

SUNY BROOME

A STATE UNIVERSITY OF NEW YORK COMMUNITY COLLEGE

Dental Hygiene Department
Binghamton, New York
(607) 778-5149

DENTAL HYGIENE PROGRAM Self-Study



**CODA Accreditation Site Visit
September 29 & 30, 2020**

SELF-STUDY REPORT

**SUNY Broome Community College
Dental Hygiene Program**

**P.O. Box 1017
Binghamton New York 13902**

607-778-5149

**Site Visit by the
Commission on Dental Accreditation
September 29 & 30, 2020**

SPONSORING INSTITUTION/ VERIFICATION PAGE

I have reviewed this document and verify that the information is accurate and complete, and that it complies with the Commission on Dental Accreditation's Privacy and Data Security Requirements for Institutions.

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INSTITUTION: SUNY Broome Community College (BCC)

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>40</u> | 1 st year students <u>40</u> |
| | 2 nd year students <u>29</u> | 2 nd year students <u>40</u> |

if applicable:

- | | |
|---|---|
| 3 rd year students <u>NA</u> | 3 rd year students <u>NA</u> |
| 4 th year students <u>NA</u> | 4 th year students <u>NA</u> |

Facilities

- a. Identify program(s) which share facilities with the dental hygiene program, e.g., dental assisting, dental laboratory technology, nursing. None
- b. Number of clinical treatment units: 26
- c. Number of laboratory stations: 18
- d. Number of radiography units: 7 (6 intraoral, 1 panoramic)

Program Faculty

- | | | |
|----|---|---------------------|
| a. | Number of dental hygienists | |
| | Full-time: <u>5</u> | Part-time: 11 |
| b. | Number of dentists | |
| | Full-time: <u>0</u> | Part-time: 11 |
| c. | Number of dental assistants | |
| | Full-time: 0 | Part-time: <u>0</u> |
| d. | Number of other faculty | |
| | Full-time: 1 Technical Assistant (Clinic Manager) | Part-time: <u>0</u> |

Curriculum

- a. Name of term: Semester
- b. Number of terms: 4
- c. Number of weeks per term: 15
- d. Total number of weeks: 60
- e. Award granted at completion: Associate in Applied Science
- f. Total number of credits: 70
- g. Total program hours: Lecture: 52 hours
 Laboratory: 19 hours
 Clinic: 40 hours

Setting/Curriculum Delivery

- a. Site(s) where dental hygiene instruction occurs (See definitions within EOPP):
Off-Campus (major and minor activity sites):

On-Site: All dental hygiene clinical education for competency occurs in the SUNY Broome Community College Dental Hygiene Clinic, Binghamton, New York

Enrichment: United Methodist Hilltop Nursing Home

- b. Describe any curriculum delivered via distance education technologies and/or non-traditional methods (list on-line, hybrid, and blackboard courses):

All dental hygiene courses require online student participation. The need to develop a Dental Hygiene Department Distance Learning-Computer Policy was imperative to comply with CODA standards for Distance Education.

Exhibit 0-1 Retroactive Program Change Submission for Accredited Programs

Financial Support

- a. Total direct cost budgeted for current fiscal year: \$ 785,859

Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):
None

Previous Site Visit Recommendations

Using the program's previous site visit report, please demonstrate that the recommendations included in the report have been remedied.

At the previous site visit on September 26 - 27, 2013, the site visit report did not result in any recommendations.

At the January 25, 2014 meeting, the Commission of Dental Accreditation (CODA) considered the site visit report on the dental hygiene program sponsored by SUNY Broome Community College. On the basis of the review, the Commission adopted a resolution to grant the program status of "approval without reporting requirements." No additional information was requested at that time from the program. The next site visit for the program is scheduled for 2020.

Exhibit 0-2 CODA Letter Granting Accreditation Status

COMPLIANCE WITH COMMISSION POLICIES

Please provide documentation demonstrating the program's compliance with the Commission's "Program Changes," "Third Party Comments," "Complaints," and Distance Education" policies.

A. Program Changes

- 1. Identify all changes that have occurred within the program since the previous site visit, identified within the Commission's policy on Reporting Program Changes in Accredited Programs.**

On July 26, 2019, the program submitted a retroactive Report of Program Change notifying the Commission that the program is requesting review of the overall reduction of program credits from 72-70 credits without changing the overall hours of classroom, lab, or clinical instruction and the modification to the course DEN 109, Dental Ethics and Jurisprudence course to an online format.

In 2015, the reduction in total program credits hours was needed to comply with a SUNY Seamless Transfer mandate. The mandate was achieved through a re-interpretation of the Carnegie Units for the clinical courses. DEN 101, 102, 201 and 202 were reduced by .5 credits.

In the Fall 2016, DEN 109, Dental Ethics and Jurisprudence course was changed from face to face instruction to totally online. Justification to making this course totally online was to increase critical thinking and life-long learning skills of the graduates. A Dental Hygiene Department Distance Learning-Computer Use Policy was developed to comply with CODA Standards.

Exhibit 0-1 Retroactive Program Change Submission for Accredited Programs

Exhibit 0-3 CODA Receipt for Program Change

B. Third Party Comments

The program must solicit third-party comments through appropriate notification of communities of interest and the public such as faculty, students, program administrators, specialty and dental-related organizations, patients, and consumers that pertain to the standards of policies and procedures used in the Commission's accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site-visit. The notice should indicate that third-party comments are due in the Commission's office no later than 60 days prior to the site visit. Please review the entire policy on "Third Party Comments" in the Commission's Evaluation and Operational Policies and Procedures manual.

1. **Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on "Third Party Comments."**

March 2020

- SUNY Broome Dental Hygiene student locker room bulletin board
- SUNY Broome Dental Hygiene Student Clinic Manual (Addendum)
- SUNY Broome Dental Hygiene Reception area
- Posted on the SUNY Broome DH Website
- Copy given to the Sixth District Dental Hygiene Association
- Copy given to the Broome County Dental Society for publication in their newsletter.

August 2020

- Copy given to all current dental hygiene students and an explanation of the upcoming accreditation visit and the opportunity to speak with the site-visit team during the scheduled times.

Refer to Exhibit 0-4 Request for Third Party Comments Notice

C. Complaints:

The program is responsible for developing and implementing a procedure demonstrating that students are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student complaints received since the Commission's last comprehensive review of the program. Please review the entire policy of "Complaints" in the Commission's Evaluation Policies and Procedures manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on "Complaints."

Annually students are notified, both verbally and in writing (DH Clinic Manual), of the Commission's policy and procedures for filing complaints related to the dental hygiene standards. The department also solicits student complaints from a suggestion box located in the clinical area. Patient complaints are documented in the patient complaint log found in the Clinic Consultation room. All complaints are discussed at the weekly department meetings and resolutions are sought when possible. A complaint log is maintained in the Clinic Consultation Room. Thus far, no complaints that pertain to the Dental Hygiene Accreditation Standards have been filed.

D. Distance Education

Programs that offer distance education must have processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. In addition, programs must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment. Please read the entire policy on "Distance Education" in the Commission's EOPP: Evaluation and Operational Policies and Procedures manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on "Distance Education."

All dental hygiene courses require online student participation. The need to develop a Dental Hygiene Department Distance Learning-Computer Policy was imperative to comply with CODA standards for Distance Education.

Refer to Exhibit 0-1 Retroactive Program Change Submission for Accredited Programs

- SUNY Broome Network Computer Use Policy
- Health Science Division Academic Honesty Expectations Policy
- Dental Hygiene Department Distance Learning-Computer Policy

PROGRAM EFFECTIVENESS

Program Performance with Respect to Student Achievement:

The site visit team will assess the program's overall performance through student achievement measures such as national assessment scores, licensure or certification examinations results, program retention, and/or employment rates. Please provide a summary explaining how the program measures its effectiveness relative to student achievement. Additionally, provide examples of program changes made based on collection and analysis of student achievement data.

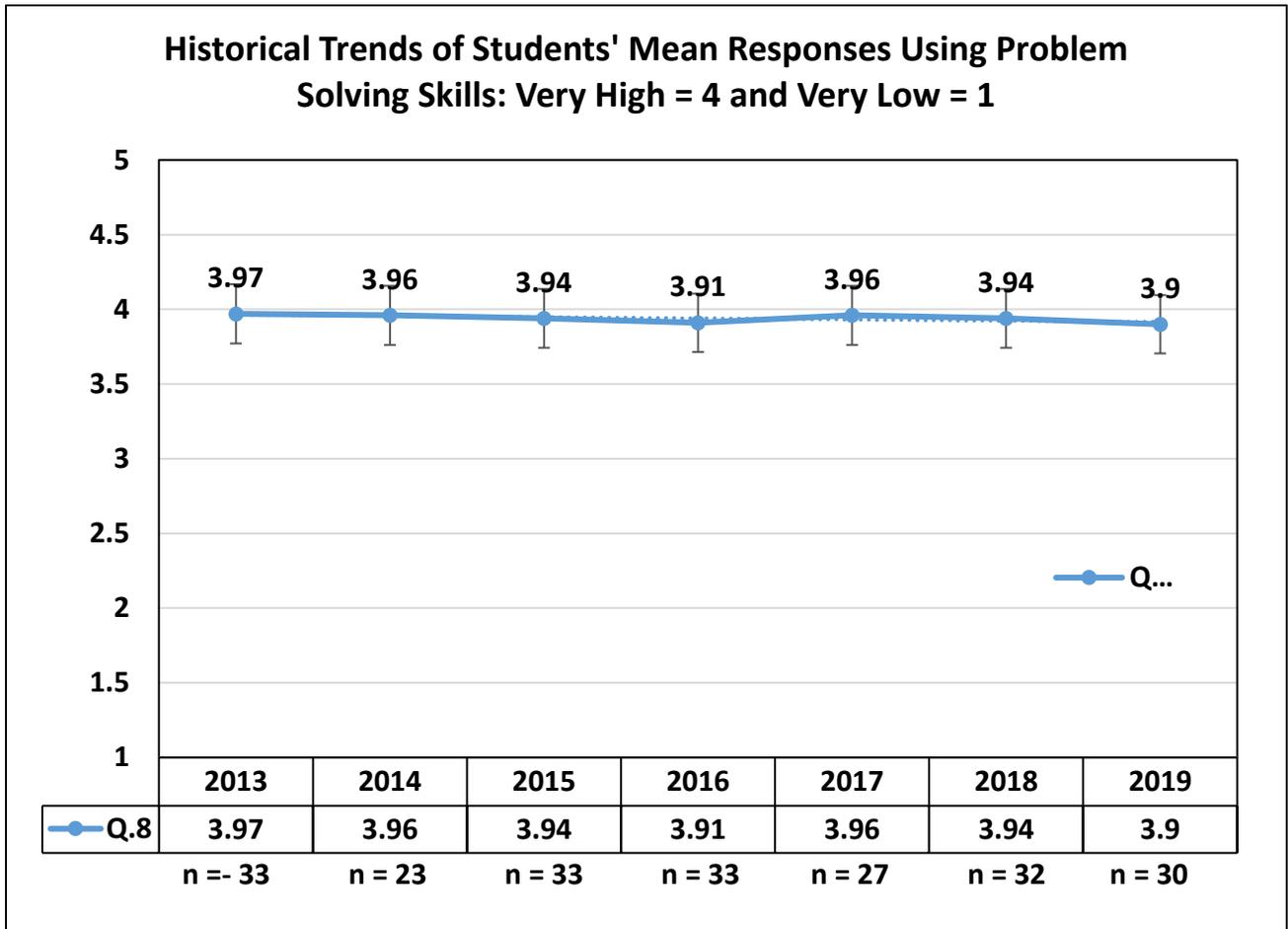


Institutional Effectiveness Summary: for Dental Hygiene Program Effectiveness Outcome Assessment Report, 2013 - 2019

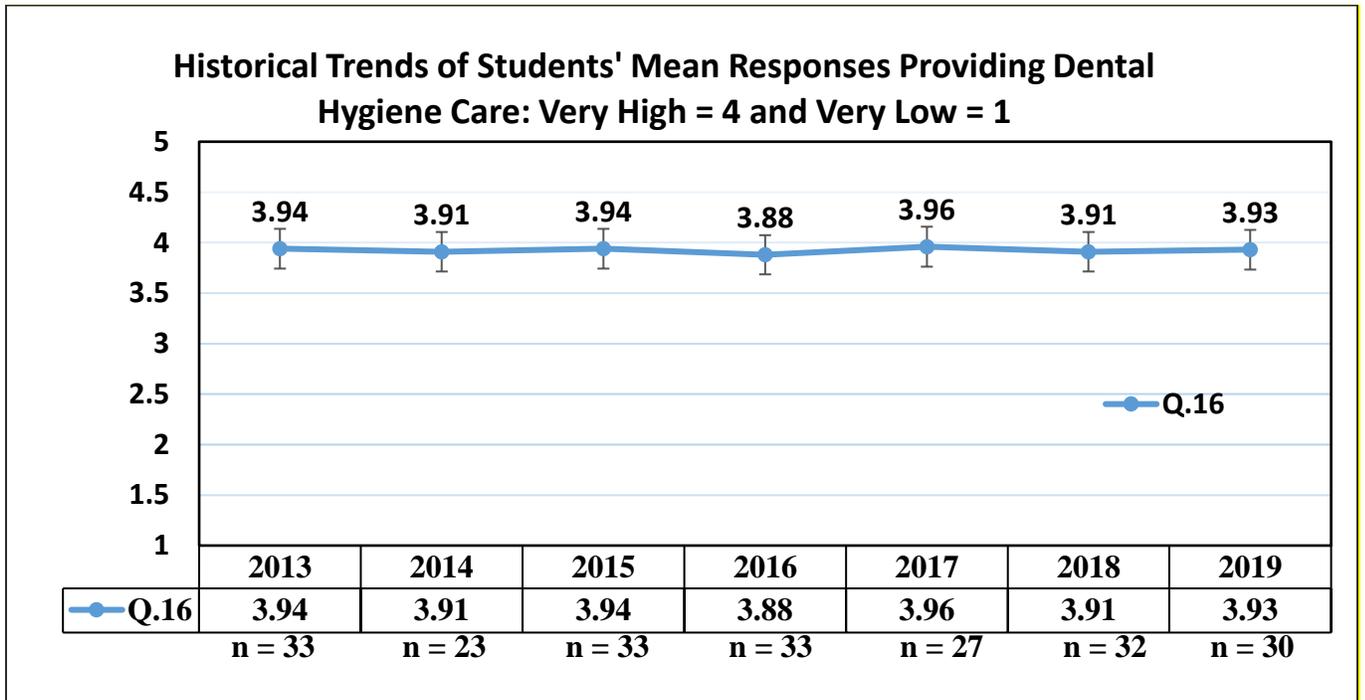
As part of the Institutional Effectiveness assessment process for the Dental Hygiene program, exit surveys were administered to students enrolled in the program. Student Exit Surveys provide the opportunity for students to evaluate the level of competency attained upon completion of the SUNY Broome Community College Dental Hygiene program. Students evaluate themselves in ethics, information management and critical thinking, patient care competencies, community involvement, assessment, planning, implementation, and evaluation. A trend summary of the student mean response from the class of 2013 to 2019 in specific areas are presented below.

Student Exit Surveys

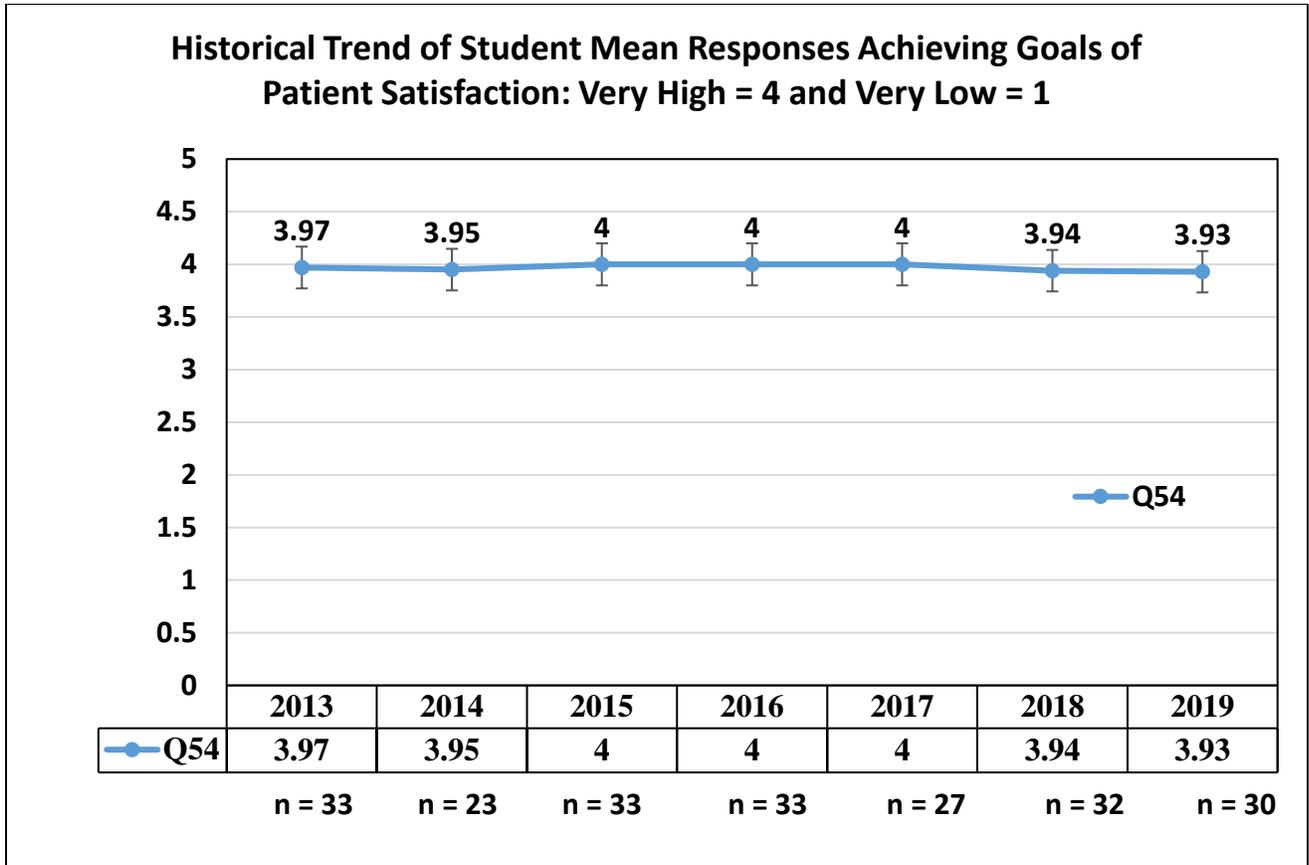
Students completing the Student Exit Survey, question 8, have consistently rated the use of problem-solving strategies when providing comprehensive patient care management near very high of between 3.91 and 3.97. This is evidence of the efficacy of the program in training students to solve patient-related problems.



Further, students completing exit survey question 16, have consistently rated providing dental hygiene care for all types of periodontal disease near very high of between 3.88 and 3.96. This is evidential of the quality of skills acquired by the students to become competent and productive in the job market.



Students completing exit survey question 54, have consistently rated patient satisfaction related to measuring the extent to which goals identified in the treatment plan were achieved near very high between 3.95 and 4.0. This shows evidence of the quality of care and trust of patients in the care received from students graduating from the program.



Employer Survey

The SUNY BCC Dental Hygiene Employer Survey provides the opportunity for regional employers to rate the performance of SUNY BCC graduates of the Dental Hygiene Program. Employers evaluate graduates in ethics, information management and critical thinking, patient care competencies, community involvement, assessment, planning, implementation, and evaluation. A summary of the mean responses of questions 8, 16, and 54 of the SUNY BCC Dental Hygiene Employer Survey is provided in the table below. Based on a scale of Very High = 4 and High = 3, it appears that employers rate program graduates between High and Very High. Questions 8, 16, and 54 are the same questions used on the annual student exit survey. Comparing the two responses, there is a slightly lower perception provided by the employer than students. However, the perception remains at satisfactory levels.

Employer Survey Responses Mean	Question 8 Problem Solving	Question 16: Patient Care	Question 54: Patient Satisfaction
Spring 2015, n = 33, response rate = 36%	3.45	3.36	3.82
December 2018 n = 21, response rate = 44%	3.45	3.45	3.70

Alumni Survey Insert

The SUNY BCC Alumni Survey Insert provides the opportunity for graduates from the Dental Hygiene Program to indicate the degree of competency that their education at SUNY BCC allowed them to develop. A summary of the mean response for questions 8, 16, and 54 of this survey is provided in the table below. Based on a scale of Very High = 4 and High = 3, the graduates rated Very High the last five Alumni Survey Insert Results. Question 8, 16, and 54 were the same questions used on the annual student exit survey and employer survey.

Alumni Survey Insert Response Mean	Question 8: Problem Solving	Question 16: Patient Care	Question 54: Patient Satisfaction
Fall 2013, n = 8, response rate = 29%	4.00	3.75	4.00
Spring 2014, n = 8, response rate = 38.1%	4.14	4.14	4.14
Fall 2015, n = 8, response rate 21%	3.88	3.88	4.00
Fall 2016, n = 7, response rate = 29.2%	4.00	3.71	4.00
Fall 2017, n = 12, response rate = 48%	3.67	3.17	3.92
Spring 2018, n = 5, response rate = 20.8%	3.60	3.20	3.75
Trend Mean	3.88	3.64	3.97

Clinic Patient Survey

The SUNY BCC Clinic Patient Survey provides the opportunity for users of the Dental Hygiene Program Clinic to rate their level of satisfaction with dental care services received. A summary of the mean response and percentage of satisfaction scores received are presented in the table below. Per the responses as evident in the mean scores and percentages 2.98 and 97.63% respectively, majority of the patients who completed the survey indicated being “Very Satisfied” with the service received.

Clinic Patient Survey Responses	Question 1: Please rate your overall experience at the BCC Clinic, Very satisfied = 3, Generally satisfied = 2, and Not satisfied = 1
	Mean and percentage of responses that were very satisfied
Academic Year 2012-2013, n = 314	2.98 (97.6% of responses were very satisfied)
Academic Year 2013-2014, n = 202	2.97 (96.5% of responses were very satisfied)
Academic Year 2014-2015, n = 377	2.97 (97.1% of the responses were very satisfied)
Academic Year 2015-2016, n = 399	2.97 (97.5% of the responses were very satisfied)
Academic Year 2016-2017, n = 331	2.98 (98.0% of the responses were very satisfied)
Academic Year 2017-2018, n = 546	2.98 (99.09% of the responses were very satisfied)

A summary of question 13 regarding the desire for future usage of the services provided by the SUNY BCC dental clinic revealed a strong patient satisfaction rating. The trend has consistently shown high patient satisfaction rates over the years. An average of 97.63% of those surveyed over the six-year period responded “Yes” to returning for future dental care.

Clinic Patient Survey Responses	Question 13: “Yes”: Will you return for future dental care?
	% of Yes
Academic Year 2012-2013, n = 314	97.8%
Academic Year 2013-2014, n = 202	97.5%
Academic Year 2014-2015, n = 377	96.8%
Academic Year 2015-2016, n = 399	95.7%
Academic Year 2016-2017, n = 331	94.9%
Academic Year 2017-2018, n = 546	96.9%
Academic Year 2017-2018, n = 546	99.08%

There is an ongoing feedback loop between the Institutional Effectiveness Office and the Dental Hygiene Department. Feedback provided is in the form of annual meetings and debriefing of survey results. This summary was discussed and shared with Maureen Hankin, Chairperson of the Dental Hygiene Department.

As evident in the survey results presented, the overall student, graduate, alumni, and clinic’s patient survey results reflect the strengths in student performance in the areas of problem solving, dental care, and patient satisfaction. These strengths are evident and aligned with student performance in the SUNY BCC Dental Hygiene Program Clinic and graduate employment performance surveys conducted by the Office of Institutional Effectiveness.

Job Placement

As an ongoing part of measuring the success of SUNY Broome Community College graduates, the Office of Institutional Effectiveness conducts an annual survey of graduates. Graduates self-report job placement. Graduates are surveyed at graduation and at a six -12 month follow up via mailings and/or phone calls. The below table represents the number of graduates who responded, who reported current employment, and the employment rate for the years 2014-2018.

Academic Year	Total graduates	Total Respond	Total Employed	Employment Rate*
2017-2018	33	17	5	29%
2016-2017	28	18	11	61%
2015-2016	33	31	11	35%
2014-2015	34	20	17	85%

*Employment rates are based on number of graduates who responded to the Job Placement Survey after graduation in May.

The following table includes Employer, Job Titles, and Wage/Salary, as reported by Dental Hygiene graduates, over the period of 2014-2018. Of the 40 graduates who reported this information in the Job Placement Survey, 31 graduates are employed in a dental or orthodontic office working as Dental Hygienists or Dental Assistants resulting in a 78% placement in the field of dental hygiene.

Employer	Job Title	Wage/Salary
Genegantslet Golf Club	Bartender	\$9.70/hr
Good Shepherd Village	Server	N/A
Narchis Tatt		N/A
Oakdale Mall Dental	Dental assistant	\$30,000.00
Parkview Family Dentistry of Halfmoon	Dental Hygienist	\$30.00/hr
Aspen Dental	Dental Hygienist	\$25.00/hr
Aspen Dental	Dental Hygienist	\$25.00/hr
Lalor Family Dental	Dental Hygienist	\$24.00/hr
Lalor Family Dental	Dental Hygienist	\$24.00/hr
Michael's Arts and Crafts	Customer service manager	\$11.88/hr
Wegmans	Pizza maker	\$11.00/hr
CCCNYS	PCA	N/A
Dr. M. Ritz FDC	Dental Hygienist	N/A
Weis Markets	Customer Service Associate	N/A
Aaronson, Thompson, Lavine & Heiland DDS	Dental Hygienist	\$33.50/hr
Acanti Dental	Dental Hygienist	\$25/hr
Corning Dental Associates	Dental Hygienist	\$25/hr
Dhami Family Dentistry	Dental Hygienist	\$25/hr
East Shore Dental	Registered Dental Hygienist	\$35/hr
Get it Straight Orthodontics	Orthodontic	\$27/hr
Hamilton Dental	Dental Hygienist	\$28/hr
Hatala Orthodontics	Dental Hygienist	\$26/hr
Lalor Family Dental	N/A	\$24/hr
Parkway Dental Practice	Dental Hygienist	\$18/hr
Progressive Dental	Dental Hygienist	\$24/hr
TGI Fridays	Server	N/A

Team Placement Services	Registered Dental Hygienist	\$30/hr
Watertown Dental Health Group	Registered Dental Hygienist	\$27/hr
Wilson Dental	Registered Dental Hygienist	\$26.50/hr
Advance Community Health	Dental Hygienist	\$70,000
Alice Hyde Dental Company	Dental hygienist	\$27.50/hr
American Mobile Dental	Dental hygienist	\$25.00/hr
Aspen Dental	Dental hygienist	\$28.00/hr
Aspen Dental	Dental Hygienist	\$25.00/hr
Baldwinville Family Dental	Dental Hygienist	\$33.00/hr
Dinosaur Dental	Dental Hygienist	\$24.00/hr
Dr. Comlan Missih	Dental Hygienist	N/A
Dr. DiMento DDS	Dental Hygienist	\$29.00/hr
Dr. Wiggin DDS	Dental Hygienist	\$30.00/hr
Gilbert Lake State Park	Maintenance	N/A

National Examination Pass Rates are an important indicator of student and program success is the pass rate for The Commission on Dental Competency Assessments (CDCA) and the National Board Dental Hygiene Examination (NBDHE). As depicted in the table below, Dental Hygiene program graduates have a very high passage rate, of 96% or higher since 2013, which reflects the program's effectiveness. As demonstrated in the below table, the 5-year average for the NBDHE is 99%, 99.5% for the CDCA Clinical, and 100% for the CDCA Computer. Faculty in the Dental Hygiene program utilize exam pass rates as an indicator of student achievement of program learning outcomes, and adjust the curriculum as needed to ensure student success on these examinations.

Exam	2013	2014	2015	2016	2017	2018	5-Year Average
National Board	100%	96%	100%	100%	100%	100%	99%
CDCA Clinical	100%	100%	100%	100%	100%	97%	99.5%
CDCA Computer	100%	100%	100%	100%	100%	100%	100%

Program Retention, Persistence, and Graduation Rates

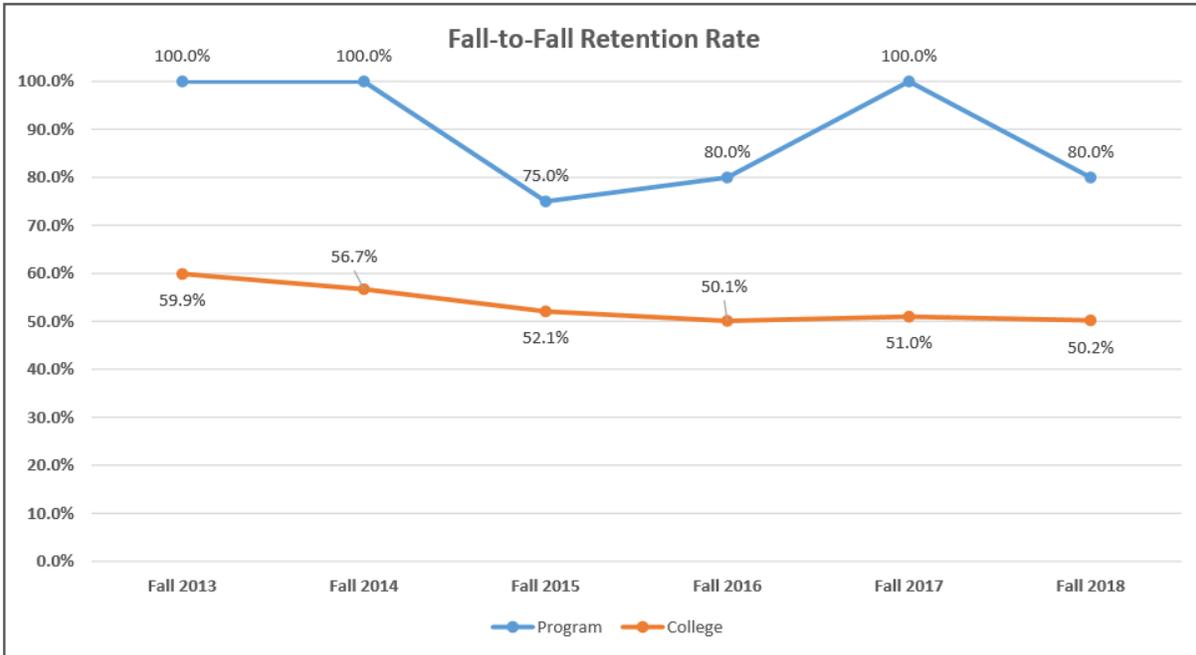
An important indicator of program success and institutional effectiveness is the retention, persistence, and graduation rates of New First-Time, Full-Time students. The Dental Hygiene program has had consistently high retention, persistence, and graduation rates for this population of students since Fall 2013 through Fall 2018, surpassing the College rates.

Program Retention

Since Fall 2013, the Dental Hygiene program has consistently had high New First-Time, Full-Time Fall-to-Fall and Fall-to-Spring retention rates. Retention Rates are defined as students who enroll in the fall semester and have continued the following fall (for Fall-to-Fall retention) or who enroll in the spring semester (Fall-to-Spring retention). The Dental Hygiene Program

Fall-to-Fall Retention Rates have consistently been 23-49% above that of the College. The Fall-to-Fall retention rates for Fall 2013, 2014, and 2017 were 100%. Retention Rates for the program have not been below 75% since 2013. In addition, the Fall-to-Spring Retention Rate for the program has been at 100% since Fall 2013 through Fall 2017, with the exception of Fall 2018, with a 90% retention rate. This data points to the effectiveness of the Dental Hygiene Program in being able to retain their New First-Time students, which is often a challenge at institutions of higher education.

Dental Hygiene A.A.S. New First-Time, Full-Time, Retention Rate Trends



Cohort	Students in Fall Cohort	Enrolled Next Spring	Fall-to-Spring Retention Rate	Enrolled Next Fall*	Program Fall-to-Fall Retention Rate	College Fall-to-Fall Retention Rate*
Fall 2013	3	3	100.0%	3	100.0%	59.9%
Fall 2014	6	6	100.0%	6	100.0%	56.7%
Fall 2015	4	4	100.0%	3	75.0%	52.1%
Fall 2016	5	5	100.0%	4	80.0%	50.1%
Fall 2017	4	4	100.0%	4	100.0%	51.0%
Fall 2018	10	9	90.0%	8	80.0%	50.2%

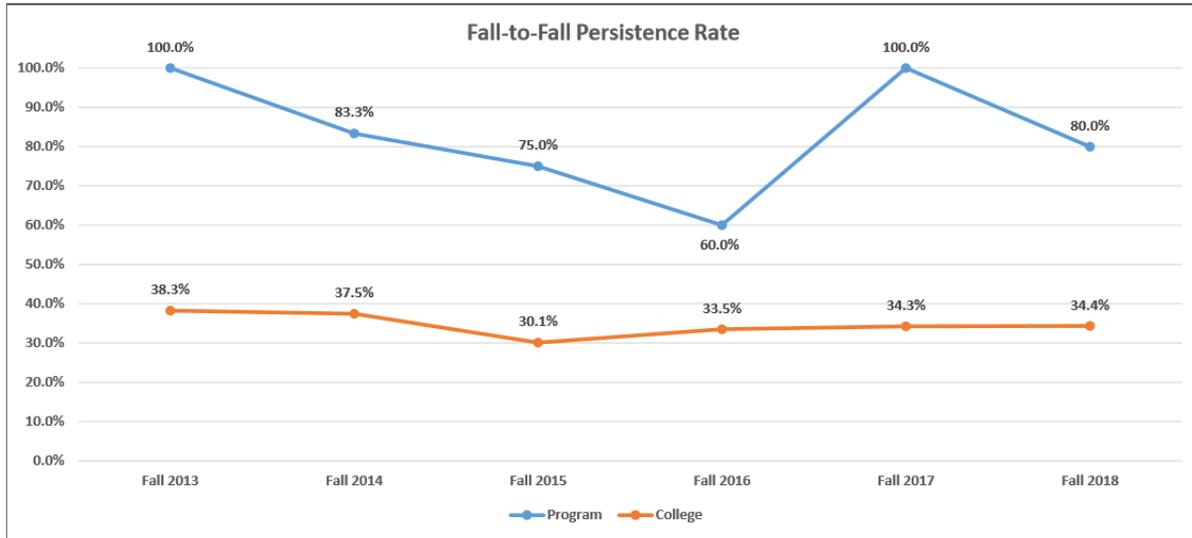
*Enrolled at college, not necessarily in their initial program.

Persistence Rate

Another indicator of program effectiveness is the persistence rate of New First-Time, Full-Time students in the program. Persistence is defined as the percentage of students who have continued in their initial program of choice (Dental Hygiene) from Fall-to-Spring and Fall-to-Fall. Since 2013, New First-Time, Full-Time students have had a Fall-to-Spring persistence rate of 75% or higher and a Fall-to-Fall persistence rate of 60% or higher. Similar to Retention Rates, Fall-to-Fall Persistence Rates of the Dental Hygiene Program have consistently been higher than that of the Total College, with rates between 27-66% higher. This data points to the effectiveness

of the Dental Hygiene program in being able to retain students who enroll in their program; students who start in this program tend to remain in it and not transfer to other programs.

Dental Hygiene A.A.S. New First-Time, Full-Time, Persistence Rate Trends



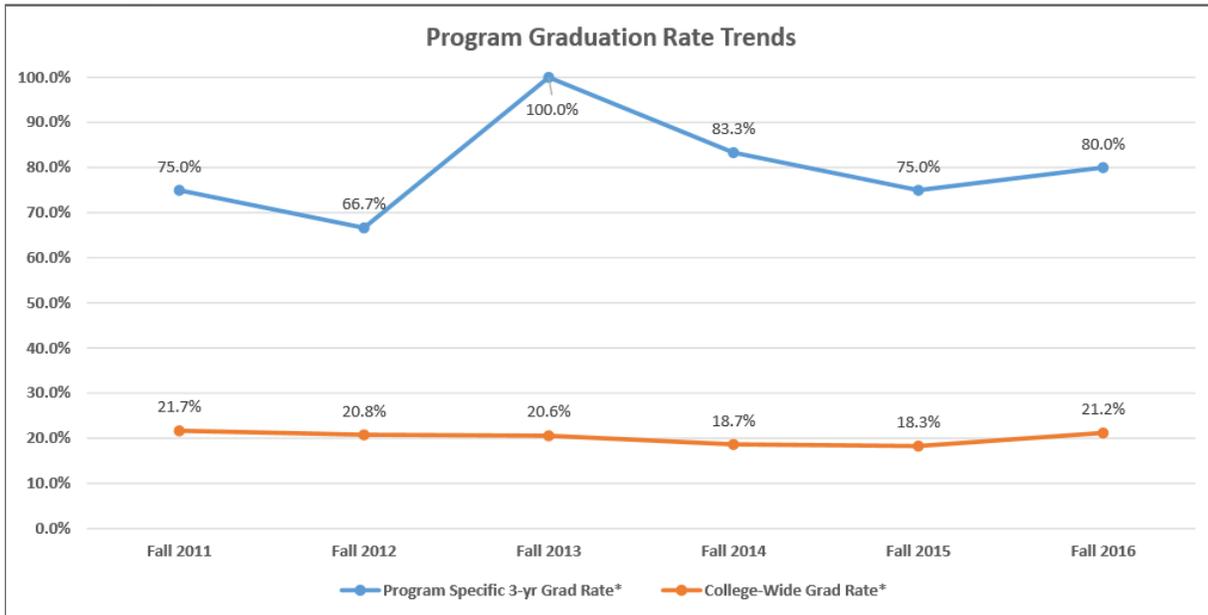
Cohort	Students in Fall Cohort	Enrolled in Program Next Spring	Program Fall-to-Spring Persistence Rate*	Enrolled in Program Next Fall	Program Fall-to-Fall Persistence Rate*	Total College Fall-to-Fall Persistence Rate*
Fall 2013	3	3	100.0%	3	100.0%	38.3%
Fall 2014	6	5	83.3%	5	83.3%	37.5%
Fall 2015	4	3	75.0%	3	75.0%	30.1%
Fall 2016	5	4	80.0%	3	60.0%	33.5%
Fall 2017	4	4	100.0%	4	100.0%	34.3%
Fall 2018	10	9	90.0%	8	80.0%	34.4%

*Persistence is defined as students who have continued in their initial program of choice from fall-to-spring and fall-to-fall.

