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.

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 and be eligible for licensure. The curriculum also 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 skills, 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. Our Program provides a variety of practice settings where students deliver optimal care including; a campus-based clinical facility, a local community health clinic for underserved populations and a Department of Veteran's Affairs Medical Center Dental clinic. 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 endorsed favorably with other universities, both 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 implements a "lock-step" curriculum. Students do not matriculate early or progress at an individual pace through the Program.

Supportive Documentation

Exhibit 17	Weber State University Catalog	Page 203 separate document

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.

Enrolled students receive copies of both the *Dental Hygiene Program Student Handbook* and the *Weber State University Dental Hygiene Clinic Manual*, which annually provides the Programs academic, professional, and clinical course expectations and standards. Course syllabi and supplemental materials are printed and/or provided in an electronic format (via Canvas®). Students who fail to meet these formal standards and required criteria as outlined are individually assessed and reasonable provisions for remediation and/or potential dismissal are considered. These standards and criteria are presented in both 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 (available online).* Upon presenting and answering all questions concerning Program requirements, expectations, policies, and procedures; the students are also required to sign the *Student Handbook* demonstrating a formal understanding of discussed requirements and expectations.

Supportive Documentation

Exhibit 9	*Weber State Dental Hygiene Program Student Handbook 2016-17*	Page 176
Exhibit 23	Course syllabi and electronic supplemented materials (Canvas®)	Page 256
Exhibit 20	*Weber State University Dental Hygiene Clinic Manual* 2*016-17* (Table of Contents)	Page 251 available on-site
Exhibit 21	*WSU Policy and Procedure Manual* (www.weber.edu/ppm)	Page 254

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.

Admissions criteria include: college/university level academic performance with emphasis on biomedical and physical science courses that are completed prior, 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 24 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 2 possible points for reapplications and/or under-represented populations, e.g. males, other minorities)*
- Committee review, including essay evaluation *(worth 5 possible points)*
- Personal interview *(5 possible points)*

The process for selecting students includes initial advisement and transcript review with guidance regarding eligibility requirements by the admissions department in the Dumke College of Health Professions. 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 Program 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 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.

- Approximately 40-50 of the top ranked individuals are invited for an interview with the admissions committee. The interview is worth five possible points towards the total score. A pre-determined questionnaire is used for all applicants.
- The top 30 applicants are offered acceptance into the program for the following fall semester. In general, five applicants numbered 31-35 are offered alternate positions.

The admissions committee includes: Admission advisors, department chair Professor Stephanie Bossenberger, Professor's Frances McConaughy and Dr. Carol Naylor, Associate Professor's Susan Alexander, Shelly Costley, Assistant Professor Shane Perry, and Instructor Kim Caldwell.

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 are 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 Program policies, procedures, processes, 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.

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)

- WSU Dumke College of Health Professions and WSU Dental Hygiene Program brochure

- Activities of the counselors (i.e. career fairs, high school presentations, etc.) in the Dumke College of Health Professions Admissions and Advisement office.

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*, and in the *Dental Hygiene Clinic Manual*.

Supportive Documentation

Exhibit 9	*Weber State Dental Hygiene Program Student Handbook 2016-17*	Page 176 Available on-site
Exhibit 20	*Weber State University Dental Hygiene Clinic Manual 2016-17*	Page 251 Available on-site
Exhibit 16	Admissions criteria rating worksheet Application form and packet Minutes of Admissions committee meeting	Page 188 Available on-site
Exhibit 21	*University Policy and Procedure Manual (www.weber.edu/ppm)*	Page 254 Available on-site

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.

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.

Supportive Documentation

Exhibit 25	Student attrition data for current classes (Graduating class of 2017, class of 2018)	Page 504

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

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 children to seniors and their various dental conditions. The ethnicity follows that of the enrolled student, in most cases.
- Patient referrals from community organizations that may target specific populations (e.g. 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 federal or state poverty level, 100% subsidized school lunch programs, and other similar 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 extension of WSU campus in an adjacent county) and the Davis Community Health Center (affiliate of Midtown Community Health Center).

The off-campus site at the Midtown Community Health Center in Ogden provides experiences for senior dental hygiene students. All students are provided rotations through this clinical facility as part of their required clinical hours and for equal time period for every student throughout their senior year.

