistry, we need to adapt to the evolving techniques and new innovations. In addition, an EHR system provides security and protection of patient records in the event of a hazard.

Appendix D: A Few Questions

Please answer the following questions with "yes" or "no". For any questions answered "no", please provide an explanation. No explanation is required for "yes" answers :-)

1. Have all of your course outlines been updated within the past five years? **Yes**
2. Have you deactivated all inactive courses? (courses that haven't been taught in five years or won't be taught in three years should be deactivated)**Yes**
3. Have all of your courses been offered within the past five years? If no, why should those courses remain in our college catalog?**YES**
4. Do all of your courses have the required number of CLOs completed, with corresponding rubrics? **Yes**. If no, identify the CLO work you still need to complete, and your timeline for completing that work this semester
5. Have you assessed all of your courses and completed "closing the loop" forms for all of your courses within the past three years? **Yes**. If no, identify which courses still require this work, and your timeline for completing that work this semester.
6. Have you developed and assessed PLOs for all of your programs? **Yes**. If no, identify programs which still require this work, and your timeline to complete that work this semester.
7. If you have course sequences, is success in the first course a good predictor of success in the subsequent course(s)?**Yes**
8. Does successful completion of College-level Math and/or English correlate positively with success in your courses? **Yes**. If not, explain why you think this may be.

Appendix E: Proposal for New Initiatives (Complete for each new initiative)

Audience: Deans/Unit Administrators, PRBC, Foundation, Grants Committee, College Budget Committee

Purpose: A "New Initiative" is a new project or expansion of a current project that supports our Strategic Plan. The project will require the support of additional and/or outside funding. The information you provide will facilitate and focus the research and development process for finding both internal and external funding.

How does your initiative address the college's Strategic Plan goal, or significantly improve student learning?

1. EHR: Our initiative would significantly improve student learning. An EHR system would present a comprehensive patient treatment record that is detailed, accurate, legible, updated, reliable and most importantly supervised care by faculty. Students would be able to view patient records in a more organized format and prepare a comprehensive dental hygiene treatment plan more efficiently. In addition, student learning would be greatly improved as they will be better prepared for the workforce as the majority of the dental profession is using EHR. Students have a better understanding of electronic data based on their own experience with digital media.

Training the students with an EHR system would enable students to integrate the information and knowledge in the dental office. Since the college serves as an educational leader and center for skilled workforce, we need to provide EHR as an electronic office/clinic environment to ensure student success as well as student marketability in the current job market. With the rapidly changing technology and advancements in dentistry, we need to adapt to the evolving techniques and constant innovations. In addition, an EHR system provides security and protection of patient records in the event of a disaster.

The costs of both implementing and maintaining the technical aspects of the EHR system would be greatly reduced if we had the support from ITS. The time required for the DBA to maintain the software would be minimal and keeping this support within the college/district would eliminate the costs of an outside DBA. In addition, the cost for an additional server is included but may not be necessary dependent on our campus ITS department.

A Backup system for database server is needed in order to minimize (or prevent) the possibility of down-time and/or data loss in the case of a system failure. In addition, networking equipment to connect PC's to server: Switches/Routers may be needed if we are unable to use our existing equipment.

2. One patient chair in the radiology lab area is one of the original chairs when the clinic first opened. This chair was not replaced when the clinic was remodeled. Due to the age of the chair, the chair cannot be repaired because parts are no longer available. We are requesting an A-dec 511 Chair with standard color seamless upholstery, (color to be specified at time of order) with contoured floor box with footswitch.

The requested equipment represents an essential upgrade assuring relevant student lab performance and individual technical development to

meet standards, skills and technical knowledge required by the dental hygiene program and workforce industry. The purchase of this equipment will provide our students with proper tools and technique which will enhance and guarantee their job preparedness.

3. We are requesting for the Clinic Assistant to move from a 10 month employee to an 11 month employee. It is essential that the clinic is fully maintained and operational for the students. In addition, time is needed to prepare, receive, pay invoices in a timely manner, and distribute instruments and supplies to each entering class.