Graduation Rates

The Dental Hygiene Program has consistently demonstrated a high graduation rate for its New First-Time, Full-Time students since Fall 2011 through Fall 2016. As the graph below shows, the program has excelled beyond the College-Wide graduation rate each year during this time period, surpassing it anywhere from 46% to 80%. This data points to the strength of the program, its faculty, curriculum, and support systems to ensure students graduate from its program.

Dental Hygiene A.A.S. New First-Time, Full-Time Graduation Rate Trends



Cohort	Students in Fall Cohort	# of 3-yr Grads in Program	Program Specific 3-yr Grad Rate*	College-Wide Grad Rate*
Fall 2011	8	6	75.0%	21.7%
Fall 2012	3	2	66.7%	20.8%
Fall 2013	3	3	100.0%	20.6%
Fall 2014	6	5	83.3%	18.7%
Fall 2015	4	3	75.0%	18.3%
Fall 2016	5	4	80.0%	21.2%

*Program and college graduation rates are determined by number of students who graduated in their initial program choice

Faculty in the Dental Hygiene department utilize student survey results, student learning outcome assessment data, data from the Office of Institutional Effectiveness, progress indicators throughout the course of the program, and feedback about student performance to ensure the program is designed to promote student success and attainment of their program goals. Student progress measures within the curriculum allow faculty to provide immediate interventions for struggling students or those who fail to meet specified requirements. The remedial strategies and student supports utilized by this program are evident in the high retention, persistence, and graduation rates found in the data.

Compiled by Dr. Kimberly McLain, Interim Dean of Institutional Effectiveness

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.**

Intent:

Assessment, planning, implementation and evaluation of the educational quality of a dental hygiene education program (inclusive of distance education modalities/programs), that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students in an accountable and cost effective manner. The Commission on Dental Accreditation expects each program to define its own goals for preparing individuals in the discipline and that one of the program goals is to comprehensively prepare competent individuals in the discipline.

Description

- 1. List the program's goals that include, but are not limited to, student achievement outcomes.**

SUNY Broome Dental Hygiene Program Mission:

This mission statement of the department is reflective of the general principles which guide the faculty in decision-making. The statement is as follows:

“The dental hygiene curriculum is designed to prepare graduates who meet the requirements for an A.A.S. degree and are prepared to take regional and national licensure examinations. The curriculum prepares students for practice in accordance with the New York State Dental Practice Act,” and to enter the profession as a competent entry-level dental hygienist.”

SUNY Broome Dental Hygiene Program Vision Statement:

“The SUNY Broome Dental Hygiene program will be recognized as a premier dental hygiene program in New York State, distinguished by graduates who serve their communities.”

SUNY Broome Dental Hygiene Program Goals:

Goal I. To maintain a curriculum reflecting the contemporary practice of dental hygiene that includes community involvement and evaluating scientific literature.

Goal II. To comprehensively prepare individuals to enter the profession as competent entry level dental hygienists prepared to respond to societal needs and provide services in alternative dental settings.

Goal III. To provide graduate dental hygienists the opportunity to further their professional development.

2. Explain how these goals are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.

The institutional and program goals are related and mutually supportive. Program mission, vision, and goals are consistent and assist in implementing the broader institutional vision, mission and core values of the college.

The mission of SUNY Broome Community College is as follows: *SUNY Broome Community College supports all members of the learning community by creating access to inclusive, diverse educational experiences. Success is achieved through the provision of innovative academics, transformative student support, and meaningful civic & community engagement.* The Dental Hygiene program is in alignment with the College mission through its innovative curriculum, which prepares students for contemporary dental hygiene practice, evidence of high student pass rates on regional and national examinations, student support at the program and college level, and the program's demonstrated commitment to civic and community engagement.

The College vision is: *Learning today, transforming tomorrow.* The Dental Hygiene curriculum supports the College's vision, as it prepares students for professional work in dental hygiene. The education they receive at SUNY Broome and within the Dental Hygiene program provides them the knowledge, skills, and behaviors for a transformative future as a competent dental hygiene professional. The high standards set within the Dental Hygiene program ensures competent practitioners.

The values of the College are embodied within the Dental Hygiene program. The College values include:

Inquiry: We embody an environment that promotes critical and creative thinking.

Respect: We demonstrate courtesy and tact.

Integrity: We act with honesty and fairness.

Trust: Our relationships and interactions are based on mutual understanding and good faith.

Equity: We embrace diverse and inclusive practices.

The campus values reflect the values expected of competent dental hygienists and therefore, our program. The program faculty model characteristics of excellent professionals for their students. The program also expects that students conduct themselves in a professional manner within the classroom and during their clinical work. Students are evaluated on these characteristics as part of their course and clinical work. On each syllabus, language pertaining to the importance of academic honesty and the repercussions related to academic dishonesty are included, reflecting the college value of integrity. The program holds its students to the highest ethical behaviors, as these behaviors are of utmost importance for future dental hygienist professionals to possess and demonstrate in the office.

As part of its efforts to attain the College mission, the College adopted a revised Strategic Plan, effective 2017 through 2022. The Strategic Plan is published on the College website: <http://www1.sunybroome.edu/wp-content/uploads/2017/10/SUNY-Broome-Strategic-Plan-2017-2022.pdf>

The Dental Hygiene program goals are in alignment with the College Strategic Goals as outlined below:

- 1. DIVERSITY AND INCLUSION:** Foster the essential connections among diversity, equity, and inclusion in all of the college's endeavors.

Goal 1. *Demonstrate commitment to diversity and inclusion by making SUNY Broome an increasingly engaged, culturally responsive, socially responsible and equitable place to learn, teach, work, and live.*

The following examples illustrate how the Dental Hygiene Department supports the college strategic goal:

- Dental Hygiene Department held a Veterans Clinic on November 5, 2019.
- SPARK January 2020 – Dental Hygiene faculty/students and staff participated in the event to introduce 300 local eight graders to the field of dentistry.
- Dental Hygiene Club participated in Toys for Tots, Mothers, Babies Perinatal Network Annual Fundraiser, Numerous health fairs in the community
- The program chairperson and/or faculty serve on the following community boards:
 - NYS Dental Hygiene Association, President
 - SUNY Broome Foundation, Past Board Member
 - CODA Appeal Board, Member 2018-2022
 - Lourdes Center for Oral Health Advisory Board
 - Mothers and Babies Perinatal Network, Executive Board Member
 - Alive! for Autism, Former President
 - Achieve
 - Jewish Community Center – Board Member

- Community Foundation to Support Education and Cavity Free Cortland
- The program chairperson and/or faculty participate in the following dental community activities:
 - Broome County Dental Society Study Club, Chairperson
 - Broome County Dental Society, Treasurer
 - Broome County Dental Society Children’s Dental Health Month
 - New York State Dental Association & New York State Dental Foundation (NYSDA/NYSDF) Dental Demonstration Project, volunteer
 - Mothers and Babies Perinatal Network, Delaware County
 - Binghamton University Public Health Learning Community Presenter, Health for Haiti
 - SUNY Broome Dental Hygiene Veteran’s Appreciation Clinic
 - Free Dental Care Day, Lalor Creekside Dental
 - High School Counselors Breakfast, sponsored by the Broome County Dental Society
 - BOCES Career Fair, Binghamton University
 - Broome County Dental Society Peer Review facilitation at SUNY Broome
 - Broome County Office of Aging
 - External Peer Review for Promotion, Farmingdale State University DH Dept.
- DEN 109, Dental Ethics and Jurisprudence and DEN 214, Current Topics added content areas for cultural diversity and inclusion.

2. TEACHING AND LEARNING: Provides dynamic educational experiences to afford students opportunities for transfer, employment, personal enrichment and to contribute to community life.

Goal 2. *Develop an inclusive teaching- and learning-centered environment that supports pedagogical excellence, student success and student attainment of key learning outcomes*

- i. *Cultural and global awareness*
- ii. *Critical analysis and decision-making*
- iii. *Oral and written communication*
- iv. *Scientific and quantitative reasoning*
- v. *Technological competency*
- vi. *Information literacy*

The following examples illustrate how the Dental Hygiene Department supports this college strategic goal:

- Established Articulation Agreements:
 - Penn College (BSDH) Continuous
 - Farmingdale State (BSDH) Continuous
 - Farmingdale State Advanced (BSDH) Continuous
 - University of Bridgeport (BSDH) (8/1/22)
 - Nassau BOCES (AAS) (12/20/22)
 - Monroe 2 BOCES (AAS) (Continuous)
 - Greater Southern Tier - GST (Elmira) BOCES (AAS) (6/30/23)

- Established Affiliation Agreements:
 1. Farmingdale State (BSDH, MSDH) Continuous
 2. University of Bridgeport (BSDH) Continuous
 3. University of Bridgeport (MSDH) Continuous 8/1/2027
 4. United Methodists Homes, Hilltop Nursing Home 11/30/22
- 2019/20 Provided Community Education Courses for the Dental Community:
 1. Orthodontic Potpourri
 2. The Electronic Communications Minefield: Navigating e-Risk for Dentists and Staff
 3. Infection Control for the Dental Team
 4. Risk to Results: Periodontal Instrumentation for the Advanced Practitioner
 5. Immediate Implants and Temporization in the Aesthetic Zone
 6. Oh No, You Didn't... Why Patients Keep Breaking Restorations
 7. Healthy Strategies to Avoid Workplace Tragedy in Dentistry

3. FISCAL, PROGRAM DEVELOPMENT, AND INFRASTRUCTURE SUSTAINABILITY:

Provide sustained open access to diverse and innovative educational experiences and *transformative* student support, the institution commits to responsible acquisition and stewardship of resources.

Goal 3. *Practice fiscal responsibility and sustainability as part of a comprehensive decision making process to support equity among all members of the learning community to ensure continuous improvement.*

The following examples illustrate how the Dental Hygiene Department supports the college strategic goal:

- American Dental Association, Council on Dental Accreditation Self-study completion for the upcoming accreditation site visit and the College's program review process.
- The Dental Hygiene Department was awarded the 2020 Excellence in Education Award from the NYS Dental Association
- Meghan McGuinness received the State University of New York (SUNY) Chancellor's Award for Excellence in Teaching
- Carole Stanley received the SUNY Chancellor's Award for Excellence in Adjunct Teaching
- Colleen Eggleston was nominated for the 2020 SUNY Broome Spirit Award
- Paula Fitch awarded Professor Emeritus Status

4. STUDENT SUPPORT AND SUCCESS: Foster student growth and success by providing transformative academic and student supports, comprehensive resources, and an enriching climate that contributes to the attainment of individuals' goals and achievements from initial inquiry through graduation and beyond.

Goal 4. *Enhance accessibility and use of support services to help students obtain their academic and personal goals.*

The following examples illustrate how the Dental Hygiene Department supports the college strategic goal.

The students utilize the following campus student support services to attain their graduation goals:

- Academic Advising
- Accessibility Resource Center
- Admissions Office
- Affirmative Action Office
- Applied Learning and Career Center
- Athletic Services (Intramural, physical fitness lab)
- Campus Security
- Campus Store – textbooks and general merchandise
- Child care – B.C. Center
- Civic Engagement Office
- Community Education
- Computer Center
- Center for Career Development and Planning
 - Academic
 - Career Exploration and Planning
 - Career Readiness and Professional Skill Development
 - Counseling for Disabled
 - International Student Advising
 - Personal Crisis Intervention
 - Transfer Counseling and Assistance
- Deaf and Hard of Hearing Office
- Duplication Center – central duplication and supplies
- Education Opportunity Program (EOP)
- Faculty Student Association – professional development funds
- Fast Forward College
- Financial Aid Office
- Food Service
- Foundation Office
- Health and Wellness Center
- Human Resources
- Information Technology Services
- Institutional Research – surveys, outcomes
- Job Placement Office
- Learning Assistance Center
 - Developmental courses
 - Learning Disabilities Program
 - Math and writing assistance
 - Reading and study skills
 - Testing and placement
 - Tutoring and supplemental instruction
 - STAR New York (Evening tutoring)

- Learning Resource Center
 - Audiovisual (Web and Media Services)
 - Library
 - Student carrels and rooms
- Office of Public Safety
- Payroll (Student Work Study, Tutoring)
- Placement
- Plant Facilities Maintenance
- Publications
- Purchasing – clinic supply bid
- Registrar
 - Registration
 - Transcripts
 - Student advising
 - Degree Works
 - Schedule Planner
- Starfish Student Retention Center
- Starfish Student Success Network
- Student Accounts
- Student Activities – SADHA
- Student Success Squad
- Student Support Service – students with disabilities
- Teaching Resource Center
- Testing Center
- Telephone Service
- Technical Career Connection
- Transfer Counseling
- Tutoring Services
- Veterans Service Office
- Writing Center
- Program retention rates, graduation rates, clinical and national boards continue at an acceptable rate.
- Social Disparities content was added to DEN 109, Dental Ethics and Jurisprudence.
- The program offers 7 articulation agreements and 4 affiliation agreements for educational advancement and clinical enrichment.
- Graduating class of 2020
 - 29 students graduated in May 2020 with an AAS Degree in Dental Hygiene
 - 25/29 students received a NYS Limited Dental Hygiene Permit
 - To date the program has a 100% pass rate on the 2020 National Dental Hygiene Board Exam
 - To date the program has a 100% pass rate on the 2020 CDCA Computer Simulated Clinical Board Examination
- 41 students accepted to the fall 2020 freshmen class

5. CIVIC, COMMUNITY ENGAGEMENT, AND SERVICE-LEARNING: Emphasize the importance of each individual being an informed and engaged citizen.

Goal 5. Provide opportunities to increase community engagement by developing collaborative, socially- just and responsive and effective solutions to local, national and global community needs.

The following examples illustrate how the Dental Hygiene Department supports the college strategic goal:

- Dental Hygiene services provided to the community:
 - Average Billable Services over the past 5 years \$256,000.00
 - Average Medicaid Patients seen yearly 60 Patients
 - Average SUNY Broome Students seen yearly 40 Students

- Patient Profile:
 - Total Patients (Active and Inactive) - 13, 976 Patients
 - 5,446 active patients (After 5 years we give them an inactive status.)
 - 94.99% of patients do not have dental insurance
 - 68% of patients are from the Greater Binghamton Area
 - 66% female
 - All ages are served in the clinic.
 - 2,000 patients seen in the past three years
 - 500 current patients needed recall appointments

6. STRATEGIC AND CONTINUOUS IMPROVEMENT: We continue to take full responsibility for our institutional outcomes to continuously improve and fulfill our college mission.

Goal 6. Enhance assessment and decision-making that is grounded in reflective practices to best align existing and emerging initiatives, fiscal capacity, and human resources with the college mission.

The following examples illustrate how the Dental Hygiene Department supports the college strategic goal:

- DH Department completed the Nuventive Assessment 2017/2018, 2018/2019, 2019/2020
- Meghan McGuinness is the Chair of the SUNY Broome Professional Development Committee and was on the Middle States Standard 1 Work Group.
- Dental Hygiene faculty participate in numerous Health Science Division search committees,

SUNY Broome Community College has a structured assessment process as presented below by Dr. Kimberly McLain, Interim Dean of Institutional Effectiveness.

Academic Assessment Overview

It is the expectation of our institutional accreditor, the Middle States Commission on Higher Education (MSCHE) that all academic, administrative, and student support services on campus assess their effectiveness on a regular scheduled basis in order to demonstrate evidence of continuous improvement. It is also the expectation that academic, department, and division missions are consistent with the mission and strategic goals of the College. This serves to aid the College in attainment of its mission and to demonstrate institutional effectiveness.

Since the last accreditation visit, the College has made progress regarding assessment efforts on campus. A new comprehensive Institutional Effectiveness Assessment Plan was developed that integrates all areas across campus, including academic, administrative and student support service areas. Within academic areas, assessment activities include assessment of Student Learning Outcomes (SLOs) at the course level, and Program Learning Outcomes (PLOs), academic program reviews, and Institutional Learning Outcomes (ILOs) at the program level. The College ILOs comprise our general education program. The ILOs are assessed on a scheduled basis through assessment of general education or identified programmatic courses. Each academic program completes an ILO map, in which either general education or program core courses are mapped to show student attainment of College ILOs. Since the last accreditation visit, the College invested in a new assessment software, Nuventive Improve, to coordinate these efforts to ensure continuous improvement.

Faculty teaching courses have established SLO assessment schedules, in which courses are assessed at least once every three years. These assessment schedules are on file with academic deans and the Dean of Institutional Effectiveness, and documented within Nuventive. Assessment dates are also outlined within Nuventive, accompanying each assessment. Each academic program has a Curriculum map which demonstrates how courses within the program map to the Program Learning Outcomes (PLOs). Curriculum mapping is on file with academic deans, the Dean of Institutional Effectiveness, and documented within Nuventive. Program Learning Outcomes are assessed at least once every five years, during Program Review. For accredited programs, who typically have a longer time period between self-studies than five years, a modified Program Review process once every five years is conducted, in which programmatic updates, assessment findings, and goals related to enrollment and retention are established.

Within the Course Student Learning Outcome area in Nuventive, for each outcome (Student Learning Outcome), faculty select the measure that will be used to assess the outcome. The measures selected are activities that will be used to demonstrate a student has mastered the cognitive, affective, or psychomotor skills related to a course or program level outcome. Measures can consist of essays, exams, projects, quizzes, clinical performance, or anything that an instructor uses to evaluate student learning. Faculty also establish benchmarks, a standard or point of reference against which student performance on a particular measure is compared or assessed. Benchmarks allow faculty to determine if students have met acceptable thresholds for performance related to student learning outcomes and therefore, if the learning outcome was attained. Within the Program Learning Outcome area in Nuventive, faculty select the courses and specific measures from those courses, or activities with specific measures and their benchmarks

to demonstrate that a PLO has been attained. In addition to providing the data related to the course or program assessment, faculty provide an analysis within Nuventive, which may include quantitative and/or qualitative data. Faculty provide information about modalities assessed (face to face, online, or blended formats), the success or disparities that may exist between modalities, and then make recommendations for maintaining or improving student success.

Built within the course and program learning assessment process is also a process for continuous improvement, in which an Action Plan is developed within the Nuventive system to detail steps that will be taken to ensure continued success and course/program effectiveness. Assessments are reviewed and discussed within departments and divisions, and Action Plans are subsequently developed and documented within Nuventive. The Dean of Institutional Effectiveness regularly reviews assessment plans, results, and action plans, and provides feedback to faculty. A Follow-Up area is also built into the Program Learning Outcome area in which faculty can provide qualitative or quantitative data and analysis to discuss outcomes of their Action Plans. Within the Action Plans and Follow-Up reporting areas, faculty are able to discuss Budget/Resource Implications for aiding in their assessment completion or ability to ensure attainment of student and program learning outcomes. These budget considerations are discussed with academic deans during the budget request process and aid programs with the ability to link assessment results to budget and resource allocation.

Each program has completed a map of how required courses within their program map to the Institutional Learning Outcomes. General education courses are often used to demonstrate attainment of the College ILOs. General education courses have been mapped to the College ILOs by the General Education Committee. Assessment of the courses within the General Education Program comprise assessment of the overall College attainment of its ILOs. However, programs make the determination if they would like to use a general education course (if required) or a core program course to demonstrate achievement of the ILOs. It is common for an A.A.S. program, which is not required to have general education courses as part of its curriculum, to utilize a core course within their program to demonstrate achievement of any or all of the College ILOs. Program core courses and general education courses are assessed as scheduled during planned course assessments, which occur at least once every three years.

Based on assessment data, faculty make use of findings to effect changes to courses and programs where necessary to ensure learning outcome attainment for students. Academic deans, along with the Dean of Institutional Effectiveness, work with faculty of respective academic programs and disciplines to ensure measurable SLOs and PLOs have been developed to assess student learning and program outcomes. Changes to curriculum are considered when needed, based on assessment data, to help improve student learning and outcome achievement. Curriculum changes are discussed among faculty within academic departments/divisions and their academic dean. Upon approval at the division level, curriculum changes are proposed to the College's Curriculum Committee. The Curriculum Committee is comprised of representative faculty from all academic disciplines, the academic deans, the Vice President of Academic Affairs, the Registrar, and the Dean of Institutional Effectiveness. Faculty proposing new or revised courses and programs present proposals at the Curriculum Committee for review and discussion. Upon approval at this committee, the Vice President for Academic Affairs reviews

and approves curriculum changes. Curriculum changes are assessed on the established cycle to ensure changes are effective.

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

The revised SUNY Broome Core Values of inquiry, respect, integrity, trust and equity are mirrored by the dental hygiene program philosophy, vision and goals relating to teaching, patient care, research and service.

Refer to Exhibit 1-1A, DH Outcome Assessment Program, Quality Assurance Plan
(p. 26)

4. On what basis are goal revisions made? Using the sample format illustrated in Example Exhibit 1, develop an assessment schedule, timetable or plan.

The program mission, vision and goals are reviewed, evaluated and revised annually in January by the department Chairperson and the full-time faculty. At this time, assessment of student progress relating to the program's core competencies is discussed. Possible modification of the curriculum, clinic policies, treatment modalities and clinical procedure and protocol are discussed and the agreed upon revisions are implemented. Outcome measures are analyzed according to the criteria in the Outcome Assessment Program (Curriculum Management /Quality Assurance Plan).

Refer to Exhibit 1-1A, DH Outcome Assessment Program, Curriculum Management/Quality Assurance Plan Overview Timetable, (p.50), Detailed Timetable (p. 51) and Quality Assurance Plan Outcomes (p. 26)

5. Describe the outcomes measures that are utilized to determine the degree to which these stated goals and objectives are being met.

The outcome measures utilized to determine the degree to which these stated goals and/or objectives are being met are outlined in the DH Outcome Assessment Program.

Assessment measures include:

- Chairperson Evaluation, Employer, Alumni, Patient and Student Exit Surveys
- Board Scores- National Board, CDCA
- Attrition Rates: Enrollment Data, Program Completion Rates
- Course Termination Sheet
- Job Placement Rates
- NYS Practice Act
- Course Pass/Fail Rate
- Chart Audit, Patient Care Audit, Patient Treatment/Radiographic Exit Audit, Infection Control Audit
- Patient Survey
- Patient and Student Complaint Log
- Program Competencies

Exhibit 1-1A: DH OUTCOME ASSESSMENT PROGRAM

	Pages
Curriculum Management Plan Outcome Measures (Section 1)	
End of the Dental Hygiene Course Report	110
Lecture Course Changes	112
Student Course Review	113
Patient Complaint Log	120
Dental Hygiene Clinic Patient Survey	121
Infection Control Program Audit Evaluation Form	124
Chart Auditing Tool (Part 1)	125
Patient Care Quality Assessment Tool (Part 2)	127
Chart Audit/patient Care Audit Annual Summary Report	128
Patient Treatment/Radiographic Survey Audit Summary Report (Part II)	130
Patient Treatment/Radiographic Exit Audit (Part I)	131
Record Keeping Quality Assurance Process/End Product Evaluation	132
Quality Assurance Plan for Patient Care	137
Clinical Curriculum Competency Exams	138
Student Complaint Log	140
Student Exit Survey	141
Alumni Survey and Insert	144
Employer Survey	149
Placement and Transfer Survey	152
Dental Hygiene Equipment Replacement – Strategic Plan Tool	153
Radiography Equipment	165
Exhibit 1-1B: Enrollment Retention Data	
Exhibit 1-1C: NBDHE Pass/Fail Rates	
Exhibit 1-1D: CDCA Pass/Fail Rates	
Exhibit 1-1E: Program Termination Datasheet	
Exhibit 1-1F: 2018, 2019 Graduate Placement and Licensure Statistics	
Exhibit 1-1G: Nuventive Improve, Program Data: Operational Outcomes and Updates Program Review – Dental Hygiene AAS	
Exhibit 1-1H: Nuventive Improve, Program Learning Outcomes, Plans and Results – Dental Hygiene AAS, Program Learning Planning Summary	

6. Document the assessment methods utilized for two (2) years. If appropriate, include examples of completed surveys. Provide the compiled data summary used. Provide an analysis of the data. Relate the findings and conclusions to the program goals.

Over the past two years, the program has been using the campus assessment software, Nuventive Improve, to provide a venue to gather, analyze, and interpret program assessment data and relate the findings and conclusions to the program mission, vision and goals for program improvement. Nuventive allows the program to establish measurements and benchmarks related to our Student Learning Outcomes and Program Learning Outcomes, and to record assessment results. Upon review of the assessment results, the faculty also establish Action Plans to demonstrate

continuous improvement. Action Plans provide faculty with the ability to review assessment data and lessons learned from conducting the assessment, and after department discussion, to develop plans to improve student learning. As part of the action planning process, any resource allocation needs are documented and discussed with the academic dean to consider for future budget planning. After action plan implementation, faculty complete a Follow-up to report outcomes related to their action plans, including challenges, positive achievements, and plan for next steps, including a discussion of any resource allocation needs to plan for.

Refer to:

Exhibit 1-1G Nuventive Improve, Program Data: Operational Outcomes and Updates.
Program Review – Dental Hygiene AAS

Exhibit 1-1H Nuventive Improve, Program Learning Outcomes, Plans and Results –
Dental Hygiene AAS, Program Learning Planning Summary

Nuventive Improve, Dental Hygiene Course Student Learning Outcome document available on site.

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

Refer to Exhibit 1-1A: DH Outcomes Assessment Program that documents how the assessment results are used to improve the program. (p. 26)

A few examples of program improvement resulting from the Outcome Assessment Process:

- Alumni Survey- Offer 2 continuing education courses annually through the SUNY Broome Office of Continuing Education.
- Employer Survey – Increased experiences in impression taking, study model and mouthguard fabrication. Hired additional orthodontist for the DEN 201 impression lab to decrease instructor/student ratio. Faculty in-service presented on instructor calibration of supervising dentists for impression taking, study models and mouthguard fabrication. Replaced worn model trimmers and model formers.
- NYS Dental Hygiene Practice Act –Included the utilization of the NYS Dental Health Certificate and the DH Collaborative Practice in the curriculum.
- CDCA Performance – Purchased CDCA Calibration Calculus Cubes for faculty in-service and student preparation. Mock Board revised, increased patient difficulty experiences, CDCA Coordinator attends national CDCA meetings, redefine calculus detection to CDCA standards.
- National Dental Hygiene Board Exam–Utilize HESI Exit Exam to determine student readiness, prohibit online science courses (BIO 131, BIO 132 and Pathogenic Micro CLT 208/209), Prohibit General Microbiology BIO 150, Utilized Elsevier Adaptive Quizzing throughout curriculum. Dental Hygiene faculty member lecturer for Dental Hygiene Seminars Board Review, faculty member selected by the Joint Commission on National Dental Examinations (JCNDE) to enter the National Board Dental Hygiene Examination test constructor pool.

- Advisory Committee – ADEC Training for Clinical TA II, silver diamine fluoride utilization, implant assessment and maintenance, implementation of AAP revised Periodontal Classifications.
- Program Completion Rates – Utilize Starfish to increase student retention. Students re-admitted to the Dental Hygiene program are required to take the “Smarter Measure Learning Readiness Indicator”. Results will be reviewed and the Health Sciences Division Staff Associate will make recommendations with follow-up documentation in “Starfish”. A Student Success Plan will be developed to optimize success for continuance in the Dental Hygiene Program.
To improve program retention rates, in 2019, the program upgraded their admissions course pre-requisites from General Chemistry to Regents Chemistry.
- Student Complaint Log (Suggestion Box) – Access Card System installed in Men’s Locker Room, clinic blinds replaced, and new ceiling projectors installed in clinic and radiographic classroom.
- Patient Survey- Better clinic signage, replacement of clinic ceiling light covers, bigger unit hooks placed for patient coats/purses
- Chart Audit – Identified areas for instructor calibration bi-annual in-service, revision of Patient Health History, correct documentation of Indicator Strip on patient records, video orientation for online HIT students.
- Infection Control Audit – Utilize tray covers when indicated, use of the CDC Infection Control Audit tool.

B. Supportive Documentation

Exhibit 1-1A: DH OUTCOME ASSESSMENT PROGRAM

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Exhibit 1-1F: 2018,2019 Graduate Placement and Licensure Statistics	
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Exhibit 1-H: Nuventive Improve, Program Learning Outcomes, Plans and Results – Dental Hygiene AAS, Program Learning Planning Summary	

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.**

Intent:

The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should employ sufficient faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes, including technological advances, necessary to reflect current concepts of education in the discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the 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).**

All departments in the college begin their annual budget process in early February. Information regarding the budget process is distributed to each department chairperson by the Michael Sullivan, Vice President Administrative and Financial Affairs.

Refer to Exhibit 1-2A: SUNY Broome 2019-2020 Budget Instructions and Timeline

- 2. Using the Example Exhibit 2 format, identify the sources of fiscal support for the dental hygiene program and the percentage of the total budget that each source constitutes.**

Refer to Exhibit 1-2B: Table of Financial Resources of Current Year (for the sources of fiscal support for the program)

- 3. 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?**

Financial resources utilized by the program may include grant monies. The primary use of grant funds is to supplement the program budget for equipment used by students. Such funds are limited in amount and duration and do not continuously support operation of the program.

4. Describe the long-range plan developed to assist the program in acquiring stable and adequate funding. Append a copy of the long-range plan, if available

The program's budget supports the program's goals and objectives. The budget is intimately linked with the college strategic plan. Budget requests are granted based on their clear ability to further the program and college goals and strategic plan. The budget is also consistent with other programs in the Health Science Division.

The college has always supported the Dental Hygiene Program, enabling the department to maintain high educational standards. The budget includes faculty salaries, supplies and expenses, and travel funds. Equipment funds have been covered through the use of Decker Foundation funds and Technology Fee allocation. The program director submits requests for these funds that are then prioritized among other division requests. To date, the program has received most of the equipment it has requested. Equipment repair costs are handled through a budget line in the Dean's office. The program has had all equipment repairs covered. Accreditation fees are also paid through the Dean's budget line.

Refer to Exhibit 1-2C: SUNY Broome Strategic Plan 2017-2022

5. Using the Example Exhibit 3 format, provide information on the program's budget for the previous, current (year of the site visit) and ensuing fiscal years.

Refer to Exhibit 1-2D: Budget Information for Previous, Current and Ensuing Fiscal Year

6. Using the Example Exhibit 4 format, provide the actual expenditures for the previous academic year.

Refer to Exhibit 1-2E: Table of Financial Resources for Previous Year

7. Using the format shown in Example Exhibit 5, provide information on the salary schedules for full- and part-time faculty for the current academic year, include the program administrator.

Refer to Exhibit 1-2F: Faculty Salary Schedules

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

Faculty salaries are contractually established and the latest contract settlement, September 1, 2018 - August 31, 2021, allows for the following:

- Effective September 1, 2018, returning full-time regular unit member on the payroll will receive a \$2,200 general wage increase added to their base salary

- Effective September 1, 2019, returning full-time regular unit member on the payroll will receive a \$1,800 general wage increase added to their base salary
- Effective September 1, 2020, returning full-time regular unit member on the payroll will receive a \$1,500 general wage increase added to their base salary

All other wage and compensation items in the Agreement shall be increased three percent (3%) effective September 1, 2018, three percent (3%) effective September 1, 2019, and three (3%) percent effective September 1, 2020.

The College provides opportunities for professional development conferences both on and off campus. Professional development is primarily funded through the SUNY Broome Foundation Teaching Grants, Faculty Student Association. SUNY Broome Foundation Professional Development funding is also available.

Additional funding may be requested from the Division Deans and VPAA offices. Tuition assistance is available to faculty pursuing advanced degrees. SUNY Broome tuition waivers for College and Continuing Education courses are also available for full time faculty.

9. As an exhibit, include a list of individuals involved in the budgetary process, including their name and title.

Refer to Exhibit 1-2G – List of Individuals Involved in the Budgetary Process

B. Supportive Documentation

- Exhibit 1-2A: SUNY Broome 2019-2020 Budget Instructions and Timeline
- Exhibit 1-2B: Table of Financial Resources of Current Year
- Exhibit 1-2C: SUNY Broome Strategic Plan 2017-2022
- Exhibit 1-2D: Budget Information for Previous, Current and Ensuing Fiscal Year
- Exhibit 1-2E: Table of Financial Resources for Previous Year
- Exhibit 1-2F: Faculty Salary Schedules
- Exhibit 1-2G: Individuals Involved in Budgetary Process

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 college does not receive support from entities outside of the institution that could compromise the teaching, clinical and research components of the program.

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.

The Dental Hygiene Department does have the authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters.

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.

Intent:

Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, and private schools, which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program. The institution should offer appropriate fiscal, facility, faculty and curriculum resources to sponsor the dental hygiene educational program.

A. Description

- 1. Which of the following best describes the program’s educational setting: dental school, four-year college/university, community/junior college, technical college/institute, vocational school or federal service training center? Indicate whether the institution is public, private (not-for-profit) or private (for profit).**

The Dental Hygiene Program is located in a public community college institution.

- 2. By what agency recognized by the United States Department of Education or officially recognized state accrediting agency, is the institution accredited? Briefly describe the institution’s accreditation history, including its current status and date of last evaluation.**

SUNY Broome Community College is accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools, 3624 Market Street, Philadelphia, PA 19104-2680. Phone 267-284-5000 www.msche.org. The MSCHE is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation (CHEA).

Accreditation History: First Accredited in: 1960
Last accreditation visit: November 17, 2016
Reaccredited: 2016
Institution Code: 0271

The College is supervised by the State University of New York (SUNY) and its curriculums are registered by the New York State Education Department.

3. Include an exhibit indicating the most current accreditation report status

Refer to exhibit 1-5A: Middle States Statement of Accreditation Status

B. Supportive Documentation

Exhibit 1-5A: Middle States Middle States Statement of Accreditation Status

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. Does the program have an arrangement with another institution for sharing resources as described above?

No

2. Is the additional institution considered to be a co-sponsor of the program?

No

3. If yes, describe the arrangement, including a brief history and date of the initial agreement. Include a copy of co-sponsor/affiliation written agreement.

NA

There are no co-sponsoring institutions. The Dental Hygiene Program of SUNY Broome Community College has formalized articulation agreements the following educational institutions:

- Penn College (BSDH) Continuous
- Farmingdale State (BSDH) Continuous
- Farmingdale State Advanced (BSDH) Continuous
- University of Bridgeport (BSDH) (8/1/22)
- Nassau BOCES (AAS) (12/20/22)
- Monroe 2 BOCES (AAS) (Continuous)
- Greater Southern Tier - GST (Elmira) BOCES (AAS) (6/30/23)

The program also has the following formalized affiliation agreements with the following institutions:

1. Farmingdale State (BSDH, MSDH) Continuous
2. University of Bridgeport (BSDH) Continuous
3. University of Bridgeport (MSDH) Continuous 8/1/2027
4. United Methodists Homes, Hilltop Nursing Home 11/30/22

The articulation agreements with the BOCES programs provides advanced standing for their students upon entering our program. These students, however, must enter into the competitive admissions process and are not given priority for acceptance. The articulation agreements allow our graduates easy transition into a bachelor's degree completion program.

The affiliation agreements allow student interns from other BS, MSDH completion programs to teach in our facility and provide role models for our students to continue their education.

The United Methodist Hilltop Nursing Home Affiliation Agreement allows enrichment experience for our students to gain special needs clinical treatment experience for the elderly population.

The SUNY Buffalo School of Dentistry Continuing Education Contract Agreement allows for continuing education opportunities for the dentist and dental hygienist in our community.

