

**Self-Study Document
for the Evaluation of a
Dental Hygiene Education Program**



**Weber State University
Dental Hygiene Program**

Site Visit: February 9 & 10, 2010

Administrator Verification Self-Study Guide for the Evaluation of a Dental Hygiene Education Program

The Commission requires appropriate administrators of the institution* to verify that the contents of the application are factually accurate.

SPONSORING INSTITUTION
Name: Weber State University Street Address: 3920 University Circle City, State, Zip: Ogden UT 84408-3920
Chief Executive Officer (Univ. Pres., Chancellor, Hospital President) Name: Dr. F. Ann Millner Title: President, Weber State University Phone: 801-626-6001 Signature: Date:
Chief Administrative Officer (Dean/Chief of Dental Service) Name: Dr. Yasmen Simonian Title: Dean, Dumke College of Health Professions Phone: 801-626-7080 Fax: 801-626-7683 E-mail: ysimonian@weber.edu Signature: Date:
Program director/administrator or Co-Program director/administrator Name: Stephanie Bossenberger Title: Department Chair, Dental Hygiene Phone: 801-626-6451 Fax: 801-626-7304 E-mail: bossenberger@weber.edu Signature: Date:

INSTITUTION: Weber State University Dental Hygiene Program

Summary of Factual Information on the Dental Hygiene Program

The purpose of providing the following information is to give the reader of the completed self-study document a brief summary of critical factual information about the dental hygiene program.

Admissions

- | | | |
|----|---|---|
| a. | Number of classes admitted annually: <u> 1 </u> | |
| b. | Current enrollment: | Maximum enrollment: |
| | 1 st year students <u> 30 </u> | 1 st year students <u> 30 </u> |
| | 2 nd year students <u> 29 </u> | 2 nd year students <u> 30 </u> |

Curriculum

- a. Name of term: semesters
- b. Number of terms: 4 semesters, Fall, Spring & Fall, Spring
- c. Number of weeks per term: 15 weeks per term
- d. Total number of weeks: 60 weeks
- e. Award granted at completion: Associate of Science degree in Dental Hygiene
- f. Degree granting institution: Weber State University
- g. Credit-to-clock hour ratio for: lecture: 1:1; laboratory:2:1; clinic:2:1

Facilities

- a. The Dental Hygiene classroom facilities are shared by other programs within the Dumke College of Health professions, by appointment, as scheduled. The Dental Hygiene Program has priority when reserving the classroom space (Marriott Allied Health building, Rooms 480 and 479). The clinic is shared, through a federal grant program, with the Weber-Midtown Dental Clinic who provides dental services to underserved individuals from the community, including dental hygiene patients with additional dental needs. The dental clinic is confined to two operatories that have a radiography unit in that area.
- b. Number of clinical treatment units: 16 dental hygiene clinical treatment units
- c. Number of radiography units: 4 radiography units + 1 panoramic unit

Program Faculty

- a. Number of dental hygienists
Full-time, contract: 5 Part-time, contract: 1

Number of Dental Hygienists: part time clinical faculty: 7
- b. Number of dentists
Full-time: 0 Part-time: 1 (.5 FTE)
- c. Number of dental assistants
Full-time: 0 Part-time: 0
- d. Number of other faculty
Full-time: 0 Part-time: 0

Setting/Curriculum Delivery

- a. Briefly describe the setting in which the dental hygiene program occurs. List **all** sites where basic clinical education occurs.
- The Dental Hygiene Program is a lock-step curriculum program that is delivered on-campus. Traditional classroom, clinic and laboratory settings comprise this “day-time” scheduled program of university study. During the second year of the program, semesters III and IV, students have dental hygiene clinical practice experience at the Department of Veterans’ Affairs Dental Clinic, Salt Lake City, Utah for a total of 112 clinic hours.
- b. The Dental Hygiene curriculum is delivered through traditional methods of on-campus didactic instruction supplemented with electronic technologies. The Dental Hygiene curriculum does not employ distance education technologies.

Financial Support

- a. Total direct cost budgeted for current fiscal year: \$396,147.12
Clinic: \$50,000 Program \$346,147.12

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Previous Site Visit Recommendations

The last site visit for Accreditation review was March 4-5-, 2003. The Review of Recommendations Cited was submitted May 8, 2003 (Exhibit 1).

- Recommendation #1 It is recommended that the program review and revise the curriculum to provide specific instruction objectives for DS 2211 Oral Pathology, DS 2219 Dental Materials, DS 2235 Dental Medicine I, DS 3336 Clinical Dental Hygiene III and DS 3346 Clinical Dental Hygiene IV. (DH Standard 2-7 b 3)
- Recommendation #2 It is recommended that policies on bloodborne and infectious diseases be made available to applicants for admission. (DH Standard 5-1)

On August 4, 2003, written verification was received with a copy of the Commission's site visit report. No additional information was requested at that time from the program (Exhibit A). The next site visit for the program was scheduled for 2010. The Commission authorized the use of the following statement by WSU Dental Hygiene Program:

The program in dental hygiene is accredited by the Commission on Dental Accreditation [and has been granted the accreditation status of "approval without reporting requirements"].

THIRD PARTY COMMENTS

In compliance with the policy regarding the receipt of third party comments about accredited educational programs. The Program is aware of the Commission announcing the date of the upcoming accreditation site visit in its newsletter Communication Update.

The institution has announced to the students the date of the upcoming site visit through the *Student Handbook*, e-mail announcements and in their classes: DENT 2207 Dental Hygiene I, junior students and DENT 3337, senior students.

Dental Hygiene patients have been made aware of this opportunity to comment on the Dental Hygiene Education Program through printed flyers distributed through the clinic manager at the reception desk and an announcement poster with specific information listed in English and Spanish Language.

A copy of the Accreditation Standards is available at the Dental Hygiene Department office and Reception Desk of the Dental Hygiene Clinic for review and reference. These announcements were made beginning October 15, 2009 in anticipation of the site visit scheduled February 9 and 10, 2010.

Supportive Documentation:

- Exhibit 2 Printed materials to announce the Program's upcoming Accreditation site visit.
- Exhibit 9 *Dental Hygiene Department Student Handbook*

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:

- a) developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.**
- b) implementing the plan;**
- c) assessing the outcomes, including measures of student achievement;**
- d) using the results for program improvement.**

A. Description

1. List the institution's and program's goals. If a philosophy has been developed for the program, quote the philosophy.

The Dental Hygiene Program strives to provide the student with:

- a. Necessary biophysical, psychosocial and dental hygiene knowledge requisite for a comprehensive understanding of dental hygiene practice;
- b. the technical skills, both fundamental and advanced, essential to the practice of dental hygiene;
- c. the reasoning and judgment skills necessary to engage in problem-solving behavior;
- d. the theoretical bases, research and communication skills necessary for the acquisition, advancement and dissemination of dental hygiene knowledge;
- e. the leadership and initiative capabilities essential for assuming roles of responsibility within the dental hygiene profession and society; and
- f. the moral habitude requisite for the effective performance of responsibilities within dental hygiene practice and within society.

Program Philosophy

The Weber State University Dental Hygiene Program is designed to produce individuals who are capable of meeting the needs of the dental hygiene profession and of society. The dental hygiene profession needs practitioners who have been instructed in the psychosocial, biophysical, and technical elements of dental hygiene practice. These practitioners should be able to expand current parameters

of knowledge as well as to apply existing behavioral and basic science concepts to specific problems, thereby, practicing within an evidence-based care philosophy. Furthermore, these individuals must be knowledgeable of public affairs, motivated to become life-long learners, capable of making decisions, and they must be individuals whose behavior is guided by an internalized code of ethics.

To achieve those ends, the program has created a supportive learning environment. This environment, conducive to learning, is structured to include mutual helpfulness, freedom of expression, mutual trust and respect, physical comfort and the absence of discriminatory harassment.

2. Describe how the institutional and program goals relate.

Institutional, college and program goals are aligned in descending order. The university goals are more general, college goals becoming more specific with program goals associated with most specific goals and course/program competencies. The goals encompass the following areas: 1) comprehensive knowledge and education, 2) technical skills, 3) reasoning and judgment, 4) research and communication skills in diverse settings, 5) leadership and professional and societal responsibility, and 6) ethical behavior.

3. Describe how the goals address teaching, patient care, research and service.

Our goals address teaching as an umbrella topic with patient care, research and service as embedded elements. Ongoing activity includes review and revision of goals.

4. An assessment schedule, timetable or plan is in use. This assessment plan provides for ongoing review, evaluation and necessary revisions for the program.

The specific goals and objectives outline is provided in the supportive documentation.

5. The outcomes measures which are used to determine the degree to which the stated goals are being met include course completion rates and academic grades, survey instruments and written and clinical board examination results.

These assessment and outcomes documents are provided in the supportive documentation.

6. Documentation, by course number and description, the number of students who have passed and who have failed.

(Academic years: 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009).

The program's academic standards are stated in the *Dental Hygiene Program Student Handbook*, PROFESSIONAL CONDUCT CODE, E. Academic Standards, p 11.

Any dental hygiene student who receives less than a "C" ("C-" is not acceptable) or an "I" for unsatisfactory course completion in a **required dental hygiene pre-requisite, dental hygiene program course or general education course**, will be subject to faculty review and/or dismissal from the program. Students who remain in the program after a review for unsatisfactory course completion will be placed on academic probation for the rest of the time they are in the program, and must satisfy the probationary terms in order to remain in the program.

If an "I" grade was awarded for unsatisfactory performance/completion in a clinical course, the probationary terms may stipulate that the student register for additional clinical time through an independent remedial study course. The additional clinical course will contain specific course requirements, grading criteria and policies. If there is unsatisfactory performance in a clinical course during the final semester of the program, the student may be ineligible to graduate from the program at that time. This determination is made on an individual basis by department faculty. Furthermore, unsatisfactory completion of any course, along with the terms of the probationary status, may limit the student's participation in subsequent licensure exams. (ie., WREB local anesthesia board exam, WREB dental hygiene board exam, and/or the National Board for Dental Hygiene).

7. Please provide results for the past two years of the assessment process.

The results for the past two year's assessment processes can be viewed in the supportive documentation.

8. Provide examples of how the assessment results have been used for program improvement over the past year.

Assessment results have driven program improvements and changes throughout the past. However, in the last year the focus on providing the students with more experience with computerized patient charting and recordkeeping. Assessment results revealed a need for more experience and familiarity with dental office computer programs as the students function in the university clinic and prepare for employment setting. Local anesthesia experiences have been moved up in the clinical year to allow for more practice in preparation for student competency exams. Dental Materials course has become more "hands-on" to reflect the provision of services that have been expressed as a professional need.

B. Supportive Documentation

Exhibit 3 Strategies to meet stated Program goals and objectives

- Exhibit 6 Outcomes measures (survey of current and graduated students)
- Exhibit 7 Outcomes measures (testing for entry into the profession)
- Exhibit 8 Pass/failure documentation: Academic years 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009
- Exhibit 9 *Weber State Dental Hygiene Program Student Handbook 08-09*
-

Financial Support

1-2 The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

A. Description

1. Describe/explain the process utilized to develop the program's budget. Include the time/frame, individuals involved, and final decision making body/individual(s).

Weber State University is a state-funded institution that relies on budget allocations from the legislature. While the university has had budget cuts over the past several years, the Dental Hygiene Program is a priority within the College of Health Professions and the University. There have been some reductions in the funding for the program based on State of Utah's allocations to higher education, but those reductions have been managed in such a manner to have not negatively affected the ability of the program to meet its goals. The Dental Hygiene Program had budget reductions similar to those experienced by other programs within the College. The current funding level will not impede continued success or attainment of objectives.

The development of the program budget starts annually in Feb-March with the Dean's office preparing the draft of the budget. The department chair meets with the Dean to review the budget, voice any concerns and recommendations for adjustments. The final decision making body is the department chair in coordination with the Dean.

2. Describe the long-range plan developed to assist the program in acquiring stable and adequate funding.

Annual appropriations to the department do not delay innovations necessary to keep current. The Dumke College of Health Professions has access to funds

through the Dumke Foundation endowment, Marriott Endowment fund, Perkins funding and various local, state and federal grant sources. The department has received grant monies to update technology, teaching aids and to purchase equipment.

3. Assess the allocations for faculty salaries and professional development to ensure the program is in a competitive position to recruit and retain qualified faculty.

Financial resources for faculty and staff professional development depend, in part, on grant monies available through the Dumke College of Health Professions Marriott Foundation Funds and the Dr. Ezekiel R. Dumke Endowment Fund. The Marriott Foundation Fund is a privately supported endowment that provides financial support to faculty and staff for professional development and research. The process for funding includes the submission of a specific proposal and approval of that proposal through the Marriott Development committee. The dental hygiene faculty and staff are typically individually funded, on the average, one time per year. The gift from the Dr. Ezekiel R. Dumke foundation has supplied a substantial college endowment that supports a wide variety of projects and college/department/program improvements. The Dumke foundation funds are managed through the Dean's office and are available to all departments. The Marriott endowment and the Dumke foundation endowment are on-going with funds available in perpetuity for the Dumke College of Health Professions.

Further, a privately funded gift is available through the Favero grant, is specifically earmarked for Dental Hygiene and is managed by the department chair. These funds are used for special projects needing supplementary funds, technology advances, equipment and supplies that are in addition to the basics and can be purchased outside of the department's budget.

4. If the program faculty salary schedule differs from that of the institution, explain the rationale for the difference.

Dental Hygiene program faculty salary schedule does not differ from that of the institution. Salary schedules for full- and part-time faculty for the current academic year (2009-10), including the program chair is presented in the supportive documentation.

5. Identify the funds appropriated from each source listed on example exhibit B for the dental hygiene program and the percentages of the total budget that each source constitutes.

Funds that are appropriated from each source for the dental hygiene program and their percentages of the total budget are presented in the supportive documentation.

6. If financial resources include grant monies, specify the type, amount and termination date of the grant. What is the primary use of these funds? Upon

termination of the grant(s), how will these funds be replaced? If applicable, describe how the tuition or other sources of funds are distributed between affiliated institutions.

Financial resources do not include grant monies. Funding of the Weber State University Dental Hygiene Program is not reliant on any grant monies.

7. Using the example format, provide information on the program's budget for the previous, current and ensuing fiscal years.

Information on the program's budget for the previous, current and ensuing fiscal years is shown in the supportive documentation.

8. Using the example format, provide the actual expenditures for the previous year.

The actual expenditures for the Dental Hygiene Program for the 2008-2009 academic years are presented in the supportive documentation.

9. Using the format shown in the example format, provide information on the salary schedules for full- and part-time faculty for the current academic year; include the program administrator.

Salary schedules for full- and part-time faculty for the current academic year (2009-10), including the program chair is provided.

10. If applicable, list the financial resources available for distance sites. Provide information on the budget, actual income and expenditures for the distance site(s).

While we do use an extended campus, off-campus clinic site at the Department of Veterans' Affairs Medical Center, Dental Clinic in Salt Lake City, Utah, the dental hygiene program does not financially support that clinic. Through an initial federal start-up grant in 1975 and continuing affiliation, the Dental Hygiene Program students and faculty provide clinical dental hygiene services to eligible veterans' at their clinic. There is not a budget impact with this clinic affiliation.

B. Supportive Documentation

Exhibit 11 Dental Hygiene Program Long-range plan

Exhibit 12 Funds appropriation: each source and their percentages of the total budget

Exhibit 13 Program's budget outline for the previous, current and ensuing fiscal years

Exhibit 14 Dental Hygiene Program's actual expenditures for 08-09 year

Exhibit 15 Salary schedules for full- and part-time faculty for the current academic year (2009-10), including the program chair

Exhibit 16 Department of Veterans' Affairs Medical Center, Dental Clinic in Salt Lake City, Utah, affiliation agreement

1-3 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

The financial support of the program is from state funding to Weber State University. This support does not compromise the teaching, clinical and research components of the program.

Exhibit 12 Funds appropriation: each source and their percentages of the total budget

Exhibit 13 Program's budget outline for the previous, current and ensuing fiscal years

Exhibit 14 Dental Hygiene Program's actual expenditures for 08-09 year

1-4 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.

A. Description

1. The authority and final responsibility rests within the sponsoring institution:
 - Curriculum development and approval are the responsibility of the dental hygiene program, college curriculum committee, faculty senate, and board of trustees.
 - Student selection is the responsibility of the dental hygiene department.
 - Faculty selection is the responsibility of the department chair with final approval through the Dean of the Dumke College of Health Professions.
 - Administrative matters – rests with the department chair in coordination with the Dean of the Dumke College of Health Professions.

B. Supportive Documentation

Exhibit 26 Minutes of Admissions committee meeting

Institutional Accreditation

1-5 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.

* Agencies whose mission includes the accreditation of institutions offering allied health education programs.

A. Description

1. Describe the program's educational setting: dental school, four-year college/university, community/junior college or technical college/institute. Indicate whether the institution is public, private (not-for-profit) or private (for profit).

The Dental Hygiene program is housed within a four-year university setting. The institution is public and state funded.

2. By what regional or national accrediting agency is the institution accredited? Briefly describe the institution's accreditation history, including its current status and date of last evaluation.

Weber State University is accredited by the Northwest Commission on Colleges and Universities. A "Regular Interim Visit" is scheduled in Fall of 2009 for a "Regular interim Visit" which means that it represents the five-year mid-point between the 2004 and 2014 "full-scale" visits.

B. Supportive Documentation

Exhibit 21 Weber State University Catalog (2009-2010)

1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

A. Description

1. If the dental hygiene program is cooperatively sponsored by two educational institutions, indicate when the cooperative agreement was developed, how often it is updated and briefly outline the contingency plan included. Describe how the combined resources of the institutions support attainment of the program goals and assist the program in meeting the Accreditation Standards. Provide a copy of the formal agreement as an exhibit. Describe the contingency plan, should a campus site terminate the written agreement.

The Weber State University Dental Hygiene Program is a full-time, day time scheduled program. The Department of Veterans' Affairs Medical Center, Dental Clinic in Salt Lake City Utah participates as an extended, off-campus clinical site during the students' second year in the Dental Hygiene Program. It is approximately 36 miles from the Weber State University Campus. The off-campus site allows for a greater variety of patient treatment experiences and supports the veterans of the United States with their attainment and maintenance of dental health. The variety of patients' medical and dental conditions, as well as ages, compliments the type and number of patient experiences for students at the on-campus site.

There is a formal agreement between Weber State University Dental Hygiene Program and the Department of Veterans' Affairs Medical Center, Dental Clinic, Salt Lake City, Utah. This agreement states that the Memorandum of Affiliation may be terminated by either party on notice to the other, provided that students enrolled in ongoing programs under this agreement shall be permitted to complete their program, if possible. The institutions are bound by this agreement to give notice prior to the termination to meet the stipulations outlined in the agreement. This relationship was established at the outset of the program, in 1975, and has been continuously in place. In the event of contract termination, the Dental Hygiene Program would consider creating additional extended campus sites and/or increasing the student clinical rotation schedule at the Weber State University Dental Hygiene Program on-campus clinic.

Combined resources of the Weber-Midtown Dental clinic and the Weber State University Dental Hygiene clinic are outlined in the Memorandum of Understanding. The Weber-Midtown Dental clinic is housed within the dental hygiene clinic and serves to provide a resource for dental hygiene students' clinic requirements and services provided to the public. Patients who seek the care of the community dentists at the dental clinic are referred to the dental hygiene clinic for preventive and therapeutic care. This activity assists in providing a diverse, both culturally and ethnically, population for the students' learning environment in the clinical setting.

B. Supportive Documentation

Exhibit 16 Department of Veterans' Affairs Medical Center, Dental Clinic in Salt Lake City, Utah, affiliation agreement

Exhibit 17 Memorandum of Understanding: Weber-Midtown Dental clinic and the Weber State University Dental Hygiene clinic

Community Resources

1-7 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

A. Description

1. Briefly describe how professionals in the community, such as dental hygienists, general dentists, and dental and other health care specialists are used as resources or to support instruction.

The Dental Hygiene Program Advisory committee, which includes professionals from the community, meets two times per year. Meetings are facilitated by Stephanie Bossenberger, department chair.