The off-campus site at the Department of Veterans' Affairs Medical Center dental clinic is located in Salt Lake City and 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 (18 clinical, additional 4 for radiology), and the number of operatories at the off-campus clinics relative to the student rotation assignment (one chair per student at each site). 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 Midtown Community Health Center and 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 operatory. A customized computer system, including digital radiographs, is used at both the Midtown Community Health Center and the Veterans' Affairs dental

clinics. Each student has their own computer at these facilities.

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

For Fall semester 2016, 150 individuals submitted the required application credentials.

A) Of these, 140 met the minimum admission criteria and were formally reviewed by the admissions committee.
B) Thirty (30) applicants were offered admission
C) 30 students enrolled
D) No students were enrolled with advanced standing.

Enrollment data for the current and four preceding years and attrition data for the classes of students are provided in the evidence to demonstrate compliance.

Supportive Documentation

Exhibit 24	Enrollment data for 13-14, 14-15, 15-16 and 16-17	Page 499
Exhibit 25	Student attrition data for the current classes (Graduating class of 2016 and 2017)	Page 504
Exhibit 26	Senior student clinical rotation schedules (DENT 3336 and 3346)	Page 505
Exhibit 27	Junior student clinic rotation schedules, including radiology laboratory assignments (DENT 2206 and 2216)	Page 507
Exhibit 29	Dental Hygiene Curriculum Document	Page 518
	Prerequisite Courses	Available on-site
	Dental Hygiene Program courses	

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.

The Program's competencies required for students is provided in the *Dental Hygiene Clinic Manual* and is presented initially 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.

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 evaluations, 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 proficient competency in multiple skills (e.g. 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.

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.

Students are apprised of their progress regularly in all courses. Each student is assigned a faculty 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 both academic and behavioral situations that require immediate attention. If a student's performance is found to be below Program 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 course of action document is provided to the student outlining the procedures required for 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 on a regular basis to determine adequate progress is being met to satisfy the conditions of the probation and for the student's satisfactory progress for the remainder of the program.

Any student experiencing academic and clinical skill difficulties, 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 clinical practice sessions, repeating practical or written exams, extra-credit assignments, and other additional opportunities to customize remedial skill development to meet their individual needs.

Supportive Documentation

Exhibit 9	*Weber State Dental Hygiene Program Student Handbook 2016-17*	Page 176
Exhibit 28	Curriculum sequence	Page 513
Exhibit 20	*Weber State University Dental Hygiene Clinic Manual 2016-17* (Table of Contents)	Page 251
Exhibit 29	Dental Hygiene Curriculum document Prerequisite courses Dental Hygiene program courses	Page 518 available on-site
Exhibit 23	Dental Hygiene Program Course syllabi	Page 256
Exhibit 42	Program competencies, courses and evaluations	Page 568
Exhibit 32	Process Evaluations: Table of Contents Individual forms –	Page 523 available on-site

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 onset of each course, students are provided course syllabi that address course descriptions, content outlines, course topics, and evaluation procedures. The materials are available both through either an electronic content delivery system (e.g. Canvas®), or printed module form that is available for purchase at the university bookstore. In-class handouts are distributed via e-mail or in-class.

Supportive Documentation

Exhibit 23	Dental Hygiene Program Course syllabi	Page 256

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 course prerequisite criteria include required university general education courses and other specified course work to more fully prepare the student for the rigors of 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 detailed and presented in the supportive documentation section of Standard 2.

2-8a 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.

2-8b 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 this 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 specifically in regards to 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.

2-8c 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 (Pain Control)
- DENT 2219 Dental Materials

2-8d 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 are discussed throughout the Program, but most specifically in DENT 2206, 2207, 2216, 2217, 3336, 3337, 3346, and DENT 3347.
- Clinical dental hygiene concepts are discussed in DENT 2207, 2217, 3337, and DENT 3347.
- The provision of services for the management of patients with special needs are specifically discussed in DENT 2217 and DENT 3347.
- Concepts of community dental/oral health are discussed in DENT 2201 and DENT 3301.
- Medical and dental emergencies are discussed in DENT 2235 and DENT 3336.
- The legal and ethical aspects of dental hygiene practice are discussed in DENT 2250, 3337, and DENT 3347.
- The infection and hazard control management is discussed in DENT 2206, 2216, 3336, and DENT 3346.

- The provision of oral health care services to patients with bloodborne infectious diseases is discussed in DENT 2206, 2207, 2216, 2217, 3336, and DENT 3346.