What is your specific goal and measurable outcome?

Our specific goal is to have an EHR system in our clinic. Our measurable outcome is to have a 90% compliance rate of using EHR on all patient records, student learning by tracking, and quality assurance documented by the Fall of 2016.

Our goal is to be able to replace the antiquated chair in the radiology area to a chair that is similar to all other patient chairs. Our measurable outcome is: student success and competency in taking radiographs.

Our goal is to increase the Clinic Assistant employment from 10 months to 11 months. Our measurable outcome is: increase in clinic production by 10%, increasing efficiency of the clinic and minimizing preventable equipment repairs.

What is your action plan to achieve your goal?

| Activity (brief description) | Target Completion Date | Required Budget (Split out personnel, supplies, other categories) |
|--|-------------------------------|--|
| Meet with the Executive Director of the Chabot College Foundation to establish Dental Hygiene Fund | 12/01/14 | Nancy Cheung, Program Director |
| Meet with IT and A&R to set up on-line Dental Hygiene Application for the Fall 2015 | 11/01/2014 | Nancy Cheung, Program Director |
| Investigate and research the options of upgrading our current practice management software to include the capability of EHR and data storage/backup. | 10/24/14 | Nancy Cheung, Program Director |
| Obtain quote for replacement of old dental chair to be consistent with all existing patient chairs. | 10/17/14 | Yvonne Vanni, Clinic Assistant |

| | | |
|--|----------|---|
| Increase classified staff from 10 months to 11 month employment. | 01/23/15 | Yvonne Vanni, Clinic Assistant |
| Work with ITS to set up technical requirements for EHR | 05/01/15 | |
| Set up Oracle Base Server (Oracle Standard Edition One) | 05/01/15 | \$ 6,000.00 |
| Oracle Annual License Fee | 05/01/15 | \$ 1,276.00 |
| Set up DBA Annual Support for Oracle (axiUM) | 05/01/15 | \$ 24,000.00, axiUM |
| 30 HP Computers OR 30 Thin Clients | 05/01/15 | \$ 19,000.00 |
| Magnetic Swipes | 05/01/15 | \$1,560.00 |
| Set up scanner | 05/01/15 | \$400.00 |
| Delivery and installation of new dental chair in radiology lab area. Haul away old dental chair. | 01/23/15 | \$ 10,674 Yvonne Vanni, Clinic Assistant |
| Integrate the upgraded software with the digital imaging software | 05/01/15 | \$ 59,000 ITS, Exan Group |
| Educate and train faculty and staff with the new upgraded system. | 08/01/15 | \$5,000 Exan Group |
| Educate and train students with the new upgraded system. | 08/20/15 | \$5,000 Exan Group |

How will you manage the personnel needs?

- New Hires: Faculty # of positions _____ Classified staff # of positions _____
 Reassigning existing employee(s) to the project; employee(s) current workload will be:
 Covered by overload or part-time employee(s)
 Covered by hiring temporary replacement(s)
 Other, explain _____

At the end of the project period, the proposed project will:

- Be completed (onetime only effort)
 Require additional funding to continue and/or institutionalize the project

(obtained by/from): _____

Will the proposed project require facility modifications, additional space, or program relocation?

- No

Yes, explain: _____

Will the proposed project involve subcontractors, collaborative partners, or cooperative agreements?

- No

Yes, explain: _____

Do you know of any grant funding sources that would meet the needs of the proposed project?

No

Yes, list potential funding sources:

Appendix F1: Full-Time Faculty/Adjunct Staffing Request(s) [Acct. Category 1000]

Audience: Faculty Prioritization Committee and Administrators

Purpose: Providing explanation and justification for new and replacement positions for full-time faculty and adjuncts

Instructions: Please justify the need for your request. Discuss anticipated improvements in student learning and contribution to the Strategic Plan goal. Cite evidence and data to support your request, including enrollment management data (EM Summary by Term) for the most recent three years, student success and retention data, and any other pertinent information. Data is available at <http://www.chabotcollege.edu/ProgramReview/Data2013.cfm>.