C. Supportive Documentation

- Exhibit 1-6A: Penn College (BSDH) Articulation Agreement
- Exhibit 1-6B: Farmingdale State (BSDH) Articulation Agreement
- Exhibit 1-6C: Farmingdale State Advanced (BSDH) Articulation Agreement
- Exhibit 1-6D: University of Bridgeport (BSDH) Articulation Agreement
- Exhibit 1-6E: Nassau BOCES Articulation Agreement
- Exhibit 1-6F: Monroe 2 BOCES Articulation Agreement
- Exhibit 1-6G: Greater Southern Tier (Elmira) BOCES Articulation Agreement
- Exhibit 1-6H: Farmingdale State (BSDH, MSDH) Affiliation Agreement
- Exhibit 1-6I: University of Bridgeport (BSDH) Affiliation Agreement
- Exhibit 1-6J: University of Bridgeport (MSDH) Affiliation Agreement
- Exhibit 1-6K: United Methodists Homes, Hilltop Nursing Home Affiliation Agreement
- Exhibit 1-6L: SUNY Buffalo School of Dentistry CE Contract Agreement

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.**

Intent:

The purpose of an active liaison mechanism is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing and the program director, faculty, and appropriate institution personnel should participate in the meetings as non-voting members to receive advice and assistance.

1. Briefly describe the interaction between the program and professionals in the community, such as dental hygienists, general and specialty dentists, and other health care specialists? How do community liaison members provide resources and/or help support the program?

Dental hygienists, general dentists, oral surgeons, public health dentists, prosthodontists, orthodontists, pediatric dentists and periodontists from the community serve as lecture, clinic and laboratory instructors and members of our advisory committee. Dental product educators also provide lectures of interest to students and faculty. Students are required to observe a specialty dental practice during the fourth semester (DEN 214).

2. Describe the structure, function, and responsibilities of the liaison mechanism(s).

The formal mechanism for maintaining liaison with the dentist and dental hygiene communities is the Dental Hygiene Program Advisory Committee. A list of members is provided as Exhibit 1-7A. Minutes of an Advisory Committee Meeting are provided as Exhibit 1-7B. Criteria for selection to the Advisory Committee are provided as Exhibit 1-7D.

Links between the program and the dentists in the community include: the Sixth District Dental Society, the Broome County Dental Society, the Broome County Dental Society Study Club, dentists who act as supervising dentists in our clinic and pain management courses, the SUNY Broome Dental Hygiene Advisory Committee, dental offices used during extramural observations, and dentists who are faculty members or who lecture on specific topics.

The primary links between the program and dental hygienists in the community are: The SUNY Broome Dental Hygiene Advisory Committee, The SUNY Broome Dental Hygiene Alumni Association, the New York State Dental Hygienists' Association, and the New York Central Region Dental Hygienists' Association.

The dental hygiene faculty is a link to dental professionals in the community via their activities in the professional associations, and their practice of dental hygiene in private dental settings in the community.

The program administrator and/or faculty serve on the following community boards:

- NYS Dental Hygiene Association, President
- SUNY Broome Foundation, Past (8 years), Board Member
- CODA Appeal Board, Member 2018-2022
- Lourdes Center for Oral Health Advisory Board
- Mothers and Babies Perinatal Network, Executive Board Member
- Alive! for Autism, Former President
- Achieve
- Jewish Community Center

Community Foundation to Support Education and Cavity Free Cortland
The program administrator and/or faculty participate in the following dental community activities:

- Broome County Dental Society Study Club, Chairperson
- Broome County Dental Society, Treasurer
- Broome County Dental Society Children's Dental Health Month
- New York State Dental Association & New York State Dental Foundation (NYSDA/NYSDF) Dental Demonstration Project, volunteer
- Mothers and Babies Perinatal Network, Delaware County
- Binghamton University Public Health Learning Community Presenter, Health for Haiti
- SUNY Broome Dental Hygiene Veteran's Appreciation Clinic
- Free Dental Care Day, Lalor Creekside Dental
- Black History Month Health Fair, Broome County Urban League, Oral Health Initiative
- Numerous presentations to local rotary clubs on the Health for Haiti and
- Global Health in Ireland course, public presentations
- High School Counselors Breakfast, sponsored by the Broome County Dental Society
- BOCES Career Fair, Binghamton University
- Broome County Dental Society Peer Review facilitation at SUNY Broome
- Oral Cancer Foundation, Walk for Awareness, Binghamton, NY
- American Heart Association Heart Walk
- Broome County Office of Aging

Refer to Exhibit 1-7C: DH Department Community Involvement Activities

3. List the names, affiliation, role/title, committee term, disciplines and appointment dates of individuals currently involved in the program's liaison activities. If applicable, provide the names and positions of individuals representing separate liaison mechanisms for any off-campus sites.

Refer to Exhibit 1-7D: Advisory Committees for Career Curricula

4. Provide meeting minutes from the last two liaison activities.

Refer to:

Exhibit 1-7E New York State Dental Hygienists' Association Board of Directors Meeting Minutes 4/27/19.

Exhibit 1-7F Mothers and Babies Perinatal Network Board Meeting Minutes 4/15/19.

5. Describe recent liaison activities.

- NYS Dental Hygienists' Association 99th Empire Conference/Annual Session, took place November 1-3, 2019, at the Holiday Inn, Saratoga Springs NY. Conference Registration entitled entry into Continuing Education Courses, Exhibitors' Hall on Friday evening and on Saturday morning, Friday and Sunday morning House of Delegates meetings, Friday morning Candidates' Forum and Reference Committee Testimony sessions, Student Informative Poster Presentations, Silent Auction, and Sunday morning House Installation of Officers and Directors.
- Mothers and Babies Fashion Gala - Mothers and Babies Perinatal Network is a recognized nonprofit organization that has served the Greater Binghamton Region for more than 25 years. The organization strives to improve pregnancy and birth outcomes and supports the health and development of women, infants and families. Proceeds from the annual Fashion Gala is the major fund raiser for the organization. The SUNY Broome Student American Dental Hygienists' Association provide significant community service hours to assisting in the operation of the Fashion Gala.

6. Provide a copy of by-laws and/or description of duties and responsibilities of individuals involved in liaison activities

Refer to:

- Exhibit 1-7G: NYS Dental Hygienists' Association Presidents' 2018 Annual Report, Responsibilities, Goals of the Office, Overview of Activities
Exhibit 1-7H: Mothers and Babies Perinatal Network Board Member Job Description

B. Supportive Documentation

- Exhibit 1-7A: List of Advisory Committee Members, 19/20,
List of Dental Society Officers, List of Dental Hygiene Officers, 19/20
Exhibit 1-7B: Advisor Committee Meeting Minutes (need updated minutes (10/25/19,
10/26/18, 10/27/17, 10/28/16, 10/30/15, 10/31/14)
Exhibit 1-7C: DH Department Community Involvement Activities
Exhibit 1-7D: Advisory Committees for Career Curricula
Exhibit 1-7E: New York State Dental Hygienists' Association Board of Directors
Meeting Minutes 4/27/19
Exhibit 1-7F: Mothers and Babies Perinatal Network Board Meeting Minutes 4/15/19
Exhibit 1-7G: NYS Dental Hygienists' Association Presidents' 2018 Annual Report,
Responsibilities, Goals of the Office, Overview of Activities
Exhibit 1-7H: Mothers and Babies Perinatal Network Board Member Job Description

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, graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.

Intent:

The dental hygiene curriculum is comprehensive in scope and depth and requires a minimum of two years of academic preparation. The curriculum should include additional coursework and experiences, as appropriate, to develop competent oral health care providers who can deliver optimal patient care within a variety of practice settings and meet the needs of the evolving healthcare environment.

In a four-year college setting that awards a certificate, admissions criteria should require a minimum of an associate degree. Institutions should provide students with opportunities to continue their formal education through affiliations with institutions of higher education that allow for transfer of course work. Affiliations should include safeguards to maximize credit transfer with minimal loss of time and/or duplication of learning experiences.

General education, social science and biomedical science courses included in associate degree dental hygiene curricula should parallel those offered in four-year colleges and universities. In baccalaureate degree curricula, attention is given to requirements for admission to graduate programs to establish a balance between professional and nonprofessional credit allocations.

Narrative Response and Documentation:

- 1. Describe how the scope and depth of the curriculum reflect the objectives and philosophy of higher education and facilitates opportunities for students to continue their formal education through transfer of course work**

SUNY Broome Community College (SUNY Broome) is a comprehensive community college supervised by the State University of New York, sponsored by the County of Broome, and governed by a Board of Trustees. SUNY Broome is fully accredited by the Middle States Association of Colleges and Schools, which has judged its courses to be of appropriate depth and scope for higher education.

The dental hygiene curriculum includes a minimum of two (2) years of full time instruction. The Associate in Applied Sciences (AAS) Degree is awarded upon successful completion of the program. The AAS degree has the following curriculum requirements:

- a. The minimum number of credits in a student's major field as determined by each academic department. These are courses intrinsic to, and required by, the various curricula.
- b. The New York State Education Department requires a minimum number of credits in liberal arts and sciences courses in each registered undergraduate degree program. For an Associate in Applied Sciences (AAS) degree, a minimum of 20 credits in Liberal Arts and Sciences is required. In most cases, general education courses may be counted as liberal arts and science courses.
 - The Dental Hygiene program exceeds this minimum requirement as the program is comprised of 24 liberal arts and sciences courses, which are all SUNY approved General Education courses. Twelve credits of Natural Sciences (BIO 131, BIO 132, CLT 208, and CLT 209), 3 credits Basic Communication (ENG 110), 6 credits Social Sciences (PSY 110 and SOC 110 or 111), and 3 credits Humanities (ENG 220) are required courses to complete the program.

In the Dental Hygiene Department, students must successfully complete two (2) W courses to fulfill degree requirements. The W courses require ENG 110 College Writing I as a prerequisite and precede ENG 220 Communicating About Ideas and Values.

The dental hygiene curriculum includes a core of general education and core dental hygiene courses, which, complement each other. Dental hygiene science and clinical courses are offered in an integrated, sequenced manner to support attainment of defined program competencies. General education and dental hygiene program competencies are addressed in individual courses within the curriculum and are described for students in course material. Courses within the program provide for the development of verbal and written communication skill, appropriate depth and breadth of knowledge, technical skill, behavior and critical thinking ability which are essential characteristics of a health care professional.

Two writing emphasis courses are required within the Dental Hygiene program: DEN 110W and DEN 213W. These courses are in addition to ENG 110, a General Education Basic Communication course and ENG 220, a General Education Humanities course, in which critical thinking is also captured. These courses provide the ability for our students to develop integral writing and verbal skills required in the profession of dental hygiene. They also aid in the ability of our students to meet one of the College's ILOs: Oral and Written Communication.

To ensure students within the Dental Hygiene program have met the Institutional Learning Outcomes of the College, an ILO map, demonstrating how required courses within the program meet the ILOs is included.

In addition, Dental Hygiene Program Learning Outcomes align with the College ILOs and are detailed below.

A Program Learning Outcome has been mapped to each Institutional Learning Outcome, to demonstrate alignment, as detailed below.

ILO1: Cultural and Global Awareness: Students will possess knowledge, encompassing values and ethics, by exploring and engaging with topics related to humanity, society, the environment, sustainability, or diversity.

Met by Dental Hygiene Program Learning Outcomes:

- *Graduates must be competent in applying ethical, legal and regulatory concepts to the provision and/or support of oral health care services.*
- *Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.*

ILO2: Critical Analysis and Decision-Making Students will identify, analyze, and evaluate ideas, arguments or problems as they occur in their own or others' work to develop well-reasoned arguments or solutions.

Met by Dental Hygiene Program Learning Outcomes:

- *Graduates must be competent in providing the dental hygiene process of care which includes:*
 - a. Assessment: The systematic collection and analysis of the following data to identify patient needs and oral health problems.*
 - b. Planning: The establishment of realistic goals and treatment strategies to facilitate optimal oral health.*
 - c. Implementation: Provision of treatment as identified in the assessment and planning phase.*
 - d. Evaluation: Measurement of the extent to which goals identified in the treatment plan were achieved.*
- *Graduates must be competent in problem solving strategies (critical thinking and decision-making skills) related to comprehensive patient care and management of patients.*

ILO3: Oral and Written Communication: Students will produce college-level written forms and be proficient in oral discourse.

Met by Dental Hygiene Program Learning Outcomes:

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

ILO 4: Scientific and Quantitative Reasoning: Students will be competent in scientific and quantitative reasoning through analysis of data in various forms.

Met by Dental Hygiene Program Learning Outcomes:

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

ILO 5: Technological Competency: Students will perform academic research, activities, skills or projects to demonstrate technical competency.

Met by Dental Hygiene Program Learning Outcomes:

- *Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, geriatric, and medically compromised patient.*
- *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.*
- *Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.*

ILO 6: Information Literacy: Students will identify, evaluate, interpret, and communicate source information.

Met by Dental Hygiene Program Learning Outcomes:

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

The entire curriculum follows a well-defined process to monitor and promote revisions. Refer to Exhibit 1-1A Outcome Assessment Program (Curriculum Management Plan/Quality Assurance Program)

While the Dental Hygiene A.A.S. program is not designed as a transfer program, we have had graduates transfer to a wide array of baccalaureate degree granting higher education institutions. These include both private and public colleges and universities in and out of New York State. The College offers transfer counseling and maintains articulation agreements for a wide variety of programs and institutions.

Faculty members will work directly with students on an individual basis to develop accurate transfer plans. It is always important for each student to take personal responsibility for the transfer process and to communicate in writing directly with the intended transfer institution, including the department of their preferred major, to assure that they are taking needed and transferable courses while attending SUNY Broome.

In an transfer report completed by the Office of Institutional Effectiveness, through the National Clearinghouse database, from 2014-2018, the Dental Hygiene program has had students transfer to the following schools:

Transfer School	Major	Status
SUNY Buffalo	Dentistry	FT
SUNY Farmingdale	Dental Hygiene Completion BS	PT
SUNY Oswego	Biology	FT

The Dental Hygiene Department has formal articulation agreements with:

- Penn College (BSDH) Continuous
- Farmingdale State (BSDH) Continuous
- Farmingdale State Advanced (BSDH) Continuous
- University of Bridgeport (BSDH) (8/1/22)
- Nassau BOCES (AAS) (12/20/22)
- Monroe 2 BOCES (AAS) (Continuous)
- Greater Southern Tier - GSST (Elmira) BOCES (AAS) (6/30/17) Renewal in process

B. Supportive Documentation

Exhibit 1-1A: Outcome Assessment Program (Curriculum Management Plan / Quality Assurance Program)

Exhibit 1-6A: Penn College (BSDH) Articulation Agreement

Exhibit 1-6B: Farmingdale State (BSDH) Articulation Agreement

Exhibit 1-6C: Farmingdale State Advanced (BSDH) Articulation Agreement

Exhibit 1-6D: University of Bridgeport (BSDH) Articulation Agreement

Exhibit 1-6E: Nassau BOCES Articulation Agreement

Exhibit 1-6F: Monroe 2 BOCES Articulation Agreement

Exhibit 1-6G: Greater Southern Tier (Elmira) BOCES Articulation Agreement

SUNY Broome Catalog Academic Information,

(<http://sunybroome.catalog.acalog.com/content.php?catoid=1&navoid=25>)

SUNY Broome Catalog Transfer Information,

(<http://www2.sunybroome.edu/transferagreements/agreement/>)

3. Describe how the curriculum is structured to allow individual students to meet required program competencies.

General education and dental hygiene program competencies are addressed in individual courses within the curriculum and are described for students in course material. Courses provide for the development of verbal and written communication skill, appropriate depth and breadth of knowledge, technical skill, behavior, and critical thinking ability, which are essential characteristics of a health care professional.

The entire curriculum follows a well-defined process to monitor and promote revisions. Refer to Exhibit 1-1A Outcome Assessment Program (Curriculum Management Plan / Quality Assurance Program)

4. As an exhibit, include pages of the college catalog relevant to the dental hygiene program. If the college catalog is online, download and provide the appropriate pages.

Refer to SUNY Broome College Catalog, Dental Hygiene Department

SUNY Broome Catalog Academic Information,

(<http://sunybroome.catalog.acalog.com/content.php?catoid=1&navoid=25>)

- 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.**

Intent:

If a student does not meet evaluation criteria, provision should be made for remediation or dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.

Narrative Response and Documentation:

1. Describe processes used to ensure students meet published academic, professional and/or clinical criteria. How is this information distributed?

As set by college policy, the minimum standard of achievement required to pass a course is a grade of D (65%). College standards of achievement are stated in the college catalog that is distributed to each student. Specific course standards of achievement are stated in the individual course syllabi and/or pre-clinic/clinic manuals.

In the Dental Hygiene Department, the minimum standard is a C grade for all courses in the Dental Hygiene Curriculum. This policy insures competency in the course student learning outcomes and transferability of courses in Bachelors of Science completion degree programs. Written documentation of this standard is contained in the Freshman Orientation Manual provided for each student in advance of an individual meeting with the chairperson. The standard is explained in more detail to each student prior to entry into the program during their freshman orientation meeting with the chairperson.

In addition, each instructor explains in detail the standards of achievement for lecture and lab courses during the course orientation period.

For clinical courses, explicit standards of achievement are clearly stated in the Dental Hygiene Student Clinic Manual and are thoroughly explained during the orientation period for each course prior to beginning patient experiences.

All dental hygiene clinical competencies must be met at a minimum of 75% proficiency level. For example, in DEN 106 Radiography, the standard of achievement is 100% proficiency on the full mouth series exposed on DXXTR, while 75% proficiency is passing on the FMS practical exam. Bitewing Series on clinical patients are graded as acceptable, improvement needed or unacceptable. Criteria for evaluation is reported in the "Guidelines for Freshman Student Patient Bitewings" found in the DH Student Clinic Manual.

In DEN 203, Pain Management lab, students are evaluated with the process/end product evaluations that will be used on patients in DEN 202. This course is considered a hybrid course utilizing Blackboard to supplement lecture information and to provide two

weekly online quizzes for student evaluation and feedback throughout the semester. A Pain Management Certification Packet is utilized throughout the course to monitor student progress.

2. As an exhibit, include pages from the appropriate document(s) listing institutional and program due process policies and procedures.

Refer to Exhibit 2-2A Institutional and Program Due Process Policies and Procedures. SUNY Broome Student Handbook, Student Academic Appeals Procedure

3. What standards of achievement/competence are required for dental hygiene students to continue in each component of the program? How and when are program expectations conveyed to students?

The SUNY Broome Dental Hygiene Program Competencies are stated as the following:

Competencies for the Dental Hygiene Graduate identify and organize the knowledge, skills and attitudes our graduates must attain for entry level into dental hygiene practice in public and private settings. The competencies include the domains recognized by the American Dental Hygiene Association, the American Dental Association, the Council on Dental Accreditation, and the American Dental Education Association. The domains include Professionalism (ethics, values, skill and knowledge integral to all aspects of the profession), Health Promotion/Disease Prevention, Patient Care, Role in the Community, and Professional Growth and Development.

1. Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, geriatric and medically compromised patient.
2. Graduates must be competent in providing the dental hygiene process of care which includes:
 - a. Assessment: The systematic collection and analysis of the following data to identify patient needs and oral health problems.
 - b. Dental Hygiene Diagnosis:
 - c. Planning: The establishment of realistic goals and treatment strategies to facilitate optimal oral health.
 - d. Implementation: Provision of treatment as identified in the assessment and planning phase.
 - e. Evaluation: Measurement of the extent to which goals identified in the treatment plan were achieved.
 - f. Documentation: The accurate and complete documentation of patient conditions, care provided and needed referrals.
3. 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.
4. Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

5. Graduates must be competent in assessing, planning, implementing and evaluating community based oral health programs including, health promotion and disease prevention activities.
6. Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.
7. Graduates must be competent in applying ethical, legal and regulatory concepts to the provision and/or support of oral health care services.
8. Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.
9. Graduates must be competent in the evaluation of current scientific literature.
10. Graduates must be competent in problem solving strategies (critical thinking and decision-making skills) related to comprehensive patient care and management of patients.

The program's mission, goals, competences, resources, current practice responsibilities and additional career information is found on our SUNY Broome Dental Hygiene Website:

<http://www2.sunybroome.edu/healthsciences/dh-dept/learning-outcomes/>

Students are introduced to the website upon applying to the program. Program goals and competencies are also included the Freshman Orientation Manual which is reviewed with the Department Chairperson during a small group freshman orientation session.

Students are notified of the program competencies initially during intake advising with the program chairperson and reviewed again in DEN 101 lecture. This information is included in the Freshman Orientation Manual, the Dental Hygiene Clinic Manual, and on the SUNY Broome Dental Hygiene website. At these times, components are reviewed with the students and questions are addressed.

As set by college policy, the minimum standard of achievement required to pass a course is a grade of D (65%). College standards of achievement are stated in the college catalog that is distributed to each student. Specific course standards of achievement are stated in the individual course syllabi and/or pre-clinic/clinic manuals.

In the Dental Hygiene Department, the minimum standard is a C grade for all courses in the Dental Hygiene curriculum. Written documentation of this standard is contained in the Freshman Orientation Manual provided for each student in advance of an individual meeting with the chairperson. The standard is explained in more detail to each student prior to entry into the program during their freshman orientation meeting with the chairperson.

In addition, each instructor explains in detail the standards of achievement for lecture and lab courses during the course orientation period.

For clinical courses, explicit standards of achievement are clearly stated in the Dental Hygiene Student Clinic Manual and are thoroughly explained during the orientation period for each course prior to beginning patient experiences.

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

The Program Chairperson monitors student overall academic and clinic progress. The course lead instructor and/or clinical coordinator monitors individual course performance. Individual instructors inform students regarding their academic progress in their particular lecture course(s). Mid-term and final grades are issued and, if necessary, students are advised of the need for remediation or supplemental instruction.

The College utilizes an Early Alert, Starfish Program that encourages faculty members to notify students of any academic issues or problems that could impede their success. This system allows faculty to electronically submit notes to students regarding their progress. A Retention Specialist oversees the program and acts as an advocate for the student to obtain additional support and resources in the event that additional interventions such as tutoring, counseling or other programs are advised.

Pre-clinical laboratory instructors are assigned specific students to instruct and evaluate during each session. The students' evaluations are filed and available to them during the pre-clinic sessions and/or by appointment with the instructor. DEN 101 Pre-clinic, students track their grades weekly on a tally sheet and via the gradebook on Blackboard LMS.

In the clinical courses DEN 102, DEN 201 and DEN 202, the clinical coordinators assign instructors as clinical advisors for students. As advisors, the clinical instructors monitor their advisees' academic progress. The assigned clinical instructor and clinic advisor monitor student clinical performance. Students are given immediate feedback at the completion of each clinical session. Student self-evaluation is a component of each clinical session and the evaluation of students' academic performance is continuous. Students and advisors receive bi-weekly computer printouts that provide them with a detailed report of each student's performance, grade-to-date and the current status of course requirements. Advisors maintain a progress folder for each of their advisees. This folder contains progress tallies, requirement tallies, due date tallies, printouts, etc. and it is updated by the students after every bi-weekly printout and then reviewed by the instructor (advisor).

In DEN 110W (Dental Materials Lab), all quizzes, homework, writing assignments and other evaluations are kept in a file. These files are handed out to each student weekly. Each student is required to record and maintain a grade progress tally (a form designed to help students track their academic progress throughout the course).

In both pre-clinic and clinic courses, instructors inform students of any failing categories and discuss actions to be taken. Instructors work with the clinic coordinators of their respective courses in order to ensure timely, sound academic advisement. Coordination meetings are scheduled, in either a face to face format or via email communication, to further monitor student progress, address academic concerns, and focus on remediation techniques. Agendas and minutes are provided to all clinical faculty.

The instructor for DEN 106 reviews the students' performance on a weekly basis using the Retake Critique Form. If the students' performance is below standards, then students are required to practice. Students who require further remediation must schedule appointments with the instructor for additional instruction and practice. In DEN 102 if the student achieves an unsatisfactory grade on the first bitewing series he/she is required to remediate on DXXTR with the DEN 106 instructor before the second series may be exposed. The Bitewing Remediation form alerts the student and confirms that remediation is complete.

Students receive mid-term grades from the college. Only F, D and I (incomplete) grades are reported as a warning of possible course failure in the event that poor performance continues. The college has recently instituted a voluntary, campus wide Early Alert, Starfish system to improve student retention. All Dental Hygiene faculty participate in the student-centered Early Alert, Starfish program.

Final grades and probations/dismissal notifications come from the Office of the Registrar.

5. Describe procedures for assisting students who are having academic difficulties in didactic, laboratory, preclinical, and clinical classes.

Students who are having academic problems in didactic courses may be sent to the Learning Assistance Center for specialized help such as seeking supplemental instruction and/or learning skills counseling. In didactic, laboratory, pre-clinical and clinical courses, students may meet with the instructor, their advisor and/or the clinic course coordinator to discuss steps to improve performance.

Clinical remediation is available and arranged by the course coordinator and the student. Student who are failing clinic at midterm complete a Clinical Remediation Contract to assist in student retention.

Refer to Exhibit 2-2B SUNY Broome Dental Hygiene Clinical Remediation Contract

In DEN 101 lab and lecture each student charts his own progress weekly and is encouraged to seek remedial help from his instructor for lecture and/or lab should the need arise. DEN 101 clinical instructors also monitor the academic progress of the students in their section and will make arrangements for remediation if a student fails a competency exam.

During DEN 102, the freshman clinical course, consultation and remediation are often ongoing in conjunction with the students' initial adjustment to the rigors of their first semester with patients.

In DEN 102, DEN 201, and DEN 202 students having performance difficulties are advised either by their assigned advisor or the course coordinator to schedule a remediation/practice/reprocessing session during their make-up time slot. Extra, individualized remediation during the student's regular clinic sessions is provided as instructor loading allows. All clinical courses allow for remediation for the student who fails two consecutive process/end product evaluations or who is currently failing the clinical course. As with all the clinical courses, remediation must be initiated by the student. The course coordinator schedules the remedial session(s). These remediation sessions are non-graded.

In DEN 106 Clinical Dental Radiography, if a student's performance is below standards, they are required to practice. To establish parameters, "Guidelines for Student Practice" are given to each student. Students who require further remediation make appointments with the instructor for additional instruction and practice.

In DEN 110W Dental Materials lab, students who are having academic difficulty are required to meet with the lab instructor to discuss their academic progress and to devise strategies for improving their academic performance.

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.**

Intent:

The dental hygiene education curriculum is a postsecondary scientifically-oriented program which is rigorous and intensive. Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The program administrator and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures which are non-discriminatory and ensure the quality of the program.

Narrative Response and Documentation:

- 1. Provide the specific written criteria, procedure and policies for admission to the dental hygiene program. Provide evidence that previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability have been utilized as criteria in selecting students.**

We consider for each applicant to be eligible for admission to the Dental Hygiene Program by weighing equally:

- Sequential High School Math Level I and II, Applied Math I, II or equivalent or a college Math in algebra and geometry
- High School Biology (Regents/College Prep) or College Biology
- High School Chemistry (Regents/College Prep), Applied Science I & II (Biology and Chemistry) or college Chemistry
- Overall GPA

An additional ½ point may be earned for the following:

- Residency within the NYS Dental Society 6th District region
- Veteran status found on the SUNY Broome online application and through the Veterans Administration Office.

- 2. Describe the process for selecting dental hygiene students. List names and titles of individuals participating in the selection process. As an exhibit, provide a sample rating sheet for students' selection.**

The SUNY Broome Admissions Office Professional Staff participating in the acceptance process include the following:

Elisabeth Costanzo, Director of Admissions
Susan Wellington, Assistant Director of International Admissions
Maja Szostak, Senior Staff Assistant of Admissions
Brittany Richardson, Staff Assistant for Admissions
Margaret Sullivan, Staff Assistant for Admissions
Caitlin Davidson, Staff Assistant for Admissions

Since 2006, all Health Science Programs utilized a competitive admissions process. The College Health Science Programs have experienced higher retention rates due to the implementation of a more selective admissions process. The Dental Hygiene Department has experienced a positive outcome as a result of this change in philosophy for admission into the program and has had higher graduation rates as a result.

The SUNY Broome Admissions to Health Science Programs Manual, outlines the internal and external admissions process and procedure for all Health Science programs at SUNY Broome Community College and in Dental Hygiene. Procedures and guidelines were developed based on input from Admissions staff, Health Science division members (including the Dental Hygiene department) and also a student representative. This is

updated annually; the most recent input meeting was in June 2019. Students apply and the College utilizes the exact same criteria for admissions for internal and external applicants. The criteria are entirely based on numerical data from outcomes in the specific requirements.

In Dental Hygiene the following procedures are used:

Students may apply to the college by submitting the SUNY Broome Community College application form. The application may be mailed to the college or applications may also be submitted on-line. Applications are accepted after September 15 for the next year's freshmen dental hygiene class. March 1 is the recommended deadline to submit all materials. Student application submission after the deadline is considered on a space available basis. For the past three years admissions has not gone past consideration of those applying by March 1 for Dental Hygiene. The SUNY Broome Admissions Office evaluates all dental hygiene applicants. They are divided into groups of unqualified and qualified candidates.

The unqualified candidates are sent a letter from the Admissions Office directing them to contact an admissions counselor to discuss educational goals and objectives. The letter outlines the options of seeking career counseling in the Counseling Services Department or enrolling into the Health Studies Program to complete the pre-requisites for dental hygiene. The Admissions Staff Assistant for Health Sciences advises and registers the student in coursework that allows the applicant to become qualified for dental hygiene. Once the student completes all pre-requisites successfully, he/she then competes with all the other qualified applicants for a seat in the Fall freshman class.

The Admissions Committee, comprised of the Admissions Director, Assistant Director and the Staff Assistants, evaluate all of the qualified applicants for the upcoming Fall semester. The applicants are scored on the strength of their performance in the relevant pre-requisite courses and assigned points in each area and have a half point consideration for living in the 6th District and/or being a veteran. The applicants are then ranked. The applicants with the highest scores are given seats in the upcoming freshmen dental hygiene class.

All remaining qualified, scored applicants are either denied, or sent a letter indicating should space become available they would be considered or offered Health Studies to improve their chances for admissions. Their acceptance is determined by the "Total Points." The Dental Hygiene Program accepts a class of 40 in the fall semester only.

Refer to:

Exhibit 2-3 A: Application for Admission Process, Forms (online version and hard copy), and Admission Flow Chart

Exhibit 2-3C: SUNY Broome Academic Advising and Competitive Admissions Form,

Exhibit 2-3D: Dental Hygiene Curriculum Advisement Form

Exhibit 2-3E: Health Sciences Admission Candidate Rating Form

Exhibit 2-3F SUNY Broome Online Catalog

<http://www1.sunybroome.edu/programs/dental/>

SUNY Broome Admissions to Health Science Programs Manual available on-site

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

Modifications in the admissions criteria are developed in conjunction with Admissions Staff, the Health Science Division, Individual Studies Health Science Advisors, Dental Hygiene chairperson and Faculty. The Division Dean and the VPAA approve any proposed modifications. The Admissions Office implements the modification(s).

4. How are applicants informed of the dental hygiene program's (address each component):

- **criteria and procedures for selection,**
- **program goals,**
- **curricular content,**
- **transferability of the dental hygiene program courses,**
- **scope of practice of dental hygienists, and**
- **current employment opportunities for dental hygienists?**

As an exhibit, provide a program application packet and/or forms that address each item previously listed.

Many applicants obtain information about the program's criteria and procedures for admission, program goals, curricular content, services performed by dental hygienists and employment opportunities from the SUNY Broome Dental Hygiene Website <https://www.sunybroome.edu/web/www/dental> and the College Website www.sunybroome.edu . The College Website has a job placement link where dental hygiene positions may be posted at:

<https://app.purplebriefcase.com/pb/account/login?s=Sunybroome>

Prospective students can also obtain information about careers in dental hygiene at recruitment events such as high school career fairs, Career Pathways, Fast-Forward, and the BOCES – New Visions Career Academy. The Admissions staff, dental hygiene faculty and students participate in these activities. SUNY Broome Community College also hosts Open House and Explore SUNY Broome events for students to learn about general criteria and meet with departments. The Admissions office also hosts a number of events both on and off campus at which we inform and share Dental Hygiene criteria. We host Health Science Specific information sessions. Campus tour information is complete schedule is available online at: <http://www1.sunybroome.edu/about/visit-us/>

The Admissions and Dental Hygiene Departments also jointly host visits with students from local BOCES Dental Assistant programs to promote dental hygiene careers and to outline the criteria for admissions.

Other resources for this information can be found in the following:

- College Catalog –online only at <http://sunybroomecatalog.acalog.com/content.php?catoid=1&navoid=22>
- Dental Hygiene Program Information Print on Demand (POD) Sheet (Exhibit 2-3B)
- Local high school guidance counselors’ offices
- ADA Dental Careers Brochure and website
- ADHA Dental Hygiene Career Fact Sheets on Pathways, Roles and website

More detailed information regarding a career in dental hygiene is presented in the SUNY Broome college course HST 100, Introduction to Health Sciences. This course is required for all Health Studies students.

5. Provide the institution’s policies on discrimination.

Policy 1.4 is the College Non-discrimination Policy. SUNY Broome Community College does not discriminate on the basis of race, sex, color, religion, age, national origin, disability, marital status, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era in the recruitment or education of students; the recruitment and employment of faculty and staff; or the operation of any of its programs or activities, where relevant, state and federal laws apply.

This policy is posted on the college website, student handbook, college catalog, and the admissions application. Information about the Office of Civil Rights and how to file a discrimination complaint is published on the College website: <https://www2.sunybroomecollege.edu/dos/title-ix/office-of-civil-rights/>.

6. How does the program make policies on infectious diseases made available to applicants?

The policy for Applicants Who Have Blood-Borne Infectious Diseases can be found on the Dental Hygiene Website,

<http://www2.sunybroomecollege.edu/healthsciences/dh-dept/program-policies-notice/>

and the Freshmen Orientation Manual page 81:

Applicants Who have Blood-borne Infectious Disease(s)
Individuals who self-disclose the presence of a blood-borne infectious disease will be shown the same consideration as non-infected individuals and will be offered reasonable accommodations. All information regarding the health status of an individual is considered confidential and protected by the Family Education Rights and Privacy Act of 1994.

Refer to Exhibit 5-1D: NYS Infection Control Policy on HIV AIDS, Hepatitis B &C, and Infected Health Care Workers

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. 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.

Intent:

Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.

Narrative Response and Documentation:

1. Does the dental hygiene program admit students with advanced standing? If yes, describe the policies and methods for awarding advanced standing credit.

Admission of students with advanced standing is based on the same standards of achievement required of 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 applies advanced standing based on transfer coursework completed at other accredited institutions of higher education.

College level course credits at regionally accredited* post-secondary institutions can be transferred to SUNY Broome. The chairperson is responsible for review of the transcripts when awarding credit. Transfer credit is approved with the following provisions: SUNY Broome must receive official transcripts of all college level work completed at other regionally accredited colleges before transfer credit will be awarded.

Grades earned at other institutions will not be entered into the cumulative grade-point average (GPA) at SUNY Broome Community College.

Grades of C or higher are transferable if coursework is relevant to the student's program of study at SUNY Broome.

Credit hours must be equal to or higher than those of the SUNY Broome course.

Courses must have lab and lecture hours equal to its SUNY Broome equivalent.

If further clarification is necessary course description and/or outline must indicate equivalency to the SUNY Broome course.

**Accrediting agencies - Middle States, New England, North Central, North West, Southern Association, and Western.*

SUNY Broome recognizes credits earned at foreign post-secondary institutions which may also be transferred, subject to review and approval of the Department Chairperson or Dean's designee from the division in which the student matriculates. Students applying for foreign credit transfer must submit an official evaluation of foreign educational credentials from an accredited evaluation agency.

Advanced Placement Examination (AP)

The College will also recognize for credit the AP examinations of the College Entrance Examination Board. A score of three or above is acceptable for credit. Laboratory courses may require additional lab work to earn full credit for a college course. Credit awarded will be handled as a transfer credit.

International Baccalaureate (IB)

The College will also recognize for credit the IB Higher level examinations from the International Baccalaureate. A score of five on the higher level is eligible for credit. Laboratory courses may require additional lab work to earn full credit for a college course. Credit awarded will be handled as a transfer credit.

Prior Learning Assessment

SUNY Broome Community College offers its matriculated students to gain credit for Prior Learning. This includes Prior Learning Assessment, Credit By Examination, and Portfolio review. Prior learning credit is awarded, if appropriate, through a process, via the department chairperson. Procedures for PLA are published on the College website: <http://www3.sunybroome.edu/pla/>. Due to programmatic accreditation requirements, and patient safety concerns, many health sciences programs are unable to award PLA. The Dental Hygiene program recognizes PLA, but it is organized through articulation agreements with area programs.

College Proficiency Exams (CP)

The CP exams of the University of the State of New York will be recognized for credit upon approval by the appropriate department. Credit awarded will be handled as transfer credit.

The courses that are most often transferred for advanced credit are the general education courses required within the curriculum. The titles of these courses are:

- ENG 110 - College Writing 1
- ENG 220 - Communicating About Ideas and Values
- PSY 110 - General Psychology
- SOC 110 - Introduction to Sociology
- BIO 131- Human Biology I
- BIO 132 - Human Biology II
- CLT 208/209 - Pathogenic Microbiology

Requests for transfer credit of the professional (DEN) courses are considered on an individual basis. If the transfer request is for a particular course, the chairperson consults with the course instructor prior to rendering a final decision.