2. Describe the mechanism(s) used to maintain liaison between the program and dentists and dental hygienists in the community. Provide a listing of individuals who are currently involved in the liaison activity as an exhibit. Also, provide minutes of meetings from the liaison activity. If applicable, provide the names and the areas of expertise of the individuals in the community representing the distance site(s).

The Advisory Committee is a strength of the Program. This committee is well structured, well established and has been active in assisting the faculty, students and staff since the beginning of the Program. Our relationship with our liaison committee as well as with the dental community is maintained due to the mutually beneficial symbiosis.

3. What document are the duties and responsibilities of the individuals involved in liaison activities defined?

The duties and responsibilities of the individuals involved in liaison activities are defined in the Advisory Committee Handbook (Exhibit 16). This Handbook is given to each member of the Dental Hygiene program Advisory Committee and Dental Hygiene Program faculty. The official duties of the committee members are outlined in the Handbook. The policies, procedures, responsibilities, appointments, terms and meetings duties are presented in the Handbook.

4. Describe recent liaison activities within the dental community.
 - The program partners with the Weber District Dental Society to facilitate the national “Give Kids a Smile Day” in February
 - Community dentists and hygienists volunteer to help with providing services and supervising students, at the on-campus sealant clinics

multiple sealant clinics for those underserved populations in inner city Ogden

- Program students and faculty participate in community health fairs and both on and off-campus oral cancer screenings
- Participate as a major component to the Children's Health Connection health Fair (July, annually) and the Women's Health Connection (September, annually) to provide screenings, education and referral services

B. Supportive Documentation

Exhibit 18 *Advisory Committee Handbook*

Exhibit 19 Advisory Committee roster and Minutes of advisory and liaison committee meetings

Exhibit 20 Recent liaison activities within the dental community

STANDARD 2 - EDUCATIONAL PROGRAM

Instruction

- 2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.**

In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, the graduates of the program must be awarded an associate degree, certificate, or a baccalaureate degree.

A. Description

1. Describe how the objectives and philosophy of higher education is reflected in the scope and depth of the dental hygiene curriculum. Describe how the curriculum is designed to provide students with increasing skills in depth and understanding in both the didactic and clinical curricula.

The objectives and philosophy of higher education have historically included foci on teaching, service and research. To that end, our curriculum concentrates on teaching the didactic information and psychomotor skill development necessary for students to have the requisite knowledge and skills to enter the dental hygiene profession as a clinician in practice. The curriculum includes an emphasis on service and participation in outreach projects within our community and the application of research knowledge to practice.

The Dental Hygiene Program curriculum is supported by one year of prerequisite courses where students obtain the university required general education, social science and biomedical science courses. The core dental hygiene curriculum is two additional years in length (4 semesters). The first year of the dental hygiene curriculum provides fundamental didactic and clinical skills, with advanced didactic and clinical skill development during the second year. For example, students are taught basic instrumentation, anatomy and a number of patient assessment procedures during their first year. During their second year, more advanced instrumentation, local anesthesia administration, and additional patient treatment procedures are learned and practiced. The number and degree of difficulty for clinic patient treatment experiences, requirements and care increases from the first to the second year in the program. At the completion of the prerequisite courses and two years in the program, students may exit the Program with an Associate of Science Degree in Dental Hygiene. However, a Baccalaureate degree in Dental Hygiene is available with additional course work in advanced dental hygiene and upper division elective course work. The Baccalaureate of Science in Dental Hygiene Degree is recognized by and articulates well with other universities, locally and nationally. The University catalog identifies the degree awarded, an Associate of Science in Dental Hygiene, as well as

the course titles and course descriptions. The program is considered a ‘lock-step’ curriculum. Students do not exit early or proceed at an individual pace through the program. Students may return to complete their BS Degree after having received their AS Degree.

B. Supportive Documentation

Exhibit 21 Weber State University Catalog

2-2 A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.

A. Description

1. Describe how the standard is implemented.

Students are individually provided copies of the *Dental Hygiene Program Student Handbook* (annually), individual printed course syllabi and electronic supplemented materials (BlackBoard®) and *Weber State University Dental Hygiene Clinic Manual* that provide the academic, professional and clinical course expectations and standards. Students who fail to meet these standards and criteria as outlined are individually assessed and reasonable provisions for remediation and/or dismissal are presented in verbal and written format to the individual student. Moreover, the Program’s *Student Handbook* advises students of the due process policy and procedures as well as the *WSU Student Policy and Procedure Manual*.

B. Supportive Documentation

Exhibit 9 *Weber State Dental Hygiene Program Student Handbook 08-09*

Exhibit 33 Course syllabi and electronic supplemented materials (BlackBoard®)

Exhibit 22 *Weber State University Dental Hygiene Clinic Manual*

Exhibit 23 *WSU Policy and Procedure Manual* www.weber.edu/ppm

Admissions

2-3 Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

A. Description

1. List the admission criteria for the dental hygiene program. Are the criteria weighted? If so, explain.

Admissions criteria include, college/university level academic performance with emphasis on biomedical and physical science courses that are completed and academic grades that are received in these courses; completion of all pre-requisite courses; prior health related experiences; a written essay and other predictors of academic ability that increase the potential for successful completion of the program. An applicant's total possible point total is 20 points. The specific admissions criteria ratings are weighted accordingly:

- Science and Cumulative GPA calculations (worth 10 possible points)
 - Prior Health Experiences (post-high school) (worth 2 possible points)
 - Applicant Status: (worth 4 possible points for reapplications and/or under-represented populations, e.g. males, minority)
 - Committee Review, including essay evaluation (worth 5 possible points)
2. Describe the process for selecting dental hygiene students and at each campus site, if applicable. Indicate names and titles of individuals participating in the process.

The process for selecting students includes initial advisement and transcript review with guidance regarding eligibility requirements by the Admissions Advisor, Doug Watson and/or Lonnie Lujan. The admission of students is based on written criteria, procedures and policies that are reviewed and updated annually by the admissions committee.

- Application packets are distributed and collected through the College Advisement office. The admissions advisors review the files to assure accuracy in the rating worksheet.
- At the completion of the review, the applicant files are delivered to the

department chair for an additional review.

- Each committee member is presented with a number of files to review prior to the committee meeting. Committee members are provided with a cover memo and form for comments when reviewing each file. The committee formally meets as a group to review the files. The spreadsheet listing of all applicants is distributed to the committee and the review begins with the first applicant.
- The committee member who has reviewed that applicant's file presents the rating form information to the committee and an assessment of the written essay. There are five committee points available to each applicant. Each committee member each has a numeric vote, the average is tallied and that average is added to the applicants' score. The applicant list is rank ordered by numeric score.
- The first 30 applicants are offered acceptance into the program for the following fall semester. Three applicants numbered 30-33 are offered alternate positions.

The admissions committee includes: Doug Watson and Lonnie Lujan, Admission advisors, Stephanie Bossenberger, department chair, contract faculty: Susan Alexander, Assistant Professor, Shelly Costley, Assistant Professor, Kami Hanson, Assistant Professor, Carol Naylor, Assistant Professor, Frances McConaughy, Professor, and Shane Perry, Instructor.

3. To what extent do the program administrator and faculty participate in the modification of admission criteria and procedures?

The program administrator, faculty and admissions advisor(s) may suggest alterations in the admission criteria or process at any time. Those suggestions are noted and held for open discussion. The discussion of the review process and other concerns occurs during the review meeting. At the conclusion of the committee meeting a summary of specific modifications is discussed, recorded and adopted as policy and procedure, as appropriate. Annual alterations are made to the next year's application packet and information. No changes to policies, procedures, process or forms are made once the application is printed, published and/or posted on the website. The application packet is printed and available for student applicants in October of each year.

4. How are applicants informed about the program's criteria and procedures for admission, program goals, curricular content services performed by dental hygienists and employment opportunities?

Applicants are informed about the program's procedures for admissions, program content and employment opportunities through a variety of sources:

- The Dental Hygiene Program Application packet
- Dental Hygiene Department brochure and website

www.weber.edu/dentalhyg)

- College and program fact sheets
 - Activities of the counselors (ie., career fairs, high school presentations) in the Dumke College of Health Professions Admissions and Advisement office
5. If students who do not meet the program's admission criteria are admitted, what academic strengthening is provided in the area(s) of deficiency(s)? When and by whom, will the remediation be provided?

Students who do not meet the program's admission criteria are not admitted. The student is referred to the Admissions Advisor for counsel regarding academic achievement. Annually, a large group meeting is held 3 weeks after the acceptance or non-acceptance notification letters are mailed. This forum allows for general information on the dental hygiene program admission process and outcomes as well as strategies to improve one's chances of being accepted later.

6. Evaluate whether the program (including each campus site, if applicable) has the necessary faculty, facility and financial resources and scheduling flexibility to accommodate students who do not meet the admission criteria without jeopardizing learning experiences of other students.

Students are not admitted who do not meet the admissions criteria.

7. Briefly describe the institution's policies on discrimination. In what documents are these policies stated?

The institution's policies on non-discrimination are found in the University's Policy and Procedure Manual, sections 3-32 and 6-16. Briefly;

Weber State University is committed to providing an environment free from harassment and other forms of discrimination based upon race, color, ethnic background, national origin, religion, creed, age, lack of American citizenship, disability, status of veteran of the Vietnam era, sexual orientation or preference or gender, including sexual/gender harassment. Such an environment is a necessary part of a healthy learning and working atmosphere because such discrimination undermines the sense of human dignity and sense of belonging of all people in the environment.

The Dental Hygiene Program's policy on non-discrimination is stated in the *Student Handbook*, p 5 and in the *Dental Hygiene Clinic Manual*, p I-3

C. Supportive Documentation

Exhibit 9 *Weber State Dental Hygiene Program Student Handbook 08-09*

Exhibit 22 *Weber State University Dental Hygiene Clinic Manual 08-09*

Exhibit 24 Admissions criteria rating worksheet

Exhibit 25 Application form and packet

Exhibit 26 Minutes of Admissions committee meeting

Exhibit 23 University Policy and Procedure Manual www.weber.edu/ppm

2-4 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Transfer students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

A. Description

1. Does the dental hygiene program admit students with advanced standing? If yes, describe the policies and methods for awarding advanced standing credit. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

The Dental Hygiene Program does not admit students with advanced standing status. Though rare, transfer students from other accredited programs within the United States have been accepted into the Program. The transfer request has historically been made between the junior and senior years of the program. The students' academic background and completed curriculum are assessed on an individual basis. With the low attrition rate in the dental hygiene program, seldom is there space for a transfer student. The program has not and will not exceed its capacity with additional transfer students.

B. Supportive Documentation

Exhibit 27 Documentation regarding actual transfer students

2-5 The number of students enrolled in the program must be proportionate to the resources available.

A. Description

1. Describe the potential patient population available from surrounding community resources (at each campus site, if applicable), e.g., hospitals, dental schools, military or public health clinics, nursing homes and other short- or long-term care facilities. How are these resources used for instruction? List the facilities utilized by the program and describe the relationship.

The patient population that is available from the surrounding community at the campus based clinical facility, the referral activities from existing or prior patients, including a computerized patient record management with its recall system (Eaglesoft®) include:

- Enrolled and past students' family members and friends. These individuals vary in age from child to elder patients and their dental conditions. The ethnicity follows that of the enrolled student, in most cases.
- Patient referrals from community organizations that may target specific populations (eg. Women's Health Connection, Children's Health Connection). The inner-city of Ogden has a population that is over 70% Spanish speaking. Inner-city Ogden elementary schools and families comprise an identified "Enterprise" District. Specific identifiers are percentage of families at or below the recognized poverty level, and 100% free school lunch, as well as other programs.
- Patient referrals from community service projects conducted at both on-campus and off-campus sites in the surrounding local communities (eg. oral cancer screenings, health fairs, sealant clinics).
- Referrals from the Weber State University Davis Campus (an extended WSU campus in an adjacent county) and the Davis Community Health Center (affiliate of Midtown Community Health Center).

The Weber-Midtown Dental Clinic, which is housed in the Department's own Dental Hygiene Clinic, refers patients from the dentists and staff members in an effort to provide comprehensive treatment. Patients may also be referred from medical and support staff from the Midtown Community Health Center in Ogden.

The off-campus site at the Department of Veterans' Affairs Medical Center, Dental Clinic is located in Salt Lake City is an extended campus clinic that provides additional experiences for senior dental hygiene students. The veteran patient population provides the students with vast experiences in level of clinical difficulty and range of health history concerns, conditions and complications. All students rotate through this clinical facility as part of their required clinical hours and for equal time period for every student throughout their senior year.

The number of students admitted is proportional to the available Weber State University on-campus clinic stations, and the number of operatories at the off-campus clinic relative to the student rotation assignment. Available equipment and the number of operatories available for student use allows for development of competencies through a variety of patient care experiences. Students assist in the recruitment of patients for the campus based clinical facility; patients are scheduled for students at the Department of Veterans' Affairs Dental Clinic. The campus based clinical facility uses commercially available computerized technology for scheduling, patient records, including digital radiographs; computers are available at each student operator. A customized computer

system, including digital radiographs, is used at the Veterans' Affairs Dental Clinic.

2. How many classes does the dental hygiene program admit each year? In what month(s) of the year do students begin their course of study?

The Dental Hygiene Program admits one class of 30 students each year beginning in August of each Fall Semester.

3. How many applicants, i.e., individuals who have submitted required credentials:
A) were there for the most recently admitted class? B) met the minimum admission criteria? C) were offered admission? D) were enrolled? E) were enrolled with advanced standing?

A) For fall semester 2008, 177 individuals submitted the required application credentials.

B) Of these, 160 met the minimum admission criteria and were formally reviewed by the admissions committee.

C) Thirty (30) applicants were offered admission

D) 30 students enrolled

E) No students were enrolled with advanced standing.

4. Enrollment data for the program during the 09-10 and four preceding years and student attrition data for the current classes of students.

Enrollment data for the current and four preceding years and attrition data for the current classes of students are provided in the supportive documentation.

One student was not able to continue into the senior year because of serious health problems (09-10). It is anticipated that she will return next academic year to potentially complete her senior year.

B. Supportive Documentation

Exhibit 28 Enrollment data for 09-10, 08-09, 07-08, 06-07, and 05-06.

Exhibit 29 Student attrition data for the current classes (Graduating class of 2010 and 2011)

Exhibit 30 Senior student clinical rotation schedules (DENT 3336 and 3346)

Exhibit 31 Junior student clinic rotation schedules, including radiology laboratory assignments (DENT 2206 and 2216)

Exhibit 33 Dental Hygiene Curriculum Document (DENT 2206, 2008, 2216)

Curriculum

2-6 The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

A. Description

1. List the stated program competencies and describe how the competencies are conveyed to students

The program's competencies required for students is provided in the *Dental Hygiene Clinic Manual* and is presented to the students during the first semester of the program in DENT 2207 Dental Hygiene I lecture course and DENT 2206 Clinical Dental Hygiene I. The program competencies are revisited in each subsequent clinical course and throughout the curriculum. Program policies regarding attainment of acceptable levels of competency and department goals are addressed in the *Dental Hygiene Program Clinic Manual, Clinical Evaluation system*. Competencies and departmental goals are addressed in the *Student Handbook* and further defined and reviewed in each individual course syllabus/module. Moreover, the pre-clinical and clinical evaluation system is competency based reflecting the ethical judgment, skill level and knowledge required of an entry-level dental hygiene practitioner. All classroom, clinical and laboratory objectives and the associated competency evaluation scale is included in the separate Dental Hygiene Program Curriculum document.

2. Describe how, and at what intervals, students' laboratory, preclinical and clinical performance/competency is evaluated. Include all forms utilized to evaluate students' skills in the separate course outlines documents. Provide all evaluation tools and strategies used to assess preclinical, clinical and laboratory competence.

Students are individually evaluated in pre clinic, laboratory and clinic performance as outlined and scheduled in the specific course syllabi. The *Weber State University Dental Hygiene Clinic Manual* is the core resource for the *Clinical Evaluation System*. The evaluation methods used in the dental hygiene program include process and end product assessments of student performance, objective testing measures, writing assignments, and other formative and summative projects. Students must complete a variety of *process evaluations* demonstrating competency on multiple skills (eg. instrumentation, radiographs, clinical procedures and equipment). Likewise, students' performance of end product assessments is completed on all laboratories, pre-clinical and clinical patient experiences using our competency based evaluation of clinical performance and through the use of process evaluations. Students are also evaluated through objective testing measures, written and computerized testing

formats, and other assessment strategies such as written papers and case studies involving analysis or application of content.

3. What standards of achievement/competence are required for dental hygiene students to continue in each portion of the curriculum? How and when are these standards explained to the students?

Students are required to complete all classes at grade equivalent of “C” or better including non-dental hygiene courses. This is communicated to the students at general orientation and in the *Department of Dental Hygiene Student Handbook*. This standard is used in all dental hygiene courses by all faculty. Students are also notified of this achievement standard in individual course syllabi.

4. Who reviews dental hygiene students’ academic and clinical performance and what action is taken when a student’s performance is below minimum standards? How frequently is the student made aware of his/her performance?

Students are apprised of their progress regularly in all courses. Each student is assigned a clinic advisor who meets with the student as outlined in the specific course syllabi, but no less than 2 times per semester. During every clinic session, faculty are assigned to each student group to supervise, teach and provide feedback to those students. This is a focused opportunity for specific feedback regarding academic and clinical performance. Faculty, individually and collectively, at faculty meetings review students’ academic and clinical performance noting concerns as well as strengths of students. The faculty in concert with the Department Chair manages academic or behavioral situations that require immediate attention. If a student’s performance is below minimum standards as stated in the *Dental Hygiene Department Student Handbook*, the faculty and the department chair evaluate the situation and the student is potentially placed on probation, depending on the severity of the deficiency. A written document is provided outlining procedures for required remediation, when appropriate. This document is signed by the student and the department chair. The remediation plan is reviewed by the faculty and department chair for adequate progress to meet the conditions of the probation and for the student’s satisfactory progress for the remainder of the program.

5. Describe procedures for assisting students who are having academic difficulties.

Any student experiencing academic difficulty is encouraged to contact the faculty to explore individual remediation needs and options. The faculty are committed to the success of the student. Students have been assisted by participating in remediation in the form of scheduled additional clinic practice sessions, repeating practical or written exams, extra-credit assignments, and opportunities to customize remedial skill development to their individual needs.

6. To what extent do evaluation procedures for didactic instruction:

- a. Allow both students and faculty to periodically assess student progress in relation to stated objectives?
- b. Require students to demonstrate higher-order knowledge and application?
- c. Become more rigorous as the student's ability increases?
- d. Lend themselves to consistent application by faculty?
- e. Evaluate student's responsibility for professional judgment and conduct?

The analyses of evaluation procedures for didactic instruction are presented for each course.

7. To what extent do evaluation procedures for laboratory, preclinical and clinical instruction:

- a. Allow both students and faculty to periodically assess student progress in relation to stated objectives?
- b. Reflect the process as well as the end result?
- c. Monitor each student's progress through time?
- d. Define performance standards in clear, specific terms?
- e. Enable the student to meaningfully evaluate his/her own work?
- f. Support individualized instruction throughout clinical practice sessions?
- g. Become more rigorous as the student's ability increases?
- h. Lend themselves to consistent application by faculty?
- i. Evaluate student's responsibility for professional judgment and conduct?

The analyses of evaluation procedures for laboratory, preclinical and clinical instruction are presented for each course.

8. For distance education sites: describe how examinations are managed to remain secure if administering via technology, and how examinations are graded in a timely manner.

Distance education sites are not part of the program, however examinations are available and administered at extended university campus testing sites and through the use of computerized technology. Examinations that are based in technology have immediate grading and feedback to student as an embedded function.

Testing center personnel are affiliated with the University and internal verification and test controls, eg. student identification number and exam availability, are part of the examination process supported by University campus technology.

B. Supportive Documentation

Exhibit 9 *Weber State Dental Hygiene Program Student Handbook 08-09*

Exhibit 32 Curriculum sequence

- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses
- Exhibit 34 Analysis of evaluation procedures for didactic instruction are presented for each course
- Exhibit 35 Analysis of evaluation procedures for laboratory, preclinical and clinical instruction are presented for each course.
- Exhibit 36 Process Evaluations

2-7 Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.

At the outset of each course, course syllabi that include the course description, content outlines and topics included in the course are distributed to the students. The materials are available through electronic content delivery systems (ie: Blackboard®) or printed modules, available for purchase at the university bookstore, in-class handouts and/or through e-mail distribution.