1. Number of new faculty requested in this discipline: ____

PLEASE LIST IN RANK ORDER

STAFFING REQUESTS (1000) FACULTY

| Faculty (1000) | | | |
|----------------|-------------|--------------|---------------|
| Position | Description | Program/Unit | Division/Area |
| N/A | | | |
| | | | |
| | | | |
| | | | |

Rationale for your proposal. Please use the enrollment management data. Data that will strengthen your rationale include FTES trends over the last 5 years, FT/PT faculty ratios, recent retirements in your division, total number of full time and part-time faculty in the division, total number of students served by your division, FTEF in your division, CLO and PLO assessment results and external accreditation demands.

2. Statements about the alignment with the strategic plan and your student learning goals are required. Indicate here any information from advisory committees or outside accreditation reviews that is pertinent to the proposal.

Appendix F2: Classified Staffing Request(s) including Student Assistants [Acct. Category 2000]

Audience: Administrators, PRBC

Purpose: Providing explanation and justification for new and replacement positions for full-time and part-time regular (permanent) classified professional positions(new, augmented and replacement positions). Remember, student assistants are not to replace Classified Professional staff.

Instructions: Please justify the need for your request. Discuss anticipated improvements in student learning and contribution to the Strategic Plan goal, safety, mandates, and accreditation issues. Please cite any evidence or data to support your request. If this position is categorically funded, include and designate the funding source of new categorically-funded position where continuation is contingent upon available funding.

1. Number of positions requested: _____

STAFFING REQUESTS (2000) CLASSIFIED PROFESSIONALS

PLEASE LIST IN RANK ORDER

| Classified Professional Staff (2000) | | | |
|--------------------------------------|---|----------------|---------------|
| Position | Description | Program/Unit | Division/Area |
| Clinic Assistant | We are requesting to Increase the Clinic Assistant position from 10 months to 11 months | Dental Hygiene | PE/Health |
| | | | |
| | | | |
| | | | |
| | | | |

PLEASE LIST IN RANK ORDER

STAFFING REQUESTS (2000) STUDENT ASSISTANTS

| Student Assistants (2000) | | | |
|---------------------------|-------------|--------------|---------------|
| Position | Description | Program/Unit | Division/Area |
| N/A | | | |
| | | | |

2. Rationale for your proposal.

Job Title:

This is not a new position

Justification for The Position:

The Clinic Assistant receives and coordinates all delivery prior to the start of the Fall semester. In addition, she sorts and distributes all instruments, cassettes and kit to each dental hygiene student. Once all kits are distributed, the Clinic Assistant is responsible for coordinating and packaging cassettes for the entire class to be mailed to the engraver.). Extra hours are required to coordinate and distribute security badges, dosimeter badges, and practice typodonts with heads to each new student at the student orientation. Extra time also needs to be allotted for filling out and coordinating all the necessary paperwork for the various vendors and for being a Denti-cal provider.

The Clinic Assistant is responsible for the equipment maintenance in the dental hygiene clinic. At the end of the semester, the clinic assistant performs equipment check, replacing necessary parts, changing out the traps, cleaning and lubricating each dental unit and chair (total of 15 chairs in the dental hygiene clinic and 4 chairs in the radiology clinic.

The 11th month is necessary for the work needed to be done two weeks after the semester and two weeks before the beginning of the semester.

Funding Source:

The General Fund

Is the Work Currently Being Done by Other Employees:

Previously, the work was being done on the Clinic Assistant's own time and off hours.

To Whom Would this Person Report:

This Clinic Assistant reports to the Division Dean and the Program Director for the Dental Hygiene Program.