Should a student request transfer of an entire semester or year from another dental hygiene school, they must submit a transcript, course descriptions and outlines that will be reviewed by the department. If the coursework is equivalent in content, scope and credit hours and the sequencing matches that at SUNY Broome, transfer would be considered.

Students may also obtain advanced standing using credit by exam, whereby students prove competency in course subject matter by taking an exam or series of exams covering appropriate subject matter. They must receive a grade of “C” or better in order to obtain credit from the college.

The registrar and the college administration have set the maximum number of credits that can be transferred. It requires that a student complete 12 credit hours in his/her matriculated program of study in order to graduate from the college.

B. Supportive Documentation

Exhibit 2-4A: SUNY Broome Online Catalog Transfer Credit -

<http://www2.sunybroome.edu/international/international-student-support-services/transfer-information/>

1. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

The courses that are most often transferred for advanced credit are the general education courses required within the curriculum. The titles of these courses are:

- ENG 110 - College Writing 1
- ENG 220 - Communicating About Ideas and Values
- PSY 110 - General Psychology
- SOC 110 - Introduction to Sociology
- BIO 131- Human Biology I
- BIO 132 - Human Biology II
- CLT 208/209 - Pathogenic Microbiology

Requests for transfer credit of the professional (DEN) courses are considered on an individual basis. If the transfer request is for a particular course, the chairperson consults with the course instructor prior to rendering a final decision.

Should a student request transfer of an entire semester or year from another dental hygiene school, they must submit a transcript, course descriptions and outlines that will be reviewed by the department. If the coursework is equivalent in content, scope and credit hours and the sequencing matches that at SUNY Broome, transfer would be considered.

Students may also obtain advanced standing using credit by exam, whereby students prove competency in course subject matter by taking an exam or series of exams covering appropriate subject matter. They must receive a grade of C or better in order to obtain credit from the college.

The registrar and the college administration have set the maximum number of credits that can be transferred. It requires that a student complete 12 credit hours in his/her matriculated program of study in order to graduate from the college.

2. Who reviews transcripts and determines course equivalency? Describe the process for evaluating courses taken at another institution and used as a basis of credit award?

The chairperson is responsible for review of the transcripts when awarding credit. Transfer credit is approved with the following provisions:

- SUNY Broome must receive official transcripts of all college level work completed at other regionally accredited colleges before transfer credit will be awarded.
- Grades earned at other institutions will not be entered into the cumulative grade-point average (GPA) at Broome Community College.
- Grades of C or higher are transferable if coursework is relevant to the student's program of study at SUNY Broome.
- Credit hours must be equal to or higher than those of the SUNY Broome course
- Courses must have lab and lecture hours equal to its SUNY Broome equivalent

If further clarification is necessary course description and/or outline must indicate equivalency to the SUNY Broome course.

**Accrediting agencies - Middle States, New England, North Central, North West, Southern Association, and Western.*

SUNY Broome recognizes credits earned at foreign post-secondary institutions which may also be transferred, subject to review and approval of the Department Chairperson or Dean's designee from the division in which the student matriculates. Students applying for foreign credit transfer must submit an official evaluation of foreign educational credentials from an accredited evaluation agency.

3. If a formal policy has been developed, please provide.

Refer to Exhibit 2-4A: SUNY Broome Online Catalog Transfer Credit

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

Intent:

In determining the number of dental hygiene students enrolled in a program (inclusive of distance sites), careful consideration should be given to ensure that the number of students does not exceed the program's resources, including patient supply, financial support, scheduling options, facilities, equipment, technology and faculty.

Narrative Response and Documentation:

- 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 population of the City of Binghamton, according to the 2018 Census, is 44,785. The Binghamton Metropolitan Area (Broome County) includes approximately 191,659 residents. Binghamton is part of the Greater Binghamton Area, which also includes Endicott, Endwell, Johnson City, Vestal and surrounding areas. As in the case of the Northeast Region in general, Broome County's population is aging. According to the 2017 Affordable Care Act statistics, individuals 65 years and older represent 19.1% of the total population of Broome County. The county has a varied socio-economic scale, including persons receiving social service benefits. In Broome County, 39.2% of the elderly ages 65 and older rely on Social Security as their main income.

The diverse population provides a valuable resource base from which the program may draw potential patients. In the past several years, due to job loss, retirements, cuts in dental insurance and other loss of benefits, there has been a continuous increase in the number of individuals in our community seeking care at the SUNY Broome Dental Hygiene Clinic.

Other community resources that provide specialized patient populations include the following:

Broome County Government

- BC Health Department
- BC Office for Aging – 10 Senior Citizen Centers
- BC Social Services
- BC Veterans Services Agency
- BC Helping Celebrate Abilities (HCA)

Broome County Cornell Cooperative Extension

- Parent Resource Centers – Binghamton, Hillcrest, Johnson City and Endicott

Two Major Hospital Systems

Lourdes Hospital

- Lourdes Center for Oral Health
Public dental clinic for underserved children and their families

United Hospital System (UHS)

- Binghamton General Hospital Dental Clinic

Examples of Dental Practices Accepting Medicaid Patients

Lalor Dental

New York Dental

Oakdale Mall Dental

Riverside Dental Medicaid

Wilson Dental

Federal Government

Head Start – Day Nursery Association, Opportunities for Broome
WIC

New York State Government

Binghamton Psychiatric Center
Binghamton University – Student Health Services
Broome Developmental Center
Rural Health Network

Public Schools – 12 different districts in Broome County

School nurses refer families to the on-campus clinic

Volunteer Agencies

American Association for Retired Persons (AARP)
Achieve
Catholic Charities
YWCA and YMCA of Broome County

These agencies provide a broad base of patient population groups, including children, geriatric and individuals with developmental challenges that allow students graduating from the program to enjoy and benefit from a wide variety of patient experiences. In addition, many of these agencies are used for community outreach programs for the student “service to community” projects.

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 at SUNY Broome Community College admits one class each year in the Fall semester. Students begin their study during the last week of August.

3. Using the format illustrated in Example Exhibit 6, provide enrollment and attrition data for the program during the current and four preceding years. Note: Programs with multiple enrollment starts each calendar year, please complete Example Exhibit 7.

Refer to Exhibit 1-1B: Enrollment Retention Data

B. Supportive Documentation

Exhibit 1-1B: Enrollment Retention Data

4. For each term of the dental hygiene curriculum, provide a class schedule as illustrated in Example Exhibit 11. Include course number and name; faculty, setting (clinic, lab, classroom number); and number of students. Modify the exhibit as needed to account for multiple sections. Note: Programs with multiple enrollment starts must modify the exhibit to provide the requested information

Refer to Exhibit 2-9 B: Class Schedule by Term

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.**

Intent:

The educational competencies for the dental hygiene education program should include the preparation of graduates who possess the knowledge, skills and values to begin the practice of dental hygiene. The evaluation methods used in the dental hygiene program should include process and end-product assessments of student performance, as well as a variety of objective testing measures. These mechanisms will provide student performance data related to measuring defined program competencies throughout the program for the students, faculty and college administration.

Narrative Response and Documentation:

- 1. List the stated program competencies and describe how these are provided to students.**

The SUNY Broome Dental Hygiene Program Competencies are stated as the following:

Competencies for the Dental Hygiene Graduate identify and organize the knowledge, skills and attitudes our graduates must attain for entry level into dental hygiene practice in public and private settings. The competencies include the domains recognized by the American Dental Hygiene Association, the American Dental Association, the Council on Dental Accreditation, and the American Dental Education Association. The domains include Professionalism (ethics, values, skill and knowledge integral to all aspects of the profession), Health Promotion/Disease Prevention, Patient Care, Role in the Community, and Professional Growth and Development.

1. Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, geriatric and medically compromised patient.
2. Graduates must be competent in providing the dental hygiene process of care which includes:
 - a. Assessment: The systematic collection and analysis of the following data to identify patient needs and oral health problems.
 - b. Dental Hygiene Diagnosis:
 - c. Planning: The establishment of realistic goals and treatment strategies to facilitate optimal oral health.
 - d. Implementation: Provision of treatment as identified in the assessment and planning phase.
 - e. Evaluation: Measurement of the extent to which goals identified in the treatment plan were achieved.

- f. Documentation: The accurate and complete documentation of patient conditions, care provided and needed referrals.
3. 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.
 4. Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.
 5. Graduates must be competent in assessing, planning, implementing and evaluating community based oral health programs including, health promotion and disease prevention activities.
 6. Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.
 7. Graduates must be competent in applying ethical, legal and regulatory concepts to the provision and/or support of oral health care services.
 8. Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.
 9. Graduates must be competent in the evaluation of current scientific literature.
 10. Graduates must be competent in problem solving strategies (critical thinking and decision-making skills) related to comprehensive patient care and management of patients.

The program's mission, goals, competences, resources, current practice responsibilities and additional career information is found on our SUNY Broome Dental Hygiene Website:

<http://www1.sunybroome.edu/programs/dental/>

Students are introduced to the website upon applying to the program. Program goals and competencies are also included the Freshman Orientation Manual which is reviewed with the Department Chairperson during a small group freshman orientation session.

Students are notified of the program competencies initially during intake advising with the program chairperson and reviewed again in DEN 101 lecture. This information is included in the Freshman Orientation Manual, the Dental Hygiene Clinic Manual and on the SUNY Broome Dental Hygiene website. At these times, components are reviewed with the students and questions are addressed.

<http://www1.sunybroome.edu/programs/dental/>

2. List the various evaluation methods used to measure each stated program competency. Modify Example Exhibit 9 as appropriate.

Laboratory and pre-clinical performance is evaluated through weekly or periodic quizzes covering didactic information relating to the skills being taught in a particular course. Skills are evaluated through process/end product evaluations (Refer to SUNY Broome DH Department Processes Manual in the separate Student Manuals Document).

Each student is evaluated by his/her clinical instructor during every practice session in DEN 101 Pre-clinical Lab. The process/end product evaluations for each instrument and/or skill are the evaluation tools by which the student can self-evaluate their skills. This evaluation method provides the students with the opportunity to receive instant feedback on their instrumentation skills. Periodically, each student must prove competency for each skill or instrument process/end product evaluation, which also become the formal evaluation tool for competency exams. In addition to competency exams, each student has a required number of homework assignments and quizzes that students must pass with a minimum grade of 75 %. Each student is required to track his/her own grades throughout the semester using the Student Progress Tally sheet provided to them at the beginning of the course.

Clinical performance in DEN 102, DEN 201 and DEN 202 is measured during each clinic session via the competency-based web access evaluation system TalEval. TalEval is entitled a *Dental Hygiene Process of Care Evaluation Grading and Outcome Assessment System*. The process as well as the end product for each skill is evaluated utilizing the specific grading criteria established for each clinical course. Further details of the evaluation system can be found in the individual course outlines document, the Dental Hygiene Student Clinic Manual used for DEN 102, DEN 201 and DEN 202 (Refer to Student Manuals Document and the Department Manuals/Handbooks) and the TalEval sheets used for evaluation in the clinical setting (Refer to Exhibit 2-13E).

In DEN 203, Pain Management lab, students are evaluated with the process/end product evaluations that are also used in DEN 202 on patients. This course is considered a hybrid course utilizing Blackboard to supplement lecture information and to provide two weekly online quizzes for student progress, feedback, and homework assessment throughout the semester. A Pain Management Certification Packet is utilized throughout the course to monitor student progress.

In DEN 106 Dental Radiography, students are instructed in radiographic techniques in lab that meets once a week for 2 hours. The faculty to student ratio is 1:5. Students are taught intraoral exposures during supervised laboratory sessions utilizing the Radiographic Lab Manual (Refer to Student Manuals Document). To enhance radiographic laboratory instruction, mini lab lectures, technique demonstrations, process evaluations, and radiographic critiques are utilized.

Students have an opportunity to practice radiographic exposures while being supervised by the course instructor. Students are required to prepare a Bitewing and FMS competency series before they may complete the practical exposure examination. The practical examination grade matrix is stringent, in an effort to encourage students to develop exposure techniques that are consistently accurate.

Additionally, each student has a supervised experience exposing radiographs on one patient at the end of DEN 106 Lab. The patient FMS experience is designed to introduce the student to the following: infection control in radiography, patient management for radiographs, film handling during the appointment and processing, completion of patient

records, film mounting and film evaluation for landmarks and exposing and processing errors. In DEN 102 clinic students are required to assess the need and expose at least two bitewing series on patients.

In DEN 110W Dental Materials Lab, each student uses Process/End Product Evaluations as they learn new techniques and to provide a means for self-evaluation while learning various skills. The same process/end product evaluation forms are then used by the instructor to evaluate students for lab competency.

Refer to:

Exhibit 1-1G Nuventive Improve, Program Data: Operational Outcomes and Updates.

Program Review – Dental Hygiene AAS

Exhibit 1-1H Nuventive Improve, Program Learning Outcomes, Plans and Results –

Dental Hygiene AAS, Program Learning Planning Summary Nuventive Improve,

Dental Hygiene Course Student Learning Outcome document available on site.

Exhibit 2-13E: Competency Based Computerized Clinical Evaluation System (TalEval Evaluation System)

3. How are students informed of the manner(s) in which each program competency will be evaluated?

The students are initially informed of the manner(s) in which each program competency will be evaluated in the Freshmen Orientation Manual.

In addition, each instructor explains in detail the standards of achievement for lecture and lab courses during the course orientation period.

For clinical courses, explicit standards of achievement are clearly stated in the Dental Hygiene Student Clinic Manual and are thoroughly explained during the orientation period for each course prior to beginning patient experiences.

Refer to Exhibit 1-1 A Dental Hygiene Outcome Assessment Program (Curriculum Management Plan)

4. Discuss how evaluation methods for didactic instruction effectively:

a. Allow both students and faculty to periodically assess student progress in relation to stated objectives?

The didactic courses provide very specific instructional objectives for each topic presented. Quizzes, exams and comprehensive exams are based on these specific objectives. The number/frequency of quizzes and exams to be administered in a given course is established by the instructor. For example, both DEN 101 Dental Hygiene I and DEN 103 Oral Anatomy and Physiology incorporate many quizzes and several larger exams throughout the semester. In DEN 102, students take four exams. DEN 106 students are tested on a weekly basis because the information presented is cumulative. For students to progress, previous lecture material must be utilized. Also students must

have ample opportunity throughout the semester to improve their academic standing. In DEN 107 each topic that is presented is tested immediately. This encourages the students to study and remain focused for optimal retention of the lecture material. In DEN 109, students take three exams, must complete weekly homework assessments in the Blackboard Learning Management System, and post in the weekly discussion board related to the current week topic. In DEN 201 and 202, students have four exams throughout the semester. Additionally, students must complete weekly reflection journals for credit. Students reflect on clinical experiences and their progress. In DEN 204 General and Oral Pathology, students complete six scheduled exams, as well as a quiz at the completion of each of the 11 lecture unit. All didactic courses are designed with ample evaluation opportunities for students to assess their academic progress throughout each course.

b. Require students to demonstrate higher-order knowledge and application?

The dental hygiene faculty defines higher-order knowledge and application as critical thinking. Students demonstrate higher-order knowledge through increased cognitive complexity. Application of these skills demonstrate competency in completing case-based problems and projects, research papers, online discussion forums and projects, guided reflective journaling, and comprehensive final examinations administered throughout the semester of study.

The majority of evaluation procedures measure recall and knowledge, especially those administered in the initial courses providing basic fundamental principles and knowledge. As the students' progress in the curriculum, they are able to demonstrate higher-order knowledge. For instance, in DEN 209 Dental Nutrition students must answer case-based study questions that require them to think critically and to practically apply knowledge to specific situations. The DEN 204 General and Oral Pathology course includes an extensive case-based study guide. In DEN 201 and DEN 202 students must take into consideration all previously learned, related knowledge in order to address questions regarding assessment, comprehensive treatment planning and implementation of patient treatment. All clinic courses, DEN 204 General and Oral Pathology, DEN 107 Introduction to Periodontology, DEN 205 Periodontology and DEN 214 Current Topics in Dental Hygiene incorporate case-based instruction requiring the synthesis and application of knowledge.

Writing assignments in DEN 102, DEN 110W, DEN 209 and DEN 213W also require that students incorporate previous knowledge and relate it to newly learned facts and theory. In DEN 213W, students learn to search the literature for evidence-based research articles. They then critique the research and outcomes. Further discussion on the potential application of the research takes place, thus higher-order knowledge and application is demonstrated. Computer-based slide/image examinations in DEN 202 and 204 are another example of higher-order measurement in the curriculum.

Students are encouraged to share/inter-relate clinical experiences in the lecture setting to further enhance higher-order knowledge and application.

In the clinical courses (DEN 102, 201, 202) critical thinking is integrated throughout the clinical experience. Students must utilize critical thinking when assessing and planning treatment for patients. For example, students must complete a Critical Thinking for Dental Hygiene Care Plan in the Patient Assessment for Dental Hygiene Treatment Needs Packet. Doing so requires the student to prepare a synopsis of the patient – from personal, health, and radiography histories and the entire assessment/data collection packet – to appropriately plan and implement indicated dental hygiene services and make appropriate referrals. The student must also complete a radiographic evaluation and periodontal assessment page that concludes the patient’s periodontal status. At the conclusion of each new and recall patient’s assessment, the student has completed ethical reasoning, caries risk assessment (CAMBRA), identified caries risk factors, identified periodontal disease risk factors, determine human needs related to dental hygiene care, noted oral cancer risk factors. Conducting these critical thinking activities chairside allows the student to make connections that are essential for developing and facilitation the dental hygiene process of care.

The curriculum is designed to build on previously acquired knowledge. In turn, the evaluation procedures utilized effectively measure higher-order knowledge and application demonstrated as students’ progress through the curriculum.

c. Lend themselves to consistent application by faculty?

In order to provide continuity and consistent application of subject matter presented in various courses, there is frequent consultation among faculty members. For example, the DEN 103 instructor periodically informs the DEN 102 faculty and staff about current material covered in lecture that the students should subsequently be expected to apply in clinic. Instructors who team-teach coordinate on a regular basis to ensure that consistent evaluation criteria is developed and utilized by all instructors involved in the course. In courses where the didactic material is incorporated into the laboratory, pre-clinic or clinical portions, course coordinators oversee and monitor consistent application of evaluation by all faculty involved. In addition, all faculty/staff are provided the SUNY Broome DH Clinical Instructors’ Curriculum Reference document matrix to facilitate integration of lecture content into the clinical setting. (Refer to Exhibit 2-6C). Bi-weekly coordination meetings are conducted to calibrate instructors regarding student evaluation, including use of the evaluation instruments. This coordination has been extremely effective in ensuring consistent application of evaluation procedures and tools by faculty. Faculty in-services are conducted to enhance inter-instructor reliability. Refer to exhibit 2-6B

d. Evaluate student’s responsibility for ethical and professional conduct?

Initial evaluation of the student’s responsibility for professional judgment and conduct is implemented in the didactic instruction of DEN 109 Dental Ethics and Jurisprudence

presented in the first semester of the program curriculum. Students are evaluated on their command of the professional and legal aspects of the dental hygiene profession. It is during this initial semester that the students are first introduced to the SUNY Broome DH Department Professional Behavior Process/End Product Evaluation. See response to Standards 2-19, 2-20.

- 5. Discuss how evaluation methods for laboratory, preclinical and clinical instruction effectively:**
- a. Allow both students and faculty to periodically assess student progress in relation to stated objectives?**

The evaluation procedures allow for periodic measurement of specific instructional objectives. Faculty observe, give written feedback and evaluate skills in detail on a daily basis in all laboratory, pre-clinic and clinic courses. In DEN 101 pre-clinic, periodic quizzes and practical exams are administered to continually assess and monitor student progress. A file of progress/evaluation results is maintained for each student. Each student has access to his/her file to monitor his/her progress in the course. In DEN 102, 201 and 202, students monitor their progress via their biweekly computer printouts which reflect progress-to-date based on the computerized competency-based evaluation system. Refer to Exhibit 2-13E for a sample student report)

Faculty clinical advisors review the biweekly printouts and counsel their advisees. Students also self-evaluate and utilize the various process/end product evaluations while actually performing these procedures in the clinical setting. In addition, *both* faculty and students complete progress tracking sheets to monitor student progress in the completion of requirements/objectives and competencies. All tracking forms are reviewed biweekly by advisors and, in senior clinic, they are also reviewed during scheduled competency labs. In addition, the student progress and required competencies from each pre-clinic/clinic course are available to the subsequent clinic course coordinators in order to further monitor student progress through the clinic course sequence. This student progress information is also shared with the student clinical advisor.

Refer to Exhibit 2-14A: Clinic Requirements Forms
DEN 102
DEN 201
DEN 202

In DEN 106, DEN 102, DEN 201 and DEN 202 both student and instructor assess student progress in exposing radiographs weekly by utilizing the following evaluation forms:

- Student Self-Evaluation and Instructor Radiographic Grading Sheet
- Radiographic FMS Evaluation Rubric
- Radiographic Retake Permission Sheet
- FMS Written Interpretation Evaluation Rubric
- Panoramic Exposure Evaluation Rubric

Refer to Exhibit 2-13F:

Radiographic Evaluation Tools

Student Self-Evaluation and Instructor Radiographic Grading Sheet

Radiographic Evaluation Rubric

Radiographic Retake Permission Sheet

FMS Written Interpretation Evaluation Rubric

Panoramic Exposure Grading Rubric

b. Reflect the process as well as the end result?

Throughout the program, evaluation procedures extensively reflect both process as well as end product. Refer to the SUNY Broome DH Department Process/End Product Manual.

In DEN 101, DEN 102, DEN 201, DEN 202 and DEN 203, student proficiency is measured and documented for both process and end product. End product is evaluated as part of the competency-based computerized clinical evaluation system utilized in DEN 102, 201, 202 clinical courses.

In DEN 106 Radiography, the student must utilize and be evaluated on the process to expose diagnostically acceptable radiographs, which are the desired end product.

c. Monitor each student's progress through time?

Students in the DEN 101 pre-clinic course receive feedback on all process evaluations for all skills taught. Unsatisfactory performance of any process criteria results in re-evaluation during another session until competency is demonstrated. Student progress is monitored weekly and documented in individual student folders.

Refer to Exhibit 2-14A: Clinic Requirements Forms

DEN 102

DEN 201

DEN 202

In the clinical courses (DEN 102, 201 and 202), each student's progress is documented on daily TalEval Chairside Evaluation sheet and then entered into the online evaluation system. Student progress is monitored bi-weekly via the competency-based computerized clinical evaluation system (TalEval).

Refer to Exhibit 2-13E: TalEval Chairside Grading Form

Each student receives bi-weekly printouts reflecting their current and cumulative progress to date. In DEN 102, advisors review and comment on the printout before and/or immediately after distribution to the student; the students also complete their own copy of the progress tally which the advisor then reviews for accuracy. In DEN 201 and DEN 202, advisors comment after the student has self-evaluated their own progress. Advisors

also meet with students to review concerns. Patient loading tallies reflecting progress towards meeting requirements of the course are also monitored by each student and their clinic advisor in DEN 102, DEN 201, and DEN 202.

Refer to Exhibits 2-14A: Clinic Requirements Forms

DEN 102

DEN 201

DEN 202

In other dental hygiene laboratory courses in which various skills are taught, student progress is monitored periodically. For example, in Dental Radiography DEN 106, radiographic skills are monitored on a weekly basis. This evaluation is documented and filed in each student's folder where it is readily available for review. Student progress is documented through evaluation in the Radiography Blackboard Gradebook using the evaluation tools in Exhibit 2-13 F

Periodic quizzes are utilized extensively in laboratory courses to assess students' current knowledge. DEN 203, Pain Management utilizes Blackboard to supplement lecture information and to provide two weekly online quizzes for student evaluation and feedback throughout the semester. Overall, students' progress is very systematically and carefully monitored over time in each course throughout the curriculum.

d. Define performance standards in clear, specific terms?

All performance standards are defined in very clear precise terms for all laboratory pre-clinical and clinical courses. The performance standards are stated in all course syllabi, objectives and process/end product evaluations. Extensive detailed criteria regarding performance is found in the specific course manuals, such as the Dental Radiography Manual and the SUNY Broome Dental Hygiene Student Clinic Manual.

In addition, the clinic course coordinators compose, print and distribute (to both student and faculty) weekly announcements that include reminders, restatements and updates on course requirements and due dates.

Refer to Exhibit 2-6A: Weekly Clinic Student/Staff Announcements.

In DEN 106 Radiography performance standards are reported through laboratory objectives in the DEN 106 Radiographic Lab Manual, critique form, guidelines for quality film and testing criteria in the course syllabus.

In DEN 110W Dental Materials and in DEN 203 Pain Management, specific course performance standards are stated in detail in the course syllabus.

e. Enable the student to meaningfully evaluate his/her own work?

Evaluation procedures are utilized in the curriculum, allowing for student self-evaluation. Criteria for evaluation and success are very specifically stated so that students are able to critique their own performance and determine proficiency/competency.

Students in both freshman and senior clinic utilize self-evaluations to monitor and evaluate their own performance. Students complete these self-evaluations while actually performing processes/procedures. Students may also refer to their biweekly printouts and progress tracking sheets to monitor their clinical performance. Both student and instructor in DEN 106 assess student progress on a weekly basis using the “Radiographic Critique Form”. In DEN 110W Dental Materials, students use process/end product evaluations to track their progress on a weekly basis. Thus, students are provided with the necessary tools to effectively monitor their performance and ultimately assume responsibility for their progress.

f. Become more rigorous as the student’s ability increases?

The curriculum is designed to progress from basic to applied knowledge, and from application to analysis, synthesis and evaluation. As students progress from pre-clinic to the various sequential clinical courses, evaluation procedures become more rigorous. They demand the application of critical thinking and evidenced based decision making using abstract knowledge (metacognition). For example, when completing of the DH Patient Assessment for Dental Hygiene Treatment Needs Packet, students demonstrate an increasingly complex application of knowledge as they progress through the clinical courses.

Refer to Exhibit 2-13B: Patient Data Collection Forms

- Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions
- Dental Hygiene Patient Assessment for Dental Hygiene Treatment Needs Packet
- SUNY Broome Health Sciences HIPAA Policy Statement
- Dental Hygiene Radiographic History
- Dental Hygiene Welcome Letter
- Dental Hygiene Wellness Report

The web-based evaluation system takes into consideration the student’s ability at each competency level in the clinical courses. Fewer errors are allowed as the student progresses through DEN 102, DEN 201, and DEN 202. There are also fewer “✓” (improvement needed) scores/skill areas available to the students leaving only “+” (acceptable) and “X” (unacceptable) grades as they advance in the sequential clinical courses. Requirements also become more rigorous and numerous as the students’ competency levels increase with each clinical course.

g. Lend themselves to consistent application by faculty?

The very detailed, specific evaluation procedures/tools utilized lead to extremely consistent application by the faculty.

In DEN 101 Pre-clinic, the evaluation criteria is developed by all DEN 101 faculty. The criteria is discussed and practiced at biweekly coordination meetings to ensure that both consistent instruction and evaluation is implemented. When necessary and prior to distributing the results to the students, student performance/grading on practical

examinations is discussed and calibrated for accuracy and fairness. In the clinical courses (DEN 102, DEN 201, and DEN 202), all faculty are calibrated on clinical evaluation procedures/skills with pre-semester communication and materials, other written and verbal correspondence and bi-weekly coordination meetings. During clinic sessions, faculty utilize course specific Instructors' Evaluation Guides chairside to facilitate consistency. In addition, the department conducts periodic clinical faculty calibration/update sessions. Faculty also have access to the newly developed SUNY Broome DH Faculty Resources distance learning site.

Refer to:

Exhibit 2-6A: Examples of Weekly Clinic Faculty/Student/Staff Announcements

DEN 101

DEN 102

DEN 201

DEN 202

Exhibit 2-6B: Examples of Clinical Faculty Coordination Agendas

DEN 101

DEN 102

DEN 201

DEN 202

Exhibit 2-6C: SUNY Broome DH Clinical Instructors' Curriculum Reference

Exhibit 2-24F: List of Faculty In-Service Professional Development Offerings (2015-2020)

Computer-generated instructor calibration graphs are utilized to monitor consistency in clinical instructor evaluation. The program director, clinic coordinator and the individual instructor can monitor the reliability results and initiate any necessary evaluation modification. Instructor/student evaluation interactions are monitored by the clinic coordinators to ensure similar experiences for all students.

Refer to Exhibit 2-13E: TalEval Instructor Calibration Graph

To monitor the number of times each instructor works with each student to ensure that a student works with all instructors equally to further increase the reliability of evaluation.

All clinical instructors also receive the didactic course outlines, objectives, class announcements and other handouts to keep them abreast of the most recent information. This information provides them with additional background for calibration/evaluation purposes.

In order to further promote consistency/calibration of evaluation, each faculty member is provided with a Dental Hygiene Faculty Manual that includes information on faculty record keeping/evaluation of students.

Refer to the separate Clinical Manual document.

In addition, explicit clinical grading procedures, computer sheets, printouts and clinical course manual explanations enhance consistent application of evaluation procedures by the faculty.

h. Evaluate student's responsibility for ethical and professional conduct?

The evaluation procedures utilized effectively measure the student's responsibility for professional judgment and conduct. In first year laboratory and pre-clinic courses, students are just beginning to understand what constitutes professional judgment and conduct. The instructors guide the students through situations as they arise in these sessions in order to model and foster the development of sound professional judgment/conduct. The first semester ethics course provides basic background information on the subject of professional judgment and conduct. In DEN 101 during each pre-clinic session, the students are evaluated on their adherence to the conduct code as outlined in the Unprofessional Behavior Process/End Product, designed to develop acceptable professional behavior, appearance and judgment. Thus, first semester students begin to apply and gain feedback about the concepts of professional judgment and conduct as presented in the first semester DEN 109 Dental Ethics and Jurisprudence course.

Refer to:

Self-Study Books Dental Hygiene Program Student and Department Manuals

In the clinical courses (DEN 102, DEN 201, and DEN 202), student responsibility for professional judgment and conduct is measured on a daily basis as part of Professionalism Category in the clinical evaluation system. Each student is provided with written and oral critiques on his/her performance, judgment and professional behavior. Areas of deficiency are addressed immediately as per the Professional Behavior Process. Positive feedback reinforces acceptable, professional demeanor. Students and instructors are able to monitor evaluation results of the students' professional judgment and demeanor on the biweekly printouts. Clinical advisors may also provide additional written comment on their advisees' bi-weekly reports.

B. Supportive Documentation

Exhibit 2-6A: Examples of Weekly Clinic Student/Staff Announcements

DEN 101

DEN 102

DEN 201

DEN 202

Exhibit 2-6B: Examples of Clinic Staff Coordination Agendas

DEN 101

DEN 102

DEN 201

DEN 202

Exhibit 2-6C: SUNY Broome DH Clinical Instructors' Curriculum Reference

Exhibit 2-24F: List of Faculty In-Service Professional Development Offerings (2015-2020)

Exhibit 2-14A: Clinic Requirements Forms

DEN 102

DEN 201

DEN 202

Exhibit 2-13E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)

TalEval Chairside Grading Form

TalEval Individual Student Grade Report

TalEval Patient Care Report

TalEval Technique Evaluation (Competency Tracking)

TalEval Patient Type Tracking

TalEval Instructor Calibration Graph

Exhibit 2-13F: FMS Written Interpretation Rubric

Exhibit 2-13G: Instructors' Evaluation Guides (DEN 102, DEN 201, and DEN 202)

Exhibit 2-14A: Clinic Requirements Forms

DEN 102

DEN 201

DEN 202

- 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.**

Intent:

The program should identify the dental hygiene fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current dental hygiene practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.

Narrative Response and Documentation:

- 1. Explain the grading process for each course. How is the final course grade determined? What factors are included? (e.g., exams, homework, skill evaluations, projects, participation?) Include the specifics for each category (number or type, weight, etc.) and explain how points are awarded, a grade is determined, and then combined to arrive at final course grade.**
- 2. In a separate curriculum document, for each course provided by the dental hygiene program, include the course documentation/syllabus that is provided to students. Documentation for each course should be grouped together, in term sequence, and include the following:**

- a. course title and number;
- b. course description;
- c. course outline, with topics to be presented;
- d. specific instructional objectives;
- e. learning experiences;
- f. evaluation criteria and procedures;
- g. example of exam, quiz, and/or rubric as appropriate; and
- h. all skill evaluations

Note: For courses required by the dental hygiene program to meet accreditation standards (including pre-requisite courses, or courses presented within other academic departments), please include example syllabi. The site visit team will review the level and scope of content and will determine if a faculty interview is necessary.

Please do not include syllabi for courses/content NOT required within the standards such as Medical Terminology, Billing and Coding, Algebra, etc. The Commission will not review these courses.

Complete checklist in Example Exhibit 10 to ensure all components are included (optional).

The curriculum document must include a table of contents with course number and title, and corresponding continuous page numbers. The document should begin with page 1 and be sequentially and continuously paginated to the end of the document. Present course documentation in sequence of presentation and include tabbed dividers between courses with labels within hard copy.

Refer to Self-Study Curriculum Document Books 1 & 2

- 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 curriculums defined competencies. A curriculum document must be submitted for each course included in the dental hygiene program for all four content areas.**

Intent:

Foundational knowledge should be established early in the dental hygiene program and of appropriate scope and depth to prepare the student to achieve competence in all components of dental hygiene practice. Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.

Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical

science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities.

All courses which are responsible for providing scientific foundational knowledge are presented in the first two semesters of the students' learning experience. General Education courses are offered throughout the program.

Biomedical sciences, Biology 131, Biology 132, and Clinical Laboratory Technology 208/209 are scheduled first and second semesters, providing scientific background for Dental Hygiene Courses.

General Education is infused throughout the program. English 110 is offered first semester, with writing emphasis courses available second and third semesters. English 220 completes this category the fourth semester. General Psychology is available third semester and Sociology courses, SOC 110W and SOC 111 are taught fourth semester.

All General Education and Biomedical courses are equivalent to those offered in four year colleges and universities. They are also of sufficient depth to assure students' understanding and ultimate completion of program associated competencies.

The curriculum document with course syllabus and course objectives on general education and biomedical sciences demonstrates the effectiveness of these courses.

2-8a General education content must include oral and written communications, psychology, and sociology.

Intent:

These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.

Across campus a writing emphasis core has been placed into all curricula. Dental Hygiene students take English 110, College Writing I, during the first semester and English 220, Communicating About Ideas and Values during the fourth semester. In English 220, oral communication skills are presented and student oral communication projects are required.

During the third semester the students' writing experience is enhanced through PSY 110, General Psychology. The fourth semester students may elect to take SOC 110 - Introduction to Sociology or SOC 111- Social Problems. Both courses require a variety of writing assignments.

2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.

Intent:

These subjects provide background for dental and dental hygiene sciences. The subjects are to be of the scope and depth comparable to college transferable liberal arts course work. The program should ensure that biomedical science instruction serves as a foundation for student analysis and synthesis of the interrelationships of the body systems when making decisions regarding oral health services within the context of total body health.

Biomedical science instruction in dental hygiene education ensures an understanding of basic biological principles consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems. The biomedical knowledge base emphasizes the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.

Dental hygienists need to understand abnormal conditions to recognize the parameters of comprehensive dental hygiene care. The program should ensure that graduates have the level of understanding that assures that the health status of the patient will not be compromised by the dental hygiene interventions.

Content in biomedical science is dispersed throughout the dental hygiene curriculum. Instruction in this content area is initiated in BIO 131 Human Biology I during the first semester of the program. BIO 132 Human Biology II and CLT 208/209 Pathogenic Microbiology (specifically tailored to dental hygiene practice) expand upon this content area during the second semester. In the third semester, DEN 204 General and Oral Pathology, DEN 206 Pharmacology and DEN 209 Dental Nutrition augment biomedical science content. The General and Oral Pathology course includes substantial content regarding differentiating between normal and abnormal conditions to help assure that patient health status will not be compromised by dental hygiene interventions. Although a separate, formal course in chemistry/biochemistry is not included in the curriculum, content in these areas is presented in the previously mentioned Human Biology I and II, Pathogenic Microbiology and Nutrition courses. Content in immunology is included in the CLT 208/209 Pathogenic Microbiology, DEN 203 Pain Management, DEN 204 General and Oral Pathology, DEN 107 Introduction to Periodontology and DEN 205 Periodontology courses. All of these formal courses furnish an excellent foundation in basic sciences and dental/dental hygiene sciences. The biology courses are liberal arts courses that are acceptable for transfer into a baccalaureate program if desired.

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.

Intent:

These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for assessing, planning and implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the

student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.

The Dental Hygiene courses associated with Dental Science present information reflected in each course's intended learning outcomes. The learning outcomes are the basis for course content. The learning outcomes are reported in each course syllabus. Each course is responsible for addressing clinical course competency for the information presented.