2-8 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies. A curriculum document must be submitted for each course included in the dental hygiene program for all four content areas.

Program pre-requisites include required university general education courses and specific course work to prepare the student for advance study in the dental hygiene program. Students have the option to take a two semester biomedical sciences core course that provides the necessary knowledge to learn and understand content in the dental hygiene program. Alternatively, the student may choose to take individual science courses, outlined in pre-requisite listing, in lieu of biomedical core. Students take dental science and dental hygiene science courses as part of their dental hygiene program core curriculum. The curriculum is presented in the supportive documentation of this standard.

2-9 General education content must include oral and written communications, psychology, and sociology.

General education courses provide students with the requisite knowledge for continuation of their university education. Students enter the program with a background in basic communication skills, however, throughout the program effective communication becomes increasingly important as the depth and breadth of the dental hygiene curriculum is completed.

2-10 Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology and/or pathophysiology, nutrition and pharmacology.

Biomedical science core series courses, pathophysiology course, and nutrition course content provide the necessary background knowledge for the dental hygiene student to advance into dental and hygiene sciences. The scope and depth of his required course work is equal to college courses at the same level and are transferrable. This instruction provides a core of knowledge that is imperative to students' understanding of the human body as a whole, and then specifically the head/neck and oral cavity.

In prerequisite courses, students learn basics of biomedical science. As students advance through the dental hygiene program curriculum, the depth and breadth of their knowledge is directed at the understanding of the relationship of dental hygiene interventions and the patient's health status. This understanding is the basis for the competent, safe practice of dental hygiene.

2-11 Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.

Students take the following courses as part of the curriculum in the dental hygiene program:

- DENT 2205 Head & Neck Anatomy
- DENT 2211 Oral Pathology
- DENT 2208 Radiology
- DENT 2215 Periodontology
- DENT 3305 Dental Medicine II (Local Anesthesia and Pain management)
- DENT 2219 Dental Materials

2-12 Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.

Students learn about:

- Oral health education, preventative counseling, health promotion and patient management throughout the program but most specifically in DENT 2206, 2207, 2216, 2217, 3336, 3337, 3346 and DENT 3347.
- Clinical dental hygiene concepts are covered in DENT 2207, 2217, 3337 and DENT 3347.
- The provision of services for and management of patients with special need is specifically covered in DENT 2217 and DENT 3347.

- Concepts of community dental/oral health are covered in DENT 2201 and DENT 3301.
- Medical and dental emergencies are covered in DENT 2235 and DENT 3336.
- The legal and ethical aspects of dental hygiene practice are covered in DENT 2250, 3337 and DENT 3347.
- The infection and hazard control management is covered in DENT 2206, 2216, 3336 and DENT 3346.
- The provision of oral health care services to patients with bloodborne infectious diseases DENT 2206, 2207, 2216, 2217, 3336, and DENT 3346.

2-13 The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.

The course sequence in scientific principles of dental hygiene practice starts with I knowledge concepts leading to a fundamental understanding. The education level advances in difficulty and higher level learning in breadth and depth as the student progresses through the program.

First Year Dental Hygiene Required Courses	Second Year Dental Hygiene Required Courses
DENT 2201 Concepts of Community Dental Health	DENT 3301 Community Dental Health Service Learning
DENT 2205 Head & Neck Anatomy	DENT 3305 Dental Medicine II
DENT 2206 Clinical Dental Hygiene/Radiology	DENT 3336 Clinical Dental Hygiene III
DENT 2207 Dental Hygiene I	DENT: 3337 Dental Hygiene III
DENT 2208 Radiology	DENT 2219 Dental Materials
DENT 2211 Oral Pathology	DENT 3346 Clinical Dental Hygiene IV
DENT 2215 Periodontology	DENT 3347 Dental Hygiene IV
DENT 2216 Clinical Dental Hygiene II	
DENT 2235 Dental Medicine I	
DENT 2250 Professional Ethics	

2-14 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.

A. Description (for Standards 2-8 through 2-13)

1. The sequence of the dental hygiene curriculum is presented in the supportive documentation.

Through planning and scheduling ample practice time and learning experiences are provided during preclinical and clinical courses. The number of hours devoted to clinical practice time increases as the students proceeds through the program and toward a higher level of clinical competence.

The preclinical course has at least six hours of clinical practice per week (DENT 2206) with 3 hours of time devoted to preclinical radiology lab. During the

second semester, the first-year students provide dental hygiene services for patients and are scheduled for eight hours of clinical practice time per week. In the final year of the program, semesters 3 and 4, each second-year student is scheduled an average of twelve hours of clinical practice per week in the dental hygiene clinical setting with a rotation at the off-campus clinic site.

2. In the **separate dental hygiene curriculum document**, supply the syllabus for each course in the dental hygiene curriculum:
 - a. course title and number;
 - b. course description;
 - c. course schedule
 - d. course outline, topics to be presented;
 - e. amount of instructional time allocated to each topic;
 - f. specific instructional objectives for each topic presented;
 - g. didactic/laboratory/clinical learning activities designed to achieve goals and objectives, including time allocated for each experience;
 - h. teaching methods;
 - i. required text(s);
 - j. evaluation criteria and procedures; and
 - k. date prepared and applicable faculty presenting course.

Include **a sample examination** for each didactic course and evaluation forms for **all** skill evaluations. The document must include a table of contents; pages must be numbered.

Exhibit 33 Dental Hygiene Curriculum document

- Prerequisite courses
- Dental Hygiene program courses

Exhibit 36 Process Evaluations

3. The current year's dental hygiene curriculum, provided in the class schedule: course number; indicate whether the session is lecture, laboratory or clinic; and provide the name(s) of the faculty member responsible.

A class schedule for the current year's dental hygiene curriculum is available as supportive documentation.

4. Using the format illustrated in example exhibit I, list the courses which provide the **major** instruction in each required content area and specify the number of clock hours of instruction devoted to instruction in that area.

The courses that provide major instruction and the number of clock hours devoted to instruction can be found in the supportive documentation.

5. If distance education is utilized to provide the didactic curriculum, provide a comprehensive plan that describes how the program manages the delivery of courses, if and when, technology does not operate properly.

Distance education is not utilized as part of the dental hygiene program.

6. If any content area specified in Standard 2 is not included in the curriculum, what is the rationale for its omission?

None of the specified content in Standard 2 has been omitted for this dental hygiene program.

7. List the relevant sections in the curriculum document that identify instructional content in, and student evaluation of activities related to, bloodborne infectious diseases.

Instructional content and student evaluation of activities related to bloodborne infection disease is found in: (Exhibit 33 curriculum document)

DENT 2206 Clinical Dental Hygiene I, DENT 2207 Dental Hygiene I
DENT 2216 Clinical Dental Hygiene II, DENT 2217 Dental Hygiene II
DENT 2208 Radiology
DENT 2235 Dental Medicine I
DENT 3336 Clinical Dental Hygiene III
DENT 3346 Clinical Dental Hygiene IV

- a. If applicable, describe how the distance site provides clinical instruction throughout the two academic years of education to coincide with the didactic curriculum.

Not applicable

B. Supportive Documentation (for Standards 2-8 through 2-13)

- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses

- Exhibit 36 Process Evaluations

- Exhibit 38 Class schedule for the current year's dental hygiene class

- Exhibit 39 Courses that provide major instruction and the number of clock hours devoted to instruction

2-15 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

A. Description

1. Summarize the type and minimum number of acceptable radiographic surveys that each student is required to expose, process and mount during the dental hygiene program in order to assist in demonstrating competence. If the program does not have radiographic requirements, describe how student competency is measured.

The minimum laboratory requirements to demonstrate laboratory competency using both conventional film and digital imaging is:

BWX: sets; Periapicals films/images and Bisecting films/images:

- 1 FMX
- Adult occlusal film images: 4
- Pediatric occlusal films: 4
- Panoramic: 2 images.

Competency is required using digital imaging (both wired sensor and phosphor plates) and conventional film. Additionally, students pass process evaluations for each of these types of radiographs. The minimum patient requirements to demonstrate competence in exposing, processing and mounting (including digital images) is:

- BWX: 30 sets
- Periapicals: 98 films/images
- Panoramic: 7 films/images

Approximately one-half of the requirements are completed with conventional film and the remaining half is completed with digital imaging. These requirements are in the syllabi for DENT 2208/2206 (Exhibit 33).

2. Describe how faculty instruction and evaluation are provided to students throughout all of their radiographic experiences.

Faculty instruction and evaluation are provided throughout each student's laboratory and patient care experiences. More direct instruction is provided during laboratory sessions with students demonstrating independent skills at required intervals (eg., practical exams). Clinical supervising faculty initially evaluates all patient films for diagnostic accuracy using the Clinical Radiology Form and follows up with each student's technique evaluation/pathology identification. Faculty also assists with required retakes for patients and/or patient management as needed.

3. For each patient care service that is taught to clinical competence, specify the performance levels expected at the beginning and the end of the dental hygiene students' clinical experiences.

The performance levels expected at the beginning and the end of the dental hygiene students' clinical experiences are outlined in the *Weber State University Dental Hygiene Clinic Manual 08-09*, Section II (Exhibit 22).

4. Provide a definition of the patient category system used by the program.

The patient category system used by the program is outlined in the *Weber State University Dental Hygiene Clinic Manual 08-09*, Section VII, p. 26 (Exhibit 22).

5. Patient Categories: Summarize the program requirements including average, minimum and maximum degrees of difficulty for each patient category. If the program does not have patient category requirements, describe how student competency is measured.

Minimum program requirements for each patient category are specified in each clinical course and corresponding syllabi (Exhibit 33 DENT 2216, 3336 and DENT 3346). The average and maximum number of student program requirements are summarized (Exhibit 40 and 43).

6. Specify the clinical sites where basic clinical instruction is provided. If a distance site is utilized for clinical instruction, explain if differences exist in the clinical operation of the parent program and the distance site.

The program has an on-campus clinical site. For senior students clinical rotation only, an extended campus; off-campus clinical site at The Department of Veterans' Affairs Medical Center, Dental Clinic in Salt Lake City, Utah is used for (semesters 3 and 4). Semesters 1 and 2 clinical practice occurs at the WSU Dental Hygiene Program. The senior clinics (semesters 3 and 4) include the on campus clinic at 67% of the senior clinic rotation with the VA Dental Clinic representing 33% of the senior clinic rotation.

B. Supportive Documentation

Exhibit 22 *Weber State University Dental Hygiene Clinic Manual 08-09*

Exhibit 33 Dental Hygiene Curriculum document

- Prerequisite courses
- Dental Hygiene program courses

Exhibit 40 Patient Categories Requirement: Academic Year Totals 2008-2009
First and Second Year students

- Exhibit 42 Patient Encounter Forms
- Clinic patient encounter form
 - Radiology patient encounter form

Exhibit 43 Student tracking sheets for clinical requirements

2-16 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.

Graduates must be competent in assessing the treatment needs of patients with special needs.

A. Description

1. Provide forms used for collecting and recording patient data during clinical sessions as an exhibit.

Forms used for collecting and recording patient data during clinical sessions can be presented in the supportive documentation.

2. Identify the course(s) in which enriching clinical experiences are scheduled (off-campus). Include the specific learning objectives and a description of the manner in which the experiences are evaluated. Identify the individuals who participate in supervision and evaluation of dental hygiene students.

The WSU Dental Hygiene Program does not participate in enriching clinical experiences. However, the off-campus clinical rotation site at The Department of Veterans' Affairs Medical Center, Dental Clinic is part of the clinic experiences for senior students only. The all aspects of the clinical treatment rotation is evaluated by full-time Kami Hanson, Frances McConaughy and adjunct faculty, Connie Sliwinski. All student requirements and protocol follows exactly that of the on-site clinical facility.

3. Provide actual clinical rotation schedules for the current classes of dental hygiene students (for each campus site) as an exhibit, including basic clinical education that is off-campus and off-campus enriching rotations.

Clinical rotation schedules for academic year are identified in the supportive documentation.

C. Supportive Documentation

Exhibit 41 Clinic Patient Chart: forms for collecting and recording data

Exhibit 30 Senior student clinical rotation schedules (DENT 3336 and 3346)

Exhibit 31 Junior student clinic rotation schedules, including radiology laboratory

assignments (DENT 2206, DENT 2208 and 2216)

2-17 Graduates must be competent in providing the dental hygiene process of care which includes:

Assessment

The systematic collection and analysis of the following data to identify patient needs and oral health problems.

- a) medical and dental histories
- b) vital signs
- c) extra/intra-oral examination
- d) periodontal and dental examination
- e) radiographs
- f) indices
- g) risk assessments (i.e., tobacco, systemic, caries)

Planning

The establishment of realistic goals and treatment strategies to facilitate optimal oral health.

- a) dental hygiene diagnosis
- b) dental hygiene treatment plan
- c) informed consent
- d) dental hygiene case presentation

Implementation

Provision of treatment as identified in the assessment and planning phase.

- a) infection control
- b) periodontal debridement and scaling
- c) pain management
- d) application of chemotherapeutic agents
- e) fluoride therapy
- f) application of pit and fissure sealants
- g) selective polishing
- h) care of oral prostheses
- i) care and maintenance of restorations
- j) health education and preventive counseling
- k) nutritional counseling related to oral and systemic health

Evaluation

Measurement of the extent to which goals identified in the treatment plan were achieved.

- a) indices
- b) reevaluation of oral and periodontal health status
- c) subsequent treatment needs
- d) continuing care (recall)
- e) referral
- f) patient satisfaction

Documentation

The complete and accurate recording of the patient's information and interactions, assessment data, treatment and treatment outcomes.

A. Description

1. List the dental hygiene services that students are required to provide clinically in the program including clinical services required in Standard 2-19 as well as other patient services identified by the program not under Standard 2-19. Using the format provided in example exhibit J, state the preclinical and/or clinical courses that provide the major instruction in each service. Also, specify the program requirements for the number of times each student must complete each service, as well as the average number of times the most recently graduated class (at each campus site) provided each of these services. If there are no program requirements, describe minimum performances for completing the preclinical and clinical courses.

Student clinical requirements are listed in the supportive documentation.

2. If any dental hygiene service is not taught to clinical competence, how is the public made aware of this fact? How students are made aware of the ethical and legal ramifications of the level of preparation?

Services that are provided in the clinic and for clinical patients are all taught to clinical competence and to the Statutory Law and Practice Act defining the practice of the Profession of Dental Hygiene in the State of Utah.

3. Assess the degree to which the educational program provides students with the knowledge and clinical experience required to assess, plan, implement and evaluate current, comprehensive dental hygiene services.

The educational program provides students with the knowledge and clinical experience required to assess, plan, implement and evaluate current comprehensive dental hygiene services. Students are introduced to science topics that parallel their dental science education classes that increase in depth and breadth throughout the program.

B. Supportive Documentation

Exhibit 30 Senior student clinical rotation schedules (DENT 3336 and 3346)

Exhibit 31 Junior student clinic rotation schedules, including radiology laboratory assignments (DENT 2206 and 2216)

- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses

Exhibit 40 Patient Categories Requirement: Academic Year Totals 2008-2009
First and Second Year students

2-18 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

A. Description

1. Using the format provided in example exhibit J, specify the program requirements for numbers of completed scaling/root planing/prophylaxis services for patients by difficulty level and oral health/disease status. Specify the average, minimum and maximum number of times services are performed in each category. Describe how program requirements for completed services are distributed throughout the clinical course series.

The total minimum number of each type of patient is considered adequate to ensure competency in all components of dental hygiene practice. Students will treat a limited number of patients with moderate periodontal disease during their Clinical Dental Hygiene II course (DENT 2216) and then, during Clinical Dental Hygiene III and IV (DENT 3336, DENT 3346) those numbers increase with their skill level and expected increase in competency. Every student must have completed the minimum number of each gingivitis/periodontitis classification type of patient's care and been evaluated by their clinical supervising faculty member. The experiences are monitored throughout each clinic course and progress of the student's clinical work is reviewed throughout the semester. The total number of patient care experiences is tallied at the end of the semester as a factor in the final grade for the clinical courses.

2. Describe the monitoring system used to assure that all students have attained clinical competence and exercise appropriate judgment.

All student patient encounters are tallied using an Excel program to track student progress. Students are assigned individual faculty advisors for clinical counseling sessions that meet twice a semester to track student progress. Students are also judged on professionalism.

B. Supportive Documentation

Exhibit 40 Patient Categories Requirement: Academic Year Totals 2008-2009
First and Second Years

- Exhibit 43 Student tracking sheets for clinical requirements
- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses
- Exhibit 22 *Weber State University Dental Hygiene Clinic Manual 08-09*
- Exhibit 42 Patient Encounter Forms
- Clinic patient encounter form
 - Radiology patient encounter form
 -

2-19 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

A. Description

1. Describe the ways by which students demonstrate effective interpersonal communication skills during patient interactions and how they are deemed competent.

Prior to entering the program, students must successfully complete all prerequisite courses. The prerequisites include the courses: Introduction to Sociology (SOC 1010) and Principles of Public Speaking (COMM 1020). Throughout the curriculum, students are required to exhibit effective communication with their peers, patients, faculty, office staff and clinic staff. The program includes opportunities for communication in formal presentations, one-on-one and small groups. Assignments and presentations that include verbal and written communication forms that are directly and indirectly related to dental hygiene service are a major aspect of the dental hygiene program curriculum and program goals. Aspects of diversity among patient populations are explored and discussed in all clinic courses and most directly in Professional Ethics (DENT 2250) and Concepts of Community Dental Health (DENT 2201). In Clinical Dental Hygiene I (DENT 2206) students practice patient assessment tutorials to enhance their communication skills. The students are evaluated on their patient encounter forms for professionalism and patient communication.

B. Supportive Documentation

- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses
- Exhibit 36 Process Evaluations
- Exhibit 42 Patient Encounter Forms

- Clinic patient encounter form
- Radiology patient encounter form

2-20 Graduates must be competent in assessing, planning, implementing and evaluating community-based oral health programs including, health promotion and disease prevention activities.

A. Description

1. Evaluate the extent to which community dental health instruction and learning experiences prepare students to participate in community-based oral health programs. Describe how students are deemed competent.

Through all semesters in the program, dental hygiene students experience a wide variety of activities working with populations that are defined by their diversity, in the broadest sense. These activities provide experiences leading to competency in oral health education for individuals and groups. The community based projects and services allow students to apply community dental health principles, learn about the community in which they live and serve and to establish a firm commitment to disease prevention and health promotion. Students are deemed competent through the completion of course modules, reflection papers, journaling, discussions in class and formative and summative evaluations.

B. Supportive Documentation

Exhibit 33 Dental Hygiene Curriculum document

- Prerequisite courses
- Dental Hygiene program courses

Exhibit 44 Cumulative Summary of Sealant Projects
Report of community projects

2-21 Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

A. Description

1. Describe how students are deemed competent in this area.

All faculty, staff and students re-certify annually in basic CPR and use of the specific defibrillator model that is in the dental hygiene clinic. The presentation of protocols, review and practice in the management of medical emergencies is presented in didactic courses prior to putting the protocols into action in the clinic setting. Mock emergencies are practiced in pre-clinic and during clinic sessions.

Students are deemed competent if they have taken and passed the course for CPR with defibrillator training presented at Weber State University. Students have lab

practice on emergency management in Clinical Dental Hygiene I (DENT 2206) and Clinical Dental Hygiene III (DENT 3336).

Plans are in the process to utilize an interdisciplinary SimLab emergency response exercise.

B. Supportive Documentation

Exhibit 33 Dental Hygiene Curriculum document

- Prerequisite courses
- Dental Hygiene program courses

Exhibit 45 Class Roll for CPR and Defibrillator Training

2-22 Graduates must be competent in applying ethical, legal and regulatory concepts to the provision and/or support of oral health care services.

A. Description

1. Assess the degree to which students assume responsibility for professional judgment and ethical conduct and how they are deemed competent.

Our Professional Code of Conduct is embodied in our Patient's Bill of Rights and our Code of Ethics; it is applicable, but not limited to our classrooms, clinical patient care, community service projects and student testing/assessment activities. It is our intent that by engaging students in ethical discussions and reasoning throughout the curriculum, as well as including professional conduct in all patient care that we assist students to assume a high degree of ethical conduct and professional judgment. Further, on graduate surveys students have provided feedback regarding ethical conduct and professional judgment and have stated that they feel well prepared in this area.