2-9 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 regard to scientific principles of dental hygiene practice, starts with knowledge concepts leading to a more foundational 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	

2-10 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.

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 number of hours for clinical practice is sufficient for students to develop clinical competence and develop appropriate judgment.

The preclinical course has at least six hours of clinical practice per week (DENT 2206) with 3 hours of time per week 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 senior student is scheduled for sixteen hours per week in the dental hygiene clinical setting. All students are at the WSU dental hygiene clinic for 8 hours and rotate at one of the off-campus clinic sites (Veteran's Dental Clinic or Midtown Dental Clinic) for 8 hours during one of the semesters.

Supportive Documentation

Exhibit 7	Outcomes measures (testing for licensure) National Dental Hygiene Board exam, WREB dental hygiene and local anesthesia examinations	Page 170
Exhibit 29	Dental Hygiene Curriculum document o Prerequisite courses o Dental Hygiene program courses	Page 518
Exhibit 31	Class schedule for the current year's dental hygiene class	Page 520
Exhibit 33	Courses that provide major instruction and the number of clock hours devoted to instruction	Page 524

2-11 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.

Minimum Program requirements for patient requirements are specified in each clinical course and stated in the corresponding syllabi (Exhibit 33 DENT 2216, 3336 and DENT 3346). Students are required to meet or exceed these requirements.

The Program has an on-campus clinical site provided for both junior and senior students. Only senior students are placed in clinical rotations at an extended campus. Semesters 3 and 4 include off-campus clinical practice experiences held at sites The Department of Veterans' Affairs Medical Center dental clinic located in Salt Lake City, Utah; and the dental clinic at Midtown Community Health Center located in Ogden, Utah. Semesters 1 and 2 clinical practice experiences occur solely at the WSU Dental Hygiene Program clinic located in Ogden, Utah.

Supportive Documentation

Exhibit 20	*Weber State University Dental Hygiene Clinic Manual 2016-17*	Page 251
Exhibit 29	Dental Hygiene Curriculum document • Prerequisite courses • Dental Hygiene program courses	Page 518 available on-site
Exhibit 34	Patient Categories Requirement: Academic Year Totals 2016-2017	Page 527
Exhibit 35	Tal-Eval® clinical competency form • Tal-Eval® summary	Page 543

- Radiology Lab practice encounter form

Exhibit 37	Student tracking sheets for clinical requirements	Page 552

Patient Care Competencies

2-12 Graduates must be competent in providing dental hygiene care for child, adolescent, adult, and geriatric patient. Graduates must also be competent in assessing the treatment needs of patients with special needs.

An appropriate patient pool is available to address all student requirement needs. All students are required to see patients that represent each category ranging from pediatrics to elderly. The WSU Dental Hygiene Program also offers off-campus clinical rotation site at The Department of Veterans' Affairs Medical Center dental clinic and Midtown Community Health Center, as part of the clinic experiences for senior students only. Only adults, most often with some degree of periodontal disease are seen at the VA dental clinic. The Midtown clinic treats children, adolescents and adults. All aspects of the clinical treatment rotations are evaluated by Program full-time professors and adjunct faculty using the same clinical evaluation system. Clinical rotation schedules for the academic year are identified in supportive documentation to demonstrate compliance.

Supportive Documentation

Exhibit 26	Senior student clinical rotation schedules (DENT 3336 and 3346)	Page 505
Exhibit 27	Junior student clinic rotation schedules, including radiology laboratory assignments (DENT 2206, DENT 2208 and 2216)	Page 507
Exhibit 36	EagleSoft ® Computerized Clinic Patient Chart system	Page 544

2-13 Graduates must be competent in providing the dental hygiene process of care which includes:

a) Comprehensive collection of patient data to identify the physical and oral health status;
b) Analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;
c) Establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
d) Provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
e) Measurement of the extent to which goals identified in the dental hygiene care plan are achieved**;**
f) Complete and accurate recording of all documentation relevant to patient care.