Oral Anatomy and Physiology DEN 103, addresses basic science information in histology and embryology, tooth morphology, head and neck anatomy which enables students to apply information for prudent practice of Clinical Dental Hygiene. Also, DEN 103 assists students in their efforts to provide patients with thorough, correct information.

Clinical Dental Radiography, DEN 106, addresses information on production of radiation, radiation safety and hazards, and patient selection for radiographs. This is preparation for producing quality radiographs for assessment, while assuring patient safety.

Dental Materials DEN 110W, addresses dental charting and CAMBRA which are part of patient assessment. Placement of dental sealants, topical fluoride, and sports mouthguard fabrication are preventative services taught.

Pain Management DEN 203, addresses managing pain for selected periodontal patients during treatment in DEN 202.

Periodontology DEN 205, addresses assessment, planning treatment, and outcomes for the different classifications of periodontal disease.

General and Oral Pathology DEN 204, addresses the identification of pathogenic findings that the students are then responsible for reporting/documenting / and recognizing the need for referral during the assessment phase of the dental hygiene process of care.

Faculty use different teaching methods to assure that students grasp the information. For example, the simulation project used in DEN 205 encourages the students to use decision-making skill and critical thinking to address assessment, planning, treatment, and outcomes for moderate and severe periodontal patients. In DEN 203, all exams have a collection of questions where the student is required to use critical thinking skills at a certain level. The DEN 204 Oral Lesion Case Study involves critical thinking skills to create, discuss and evaluate a list of possible diagnoses to make a differential diagnosis and decide how a definitive diagnosis would be made. In the classroom, students also share/discuss findings from their clinical experience. In DEN 101, DEN 108, and DEN 109 students engage in online discussion forums that stimulate them to assimilate didactic material into those discussions. In DEN 110W, guided reflective journaling allows students to reflect upon higher order thinking as they critique lab clinical lab experiences.

Extensive content in all dental sciences is provided in the curriculum. Tooth morphology, head and neck anatomy, oral anatomy and oral embryology/oral histology are presented in the first semester as part of DEN 103 Oral Anatomy and Physiology. Oral pathology content is presented in the DEN 204 General and Oral Pathology course and also addressed in the periodontology courses DEN 107 in the second semester and DEN 205 in the third semester. Radiography content is introduced during the second semester in DEN 106 Dental Radiography. Continual development of radiology knowledge/skills occurs as part of the DEN 102, DEN 201 and DEN 202 clinical courses. Instruction in periodontology content commences in DEN 107 Introduction to Periodontology during the second semester and continues in DEN 205 during the third semester. Pain Management DEN 203 was added to the curriculum in Fall 2003. Content in pain control is covered in detail in the didactic and laboratory portions of the DEN 203 Pain Management course during the third semester. Pain Management in the fourth semester is utilized on patients selected by their medical history and severity of periodontal disease. In addition, some content on topical anesthesia is presented in DEN 102 during the second semester. The DEN 110W Dental Materials course presented during the second semester includes theoretical background, with concurrent labs providing lab and pre-clinic practice in procedures such as sealant placement, amalgam polishing, impression taking, fabrication of study models and mouthguards, dental dam placement, and placement of periodontal pack. The laboratory portion of the DEN 110W has been designated as a writing emphasis course. This designation allows the instructor to provide assignments that help students to assimilate and analyze the subject matter in preparation for implementing preventive and therapeutic services.

Thus, the scope and depth of the dental sciences material presented is extensive covering all essential information in all of the dental sciences content areas. All courses providing this material effectively utilize case studies as part of the teaching methodology in order to foster student responsibility for the assimilation of knowledge requiring judgment, decision-making skills and critical analysis

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.

Intent:

Dental hygiene sciences provide the knowledge base for dental hygiene and prepares the student to assess, plan, implement and evaluate dental hygiene services as an integral member of the health team. Content in provision of oral health care services to patients with bloodborne infectious diseases prepares the student to assess patients' needs and plan, implement and evaluate appropriate treatment.

Detailed content in the dental hygiene sciences is presented throughout the curriculum. Oral health education, health promotion and preventive counseling are first introduced in

DEN 101 Pre-clinic, greatly expanded upon in DEN 102 lecture and extensively practiced and evaluated in DEN 102 clinic, and then continually carried out in DEN 201 clinic and DEN 202 clinic. Additional content is added in the third semester course DEN 209 Dental Nutrition and incorporated into practice in DEN 202 as part of the Periodontal Therapy Case Patient Project. In addition, students have the ability to address nutritional concerns at any time for their patients during treatment.

Patient management is addressed in increasing depth as the students' progress through DEN 101, DEN 102, DEN 201, and DEN 202. The content is introduced in lecture prior to being practiced in the clinical setting as part of the clinical dental hygiene experience. Content on the provision of services for and management of special needs patients is presented in the second semester course DEN 102 and expanded upon in the fourth semester course DEN 214 Current Topics in Dental Hygiene.

Extensive community dental/oral health content is presented in the fourth semester course DEN 213W Community Dental Health.

CPR/AED certification is required prior to entry in the Fall semester and is renewed annually. Medical/dental emergencies content is presented in the second semester Emergencies portion of the DEN 102 course.

The first semester course DEN 109 Ethical and Legal Considerations addresses the legal and ethical aspects of dental hygiene practice.

Infection control, infection and hazard control management, and the provision of oral health care services content is initially presented in the first semester course DEN 108 Infection Control. This content (as well as all of the previously discussed content) is also elaborated upon in all of the clinical courses (DEN 101, DEN 102, DEN 201, DEN 202), DEN 110W clinical lab sessions, DEN 106 Radiography labs, as well as in many of the other courses such as DEN 204 General and Oral Pathology.

- 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.**

Intent:

Learning experiences and practice time in clinical procedures is necessary to assure sufficient opportunity to develop competence in all clinical procedures included in the curriculum. Didactic material on clinical dental hygiene should be presented throughout the curriculum.

Documentation for Standards 2-8 to 2-9:

- 1. Outline the sequence of the dental hygiene curriculum as illustrated in Example Exhibit 8**

2. Using the format illustrated in Example Exhibit 12, 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.

Again, please note: For courses required by the dental hygiene program to meet accreditation standards (including pre-requisite courses, or courses presented within other academic departments), please include example syllabi. The site visit team will review the level and scope of content and will determine if a faculty interview is necessary.

Please do not include syllabi for courses/content NOT required within the standards such as Medical Terminology, Billing and Coding, Algebra, etc. The Commission will not review these courses.

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

Exhibit 1-1A: Outcome Assessment Program (Curriculum Management Plan / Quality Assurance Program)

Exhibit 2-9A: Outline of Curriculum Sequence

Exhibit 2-9B: Class Schedule by Term

Exhibit 2-10A: Clock Hours of Didactic Instruction in Standard 2 by Content Areas

Exhibit 2-13C: Major Instruction in Patient Care Competencies

Exhibit 2-13E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)

Separate Document: Student Manuals and Department Manuals/Handbooks Documents

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.

Intent:

Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. The number of hours devoted to clinical practice time should increase as the students progress toward the attainment of clinical competence.

The preclinical course should have at least six hours of clinical practice per week. As the first-year students begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of clinical practice time per week. In the final prelicensure year of the curriculum, each second-year student should be scheduled for at least twelve to sixteen hours of practice with patients per week in the dental hygiene clinic.

Supportive Documentation:

Refer to Exhibit 2-10 A: Clock Hours of Didactic Instruction in Standard 2 by Content Areas

- 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.**

Intent:

A system should be developed and implemented to categorize patients according to difficulty level and oral health/disease status. This system should be used to monitor students' patient care experiences. Patient assignments should include maintenance appointments to monitor and evaluate the outcome of dental hygiene care. A system should be in place to monitor student patient care experiences at all program sites.

Refer to:

Exhibit 2-13E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)

TalEval Chairside Grading Form

TalEval Individual Student Grade Report

TalEval Patient Care Report

TalEval Patient Type Tracking

TalEval Technique Evaluation/Competency Tracking

TalEval Instructor Calibration Graph

Exhibit 2-14A: Clinic Requirement Forms

DEN 102

DEN 201

DEN 202

Exhibit 2-13K: Required Radiographic Surveys

Patient Care Competencies

- 2-12 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, geriatric, and special needs patient populations.**

Intent:

An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, developmental, intellectual or social conditions may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student.

Clinical instruction and experiences should include the dental hygiene process of care compatible with each of these patient populations.

Refer to:

Exhibit 2-13E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)
TalEval Chairside Grading Form
TalEval Individual Student Grade Report
TalEval Patient Care Report
TalEval Instructor Calibration Graph

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.**

Intent:

The dental hygienist functions as a member of the dental team and plays a significant role in the delivery of comprehensive patient health care. The dental hygiene process of care is an integral component of total patient care and preventive strategies. The dental hygiene process of care is recognized as part of the overall treatment plan developed by the dentist for complete dental care.

Refer to:

Exhibit 1-1A: Dental Hygiene Outcome Assessment Program (See Chart Audit)
Exhibit 2-13B: Patient Data Collection Forms
Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions
Dental Hygiene Patient Assessment for Dental Hygiene Treatment Needs Packet
SUNY Broome Health Sciences HIPAA Policy Statement
Dental Hygiene Radiographic History
Dental Hygiene Welcome Letter
Dental Hygiene Wellness Letter

Narrative Response and Documentation for 2-13:

- 1. List the dental hygiene services students are required to provide clinically in the program. Using the format in Example Exhibit 13, provide a list of the preclinical and/or clinical courses that include major instruction in providing the dental hygiene process of care. If there are no program requirements, describe minimum performance levels for completing the preclinical and clinical courses. During the first year, services are completed at a novice or beginner level. Competency exams by course during the first year are as follows:**

DEN 101 – Dental Hygiene I

1. Operatory Final Positioning (Pre-clinical Competency)
2. Basic Skills Evaluation (Pre-clinical Competency)
3. Instrumentation Competency Exam Explorers (Pre-clinical Competency)
4. Instrumentation Competency Exam Probe (Pre-clinical Competency)
5. Instrumentation Competency Exam Gracey Curets (Pre-clinical Competency)
6. Instrumentation Competency Exam Universal Curets (Pre-clinical Competency)
7. Instrumentation Competency Exam Scalers (Pre-clinical Competency)
8. Essential Selective Polishing (Pre-clinical Competency)
9. Instrument Sharpening (Pre-clinical Competency)
10. Vital Signs – Pulse & Respiration (Pre-clinical Competency)
11. Fluoride Varnish (Pre-clinical Competency)
12. Flossing (Pre-clinical Competency)
13. Professional Behavior (Clinical Competency)

DEN 102 – Dental Hygiene II

1. Extra/Intra Oral Exam (Clinical Competency)
2. Implant Maintenance (Lab Competency)
3. Instrumentation Proficiency Exam Explorers (Clinical Competency)
4. Instrumentation Proficiency Exam Probe (Clinical Competency)
5. Instrumentation Proficiency Exam Gracey Curets (Clinical Competency)
6. Instrumentation Proficiency Exam Universal Curets (Clinical Competency)
7. Instrumentation Proficiency Exam Scalers (Clinical Competency)
8. Ultrasonic Scaling (FSI 100, FSI 1000) (Clinical Competency)
9. Thermal Disinfectant (Clinical Competency)
10. Ultrasonic Cleaner (Clinical Competency)
11. Sterilizers (Clinical Competency)
12. Infection Control (Clinical Competency)
13. Oral Self-Care Instruction (Clinical Competency)
14. Prosthetic Cleaning (Clinical Competency)
15. Vital Signs - Blood Pressure (Clinical Competency)
16. Pain Management (Topical) (Clinical Competency)
17. Radiographs Bitewings (Child-Transitional) Emulsion (Clinical Competency)
18. Radiographs Bitewings (Adolescent) Emulsion (Clinical Competency)
19. Radiographs Bitewings (Adult) Emulsion (Clinical Competency)
20. Fluoride Gel Tray (Clinical Competency)
21. Dental Chart (Clinical Competency)

22. Patient Assessment Competency Exam (PACE) – (2-Adults) (Clinical Competency)
 - i. Medical/Dental/Radiographic History
 - ii. Risk Assessment
 - iii. Extra/Intra Oral Exam
 - iv. Periodontal Assessment
 1. Gingival Evaluation
 2. Probing Depth
 - v. Deposit Detection
 - vi. Reassessment
23. Oxygen Tank Operation/Use (Clinical Competency)
24. Wheelchair Transfer (Preclinical Competency)
25. Computerized Patient Information Management System (Clinical Competency)
26. Dental Hygiene Process of Care Child Patient (Clinical Competency)
27. Dental Hygiene Process of Care Adolescent Patient (Clinical Competency)
28. Dental Hygiene Process of Care Adult Patient (Clinical Competency)
29. Professional Behavior (Clinical Competency)

DEN 106 – Clinical Dental Radiography

1. Radiographs (Emulsion) – FMS (Clinical Competency)
2. Professional Behavior (Clinical Competency)

DEN 110W – Dental Materials

1. Impressions (Clinical Competency)
2. Study Models (Clinical Competency)
3. Mouthguard Fabrication (Clinical Competency)
4. Dental Dam (Lab Competency)
5. Amalgam Polishing (Clinical Competency)
6. Pit & Fissure Sealants (Clinical Competency)
7. Whitening Tray Fabrication (Clinical Competency)
8. Placing & Removing Temporary Restorations (Lab Competency)
9. Suture Removal (Preclinical Competency)
10. Placing & Removing Matrix Bands (Lab Competency)
11. Selecting & Prefitting Temporary Crowns (Lab Competency)
12. Removal of Temporary Cement (Lab Competency)
13. Removal of Orthodontic Arch Wires & Ligature Ties (Lab Competency)
14. Selecting & Prefitting Orthodontic Bands (Lab Competency)
15. Placing and Removing Orthodontic Separators (Preclinical Competency)
16. Placing & Removing Elastomeric Ligatures (Preclinical Competency)
17. Placing, condensing, and carving amalgam restorations (Lab Competency)
18. Placing, condensing, and finishing non-metallic restorations (Lab Competency)
19. Professional Behavior (Clinical Competency)

During the second year, services are completed at a competent level. Those services are as follows:

DEN 201 – Dental Hygiene III

1. Instrumentation Proficiency Maintenance Exam Explorers (Clinical Competency)
2. Instrumentation Proficiency Maintenance Exam Probes (Clinical Competency)
3. Instrumentation Proficiency Maintenance Exam Gracey Curets (Clinical Competency)
4. Instrumentation Proficiency Maintenance Exam Universal Curets (Clinical Competency)
5. Instrumentation Proficiency Maintenance Exam Scalers (Clinical Competency)
6. Instrumentation Proficiency Maintenance Exam Ultrasonic (Clinical Competency)
7. Ultrasonic Scaling
 - a. ThinSert (Clinical Competency)
 - b. Slimlines (Slimline Right and Slimline Left) (Clinical Competency)
8. Patient Assessment Competency Exam (PACE) – Child (1) and Adult (3) (Clinical Competency)
 - i. Medical/Dental/Radiographic History
 - ii. Risk Assessment
 - iii. Extra/Intra Oral Assessment
 - iv. Periodontal Assessment
 1. Gingival Evaluation
 2. Probing Depth
 - v. Deposit Detection
 - vi. Reassessment
9. Radiographs Bitewings (Child-Transitional) Digital (Clinical Competency)
10. Radiographs Bitewings (Adolescent) Digital (Clinical Competency)
11. Radiographs Bitewings (Adult) Digital (Clinical Competency)
12. Radiographs FMS (Clinical Competency)
13. Periodontal Charting (Clinical Competency)
14. Dental Charting (Clinical Competency)
15. Dental Sealants (Clinical Competency)
16. Amalgam Polishing (Clinical Competency)
17. Tobacco Cessation (Clinical Competency)
18. Impressions (Clinical Competency)
19. Study Models/Mouthguards (Clinical Competency)
20. Chemotherapeutic Agents (Clinical Competency)
21. Computerized Patient Information Management System (Clinical Competency)
22. Dental Hygiene Process of Care Geriatric Patient (Clinical Competency)
23. Dental Hygiene Process of Care Special Needs Patient (Clinical Competency)
24. Dental Hygiene Process of Care Exceptional Needs Patient (Clinical Competency)
25. Professional Behavior (Clinical Competency)

DEN 203 – Pain Management in Dentistry

1. Local Infiltration Anesthesia (Clinical Competency)
2. Nitrous Oxide Analgesia (Clinical Competency)

3. Professional Behavior (Clinical Competency)

DEN 202 – DH IV

1. Radiographs
 - a. Direct Intraoral Digital (Digital Sensors) (Clinical Competency)
 - b. Indirect Intraoral Digital (Phosphor Plate) (Pre-clinical Competency)
 - c. Extraoral Digital (Panoramic Projections) (Clinical Competency)
2. Radiographs (Emulsion) – FMS Proficiency Maintenance Exam (Clinical Competency)
3. Radiographs Bitewings (Child-Transitional) Digital (Clinical Competency)
4. Radiographs Bitewings (Adolescent) Digital (Clinical Competency)
5. Radiographs Bitewings (Adult) Digital (Clinical Competency)
6. Air Polishing (Clinical Competency)
7. Advanced Periodontal Instrumentation (Root Planing) (Clinical Competency)
8. Periodontal Case Based Patient Preparation and Presentation (Clinical Competency)
9. Local Infiltration Anesthesia Proficiency Maintenance Exam (Clinical Competency)
10. Nutritional Counseling (Clinical Competency)
11. Ultrasonic Scaling Slimlines Proficiency Maintenance Exam (Clinical Competency)
12. Intraoral Camera Imaging (Clinical Competency)
13. Dental Hygiene Process of Care Special Needs Patient (Clinical Competency)
14. Dental Hygiene Process of Care Periodontally Involved Patient (Clinical Competency)
15. Dental Hygiene Process of Care Exceptional Needs Patient (Compromised) (Clinical Competency)
16. Dental Hygiene Process of Care Pediatric Patient (Clinical Competency)
17. Tobacco Cessation (Clinical Competency)
18. Silver Diamine Fluoride application (Pre-clinical Competency)
19. Chemotherapeutic Agents (Clinical Competency)
20. Professional Behavior (Clinical Competency)

Refer to:

- Exhibit 2-9A: Outline of Curriculum Sequence
- Exhibit 2-13 A: Major Instruction in Patient Care Competencies
- Exhibit 2-13 B: Patient Data Collection Forms
 - Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions
 - Dental Hygiene Patient Assessment for DH Treatment Needs Packet
 - SUNY Broome Health Sciences HIPAA Policy Statement
 - Dental Hygiene Radiographic History
 - Dental Hygiene Welcome Letter
 - Dental Hygiene Wellness Report
- Exhibit 2-13 C: Student Clinical Sessions Schedule (DEN 102)
- Exhibit 2-13 D: Semester Dental Hygiene Rotation Schedule Tally (DEN 201 and DEN 202)
- Exhibit 2-13 E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)
 - TalEval Chairside Grading Form

TalEval Individual Student Grade Report
TalEval Patient Care Report
TalEval Technique Evaluation/Competency Tracking
TalEval Patient Type Tracking
TalEval Instructor Calibration Graph
Exhibit 2-13 F: FMS Written Interpretation Rubric
Exhibit 2-13 G: Instructors' Evaluation Guides (DEN 102, DEN 201, DEN 202)
Exhibit 2-13 H: Instructor/Student Interaction Tally
Exhibit 2-13 I: Due Date Tally
DEN 102
DEN 201
DEN 202
Exhibit 2-13 J: Table of Program Requirements for Each Patient Category

2. Describe how, and at what intervals, students' laboratory, preclinical and clinical performance/competency is evaluated.

The program uses the TalEval Dental Hygiene Process of Care Evaluation Grading and Outcomes Assessment System. The TalEval technique evaluation field is used to document clinical performance and competency progression for each student for the following courses: DEN 101, DEN 102, DEN 106, DEN 110W, DEN 201, DEN 202, and DEN 203. Each student monitors their own progress during each clinical/lab session and throughout the course; additionally, clinical advisors monitor this data as well. Clinical performance is also documented on End Product/Process Evaluations. Evaluation of student progress is monitored continuously and thoroughly during each course. If a student does not achieve a competency after three attempts, clinical remediation is initiated.

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?

When students meet with the department chairperson for initial program advising, they receive a Freshman Orientation Manual (See Student Manuals), which lists the required competencies for each clinical/lab course. Subsequently, as each course is introduced at the beginning of the semester, the course coordinator/lead faculty member reviews the required competencies for successful course completion.
Refer to Exhibit 2-12 A: Clinical Competencies Document

4. What is the minimum number of acceptable radiographic surveys that each student is required to expose process and mount during the dental hygiene program to demonstrate competence? If the program does not have radiographic requirements, describe how student competence is measured.

In DEN 106, students complete the following series on Dexter while using film. Students must expose, process, and mount the following films:

- One bitewing series on a Pediatric Dexter (transitional dentition)
- Two bitewing series on Dexter (permanent dentition)
- Two occlusal radiograph series on DXTTR

Also in DEN 106, students complete a FMS on a clinic patient using film. Students must expose, process, and mount the FMS.

During DEN 102, students are required to expose, process, and mount two bitewing series on clinic patients and based on the patient's assessed need for radiograph, which is determined based on the Recommendation for Prescribing Dental Radiographs Guide (ADA, Council on Scientific Affairs, US Department HHS, PHS, FDA, November 2012). This guide is referenced throughout the program when determining the patients' needs for radiographs.

During the third semester of the program, students learn about digital sensor technology. In DEN 201, students complete the following radiographic series on DXTTR:

- One FMS
- One horizontal bitewing series
- One vertical bitewing series
- One horizontal bitewing series on a Pediatric DXTTR (transitional dentition)
- One bitewing series on a pediatric DXTTR (primary dentition)

The various bitewing series introduce the student to sensor sizes 2, 1, and 0.

Also, in DEN 201, students must complete three FMS and two bitewing series on clinic patients based on patient need.

In DEN 202, students complete one film FMS on Dexter. Additionally, the students complete one bitewing series on Dexter using digital phosphor plates.

Also in DEN 202, students must complete two FMS, and four bitewing series on clinic patients based on patient need.

Refer to EXHIBIT 2-13 K: Required Radiographic Surveys

5. Describe how faculty instruction and evaluation are provided to students throughout all radiographic experiences.

In DEN 106 Dental Radiography, students are instructed in radiographic techniques in labs that meet once a week for two hours. The faculty to student ratio is 1:5. Students are taught intraoral exposures during supervised laboratory sessions utilizing the Radiographic Lab Manual. In addition to the Radiographic Lab Manual, teaching encompasses mini lectures, technique demonstration, utilizing process evaluations along with a variety of handouts, technique practice on DXXTR's and critiquing of practice radiographs. Students are required to expose and process 2 occlusal series which consists of three occlusal films, 1 child bitewing series using size 1 film and 2 adult bitewing series using size 2 film and Bisecting Angle technique with the circular PID, 2 adult full mouth series with bitewings using the Paralleling Technique and the rectangular PID.

Students have an opportunity to practice radiographic exposures when the facility is not being utilized. (The course instructor supervises the practice sessions.) Students are required to prepare a full mouth series using each exposure technique before they may complete the practical exposure examination. The practical examination grade matrix is stringent in an effort to encourage students to develop exposing techniques, consistently accurate.

Each student has a supervised experience exposing radiographs on one patient at the end of DEN 106 Lab. This patient FMS experience is designed to introduce the student to the following: infection control in radiography, patient management for radiographs, film handling during the appointment and processing, completion of patient records, film mounting and film evaluation for landmarks and exposing and processing errors. The patient FMS experiences also prepare the student for the numerous radiographic experiences in the senior clinic courses DEN 201 and DEN 202, Dental Hygiene III and IV respectively.

Based on individual patient need, students expose and utilize bitewing radiographs in DEN 102, their first semester of treating clinic patients. These exposures are monitored by the DEN 106 Radiography Instructor.

Students in DEN 201 and 202 are closely monitored during all radiographic experiences. Faculty to student ratio during these experiences is never higher than 1:5. Direct supervision is mandatory for all retakes on patients. In DEN 201, the students demonstrate digital radiography exposure technique lab competency on a DXXTR mannequin before taking digital exposures on patients.

The students are evaluated by using the Blackboard Learning Management System. Students complete a self-evaluation on all digital images prior to evaluation by the instructor. The student must demonstrate competency while taking patient radiographs in the following areas: periapical, bitewing and panoramic exposures, patient assessment, oral and written interpretation, processing, aseptic technique, record keeping, and professionalism.

The use of digital radiography allows time during the DEN 201 and 202 radiology labs for the students to participate in group oral interpretation exercises with the supervising dentist. This addition to the labs has enhanced student learning.

Students complete a self-evaluation process on all FMS. An oral or written interpretation of their patient FMS is completed using a grading rubric.

Refer to Exhibit 2-13 F: FMS Written Interpretation Rubric

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

Refer to:

Exhibit 2-13 B: Patient Data Collection Forms

Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions

Dental Hygiene Patient Assessment for DH Treatment Needs Packet

SUNY Broome Health Sciences HIPAA Policy Statement

Dental Hygiene Radiographic History

Dental Hygiene Welcome Letter

Dental Hygiene Wellness Report

2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

Intent:

The total number and type of patients for whom each student provides dental hygiene care should be sufficient to ensure competency in all components of dental hygiene practice. A patient pool should be available to provide patient experiences in all classifications of periodontal patients, including both maintenance and those newly diagnosed. These experiences should be monitored to ensure equal opportunity for each enrolled student.

Narrative Response and Documentation for Standard 2-10, 2-11, 2-12 and 2-14:

1. List all courses that include clinical practice hours.

DEN 102, DEN 201, DEN 202

Refer to EXHIBIT 2-10A: Clock hours of Didactic Instruction in Standard 2 by Content Areas

2. How does the program track the number of hours each student spends in clinical practice?

Each clinical session is four hours in length. The first half hour and the last half hour are reserved for set-up and clean-up/performance review, as well as pre- and post- treatment instruction with instructors and/or supervising dentists. During the three hour appointment, the students provide assessment, treatment and evaluation services for patients. These appointments are documented in TalEval.

Students in DEN 102 are assigned two clinic days per week of the semester. Students in DEN 201 and DEN 202 are assigned clinic days on a rotating schedule, but must meet the minimum number of clinical sessions as detailed in the Student Clinic Manual. In addition to tracking clinical time in TalEval, students also complete the Student Clinic

Schedule Tally (DEN 102) and the Rotation Schedule Tally (DEN 201, DEN 202) to monitor clinical time completed. These documents are periodically reviewed by the course coordinators and the clinical advisors.

Refer to:

Exhibit 2-13 E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)

TalEval Chairside Grading Form

TalEval Individual Student Grade Report

TalEval Patient Care Report

TalEval Instructor Calibration Graph

3. Describe the mechanisms used to ensure each student achieves clinical competence and develops appropriate judgment. Provide as an exhibit the monitoring mechanism used to track student clinical experiences in all patient care categories.

The evaluation procedures used by faculty effectively measure the student's responsibility for professional judgment and conduct. In first year laboratory and pre-clinic courses, students are just beginning to understand what constitutes professional judgment and conduct. The instructors guide the students through situations as they arise in these sessions in order to model and foster the development of sound professional judgment/conduct. The first semester ethics course provides basic background information on the subject of professional judgment and conduct. In DEN 101 during each pre-clinic session, the students are evaluated on their adherence to the conduct code as outlined in the Unprofessional Behavior Process/End Product, designed to develop acceptable professional behavior, appearance and judgment. Thus, first semester students begin to apply and gain feedback about the concepts of professional judgment and conduct as presented in the first semester DEN 109 ethics and jurisprudence course.

Refer to the Self Study Books:

Dental Hygiene Program Student Manuals

Dental Hygiene Department Manuals

In the clinical courses (DEN 102, DEN 201, and DEN 202), student responsibility for professional judgment and conduct is measured on a daily basis as part of Professionalism Category in TalEval. Each student is provided with written and/or oral critiques on his/her performance, judgment and professional behavior. Areas of deficiency are addressed immediately as per the Professional Behavior Process. Positive feedback reinforces acceptable, professional demeanor. Students and instructors are able to monitor evaluation results of the students' professional judgment and demeanor on the biweekly TalEval Reports that are printed and reviewed by students and clinical advisors. Clinical advisors may also provide additional written comment on their advisees' bi-weekly reports.

4. For patient care procedures taught to clinical competence, describe performance level expectations at the beginning and end of students' clinical experiences.

Laboratory and pre-clinical performance are evaluated through weekly or periodic quizzes covering didactic information relating to the skills being taught in a particular course. Skills are evaluated through process/end product evaluations (Refer to SUNY Broome DH Department Processes Manual in the separate Student Manuals Document).

Each student is evaluated by his/her clinical instructor during every practice session in DEN 101 Pre-clinical Lab. The process/end product evaluations for each instrument and/or skill are the evaluation tools by which the student can self-evaluate their skills. This evaluation method provides the students with the opportunity to receive instant feedback on their instrumentation skills. Periodically, each student must prove competency for each skill or instrument process/end product evaluation, which also become the formal evaluation tool for competency exams. In addition to competency exams, each student has a required number of homework assignments and quizzes that students must pass with a minimum grade of 75 %. Each student is required to track his/her own grades throughout the semester using the TalEval Individual Student Grade Report that is distributed to the students and reviewed by the students and clinical advisors every two weeks. Additionally, students can access this information at any time by logging in to the TalEval System.

Clinical performance in DEN 102, DEN 201, and DH 202 is measured during each clinic session via the TalEval Dental Hygiene Process of Care Evaluation Grading and Outcomes Assessment System. The process as well as the end product for each skill is evaluated utilizing the specific grading criteria established for each clinical course. Further details of the evaluation system can be found in the Dental Hygiene Student Clinic Manual used for DEN 102, DEN 201 and DEN 202 (Refer to Student Manuals Document and the Department Manuals) and the TalEval sheets used for evaluation in the clinical setting.

In DEN 203, Pain Management lab, students are evaluated with the process/end product evaluations that are also used in DEN 202 on patients. This course is a hybrid course utilizing Blackboard to supplement lecture information and to provide two weekly online quizzes for student evaluation and feedback throughout the semester.

In DEN 106 Dental Radiography, students are instructed in radiographic techniques in lab that meets once a week for 2 hours. The faculty to student ratio is 1:5. Students are taught intraoral exposures during supervised laboratory sessions utilizing the Radiographic Lab Manual (Refer to Student Manuals Document). To enhance radiographic laboratory instruction, mini lab lectures, technique demonstrations, process evaluations, and radiographic critiques are utilized.

Students have an opportunity to practice radiographic exposures in the lab that is prior to their assigned lab, which is supervised by the instructor. Students are required to prepare

a Bitewing and FMS competency series before they may complete the practical exposure examination. The practical examination grade matrix is stringent, in an effort to encourage students to develop exposure techniques that are consistently accurate.

Additionally, each student has a supervised experience exposing radiographs on one patient at the end of DEN 106 Lab. The patient FMS experience is designed to introduce the student to the following: infection control in radiography, patient management for radiographs, film handling during the appointment and processing, completion of patient records, film mounting and film evaluation for landmarks and exposing and processing errors. In DEN 102 clinic students are required to assess the need and expose at least two bitewing series on patients.

In DEN 110W (Dental Materials Lab), each student uses Process/End Product Evaluations as they learn new techniques and to provide a means for self-evaluation while learning various skills. The same process/end product evaluation forms are then used by the instructor to evaluate students for lab or clinical competency.

Refer to

Exhibit 2-13 E : Competency Based Computerized Clinical Evaluation System
TalEval Clinical Evaluation System
TalEval Chairside Grading Form

5. Briefly describe the patient care category systems used by the program?

The program uses TalEval software system to track students' experiences with patients in the dental hygiene clinic. Clinical instructors enter data related to patient difficulty level and oral health/disease status for each patient appointment. Instructors also identify the patient treatment phase to differentiate between the following appointment types including but not limited to new, recall, follow-up, and maintenance appointments.

During the assessment of each patient, the student uses the assessment information to classify their patients. Periodontal classification is completed currently while using the context of the previous classification and the introduction of the new staging and grading system. Students also complete indices for calculus, stain, and plaque. This assessment information helps to guide the students' decision making in deciding what needs each patient presents.

Patient care categories are detailed under the "treatment phase" field in TalEval. This is the field where the instructors identify what type of appointment the patient required. Additionally, students input completed dental hygiene services in the Eaglesoft Patient Management Software System that correctly align with the services that were provided.

During each clinical course, students must complete clinical experiences with different patient care types. The level of difficulty increases each semester.

Refer to:

Exhibit 2-13E : Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)

TalEval Chairside Grading Form

TalEval Individual Student Grade Report

TalEval Patient Care Report

TalEval Instructor Calibration Graph

Exhibit 2-22A: Eaglesoft Patient Audit Trail Example

Exhibit 2-22B: Eaglesoft Provider History Example

- 6. Summarize the program patient care 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.**

Program requirements increase as new skills are introduced and skill level increases. As students progress through DH 102, DH 201, and DH 202, both the number and scope of requirements increase. Students are closely supervised during each clinic session.

The SUNY Broome DH Department uses the TalEval system which includes documentation and analysis of each clinical appointment (patient experience), but also allows the faculty to document technique evaluation, which is used during each clinic session to evaluate competence in all aspects of clinical practice. TalEval includes four major categories – Assessment, Diagnosis, Planning, Implementation, Evaluation, and Documentation. The subcategories include the following: risk assessment, extra-oral/intra-oral, occlusal, periodontology, radiology, hard tissue, deposit assessment, treatment plan, preventive/supportive, pain control, instrumentation, calculus removal, quality assurance, and ethics and professionalism. The main categories and the subcategories are used to evaluate the students' ability to exercise appropriate judgment in all phases of the dental hygiene process of care. The specific evaluation criteria/monitoring system is explained in the SUNY Broome DH Student Clinic Manual.

In addition to the technique evaluation field in TalEval, the DEN 102, DEN 201, and DEN 202 Clinic Requirements Tracking Forms are used to track clinical competence. Clinical advisors monitor these documents bi-weekly. In DH 102, DH 201 and DH 202 students are required to complete and update these documents throughout the semester. These documents allow students to track the date of completed services. Students are required to monitor their own caseload to assure varied clinical experiences that meet the stated requirements for each clinical course.

Refer to:

Exhibit 2-14 A: Clinic Requirements Forms

DEN 102

DEN 201

Exhibit 2-14 B: Summary of Requirements/Procedures (DH Student Clinic Manual)

Yet another tool to monitor progress is the bi-weekly TalEval Reports distributed to each student. These reports detail each student's progress to date and serve to keep current both the student and his/her advisor.

Refer to:

Exhibit 2-13 E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)
TalEval Patient Care Report
TalEval Individual Student Grade Report

- 7. If applicable, 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 at enrichment sites.**

All clinical experiences are completed in our on-campus clinic.

- 8. Provide actual clinical rotation schedules for the current classes of dental hygiene students (for each campus site) as an exhibit, including any clinical education provided off-campus and enrichment rotations.**

Refer to:

Exhibit 2-13 C: Student Clinical Session Schedule (DEN 102)

Exhibit 2-13D: Semester Dental Hygiene Rotation Schedule Tally (DEN 201, DEN 202)

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

Intent:

The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs). Students should understand the roles of members of the health-care team and have educational experiences that involve working with other health-care professional students and practitioners.

Narrative Response:

1. Describe the ways by which students demonstrate effective interpersonal communication skills during patient interactions and with other members of the health care team.

Students' interpersonal communication during all clinical sessions is directly supervised/observed and evaluated accordingly under the TalEval category #133 "Effective Communication" subcategory. Students are observed and evaluated on their interaction with their patients throughout the appointment, beginning with the review of the histories packet, and through the assessment, treatment, and evaluation phases of the process of care. Further, students are observed and evaluated in their communication with not only patients, but faculty, staff, and peers as well.

In DEN 101, students are instructed in and evaluated on interpersonal communication/interaction while they conduct personal/social/medical/dental history interviews with each student partner. Students are required to complete/pass a health science module on cultural diversity. Students are also evaluated on interpersonal interactions in the clinical setting at each preclinical lab session. The SUNY Broome Medical/Dental Histories for Clinical Decisions includes questions on the patient's place of birth and the primary language spoken at home in order to facilitate communication between the student hygienist and patient.

In DEN 102, the students expand upon the skills acquired in DEN 101 as they learn to obtain informed consent and provide oral self-care instructions for their patients. DEN 102 lecture material includes information on motivation, increasing patient learning, characteristics of the adult patient, verbal and non-verbal communication, interacting with individuals from diverse cultural backgrounds, use of professional versus laymen's terminology, and effective listening skills. Students are expected to apply this information and demonstrate effective interpersonal communication during all phases of the DH Process of Care. The freshman students complete a case-study project in which they assess and evaluate a patient's assessment packet and develop written oral hygiene self-care instructions as it applies. Effective interpersonal communication is part of the evaluation criteria for an acceptable grade in oral self-care instruction. In DEN 102, 201 and 202, students are evaluated daily on their interaction with patients, peers and faculty/staff.