Students are informed about the ethical responsibilities and the Professional Code of Conduct as well as introductory legal requirements of the State's Practice Act in the Professional Ethics Course (DENT 2250) and through the Department of Dental Hygiene Student Handbook. The Professional Code of Conduct is also presented in the Clinical Dental Hygiene I, pre-clinical course (DENT 2206). Legal requirements and requirements for licensure are presented in more detail in the senior dental hygiene clinic courses (DENT 3336, 3346).

Faculty engages in ethical discussions as applicable in each of their courses to reinforce these concepts and application of ethics across the curriculum. Professional responsibility is part of our clinical competencies and is evaluated during each pre-clinical, radiology and clinical experience.

During their senior year (DENT 3337 and DENT 3347), students attend the Utah Dental and Dental Hygiene Board Department of Professional Licensing meetings

to gain a greater sense of how the dental licensing board addresses violations of the practice act and unethical behavior.

B. Supportive Documentation

- Exhibit 6 Outcomes measures (survey of current and graduated students)
- Exhibit 9 *Weber State Dental Hygiene Program Student Handbook 08-09*
- Exhibit 22 *Weber State University Dental Hygiene Clinic Manual 08-09*
- Exhibit 33 Dental Hygiene Curriculum document
 - Prerequisite courses
 - Dental Hygiene program courses

2-23 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

Students are introduced to self-assessment in the first semester clinic course where they assess (score) their performance on Process evaluations in the clinic. This continues throughout their clinical courses as they must make a decision when to request an evaluation of their services by the supervising faculty. Students also participate in reflective journaling and required to attend professional meetings and CE courses during their schooling. Post graduation students are encouraged to maintain membership in the professional organization and to complete follow-up surveys from the department that provide information on their activities. These actions serve as the foundation for their own commitment to quality assurance and continued competency.

- Exhibit 6 Outcomes measures (survey of current and graduated students)
- Exhibit 9 *Weber State Dental Hygiene Program Student Handbook 08-09*
- Exhibit 22 *Weber State University Dental Hygiene Clinic Manual 08-09*
- Exhibit 33 Dental Hygiene Curriculum document
 - Prerequisite courses
 - Dental Hygiene program courses
- Exhibit 36 Process Evaluations

2-24 Graduates must be competent in the evaluation of current scientific literature.

A. Description (for Standards 2-23 and 2-24)

1. Assess the degree to which students study current literature in preparation for life-long learning. Describe how they are deemed competent.

Dental hygiene students have experiences with the use of library resources, searching for research and evaluating its validity and reliability. Several courses include library orientation instruction and assignments that provide a knowledge base in research for all students and provide practice in doing so. Students conduct their own review of literature and present their findings in the form of a Table clinic. Students also attend continuing education courses while they are in the program. A component of CE course evaluation and product evaluation is the critical assessment of the claims made by the manufacturers and “experts” in the field (DENT 3347, 3337, 2201, 2207 and 2217).

B. Supportive Documentation (for Standards 2-23 and 2-24)

- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses

2-25 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

A. Description

1. Describe how students are deemed competent in this area.

Critical thinking and decision-making skills are developed with knowledge acquisition and practice with case studies and actual patient experiences. A variety of activities and assignments are used in the curriculum to allow the student to progress from a beginner to novice in their critical thinking and decision-making, leading to attainment of basic competency.

B. Supportive Documentation

- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses

Exhibit 34 Analysis of evaluation procedures for didactic instruction are presented for each course

Exhibit 35 Analysis of evaluation procedures for laboratory, preclinical and clinical instruction are presented for each course.

Exhibit 36 Process Evaluations

Exhibit 37 Program competencies and related evaluation mechanisms used to measure the competencies. Relate the competency and evaluation methods to the course(s) where they are taught

Curriculum Management

2-26 The dental hygiene program must have a formal, written curriculum management plan, which includes:

- a) an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;**
- b) evaluation of the effectiveness of all courses as they support the program's goals and competencies;**
- c) a defined mechanism for coordinating instruction among dental hygiene program faculty.**

A. Description

1. Please provide a copy of the program's curriculum management plan (CMP) and provide a description of how the CMP is utilized for curriculum review and evaluation.

Ongoing curriculum review is accomplished through inclusion of curriculum agenda items on beginning, mid- and end-of-semester and weekly faculty meetings. Input is sought from the students, staff, and full-time faculty and the advisory committee. All courses are evaluated based on the defined goals of the program and the outlined competencies. The defined mechanism for coordinating instruction among faculty has historically taken place through these faculty meeting discussions.

2. In what ways do full-time and part-time faculty members participate in the decision-making process in matters relating to the continuous evaluation and development of the dental hygiene program? Include the frequency and purpose of program faculty meetings.

All contract faculty are present at beginning, mid and end of semester faculty meetings. Curriculum is reviewed at this time and involves all faculty present. Everyone is sent a review of the current curriculum ahead of the meeting time to review so as to provide substantive contribution to the curriculum discussion.

Faculty meetings are held weekly, with longer meetings held at the beginning, middle and end of the semester. The purpose of these meetings is to discuss agenda items that relate to program operation as well as for discussions, strategies sessions, curriculum review, etc.

3. Describe how students, administrators and others are included in the CMP.

Students are included in the CMP via their student feedback in their end-of-semester review of courses and on distributed questionnaires.

The department chair has consistent meetings with the Dean of the college on courses taught and their outcomes. Advice from the advisory committee is sought and welcomed.

4. Describe how courses are evaluated in relation to goals and competencies.

During curriculum review each topic taught is considered for applicability and timeliness and against our stated program goals (Exhibit 4) and competencies (Exhibit 37). There have been times that we have altered emphasis on a topic due to the stated need from the dental community (ie: fabrication of bleaching trays) and when we have reduced or taken out a topic because it no longer related to our current competencies (ie: amalgam polishing).

5. Describe the mechanism(s) utilized for evaluating and revising the dental hygiene curriculum, including the distance site, if applicable.

Curriculum outlines are provided to faculty for review before meeting. During meetings open discussion and brain storming takes place as part of an in-depth critical analysis of our curriculum.

6. Describe the mechanism for coordinating instruction between dental hygiene faculty members and other faculty who teach dental hygiene students and describe how information from faculty meetings is disseminated to all dental hygiene and related faculty, including faculty at distance sites, if applicable.

First and second year coordinators schedule and host calibration meetings for all clinical faculty (full-time, part-time, adjunct and on and off-campus) three times a year. The agenda and summary of the meeting are kept and emailed to those that attend and don't attend for review.

7. If the program has faculty and students at distance sites, explain how they are incorporated into the CMP.

The program does not have a distance site, however, the clinical faculty at our extended, off-campus clinic attend faculty calibrations and are employees of Weber State University. Students work on clinical requirements that are part of their regular curriculum (on-campus). Therefore, a separate curriculum is not created for this site.

B. Supportive Documentation

Exhibit 3 University, College and Program goals; Strategies to meet goals

Exhibit 6 Outcomes measures (survey of current and graduated students)

- Multiyear Survey of Graduates (5 year intervals spanning 32 yrs)
- Annual Student Survey – junior students

- Survey of Recent Graduates – 1 year post graduation
- Survey of Employers of recent graduates – 1 year post graduation

- Exhibit 18 Advisory Committee roster. Minutes of advisory committee meetings
- Exhibit 32 Curriculum sequence
- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses
- Exhibit 34 Analysis of evaluation procedures for didactic instruction are presented for each course
- Exhibit 33 Analysis of evaluation procedures for laboratory, preclinical and clinical instruction are presented for each course.
- Exhibit 37 Program competencies, related evaluation mechanisms and the course(s) where they are taught
- Exhibit 47 Student course evaluations
- Exhibit 48 Faculty Calibration Agendas and Summaries

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

3-1 The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.

A. Description

1. Provide the most recent organizational chart for the institution indicating the position of the dental hygiene program in the administrative structure (Exhibit 48)

The Dental Hygiene Program is positioned within the administrative structure allowing for direct lines of communication with the Dean of the College of Health Professions. Formal meetings with the Dean and other Program Chairs through the College Executive Committee meetings are held twice a month. An additional monthly meeting is held with the Department/Program Chairs and the Dean as a specific planning meeting for the college. The Dean has established a plan to meet individually with each department chair/director at least one time during per month or three times each semester. Information meetings with the Dean are available as needed.

2. Explain how the administrative structure supports attainment of program goals.

The dental hygiene department goals are stated and communicated to the Dean of the College. The program director and Dean work in concert to evaluate the goals and provide financial provision and other support to meet those goals.

3. Describe the opportunities for direct communication between the dental hygiene program administrator and the institutional administrators who are responsible for decisions that directly affect the program. Assess the effectiveness of this communication.

Open and direct communication exists between the dental hygiene program, the Dean and other institution administrative members. This communication is effective and timely as needed.

4. Are there opportunities for the dental hygiene program administrator and faculty to participate in decisions, which directly affect the program? Please give examples.

Representatives from the Dumke College of Health Professions, including dental hygiene serve on the Faculty Senate and on the Faculty Executive Committee. All faculty attend the opening meetings for the college and university where discussions and decisions take place that affect the department. The program experiences a high degree of accessibility to the Dean of our college other administrators.

5. If an institution-wide committee, which has significant impact on the dental hygiene program, does not include a member of the program faculty, explain the procedure whereby faculty provide consultation when matters directly related to the dental hygiene program are considered.

The department and program are represented on campus within our college and our University.

B. Supportive Documentation

- | | |
|------------|--|
| Exhibit 3 | University, College and Program goals
Strategies to meet goals |
| Exhibit 50 | College Executive Committee (CEC) Meetings |
| Exhibit 51 | College Level Committees, University Faculty Senate and Executive Committees |
| Exhibit 23 | Weber State University Policies and Procedures Manual (PPM) |
| Exhibit 52 | Faculty Time Commitment per Term |

Program Administrator

- 3-2 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.**

A. Description

1. Does the institution have specific policy that governs the amount of teaching responsibility assigned to the program administrator? If so, please state the policy.

The Dental Hygiene Program Chair has administrative authority over all aspects of the Dental Hygiene Program. Currently, the Dental Hygiene Program Chair is Stephanie Bossenberger, RDH, MS. Professor Bossenberger has an 11-month, full time appointment. Specific payroll information shows teaching at 57.89% and administration at 42.11% of the earned salary of the department chair. Generally, the department chair is a 50:50 faculty/administrative appointment.

There is university policy that identifies teaching loads for program faculty. The institution's does not have specific policy indicating that chairs/directors should have a specific percent release time from teaching responsibilities for administrative activities. A full-time teaching load is 12 credit hours per

semester; the Dental Hygiene Program Chair has a teaching load of 6 credit hours per semester.

2. Compare the program administrator's teaching contact hours and course responsibilities with those of full-time instructors who have no administrative responsibilities.

A full-time teaching load is 12 credit hours per semester; the Dental Hygiene Program Chair has a teaching load of 6 credit hours per semester.

3. To what extent are institutional policies concerning program administrators applied consistently to the dental hygiene program?

There is no university policy that specifies teaching loads for program chairs/directors. The college dean and the department chair discuss appropriate release time and teaching load considering the size of the department and the activities that need to be accomplished. The dental hygiene program is treated equally with other programs in the Dumke College of Health Professions.

4. Compare the program administrator's teaching contact hours and course responsibilities with administrators of other programs in the institution.

The Dental Hygiene Program Chair has a 10 month FTE contract that is comparable with other programs of similar size and enrollment in the college. The 50% teaching load for department chairs is supported by the College and the department chair's current teaching assignment.

5. If distance education sites are utilized, identify the distance site coordinator, if different than the program director, and provide documentation describing the job responsibilities of the distance site coordinator.

Distance education sites are not utilized. However, the off-campus clinic rotation is organized and tracked through the second year student coordinator, Susan Alexander, full time faculty. This clinical experience at the off-campus site is managed through Weber State University full-time faculty, Kami Hanson in cooperation with VA employees, Diane Rosner, RDH, BS, Staff Dental Hygienist and Dr Lea Erickson, Dentist, Chief of the Dental Clinic, Department of Veterans' Affairs Dental Clinic.

B. Supportive Documentation

Exhibit 16 Department of Veterans' Affairs Medical Center, Dental Clinic in Salt Lake City, Utah, affiliation agreement

Exhibit 23 Weber State University Policies and Procedures Manual (PPM)

Exhibit 52 Faculty Time Commitment per Term

Exhibit 53 Dental Hygiene Program Faculty and Staff Handbook

Exhibit 54 Faculty Curriculum Vitae

3-3 The program administrator must be a dental hygienist who possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.

A. Description

1. Provide the name, title, type and length of appointment, professional training, experience of the dental hygiene program administrator, and the academic degrees earned.

The dental hygiene program chair, Stephanie Bossenberger, is a dental hygienist and has a Masters degree in Health Education. She has served as department chair for nine years. She attends professional training for department chairs at the college and university level as well as participates in the American Dental Educator's Association (ADEA) Allied Program Directors conference for department chairs in Allied Program Director's Conference (Exhibit 54).

B. Supportive Documentation

Exhibit 54 Faculty Curriculum Vitae

3-4 The program administrator must have the authority and responsibility necessary to fulfill program goals including:

- a) curriculum development, evaluation and revision;
- b) faculty recruitment, assignments and supervision;
- c) input into faculty evaluation;
- d) initiation of program or department in-service and faculty development;
- e) assessing, planning and operating program facilities;
- f) input into budget preparation and fiscal administration;
- g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

A. Description

1. Delineate the administrative duties and authority of the program administrator. Specify any additional commitments that the program administrator has each term, e.g., teaching, administration of other programs. Include the time devoted to each.

Administrative duties and authority of the program administrator are delineated in the supportive documentation.

2. Is there a formal arrangement for sharing administrative responsibility? If yes, what is the rationale for this arrangement? Specify the duties and authority of each individual involved.

There is no formal arrangement for sharing administrative responsibility.

3. To what extent does the program administrator participate in budget preparation and revision and fiscal administration?

The program chair participates in budget preparation through meetings with the Dean, annually in March and through spring semester. The dean's office prepares the budget; the dean reviews it and presents it to the program director. Discussions take place for potential revisions and any concerns. Fiscal administration takes place within the department with assistance through the dean's office.

4. If distance education sites are utilized, identify the distance site coordinator, if different than the program director, and indicate the involvement of the distance site coordinator in any/all areas defined in Standard 3-4.

Distance education sites are not utilized. The off-campus clinic rotation does not have fiscal impact on the department budget.

B. Supportive Documentation

- | | |
|------------|---|
| Exhibit 52 | Faculty Time Commitment per Term |
| Exhibit 53 | Dental Hygiene Program Faculty and Staff Handbook |
| Exhibit 54 | Faculty Curriculum Vitae |
| Exhibit 12 | Funds appropriation: each source and their percentages of the total budget |
| Exhibit 13 | Program's budget outline for the previous, current and ensuing fiscal years |
| Exhibit 14 | Dental Hygiene Program's <u>actual expenditures</u> for 08-09 year |
| Exhibit 15 | Salary schedules for full- and part-time faculty for the current academic year (2009-10), including the program chair |

Faculty

3-5 The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.

A. Description

- Specify the number of full-time equivalent positions allocated to the dental hygiene program (including distance sites). Are any faculty positions presently vacant? If so, please explain.

There are 5 full-time contract faculty positions allocated to the Dental Hygiene Program and two part-time .5 contract positions. There are no vacant faculty positions.

Stephanie Bossenberger	Professor, Department Chair	FTE 10 mo contract
Frances McConaughy	Professor	FTE 9 mo contract
Kami Hanson	Assistant Professor	FTE 9 mo contract
Susan Alexander	Assistant Professor	FTE 9 mo contract
Shelly Costley	Assistant Professor	FTE 9 mo contract
Carol Naylor	Associate Professor	.5 FTE 9 mo contract - Dental Hygiene, .5 FTE 9 mo contract - Health Sciences
Jeffrey Shane Perry	Instructor	.5 FTE 9 mo contract

There are two staff members; clinic manager and department secretary. Both staff members have full time, ten-month contracts.

Melody Neely	Department Secretary	FTE 10 mo contract
Nicolas Salomon	Clinic Coordinator	FTE 10 mo contract

The program employs approximately 7 adjunct clinical faculty who function as daily or hourly employees, depending on their assignment.

Angela Carter, RDH, BS	junior clinic
Jeannie Allen, RDH, BS	senior clinic
Jeffrey Vining, RDH, BS	junior clinic
Jennifer Wold, RDH, MED	senior clinic
Julie Hemsley, RDH, BS	junior clinic
Kimberlee Caldwell, RDH BS	junior clinic
Kirsten Hafen, RDH, MEd	junior clinic

- As an exhibit, list full- and part-time faculty with the courses they teach.

A list of full-and part-time faculty and the courses they teach in presented in Exhibit 71.

3. What percentage of full-time equivalent positions assigned to the program are filled by part-time faculty? What is the rationale for hiring part-time faculty?

Full time faculty occupies all full time positions. The .5 FTE part-time positions have been established at that level for many years. Additional part-time and/or clinical faculty are contracted and remunerated at a daily wage for student clinical supervision in pre clinic and clinic.

4. Using the format illustrated in the example, provide information requested for each dental hygiene faculty member for each term of the academic year. Submitted information must be for all part- and full-time faculty members. There is only one class enrolled in junior year and one in senior year.

Information regarding each dental hygiene faculty member's teaching assignment and time commitment is presented.

5. How many dental hygiene faculty members have terminated employment at the institution in each of the past three years? What was the reason for each termination?

Robert C. Soderberg, DDS, retired at the end of the 2007-2008 academic year.

Gail Campbell, CDA, clinic coordinator, retired in September 2008.

Jeannie Allen, adjunct clinical faculty, non-renewal of 9-month contract for one day/week (09-10)

Alison Carlisi, RDH, BS adjunct clinical faculty, non-renewal of 9-month contract for one day/week (08-09)

Lisa Kiltz, RDH, BS adjunct clinical faculty, non-renewal of 9-month contract for two days/week (06-07)

6. Indicate those individuals who have additional teaching and/or administrative responsibilities within the institution and describe the extent of these responsibilities.

Dr. Carol Naylor divides her .1 FTE teaching load; 50% with the Department of Health Sciences and 50% Dental Hygiene Program. Her Dental Hygiene commitment includes the three didactic courses and one half day of clinic per week, annually. She is an active participant in department committees and faculty meetings.

Stephanie Bossenberger participates in an interdisciplinary International Study Abroad Program to China during the summer term. This course includes three pre-travel workshops and 16 days of travel.

7. For distance education sites: Provide credentials/job description for instruction and technology support at all distance education sites.

The WSU Dental Hygiene Program does not use distance sites in our education program. The off-campus faculty vitas are presented in the supportive documentation.

8. Define faculty responsibilities for didactic, laboratory and clinical faculty at all distance sites.

The WSU Dental Hygiene Program does not use distance sites in our education program.

9. The WSU Dental Hygiene Program does not use distance sites in our education program. For distance education sites: Describe whether faculty numbers at the parent program have increased to accommodate the distance education portion of the program, and its students.

The WSU Dental Hygiene Program does not use distance sites in our education program.

10. For distance education sites: Describe the faculty calibration plan for faculty at both the parent program and the distance education program, should the distance program include a clinical component.

The WSU Dental Hygiene Program does not use distance sites in our education program. The off-campus clinic does have part-time adjunct faculty members. They attend the faculty calibration meetings each semester and are communicated with weekly.

B. Supportive Documentation

Exhibit 52 Faculty Time Commitment per Term

Exhibit 54 Faculty Curriculum Vitaes

Exhibit 48 Faculty Calibration Agendas and Summaries

Exhibit 71 Summary Table of full time and part time faculty teaching assignments

3-6 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not exceed one to five. Laboratory sessions in the dental science courses must not

exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

A. Description

1. State the institution's policy on teaching load and how it is calculated, e.g., number of credit hours taught, number of contact hours, type and level of instruction, number of different preparations and the number of students.

The institution's policy on teaching load is stated in the Policy and Procedures Manual and program documents.

2. If the teaching policy for the dental hygiene program is different from the institution's general policy, please explain.