What is The Consequence of Not Funding this Position:

The consequence of not funding this position from ten to eleven months would affect returning students, new students, faculty, and the clinic. The work that needs to be performed would not be done and expenses in maintaining the dental hygiene clinic will be necessary. The students will not be prepared to and equipped with the necessary supplies to begin instrumentation and clinic.

How Will the Campus Community (Students, Staff, Faculty, and Community) Be Positively Impacted by Filling This Position:

The Dental Hygiene Clinic needs to be fully functioning and operational in order to serve the community and in order for the students to be successful. Our accrediting agency requires that we have the staff members in place to support the faculty and the students. The students need to be able to treat patients in the dental hygiene clinic.

3. Statements about the alignment with the strategic plan and program review are required. Indicate here any information from advisory committees or outside accreditation reviews that is pertinent to the proposal.

The clinic needs to be fully functioning and operational in order for the students to be successful. The Clinic Assistant as well as our Administrative Assistant plays a vital role in faculty, student, and program support. Our accrediting agency requires that we have the staff members in place so that students are able to treat patients.

Appendix F3: FTEF Requests

Audience: Administrators, CEMC, PRBC

Purpose: To recommend changes in FTEF allocations for subsequent academic year and guide Deans and CEMC in the allocation of FTEF to disciplines. For more information, see Article 29 (CEMC) of the Faculty Contract.

Instructions: In the area below, please list your requested changes in course offerings (and corresponding request in FTEF) and provide your rationale for these changes. Be sure to analyze enrollment trends and other relevant data

at <http://www.chabotcollege.edu/ProgramReview/Data2013.cfm>.

| COURSE | CURRENT FTEF (2014-15) | ADDITIONAL FTEF NEEDED | CURRENT SECTIONS | ADDITIONAL SECTIONS NEEDED | CURRENT STUDENT # SERVED | ADDITIONAL STUDENT # SERVED |
|--------|------------------------|------------------------|------------------|----------------------------|--------------------------|-----------------------------|
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |

Appendix F4: Academic Learning Support Requests [Acct. Category 2000]

Audience: Administrators, PRBC, Learning Connection

Purpose: Providing explanation and justification for new and replacement student assistants (tutors, learning assistants, lab assistants, supplemental instruction, etc.).

Instructions: Please justify the need for your request. Discuss anticipated improvements in student learning and contribution to the Strategic Plan goal. Please cite any evidence or data to support your request. If this position is categorically funded, include and designate the funding source of new categorically-funded position where continuation is contingent upon available funding.

1. Number of positions requested: N/A
2. If you are requesting more than one position, please rank order the positions.

| Position | Description |
|----------|-------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

3. Rationale for your proposal based on your program review conclusions. Include anticipated impact on student learning outcomes and alignment with the strategic plan goal. Indicate if this request is for the same, more, or fewer academic learning support positions.

Appendix F5: Supplies & Services Requests [Acct. Category 4000 and 5000]

Audience: Administrators, Budget Committee, PRBC

Instructions: In the area below, please list both your current and requested budgets for categories 4000 and 5000 in priority order. Do NOT include conferences and travel, which are submitted on Appendix M6. Justify your request and explain in detail any requested funds beyond Op

Supplies Requests [Acct. Category 4000]

Instructions:

1. There should be a separate line item for supplies needed and an amount.
For items purchased in bulk, list the unit cost and provide the total in the "Amount" column.
2. Make sure you include the cost of tax and shipping for items purchased.

Priority 1: Are *critical requests required to sustain a program* (if not acquired, program may be in peril) or to meet mandated requirements of local, state or federal regulations or those regulations of a accrediting body for a program.

Priority 2: Are *needed requests that will enhance a program* but are not so critical as to jeopardize the life of a program if not received in the requested academic year.