In DEN 102, the Chair of the Physical Therapy Assistant program provided valuable updates to the wheelchair process and end evaluation. Dental Hygiene students participate in an Interprofessional Education activity with Physical Therapy Assistant students. For this activity, Physical Therapy Assistant students communicate the process and provide demonstrations to Dental Hygiene students for proper wheelchair transfer in the dental operatory. Dental Hygiene students must then pass a clinical competency on wheelchair transfer.

In DEN 201, the students participate in an inter-professional education (IPE) activity as a method of reinforcing the steps involved in the management of emergencies in the dental setting. The students communicate and handle mock emergencies with paramedic/EMT

faculty and students from Lourdes Hospital Southern Tier Paramedic Program at SUNY Broome Community College. Additionally, students complete an educational enrichment experience at United Methodist Homes, Hilltop Campus. During the enrichment experience, students interact with members of the nursing staff.

In DEN 202, the students counsel their patients in nutrition and its relevance to overall health and oral health. They take a nutrition history that includes cultural background. Students incorporate this information into nutrition counseling tailored to each patient's individual needs. Students also work with patients from Helping Celebrate Abilities (HCA). HCA is an organization that provides services to people with developmental and physical disabilities.

During their senior year in DEN 201 and DEN 202, the students further hone their interpersonal communication skills while functioning as the receptionist assistant. This duty involves interacting with all patients as they arrive at the clinic. Thus, interpersonal communication skills are demonstrated throughout the sequence of clinical courses; they are refined and developed at higher levels as students progress through the clinical experience sequence. In addition to demonstration and evaluation by faculty, another measure of students' interpersonal communication skills is reflected in written comments made by patients on the patient surveys completed at the end of their treatment.

Each May, the campus holds a Mock Disaster Drill. Dental hygiene second-year students participate in this event. During the event, the dental hygiene clinic is set up as a pretend morgue. The students perform clinical assessments on patients, documenting teeth present, and existing restorations on "victims" of the disaster.

Students many times seek patients from the pool of international students from the International Students Organization on campus, the American Civic Association and the diverse student population at nearby Binghamton University. Cultural diversity within the SUNY Broome student patient population continues to increase. Some of our students come to us with very different cultural backgrounds. The diversity of the community at large has also expanded; for example, there are many Eastern European and Middle Eastern immigrants in our community and, thus, in our patient pool. Some students serve as interpreters for patients and fellow students treating patients with limited proficiency in the English language. Thus, students are afforded many opportunities to demonstrate effective interpersonal communication skills during patient interactions.

Refer to

Exhibit 2-13 E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)
TalEval Chairside Grading Form

2. How do students demonstrate competence in communication skills?

Student demonstrate competence in communication skills throughout the dental hygiene

curriculum. Students must communicate effectively in the clinical setting in DEN 101, 102, 201, and 202, while communicating with faculty, supervising dentists, staff, and patients. Students are required to maintain their patient schedule, which includes calling patients to confirm appointments.

In the classroom setting, students are required to complete individual and group projects that include a presentation. In DEN 209, students complete a presentation on a current topic related to nutrition. Additionally, students must complete a group presentation for DEN 209. In DEN 213W, students must present in the community to a variety of different populations. They also complete an individual classroom presentation where they share a research article they have studied and critiqued.

In DEN 214, students complete a presentation where they must highlight their periodontal case patient. They share details related to the patients' needs assessment, treatment planning, planning, and evaluation.

Dental Hygiene Department offers two writing emphasis courses, DEN 110W - Dental Materials and DEN 213 W - Community Dental Health.

Students communicate effectively in all courses. Examples of effective collaboration and communication during the learning process include:

- DEN 102, 201 and 202 Clinical Components: Students develop competency in oral communication skills through chairside oral self-care instruction, screening and scheduling patients.
- DEN 102: Students have a case-study group project. This project has students review a patient's medically complex health history, and develop appropriate oral hygiene instructions. Students must write a paper on the information they collected and how it was used to design oral hygiene instructions. Students develop a PowerPoint and present their results to the class.
- DEN 109: When the students are presented with the Code of Ethics material, they are required to go through each section of the Code of Ethics and explain why that section is important to the dental hygiene profession. These students complete a two-part group project where they create a poster with the dental hygiene oath and then a short paper that explains the oath and why it is important to the dental hygiene profession. Additionally, the students have an individual project that highlights sections of the New York State Practice Act in which they must explain what these sections mean and why they are important to the dental hygiene profession.
- DEN 110W is a designated writing emphasis course. Students must demonstrate both effective written communication in writing assignments and also effective, professional chairside communication with their peers, lab instructor, and the supervising dentist as they learn various new skills.
- DEN 204: Students complete a written case study project based on an oral lesion identified in clinic.
- DEN 209: The nutrition counseling component of the Periodontal Therapy Case Patient Project is presented in DEN 214. Individual oral presentations on current nutrition topics as well as collaborative group projects are required of all students.

- DEN 213W is a designated writing emphasis course. Students must collaborate with each other to plan, implement, and self-evaluate oral health presentations to a variety of individuals, including grade-school, teenage, and adult populations. During these outreach events, students must work with professionals from a variety of backgrounds and settings.
- DEN 214: Each student's Periodontal Therapy Case Patient Project is presented with an oral presentation. Self, peer and instructor evaluations are completed with a rubric. These presentations are open to the entire DH faculty. Students also complete collaborative group presentations on cultural awareness.

B. Supportive Documentation

Refer to Exhibit 2-15A: List of Service to Community Projects

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.**

Intent:

Population based activities will allow students to apply community dental health principles to prevent disease and promote health.

Narrative Response:

1. Describe the effectiveness of community dental health instruction and learning experiences prepare students to participate in community-based oral health programs.

As a requirement for DEN 213W, community activities are scheduled that allow students to develop a greater understanding of community dental health. Each student is required to provide at least two oral health education sessions in local elementary schools. Students must prepare an age-appropriate presentation that includes objectives for the session and a detailed look at how it will be implemented. Then, students must submit a written assessment/evaluation of the oral health education presentation. Students are not only assessed by the faculty member, but the teacher provides feedback to the instructor. Furthermore, students have an additional requirement of providing oral health education to individuals at various organizations (in the past, organizations have included the following: Bridgewater Rehabilitation Center, Broome County Office for the Aging, Mothers and Babies Perinatal Network, YMCA, Head Start, participating in Health Fairs at Oakdale Mall and the Discovery Center, BC Center, and the Girl Scouts). Many

students complete more than two community health experiences because it is strongly encouraged by the instructor.

B. Supportive Documentation

Refer to Exhibit 2-16A: DEN 213W Student Essay

Exhibit 2-16B: DEN 213W Summary Paper Evaluation Rubric

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

Intent:

Dental hygienists should be able to provide appropriate basic life support as providers of direct patient care.

Narrative Response:

1. Describe how medical emergency training prepares students to provide appropriate life support measures.

Students receive background in and are evaluated on the theory of emergencies in the second semester DEN 102 Medical Emergencies course. Students annually complete a CPR for the Professional Rescuer certification/recertification course before entering DEN 101 and DEN 201. Emergency drills are conducted in DEN 102, DEN 201, and DEN 202. The drills conducted in DEN 102 are: syncope, hyperventilation, orthostatic hypotension, and bronchial asthma. Those conducted in DEN 201 are: hypoglycemia, seizures, syncope, heart attack and anaphylaxis. Those conducted in DEN 202 are: lacerated finger, broken instrument tip, and seizure disorder.

Emergency drills conducted during DEN 201 are carried out with faculty and staff from the Lourdes Hospital Southern Tier Paramedic Program at SUNY Broome. This allows students the opportunity to role play as if the emergency were happening, including what it would be like to call 911 and exchange information to the 911 dispatcher, greet and update the EMT/paramedic professionals upon their arrival, and transfer care of patient to the emergency medical professionals.

Senior students participate in an annual mock environmental disaster drill that is coordinated and implemented by the SUNY Broome Health Science Division. Dental hygiene students play multiple roles in this life-like simulation, working alongside other health science students to assess and treat victims of these emergencies. Refer to Mock Environment Exposure Disaster meeting minutes.

Refer to Exhibit 2-17 A: Mock Environment Exposure Disaster Meeting Minutes

B. Supportive Documentation

Exhibit 2-17 B: List of Faculty CPR Certification for Health Care Professionals
Expiration Dates, Dental Hygiene Classes of 2020, 2021

- 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.

***Intent:** Functions allowed by the state dental board or regulatory agency for dental hygienists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the length and scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.*

Narrative Response and Documentation:

- 1. Summarize the additional dental hygiene functions allowed in your state that are included within initial hygiene licensure and do not require additional certification. Please omit any dental assisting or laboratory functions allowed within initial dental hygiene licensure.**

The SUNY Broome Dental Hygiene Department's mission is to have a dental hygiene curriculum designed to prepare graduates who meet the requirements for an A.A.S. degree and are prepared to take regional and national licensure examinations. The curriculum prepares students for practice in accordance with the New York State Dental Practice Act, and to enter the profession as a competent entry-level dental hygienist.

The SUNY Broome Dental Hygiene program includes all functions that are required for initial Dental Hygiene licensure as defined by the New York State Dental Hygiene Practice Act. The New York State Dental Hygiene Practice Act is outlined under the NYS Education Law, Article 133, Dentistry and Dental Hygiene and Certified Dental Assisting. The definition of the practice of dental hygiene is under article 6606. All of the dental hygiene services outlined in the law are included in the content of the curriculum. The NYS DH Practice Act Functions are included in the didactic, laboratory, preclinical and clinical courses. In particular the clinical competency exams are executed in DEN 101, DEN 102, DEN 201, DEN 202, DEN 203 as well as DEN 110W.

All dental assisting functions outlined in section 6608, Definition of the Practice of Dental Assisting, are allowed under the NYS Dental Hygiene Practice Act. Additional laboratory functions that are not required for Dental Hygiene licensure in New York State are taught to laboratory competency in DEN 110W Dental Materials.

In New York State, the provision of local infiltration anesthesia and nitrous oxide analgesia is included in the Restricted Local Infiltration Anesthesia/Nitrous Oxide Analgesia Certification outlined in section 6605-b of the Practice Act. The didactic, lab, preclinical and clinical requirements for certification are threaded throughout the curriculum but the majority of the education is provided in the DEN 203 Pain Management course. DEN 203 was added to the curriculum and approved by the NYS Education Department in 2003.

In 1989, the NYS Education Law requires Dental Hygienists to complete a two-hour course to learn to identify and report child abuse and maltreatment. This curriculum mandate is covered in an online certification course prior to the start of DEN 102.

In 2015, Dental Hygiene Collaborative Practice Legislation was enacted and added section 6606 to the NYS Dental Hygiene Practice Act. There are no educational instructions specified in the law. Didactic instruction is presented in DEN 109 lecture.

Refer to Curriculum Course Documents for more information.

Additional state-specific Dental Hygiene skill functions, indicating where in the curriculum they are presented and the level of instruction are included in Exhibits 2-18 A and 2-18 B.

Definitions to Terms:

Laboratory or Preclinical Instruction: Indicates instruction in which students receive supervised experience performing functions using study models, manikins or other simulation methods; student performance is evaluated by faculty according to predetermined criteria.

Lab Competency - Demonstrating skills on a Typodont and models with self/partner and/or instructor feedback. Students are NOT considered clinically competent in these skills upon course completion.

Pre-clinical Competency - Demonstrating skills on a lab partner and/or on a cast with instructor feedback. Students are considered pre-clinically competent upon completion and will be expected to perform the skill to clinical competency on their patients.

Clinical Competency – Demonstrating the level of knowledge, skills and values required by new graduates to begin practice in dental hygiene.

All lab, preclinical and clinical competencies are evaluated with a Technique Evaluation and documented in the Student's TalEval Account.

The NYS Dental Hygiene Practice Act, the Dental Assisting Practice Act and NYS Dental Hygiene and Dental Assisting Education Law are available on-site.

- 2. Provide as an exhibit the appropriate pages of the state dental practice act or regulatory code and corresponding administrative code related to dental hygiene.**

NA

- 3. Using the format illustrated in Example Exhibit 16, list the additional dental hygiene functions specified within your state DPA and the courses where content is presented and levels of competence demonstrated.**

Refer to Exhibit 2-18A: New York State Specific Dental Hygiene Functions

- 4. Using the format illustrated in Example Exhibit 17, indicate the additional dental hygiene functions are allowed within your state and whether instructional level, depth and/or scope is specified within the DPA. Do not include any requirements for post-graduation or optional certifications.**

5.

Refer to Exhibit 2-18B: New York State-Specific Additional Dental Hygiene Functions

- 6. Please describe any state-specific situation concerning additional dental hygiene functions that has not been addressed in the exhibits.**

NA

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.**

Intent:

Dental hygienists should understand and practice ethical behavior consistent with the professional code of ethics throughout their educational experiences.

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

Intent:

Dental hygienists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.

Narrative Response and Documentation for Standard 2-19 and 2-20:

1. Discuss opportunities for students to demonstrate competence in applying knowledge of legal and regulatory concepts.

Responsibility for professional judgment/ethical conduct is a gradual progression, based on the students' acquisition of background knowledge and experience. They are deemed competent via observation/evaluation of their conduct/demeanor throughout the entire process of care in each of the clinical courses with increasing rigor accompanying increasing experience.

Students are initially introduced to ethical principles, professional judgment, regulatory compliance, and ethical conduct in the course online course DEN 109: Ethics and Jurisprudence in Dental Hygiene. This course provides the necessary ethical and professional background information essential for the entering dental hygiene student to understand his or her career as a health care professional. The students learn how their careers are bound by legal issues and intertwined with expected ethical behaviors. The intended learning outcome of DEN 109 is to provide the students with the ability to describe basic concepts involved in ethics and professionalism, explain the importance of codes and ethics, and apply a decision-making model to ethical dilemmas. In addition, each student will have a working knowledge of the New York State Dental Hygiene Practice Act and understand the legal concepts affecting hygienists' relationship with patients, dentists and other co-workers.

DEN 109 applies this essential standard through PowerPoint lectures, weekly discussion board case studies and homework, projects, and three on-campus proctored exams. Weeks one through three address ethical theory, philosophy, principles and values, and professionalism. Weeks five through seven go over the Dental Hygiene Code of Ethics, ethical decision-making and social disparities. The last half of the semester, weeks nine through 14, study Law in Dental Hygiene; in particular, an overview of the law, rights, responsibilities, informed consent, employment laws, and the New York State Practice Act. Students' competency and application of ethical, legal, and regulatory concepts in dental hygiene is assessed through weekly on-line, timed homework assessments, ethical and legal case studies via discussion board, an individual and group project, and three exams.

The group project allows students to work creatively on a poster that states the Dental Hygiene Oath. In the written portion of the project, students work together to identify what each part means and why it is important to the profession. This project introduces classmates to each other and fosters a collaborative learning experience. Students must provide peer and self-evaluations based on project performance. This provides students the opportunity to develop collaborative learning skills such as accountability and communication.

The individual project is a written assignment where students must read the New York State Practice and explain what each section means and why each section is important to the dental hygiene profession. This project provides a fundamental understanding of the New York State Practice Act as well as knowing where to go when questions regarding the law and scope of practice arise. Students are initially introduced to ethical principles, professional judgment and ethical conduct in the course DEN 109: Dental Ethics and Jurisprudence. The lecture course provides the necessary ethical and professional background information essential for the entering dental hygiene student to understand his or her career as a health care professional. The students learn how their careers are bound by legal issues and intertwined with expected ethical behaviors.

The intended learning outcome of DEN 109 is to provide the students with the ability to describe basic concepts involved in ethics and professionalism, explain the importance of the codes and ethics, and apply a decision-making model to ethical dilemmas. In addition, each student will have a working knowledge of the New York State Dental Hygiene Practice Act and understand the legal concepts affecting the hygienist's relationship with patients, dentists and other co-workers.

A co-requisite course to DEN 109 Dental Ethics and Jurisprudence is DEN 101. All dental hygiene students read the Dental Hygiene Student Clinic Manual and course syllabi outlining the expectations and responsibilities of the students. Information pertinent to ethics in the manual includes but is not limited to the following:

- ADHA Code of Ethics
- SUNY Broome Civility Statement
- SUNY Broome Social Media Policy
- SUNY Broome DH Code of Ethics
- Program Competencies reflecting professionalism and ethical decision-making
- SUNY Broome DH Department Attendance Policy
- DH Department Testing Policy

DEN 109 and DEN 101 provide a solid foundation for ethical behavior and decision making. As students continue and progress through the dental hygiene curriculum expectations become more rigorous. All courses require students to maintain standards of professional behavior throughout the program. Responsibility for adherence is placed on the individual student. Faculty members serve as role models for students in class, lab and clinic.

The pre-clinic (DEN 101) and clinic (DEN 102, 201, 202) courses present and require adherence to professional principles (such as patient confidentiality, autonomy for both clinician and patient, and professional conduct in course appropriate areas.) For example, professionalism is an evaluated competency. Evaluation begins in DEN 101 with the three subsequent clinical courses building upon this as the staff stresses proper behavior, confidentiality, punctuality, and professional attire. Professionalism is a portion of daily clinical evaluation throughout the curriculum; students who do not accept/demonstrate professional responsibilities earn grade deductions, or in extreme cases, dismissal from the program for failure to uphold professional responsibilities. See the DH Student Clinic Manual and the Professional Behavior Process/End Product Evaluation in the SUNY Broome Dental Hygiene Process/End Product Manual.

Competency in ethical behavior is also evaluated and reinforced through ongoing grading of infection control techniques in clinical labs beginning with DEN 101 Dental Hygiene I and extending through DEN 202. An infection control grade is a portion of daily clinical evaluation throughout the curriculum; students who do not show competency in this area earn grade deductions, or in extreme cases, dismissal from the program for failure to uphold infection control standards.

In DEN 204 Oral and General Pathology, the professional/ethical responsibility to detect and report oral lesions is stressed. In DEN 102, 201, and 202, students examine their patients for abnormalities/lesions and bring them to the attention of the supervising dentist for further evaluation and possible referral. This ethical duty is reinforced, practiced and evaluated in all clinics, as each student is required to perform an extra/intraoral examination at each clinic appointment.

In the fourth semester, DEN 214 Current Topics in Dental Hygiene, provides (via inclusion of readings, lectures, discussions, learning activities and case studies) additional information regarding legal and ethical principles and risk management introduced in DEN 109 (Ethics).

Supportive Documentation

Refer to:

Exhibit 2-20 A: DEN 109 Group or Individual Project

SUNY Broome Community College DH Freshmen Orientation Manual

DH Code of Ethics pg. 144-146

SUNY Broome Social Media Policy, pg.144

SUNY Broome Civility Statement, pg.146

2. Discuss the effectiveness of ethical concepts presented in allowing students to examine, define, and analyze ethical problems relevant to dental hygiene.

Responsibility for professional judgment/ethical conduct is a gradual progression, based on the students' acquisition of background knowledge and experience. They are deemed competent via observation/evaluation of their conduct/demeanor throughout the entire

process of care in each of the clinical courses with increasing rigor accompanying increasing experience.

Refer to SUNY Broome Dental Hygiene Student Clinic Manual

Critical Thinking

2-21 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

Intent:

Dental hygienists should possess self-assessment skills as a foundation for maintaining competency and quality assurance.

Refer to:

Exhibit 2-13E: Student TalEval Reports

TalEval Patient Care Report

TalEval Individual Student Grade Report

Exhibit 2-22C: Clinical Competency Assessment Lab Process

Exhibit 4-7D: LRC Dental Hygiene Resource for Lifelong Learning

Dental Hygiene Process Manual

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

Intent:

Dental hygienists should be able to evaluate scientific literature as a basis for life-long learning, evidenced-based practice and as a foundation for adapting to changes in healthcare.

Narrative Response for Standard 2-21 and 2-22:

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

The dental hygiene program integrates the development of self-assessment skills as the student progresses through the curriculum. For example, students document a self-assessment on each process/end product evaluation they complete.

One of the college and program goals is to stress education as a life-long process providing each individual the opportunity to develop personally, socially, and intellectually. Students are made aware of the fact that this is only the foundation to a commitment to life-long learning. The students are informed of and evaluated on the NYS Department of Education Continuing Education requirement.

Citing examples of the numerous and constant changes that occur in the practice of dental hygiene over time, the faculty in all courses inform/remind students of the need for lifelong learning. Faculty members serve as role models by engaging in lifelong

learning. For example, when local anesthesia was written into the New York State Dental Practice Act, the faculty became certified in local anesthesia, with the assistance of several of our supervising dentists, and began teaching local anesthesia to the present students and as a continuing education course.

In Dental Hygiene DEN 102, 201, 202, supervising dentists and guest lecturers from a variety of practice settings (general and specialty practices) share potential career/professional opportunities with the students. Students are encouraged to ask questions and become involved in their community and be active members in their professional association as a gateway to lifelong learning.

All faculty attend courses at national, regional and/or local dental conferences in order to advance their expertise in dental hygiene education. After faculty investigates new technologies and materials available to the dental profession and a consensus is reached, the new material is incorporated into the curriculum. The use of digital radiography and continued development of computerized record keeping are examples of adaptation to new technology.

Dental hygiene students are continually called upon to self-evaluate their abilities in both didactic and clinical courses. When students are assigned a project in a didactic course they have the requirement to evaluate themselves in all areas defined in a grading rubric. The grading criteria typically include format, organization, thoroughness, originality, accuracy, currency, reliability of sources, and effectiveness of oral presentation. They also evaluate their fellow group members' contribution to the group, when applicable. In the pre-clinic lab students are required to self-evaluate before formal evaluation. This encourages students to utilize the results of that evaluation to improve their performance. In clinical courses students are encouraged to self-evaluate their patient care through reassessment. The effectiveness of their care is demonstrated by changes in tissue response and objective measurements such as probing depth, bleeding on probing and other indices. They must observe and document the changes/improvements in the patient record. Alterations to the treatment plan can be documented and made as needed after carefully considering their new findings. They must communicate with the patient about the improvements seen or alterations needed in the treatment plan. This serves as a solid base for self-evaluation that is a necessary skill for a practicing hygienist.

In DEN 101 lecture, students are required to perform a peer review that includes videotaping a fellow student as he/she performs the unit clean-up process. The videographer is then required to critique the infection control protocol and write a summary of their findings. This activity allows students to apply their infection control knowledge into practice by requiring them to critically assess their understanding of the rationales for the infection control protocol that they apply in the clinical setting.

In the clinical courses (DEN 102, 201, 202) critical thinking is incorporated throughout the clinical experience. Students must utilize critical thinking when assessing and planning treatment for patients. For example, students must complete a Critical Thinking for Dental Hygiene Care Plan in the Patient Assessment for Dental Hygiene Treatment Needs Packet. Doing so requires the student to prepare a synopsis of the patient – from

personal, health, and radiography histories and the entire assessment/data collection packet – to appropriately plan and implement indicated dental hygiene services and make appropriate referrals. At the conclusion of each new and recall patient’s assessment, the student has completed caries risk assessment (CAMBRA), identified caries risk factors, identified periodontal disease risk factors, and noted oral cancer risk factors. Students also complete a Dental Hygiene Diagnosis, where they must identify unmet human needs and list etiology, signs and symptoms, client goals, recommended interventions, and evaluation. Conducting these critical thinking activities chairside allows the student to make connections that are essential to proper patient management and the dental hygiene process of care.

In clinic, instructors evaluate the students’ performance. Students are expected to verbalize their self-assessment in their DEN 201, 202 journal assignment. The self-assessment assists the students as they grow as future oral healthcare professionals.

Another example of self-assessment is during DEN 102, 201 and 202, where the students are responsible (through the use of the Eaglesoft Patient Management software and TalEval Dental Hygiene Process of Care Evaluation Grading and Outcomes Assessment System) to verify the accuracy of their own practice management skills through the following reports:

- Eaglesoft Patient Audit Trail
- Eaglesoft Provider History
- TalEval Patient Care Report
- TalEval Individual Student Grade Report

Upon completing this self-assessment exercise, the student must make the corrections in the patients’ electronic chart.

By mid-semester, each student is aware of their strengths and weaknesses through continual clinical evaluations. Students meet with their clinical advisor periodically throughout the semester to discuss their progress. Clinical remediation can be initiated at any time, reinforcing the expectation of competence and assuring quality care for patients.

As student dental hygienists become more comfortable with the close supervision and instruction in the clinic environment, they come to accept, respond to and appreciate instructor feedback regarding their performance.

Refer to Exhibit 2-22A: Eaglesoft Patient Audit Trail Example

Exhibit 2-22B: Eaglesoft Provider History Example

Supportive Documentation

Exhibit 2-13B: Patient Data Collection Forms

Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions

Dental Hygiene Assessment for Dental Hygiene Treatment Needs Packet

- SUNY Broome Health Sciences HIPAA Policy Statement
- Dental Hygiene Radiographic History
- Dental Hygiene Welcome Letter
- Dental Hygiene Wellness Report
- Exhibit 2-13 E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)
 - TalEval Chairside Grading Form
 - TalEval Individual Student Grade Report
 - TalEval Patient Care Report
 - TalEval Instructor Calibration Graph
- Exhibit 2-22 C: Clinical Competency Assessment Lab Process, Dental Hygiene Process Manual

Students are exposed to the process of scientific literature review first in DEN 109, when they complete a presentation on a researched, current topic. In DEN 110W Lab, students must each evaluate scientific literature and write a short research paper. Students work with the campus Writing Center for tips on the review of literature. Many other classes assign reference readings or required readings from professional, peer-reviewed journals. In DEN 213W, students are asked to critique a research article and to evaluate its scientific basis and methodology. In DEN 214, students are required to examine current research articles as they complete various case study examinations. Students in DEN 101 take an online CE course on medical emergencies. In DEN 214, students complete an online CE course on cultural diversity. These online CE venues expose the students to the type of lifelong learning that will be required of them after graduation.

DEN 213W provides students with a solid background on scientific literature and evaluation of research. Students have class time with a SUNY Broome health science liaison at which time students learn to use and navigate PubMed. Students are required to select a research article that they will then evaluate and study. To facilitate further learning in this subject area, students complete a review of the article.

Other examples of developing this competency: DEN 102 Bulletin Board and Pamphlet Project, DEN 102 Drug Reference Project for the Emergencies section of DEN 102, DEN 209 Nutrition group project/presentation, and the DEN 204 Oral and General Pathology Case Study Project. The intent of these various assignments is to expose students to the process of scientific literature review so that they may be prepared to continue learning beyond graduation.

Also available on the Dental Hygiene Website for students and alumni are links to the LRC and the LRC Dental Hygiene Resource for Lifelong Learning to encourage professional development after graduation.

Supportive Documentation

- Exhibit 1- 1A: Dental Hygiene Outcome Assessment Program
- Exhibit 4-7 A: Dental Hygiene Collection

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

Intent:

Critical thinking and decision making skills are necessary to provide effective and efficient dental hygiene services. Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills.

Narrative Response:

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

In the clinical courses (DEN 102, 201, 202) critical thinking is included throughout the clinical experience. Students must utilize critical thinking when assessing and planning treatment for patients. For example, students must complete a Critical Thinking for Dental Hygiene Care Plan in the Patient Assessment for Dental Hygiene Treatment Needs Packet. Doing so requires the student to prepare a synopsis of the patient – from personal, health, and radiographic histories and the entire assessment/data collection packet – to appropriately plan and implement indicated dental hygiene services and make appropriate referrals. Further, the student must complete a radiographic evaluation and periodontal assessment page that concludes the patient’s periodontal status. At the conclusion of each new and recall patient’s assessment, the student has completed caries risk assessment (CAMBRA), identified caries risk factors, identified periodontal disease risk factors, and noted oral cancer risk factors. Students utilize critical thinking when preparing each patient’s Wellness Report at the conclusion of treatment. Conducting these critical thinking activities chairside allows the student to make connections that are essential to proper patient management and the dental hygiene process of care.

Students’ critical thinking and decision-making skills related to comprehensive care and patient management are evaluated throughout the process of care in each clinic session. During the assessment phase, critical thinking/problem solving skills are used to integrate findings/information obtained from the personal/social/medical/dental histories, extra/intra-oral exam, gingival/periodontal evaluation, restorative exam, periodontal, calculus, stain classifications, disease risk factors, etc. for the formulation of a patient-centered, individualized treatment plan/ DH care plan specific to each patient’s needs/problems. During the planning phase, students must use critical thinking skills to select the number of appointments to complete treatment, the order of services to be provided and the appropriate services, including oral self-care methods/aids, teeth for essential selective polishing, etc. In DEN 202, students devise both a realistic treatment plan to be implemented in the SUNY Broome Dental Hygiene Clinic as well as an ideal,

extensive plan which could only be implemented in the absence of all time, financial and/or physical constraints. Also, during the treatment phase, students must troubleshoot when confronted with problems such as positioning due to patients' special needs or to gain access to malposed teeth. During the evaluation phase, students must use critical thinking skills to reassess and adjust future treatment, addressing areas/results that are less than expected. For example, students may find it necessary to devise new/different oral self-care methods/aids if they determine that the current methods did not yield the expected results; or, in the case of non-compliance with the homecare regimen, the student may have to devise a new strategy to help the patient become more motivated to obtain optimal oral health. All phases of care are evaluated for competence and documented/graded in TalEval during each clinic session.

In DEN 202, each student identifies a periodontally-involved patient and completes a Periodontal Therapy Case Patient project that includes comprehensive assessment and treatment modalities based on patient need. This is an extensive, multi-appointment project that encompasses all learned concepts from DEN 101-202. The successful completion of this project ensures that the student is competent in problem solving strategies and comprehensive patient care and management. The project culminates with a student presentation in DEN 214.

In addition to multiple patient session experiences throughout the semester, the Reality Clinical Experience is another intervention to prepare the students for the current practice of dental hygiene. The Reality Clinical Experience is a day when students treat two patients in one clinical session; each student is required to assess, treatment plan and provide treatment for both patients in the time allowed.

Supportive Documentation

Exhibit 2-13 B: Patient Data Collection Forms

Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions

Dental Hygiene Patient Assessment for DH Treatment Needs Packet

SUNY Broome Health Sciences HIPAA Policy Statement

Dental Hygiene Radiographic History

Dental Hygiene Welcome Letter

Dental Hygiene Wellness Report

See all course syllabi and evaluation tools in the separate Self-Study Curriculum Document

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.
- d) a defined mechanism to calibrate dental hygiene faculty for student clinical evaluation.

Intent:

To assure the incorporation of emerging information and achievement of appropriate sequencing, the elimination of unwarranted repetition, and the attainment of student competence, a formal curriculum review process should be conducted on an ongoing and regular basis. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.

Narrative Response and Documentation:

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.**

The formal written Curriculum Management Plan (CMP) was developed in 2001 and is revised each year. This plan utilizes a nine step process to evaluate the dental hygiene curriculum as follows:

Step 1 – Involved reporting the following information for each DEN course in a Department Course Binder

- Course Title and Number
- Required Texts
- Intended Learning Outcome
- Specific Instructional Objectives
- Outline of Topics Presented
- Learning Activities to Achieve Goals
- Evaluation Criteria/Testing Protocol

Step 2 – Revise and complete “End of Dental Hygiene Course Report”

Step 3 – Revise and implement a Flow Chart Master Plan which includes all facets of curriculum assessment

Step 4 – Revise and complete “Actual Results” and “Resulting Action” for competencies related to each instructor’s course(s)

Step 5 – Revise and complete” Student Course Review” for DEN courses

Step 6 – Continue Time Table for DEN Course Assessment

Step 7 – Collect and report information for non-DEN program courses

Step 8 – Continue Time Table for non-DEN program courses assessment

Step 9 – Revise and review Quality Assurance Assessment Instruments

A copy of the CMP is located in Part 1 of the DH Outcome Assessment Program. Refer to Exhibit 1-1A: Dental Hygiene Outcome Assessment Program (Curriculum Management Plan/Quality Assurance Program)

The CMP reviews the curriculum through a variety of mechanisms including “Student Course Review” and faculty “End of Course Report”. These reviews have been completed for each Dental Hygiene Class since 2015 until 2019. The faculty evaluate their courses for the corresponding fall and spring semesters while students are surveyed each semester on their DEN courses. The data collected from the students and faculty is placed in a summary for presentation to faculty for recommendations and comments. Each faculty member receives their individual “Curriculum Management Folder” with information pertaining to the curriculum for the next semester under study, as well as individual course data and recommendations.

The End of Course Report evaluates the DEN courses in the following areas:

- Textbook Edition
- Course Topics/ objectives
- Student Results- Percentage of students who Pass, Fail and withdraw
- Feedback to Support Faculty
- Changes for Next Offering
- Recommendations from the Curriculum Management Committee

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.**

The decision-making process for course revision and development is the result of the steps described in number 1 above. The frequency for this process is once in the fall and spring semesters during department meeting time.

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

At the conclusion of each semester, students are surveyed using the “Student Course Review” for the dental hygiene courses completed during that particular semester. The data is collected and placed in a matrix with specific student comments on strengths and weaknesses of the course. This data is given to the individual faculty and department

chair in the “Curriculum Management” Folder. If weaknesses are identified, then the instructor is given recommendations for improvement.

As part of their job responsibilities, administrators are involved in the curriculum process by approving all budgets, curriculum changes and teaching schedules.

Refer to Exhibit 3-4 A: Job Description of Program Director

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

The Dental Hygiene Curriculum Management Committee (CMC) evaluates annually the courses in relationship to the program’s goals, program learning outcomes, and core competencies. The core competencies are made available to faculty and students through the Dental Hygiene Faculty Manual and the Dental Hygiene Web Site. The competencies are housed in a binder named “Competencies for the Dental Hygiene Graduate”. This Binder is circulated to each faculty member at the end of each semester. Faculty are responsible for reporting the “Actual Results” for their course(s) and, if appropriate, any “Resulting Action(s)”. This data is documented in the “Competencies for the Dental Hygiene Graduate” Binder for each Dental Hygiene Class. The final compilation of the data is presented at department meetings, with discussion and recommendation(s) as necessary.

Beginning in the academic year 2018, the Nuventive Improve Program was used to report course assessment measures on student outcomes, program learning outcomes, and program review.

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

The Dental Hygiene Curriculum is updated and revised periodically at department meetings by dental hygiene faculty acting as the Dental Hygiene Curriculum Committee. The “Lecture Course Change” form starts the update and revision process.

Faculty are responsible to bring to the Department recommendations for course change and update. The recommendation along with documentation is presented at the Department meeting for discussion. Faculty collectively make the decision on the proposed change(s). Sometimes the decision requires a simple yes or no vote. Other changes require further investigation, discussion and input from other stakeholders.

Some of the changes, updates, and improvements that have resulted from the process are as follows:

DEN 109 Dental Ethics and Jurisprudence

- In 2016 this course was changed to an online course.
- To facilitate Life Long Learning for the dental hygiene student, the instructor developed projects and discussion topics with associated questions, and evaluation parameters.
- In 2019 sexual harassment was moved from DEN 214 into DEN 109.

BIO 131 and BIO 132 Human Biology

- Both science courses must be completed on campus. Online courses are prohibited.
- Furthermore, all dental hygiene students will be in the same Biology Section.

CLT 208 and CLT 209 Pathogenic Microbiology

- Both science courses must be completed on campus. Online courses are prohibited.
- General microbiology (BIO 150) is prohibited as an equivalency.

DEN 102 Dental Hygiene II

- Students complete the assessment tool on a patient for evaluation before transitioning to clinic patients.
- The second year physical therapy assistant students provided wheelchair transfer demonstration to dental hygiene students, which supports IPE.
- Implant scaling lecture was added. Implant debridement/maintenance and oral self-care demonstration was added to clinical patient services.
- Educational Sessions were condensed to one, allowing for an additional clinic day for students. All information from second educational session is still in the course, but student Orientation and Educational Session 1 have been restructured allowing for material from Educational Session 2.
- Clinic Requirements page in clinic manual changed to support the following requirements:
 - Students will be required to see 10 patients instead of 9.
 - Students will have a minimum of 3 recall patients.
 - Students are allowed to see a maximum of 2 new patients.
Exceptions: If students have all other requirements completed and there are enough clinic openings to complete the patient.
 - Students must attend 20 of their 21 scheduled clinics.
 - Clinic manual pages H-13 to H-15 were removed due to redundancy to page H-12.
 - Instrumentation Processes had to be completed by the last Thursday before Spring Break.
- Lecture
 - I developed PowerPoint slides for lecture delivery.
 - I removed unit-matching exercises.
 - I returned Dental Appliances to classroom lecture.
 - I added course materials to Blackboard for student reference.
 - Oral Self-Care project was changed to an oral self-care case study. Students no longer had to voice record a session in clinic for grading.
 - Syllabus was updated; including campus statements, course outline, and course objectives.
 - I added voice to PowerPoint slides for improved lecture delivery.

- I added guest speakers for NARCAN Training and a Colgate guest speaker for toothbrushing.
- I used a flipped classroom for four of the 11 unit.
- Clinic
 - Clinic manual pages H-8 to H-12 were updated.
 - Students had to complete a case study in the clinic assessment packet instead of separate assignments.
 - I added instructor calibration meetings to be in-person.
 - I added a video instrumentation assignment where students recorded their instrumentation skills and then analyzed and explained how they would correct their errors.
 - I added instrumentation proficiency exams for probe and explorer.
 - Students were required to complete two adult PACE instead of one adult and one child (transitional dentition) as in past years.

