**APR Report for 2017-2018  
*2018-2019 Cycle***

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| **Section I: Program Description** |

**IA1. Program (Select your program from the drop down list)**

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| MATH SCI Dental Hygiene AS Degree & Certificates |

**IA2. Other Program (If your program is not on the above list, write it in here)**

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**IB. Program Lead (Your first and last name)**

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| Vickie Kimbrough |

**IC. Program Mission Statement**

Provide the Program’s Mission Statement.

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| The purpose of the dental hygiene program is to educate students who will influence the total health of the community by positively impacting the oral health status of individuals. |

**ID. Program Summary**

Provide a brief summary on the current status of the program being reviewed.

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| The Dental Hygiene Program is a two-year program that prepares students to obtain a license to practice dental hygiene and awards them an Associate of Science Degree. The American Dental Association Commission on Dental Accreditation accredits the Dental Hygiene Program and accreditation was re-affirmed in 2016. Currently, the program accepts 20 students per class with a new cohort every August.  The structure of the dental hygiene curriculum is that each semester provides a foundation for the next in both didactic and clinical coursework. The program is a total of 4 semesters and 58 units. Students must successfully complete each course in each semester in order to continue in the program.  The program currently has 20 students in the second year class and 19 students in the first year class. |

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| **Section II: Looking Back—2017-2018** |

**IIA. Present the Results** (Rubric Criterion 3)

Provide a descriptive summary of the outcomes from the 2017-2018 cycle of program review.

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| Faculty reviewed Program SLO’s and determined the following Program Outcomes:  95 % of all dental hygiene students assessed demonstrated competency or mastery in course SLO's. 100% of students continue to demonstrate competency in the area of ethics as all 2017 graduates have passed the California Ethics and Dental Law examination required for licensure in the State of California.  Graduates continue to pass the written National Dental Hygiene examination. Nineteen (18) students passed the NDHBE on the first attempt. One (1) student passed on the second attempt. However a four-year trend analysis indicates the overall program score on the national examination is below the national average of over 350 programs.  Graduates continue to demonstrate entry-level competency on the practical regional licensing examinations. Pass rate for 2017 was 100%.  Program Updates  The program was reviewed by the Dental Hygiene Committee of California in 2018, and was granted approval in April after extensive changes in clinic curriculum and sterilization processes.  Changes in faculty and staff occurred since the last APR. The Office Technician position was filled in April 2018 and two tenure-track faculty positions were filled in August 2018. |

**IIB. Probe the Results: I Wonder . . .** (Rubric Criteria 1, 3)

In this section, judge whether the activities you implemented in 2017-2018 to reach your goals were effective. Did the activities have an effect on the outcome? Please describe WHY you believe your outcomes came out the way they did. Did you reach your goals? If yes, explain why. If you did not reach your goals, explain why.