Priority 3: Are requests that are *enhancements, non-critical resource requests* that would be nice to have and would bring additional benefit to the program.

| | 2014-15 Request | | 2015-16 Request | | | | | |
|----------------------------|-----------------|----------|-----------------|---------------------|----------------|-------------|-------------|-------------|
| Description | Requested | Received | Amount | Vendor | Division/ Unit | Priority #1 | Priority #2 | Priority #3 |
| | 56,450. | 56,450. | | | | | | |
| Open Purchase Order | | | 19,000. | Henry Schein | Dental | X | | |
| <i>Open Purchase Order</i> | | | 4,000. | <i>Alliance Gas</i> | <i>Dental</i> | X | | |
| Open Purchase Order | | | 1,000. | Air Gas | Dental | X | | |
| Open Purchase Order | | | 4,000. | West Dent | Dental | X | | |

| | | | | | | | | |
|---|--|--|----------|----------------------------|--------|---|--|--|
| Open Purchase Order Dental Repair Parts | | | 2,400. | Adec | Dental | X | | |
| Open Purchase Order Chart Labels | | | 400. | Professional Office | Dental | X | | |
| Open Purchase Order Certificate of Registration X-ray | | | 1,500. | State of CA | Dental | X | | |
| Open Purchase Order Yearly Contract Air Compressor | | | 1,800. | Hendrick Dental Technic | Dental | X | | |
| Open Purchase Order Dental Supplies | | | 1,000. | Dentsply International | Dental | X | | |
| Open Purchase Order Anesthetics | | | 2,000. | Dentsply International | Dental | X | | |
| Open Purchase Order X- ray Badges | | | 1,500. | Radiation Detection Co | Dental | X | | |
| Open Purchase Order Coding Labels | | | 150. | Professional Office | Dental | X | | |
| Open Purchase Order Gowns/Gloves | | | 3,000. | Maytex Corporation | Dental | X | | |
| Open Purchase Order AED Medical | | | 400. | AED Medical Corporation | Dental | X | | |
| Open Purchase Order Dental Toothbrushes | | | 1,000. | Proctor&Gamble | Dental | X | | |
| Open Purchase Order Scantron Sheets | | | 150. | Scantron Corp | Dental | X | | |
| Open Purchase Order Advance Chemical Sensors for Nitrous | | | 100. | Advance Chemical | Dental | X | | |
| Oracle Standard Edition One Server - Annual Licensing Fee | | | 1,276.00 | Oracle | Dental | X | | |
| GRAND TOTAL \$44,676.00 | | | | | | | | |

Contracts and Services Requests [Acct. Category 5000]

Instructions:

1. There should be a separate line item for each contract or service.
2. Travel costs should be broken out and then totaled (e.g., airfare, mileage, hotel, etc.)

Priority 1: Are *critical requests required to sustain a program* (if not acquired, program may be in peril) or to meet mandated requirements of local, state or federal regulations or those regulations of a accrediting body for a program.

Priority 2: Are *needed requests that will enhance a program* but are not so critical as to jeopardize the life of a program if not received in the requested academic year.

Priority 3: Are requests that are *enhancements, non-critical resource requests* that would be nice to have and would bring additional benefit to the program.
augmentations only

| Description | Amount | Vendor | Division/Unit | Priority #1 | Priority #2 | Priority #3 |
|---|------------|---|----------------|-------------|-------------|-------------|
| The Regents of the University of California, San Francisco, (UCSF) School of Dentistry has been providing consultation and curriculum support for Chabot College Dental Hygiene Program students since 1968. UCSF will continue to assist Chabot College in a Dental Hygiene curriculum program that is consistent with the | \$3,500.00 | University of California, San Francisco School of Dentistry | Dental Hygiene | X | | |