Patient data identifying physical and oral health status is collected and recorded in Eaglesoft®, a computer program specifically designed for dental records. Students' assessments are evaluated and confirmed by the faculty after the health history and after the head and neck, oral, dental, and periodontal assessments. The assessment data from the Oral Diagnosis exams are presented by the student to the faculty for approval. Critical thinking is assessed and encouraged to ensure a comprehensive dental hygiene diagnosis and treatment plan. The treatment plan is created keeping in mind the patient's overall goals to ensure patient-centered treatment and to enable optimum oral and overall health. The treatment plan is presented to the patient describing the proposed treatments and cost, the expected outcomes if treatment proceeds as planed and possible outcomes if the treatment plan is compromised.

Evidence-based care is performed in such a manner as to minimize risk to the patient and the student and optimizing oral health by utilizing all evidence-based skills, instruments, and technologies available.

Success is determined by the achievement of patient and dental hygiene goals. If all desired outcomes are not met, the student, patient and faculty decide what part of the process of care was needed to be adjusted; then new goals are identified and new treatment plans are created.

All treatment plans are signed by the student, the patient and by the faculty and scanned into Eaglesoft®.

Supportive Documentation

Exhibit 36	EagleSoft ® Computerized Clinic Patient Chart system	Page 544
Exhibit 29	Dental Hygiene Curriculum document Prerequisite courses Dental Hygiene program courses	Page 518 available on-site

2-14 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.

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 minimum number of patients with gingivitis and mild periodontal disease during their Clinical Dental Hygiene II course (DENT 2216). 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.

All student patient encounters are tallied using a Microsoft 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 their professionalism.

Supportive Documentation

Exhibit 34	Patient Categories Requirement: Year Totals 2016-2017 First and Second Years	Page 527
Exhibit 37	Student tracking sheets for clinical requirements	Page 552
Exhibit 29	Dental Hygiene Curriculum document • Prerequisite courses • Dental Hygiene program courses	Page 518 available on-site
Exhibit 20	*Weber State University Dental Hygiene Clinic Manual 2016-17* (Table of Contents)	Page 251 available on-site
Exhibit 35	Tal-Eval® Dental Hygiene Evaluation system	Page 543

2-15 Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care.

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 TalEval® patient encounter forms for professionalism and patient communication.

As students encounter patients with complicated medical health histories, they are required to make contact by fax or call the patients physicians for consultation prior to treatment.

Supportive Documentation

Exhibit 38	Liaison Activities in the Community- Summary of Community Projects	Page 554
Exhibit 39	Physician Consultation forms: Cardiac Conditions, all other health conditions	Page 556

2-16 Graduates must demonstrate competence in:

a) Assessing the oral health needs of community-based programs
b) Planning an oral health program to include health promotion and disease prevention activities
c) Implementing the planned program, and,
d) Evaluating the effectiveness of the implemented program.

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.

Supportive Documentation

Exhibit 29	Dental Hygiene Curriculum document • Prerequisite courses • Dental Hygiene program courses	Page 518 available on-site
Exhibit 38	Community and sealant projects, Liaison Activities	Page 554
Exhibit 20	Weber State University Dental Hygiene Clinic Manual 2016-17 (Section VIII & IX)	Page 251 available on-site

2-17 Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

All faculty, staff, and students re-certify annually in basic CPR and use of defibrillator 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).

Supportive Documentation

Exhibit 29	Dental Hygiene Curriculum document	Page 518 available on-site
Exhibit 40	Class Roll for CPR and Defibrillator (AED) Training	Page 558

2-18 Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

The state allowed additional dental hygiene functions include the administration of nitrous oxide and laser periodontal therapy. Local Anesthesia requires additional certification; initial licensure can be granted without local anesthesia certification. However, this skill is taught in our curriculum; didactic (DENT3305) and to clinical competence (DENT3336/3346).

Supportive Documentation

Exhibit 41	State specific additional dental hygiene functions Utah State Practice Act and Rules	Page 559
Exhibit 29	Dental Hygiene Curriculum document DENT 3305 Dental Medicine II (Pain Control) – Local Anesthesia and Nitrous Oxide DENT 3337 Dental Hygiene IV and DENT 3346 Clinical DH IV Diode Laser use in Periodontal therapy	Page 518 Available on-site

Ethics and Professionalism

2-19 Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.

Program Professional Code of Conduct is embodied in its Patient's Bill of Rights and 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. Furthermore, 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 Utah State 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 licensure requirements are presented in more detail in the senior dental hygiene clinic courses (DENT 3336, 3346).

Faculty engage 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 Program clinical competencies and is evaluated during each pre-clinical, radiological, and clinical experience.