The teaching policy is not different for the dental hygiene program from other institution programs.

3. Describe the institution's policy for release time for activities such as administrative duties, advising and counseling students, supervision of extramural (off-campus) clinical experiences and committee assignments.

Only the department chair has release time for administrative duties. The department chair's release time is determined by the dean, department chair and size of the program with accompanying activities and goals. Activities such as advising, counseling of students, supervision at the off-campus clinic and committee assignments are part of the faculty responsibilities.

4. What are the current faculty/student instructional ratios during laboratory, preclinical and clinical sessions including those at distance sites, if applicable.

Laboratory

Radiology : 1 faculty to 8 students (students work in pairs, so the ratio works out to be 1 faculty per group 4 groups of two)

Dental Materials Lab: 1 faculty to 15 students

Preclinical

1 faculty to 5 students

Clinical (on-campus and off-campus clinics)

1 faculty to 5 students

B. Supportive Documentation

Exhibit 23 Weber State University Policy and Procedure Manual

- policies on nondiscrimination

Exhibit 52 Faculty Time Commitment per Term

Exhibit 53 *Dental Hygiene Program Faculty and Staff Handbook*

Exhibit 54 Faculty Curriculum Vitae

3-7 The dental hygiene program must be staffed by a core of well-qualified full-time faculty who possess a baccalaureate or higher degree. Faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program. All dental hygiene program faculty members must have current knowledge of the specific subjects they are teaching. All program faculty must have documented background in educational methodology consistent with teaching assignments.

A. Description

1. Describe the mechanism utilized to determine teaching assignments.

The courses within the program are taught by dentists and dental hygienists who possess a baccalaureate or higher degree and have current knowledge in assigned subject areas. The background and expertise of each faculty member is matched with the specific course topic. The faculty has current knowledge and makes consistent efforts to attend continuing education courses within their areas of expertise and educational methodology. All faculty are oriented to university and college policies (*University Policy and Procedure Manual*) and to departmental expectations through the *Dental Hygiene Program Faculty and Staff Handbook*.

2. As an exhibit, provide the **following information** for **all** full- and part-time dental hygiene faculty members (excluding guest lecturers) teaching during the current academic year. Be sure to include this information for faculty providing instruction during summer sessions. For the purposes of this section, the program administrator should be considered a faculty member. For each faculty member, specify the following:

- a. Full name;
- b. Rank or title and date of initial appointment to the program;
- c. Rank or title currently held and date of appointment to the rank or title;
- d. States currently licensed in with license numbers and expiration dates (or note if faculty member is practicing under a temporary or special license)
- e. Nature of appointment (full- or part-time faculty, salaried or non-salaried). If the appointment is “joint” or shared with another program(s), give the name of the other program(s). Specify the length of the term of appointment.

- f. Educational background. State the institutions attended (beyond the secondary school level), degrees or certificates awarded, major field of study for each, dates awarded and/or credit earned toward a degree.
 - g. Course work in **educational methods** and **content areas taught** in the program must be highlighted.
 - h. Work experience in dental hygiene in both clinical practice and education. State job title, name and location of employer and dates of employment.
 - i. Areas of special competence, e.g., subject areas, clinical skills, or educational methodology. State the field of specialty relevant to dental hygiene for which the faculty member is uniquely or especially well prepared. Highlight the type of preparation, e.g., formal education, continuing education or clinical experience.
 - j. CPR/BLS certification expiration date
3. Describe the program's efforts to assure that program faculty providing instruction in the clinical facility are familiar with the program's goals, curricular content and methods of instruction and evaluation.

Faculty members are given Dental Hygiene Program Adjunct Faculty Handbook. The clinical adjunct faculty work with the supervising full time coordinating faculty where they have opportunities for mentoring. They attend the college opening meetings and are made familiar with the *University Policy and Procedure Manual*. Additionally, program goals, curriculum content and methods of instruction and evaluation are topics that are discussed in faculty meetings and peer review sessions.

4. List the individual(s) who assume(s) responsibility for supervisory, diagnostic and consultative and referral services. Explain how those services are provided for patients during clinical sessions.

Supervising faculty that provide clinical supervision on the day(s) they are scheduled are:

Alexander, Susan, R.D.H., M.Ed.
Allen, Jeannie, RDH, BS
Bossenberger, Stephanie, RDH, MS
Caldwell, Kimberlee, RDH, BS
Carter, Angela, RDH, BS
Costley, Shelly, RDH, MEd
Hafen, Kirsten, RDH, MEd
Hanson, Kami, RDH, PhD.(c), MEd
Hemsley, Julie, RDH, BS
McConaughy, Frances, RDH, MS
Perry, Jeffrey Shane, RDH, MEd
Vining, Jeffrey RDH, BS
Wold, Jennifer, RDH, MHA(c), BS

The individual dentists who serve in a supervisory, diagnostic and consultative role are:

Anderton, Jared, DDS	UT license #6242001-9922	expires May 2010
Bingham, Robert, DDS	UT license #6997643-9923	expires May 2010
Hopkin, Joe, DDS	UT license #5329297-9922	expires May 2010
Naylor, Carol, DMD	UT license #143360-9922	expires May 2010

Supervisory clinical faculty spends the day working with students and their clinical patients, or in pre-clinic where they are learning and practicing skills. During patient treatment, when there is a need for a patient to consult with a doctor and/or diagnosis is needed, the dentist faculty member that is present on that day and time is contacted.

5. Provide a description of the role of the dentist during clinical sessions as an exhibit.

The dentist practicing in the Weber-Midtown clinic serves in a consultant role as well as providing supervision of student treatment with scheduled patients in the dental hygiene clinic. There is a Memorandum of Understanding with the Weber-Midtown clinic.

Dr. Carol Naylor serves a supervisory role and oversees the administration of the clinic. She is assigned to be in clinic at one afternoon a week. Her academic assignment includes teaching DENT 3305, Dental Medicine II and DENT 2235 Dental Medicine I courses. There are clinical laboratory sessions associated with DENT 3305 for local anesthesia and nitrous oxide sedation. Dr. Naylor directly supervises and teaches in these lab sessions. Additional supervision in these labs is provided by contract faculty.

B. Supportive Documentation

- Exhibit 17 Memorandum of Understanding: Weber-Midtown Dental clinic and the Weber State University Dental Hygiene clinic
- Exhibit 33 Dental Hygiene Curriculum document
 - o Prerequisite courses
 - o Dental Hygiene program courses
- Exhibit 34 Analysis of evaluation procedures for laboratory, preclinical and clinical instruction are presented for each course
- Exhibit 23 Weber State University Policies and Procedures Manual (PPM)
- Exhibit 52 Faculty Time Commitment per Term
- Exhibit 53 *Dental Hygiene Program Faculty and Staff Handbook*

Exhibit 54 Faculty Curriculum Vitaes

Exhibit 55 *Adjunct Faculty Handbook*

3-8 Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.

A. Description

1. Does the institution offer a planned faculty development program? If so, describe the program including the procedures faculty must follow to participate. Is the plan financially supported by the institution?

All faculty are given time to attend local, regional and national annual meetings as well as continuing education sessions at the Utah Dental Hygienists' Association and Utah Dental Association. Full time faculty participate in the American Dental Educator's Association meetings and the American Dental Hygienists' Association meetings. On-campus workshops are available for professional development in computer skills, teaching and learning groups, management and orientation and to the college and to the university. During off-contract months, faculty are encouraged to participate in clinical practice experience and other professional development activities.

2. Give examples of how dental hygiene faculty members have participated in the faculty development programs.

Examples of how dental hygiene faculty members have participated in faculty development programs are available in the supportive documentation.

3. In what ways are members of the faculty encouraged to attend meetings of professional organizations? Give examples of meetings which dental hygiene faculty attended during the last calendar year.

Faculty are encouraged to submit requests to the Marriott Research and Professional endowment committee for funding to travel to present in on and off-campus forums. In the past year, Kami Hanson and Susan Alexander attended the American Dental Hygienists' Association's Annual session in Washington DC to present research projects and to mentor students. The Utah Dental Hygienists' Association, which meets annually in the fall, is an important meeting for the profession. Classes are suspended for two days as the students and faculty attend specific continuing education programs and professional activities.

4. Describe the in-service programs that have been presented to full- and part-time dental hygiene faculty during the past two years. Include a list of faculty who participated. If faculty members are located at distance sites, explain how faculty

members are provided the same opportunities as faculty at the primary program location.

- A description of in-service programs is found in the supportive documentation.
5. Describe the availability of continuing education courses for faculty in the community.

The Utah Dental Hygienists Association (UDHA) meets twice per year, the Northern Utah Dental Hygienists Association (NUDHA) and its associated component in Salt Lake City meet six times per year. The Utah Dental Association (UDA) statewide meeting takes place in February each year. Beyond the component and association meetings there are guest lecturers invited to the Dental Hygiene Department three or more times per year. These presentations are provided by product representatives and/or community specialists that faculty and students attend. The Dumke College of Health Professions sponsors several guest lecturers during the school year. Most recently, an endocrinologist spoke on diabetes and arteriosclerosis.

6. How do faculty members maintain and improve their clinical skills? What does the institution do to encourage clinical skills improvement?

The program and the college administration are supportive of faculty to maintain and improve their clinical skills through dental hygiene private practice and/or continuing education courses.

B. Supportive Documentation

Exhibit 54 Faculty Curriculum Vitaes

Exhibit 56 Examples - Faculty Development Activities

3-9 A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.

A. Description

1. Describe the criteria used in evaluating full- and part-time faculty, including faculty at distance sites. Who determines the criteria and what input do faculty members have in the process?

Student evaluations from a minimum of two courses/academic year are required of each contract faculty and are also completed for clinical and adjunct faculty. Results are distributed each semester to faculty following tabulation of scores and summaries of students' comments. Administration evaluations in the form of annual goal setting in the areas of teaching, scholarship, and service are completed annually with each contract faculty. A year-end evaluation of these

goals is also completed by the faculty and program administrator. Peer evaluations of teaching are required of all contract faculty as part of the promotion (every 2, 3 and 6 years) and tenure (in the 3rd and 6th year) review processes. Post-tenure peer reviews are currently proposed at every 5 years. The faculty evaluation policy, procedures, and mechanisms are outlined in the Dental Hygiene Program Faculty Manual, the Dumke College of Health Professions Tenure Document and the Weber State University Policy and Procedures Manual, Section VIII (at: www.weber.edu/ppm). Faculty are apprised of these documents during employment orientations and regularly thereafter. The program administrator is evaluated annually by contract faculty. The evaluation form is completed anonymously by faculty and the data analysis and distribution of results are completed through the office of the Dean.

2. How often and by whom are faculty evaluated and how are the evaluative data used? Does the evaluation include clinical as well as didactic criteria?

Faculty are evaluated annually by the department and by students for every course taught. Faculty are reviewed both clinically and didactically by their peers as well as by the college and university every 2, 3 and 6 years.

3. If the criteria used to evaluate the program administrator is different from that used to evaluate faculty members, please explain.

The Dean's office sends out an evaluation form for the department chair, as needed, but no less than once in a 3 year cycle. The chair is evaluated relative to resource allocation, leadership and team building. Results are compiled and presented to the chair by the dean.

4. How often and by whom is the program administrator evaluated, and how are the evaluative data used?

The program chair is evaluated no less than once during a 3 year cycle by the department faculty as well as by her peers and superiors, the Dean and the Provost. An evaluation can be initiated at any time during the program chair's tenure. Evaluation outcomes are used to provide feedback to the program administrator; to communicate approval as well as provide recommendations for change.

5. How are results of faculty members' evaluations communicated to the individual being evaluated?

Faculty evaluations are typed up by the department secretary and presented to the program chair, then the clinical coordinator for clinical faculty and from the program chair to the FT faculty for review.

B. Supportive Documentation

- Exhibit 47 Student course evaluations
- Exhibit 54 Faculty Curriculum Vitae
- Exhibit 57 Faculty Annual Goal Setting
- Exhibit 58 Peer Evaluation of Teaching- evaluation documents
- Exhibit 59 Program Chair Evaluation document
- Exhibit 60 Dumke College of Health Professions-Promotion and Tenure document
- Exhibit 61 Department of Dental Hygiene - Promotion and Tenure document

3-10 Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

A. Description

1. Describe how this standard is implemented including faculty at distance sites, if applicable.

Promotion:

All faculty adhere to the same promotion and tenure documents/criteria that are outlined in the *Weber State University Policy and Procedures Manual*. This policy requires individual faculty effort. Participation on College and University level committees and selected other University committees is limited by Institutional policy to those who hold full professorship. Currently, two faculty members in the Dental Hygiene Department are full professors. Four of the remaining faculty are on tenure track and are proceeding toward advancement in rank and the granting of tenure.

Tenure:

Dental Hygiene Faculty adhere to the Weber State University tenure criteria, Dumke College of Health Professions (DCHP) tenure criteria and the department criteria. Tenure may be obtained after a six year span of tenure track appointment. Each tenure track faculty must be reviewed at year 2 at the department level, formally at the 3rd year and 6th year. The university and college sponsors workshops annually to support faculty in preparation of their professional file and other documents for promotion and tenure reviews.

The Dumke College of Health Professions (DCHP) has development funds for research, instructional, and/or professionally related travel available through the J.

Willard Marriott Endowment Fund that is a specific gift for the College of Health Professions. Faculty may submit proposals for grant funding of worthy projects to the review committee on a quarterly basis. The DCHP supports faculty to partially fund the advancement of their education in graduate and post-graduate programs. Funds are available through the D. Wade Mack Endowment that is specifically for the College of Health Professions faculty.

Opportunities for Faculty Development:

Institution-wide, faculty development is supported through a Faculty Senate Committee (Research, Scholarship, and Professional Growth Committee and the Hemingway Foundation) that has funding available for faculty research and/or instructional development. These funds are available campus wide; any faculty member has the opportunity to submit proposals to this committee.

Faculty development workshops are offered by the institution each academic year. Topics such as 1) library resources and use, 2) computer skills/programs, 3) stress management, and 4) university services are offered as open enrollment for all faculty and staff, annually. The institution also supports the *Teaching and Learning Forum* that offers workshops that address technology and development of teaching skills. Programs are typically announced at the beginning of each semester via e-mail and printed announcements. Faculty receive regular prompts in electronic and printed campus mail to attend sessions.

Distance sites are not part of our program.

B. Supportive Documentation

- | | |
|------------|---|
| Exhibit 23 | Weber State University Policies and Procedures Manual (PPM)
www.weber.edu/ppm |
| Exhibit 60 | Dumke College of Health Professions-Promotion and Tenure document |
| Exhibit 61 | Department of Dental Hygiene - Promotion and Tenure document |

Support Staff

3-11 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

A. Description

1. List the support services provided by the institution to the dental hygiene program, e.g., counseling, custodial, maintenance, learning resources, instructional, audiovisual.

Dumke College of Health Professions Advisement Office	Doug Watson, advisor Lonnie Lujan, advisor
Counseling services	student services center
Custodial and maintenance	Facilities management
Learning resources	department, college and in the university Stewart Library
Instructional	department, college, university
Audiovisual	department, college, university
Computer	Ken Chalmers (College IT Support) and University-level IT department
Teaching and Learning Forum	University Faculty Development Program

2. Specify the amount of secretarial and clerical support provided for the dental hygiene program. How many full-time positions are designated solely for the program? How much of this support, if any, is provided by a centralized clerical/duplicating service? If a centralized service is available, describe procedures necessary for faculty to utilize the service. How is support staff provided to manage duties related to clinic management, i.e., appointment control?

The program is supported by a **full-time, 10 month contract secretary** who provides assistance to the program chair and faculty in preparing course materials and tests, correspondence, maintenance of student records and support services for student recruitment and admissions activities. The secretary is responsible for supervision of a part-time student aid that assists in office duties.

The program is supported by a **full-time, 10 month contract clinic manager** who supports the operation of the clinic facility that includes the operation of the clinic facility and management appointments, records, billing, inventory, hazardous waste, and infection control. The clinic manager is responsible for supervision of a part-time work-study student aid in the clinic as well as supervision of the students as they function as the clinic assistant during specifically assigned clinic sessions.

The College of Health Professions Admissions counselors, Doug Watson and Lonnie Lujan, admissions advisors, support the program through student recruitment and admissions activities.

The College of Health Professions Marriott Testing and Learning Center Staff participate in supporting the program and students through the testing center and management of reference materials.

The University Library faculty supports the program with the availability of instruction sessions tailored to the Dental Hygiene Program's needs. Students and faculty participate in workshops in search strategies, overview of library resources and instruction in using computer remote access databases.

B. Supportive Documentation

Exhibit 62 Clerical Support – Staff Resumes and Job Descriptions

3-12 Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

A. Description

1. If applicable, describe clerical and dental assisting responsibilities that students assume during clinical sessions, to include distance sites. Provide instructional objectives and evaluation mechanisms in the separate course outline document, if applicable.

Students are assigned to “clinical assistant” (CA) rotations on those days that they have “free” from clinic. A CA rotation does not take the place of a student’s regularly scheduled and required clinic day. Their required patient treatment clinical time is not compromised by the CA rotation.

Students have historically performed CA duties at the university dental hygiene clinic to learn front office responsibilities such as: patient communication, electronic scheduling, collections management, accounting, financial, sterilization procedures and management, team building, hazardous waste and infection control.

The same type of CA rotation was initiated at the VA Dental Clinic off-campus rotation because students wanted to have the support of each other to perform patient data collection tasks without comprising infection control procedures, i.e., touching the computer. The clinic assistant student is there to support their peer and is not needed for the off-campus clinic to function.

B. Supportive Documentation

- Exhibit 22 *Weber State University Dental Hygiene Clinical Manual 08-09(Section V)*
- Exhibit 30 Senior student clinical rotation schedules (DENT 3336 and 3346)
- Exhibit 31 Junior student clinic rotation schedules, including radiology laboratory assignments (DENT 2206 and 2216)
- Exhibit 36 Process Evaluations

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

Facilities

- 4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.**

Clinical Facilities

The dental hygiene facilities must include the following:

- a) **sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;**
- b) **a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);**
- c) **a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;**
- d) **a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;**
- e) **sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;**
- f) **facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;**
- g) **space and furnishings for patient reception and waiting provided adjacent to the clinic;**
- h) **patient records kept in an area assuring safety and confidentiality.**

A. Description

1. In what year was the program facility constructed and/or last remodeled? What provisions exist to accommodate disabled persons? If applicable, provide the same information for distance education sites.

The current facility was constructed to specifically meet the needs of the Dental Hygiene Department and Program with occupation in this facility in September 1995. Additional remodeling took place in 2001 to improve the reception area, further isolate the sterilization area and accommodate the community partnership dental clinic within the facility. Construction code requirements set by the Americans with Disabilities Act have been met in the construction and

remodeling of the facility.

The Department of Veterans' Affairs Dental Clinic, off-campus clinical site had planned for a new building during 2006-2008 years. Construction of that building began during the year 2008-2009. The clinic was moved in July 2009 and is operating in its new facility.

2. What procedures have been established for assessing program facilities and equipment in relation to current concepts of dental and dental hygiene practice? Who is responsible for the assessment and how often does it take place? What is the program's long-range plan for maintaining, replacing and adding equipment?

Program facilities and equipment are assessed at each semester faculty meeting at which time the equipment priority list is updated. All faculty, the clinic manager, support staff and students are encouraged to seek out innovations that could become part of the program. The "wish list" file is prioritized and organized often in the event that a source may become available to support any purchases. The Program Chair is responsible for gathering input and compiling the updates. All faculty members and the clinic manager are asked for input regarding the facility and equipment needs. Long-range plans to upgrade existing clinic computer stations and integrate upgrades to the current Eaglesoft® software program are in place.

Long-range plans are to initiate a clinical student grading system, purchase new basic dental equipment, new dental chairs and update labs.

3. How many complete, functional treatment areas are there in the clinic used for preclinical and clinical instruction in patient care? (An exhibit should detail the size and shape of the facilities.) If applicable, provide the same information for distance education sites.

There are 16 complete, fully functional dental units. The radiology suite contains four separate rooms equipped for radiographic exposures. Two of these units are equipped to expose digital radiographs using wired sensor technology and one panoramic station.

4. List the type and quantity of major equipment provided in each treatment area in the dental hygiene clinic and at the distance education site, if applicable.