| | | | | | | |
|--|-------------|-------------------|----------------|---|--|--|
| requirements of the California State Board of Dental Examiners. The UCSF provides consulting services, advice and supervision when deemed necessary. | | | | | | |
| Open Purchase Order Annual Accreditation Fee | 3,500.00 | State of CA | Dental Hygiene | x | | |
| Open Purchase Order Continuing Education Annual Registration | 500.00 | State of CA | Dental Hygiene | x | | |
| Open Purchase Order OSHA Review | 350.00 | OSHA Review | Dental Hygiene | x | | |
| OSAP Membership (Organization for Safety, Asepsis and Prevention) | 250.00 | OSAP | Dental Hygiene | x | | |
| Oracle Standard Edition One Annual Licensing Fee | 1,276.00 | Oracle | Dental Hygiene | x | | |
| Oracle Standard Edition One Server | 6,000.00 | Oracle | Dental Hygiene | x | | |
| Oracle DBA | 24,000.00 | Exan Group, axiUM | Dental Hygiene | x | | |
| Survey Monkey Annual Fee | 250.00 | Survey Monkey | Dental Hygiene | x | | |
| TOTAL | \$39,626.00 | | | | | |

Appendix F6: Conference and Travel Requests [Acct. Category 5000]

Audience: Staff Development Committee, Administrators, Budget Committee, PRBC

Purpose: To request funding for conference attendance, and to guide the Budget and Staff Development Committees in allocation of funds.

Instructions: Please list specific conferences/training programs, including specific information on the name of the conference and location. Note that the Staff Development Committee currently has no budget, so this data is primarily intended to identify areas of need that could perhaps be fulfilled on campus, and to establish a historical record of need. Your rationale should discuss student learning goals and/or connection to the Strategic Plan goal.

| Description | Amount | Vendor | Division/Dept | Priority #1 | Priority #2 | Priority #3 | Notes |
|--|--|--|----------------|-------------|-------------|-------------|--|
| California Dental Hygiene Educator's Association Meeting Registration Fee and Membership Fee | \$175.00 | CDHEA (California Dental Hygiene Educator's Association) | Dental Hygiene | X | | | This is an annual meeting hosted on a rotational basis among all Dental Hygiene Programs in the State of California. The location of the meeting alternates between San Jose and Burbank. *Total amount requested does not include travel expenses. |
| Membership and annual meeting is highly recommended to all part time and full time faculty. This meeting satisfies the teaching methodology requirement by our accrediting agency, provides continuing education, and allows networking with other dental hygiene program faculty. | Total Amount Requested: \$175X11= <u>\$1,925</u> | | | | | | |

| | | | | | | | |
|--|------------|------------------------------------|----------------|---|--|--|---|
| Staff Development for Classified Staff in the Dental Hygiene Program. These are courses in Denti-Cal Billing, Equipment Maintenance, and Patient Management Courses. | \$1,000.00 | Skills Path/Denti-Cal/Delta Dental | Dental Hygiene | X | | | Staff development courses are necessary to enhance knowledge and skill to increase growth and development to benefit our program. |
| | | | | | | | |

Appendix F7: Technology and Other Equipment Requests [Acct. Category 6000]

Audience: Budget Committee, Technology Committee, Administrators

Purpose: To be read and responded to by Budget Committee and to inform priorities of the Technology Committee.

Instructions: Please fill in the following as needed to justify your requests. If you're requesting classroom technology, see <http://www.chabotcollege.edu/audiovisual/Chabot%20College%20Standard.pdf> for the brands/model numbers that are our current standards. If requesting multiple pieces of equipment, please rank order those requests. Include shipping cost and taxes in your request.

Instructions:

1. For each piece of equipment, there should be a separate line item for each piece and an amount. Please note: Equipment requests are for equipment whose unit cost exceeds \$200. Items which are less expensive should be requested as supplies. Software licenses should also be requested as supplies.

For bulk items, list the unit cost and provide the total in the "Amount" column.

2. Make sure you include the cost of tax and shipping for items purchased.

Priority 1: Are *critical requests required to sustain a program* (if not acquired, program may be in peril) or to meet mandated requirements of local, state or federal regulations or those regulations of a accrediting body for a program.

Priority 2: Are *needed requests that will enhance a program* but are not so critical as to jeopardize the life of a program if not received in the requested academic year.