Supportive Documentation

Exhibit 6	Outcomes measures (survey of current and graduated students)	Page 97
Exhibit 9	*Weber State Dental Hygiene Program Student Handbook 2016-17* (Table of Contents)	Page 9 available on-site
Exhibit 20	*Weber State University Dental Hygiene Clinic Manual 2016-17* (Table of Contents)	Page 251
Exhibit 35	TalEval® Dental Hygiene Evaluation System	Page 543

2-20 Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Students are informed about the introductory legal requirements of the State's Practice Act in the Professional Ethics Course (DENT 2250). 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 courses (DENT 3347)

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.

Supportive Documentation

Exhibit 29	Dental Hygiene Curriculum document DENT 3347 Dental Hygiene IV – assignment-attend DOPL board meeting	Page 518 available on-site
Exhibit 29	Dental Hygiene Curriculum document DENT 2250 Professional Ethics course	Page 518 available on-site

Critical Thinking

2-21 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 Program *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 are 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, further, as identified in the student handbook one of the program goals is to prepare individuals who are capable of making decisions knowledgeable of public affairs and motivated to become life-long learners.

Supportive Documentation

Exhibit 6	Outcomes measures (survey of current and graduated students)	Page 97
Exhibit 20	*Weber State University Dental Hygiene Clinic Manual 2016-17* (Table of Contents)	Page 251

Exhibit 9	*Dental Hygiene Program Student Handbook 2016-2017* (Table of Contents)	Page 176
Exhibit 29	Dental Hygiene Curriculum document Prerequisite courses Dental Hygiene program courses	Page 518 available on-site
Exhibit 32	Process Evaluations Summary individual processes forms	Page 523 available on-site

2-22 Graduates must be competent in the evaluation of current scientific literature.

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 presentation. 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).

Supportive Documentation

Exhibit 29	Dental Hygiene curriculum document Prerequisite Program courses Dental Hygiene Program courses	Page 518 available on-site

2-23 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

A. **Description**

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 competencies.

Supportive Documentation

Exhibit 29	Dental Hygiene Curriculum document Prerequisite courses Dental Hygiene program courses	Page 518 available on-site

Exhibit 30	Analysis of evaluation procedures for didactic instruction are presented for each course	Page 519 available on-site
	Analysis of evaluation procedures for laboratory, preclinical and clinical instruction, are presented for each course.	Page 519 available on-site
Exhibit 32	Process Evaluations Summary	Page 523
Exhibit 42	Program competencies and related evaluation mechanisms used to measure the competencies .	Page 568 available on-site

Curriculum Management

2-24 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.

An ongoing curriculum review is accomplished through inclusion of curriculum agenda items at the beginning, mid, end-of-semester, and weekly faculty meetings. Input is sought from the students, staff, full-time faculty, and an 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.

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.

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.

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 when the Program has altered a curriculum emphasis on a topic due to the stated current need from the dental community (e.g. fabrication of bleaching trays). Generally speaking, Program faculty have reduced of taken out a topic only because it no longer relates to current competencies (e.g. amalgam polishing).

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

Junior and Senior-year coordinators schedule and host calibration meetings for all clinical faculty (full-time, part-time, on and off campus adjunct) 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.

Supportive Documentation

Exhibit 3	University, College and Program goals; Strategies to meet goals	Page 35
Exhibit 6	Outcomes measures (survey of current and graduated students) Multiyear Survey of Graduates (5 year intervals) Annual Student Survey – junior and senior students Survey of Recent Graduates – 1 year post graduation Survey of Employers of recent graduates – 1 year post graduation	Page 97
Exhibit 19	Advisory Committee Handbook Advisory Committee roster Minutes of advisory committee meetings	Page 220
Exhibit 28	Curriculum sequence	Page 513
Exhibit 29	Dental Hygiene Program Curriculum document • Prerequisite courses • Dental Hygiene program courses	Page 518 available on-site

Exhibit 30	Analysis of evaluation procedures for didactic instruction are presented for each course	Page 519 available on-site
	Analysis of evaluation procedures for laboratory, preclinical and clinical instruction are presented for each course.	
Exhibit 42	Program competencies, related evaluation mechanisms and the course(s) where they are taught	Page 568
Exhibit 43	Student course evaluation forms Examples of course evaluations	Page 592 available on-site
Exhibit 44	Faculty Calibration Agendas and Summaries	Page 593