Each clinical treatment area is equipped with an ADEC® dental chair, view box, operator stool, patient delivery system, unit light, ultrasonic scaling unit, oxygen/nitrous oxide connections with a scavenging system, a slow-speed handpiece connection, and a chairside clinical computer station. Handwashing facilities, which include a foot operated soap dispenser, automated water on/off sensors, and automated sensor hand sanitizing gel dispensers are shared by two treatment areas. Each grouping of four units has its own supply of disposable materials for operator safety – PPE (personal protective equipment) and patient

treatment.

5. As an exhibit, identify the type and quantity of instruments and small equipment available to each student. Indicate which items are purchased by students.

At the beginning of the first and third semesters in the program the students purchase an issue of instruments. Other equipment that is available for use is purchased and maintained by the program's clinic. Ultrasonic scaling units, air powder polishing units, sealant curing lights, portable oxygen tanks, digital intra oral cameras hand pieces, and Diagnodent® caries detection devices are owned by the program.

6. Identify the type, quantity and capacity of equipment utilized to sterilize and disinfect instruments, small equipment and supplies.

Instrument processing includes the use of the Pelton and Crane Magnaclave®, Model MC, and two Statim® autoclaves. For the disinfection of small equipment and supplies a hard surface disinfectant is used.

7. If the clinic is shared with other program(s), how many hours per week is it used by the each program? How many treatment areas are used each session? What procedures have been established for scheduling utilization of the clinic? If applicable, provide the same information for distance education sites.

The dental hygiene program does not share the dental hygiene clinic with any other program. The clinical facility houses the dental hygiene program and a dental clinic. There is a single sterilization area for use. For each clinic session, 16 treatment areas are designated for the WSU dental hygiene program and two treatment areas are used by the Weber-Midtown dental clinic.

8. Describe how students at each program location(s) receive equivalent clinical experience. Explain the difference, should one exist, between clinic operation at the parent program and the affiliated site(s).

There is no difference in clinic operation between the on-campus clinic and the off-campus clinical site. All students receive the same number of hours and type of experience.

B. Supportive Documentation

Exhibit 17 Memorandum of Understanding: Weber-Midtown Dental clinic and the Weber State University Dental Hygiene clinic

Exhibit 30 Senior student clinical rotation schedules (DENT 3336 and 3346)

Exhibit 31 Junior student clinic rotation schedules, including radiology laboratory assignments (DENT 2206 and 2216)

Exhibit 63	Schematic Blueprint - Dental Hygiene Department
Exhibit 64	Instrument Issue 2008-2009 (student purchase)
Exhibit 65	Equipment Inventory in clinic and laboratory (owned and maintained by program/department)
Exhibit 66	Schematic Blueprint - Room 479 Laboratory

Radiography Facilities

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence.

The radiography facilities must contain the following:

- a) an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;**
- b) modern processing and/or scanning equipment;**
- c) an area for mounting and viewing radiographs;**
- d) documentation of compliance with applicable local, state and federal regulations.**

Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

A. Description

1. How many radiography units are there for taking intraoral radiographic surveys? Of this number, how many are separate from the general treatment area(s)? How many are accessible to students in clinic? (An exhibit should detail the size and shape of the facilities.) If applicable, provide the same information for distance education sites.

There are 4 radiography units for taking intraoral radiographic surveys and all four are separate from the general treatment area. All pre-clinical activity in these units is scheduled during non-patient treatment times and all four units are available during patient treatment times for student use. At the off-campus clinic, Department of Veterans' Affairs Dental Clinic, there are either individual or shared tube heads available in each treatment room, with the exception of one room (if images are needed here, another operatory with a tube head is available for use). A panoramic unit is located adjacent to the patient treatment areas and is

shared by all students.

2. With respect to equipment used for radiography instruction and practice:
 - a. Identify the type(s) and date of manufacture of the radiography units.
 - b. Describe the extension tubes available for each radiography unit.
 - c. Identify the method utilized to determine whether the units are adequately filtered and collimated.
 - d. Identify the type(s) and quantity of manikins provided.
 - e. Identify the type(s) and quantity of mechanical devices utilized as aids in making acceptable radiographs.
 - f. Specify the type(s) and quantity of devices which provide protection from ionizing radiation.
 - g. Identify the type(s) and quantity of devices utilized to monitor the emission of ionizing radiation.

Equipment for radiography instruction and practice:

Equipment at WSU:

- Four Gendex® X-ray machines for intraoral radiographs (two were manufactured in 1992 & two in 1997)
- Two of the radiographic units are equipped with 12” extension tubes and two of the units are equipped with 8” extension tubes.
- The filtration and collimation standards are met through adherence to State and Federal regulations; a round Position Indicating Device (PID) is used. The machines are inspected each five years as required by the State of Utah Division of Radiation Control; the most recent evaluation was conducted in 2007.
- One panoramic radiograph machine, Panoramic® Corporation, model P-1000; manufactured in 2000
- There are 4 adult and one pedodontic (primary dentition) Dentsply Rinn® DXXTR® mannequins with human skulls. Annually, the mannequins are inspected for needed repairs. They are refurbished/repared, as needed, on a rotating basis.
- Aids used in taking acceptable radiographs include the following film holding devices: Rinn XCP® kits, Kwik-bite® kits, Snap-a-Ray®. Two radiographic units are equipped to expose digital images using Schick® digital, corded sensors that includes two dedicated laptop computers; phosphor plates digital image devices (Scan-X®) can be used in all four radiology operatories. The phosphor plates are scanned with the use of one Scan-X® drum-type scanner and one dedicated lap-top computer that is in the central radiology work area.

- Protective equipment used in radiology include four single-sided lead lined aprons with attached thyroid collars and two double sided aprons without collars. An area monitor is used to measure the potential emission of ionizing radiation. This monitor is managed through the WSU Department of Environmental Safety and Quality Control and is processed every 3 months.

Dental radiology equipment at Department of Veteran's Affairs Medical Center, Dental Clinic (off-campus clinic):

- Four Planmeca® X-ray periapical intraoral radiograph machines manufactured in 2005
 - Dental radiographic units are equipped with 8" extension tubes
 - Filtration and collimation standards are met through State and Federal regulations; a round PID (Position Indicating Device) is used
 - Each operatory has a computer monitor for viewing digital images
 - One Planmeca Promax® panoramic radiograph machine manufactured in 2005
 - One computer is dedicated to the panoramic radiograph unit
3. What specific features in the design of, and equipment in, the exposure rooms provide protection from ionizing radiation? If applicable, provide the same information for distance education sites.

Specific features at WSU that provide protection from ionizing radiation include:

- lead lined doors and walls
- Activation buttons at least six feet from the radiation source
- Each treatment room door has a "dead man" switch that stops activation of the unit if the door is opened
- The operator stands outside the treatment room and can observe the patient during exposures through lead lined glass

Specific features at the Department of Veterans' Affairs Medical Center, Dental Clinic that provide protection from ionizing radiation include:

- Activation buttons six feet from the radiation source
- For panoramic exposures, the operator stands behind a protective barrier and can observe the patient during exposure through lead lined glass

4. Identify the type(s) and quantity of processing equipment provided. If applicable, provide the same information for distance education sites.

There are two Air Technique® A/T 2000® automatic processors available for student use at the WSU on-campus clinic site based facility. All radiographs; intraoral and panoramic, taken at the Department of Veterans' Affairs Dental Clinic are digital images.

5. What area is designated for mounting and viewing radiographs? How many students can be accommodated simultaneously? How many view boxes are provided for use during patient treatment and where are they located? If applicable, provide the same information for distance education sites.

Specific features at WSU for mounting and viewing radiographic images:

- Each radiology operatory has a wall-mounted view box for mounting and viewing radiographs.
- Students can mount and view radiographs using the view box that is in the darkroom
- Each dental treatment room (16 units total) has an attached view box for use during patient treatment; each unit has a chair side computer for viewing digital radiographic images. Three computers are available in the radiology suite, work areas for student use.
- Additional portable view boxes are available and used as needed in the laboratory classroom (room 479) and large capacity classroom (room 480).

Specific features at the Department of Veterans' Affairs Medical Center, Dental Clinic for viewing radiographic images:

- Each operatory is equipped with a computer/monitor for viewing digital radiographic images and one computer is reserved for use with the Planmeca® panoramic radiographic unit.

B. Supportive Documentation

- Exhibit 63 Schematic Blueprint - Dental Hygiene Department
- Exhibit 66 Schematic Blueprint - Room 479 Laboratory
- Exhibit 68 Instructional Aids: models and DVDs
- Exhibit 72 Radiology Compliance Document

Laboratory Facilities

- 4-3 A sufficient multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.**

Laboratory facilities must contain the following:

- a) placement and location of equipment that is conducive to efficient and safe utilization;**
- b) student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;**
- c) documentation of compliance with applicable local, state and federal regulations.**

A. Description

1. How many work areas (student stations) are there in the laboratory(s) used for instruction in dental science courses such as dental materials? If applicable, provide the same information for distance education sites.

There are 15 work stations used for instruction of dental science courses. Students are in groups of 5 that rotate through different stations.

2. List the type(s) and quantity of equipment provided for each work area. If applicable, provide the same information for distance education sites.
 - 15 chairs and desk
 - Instructor computer, ceiling mounted LCD projector
 - 4 desk-top computers for student use
3. List the type(s), number and location of general use equipment and instruments such as lathes, model trimmers and vibrators. If applicable, provide the same information for distance education sites.
 - 8 laboratory handpieces
 - 2 lathes
 - 8 electric motors
 - 5 vacuformers
 - 4 trituators
 - 3 model trimmers
 - 5 vacuum units

B. Supportive Documentation

Exhibit 65 Equipment Inventory in clinic and laboratory (owned and maintained by the program)

Exhibit 66 Schematic Blueprint - Room 479 Laboratory

Extended Campus Facilities

4-4 The educational institution must provide physical facilities and equipment which are sufficient to permit achievement of program objectives. If the institution finds it necessary to contract for use of an existing facility for basic clinical education and/or distance education, then the following conditions must be met in addition to all existing Standards:

- a) a formal contract between the educational institution and the facility;
- b) a two-year notice for termination of the contract stipulated to ensure that instruction will not be interrupted;
- c) a contingency plan developed by the institution should the contract be terminated;
- d) a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
- e) the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
- f) clinical instruction is provided and evaluated by dental hygiene program faculty;
- g) all dental hygiene students receive comparable instruction in the facility;
- h) the policies and procedures of the facility are compatible with the goals of the educational program.

A. Description

1. If the program depends on an extended campus facility (as defined in Standard 4-4) for the provision of basic preclinical and/or clinical education:
 - a. Identify the facilities and their distance from the programs;
 - b. State the extent to which the program is dependent upon the extended campus facility.
 - c. Provide a signed copy of the formal agreements between the educational institution and the facilities.
 - d. Describe the procedures and process for student supervision, instruction and evaluation.

The Dental Hygiene Program has enjoyed a long term relationship with the Department of Veterans' Affairs Dental Clinic, Salt Lake City, Utah, as an off-campus site since the beginning of the program in 1976. The facilities, philosophy, goals, instruction methodology and supervision are analogous to the on-campus clinic. Weber State University dental hygiene program faculty provides student supervision and instruction. The *Weber State University Dental Hygiene Program Clinic Manual* is used as a reference at the off-campus site, as it is on-campus. The procedures and process for student supervision, instruction and evaluation is exactly the same as that of the on-campus clinic.

The Department of Veterans' Affairs Dental Clinic is located in Salt Lake City Utah that is approximately 36 miles south of the WSU Ogden campus. Senior dental hygiene students are scheduled a total of seven (7) days of clinical experience for each semester of senior year at the Department of Veterans' Affairs Dental Clinic.

B. Supportive Documentation

Exhibit 16 Department of Veterans' Affairs Medical Center, Dental Clinic in Salt Lake City, Utah, Affiliation Agreement

Exhibit 22 *Weber State University Dental Hygiene Clinical Manual 08-09*

Exhibit 33 Dental Hygiene Curriculum document

- Prerequisite courses
- Dental Hygiene program courses

Classroom Space

4-5 Classroom space which is designed and appropriately equipped for effective instruction must be provided for and readily accessible to the program.

A. Description

1. Are classrooms assigned exclusively to the dental hygiene program? If not, what arrangements have been made to ensure the availability of a classroom for the programs? If applicable, provide the same information for distance education sites.

Classroom space (Room 480) in the Dental Hygiene Department area is available to the Dental Hygiene Program classes as a priority reservation. Other programs/classes can be scheduled via the electronic centralized scheduling that is managed in the Marriott Allied Health Learning Center (room 111). The dental laboratory class room (room 479), has a seating capacity of 15 students.

2. Indicate the capacity of the classroom(s) utilized by the programs. Describe the equipment available in each classroom to support instruction. If applicable, provide the same information for distance education sites.

Classroom space (Room 480) in the Dental Hygiene Department area is available reserved primarily for the dental hygiene program. That classroom is equipped with appropriate tables and chairs, audiovisual equipment, and computer with Internet access, and space to accommodate a class of 30 students. A schedule of classroom use is posted outside of the north and south doors. The dental laboratory class room (room 479), has a seating capacity of 15 students, and has a ceiling mounted LCD projector, faculty computer and four (4) student computers (4) with Internet access.

Exhibit 67 Schematic Blueprint - Room 479 Laboratory

Exhibit 68 Audiovisual Equipment Inventory

Office Space

4-6 Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.

A. Description

1. Specify the number, capacity and location of faculty and staff offices. If applicable, provide the same information for distance education sites.

There are five faculty offices for full time faculty, one office for the half-time faculty, one office work space for the department secretary and an office for the clinic manager to use. Adjunct faculty and contract faculty have access to and are able to use any unoccupied office space, as needed or any of the two conference rooms for student counseling/meetings as well as other events. Conference rooms are available for student academic meetings with the faculty and student-faculty work group meetings can be conducted in the conference rooms. Lockers are available for adjunct faculty and clinic staff to secure their valuables.

2. Describe the space available for securing student and program records. If applicable, provide the same information for distance education sites.

Current student records are secured in the department secretary's office and the faculty work room. Confidentiality is assured through securely locking of the file cabinets and doors in the various rooms and archived records being filed in an alphabetical heading and not by student name. Records of students who have graduated within the past two years are stored in a secured four drawer file

cabinet in a locked store room.

Records are stored in room 463 and room 475D which are locked at all times.

3. Describe the manner in which records of student work in the program are maintained. If applicable, provide the same information for distance education sites.

Records of students' work are stored in room 463 and room 475D. The rooms are locked at all times.

4. Describe the way in which confidentiality of and access to student records are ensured. If applicable, provide the same information for distance education sites.

Students cannot gain access to their own or other student's records or work. In the event that a student desires to review their own file, they need to schedule an appointment with the department chair to view their own archived student records.

B. Supportive Documentation

Exhibit 63 Schematic Blueprint - Dental Hygiene Department

Learning Resources

- 4-7 Instructional aids and equipment must be sufficient for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.**

A. Description

1. Where is the major collection of books and periodicals related to dental hygiene retained? If the major collection is housed in the central library, is a separate collection of books and periodicals related to dental hygiene retained in the program's facilities?

Students and faculty have access to all Utah State-funded University and college libraries, the Department of Veterans Affairs Medical Center Library, the Eccles Medical Center library at the University of Utah and the library at Brigham Young University. There is an agreement with all libraries associated with the Utah Academic Library Consortium (UALC) that enables currently enrolled students and faculty at any Utah academic institution to use the collections and to borrow materials from any other academic library in Utah. The main reference

books are housed in the main university library. The department has a collection of books and periodicals that are retained in the program facilities.

2. Specify the hours that the library is available to students and faculty.

The Stewart Library (main campus library) is available to the students and faculty:

Monday-Thursday 7:30 am - midnight	Friday: 7:30 am - 8:00 pm
Saturday 9:00 am - 5:00 pm	Sunday: 12:00 pm - 8:00 pm

3. Do students and faculty have access to additional libraries and/or on-line electronic sources? If so, describe the mechanism or agreement.

The Weber State University Davis campus library is available to students and Faculty the following hours:

Monday- Thursday: 8:00 am - 8:00 pm,	Friday: 8:00 - 4:00 pm
Saturday: 9:00 am - 1:00 pm	

Another mechanism for access to materials is through Interlibrary Loan (ILL). Students and faculty may request copies of articles or the loan of books from other libraries throughout the world. If there is a fee for the loan of materials, the WSU Library subsidizes the cost. Books are received within 7-10 days and journal articles are received in 3-5 days from any Utah library. Weber State University, Dumke College of Health Professions and the Dental Hygiene Department have full internet access and have wireless connections throughout the building and campus. Internet access facilitates the interlibrary loan process and allows for access to literature for students, faculty and staff.

4. List the specialized reference texts available for the dental hygiene program's utilization, e.g., medical and dental dictionaries and indices.

A list of the specialized reference texts available for the dental hygiene program's utilization, e.g., medical and dental dictionaries and indices are is provided in the supportive documentation.

5. As an exhibit, provide a list of periodicals related to dental hygiene and dentistry which are available for student and faculty reference.

Lists of periodicals related to dental hygiene and dentistry that are available for faculty reference are provided in the supportive documentation.

6. As an exhibit, provide a comprehensive listing of the collection of books available to the students and faculty. Group the listing into categories, i.e., dentistry, dental hygiene and other related subject areas.

A list of books available to the students and faculty related to dental hygiene and dentistry is listed in the supportive documentation.

7. Describe the procedure for updating and expanding library holdings. Identify the individuals involved by name and title.

The Dental Hygiene Program has funds allocated for purchases each year. These funds are used to purchase specific books and audiovisual materials. Dental Hygiene faculty send requests for library purchases to the Ms Megan Davis, library representative for the Dumke College of Health Professions. The representative then forwards the request to the Science and Health Professions Bibliographer, who approves the request for library purchases. This person is responsible for overseeing the book and periodical collections and budgets for the health professions. Also, the bibliographer contacts faculty to determine curricular and research library needs in an effort to make decisions on expanding and updating the library holdings for dental hygiene.

8. Briefly describe the instructional aids used in the program, i.e., skeletal and anatomical models and replicas, slides and films which depict current techniques.

The program has a wide variety of models, CD's, DVD's and instructional equipment/ aids for use in the classroom setting and clinic. Also, the program has access to a variety of audiovisual equipment for use as well as other equipment available from the Marriott Learning Center. A complete listing of skeletal and anatomical models and replicas, slides and films can be found in Exhibit 69.

9. List the audiovisual equipment available for program use.

A list of audiovisual equipment available for program use is listed in the supportive documentation.

10. Discuss how and to what extent self-instructional materials are utilized in the dental hygiene program.

During the first semester first year and again in 3rd semester in the second year in the program library instructional sessions are held. These sessions are presented at the library and include an overview of library resources. Detailed search strategies are presented to the students at these sessions. Students have specific assignments that are part of the instruction sessions. (Exhibit 34: DENT 2207, 2217 and 3337)

Students are assigned to view audiovisual media in dental science and clinical courses. Software designed to review clinical cases is used as part of the activities in class and clinic.

11. Describe the accessibility of instructional resources to dental hygiene students, including the hours of availability.

Instructional resources which are housed in the library are available to students during library hours. Other materials retained within the program are available during program operation hours. Students can borrow resources from the Department through the Department Secretary who manages the checkout process. Materials that require extended use that includes evenings and weekends are placed on reserve in the Marriott Learning Center or the Stewart Library.

B. Supportive Documentation

Exhibit 67 Comprehensive List: Books, Specialized Reference Texts and Periodicals

Exhibit 68 Instructional Aids: models and DVDs

Exhibit 33 Dental Hygiene Curriculum document

- Prerequisite courses
- Dental Hygiene program courses

Student Services

- 4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.**

A. Description

1. Provide information concerning the institution's ethical standards and policies that protect students as consumers. What avenues for appeal and due process have been established?

Students are informed of their appeal and due process avenues. Information is provided to students through a variety of sources. Those sources are in Exhibit 10, 23 and 52.

B. Supportive Documentation

Exhibit 7 *Weber State Dental Hygiene Program Student Handbook 08-09*

Exhibit 21 WSU Student Policy and Procedure Manual www.weber.edu/ppm

STANDARD 5 - HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

5-1 The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

A. Description

1. Provide policies and procedures that have been developed related to individuals who have bloodborne infectious disease(s), including applicants for admission to the program, students, patients, faculty and staff.