Priority 3: Are requests that are *enhancements, non-critical resource requests* that would be nice to have and would bring additional benefit to the program.

| Description | Amount | Vendor | Division/Unit | Priority #1 | Priority #2 | Priority #3 |
|--|-----------|--------|----------------|-------------|-------------|-------------|
| The axiUM Hygiene software fully supports the operations of a dental clinic allowing a completely paperless clinic management system. This software was developed specifically for Dental Hygiene Schools to meet the ever-changing needs of the industry. | \$ 65,000 | Exan | Dental Hygiene | X | | |

| | | | | | | |
|---|--------------|------------------|----------------|---|--|--|
| Quality assurance is enhanced by having a paperless management system, whereby full audit trails can be displayed. The electronic health record system provides a secure data environment since there are no physical deletions from the database by any user. Most importantly, this software tracks student requirements to insure student success. | | | | | | |
| <p>Oracle Standard Edition One Server</p> <ul style="list-style-type: none"> Would be needed if we are unable to share the Oracle server on campus. | \$ 6,000.00 | Oracle | Dental Hygiene | X | | |
| <p>Oracle DBA</p> <ul style="list-style-type: none"> Would be needed if we did not have the support of the IT department | \$ 24,000.00 | Exan Group/axiUM | Dental Hygiene | X | | |
| A Backup system for database server (Needed in order to minimize (or prevent) the possibility of down-time and/or data loss in the case of a system failure). | 6,000.00 | Oracle | Dental Hygiene | X | | |
| Magtek Gray Dual Track 4 Pin USP Type A 4-60 in/sec Magnetic Card Reader. Magnetic swipe card readers and writers. Used for user logon/authentication and for approval/authorization functions. (30 total)Item:IM1R80686 Model:21073016 | 2,340.00 | Staples | Dental Hygiene | X | | |

| | | | | | | |
|--|--|---|--|--------------------------------|--|--|
| One Scanner For scanning paper documents into the electronic patient record. Xerox WorkCentre 3210/N Multifunction Printer Item: 810096 Model: 3210/N | 400.00 | Staples | Dental Hygiene | X | | |
| 30 HP Computers with Windows XP Professional (4 GB of RAM, and a min. of a 2 .40 GHz processor) Pentium 4 processor 4 GB Megabytes RAM Windows 7 or Windows 8 \$ 700 x 30 OR 30 Thin Clients | \$21,000.00 \$15,000.00 | Staples Oracle | Dental Hygiene Dental Hygiene | X X | | |
| A-dec 511 Chair with standard color seamless upholstery, color to be specified at time of order with contoured floor box with footswitch. This includes Tax, installation, delivery and warranty of equipment | \$10,674 | Burkhart Dental | Dental Hygiene | X | | |
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Appendix F8: Facilities Requests

Audience: Facilities Committee, Administrators

Purpose: To be read and responded to by Facilities Committee.

Background: Following the completion of the 2012 Chabot College Facility Master Plan, the Facilities Committee (FC) has begun the task of re-prioritizing Measure B Bond budgets to better align with current needs. The FC has identified approximately \$18M in budgets to be used to meet capital improvement needs on the Chabot College campus. Discussion in the FC includes holding some funds for a year or two to be used as match if and when the State again funds capital projects, and to fund smaller projects that will directly assist our strategic goal. The FC has determined that although some of the college's greatest needs involving new facilities cannot be met with this limited amount of funding, there are many smaller pressing needs that could be addressed. The kinds of projects that can be legally funded with bond dollars include the "repairing, constructing, acquiring, equipping of classrooms, labs, sites and facilities." Do NOT use this form for equipment or supply requests.

Instructions: Please fill in the following as needed to justify your requests. If requesting more than one facilities project, please rank order your requests.

Brief Title of Request (Project Name): N/A

Building/Location: N/A

Description of the facility project. Please be as specific as possible.

N/A

What educational programs or institutional purposes does this equipment support?

N/A

Briefly describe how your request relates specifically to meeting the Strategic Plan Goal and to enhancing student learning?

N/A