DEN 201 and DEN 202 Senior Clinical Courses

- Introduction of the Eaglesoft Patient Management System
- Introduction and implementation of TalEval Clinical Evaluation System
- Off campus service learning educational enrichment experience was coupled with reflective journaling
- Collaboration with “Helping Celebrate Abilities” (ACA) provides care for exceptional needs individuals
- Required HESI practice Exams for comprehensive dental hygiene
- Assess and treat pediatric patients (0-5) and educate caregivers
- Addition of Perio Chip
- Introduce students to Silver Diamine Fluoride
- Continue Mock Board Day with changes to better reflect actual exam day
- Added Phosphor Plate System for radiographic exposures

DEN 214 Current Topic in Dental Hygiene

- Added a unit on Forensic Dentistry to prepare students for participation in Mock Disaster Drill
- All Risk Management will be taught in DEN 214

DEN 205 Periodontology and DEN 201

- Teach AAP/EFP 2018 Classification of Periodontal Disease

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.**

The Dental Hygiene Department Chairperson and the Chair of the Curriculum Management Committee interfaces with the chairpersons of the Biology and Clinical

Laboratory Departments. Typically, the communication involves assessing the course syllabi and objectives from the Biology and Clinical Laboratory Technology Departments. This is important to maintain the biochemistry and physiology components in the biomedical sciences courses.

National Board Dental Hygiene Examination scores in anatomical sciences and microbiology are shared with program chairpersons.

Exhibit 2-24A: Sample Minutes of Faculty Department Meetings, Sample Minutes of Clinic Course Coordinator's Meeting

Exhibit 2-24B: Sample Agenda from Curriculum Management Committee (CMC) Meetings

Exhibit 2-24C: Communication with non-DEN Course Chairpersons

Exhibit 2-24 D: Student Course Review Matrix

Exhibit 2-24E: End of Course Review and Summary

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

N/A

8. As an exhibit, include examples of minutes of meetings held during the past academic year where curriculum was reviewed. The meeting minutes should include names and titles of all present; agenda items covered; outcomes and assignments based on meeting with timelines.

Refer to Exhibit 2-24 A: Sample Minutes of Faculty Department Meetings, Sample Minutes of Clinic Course Coordinator's Meeting

9. Describe the mechanism(s) to ensure calibration of dental hygiene faculty for student clinical evaluation.

Calibration sessions are scheduled one for each semester for three hours in the evening. The teaching sessions are generally conducted by the Dental Hygiene Faculty, while periodically lecturers with a specific expertise are invited to present. Clinical topics are selected from surveys completed by the Dental Hygiene Faculty. Once the calibration topics are selected, the following materials are prepared. Materials include: Agendas, Course Objectives, teaching material handouts, and survey. During each session calibration session held, clinical faculty receive the TalEval Calibration Graph illustrating the number of checks and X's in each category that they have given in the clinical courses. This table also shows this information in comparison with that of the other clinical faculty (names are redacted).

Refer to Exhibit 2-24 F: List of Faculty In-Service Professional Development Offerings

- 10. As an exhibit, provide a list of clinical faculty calibration sessions, including the session dates, faculty in attendance, topics and improvements made to the student clinical evaluation process.**

Refer to Exhibit 2-24 F: List of Faculty In-Service Professional Development Offerings

- Fall 2015 SUNY Broome Dental Hygiene In-Service
- Fall 2016 SUNY Broome Dental Hygiene In-Service
- Fall 2017 SUNY Broome Dental Hygiene In-Service
- Fall 2018 SUNY Broome Dental Hygiene In-Service
- Spring 2019 SUNY Broome Dental Hygiene In-Service
- Fall 2019 SUNY Broome Dental Hygiene In-Service
- Spring 2020 SUNY Broome Dental Hygiene In-Service

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.

Intent:

The position of the program in the institution's administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.

Narrative Response and Documentation:

- 1. As an Exhibit, provide the most recent organizational chart for the institution indicating the position of the dental hygiene program in the administrative structure.**

Refer to Exhibit 3-1A: Administrative Flow Chart

- 2. Describe the opportunities for direct communication between the dental hygiene program director and the institutional administrators who are responsible for decisions that directly affect the program.**

The vertical flow of communication is from the Department Chairperson to the Dean of Health Sciences Division through the Vice President of Academic Affairs (VPAA) to the President of the College. Channels of communication are consistent with the institution's organizational chart.

The Dean of Health Sciences, Dr. Michele Snyder, holds weekly division meetings that allow all Health Science chairpersons an opportunity to meet and discuss academic and administrative issues at the divisional level. This year's meetings have provided updates on administrative, campus and off-campus events. They have also provided discussion and decisions regarding such areas as student admission procedures, registration, advisement, faculty staffing and budget, including equipment priorities.

The Health Science chairpersons have addressed such areas as the program assessment through Nuventive-Improve, competitive admissions, retention of English as Second Language (ESL) students, Health Science Division Goals and professional development travel allowances.

Dr. Snyder also meets frequently with the VPAA, Dr. Penny Haynes. In addition, the Dean attends a weekly meeting with the other division deans and the VPAA. These meetings allow the Dean the opportunity to bring forth to a higher administrative level the opinions and concerns of the departments.

The VPAA holds monthly meetings with all campus chairpersons, coordinators of programs and the deans. The Chairs and Deans Council (CDC) is a decision-making body that allows its members voting input on issues of concern and setting of priorities for the Academic Affairs Division of the College.

The President, Dr. Kevin E. Drumm, hosts a semi-annual informational meeting at the beginning of each fall and spring semesters for the entire campus community. He shares current educational directions for the college, as well as those of the State University of New York (SUNY).

All of these forums provide a mechanism for communication between the program director and the administration. The chairperson is also free to communicate with all administrators on campus.

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

The Dental Hygiene Program Chairperson and faculty are consulted before decisions are made which directly affect the program. The department is given numerous opportunities to be involved in decision making that directly affects the program.

Curriculum revision is the responsibility of the department. The full-time faculty developed, implemented and continues to monitor the DH Curriculum Management Program. This involves the content and sequencing of all courses in the curriculum.

Admissions Criteria for the program are set by the department in conjunction with the dean, admissions director and staff. The department revised the admissions requirements making them more rigorous in order to increase student retention rates. The DH faculty also assisted in developing the Health Sciences Competitive Admissions Candidate Rating Form used for competitive admission process.

Each year during the budget cycle, the chairperson asks the faculty for input into the department budget. The department developed and annually updates the DH Long and Short Term Strategic Plans. Recently, the department developed a DH Strategic Planning Clinic Supply Inventory Usage and Equipment Inventory Charts. These charts are used to help prioritize the equipment, supplies and expenses for the annual department budget. The budget, with prioritized items, is a reflection of faculty consideration and requests is then submitted to the Dean of Health Sciences.

The department full time faculty, along with the aid of the Human Resources Affirmative Action Officer conducts searches for qualified candidates for department faculty positions.

4. Provide minutes from the two most recent faculty meetings.

Refer to Exhibit 3-1B Minutes from recent Department Faculty Meetings

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.

Faculty are encouraged to serve on institution-wide committees. Most college-wide committees have a representative from the Health Science Division. If the representative is not a dental hygiene faculty member, there is ample opportunity to meet with the designated representative for input on matters directly related to the program.

The dental hygiene faculty has recently participated in the following campus wide committees:

Department Chairperson

- Applied Learning Taskforce
- Academic Grievance Committee, Chair
- Disabilities Services Advisory Committee
- Chemical Hygiene Committee
- Study Abroad Sub-Committee
- Search Committee, DH FT Faculty/Staff, Committee Chair
- Search Committee, Nursing Chairperson, Committee Chair
- Health Science Competitive Admission Criteria Committee
- Interim Chair, Clinical Laboratory Technologies Program
- International Student Advisory Committee
- Subcommittee on Forms and Procedures
- Safety and Security Advisory Committee
- Chairs and Deans Council
- Radiation Safety Advisory Committee
- PTA Advisory Committee
- Student American Dental Hygiene Association Club Co-Advisor
- DHASNY Component Transition/Merger Committee
- Southern Tier Scholastic Science Fair Planning Committee
- University of Buffalo School of Dentistry, CE Distance Learning Facilitator
- (5) Professional Development Mentoring Committees (within and outside the division)
- (4) Promotion and Advancement Committees (within and outside the division)
- Participate in Fall and Spring SUNY Broome Open Houses

Full-time DH Faculty

- Institutional Effectiveness and Strategic Planning Committee (Secretary)
- Strategic Planning Committee (Co-chair)
- Professional Development Facilitator (Professional Development Steering Committee, Chair)
- Professional Development Mentoring Committees (within and outside the division)
- Promotion and Appointment Committees (within and outside the division)

- Selection Committee, Chancellor’s Award for Distinguished Service Professorship (Presidential Designee)
- Faculty Association Appointment and Promotion Subcommittee
- Health Sciences Appointment and Promotion Template Work Group
- Faculty Association Scholarship Selection Committee
- Middle States Commission on Higher Education Standard 1 Working Group
- Committee on Professional Evaluation
- MARCOM – Marketing Advisory Committee
- HS Division Mock Disaster Planning Committee
- SUNY Broome Heart Walk Planning Committee
- SUNY Broome Wellness Committee
- SUNY Broome Technology Committee
- Campus Mock Environmental Disaster Drill Committee
- College Radiation Safety Advisory Committee
- Textbook Taskforce Committee
- Faculty Association Rep. Council, Health Science Representative
- Faculty Association Rep. Council, Adjunct Faculty Representative
- Fast Forward Coordinator for Health Sciences HST 100
- Retention Committee (Secretary)

The college-wide committees give the dental hygiene faculty the opportunity to network and be involved in decision making opportunities in campus academic standards, student services and professional development.

B. Supportive Documentation

- Exhibit 3-1A: Administrative Flow Chart
- Exhibit 3-1B: Minutes from recent Department Faculty Meetings
- Exhibit 2-3E: Health Sciences Admissions Candidate Rating Form
- Exhibit 4-1A: Dental Hygiene Long Term Strategic Plan
- Exhibit 4-1B: Dental Hygiene Short Term Strategic Plan
- Exhibit 4-1G: Dental Hygiene Strategic Planning Clinic Supply Inventory Usage Chart
- Exhibit 4-1H: Dental Hygiene Strategic Planning Clinic Equipment Inventory Usage Chart

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.

Intent:

To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited and should not take precedent over administrative responsibilities.

Narrative Response and Documentation:

- 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 college does not have a written policy that governs the amount of teaching responsibility assigned to the program administrator. Within the Health Science Division reduced teaching load is based on past practice.

- 2. Describe how the program administrator's teaching contact hours and course responsibilities allow sufficient time to fulfill administrative responsibilities.**

The program administrator receives release time from teaching contact hours and course responsibilities to allow sufficient time to fulfill administrative responsibilities.

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

The teaching contact hours and course responsibilities of the Program Director are less than those of the full time faculty members who do not have administrative responsibilities. Full time faculty members are required to teach 15 contact hours each semester. The Program Director receives six contact hours of release time each semester.

In addition, the chairperson is the course coordinator for DEN 203 Pain Management, coordinates Dental Radiography in DEN 201 and 202 clinics and team teaches in DEN 214 Current Topics in Dental Hygiene. She is also coordinates the Pain Management CE Courses and facilitates the University at Buffalo, School Of Dentistry Distance Learning CE courses.

The Program Chairperson co-teaches global service learning courses, HST 104 Health for Haiti and ADN 299 Global Health in Ireland. These courses are excellent examples of Inter-professional Education by working with Biology and Nursing Professors. The student participants are from various health related backgrounds that provide health services as team members to the communities we serve. These global service learning courses are also included in the program's articulation agreements with Farmingdale State and the University of Bridgeport to encourage life-long learning.

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

The institutional policies concerning program administrators are uniformly applied to all program administrators in the college. The Faculty Association oversees consistency through the collective bargaining agreement for both faculty and chairpersons, with a formal grievance procedure for any inconsistency perceived to exist.

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

All program administrators have the same contractually defined workload.

- 6. If off-campus 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.**

NA

B. Supportive Documentation

Exhibit 3-2A: Faculty Association Collective Bargaining Agreement (Entire document available on site).

- 3-3 The program administrator must be a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and 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.**

Intent:

The program administrator's background should include administrative experience, instructional experience, and professional experience in clinical practice either as a dental hygienist or working with a dental hygienist.

Documentation:

- 1. Using the format illustrated in Example Exhibit 15 (Biosketch), provide information requested for the program administrator.**

Maureen M. Hankin, RDH, MPH, Professor and Chairperson
Full-time tenured Professor
Appointed Chairperson, January 2003-Present

Professor Hankin is a registered dental hygienist who holds a Master's Degree in Public Health from The University of Michigan. Her responsibilities from 1983 to 2002 included didactic and clinical teaching with the main responsibility of coordinating both senior clinics, DEN 201 and DEN 202. From 2002 to present her teaching responsibilities include the radiology labs in DEN 201, DEN 202, DEN 203 Pain Management and DEN 214 Current Topics in Dental Hygiene. Additionally she has taught the global service learning courses, HST 104 Health for Haiti and ADN 299 Global Health in Ireland.

Professor Hankin has worked extensively in private practice and public health settings and has had additional teaching experience in dental hygiene programs at the community college and university levels.

Refer to:

Exhibit 3-3A: Curriculum Vitae of Program Director

Exhibit 3-3B: Course Flyer HST 104 Health for Haiti

Exhibit 3-3C: Course Flyer ADN 299 Global Health in Ireland

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.**

Narrative Response and Documentation:

- 1. List the administrative duties and authority of the program administrator. Specify any additional commitments the program administrator has each term, e.g., teaching, administration of other programs, recruitment, committee activity. Include the time devoted to each.**

The administrative duties and responsibilities of chairpersons are similar campus-wide. Chairpersons of curriculum programs are responsible to the Dean and the VPAA. Following is a generic description of the duties of the dental hygiene chairperson:

Students

Oversee the general welfare of all students served by the department: orient, counsel and academically advise all dental hygiene students; assist in the placement and transfer of students; administer all student regulations; recommend candidates for graduation, if appropriate; assist the Director of Admissions in the recruitment and admissions of students; coordinate follow-up studies and licensing credentials of graduates.

Faculty

Oversee the general welfare and morale of department faculty; encourage the professional development of faculty; coordinate the recruitment of faculty and support staff; evaluate and provide justification for reappointment; continuing appointment; merit recognition; and promotion of faculty members; encourage the advancement of scholarly activities (including research) which fall within the spirit of the college's and program's mission; assist in the recruitment of instructors for the Community Education effort.

The DH chairperson and faculty support the Starfish Student Success Network. Starfish is an academic early alert and communication software system. Starfish was introduced at SUNY

Broome in the Spring of 2015 as a communication tool that helps promote engagement that improves student outcomes. Starfish leverages two components to help with student retention.

- Starfish Early Alert helps gather information about students so that they can receive help before circumstances cause them to fall behind.
- Starfish Connect helps create a bridge between students, professors, advisors, and tutors, to keep students on the right track. There are scheduling and communication elements built into this portion of the software.

Course instructors can communicate with students about their progress by sending notifications called: flags, kudos, and referrals. The earlier an alert is raised, the better chance we have of identifying and addressing potential barriers with an appropriate intervention. Students are also very responsive to kudos that let them know their efforts are recognized and appreciated. Retention levels have improved with the initiation of Starfish.

Administration

Prepare an annual department budget; maintain appropriate department records; prepare payroll records; represent the program at campus/college meetings; conduct weekly department meetings; conduct annual DH Advisory Committee meetings; provide support materials and information for special state and federal funds which become accessible; provide the leadership for obtaining grants; develop faculty schedules that maximize all resources and meet student needs; collaborate with community and educational leaders to assess employer needs and the appropriate training of our students.

Instruction

As part of the DH Curriculum Management Committee, review and evaluate the curriculum, course content, and instructional personnel and methods for both day and Community Education efforts; provide instruction that services other curricula as required; review department textbook orders; teach as many hours as other responsibilities allow in conformity with college policies on teaching/administrative loads for department chairperson; coordinate course and curriculum outlines and other department materials for the college catalog and other official college publications; assign courses to faculty members; maintain equitable teaching loads within the department for both day and Continuing Education efforts; coordinate curriculum and courses with professional and accrediting agencies; coordinate all practicum activities as required.

In addition to administration of the Dental Hygiene Program, the chairperson is currently the Course Director and On-line Study Coordinator for the Community Education course, “Local Infiltration Anesthesia and Nitrous Oxide Analgesia Administration for Dental Hygienists: An On-line, Lecture and Hands-on Program.” The Chairperson is also the course coordinator of DEN 203, Pain Management.

The chairperson is responsible for teaching approximately ten contact hours per week for both semesters, totaling at least 20 hours per year.

The time devoted to each of the duties of the chairperson is presented below using the categories from the ADA Survey of Dental Hygiene Programs for 2019-2020.

<u>Average Number of Hours Per Week</u>	
Administrative activities	12
Class preparation	10
Student counseling	3
Committee activities	3
Admission activities	1
Recruitment activities	1
Teaching Responsibilities	<u>10</u>
TOTAL	40

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 arrangement for sharing administrative responsibilities of the chairperson in the Dental Hygiene Department.

Each of the clinical courses does have a course coordinator who is responsible for the extensive preparation and execution of all clinical activities within their courses on a daily basis throughout the semester. In the current Faculty Association Collective Bargaining Agreement contract, clinical course coordinators are not compensated for these additional duties. The coordinators hold regular meetings to calibrate and inform all clinical instructors regarding the clinical policies, procedures, grading and clinical student advising. They also orient/train new faculty.

A supervising dentist is also available during each clinic to address questions regarding patient care and referral. The coordinators and the supervising dentists work cooperatively with one another and the chairperson to assure proper functioning of our on-campus clinic.

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

The program administrator has responsibility for developing an annual budget, for making revisions as needed and for administrating the program budget.

Refer to Exhibit 3-4A: Job Description of the Program Director

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.

NA

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.

Intent:

Student contact loads should allow the faculty sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, program development and review, and professional development.

Narrative Response and Documentation:

- 1. Specify the number of full-time equivalent positions allocated to the dental hygiene program. Are any faculty positions presently vacant? If so, please explain.**

The number of full-time tenure track faculty positions allocated to the department is six.

One faculty member recently retired and the position was filled last year. Currently there are no vacant faculty positions.

- 2. As an exhibit, list full- and part-time faculty and their assigned courses.**

Exhibit 3-5A: List of Full and Part-time Faculty Teaching Commitments

- 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?**

The department has six full-time tenure track faculty members and 22 part-time faculty members. Approximately 47% of the full-time equivalent positions are assigned to part-time faculty. A significant portion of this percentage is the loading of the adjunct supervising dentists.

SUNY Broome Community College contractually divides its adjunct faculty into full-time or part-time adjuncts. Full-time adjuncts must teach a minimum of 15 contact hours and receive full-time benefits. Part-time adjuncts may not teach more than 14 contact hours and do not receive full-time benefits. Neither full-time nor part-time adjuncts have the same contractual obligations (such as committee assignments or attending departmental meetings) as do the full-time tenure-track faculty.

The department has one full-time adjunct position that has been utilized to keep student-instructor ratios appropriate within the department. Twelve dentists are currently filling supervising dentist responsibilities. Having numerous supervising dentists involved in the operation of our clinic has brought extensive clinical expertise, which significantly enriches the educational experience of the students. In addition, the dentists provide the program with an invaluable connection to the local dental community and have a vested interest in upholding the programs mission and goals.

- 4. Using the format illustrated in Example Exhibit 14, 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. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term).

Refer to Exhibit 3-5B: Dental Hygiene Information by Term

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

- One part time faculty teaches HST 100 Seminar in Health Sciences for the Health Studies Department
- One part time faculty member teaches HST 100 Seminar in Health Sciences and HST 207 Capstone for Health Careers for the Health Studies Department
- One part time faculty member teaches HST 210 Pharmacology, MDA 208 Medical Ethics, Law and Economics, and MDA 211 Medical Assisting Procedures III/Human Diseases for the Medical Assisting Department
- One part time faculty member teaches HST/PED 162 Personal and Community Health for the Health Sciences and the Liberal Arts Departments
- One full time adjunct and one part time faculty work part time in the Academic Advising Department
- One full time faculty member teaches HST 104 Health for Haiti for the Health Sciences Department

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. In preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one faculty for every five students. In laboratory sessions for dental materials courses, there must not be less than one faculty for every ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

Intent:

The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the end results. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for dental hygiene care and for the instruction and evaluation of students during their performance of those services.

Narrative Response and Documentation:

- 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 loading is found in the Labor Agreement Between Broome Community College and the County of Broome and the Faculty Association of Broome Community College, 9/1/18-8/31/2021. Article 38, page 39, addresses loading of faculty:

ARTICLE 38 - LOAD, CLASS SIZE MINIMUM AND MAXIMUM

- A.** Fourteen (14) to fifteen (15) semester credit hours shall constitute the usual range in an academic semester. Any assignment that exceeds fifteen (15) hours in a semester shall be paid overload per Section D, paragraph 2 of this Article.
In addition to teaching and other services related to the course assignment, responsibilities of professional employees shall include but not be limited to advisement, registration, office hours, committees, meetings, filing grades, attendance reports and such other duties as may be assigned by the Department Chair.
- B.** In all assignments where the number of contact hours exceeds the number of semester credit hours, the usual range shall be 15 to ~ contact hours in an academic semester.
Any assignment that exceeds 18 contact hours in a semester shall be paid overload per Section D, paragraph 2 of this Article. In addition, in any given semester/academic year the maximums shall not be considered the norms.
- C.** The types and level of instruction, the number of different preparations and the number of students is not formally addressed in the contract. Generally, the course quotas that are set by the department chairpersons in conjunction with the faculty are stated on the master course list developed by the registrar. These quotas may not be exceeded during scheduling without special permission of the chairperson and faculty responsible for the course. With the implementation of writing emphasis courses for satisfaction of general education requirements, a quota of 24 for a writing emphasis section has been agreed upon by faculty and administration. Quotas in the dental hygiene courses are guided by the ADA accreditation requirements (or recommendation) regarding faculty/student ratios.

Across campus the number of different preparations for teaching faculty has generally been no more than three as set by past practice precedence. This number is not considered the norm. Chairpersons are cognizant of the effort necessary for course preparations and try to limit the number of different preparations to one or two whenever possible. In dental hygiene, the number of different preparations for faculty per semester ranges from two to four. Most faculty have two or three preparations.

Any regular faculty may voluntarily accept overloading that is approved by the chairperson, the division dean and VPAA. Any dental hygiene faculty who teaches more than 35 contact hours for the year is paid overload as outlined the faculty contract, Article 38.

The current faculty/student ratios during laboratory, pre-clinical and clinical sessions are as follows:

<u>Fall 2019</u>		
DEN 103	Oral Anatomy Lab	1:10
DEN 201	Dental Hygiene III Clinic	1:5
DEN 203	Pain Management Lab	1:5

<u>Spring 2019</u>		
DEN 102	Dental Hygiene II Clinic	1:5
DEN 106	Dental Radiography Lab	1:5
DEN 110W	Dental Materials Lab	1:10
DEN 202	Dental Hygiene IV Clinic	1:5

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

The Dental Hygiene Department adheres to the general teaching policy which has been established for the college.

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

The faculty contract has addressed the areas of advising and counseling students and committee assignments. The contract loading has been developed to allow faculty sufficient time for these additional areas of responsibility. Administrative work of the departments is the responsibility of the chairpersons. Special assignments in the administrative area could be given release time on a semester-to-semester basis. The assignment would be planned and approved by the chairperson with input from the faculty. The chairperson would then submit this special request for release time to the division dean and the VPAA for approval. Final approval of the president is necessary for any release time requests before they can be granted. Such special requests are usually developed and approved approximately a year in advance and included in the budget and planning cycle for the upcoming year whenever possible.

The department does not have extramural clinics. Therefore, no dental hygiene faculty needs to have release time for supervision for this type of clinical experience.

3-7 The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.

Part-time 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:

- a) **current knowledge of the specific subjects they are teaching.**
- b) **documented background in current educational methodology concepts consistent with teaching assignments.**

c) **Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.**

Intent:

Faculty should have background in current education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. Dentists and dental hygienists who supervise students' clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act. Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program's objectives, content, instructional methods and evaluation procedures.

Narrative Response and Documentation:

- 1. Using the format illustrated in Example Exhibit 15 (Biosketch), provide information requested for all full- and part-time dental hygiene faculty members, supervising dentists, and adjuncts (excluding guest lecturers) for the current academic year including any summer sessions.**

Refer to Exhibit 3-7A: Faculty Biosketch for all Full and Part-time Faculty

- 2. Describe the program's faculty orientation and calibration activities**

To assure familiarity with program goals, curricular content and instructional methodology and evaluation, clinic faculty calibration (coordination) meetings are held weekly during the semester for all clinical faculty. Clinical course manuals are given to all clinical faculty. The clinical course coordinator demonstrates the methods of instruction for the students' clinical experience and the faculty is calibrated accordingly.

Minutes from the weekly Department meetings and Clinic Coordinators meetings are distributed to all faculty.

The program chairperson meets with the part-time didactic instructors at the beginning of the semester to review goals and objectives, curricular issues, and provide an update of the program.

All faculty receive the DH Clinical Faculty Handbook which provides an overview of all aspects of clinical instruction in the SUNY Broome Dental Hygiene Clinic.

The SUNY Broome Dental Hygiene Faculty Resource distance learning site in Blackboard was developed to provide faculty with mandatory updates, teaching methodologies information and access to all the documents relevant to the dental hygiene curriculum. Materials available but not limited to:

Student Manuals:

1. SUNY Broome DH Department Freshman Orientation Manual

2. SUNY Broome DH Student Clinic Manual
3. SUNY Broome DH Department Infection Control Policy & Procedures Manual
4. SUNY Broome DH Department Processes Manual
5. SUNY Broome DH Department Emergency Manual
6. DEN 106 Clinical Dental Radiography Lab Manual

Department Manuals

1. SUNY Broome DH Department Policy on Exposure of Intraoral and Extraoral Radiographs
2. SUNY Broome DH Department Infection Control Program (OSHA)
3. SUNY Broome DH Hazard Communication Program (OSHA)
4. SUNY Broome Faculty Handbook regarding Teaching Tips
5. HIPAA Compliance Manual/Disaster Recovery Plan
6. SUNY Broome Records Management Protocol

The full-time faculty members conduct semi-annual clinical instructor in-services for updates and calibration.

- Fall 2015, Clinical Instructor Calibration Session, November 16, 2015, 5:30 to 7:30 PM (2 CEU's)
 - Topics:
 - Faculty Resources Site (Blackboard)
 - Eaglesoft Use – Student Requirements
 - TalEval – Use and Updates
 - Chart Audit Results (March 2015)
 - Introduction to Adult Learning Orientation
- Spring 2016, DH Clinical Instructor Calibration Session, March 11, 2016, 5:30 to 7:30 PM (2 CEU's)
 - Principles of Ultrasonic Instrumentation: Is your Curriculum Aligned with the Current Evidence?*
 - Topics:
 - Who are we teaching; a look at the Y generation
 - Evidence Based Decision Making and Accreditation Standards as they apply to instruction and curriculum development
 - Understand advantages and current technology of ultrasonic instrumentation as it applies to debridement procedures
 - Examine the steps needed to teach ultrasonic instrumentation in a more detailed curriculum approach
 - Identify indications for usage of a variety of insert/tip designs
 - Provide tools for teaching ultrasonic instrumentation focusing on skill development and calibration techniques
- Fall 2016, Dental Hygiene Faculty In-Service, Tuesday, November 15, 2016, 5:30-8:30 PM (3 CEU's)

Topics:

- Review of Patient Assessment for Dental Hygiene Treatment Needs Assessment Packet
 - Correctly utilize the SUNY Broome DH Clinic Physician Inquiry Letters
 - Adult Learning Theory
 - 2016 Dental Hygiene Chart Audit results
 - Demonstrate the oxygen delivery and administration
- Spring 2017, DH Clinical Instructor Calibration Session, Faculty Resources and Preventive Agents, Diane Peterson RDH, M.Ed., Colgate Academic Manager, Northeast Region, March 3, 2017, 5:30-8:30 PM (3 CEU's)
Topics:
 - Role of saliva and causes of xerostomia
 - Prevention and treatment of xerostomia
 - Prevalence and treatment of dentin hypersensitivity
 - Caries and acid erosion
- Fall 2017, Dental Hygiene Faculty In-Service, November 14, 2017, 5:30-8:30 PM (3 CEU's)
Topics:
 - TalEval Chairside Evaluation Guide
 - Health History review
 - OSHA Updates
 - 2017 Chart Audit Results
 - Demonstrate the oxygen delivery and administration
- Fall 2018, Dental Hygiene Faculty In-Service, September 25, 2018, 5:30-8:30 PM (3 CEU's)
Topics:
 - Updated Histories and Assessment Packets
 - 2018 Chart audit results
 - Ultrasonic Indications
 - TalEval Graphs for instructor calibration
 - Hands-on calculus detection calibration and removal
 - Clinical faculty CODA responsibilities
 - Demonstrate the oxygen delivery and administration
- Spring 2019, Dental Hygiene Faculty In-Service, March 27, 2019, 5:30-8:30 PM (3 CEU's)
Topics:
 - Local anesthesia delivery calibration
 - Infection control review
 - Impression/study models/mouthguard evaluation

- Hands-on clinical instructor calibration; occlusion review, probing calibration
- Fall 2019, Dental Hygiene Faculty In-Service, September 17, 2019, 5:30-8:30 PM (3 CEU's)
Topics:
 - Peri-impant Disease, Dentsply Educator, Renee Graham
 - 2019 Chart Audit results
 - Infection control updates
 - Updated Health Histories and Assessment Packet
 - Demonstrate the oxygen delivery and administration
- Spring 2020, (Anticipated) Dental Hygiene Faculty In-Service, March 24, 2020, 5:30-8:30 PM (3 CEU's) Whitney Howerton, Clinical Education Manager, Young Innovations. *Clinical Calibration among Dental Hygiene Faculty and New Instrumentation Techniques.*
Topics:
 - Importance of clinical calibration
 - Acceptable student performance as a team
 - Demonstrate techniques to the required skill level
 - Understand XP Sharpen-Free instrument technology and instrumentation

Refer to Exhibit 2-24 F D List of Faculty In-service Professional Development Offerings (2015-2020)

2. As an exhibit, provide a description of the role of the dentist during clinical sessions.

Refer to Exhibit 3-11A: Clinical Staff Job Description - Supervising Dentist

For on-site review at the time of the site visit **only**, please provide a binder with documentation of all current faculty qualifications to include as applicable: current teaching assignments, credentials, licenses, certificates of completion, evidence of current enrollment, and CPR card.

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

Intent:

To assure competency in the discipline and educational theory, opportunities to attend professional development activities should be provided regularly for the program administrator and full-time faculty. Workshops should be offered to new faculty to provide an orientation to program policies, goals, objectives and student evaluation. This can be demonstrated through activities such as professional association involvement, research, publishing and clinical/practice experience.

Narrative Response and Documentation:

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?

It is the college community's belief that professional development should be an on-going process. In keeping with this goal, SUNY Broome Community College provides several mechanisms for faculty development. There are two major components to development: A written 3-year professional development plan which is discussed with the department chair and the actual professional development activities. The faculty member states his/her goals for the next 3 years and lists the activities they feel will help them meet these goals. This plan is submitted to the Professional Development Committee for review when allotting funds for professional development activities.

The College's Professional Development Assistance Program (PDAP) contains three funding mechanisms: College Budget Travel Funds, SUNY Broome Foundation Teaching Grants (partially funding from the Hoyt Foundation) and the Professional Development Assistance Program funded by the SUNY Broome Foundation.

College Budget Funds

Faculty seeking assistance must first apply for college budget funds. If the appropriate funds have been exhausted or if they are not sufficient to cover the anticipated costs of the professional development activity, these costs may be funded (in whole or in part) by the Foundation/FSA Professional Development Assistance Program. Travel requests must be approved by the chairperson, division dean and the VPAA.

SUNY Broome Foundation Teaching Grants

The grant program is designed to stimulate faculty to develop and implement extraordinary projects that lead to improvement in undergraduate instructions and address criteria in the College's Strategic Plan. This option is also funded by a private foundation.

Professional Development Assistance Program

This portion of the program provides partial or full funding for faculty professional development conferences, professional meetings, workshops, coursework, projects and other professional growth activities. Faculty apply via a form submitted to the department chairperson, the division dean and the VPAA. The application is then forwarded to the Professional Development Steering Committee for possible funding. Final approval of funding rests with Chief Academic Officer. A maximum of \$450 may be available per full-time faculty member per academic year for travel and \$600 for tuition. Lesser amounts are available for part-time faculty and support staff. Funding also varies depending on length of service.

In addition to the planned faculty development program, both SUNY and SUNY Broome tuition waivers are available. The SUNY program distributes state funding to faculty for formal coursework. Faculty apply through the department chairperson and gain approval from the chairperson and division dean prior to review by the VP of academic affairs who is responsible

for final approval and distribution of funds. The amount of the waiver varies, depending on state funding and the number of applicants. The SUNY Broome tuition waiver is available for full and part time faculty for either credit or non-credit community education courses presented at the college. Requests for tuition waivers for community education courses are submitted to the Community Education Office, while requests for SUNY Broome credit courses are submitted to the division dean.

The University at Buffalo live videoconferencing continuing education courses held at SUNY Broome are offered to the faculty at a reduced rate. This arrangement also offers our supervising dentists the opportunity to receive CE credit onsite at a reduced rate.

Yet another opportunity for professional development is provided by the college's Teaching Resource Center. The center develops and plans on-campus faculty development programs of interest to the general faculty. Written notice of the planned programs/workshops is distributed to all faculty. All are welcome to enroll. Oftentimes, if enrollment is limited, additional sessions are planned. Enrollment, if limited, is on a first-come-first-serve basis. The college budget funds the center and its activities under the authority of the VP of Administrative and Financial Affairs.

Thus, the college offers and funds many and varied professional development avenues which faculty may pursue.

Recently, due to the economic conditions of New York State, the Professional Development funds have been significantly reduced.

2. In what ways are members of the faculty encouraged to attend meetings of professional organizations?

Faculty are encouraged to attend professional organizations meetings to fulfill Self-Evaluation Criteria, to complete New York State Continuing Education Credits for re-licensure and to assure professional growth in Dental Hygiene.

Meetings Dental Hygiene Faculty attended in the last calendar year are:

- ADEA Director's Conference
- NYSDHEA Annual Session
- NYSDHA Annual Session
- CNYDHA Meetings
- Sixth District Dental Society Meetings
- Broome County Dental Meetings
- Greater New York Dental Meeting
- Broome Dental Society Study Club

3. 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.

Faculty have been involved with numerous in-service training sessions and are provided with ongoing faculty development. The chairperson and clinic coordinators organize these sessions. Listed are the programs offered and attended:

- Fall 2015, Clinical Instructor Calibration Session, November 16, 2015, 5:30 to 7:30 PM (2 CEU's)
Topics:
 - Faculty Resources Site (Blackboard)
 - Eaglesoft Use – Student Requirements
 - TalEval – Use and Updates
 - Chart Audit Results (March 2015)
 - Introduction to Adult Learning Orientation

- Spring 2016, DH Clinical Instructor Calibration Session, March 11, 2016, 5:30 to 7:30 PM (2 CEU's)
Principles of Ultrasonic Instrumentation: Is your Curriculum Aligned with the Current Evidence?
Topics:
 - Who are we teaching; a look at the Y generation
 - Evidence Based Decision Making and Accreditation Standards as they apply to instruction and curriculum development
 - Understand advantages and current technology of ultrasonic instrumentation as it applies to debridement procedures
 - Examine the steps needed to teach ultrasonic instrumentation in a more detailed curriculum approach
 - Identify indications for usage of a variety of insert/tip designs
 - Provide tools for teaching ultrasonic instrumentation focusing on skill development and calibration techniques

- Fall 2016, Dental Hygiene Faculty In-Service, Tuesday, November 15, 2016, 5:30-8:30 PM (3 CEU's)
Topics:
 - Review of Patient Assessment for Dental Hygiene Treatment Needs Assessment Packet
 - Correctly utilize the SUNY Broome DH Clinic Physician Inquiry Letters
 - Adult Learning Theory
 - 2016 Dental Hygiene Chart Audit results
 - Demonstrate the oxygen delivery and administration

- Spring 2017, DH Clinical Instructor Calibration Session, Faculty Resources and Preventive Agents, Diane Peterson RDH, M.Ed., Colgate Academic Manager, Northeast Region, March 3, 2017, 5:30-8:30 PM (3 CEU's)
Topics:
 - Role of saliva and causes of xerostomia
 - Prevention and treatment of xerostomia
 - Prevalence and treatment of dentin hypersensitivity
 - Caries and acid erosion

- Fall 2017, Dental Hygiene Faculty In-Service, November 14, 2017, 5:30-8:30 PM (3 CEU's)
Topics:
 - TalEval Chairside Evaluation Guide
 - Health History review
 - OSHA Updates
 - 2017 Chart Audit Results
 - Demonstrate the oxygen delivery and administration

- Fall 2018, Dental Hygiene Faculty In-Service, September 25, 2018, 5:30-8:30 PM (3 CEU's)
Topics:
 - Updated Histories and Assessment Packets
 - 2018 Chart audit results
 - Ultrasonic Indications
 - TalEval Graphs for instructor calibration
 - Hands-on calculus detection calibration and removal
 - Clinical faculty CODA responsibilities
 - Demonstrate the oxygen delivery and administration

- Spring 2019, Dental Hygiene Faculty In-Service, March 27, 2019, 5:30-8:30 PM (3 CEU's)
Topics:
 - Local anesthesia delivery calibration
 - Infection control review
 - Impression/study models/mouthguard evaluation
 - Hands-on clinical instructor calibration; occlusion review, probing calibration

- Fall 2019, Dental Hygiene Faculty In-Service, September 17, 2019, 5:30-8:30 PM (3 CEU's)
Topics:
 - Peri-impant Disease, Dentsply Educator, Renee Graham
 - 2019 Chart Audit results
 - Infection control updates
 - Updated Health Histories and Assessment Packet
 - Demonstrate the oxygen delivery and administration

- Spring 2020, (Anticipated) Dental Hygiene Faculty In-Service, March 24, 2020, 5:30-8:30 PM (3 CEU's) Whitney Howerton, Clinical Education Manager, Young Innovations. *Clinical Calibration among Dental Hygiene Faculty and New Instrumentation Techniques.*

Topics:

- Importance of clinical calibration
- Acceptable student performance as a team
- Demonstrate techniques to the required skill level
- Understand XP Sharpen-Free instrument technology and instrumentation.