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| The Program implemented the following activities to help reach goals and outcomes on SLO’s. These activities are a direct result of SLO data and include the following outcomes and why they were effective:  1. As a requirement of the Dental Hygiene Committee of California, the program developed and implemented major changes in the way clinic requirements are met by each student. All evaluation forms were revised, as well as implementing a weighted grading system. This process begun in Spring 2018 and continued in Fall 2018.  Outcome: Students are better prepared in technical skills and to meet state licensing criteria.  Reason: Students must perform a number of specific tasks during patient care clinic courses. The repetition provides for increased practice and skill competency.  2. The clinic grading process incorporated performance evaluations, a daily clinic grade, clinical enrichment activities and completed patients into determining student clinic grades.  Outcome: All students met or exceeded clinic course requirements in Spring 2018.  Reason: Previous methods of evaluation to determine grades was ineffective and did not measure skill level in addition to completion of course requirements.  3. Faculty rotation with clinic students did not allow faculty to work with students long enough to best evaluate progression in application of didactic knowledge to patient care and increasing skill level.  Outcome: Faculty rotation assignments are 2 to 4 weeks in length depending on the semester clinic course.  Reason: Students and faculty work together longer and can better identify student application of knowledge along with technical/ competent skill level  Progress Toward Last Years Goals:  1. Continue to provide excellent service to the patients and maintain accreditation standards.  Improved. A lot of effort was made to implement program changes as a result of Accreditation Site Visit and the DHCC review/site visit.    2. Continue to work toward developing a new clinical evaluation system.  Accomplished/ And ongoing. In 2018 new evaluation forms were developed along with a weighted grading system. Faculty will now work to determine competency levels.    3. Continue weekly staff meetings.  Accomplished and on-going. Adjunct faculty work in the private sector during the weekly staff meetings, therefore two night meetings will occur beginning spring 2019 in order to provide inclusiveness and additional feedback for program improvement.  4. Continue to work toward developing and maintaining a current database of current and previous students.  Accomplished. Ongoing.  5. Continue to incorporate new technologies into the Dental Hygiene Program.  Planned 2018-19. The dental hygiene clinic needs to add a computer to each dental hygiene unit and incorporate dental practice management software to better prepare students for the workforce.  Accomplished Fall 2018: The purchase of patient management software (Dentrix).  Planned Spring 2019: Installation of software; training of staff and faculty; Fall 2019 training of students.  6. Continue to work on developing an electronic tracking system of student's patient contacts.  Accomplished Fall 2018: Purchase of patient management software  Ongoing: review how best to use Dentrix software or Canvas to create tracking system of student requirements for clinic courses. Addition of new computers.  7. Continue re-mediation program for dental hygiene students that need additional instruction in order to be successful.  On-going. Faculty use office hours as a skills lab option for enrolled students will allow faculty and students to improve technical skills.  8. Have all DH Course Outlines approved through Curriculum Committee  Ongoing: As dental hygiene is considered a Career Tech program, all curriculum must be reviewed every two years.  13. Develop a better Quality Assurance Program that includes new chart audit forms and patient satisfaction survey.  Accomplished and ongoing. Patient charts are audited by students and faculty every week, which meets CODA and DHCC requirements.  14. Meet annually in May to review curriculum.  Accomplished/On-going. Is an annual meeting during in-service to conduct curriculum review.    In evaluating the course level SLO’s, dental hygiene identified areas for improvement. These areas are directly related to the reasons students have not been successful in the program.  1. Students were unsuccessful on the DNTL 1514 Introduction to Clinic instrumentation practicum.  Ongoing: Fall 2018 a new full-time faculty person was assigned to the DNTL 1514 course. The course underwent major changes focused on technical skill and critical thinking in preparation for clinic patient care. Results are not available at this time. Faculty will evaluate in May 2019.  2. Students were unsuccessful at completing the minimum number of Performance evaluations to continue on in program.  We needed to re-evaluate the number of required Performance Evaluations in DNTL 2024 Clinical Practice I, DNTL 2134 Clinical Practice II and DNTL 2243 Clinical Practice III. The clinical evaluation system needed to be restructured so that other methods of evaluation are factored into determining student’s clinic grade.  Accomplished/ongoing: Faculty collaborated to insure progression of technical skill level and critical thinking through the two year program. With two new full-time faculty members, collaboration continues and is discussed weekly. The program does not make major changes until the Fall cohort enters. Minor changes are made each semester.  Faculty review and evaluate changes during December and May of each year. |

**IIC. Ideate Innovations: What if . . .** (Rubric Criteria 1, 5)

In this section, describe activities you believe would have an effect on your 2018-2019 outcome measures.