All faculty and clinic staff receives a current copy of the *Dental Hygiene Department Clinic Manual* at the beginning of the academic year. All students purchase the *Clinic Manual* as a required text. Reference copies are available in the clinic. As part of the orientation packet for junior and senior years, respectively, students are sent via US mail the *Student Handbook* during the summer months. At fall semester orientation, they have the *Student Handbook* reviewed with them. An opportunity to answer questions is provided and then the students sign a document that states they “have had a chance to read the *Handbook*, ask questions and understand its contents.” Policies and procedures have been developed related to individuals who have bloodborne infectious diseases.

Applicants that have been accepted into the program are mailed a summary of policies informing the potential exposure to potentially infectious secretions (saliva and blood), and they may be treating patients with potentially infectious diseases. Standard infection control procedures (gloves, masks, appropriate eyewear, and sterilization equipment) are used with all patient treatment. They are informed that the Department of Dental Hygiene complies with all OSHA regulations regarding dental practice and students will be expected to comply. Also, in accordance with Centers for Disease Control and Prevention (CDC) guidelines, all students will 1) demonstrate proof of immunity to hepatitis B, or 2) be immunized against hepatitis B virus, or 3) formally decline the vaccination, releasing Weber State University from all liability.

2. Describe how these policies and procedures have been implemented.

Students: *Student Handbook* (p 9) outlines the Dental Hygiene Department

requirements for protection of students related to bloodborne infectious diseases.

Students, Faculty, and Staff: A comprehensive health history form is completed by every student and reviewed during clinic with all applicable signatures and physician consultation, as appropriate. Faculty and staff have their health history forms reviewed by the Department Chair and filed in their department employment file that is kept in a locked room.

All contract faculty, students, and staff, adjunct faculty, and as substitute faculty receive annual OSHA training via the ADA's "OSHA and the Dental Office Training Program." Update forms are signed by the faculty member and applicable supervising faculty and maintained in the employee file. The WSU Student Health Center offers several types of medical laboratory tests and immunizations (Annual flu vaccines, Hepatitis Surface Antigen, TB skin test, etc.) to faculty and students at minimal or no cost.

3. How do these policies ensure that the confidentiality of information pertaining to the health status of each infected individual is strictly maintained?

All patient, faculty, staff and student records are handled and maintained by qualified staff personnel, treating clinicians/ students and the supervising faculty of those students. All records are stored in locked or secured room and are protected from being viewed in public areas.

Employee files are kept in a locked cabinet in room 475 D. Any information pertaining to faculty and staff is considered confidential and not discussed. Student patient files are kept with regular clinic patient files in a locked file room that is reserved for confidential documents. Students are required to attend educational presentations on HIPPA regulations and sign the forms acknowledging that they understand and will abide by HIPPA rules.

4. How are these policies made available to all applicants, students, patients, faculty and staff?

Policies are communicated to faculty and students in their respective handbooks (*Faculty and Staff Handbook* and the *Student Handbook*) and in the *Clinic Manual*. Patients are made aware of confidentiality policies with the confidentiality statement on the health history form that they complete prior to being accepted as a clinic patient and in a brochure that they are offered as they check into the clinic. The patient signs the health history form after reading all information indicating knowledge of the content on the document. Applicants are aware of confidentiality policies based on website communication as well as information presented to the student when they visit the admissions advisors to the college of health professions. Applicants to the program have access to the *University Catalog* that presents information on university policy of confidentiality of student records.

5. State or append a copy of the program's policies on:
 - a. selection criteria for radiography patients;
 - b. frequency of exposing radiographs on patients;
 - c. retaking radiographs; and
 - d. exposing radiographs for diagnostic purposes

Exhibit 33 DENT 2208 Radiology lecture course and DENT 2206 radiology laboratory

6. Describe how students acquire an understanding of radiation safety prior to exposing radiographs on patients.

Students must successfully complete DENT 2206 Radiology lab and DENT 2208 Radiology didactic course on concepts and procedures related to radiation safety before they work on actual patients.

7. Describe how patient radiographs are utilized:
 - a. while patient services are being provided.
 - b. for integration of radiography with clinical procedures.

Students are required to display the most patient's most current radiographs and refer to them during clinical treatment. Further, students perform comprehensive forensic dental charting and identify existing pathology in the oral cavity for every clinical patient.

8. Describe the program's asepsis, infection and hazard control protocol. How are students, faculty and appropriate support staff informed about these procedures? Describe how student, faculty and staff compliance with this protocol is monitored within the institution and affiliated sites. Provide a copy of the protocol as an exhibit.

The program's asepsis, infection and hazard control protocol is communicated to students and adjunct faculty through the *Dental Hygiene Program Clinic Manual*. During the first semester in the program, policies are taught in Clinical Dental Hygiene I (DENT 2206 and DENT 2207 Dental Hygiene I). For all faculty and staff, the *Clinic Manual* has the policies outlined, as well.

Students are monitored in clinical sessions according to the policies in the *Clinic Manual*, and on each of their patient encounter forms. Program faculty sign their Exposure Control Training form to indicate knowledge of and compliance with the program's policies on asepsis, infection and hazard control (Exhibit 70).

9. Describe how the institution documents compliance with applicable regulations for radiation hygiene and protection.

We use an area monitor to assess the potential emission of ionizing radiation; this monitor is managed through the WSU Department of Environmental Safety and Quality Control and is processed every 3 months (in compliance). Additionally, the tube heads are inspected each five years, as required by the State of Utah Division of Radiation Control, with the most recent inspection conducted in 2007 (in compliance).

B. Supportive Documentation

- Exhibit 9 *Weber State Dental Hygiene Program Student Handbook 08-09*
- Exhibit 22 *Weber State University Dental Hygiene Clinical Manual 08-09*
Section IV-7, II, Section X
- Exhibit 32 Curriculum sequence
- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses
- Exhibit 36 Process Evaluations
- Exhibit 42 Patient Encounter Forms
- Clinic patient encounter form
 - Radiology patient encounter form
- Exhibit 55 Adjunct Faculty Handbook
- Exhibit 72 Radiology Compliance Document
- Exhibit 70 Exposure Control Training Record
- Exhibit 73 Verification form: *Student Handbook* review, Immunization Records and Waiver form
- Exhibit 76 ADHA Program Standards of Care

5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

A. Description

1. Are students encouraged to be immunized against infectious diseases? If so, how?

At the beginning of the first year of the program, students are introduced to the immunization policy through the review of the Student Handbook and in didactic courses (DENT 2207, DENT 2206). The student is provided a form for their signature to provide immunization records or to decline immunizations. These signed records are kept in the student's file in a secured area. All faculty, contract and adjunct, have cumulative records that are updated annually along with the appropriate verification of current immunizations or their choice to decline immunizations.

B. Supportive Documentation

Exhibit 9 *Weber State Dental Hygiene Program Student Handbook 08-09*

Exhibit 33 Dental Hygiene Curriculum document

- Prerequisite courses
- Dental Hygiene program courses

Exhibit 73 Verification form: *Student Handbook* review, Immunization Records and Waiver form

Emergency Management

5-3 The program must establish, enforce, and instruct students in preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies. These protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies.

A. Description

1. Identify and describe the location of the emergency materials and equipment which are available for use in the dental hygiene clinic and for instruction in the management of dental office emergencies. Describe additional emergency equipment and supplies that may be accessible to the clinic and their location. Provide the program's policy to manage emergencies as an exhibit.

A locked medical emergency kit is kept in the instructor area on the East wall, clearly labeled: EMERGENCY. The basic first aid kit, unlocked and the AED

(automatic external defibrillator) is next to the Emergency kit. Portable oxygen tanks are located at the west and east ends of hallway in the clinic.

Dental Hygiene Program Clinic Manual, Section III, Emergency Procedures outlines the protocols, established rehearsal plans and specific assignments of each participant in the emergency situation.

Dental Hygiene Program Clinic Manual, Section III, 9-12 The clinic has an unlocked First Aid Kit that contains “over-the-counter” first aid supplies. The Medical Emergency Kit is locked and labeled with the date on it. Monthly, the Medical Emergency Kit is inspected. If the lock is broken, an inventory is taken and items are replaced. The Clinic Manager coordinates the management of the First Aid Kit and the Medical Emergency Kit. The Medical Emergency Kit is handled through coordination with the supervising dentists – Dr. Carol Naylor and Dr. Joe Hopkin.

2. Describe how the emergency equipment is monitored to assure it is functional.

At the beginning of each semester, the Clinic Manager in coordination with the supervising faculty dentist checks the oxygen tanks, first aid kit and medical emergency supplies. During clinic orientation, semesters 1 and 3, a seminar on emergency equipment, supplies and procedures is presented.

3. Identify the materials and equipment, which are available for use in managing laboratory accidents. Provide the program’s policy on managing emergencies in the laboratory as an exhibit.

Dental Hygiene Clinic (Room 463)

The Material Safety Data Sheets (MSDS) compiled on all laboratory and clinic materials is available in the laboratory as well as in the Program Office. All personal protective devices (gloves, masks, eye wear) are available. Disposable towels for clean up, a fire blanket, and fire extinguisher are available. A first aid kit is kept in the laboratory classroom that has basic first aid supplies. An eye wash station is available and accessible at each of the eight sinks in the clinic.

Laboratory (Room 479)

A first aid kit is kept in the laboratory classroom that has basic first aid supplies. An eye wash station is operable and accessible in the lab.

4. If applicable, please clarify how Standard 5-3 is met at any distance education site.

We do not have a distance education site.

B. Supportive Documentation

Exhibit 9 *Weber State Dental Hygiene Program Student Handbook 08-09*

Exhibit 22 *Weber State University Dental Hygiene Clinical Manual 08-09*

Exhibit 33 Dental Hygiene Curriculum document

- Prerequisite courses
- Dental Hygiene program courses

STANDARD 6 - PATIENT CARE SERVICES

6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

A. Description

1. Describe the criteria and procedures used to accept patients for treatment in the program's clinic.

Students manage their individual schedules for providing dental hygiene care based on their course assignments, course needs and outstanding clinic requirements. Any patient that does not present with an extensive health history is accepted for treatment and presented to the clinic and faculty by the student.

2. Describe the scope of dental hygiene care available at the program's facility.

The scope of dental hygiene care available at the program's facility is presented in the *Dental Hygiene Program Clinic Manual* (Exhibit 22).

3. Explain the mechanism by which patients are advised of their treatment needs and referred for procedures that cannot be provided by the program.

- Treatment plans are developed for each individual patient based on their specific needs. The treatment plan is presented to the patient, reviewed and signed to confirm approval by the patient, clinician and supervising faculty for each patient to assure delivery of a comprehensive treatment plan.
- Treatment receipts termed "Walk-out" statements are supplied to each patient upon completion of specific treatment on the day of that treatment. Re-care (recall) recommended visits are entered into the EagleSoft® computer program to assure reappointment.
- A supervising dentist is available during all clinic sessions to provide examination and referral support.
- Continuing care of clinical patients is coordinated through the clinic manager. The graduating seniors' patients are assigned to a new second year senior student to contact and schedule in an effort to provide continuity of treatment. Patients' treatment and data is tracked in the clinic computer program. This computerized tracking allows for a greater likelihood of completion of the entire treatment plan. As is consistent with the protocols for the Western Regional Examining Board (WREB),

graduating students are encouraged to complete care for the board patient in the event that their treatment is not complete at the end of the regional board examination. This has been a concern for many years and is discussed with the students well in advance of the board examination and graduation from the program.

4. Describe how the dental hygiene diagnosis and treatment plans are presented and approved. Provide relevant pages from the patient record.

Patients are informed of their diagnosis and treatment options are presented both verbally and in writing to the patient. After the review of the treatment plan document, allowing the patient to ask any and all questions about proposed treatment, the treatment plan form printed, and is signed by the patient, student and approved by supervising faculty.

5. Explain the program's recall (recare) policies and procedures.

Students place their patient's on a recall schedule in Eaglesoft® computerized patient data tracking system, according to the patient's individual needs at the conclusion of their dental hygiene care.

B. Supportive Documentation

- Exhibit 22 *Weber State University Dental Hygiene Clinic Manual 08-09*
- Exhibit 74 Physician Consult Forms
- Cardiac Conditions
 - All other health conditions
- Exhibit 36 Process Evaluations
- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses
- Exhibit 43 Student tracking sheets for clinical requirements
- Exhibit 40 Patient Categories Requirement: Academic Year Totals 2008-2009
First and Second Years
- Exhibit 41 Clinic Patient Chart: forms for collecting and recording data
- Exhibit 42 Patient Encounter Forms
- Clinic patient encounter form
 - Radiology patient encounter form

6-2 The program must have a formal written system of patient care quality assurance with a plan that includes:

- a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;**
- b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;**
- c) mechanisms to determine the cause of treatment deficiencies;**
- d) patient review policies, procedure, outcomes and corrective measures.**

A. Description

1. Include a copy of the program's formal system of quality assurance.

Patient Chart Audit activities are conducted each semester. The audit system is designed to review appropriate treatment delivery, assure comprehensive care, review radiology protocol, and confirm clinical findings documentation and maintaining medical/legal treatment record documentation. The findings of the Patient Chart Audit System are presented to faculty at faculty meetings and students, in class, for review and discussion of implementation of corrective measures.

2. Describe the program's standards of care and how those standards are communicated to students, faculty and staff.

The *ADHA's Standards for Clinical Dental Hygiene Practice* (March 2008) were adopted by the program as outlined. These standards of care are supported by the specific guidelines in the *Dental Hygiene Program's Clinic Manual* which is given to each student, faculty and staff annually. The *Clinic Manual* is used as a reference and text to teach aspects of dental hygiene care and practice. Faculty Calibration meetings are conducted three times a year, with planned exercises in an effort to assure consistency of sound, clinical care delivery. Results are compiled and presented to faculty for discussion regarding outcome and discussion of calibration measures to maintain consistency. (Exhibit 76, 22 and 48)

3. Specify how each standard of care is assessed.

Standards of care are assessed through process evaluations and patient encounter forms with the *Dental Hygiene Clinic Manual Clinical Evaluation System*, Section II (Exhibits 36, 42, 22).

4. Describe the program's quality assurance policies and procedures. Include information to describe the faculty, staff and students involved in the process and their roles and responsibilities, and how frequently the process occurs. Identify instruments used to collect and analyze data. Include policies and procedures to identify and correct issues of patient completion and abandonment.

Faculty Patient Chart Audit and Calibrations are conducted through each semester. The audit system is designed to review appropriate treatment delivery, assure comprehensive care, review radiology protocol, confirm clinical findings documentation and maintain complete and accurate medical/legal treatment record documentation. An analysis is produced based upon results of the Patient Chart Audit System and presented to faculty at faculty meetings and students, in class, for review and discussion of implementation of corrective measures.

Student Patient Chart Audit Calibration exercises are randomly completed during closure of clinic sessions with protocols presented and reviewed during “pod wrap” student presentations.

Patient Classification Faculty Calibration exercises are conducted annually, at minimum, in an effort to assure consistency of sound, clinical care delivery. Results are compiled and presented to faculty for discussion regarding outcome and discussion of calibration measures to achieve and maintain consistency.

Clinical Faculty Calibration Meetings are conducted as a pre-term orientation for faculty at the opening of the academic year. Mid-semester calibration meetings are held each semester.

Dental Hygiene Clinic Manual reviewed and updated annually to assure patient-centered treatment focus. Input for edits are offered by full-time faculty, adjunct faculty, staff, students and findings from the outcomes assessments.

Patient Encounter Forms for Student Evaluations accomplished through patient encounter forms provide measurable criteria (numerical as well as written) to assure comprehensive patient care.

Patient Satisfaction Surveys are part of the overall feedback evaluation of the clinic. Annual summaries are completed from the data collected from these surveys.

5. Describe the process to review a representative sample of patients and patient records. Include forms used to review patients and patient records.

Each semester patient charts are pulled randomly for review. Students and faculty utilize a written rubric to guide the audit of the chart. An additional form is used for summary remarks for the grouping of charts that were audited at the same time.

6. Describe how patient treatment deficiencies are identified and corrected.

Student Patient Chart Audit Calibration exercises are randomly completed during closure of clinic sessions with protocols presented and reviewed during the "pod wrap" student presentations. Deficiencies are corrected by the appropriate

individual as an addendum to the patient treatment record under the current date. Discussions take place in the didactic courses as the recording of patient treatment data through their records are legal documents.

7. Identify any changes made to clinic policies and/or procedures as a result of the quality assurance program.

The overriding issue with quality assurance and patient records is the students' lack of timeliness in turning in their patient chart for review. Procedures have been modified to assure that the students complete their patient record notes; digitally and/or written, at the end of patient treatment before they proceed with post appointment protocol for infection control in their operatory.

8. Discuss how the program assesses patients' perceptions of quality of care. Describe the mechanisms to handle patient complaints.

Patient Satisfaction Surveys are part of the overall feedback evaluation of the clinic. Annual summaries are completed from the data collected from these surveys. Patient complaints are treated seriously and evaluated by supervising clinical faculty. A reprimand can be part of the complaint process, depending on the level of the infraction. In the event of a negative review, measures are taken to communicate with both the patient, providing the feedback, and the student and/or party with the infraction.

B. Supportive Documentation

- Exhibit 75 Patient Chart Audit System
- Exhibit 22 *Weber State University Dental Hygiene Clinic Manual 08-09*
- Exhibit 36 Process Evaluations
- Exhibit 33 Dental Hygiene Curriculum document
- Prerequisite courses
 - Dental Hygiene program courses
- Exhibit 42 Patient Encounter Forms
- Clinic patient encounter form
 - Radiology patient encounter form
- Exhibit 77 Patient Satisfaction Surveys
- Survey instrument
 - Data results
- Exhibit 48 Faculty Calibration Agendas and Summaries

6-3 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.

A. Description

1. Identify the policies and procedures that the program uses to track completed patients and to ensure that active patients are completed.

Requirements for student experiences follow the standard of care within the profession of dental hygiene. Through the treatment planning process, student, patient and faculty consult to evaluate the proposed treatment and the expected outcomes.

The Patient's Bill of Rights and Responsibilities outlines the rights and responsibilities that the clinic (faculty, staff and students) have identified as part of comprehensive care as well as the patient's responsibilities to be active in that treatment/care. The Patient's Bill of Rights and Responsibilities is found in the *Dental Hygiene Clinic Manual*, posted on the wall in the reception lobby and on the patient brochure that is offered to all patients.

B. Supportive Documentation

Exhibit 22 *Weber State University Dental Hygiene Clinic Manual 08-09*

6-4 The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.

A. Description

1. Briefly describe the dental hygiene program's written policies on patient's rights. Include a copy of the written policies as an exhibit. Describe how patients, students, faculty and appropriate staff are informed about the program's statement of patient's rights.

The program has as one of its primary responsibilities the assurance that rights of the patient are protected and that the patient is informed of his/her rights as a patient and also, his/her responsibilities as a patient in the WSU Dental Hygiene Program clinic.

This assurance is a printed document that is offered to patients at their first appointment at the clinic and is also posted on the wall in the reception lobby. The Patient's Bill of Rights and Responsibilities is printed in English and Spanish languages. Also, the Patient's Bill of Rights and Responsibilities is written in the Dental Hygiene Clinic Manual and discussed in the clinical dental hygiene courses and ethics class.

B. Supportive Documentation

Exhibit 22 *Weber State University Dental Hygiene Clinic Manual 08-09*

Exhibit 33 Dental Hygiene Curriculum document

- Prerequisite courses
- Dental Hygiene program courses

6-5 All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

A. Description

1. Describe the program's policy regarding basic life support recognition (certification) for students, faculty and support staff who are involved in the direct provision of patient care. Provide a copy of the policy as an exhibit.

The policy of the Dental Hygiene Program states that all individuals who are involved with patient care must participate in mannequin practice and be certified annually in CPR to the Level of Healthcare Provider (CPR & AED). The Program compiles the records annually and maintains the records on file. (Exhibit 44)

2. Describe how the program ensures that recognition of these individuals is obtained and does not lapse. Provide a copy of the records maintained by the program as an exhibit.

All faculty, staff and students attend the same CPR course offered by the Emergency Care and Rescue program tailored to our needs on the same day at the same place, WSU Marriott Health Building.

3. Are exceptions to this policy made for persons who are medically or physically unable to perform such services? If so, how are these records maintained by the program?

As it is a requirement for Utah State Dental Hygiene licensure, current CPR certification must be held in order to maintain state licensure. If someone is unable to complete this certification than they cannot maintain licensure and are do not qualify for employment. The clinic manager and the department secretary take CPR training as well. We have never had to make an exception to this policy.

B. Supportive Documentation

Exhibit 45 Class Roll for CPR and Defibrillator Training

6-6 The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

A. Description

1. Describe how confidentiality is maintained regarding each patient.

All students, faculty and staff are informed of legal and ethical implications regarding confidentiality of all patient records. The electronic schedule is viewable on the clinic computers which are all password protected. All records are kept in the clinic records file room or in the clinic treatment areas that are locked when it is not in operation.

During clinic operation:

Patient charts are open only during active documentation. During treatment they are closed and placed on clinical treatment area counter that is protected visually by walls on three sides.

Patient charts are delivered to faculty in a designated area of chart completion (instructor's area of the clinic) to assure patient confidentiality and student performance evaluation privacy.

After faculty review, charts are placed in a designated area to be filed in storage in the clinic records file room protected by lock/security access system (key pad code on clinic door).

B. Supportive Documentation

Exhibit 22 *Weber State University Dental Hygiene Clinical Manual 08-09*
Section IV-7

Conclusions and Summary of the Self-Study Report

The self-study report is summarized through a qualitative appraisal and analysis of the program's strengths and weaknesses.

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

1. Assess the effectiveness of the program's planning and assessment process and how this has contributed to the betterment of the program.

The University has worked with all faculty to understand assessment and planning. This effort has helped us to focus on assessment and how it is a "never-ending" process to assess, plan, implement, assess. As the program has planned for curricular changes and changes in the population of patients and students we serve, an active assessment process has helped to guide decision-making. Without assessing outcomes and processes, the program would not have guidance for change and confirmation of what is progressing in a positive direction. The planning and assessment process has made the faculty and curriculum more cohesive and has given additional structure to the program.

2. To what extent have results of the evaluation processes or outcomes assessment been used to modify the curriculum?

The curriculum has been modified via feedback obtained from the Advisory Committee, dentist employers, graduates and students over the past years. These changes include the sequencing of courses: Dental Materials changed from 4th semester to 3rd semester and the addition of enhanced practice management topics and information on dental insurances. The senior clinic off-campus clinic schedule has been modified to have the same student groups continue on a 7 week rotation, one day a week. Previously, the students would attend the off-campus rotation every other week for the entire semester. The change was an attempt to have more continuity with the students' clinic patients at the VA Dental Clinic and improve their mastery of the VA dental record computer system.

3. Evaluate the extent to which the program goals are met.

The Dental Hygiene Program is supported by an administrative structure and philosophy that supports the attainment of program goals. The goals of stability and excellence in student learning leading to competent professionals are met. The goal that includes growth in a specific advanced academic degree of a Master of Science in Dental Hygiene is further into the future planning than anticipated several years ago.

4. Assess the adequacy and stability of the program's fiscal support as anticipated over the next several years.

It is anticipated that the fiscal support for the program will remain at the same level. Through active liaison with the university and community, sources of additional funding

support are continually being sought after. These additional funds are used for program enhancements and not the basic support that provides for our operations. The Program is positioned well within the state system for continued longevity. Weber State University's Dental Hygiene Program has been in place for 31 years with a far reaching reputation of excellence.

5. Assess the degree to which current financial support permits or inhibits achievement of program goals.

The basic financial support is adequate to provide for operation of the department, including the clinic. Additionally, growth is enhanced through active partnering with our community. Substantial student experiences are available for student learning in the clinic, with direct patient treatment and in the community, in public health settings. The goals for the program are able to be achieved.

6. Evaluate the effectiveness of the professional community in providing assistance to faculty in meeting the objectives of the dental hygiene program on a continuing basis.

The Program has excellent professional community assistance in meeting the objectives of the program. This assistance is evidenced by the cooperation of the local dental practices welcoming the students into the workplace to observe procedures. Local dentists and dental hygienists participating as volunteer supervisors during community dental health projects in a variety of settings, both on-campus and off-campus. Various professionals serve on our Program Advisory Committee and continue to be a support with our program. Through our involvement with the professional community, student awards at graduation are sponsored by the Utah Dental Association and the Weber District Dental Society. Over time, there have been an increasing number of awards and scholarships available to our students. The monetary amount of scholarships that are available to students has also increased.

7. Evaluate the effectiveness of the liaison mechanism in providing information on dental and dental hygiene practice and employment needs.

The Advisory Committee is comprised of dentists and dental hygienists who actively provide feedback to the program regarding practice and employment for our graduates and students. We are linked by e-mail as well as the established schedule of annual meetings. It is not unusual for a member from the Program Advisory Committee, Utah State Board of Dentists and Dental Hygienists, or a dentist or hygienist from the community, or local dental association to contact the program with information of interest or questions that arise.

STANDARD 2 - EDUCATIONAL PROGRAM

1. Evaluate the admission criteria in terms of its ability to identify students with the potential for completing the curriculum and performing dental hygiene services with competence and efficiency.

The program has been fortunate, historically; to have a pool of highly qualified students apply to the program. It is rare that a student does not complete both the didactic and clinical curriculum with competency. The admissions criteria have been modified to continue with its requirement of a demonstrated high level of academic excellence coupled with experience in the dental or health care setting and a consideration of skills that a student may possess that would be helpful in the provision of dental hygiene services. These skills include, but are not limited to, additional language beyond English only, diverse cultural experiences and knowledge and/or other characteristics that enhance one's ability to reach out to other populations.

During the admissions committee deliberations there have discussions regarding the interview of the top 40 applicants with the intent to choose 30. This would allow the committee to assess applicant communication skills.

2. Appraise the policies and methods used to ensure that students exempted from courses in the dental hygiene curriculum have met achievement standards which equal or exceed those expected of students who complete courses in the usual manner.

Students are not exempted from completing all courses in the curriculum.

3. Assess the population resources to provide a broad range of population characteristics.

The population of Ogden and its surrounding communities has a broad range of population characteristics. The inner-city of Ogden is labeled an "Enterprise Zone" as a locale where persons who are of low-income, ethnic minority, non-English speaking and are medically underserved reside. Many of these individuals are in need of a "dental home." The community learns about the dental hygiene clinic through referrals from other agencies in the city, the media and through the partnership that Weber State University Dental Hygiene Program has with the Midtown Community Health Center Clinic. This partnership created the Weber-Midtown Dental Clinic that is available to the public with a sliding fee schedule based on income and family size. Nearer to the university, there are middle-class neighborhoods and university students who are also served by the dental and dental hygiene clinics. Additionally, the off-campus rotation at the Department of Veterans' Affairs Medical Clinic Dental Clinic provides a diverse population of individuals who have a wide variety of medical needs and life-experiences that add to the students' education preparation to enter the profession of dental hygiene.

4. Do enrollment statistics reveal any trend which the institution is concerned? If so, describe those concerns.

Through the program's efforts at tracking applicants, it has been shown that a consistent number of applicants have applied to the program over the past five years. This tracking has shown an overall increase in the percentage of eligible applicants for review. While there are currently four additional dental hygiene programs in Utah, our application and enrollment trends at Weber State University does not appear to be negatively affected. The Institution, at large, is aware of the demand for our program within Utah and the region.

5. Evaluate the extent to which the program goals and objectives provide for the ongoing inclusion of scientific advancement and innovations in dental hygiene practice and health care systems.

The program strives to be on the leading edge of innovation. Within the planning structure of the program, ideas are brought forward regarding advancements in practice and science. The faculty members review the curriculum, arriving at consensus on topics that should be deleted or need less emphasis. Innovations are sought after that meets the program goals and objectives. Competencies are considered when a specific skill or topic is added to better prepare our graduates for competent and effective practice.

6. Assess the extent to which course descriptions and objectives reflect the content delineated in the respective topical outlines.

Course descriptions and objectives reflect the topic outlines prepared through the competencies for dental hygiene practice. The program utilizes a template outline for the course descriptions and objectives that allows for clear identification of topics.

7. Explain the rationale/philosophy for the overall curriculum sequence.

The beginning student is introduced to dental hygiene at the most basic level in the pre-clinical course that is paralleled with basic sciences that complement the topics presented. In the second semester, students are provided clinic practice to implement the basic clinic skills and incorporate knowledge from additional science courses. During the third semester, clinic practice time increases, additional science background knowledge is presented; more advanced clinical skills are learned and focus moves toward integrating problem solving skills through the use of evidence and research. In the fourth semester, the student continues with clinic skills practice, with an expectation of a demonstrated increase in competency at a level of a novice practitioner. As a program graduate, a level of competency is possessed that allows the dental hygienist to enter into practice, embrace continuing, lifelong learning and continues in the advancement to the level of mastery of an experienced dental hygienist.

8. Appraise students' ability to evaluate the outcome of dental hygiene care through experience with maintenance or continuing care appointments for clinic patients.

The program promotes comprehensive dental hygiene treatment planning. The provision of that planned care requires that students assess the outcomes of treatment and the need for individualized plans for patient maintenance and/or referral. Students provide

continuing treatment for maintenance care for patients who have varying degrees of periodontal conditions (relative health through severe periodontal disease).

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

1. To what extent does the program administrator have authority commensurate with his/her responsibilities to support the goals and objectives of the dental hygiene program?

The Program Chair has the authority, commensurate with her responsibilities to administer the program. The budget and planning processes are developed at the program level with the approval, open and extensive communication with the Dean.

2. What activities during the past year demonstrate that the program administrator has assumed responsibility for continuous coordination, evaluation and development of the dental hygiene program?

Under the direction of the Program Chair:

- The clinic has continued the partnership with Midtown Community Health Center to maintain and encourage growth within the Weber-Midtown Dental Clinic located within the Dental Hygiene Clinic. The clinic provides dental care to underserved people in our community and provides an additional resource for our students' dental hygiene patients.
- grant monies were awarded to provide computer equipment upgrades in room 479, purchase the phosphor plate digital radiograph system, the Velscope® oral cancer detection system and other equipment for clinic and classrooms
- faculty continue to be mentored and encouraged to seek advanced degrees in an effort to provide for excellence in teaching as well as a long-term commitment to the program, college and university
- adjustments to budgetary spending has allowed for an increase in daily salary for the clinical adjunct faculty (08-09 year)

3. Evaluate the adequacy of the number of program faculty, and scheduling flexibility to achieve program goals.

The number of contract faculty is stable at a number of 5.5 FTE. This number is adequate to coordinate and lead the 7 adjunct clinical faculty that support and supervise the students during patient treatment in the dental hygiene clinic. Demand for the Baccalaureate degree completion component of the program has been strong, but limited, based on available faculty to manage additional students and classes. The Associate Degree Program remains the main program focus.

4. Assess the extent to which provisions for faculty appointments ensure that faculty will have non-teaching time to evaluate the program and institute changes on a continuing basis.

Contract faculty have teaching assignments of 12 hours of clinic supervision and 3 contact hours of didactic teaching per semester, as defined by university and program policy. With this basic assignment, coupled with student advisement, faculty meetings and projects, faculty does have non-teaching time available for evaluation and change implementation.

5. To what extent do faculty/student ratios during laboratory, preclinical, and clinical sessions provide individualized instruction, provide for maximum protection of patients and allow evaluation of the process as well as the end result?

The Program is fortunate to have the support of the administration to have low faculty to student ratios. The entire faculty is committed to providing the best learning experience as possible in the acquisition of knowledge in the laboratory, classroom and clinic settings. The configuration of the dental hygiene clinic allows for a very high level supervision and evaluation of the students and their patients.

6. To what degree do faculty workloads allow for effective supervision of exceptional and/or slow students?

The faculty workloads are configured in a manner that adjustments in time commitment for supervision are possible, when needed. The program is fortunate to have a core of faculty that is an exceptional team that have worked together in many circumstances to brainstorm strategies to address specific student needs and to increase supervision when needed.

7. Assess the effectiveness of the current arrangements for the dentist(s) who provide(s) supervisory, diagnostic, consultative and referral services for the dental hygiene clinic.

The dentist supervisor is available to the dental hygiene supervisors and students throughout the clinic day. The dentist is sought for a wide range of services that include, but are not limited to, the professional decision to refer a patient for adjunctive, continuing care with other health care providers.

8. Assess the effectiveness of the faculty evaluation system.

The faculty evaluation system is an effective system that allows for feedback through peer reviews of teaching that includes peers from within the program and those outside dental hygiene department (other health professions faculty). It organizes the faculty into a system that encourages self-evaluation of teaching effectiveness. Team building is enhanced through the focused evaluation and debriefing meeting that occurs at the culmination of the peer review. Individual faculty goal setting and review has been part of the faculty evaluation system. This activity has become less formal and needs to be brought forward as a priority within the program. The size of the faculty group, frequent faculty and staff meetings, and the camaraderie that is experienced has allowed for the formal goal setting and reviews to become lenient. This is an administrative goal to enhance the faculty evaluation system within the department.

9. Compare the program faculty's opportunities to continue professional development with those of other institutional faculty in terms of release time and financial support.

The program encourages faculty to seek professional development opportunities at local, regional and national settings. Financial support is sought from a variety of sources on-campus, off-campus and within the program budget. Faculty are encouraged to prepare presentations, posters, and other scholarly works to demonstrate leadership roles which assists in their requests to receive development funding. When a faculty member plans for release time, a proposal that accounts for their use of their contract time is requested. It is a program expectation that the faculty member's responsibilities will be managed in a balanced manner to support the students and the university, college and program's goal attainment through teaching, scholarship and service.

10. Evaluate the adequacy of support services available to the program.

The program is supported by a wide variety of services that include Dumke College of Health Professions Admissions Counselors, testing and learning resources through the Dumke College Learning Center and the University library.

The Student Union building has experienced a re-birth with new construction and new programming. The Student Services Center has a Student Health Center, Student Career Center, and Student Involvement Center. The Community Involvement Center in the Union Building coordinates and manages community outreach through the AmeriCorp service program that provides for education grants. The dental hygiene students are highly involved with AmeriCorp because the community service that is commonplace to dental hygiene is acceptable as service hours.

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

1. Assess the adequacy of the program's clinical, laboratory and radiography facilities (on-campus and extended campus), i.e., storage, safety, provision of adequate learning experiences.

On-campus: One of the program's strengths is the clinical facility. It is a spacious, well-organized, well-maintained clinic with up to date equipment and supplies. The clinic and radiology facilities are managed by a full-time clinic manager who has kept this program's clinic operating with fiscal and managerial expertise. The scheduling of clinic and radiography equipment use was designed for the current number of students and continues to serve them well. The laboratory is a small classroom, with multiple uses that became apparent when the space in the building has been challenged by other programs and groups requesting scheduled use. The laboratory is used for the dental materials class, clinic seminars and serves as a place where students can go during "breaks", instead of congregating in the patient waiting areas or in the hallways. The program continues to "brainstorm" strategies for ways to create a centralized student area.

Off-campus: During the 2008-2009 academic year the Department of Veterans' Affairs Medical Center, Dental Clinic broke ground on the construction of a new dental clinic facility. The configuration of the clinic as a rectangular space (operatories organized one after another down a long hallway) rather than a 'cluster' creates more of a challenge for student and patient supervision. However, the floor plans for the new facility do have the dental hygiene operatories clustered for improved supervision. The WSU faculty supervisors have enjoyed the effects of the remodeling and ongoing cooperation of the VA Dentists. We have moved into the new Dental Clinic facility for the academic year 2009-2010. We have enjoyed a long standing positive relationship with the Dental Clinic and look forward to its continuation.

2. Evaluate the adequacy of the facilities and scheduling flexibility to achieve program goals and objectives.

The program/department has control over the scheduling of the facilities and has been able to achieve program goals through adequate clinic practice for all students.

3. Assess the advantages and disadvantages of the capacity, design and scheduling of the clinical facility and equipment in relation to the attainment of program goals and provision of equal and adequate clinical practice experiences for all dental hygiene students.

The disadvantage of the capacity of the clinic is in the event that equipment experiences malfunction, the student(s) must be moved to another operatory. This causes the student to feel stress (disorganized) as they must move their personal supplies with them. This rarely happens and there is one operatory that is designated as the extra/emergency unit that can be utilized in this situation. The program is very fortunate in that our facility is only 14 years old. The clinic was designed for the enrolled number of students under the established schedule. All students are presented with their third and fourth semesters schedules at the end of second semester (clinic is not held during the summer). In the event of illness, or scheduling problems, it can be difficult to re-schedule a clinic session for an individual student because the space is reserved early in the year and for each day that the clinic is planned to be open. As circumstances arise that additional clinic time or "make-up" clinics are needed, faculty work with the student and clinic to manage needed clinical practice.

4. Evaluate the comprehensiveness, diversity, currency and quality of the texts and periodicals pertaining to dentistry and dental hygiene that are available for use.

The Dental Hygiene Program has access to current instructional materials, periodicals, texts located within the program and at the University Library. With the affiliation with the Department of Veterans' Affairs Medical Clinic, Dental clinic, the program has full access to the Medical Center Library holdings and interlibrary loan, free of charge. Also, the relationship with the Department of Veterans' Affairs Medical Center is part of the

consortium of libraries that further joins the Dental Hygiene Program with other library resources.

5. Assess the budget available to purchase instructional aids and equipment.

The Department has limited funds for the purchase of instructional aids and equipment, especially those that are very expensive, all at once. There are local, state and federal grant sources available that the department participates in annually. The department has been successful in securing grant monies from the Federal Perkins program to purchase equipment and instructional aids. The University Library allocates funds each year for purchases specifically for the Dental Hygiene Department.

STANDARD 5 - HEALTH AND SAFETY PROVISIONS

1. Assess the effectiveness of the institution's policies and procedures in ensuring a safe environment for patients, students, faculty and staff: a) infectious diseases; b) ionizing radiation; and, c) sterilizing and disinfecting equipment and procedures in relation to practicing current infection and hazard control.

The Institution and Program adhere to safety policies and procedures as outlined by OSHA and the University Safety Office. The University Safety Committee provides training for staff and faculty. The program continues that training for students and maintains that adherence of current standards with students and clinic patients under faculty and staff supervision. The Clinical Laboratory Sciences Department manages spore testing procedures for the Program's sterilization equipment for materials and instruments for continuing quality assurance. Through the coordinated efforts of the clinic manager, faculty and students, current infection and hazard control standards are maintained.

2. Evaluate the adequacy of the emergency equipment and materials in relation to instruction in managing dental emergencies. Assess the effectiveness of the program's policy to manage emergencies which might occur.

The emergency equipment is adequate for managing dental emergencies. Regularly scheduled mock-emergencies are practiced in the dental hygiene clinic. Students, faculty and staff have training and practice to prepare for emergency management.

STANDARD 6 - PATIENT CARE SERVICES

1. Evaluate the extent to which the program provides quality dental hygiene care.

The clinic computer system assists in the tracking of patients and the management of their treatment plan. The Patient Chart Auditing System is another safe guard for assessment and management of patient care plans. The supervising clinical faculty have the responsibility to review the patients' record to assure treatment completion. During

the 2008-2009 academic year, the chart audit activity was done more informally with fewer records kept using the evaluation rubric. With this discovery, the chart audit system has been reinstated the formal process of the chart audit with the use of the evaluation rubric.

2. Assess the program's effectiveness in ensuring the continuous basic life support recognition of all students, faculty and staff who are involved in the direct provision of patient care.

At the beginning of the school year, the Emergency Care and Rescue Department at WSU hosts a CPR and defibrillator recertification exclusively for the Dental Hygiene Program. This is an annual event, even though many students and faculty hold CPR certification that award a 2 year span renewal dates. It is the policy of the Program to have additional annual practice and update as part of our readiness for an emergency.

In the event that a faculty member or student is unable to attend this mandatory group recertification, they must show evidence by providing a copy of their certification card, that states the date and the Health Care Provider level of CPR and AED training. The department maintains these records. If an individual is in violation of this policy, they are notified by their immediate supervision or immediate clinic faculty. Department policy requires current annual certification before participating in any portion of the dental hygiene clinic activities.