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| It is expected that the following activities will have a position effect on outcomes:   1. Implement the Dentrix (patient mgmt) software, train staff and faculty; train students. 2. Modernize clinic equipment to mirror that in the private sector (dental chairs) 3. Add computers at each clinic station (16 stations) 4. Replace aging equipment due to replacement parts no longer being available. 5. Evaluate national board scores as related to dental hygiene test topics and where to improve curriculum and instruction. 6. Continue with a skills lab option for program for DNTL 1514 and DNTL 2024. This allows to identify and correct deficiencies or weak areas in technical skills. 7. Continue to include multiple and weighted methods of evaluation into the overall course grades in DNTL 2024 Clinical Practice I, DNTL 2134 Clinical Practice II, and DNTL 2243 Clinical Practice III. 8. Annual review of the number of Performance Evaluations that still provides students the learning   opportunities necessary to acquire and demonstrate entry-level competency. |

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| **Section III: Looking Forward—2018-2019** |

**III. List Your 2018-2019 Goals—Be Quantitative!**

List your 2018-2019 APR goals in terms of their expected changes on the outcome measures as indicated earlier. Each goal that requires resources, impacts other areas, or otherwise is substantive requires the submission of an APR Goal form. Keep in mind the scoring rubric criteria:

1. The relationship between program review narrative and the APR Goal is evident and strongly supported by evidence.
2. The APR Goal directly implements institutional planning document goals.
3. The outcome directly implements institutional planning outcomes, and is transferrable and/or scalable institutionally.
4. APR Outcome indicators, methods and/or timelines use institutional measures, transferrable/scalable institutionally
5. Before/after benchmarks and timelines are completely specified, identical methods, transferrable/scalable.

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| 1. Implement the Dentrix (patient mgmt) software, train staff and faculty; train students.   Annual software support Fee: $1700   1. Modernize clinic equipment to mirror that in the private sector ( 16 dental chairs)  |  |  |  | | --- | --- | --- | | QTY | Description | Price | | 16 | AD 332 Radius Delivery Unit | 69,056 | | 16 | Standard Tray Holder | 3,632 | | 16 | Second Brake Handle Kit | 1,040 | | 16 | Standard Touchpad on Delivery Unit | 5,200 | | 16 | 4-Hole Tubing (one per unit)  \*\* Includes air/water syringe | 1,584 | | 16 | Quick Disconnect Kit for Cavitron | 2,784 | | 14 | Contoured Floor Box for existing Adec chairs | 4,494 | | 16 | 372 LED Radius Mount Dental Light | 45,856 | | 16 | 482 Monitor Mount - Light Post Mount | 12,096 | | 16 | 351 Assistant's Instrumentation  Includes HVE, saliva ejector and syringe | 16,320 | | 16 | 421 Operators Stool | 12,032 | | 2 | Two new chair to replace Marus chairs: | 12,702 | | 2 | Contoured Floor Box | 642 | |  | Est Tax | 13,589 | |  | **TOTAL** | 201,027 |      1. Add Intra Oral Camera $3,000 2. Add computers at each clinic station (16 stations) $17,600 3. Replace aging equipment due to replacement parts no longer being available.  * Three (3) x-ray units ( $4700 each) $14,100 * Two (2) Midmark M11 Steam Sterilizers ( $5600 each) $12,000  1. Add new digital x-ray sensor. $10,000 |
| **Section IV (Optional): Evaluation of Program Review and Planning Process** |
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**IVA. Evaluation of Program Review and Program Planning Process**

In this cycle of program review, what aspects of the program review and program planning process worked best and why?

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| As in the previous year, aspects of program review that worked best during this cycle the annual curriculum review session where faculty discussed SLO’s and changes to curriculum in the future.  Decisions were made as a group for the betterment of the program and to positively impact SLO’s. Also, faculty were faithful to weekly staff meeting which allowed time discuss and address issues as they arose then develop solutions.  As faculty understand the scope of their duty for curriculum and changes, as well as the program’s requirements to meet accreditation standards and California education regulations for dental hygiene, collaboration in decision-making continues to play a major role. |

**IVB. Evaluation of Program Review and Program Planning Process**

In this cycle of program review, what aspects of the program review and program planning process would you change and why?

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| The dental hygiene program has been successful in student retention, grad rates, and employment rates for the past 26 years. However the facilities and equipment are in need of upgrades or replacement. The District has committed to keeping the program intact, therefore funding is required at this point.  Dental Hygiene SLO data has not changed much therefore please let me know what we can do to assist in keeping data current. |