Refer to Exhibit 2-24F: List of Faculty In-Service Professional Development Offerings (2015-2020)

4. Describe the availability of continuing education courses for faculty in the community.

Continuing Education courses are readily available to the faculty in our community.

University of Buffalo Continuing Dental Education has courses offered both at the University Campus and CE Distance Learning – evening lecture series at SUNY Broome Community College.

The Center for Community Education at SUNY Broome also offers courses designed for the dental hygienist. The following is a list of courses that have been recently offered here at SUNY Broome:

Spring 2014

Creating Ideal Gingiva Around Dental Implants
Infection Control

Summer 2014

Infection Control

Fall 2014

From Risk to Results: Improving Clinical Outcomes with Advanced
Ultrasonic Techniques
Infection Control

Spring 2015

Aiming for Success: Radiographic Techniques from Analog to Digital
Notched Metal Sticks, Blood and Biofilms- Traditional vs 21st Century
Risk

Assessment and Therapy

Oral Implications in Older Adults: A growing Need for Care
Common Bone and Soft Tissue Lesions of the Head and Neck
Infection Control

Summer 2015

Dental Professional's Role in Managing the Patient and Diabetes
 OSHA Update, Infection Control and CDC Guidelines
 Infection Control

Fall 2015
 Notches on Teeth: The Causes and Treatment of Non-Carious Cervical
 Lesions
 Infection Control

Spring 2016
 Mastering Digital Full-Mouth and Panoramic Digital Radiographic
 Technique: A Hands-On Program
 HPV: A Cause for Concern
 Opioid Prescribing and Substance Abuse Recognition in Dental Practice
 Infection Control

Summer 2016
 Commonly Used Drugs, Effect on Dentistry
 Practice Transitions for New Dentists and Practice Owners
 Infection Control

Fall 2016
 Oral Cancer: Your Critical Role in Diagnosis and Treatment
 Lasers in Everyday Dentistry
 Infection Control

Spring 2017
 Orthodontics-Overview
 Provisional Prosthesis Options in Implant Dentistry
 Physiological, Psychological, and Social Changes with Aging Patients
 Infection Control

Summer 2017
 Infection Control

Fall 2017
 OSHA Update, Infection Control and CDC Guidelines
 Risk to Results: Periodontal Instrumentation for the Advanced Practitioner
 Infection Control

Spring 2018
 Adult Orthodontics
 Risk to Results: Periodontal Instrumentation for the Advanced Practitioner
 The Nuts and Bolts of Presenting a Dental Lecture
 Clinical Protocols for the Medically Complex Patient
 Cervical Lesions: Restore versus Soft Tissue Grafting
 Management of Medical Emergencies in the Dental Office
 Oral Care for Patients Undergoing Head and Neck Radiation
 Infection Control

Summer 2018
 Infection Control

Fall 2018
 Nutrition and Dentistry
 Dental Emergencies

Infection Control
 Spring 2019
 Orthodontic Potpourri
 The Electronic Communications Minefield: Navigating e-Risk for Dentists
 and Staff Infection Control
 Summer 2019
 Infection Control for the Dental Team
 Infection Control
 Fall 2019
 Risk to Results: Periodontal Instrumentation for the Advanced Practitioner
 Immediate Implants and Temporization in the Aesthetic Zone
 Oh No, You Didn't... Why Patients Keep Breaking Restorations
 Infection Control
 Spring 2020
 Healthy Strategies to Avoid Workplace Tragedy in Dentistry
 Infection Control

Other organizations which offer Continuing Education Programs in our area are:

- Concord Dental and Medical Seminars
- New York State Dental Hygiene Association
- Central New York Dental Hygiene Association
- Broome County Dental Society Study Club
- Sixth District Dental Society

B. Supportive Documentation

Exhibit 3-8A: Community Education Course Roster 2014-2019
 Exhibit 3-8B: Online Teaching Methodology and Learning Styles Courses Attended by DH
 Faculty Verification Completion Class List
 Exhibit 3-8C: Teaching Resource Center Course Roster Spring 2017-2019
 Exhibit 2-24 F : List of Faculty In-service Professional Development Offerings (2015-2020)
 Exhibit 3-8D: Professional Development Program
 Exhibit 3-8E: Individual Professional Growth Plan
 Exhibit 3-8F: SUNY Broome Faculty Handbook (Entire Document Available on Site)

Refer to SUNY Broome Dental Hygiene Clinical Faculty Manual

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

Intent:

An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.

Narrative Response:

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?

Full-time and part-time faculty are evaluated utilizing the following criteria:

- a. subject matter, application of good teaching techniques, influence and rapport with students;
- b. professional development as evidenced by enrollment completion of formal courses, conferences, seminars, travel and self-study;
- c. academic activities development of courses, committee assignments, advising student organizations, publications and additional teaching; and
- d. professional activities – professional association, additional professional commitments, professional consulting and professional community activities.

A campus-wide faculty committee that included a dental hygiene faculty member formulated the criteria. It was bilaterally agreed upon for inclusion in the employment contract between the employer (Broome County) and the Faculty Association of the College.

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?

Evaluation of full-time faculty members (including the department chairperson) and part-time adjunct faculty, is required according to the following schedule:

- a. Faculty on initial or term appointment and new adjunct faculty at least once each semester;
- b. Adjunct faculty – every other year with six semesters of teaching
- c. Faculty on continuing appointment are evaluated as follows:
 - Instructors – at least once per year;
 - Assistant professors – at least once every two years;
 - Associate professors – at least once every three years;
 - Professors – at least once every four years

The evaluation process requires the faculty member to be evaluated by peers, students, department chair and the faculty member him/herself. The process is utilized to ensure continuity in evaluation amongst faculty who are involved in initial and term appointments and those seeking promotion. The process is further used to improve performance and to encourage personal growth and professional development of all faculty.

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

The chairpersons are subject to the same evaluation criteria as the faculty. The chairperson was also evaluated voluntarily by the entire dental hygiene department and the DH Advisory Committee through an online survey tool administered by the Teaching Resource Center in 2018.

Refer to Exhibit 3-9B Chairperson's Online Evaluation Tool

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

The chairpersons must prepare an evaluation report dependent on their rank as a faculty member using the same time schedule as listed in question 2 above. The dental hygiene chairperson, a full professor, prepares an evaluation packet every four years. The packet includes peer, student and self-evaluation. The packet is reviewed by the dean and submitted to the Human Resource Office. The chairperson was also evaluated voluntarily by the entire dental hygiene department and the DH Advisory Committee through an online survey tool administered by the Teaching Resource Center in 2018.

Refer to Exhibit 3-9B Chairperson's Online Evaluation Tool

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

The faculty and chairperson receive copies of their evaluations. The faculty and the evaluator sign the evaluations. The faculty may prepare written responses to the evaluations that are forward to the administration as part of the evaluation report.

B. Supportive Documentation

Exhibit 3-9A: Faculty Evaluation Process and Forms

Exhibit 3-9B: Chairperson's Online Evaluation Tool

Exhibit 2-13E: TalEval Instructor Calibration Graph

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

Intent:

The dental hygiene program faculty should be granted privileges and responsibilities as afforded all other institutional faculty.

Narrative Response:

1. Describe the opportunities for promotion, tenure and development for dental hygiene faculty. Are the opportunities different for other institutional faculty?

Opportunities for promotion, tenure, and development are the same for dental hygiene faculty as for other institutional faculty.

C. Supportive Documentation

Exhibit 3-2A: Faculty Association Collective Bargaining Agreement, Article 36 (Entire Document Available On-Site)

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.

Intent:

Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.

Narrative Response and Documentation:

1. Specify the secretarial and clerical support services provided for the dental hygiene program. How many full-time positions are designated solely for the program?

The Dental Hygiene Department is fortunate to have adequate secretarial support. We share a secretary half time with the Dean of Health Sciences. The Dental Hygiene Department's workload is supported with a dedicated secretary.

She helps maintain all department files, including academic records and personnel records. She acts as the department's liaison to the community and to the college, answering all incoming calls and personal inquiries of those visiting the department's office. She also arranges conferences and schedules appointments, processes personnel and payroll records for the department, helps prepare the departmental budget, helps advise and register new and matriculated students, maintains, monitors and tracks the department student admission wait list,

enters requisitions and helps track department expenditures, and prepares minutes of department and Advisory Committee meetings . She works closely with the dental hygiene students, helping them as needed throughout the year. Furthermore, she is responsible for all department typing including college and off-campus correspondence, as well as some coursework typing for the faculty.

The secretary is also responsible for some document duplication. All large publication tasks involving more than twenty-five copies are forwarded to the Copy Center for duplication.

The department has a full-time Technical Assistant (TA II) who manages the clinic. She is available 37.5 hours per week during the academic year. She is also scheduled to work three weeks during the summer months. The manager is responsible for the daily operation of the clinic, including infection control, inventory, purchasing of supplies and equipment and scheduling maintenance. She oversees all student computer data input in conjunction with the clinic coordinators. She coordinates with the clinic receptionist and supervises the work-study students.

The department has a full-time clinic receptionist who is scheduled to work hours to accommodate the needs of the students, faculty and dental hygiene clinic. She works 37.5 hours per week. She is responsible for patient records and appointment, scheduling make-up appointments, sending out radiographs to the patients' dentists and preparing all paperwork for the clinic sessions. She also continually updates the patient computer data information. She is responsible for collecting/recording all patient appointment fees. The clinic receptionist is also responsible for properly utilizing the SUNY Broome Records Management Protocol System for our patient records. In the fall of 2019, the Dental Hygiene Department was able to include the dental receptionist hours needed to meet the needs of the Dental Hygiene Clinic.

Refer to:

Exhibit 3-11A: Clinical Staff Job Descriptions

- Technical Assistant II (Clinic Manager)
- Clinic Receptionist (Senior Clerk)

Exhibit 3-11B Memorandum of Understanding ESPA Contract

In addition to the above, the department is also granted work-study students who are available to help both the clinic manager and the receptionist.

Finally, the department has the support of the College's Information Technology Department's staff for computer technical support. Faculty and Staff may seek advice on use of program and help when malfunction occurs. The TA is also available to help students in the Decker computer laboratory.

2. Describe any support provided by a centralized clerical/duplicating service? If centralized service is available, describe procedures necessary for faculty to utilize the service?

The department secretary is also responsible for some document duplication. All large publication tasks involving more than twenty-five copies are forwarded to the Copy Center for duplication. Requests for duplication by faculty or staff can be made through email or interoffice mail requests.

3. List the support services provided by the institution to the dental hygiene program, e.g., custodial, maintenance, instructional, audiovisual.

- Academic Advising
- Accessibility Resource Center
- Admissions Office
- Affirmative Action Office
- Applied Learning and Career Center
- Athletic Services (Intramural, physical fitness lab)
- Campus Security
- Campus Store – textbooks and general merchandise
- Child care – B.C. Center
- Civic Engagement Office
- Community Education
- Computer Center
- Center for Career Development and Planning
 - Academic
 - Career Exploration and Planning
 - Career Readiness and Professional Skill Development
 - Counseling for Disabled
 - International Student Advising
 - Personal Crisis Intervention
 - Transfer Counseling and Assistance
- Deaf and Hard of Hearing Office
- Duplication Center – central duplication and supplies
- Education Opportunity Program (EOP)
- Faculty Student Association – professional development funds
- Fast Forward College
- Financial Aid Office
- Food Service
- Foundation Office
- Health and Wellness Center
- Human Resources
- Information Technology Services
- Institutional Research – surveys, outcomes
- Job Placement Office

- Learning Assistance Center
 - Developmental courses
 - Learning Disabilities Program
 - Math and writing assistance
 - Reading and study skills
 - Testing and placement
 - Tutoring and supplemental instruction
 - STAR New York (Evening tutoring)
- Learning Resource Center
 - Audiovisual (Web and Media Services)
 - Library
 - Student carrels and rooms
- Payroll
- Placement
- Plant Facilities Maintenance
- Publications
- Purchasing – clinic supply bid
- Registrar
 - Registration
 - Transcripts
 - Student advising
 - Degree Works
 - Schedule Planner
- Starfish Student Retention Center
- Starfish Student Success Network
- Student Accounts
- Student Activities – SADHA
- Student Success Squad
- Student Support Service – students with disabilities
- Teaching Resource Center
- Testing Center
- Telephone Service
- Technical Career Connection
- Transfer Counseling
- Tutoring Services
- Veterans Service Office
- Writing Center

Details regarding the services are found in the Student Handbook, College Catalog and College Website.

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.

Intent:

Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.

Narrative Response and Documentation:**1. Describe clerical and dental assisting responsibilities that students assume during clinical sessions, to include distance sites.**

Student assignments to clerical and dental assisting responsibilities are adequate to teach the specific objectives, and occur on a rotating basis to ensure similar experiences for all students. These assignments are minimal and are not used solely for the operation of the clinic.

During the dental hygiene clinics, the assisting duties are considered an integral part of the clinical education. These responsibilities are, therefore, not supplemental or beyond the basic clinical education. The students learn (during orientation) and then practice and perform assisting skills/procedures critical to optimal dental hygiene practice. The various specific responsibilities for assisting assignments are described in the Dental Hygiene Student Clinic Manual and are evaluated by Process/End Product Evaluations and the computerized clinical evaluation system. The assisting duties are Sterilization/Supply Assistant, Radiographic Assistant and Receptionist Assistant. Objectives to be learned include proper functioning of sterilization equipment such as the autoclaves, proper handling of sterile and contaminated armamentarium, dental teamwork concepts, implementation of quality assurance programs, clerical and communication skills interacting with patients, facilitator of clinic patient radiographs. Students must demonstrate minimal competency in assisting duties for successful course completion.

Additionally, students are allowed to assist fellow students on non-assigned days. They assist in sealant placement and periodontal charting procedures. This experience promotes the “teamwork” philosophy needed for clinical practice following graduation.

B. Supportive Documentation

Exhibit 2-13E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)

Refer to Dental Hygiene Department Process/End Product Manual

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.

Intent:

The facilities should permit the attainment of program goals and objectives. To ensure health and safety for patients, students, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule. This Standard applies to all sites where students receive clinical instruction.

Narrative Response and Documentation:

1. In what year was the program facility constructed and/or last remodeled? What provisions exist to accommodate disabled persons?

The Decker Health Science Building was constructed in 1997. Recently, the building has undergone some repairs to the roof and also to many of the HVAC units throughout the building. The building complies with ADA Building Codes in that all entrances, corridors, isles, restrooms, and elevator access are barrier-free design. Specifically, the clinic operatories are designed to accommodate patients in wheelchairs.

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?

The department assesses the facilities and equipment on an on-going basis evaluate, monitor and improve the program facilities and equipment.

Refer to:

Exhibit 1-1A: Outcome Assessment Program (Curriculum Management Plan / Quality Assurance Program)

- The CMP Dental Hygiene Equipment Inventory and Replacement/Repair Log
- Radiography Equipment List

Exhibit 4-1A: Dental Hygiene Long Term Strategic Plan

Exhibit 4-1B: Dental Hygiene Short Term Strategic Plan

Exhibit 4-1G: Dental Hygiene Strategic Planning Clinic Supply Inventory Usage Chart

Exhibit 4-1H: Dental Hygiene Strategic Planning Clinic Equipment Inventory Chart

Exhibit 4-1 I: Dental Hygiene Strategic Planning Radiography Equipment Inventory Chart

Exhibit 4-1 J: Dental Hygiene Strategic Planning Dental Materials Equipment Inventory Chart

Exhibit 4-1K: Dental Hygiene Strategic Planning Sterilization Equipment Inventory Chart

In order to keep abreast of the latest evidence based practice, the chairperson and faculty share new ideas and information from workshops attended and literature reviews at department meetings throughout the academic year. The clinical course coordinators continually research and inform faculty of important changes in the clinical aspects of dental hygiene education such as silver diamine fluoride and updated 2018 AAP/EFPP (European Federation of Periodontology).

All literature received by the department regarding equipment, supplies and changing techniques, rules and regulations is circulated to all full and part-time faculty for update and comment.

The technical assistant interfaces with supply company representatives and shares new information with the faculty.

The department periodically seeks the advice from the Dental Hygiene Advisory Council regarding contemporary clinical practice such as:

- The implementation of the 2018 AAP/EFP classifications
- The use of silver diamine fluoride in our clinic setting
- The assessment and maintenance of dental implants

Based on the current information gathered throughout the year and the department strategic plans, priorities are made for equipment during the annual budget and planning cycle for the coming year. At this time, discussion is also directed towards the projected department equipment needs.

Ultimately, the chairperson is responsible for the assessment of facilities and equipment. Based on the above means of input, the department faculty jointly and continually assesses current concepts in dental and dental hygiene practice. The decisions that affect facilities and equipment are implemented in a timely manner.

The college's student technology fee is used to fund the updating of equipment on campus. All departments make requests through the division dean who works with all chairpersons to set division priorities. These priorities are sent to the President's Executive Council where college priorities for use of the technology fee are decided upon semester by semester. This funding is in addition to the annual equipment funding in the college budget.

Refer to Exhibit 4-1F: Technology Fee Request 2019/2020 (approved); 2020/2021 (requested)

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.)

There are 26 complete and functional treatment areas in the dental hygiene clinic used for preclinical and clinical instruction. There are no distance education sites.

Refer to Exhibit 4-1C: Schematic of Clinical Setting

4. List the type and quantity of major equipment provided in each treatment area in the dental hygiene clinic.

Each treatment area is a cubicle which is separated by wall cabinet/counter with a built-in waste disposal area, a hands-free soap dispenser, a hand sanitizer dispenser and a sink with hands-free controlled faucets.

The cubicles are furnished with ADEC units. Four units in the main clinic are furnished with ADEC Radius units that can be converted to accommodate left-handed operators. Each unit consists of the chair and the chair mounted dental hygiene delivery system consisting of a control/tray arm, a cuspidor arm and a light pole and light. Each unit has two air-driven handpiece connections, two three-way syringes, and a high-volume evacuation hose. All of the

ADEC units are equipped with a self-contained water system. Each cubicle also has an assistant stool, a hygiene stool, an x-ray view box and an ultrasonic scaler. Each unit is wired to accept an air-polishing unit. Each unit is equipped with a computer, mouse, keyboard, and a monitor.

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.

Refer to:

Exhibit 4-1D: Instruments and Small Equipment Supplied to the Student

Exhibit 4-1E: Instruments and Supplies Purchased by Students per Semester

DEN 101

DEN 102

DEN 106

DEN 110W

DEN 201

DEN 202

DEN 203

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

For sterilization purposes, the department has the following equipment:

2 Statim Autoclaves

3 Tuttnauer Magnaclaves

1 Attest Biological Indicator (for spore testing)

2 Thermal Disinfectors

2 large capacity ultrasonic cleaners in the Sterilization Room

1 small ultrasonic cleaner in Sterilization Room for Prosthetic Maintenance

1 small ultrasonic cleaner in the Plaster Lab

1 large ultrasonic cleaner in D115

1 large ultrasonic cleaner in D104D Radiography Lab

1 Assistina

1 Midwest Automate

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?

NA

8. Describe how students at each program location(s) receive equivalent clinical experience. Explain the difference between clinic operation at the parent program and the off-campus site(s).

NA

B. Supporting Documentation

Exhibit 4-1A: DH Long Term Strategic Plan

Exhibit 4-1B: DH Short Term Strategic Plan

Exhibit 1-1A: Curriculum Management Plan - DH Equipment Inventory and Replacement/Repair Log

Exhibit 4-1C: Schematic of Clinical Setting

Exhibit 4-1D: Instruments and Small Equipment Supplied to the Student

Exhibit 4-1E: Instruments and Supplies Purchased by Students per Semester

DEN 101

DEN 102

DEN 106

DEN 110W

DEN 201

DEN 202

DEN 203

Exhibit 4-1 F: Technology Fee Request 2019/2020(approved); 2020/2021(requested)

Exhibit 4-1G: DH Strategic Planning Clinic Supply Inventory Usage Chart

Exhibit 4-1H: DH Strategic Planning Clinic Equipment Inventory Chart

Exhibit 4-1I: DH Strategic Planning Radiography Equipment Inventory Chart

Exhibit 4-1J: DH Strategic Planning Dental Materials Equipment Inventory Chart

Exhibit 4-1K: DH Strategic Planning Sterilization Equipment Inventory Chart

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.

Intent:

The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or

laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment. This Standard applies to all sites where students receive clinical instruction.

Narrative Response and Documentation:

- 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 including the radiographic and laboratory facilities.) If applicable, provide the same information for distance education sites.**

There are six x-ray machines available for exposing intraoral radiographs. They are located separately from the clinic in the Radiography Laboratory. Additionally, one digital panoramic machine is available in the Radiography Laboratory. The x-ray machines and the digital panoramic unit are available for use during all clinic and laboratory sessions. Digital Radiography is also available for intraoral exposures.

- 2. With respect to equipment used for radiography instruction and practice:
 - a. Identify the type(s) and date of manufacture of the radiography units.****

X-ray unit 1: Gendex GX770	2002
X-ray unit 2: Gendex GX770	2002
X-ray unit 3: Planmeca	2007
X-ray unit 4: Planmeca	2012
X-ray unit 5: Kodak 8100 Panoramic Unit	2020
X-ray unit 6: Planmeca	2012
X-ray unit 7: Planmeca	2007

- b. Describe the extension tubes available for each radiography unit.**

Two positioning indicating devices (PID's) are available at each unit. All are lead lined, open and long, and stored in the operatory cabinet center drawer. They are either rectangular, which is the size of a size 2 film, or circular, with a diameter if 2.5 to 2.75 inches.

- c. Identify the method utilized to determine whether the units are adequately filtered and collimated.**

New York State Certified Radiation Equipment Safety Officer (NYS CRESO) 065 inspected each x-ray machine on 07/24/2018. Machines tested were found to comply with State Regulations. The inspection included: SSD (SFD), Filtration, Tubehead Stability, Collimation, Timer, and Operator Safety.

d. Identify the type(s) and quantity of manikins provided.

There are six adult RINN DXTTR manikins, one pedodontic DXTTR with a transitional dentition, and one pedodontic DXTTR with a primary dentition for exposure practice. The DXTTRs are refurbished annually during the summer on a rotation schedule. Usually, one or two of the DXTTRs are selected for repair in the summer at the RINN Camp.

e. Identify the type(s) and quantity of mechanical devices utilized as aids in making acceptable radiographs.

The students purchase two biteblocks of RINN XCP instruments for anterior and posterior periapicals and bitewing exposures. The rest of the set, arms and rings, are provided to each student by the department. In addition biteblocks for digital exposures are provided by the department.

There are eight size 2 Carestream RVG 6200 sensors and three size 1 Carestream RVG 6200 sensor for intraoral direct digital exposures. In addition one size 0 Carestream RVG 6100 sensor was purchased to accommodate the pediatric patient. Digital radiography is exclusively used on patients in DEN 201 and DEN 202 senior clinics.

The radiographic classroom contains a high resolution color printer for digital images to be printed and sent to the patient's dentist. A scanner is also available to input film radiographs into the patient's electronic file.

A Scan-X phosphor plate system is available for instruction for indirect digital radiography. Students are taught to lab competency with the use of the phosphor plate system

f. Specify the type(s) and quantity of devices which provide protection from ionizing radiation.

Each radiographic operator has the same design. It includes a cabinet for storage of supplies, a sink for hand washing, and a wall bracket for hanging an adult and child lead apron with thyroid shield. Two positioning indicating devices (PID's) are stored in the cabinet. Both are lead-lined, long, and open. To facilitate the paralleling technique, one is rectangular and the circular beam is used for digital exposures and bisecting angle bitewings. Next to each x-ray machine tubehead is the "Certificate of Registration" provided by New York State Education Department/Radiation Safety Component, verifying that the machines passed NYS Radiation Guidelines.

g. Identify the type(s) and quantity of devices utilized to monitor the emission of ionizing radiation.

The New York State Radiological Specialist thoroughly tested each operator in January of 1998 when the new laboratory opened. She recommended that monitoring devices not be used because her tests found that when students stand adjacent to the lead impregnated window, tight to the wall, they are exposed to zero radiation.

When new chairs were purchased in 2009, the SUNY Broome Radiation Safety Officer (RSO) tested the place where the students stand to expose radiographs. Tests demonstrated OmR at that site. Again the SUNY Broome Radiation Safety Officer recommended students not wear monitoring devices.

NYS CRESO 065, in July 2018, tested the site/place where students stand to expose films/digital exposures and found they were exposed to zero radiation.

If applicable, provide the same information for distance education sites.

NA

Refer to Dental Hygiene Department Policy on the Exposure of Intraoral and Extraoral Radiographs Quality Assurance Program.

3. What specific features in the design of, and equipment in, the exposure rooms provide protection from ionizing radiation.

The Radiography Laboratory was designed and constructed in 1997. Planning of each operatory and its maze configuration was designed by the SUNY Broome Radiation Officer, Lou Lange, and the building architects. Jointly, it was concluded that a teaching institution should represent the safest possible environment when protecting students, staff, and the public from chronic doses of radiation.

The exposure rooms were designed in a maze configuration that requires the central ray of any x-ray machine to strike at least two walls before leaving the room. The rooms are constructed of lead backed gypsum board (1/32 inch of lead) which extends seven feet high.

Exposure switches are mounted outside of each room with a leaded glass window provided to observe the patient while the film is being exposed. This has resulted in virtually no radiation reaching the operator during exposures.

It is the policy of the SUNY Broome Dental Hygiene Department to produce radiographs of the best diagnostic quality with minimum radiation exposure to the patient. Implementation of the ALARA /ALADA) concept includes:

- a. Utilize Insight F-Speed Super Polysoft Intraoral Film and select film of the appropriate size for maximum coverage.
- b. Utilize restricted beam of radiation. Rectangular beam for paralleling films and circular beam with 2.75" collimation for bisecting angle bitewings and digital sensors. PID's will be open and lead lined. A 16 inch focal film distance will be used.
- c. Utilize machines which have appropriate safety features:
 - i. Aluminum filter which is 2.5 mm's thick
 - ii. 70 KVp 7 mA (Gendex Machines); 8 mA (Planmeca Machines)
 - iii. Electronic Timers (Impulse Timers)
 - iv. Stationary exposure buttons

- v. Exposure lights and beepers
- d. Utilize Paralleling Technique for Complete Radiographic Series. Patient bitewing series for DEN 102 will be exposed using the bisecting angle technique, circular beam, and sticky tabs. Digital FMS and bitewings will utilize circular beam.
- e. Utilize lead aprons with thyroid shields. Barrier lead is .5mm's thick.
- f. Complete x-ray output test on each x-ray machine every clinic session to assure quality
- g. Utilize correct film processing procedures
 - i. Use of automatic processor for patient bitewing series and manual tanks for FMS
 - ii. Darkroom free from light leaks
 - iii. Appropriate safe light – GBX₂ filter, 15 watt bulb, 4 feet from work area
 - iv. Maintain immaculate darkroom
 - v. Quality control tests with sensitometer for automatic processor and manual tanks when utilizing the darkroom
 - vi. Weekly maintenance of automatic processor, manual tanks changed just prior to exposing freshman student patient FMS
 - vii. Test safelights monthly
- h. Impress on the student the importance of the consistently accurate technique to cut down on retakes
- i. Digital – utilize intraoral sensor with 16 inch lead-lined, open, circular beam
- j. Digital – utilize digital panoramic images
- k. Policy on Thyroid Collar:

At the SUNY Broome Community College Dental Hygiene Department Radiographic Lab, dental hygiene students will place the thyroid shield to protect the thyroid gland when intraoral radiographs are exposed. The thyroid shield will not be placed during extraoral, panoramic exposures. However, if the supervising dentist determines that placement of the thyroid collar for any radiographs is inappropriate, it will not be placed.

4. Identify the type(s) and quantity of processing equipment provided.

The darkroom has five manual processing tanks. They are set-up exactly the same with a valve for controlling water flow and temperature, floating thermometer, and timer. A film duplicator is available for teaching film duplication. An automatic processor is also available for processing patient bitewing films for DEN 102. The entrance to the darkroom is a maze configuration with 2 sets of black curtains. This design assures that no light leaks into the darkroom. Seven safelights with GBX₂ filters are used for processing. An eyewash station is available in the event of an accident.

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?

In the film viewing and monitoring area there are five table viewboxes and two wall mounted viewboxes for students to use during mounting of DXTTR practice films. The viewboxes are also used when student and instructor are critiquing practice films and when students are mounting patient bitewing series. There are six stools to accommodate all students during laboratory sessions.

There are five viewboxes in the Radiographic Classroom where students mount practice films, evaluate films for landmarks, and errors. A large computer monitor is available for critique and patient education of the digital radiographs.

For digital radiography there is a monitor to view patient images at each operatory and a consultation monitor in the radiographic classroom. In addition, a newly installed projector and screen is used for consultation, interpretation and instruction. All radiographic digital units are networked to the dental hygiene server that gives access to digital images to all the computers in the main clinic.

B. Supportive Documentation

Exhibit 4-1C: Schematic of Clinical Setting (Schematic of Radiographic Facilities)

Exhibit 4-2A: Facility Inspection Reviews, NYS CRESCO Inspector, 2/24/2020, 7/24/2018

Laboratory Facilities

4-3 A 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.**

Intent:

The laboratory facilities should include student stations with equipment and space for individual student performance of laboratory procedures with instructor supervision. This Standard applies to all sites where students receive clinical instruction

Narrative Response:

1. How many work areas (student stations) are there in the laboratory(s) used for instruction in dental science courses such as dental materials?

The dental sciences laboratory (Decker Room 115) contains 18 student stations. This classroom is used for Oral Anatomy Lab in the fall semester and for Dental Materials Lab in the spring semester.

2. List the type(s) and quantity of equipment provided for each work area.

The laboratory houses three large lab tables, each with 6 student stations. Each station has an adjustable, comfortable lab stool. In addition, there are individual storage drawers at each station. Each lab table has several electrical outlets and air nozzles. The lab is well lit and ventilated. An exhaust hood is located in the lab and is used when materials generate toxic fumes. The lab also contains safety equipment such as a fire extinguisher, a fire blanket, an eyewash station, a first aid kit, and a phone for emergency use. A dust collection system is available, however students do not perform any dry grinding of materials. This lab also is multimedia equipped.

3. List the type(s), number and location of general use equipment and instruments such as lathes, model trimmers and vibrators.

The following equipment is housed in the laboratory classroom (Room D-115):

- model trimmers (12)
- sinks with plaster traps (4)
- plaster vibrators (9)
- graduated cylinders(2)
- plaster scales(4)
- ultrasonic cleaner (1)
- amalgamators (3)
- curing lights (8)
- various dental instruments
- alcohol torches (13)
- butane torches (2)
- towel dispensers (5)
- soap dispensers (5)
- model formers (15 sets)
- impression trays (disposable & metal)
- Dental Materials poles (26)
- Tabletop typodont poles (15)
- vacuum formers (7)
- orthodontic typodonts (5)
- various orthodontic instruments & supplies
- flammable materials safe (1)
- lathe equipped with dust collection device (1)

The following is stored in the main storage room on the first floor:

- Human skull models (2)

The following equipment is housed in the Plaster Lab:

- model trimmers (2)
- vacuum formers (2)
- alcohol torches (2)
- plaster scales (2)
- graduated cylinders (2)
- plaster vibrators (3)
- ultrasonic cleaner
- fire blanket

Supportive Documentation:

Exhibit 4-1C: Schematic of the Clinical Setting (Schematic of Laboratory Facilities)

Exhibit 4-1D: Instruments and Small Equipment Supplied to the Student

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 or;**
- 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 calibrated 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.**

Narrative Response and Documentation:

Note: this standard applies to off-campus sites as defined in the EOPP.

- 1. If the program depends on an off-campus site (as defined in the EOPP) 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 off-campus site to meet program requirements and/or accreditation standards.
- 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.

NA

- 2. As an Exhibit, provide a signed copy of the formal agreement between the educational institution and the agency or institution providing the facility.

NA

Classroom Space

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

Intent:

The classroom facilities should include an appropriate number of student stations with equipment and space for individual student performance in a safe environment.

Narrative Response:

- 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?

The Dental Hygiene Department is not assigned a classroom for its exclusive use.

All general classrooms are scheduled by the registrar during the planning cycle for early registration. All requests for classes are forwarded to the registrar, entered and assigned in a master computer scheduling program. Courses are assigned to classrooms based on class size quotas and scheduling times needed.

Whenever possible the registrar will honor special room requests. Dental hygiene classes are preferably scheduled in Decker Health Science 118 and 213 when available. The rooms are conveniently located near the department's clinic and laboratories.

- 2. Indicate the capacity of the classroom(s) utilized by the programs. Describe the equipment available in each classroom to support instruction.

Class size cannot exceed the classroom capacity as set by the Broome County Fire Inspector.

All classrooms and laboratories in the Decker Health Science Building are designated Multimedia Classrooms, allowing Internet access, Campus Intranet access, Power Point presentations and interface with lap top computers. Each room has a multimedia cart containing a computer with DVD capabilities, a digital projector and an ELMO document camera. Each classroom has an AV screen. Each classroom has sufficient chalkboard area.

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.

Intent:

Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling and supportive academic activities.

Narrative Response:

1. Specify the number, capacity and location of faculty and staff offices.

The dental hygiene faculty and staff occupy seven offices located in the Decker Health Science Center.

Three offices are located on the first floor, two offices on the third floor:

- D-101-B Clinic TA II's office is a single office within the clinic complex
- D-120 Two-person office housing one full-time adjunct faculty and two part-time adjunct faculty
- D-124 Two-person office housing two full time regular faculty
- D 317-G Two-person office housing one fulltime Dental Hygiene faculty and one full time Health Information and Technology faculty
- D-317-H Two-person office housing one full time Dental Hygiene faculty and one full time Nursing faculty
- The chairperson office is D-217-F on the second floor
- The secretary for the department is located on the third floor D 317

2. Describe the space available for securing student and program records.

Individual instructors have locked filing cabinets and desks that may be used for securing student coursework records within the faculty offices.

The department has one main locked file for student program records located in the secure secretary/chairperson's complex. This area is secured at all times and not accessible to unauthorized individuals.

Student clinical records are secured in the clinic manager's office and in the faculty consultation room in the clinic area. The areas are unlocked only when clinic is in session and/or faculty/staff are present.

Patient records are located in the reception room that is open for use only when the clinic receptionist or a clinic instructor is available.

All of these locations provide security for student and program records.

3. Describe the manner in which records of student work in the program are maintained.

Student clinical progress records are maintained in individual files and stored in locked file cabinets located in the clinic manager's office and clinic consultation room. These areas are secured at all times and not accessible to unauthorized individuals. In addition, each faculty member may maintain student records kept electronically via Blackboard LMS which is password protected or with the use of a traditional grade book and file system.

4. Describe the way in which confidentiality of and access to student records are ensured.

Academic records are stored electronically on a student management information system called BANNER. The system has a login secured control that is accessible only by faculty and administration. Individual usernames and passwords are approved by the Registrar and issued by the Information Technology Department.

Faculty offices and the dental hygiene clinic are locked when faculty/staff are not present. Faculty and secretarial computers are secured with password protection.

Faculty maintain confidentiality of student records by following the guidelines set by the Family Educational Rights and Privacy Act (FERPA). The Registrar monitors and provides the faculty updates on FERPA laws when necessary. The Registrar maintains the student identification system by assigning a campus ID (BANNER) number to all students.

Refer to Exhibit 0-1: SUNY Broome Network Computer Use Policy
Dental Hygiene Distance Learning Policy

Learning Resources

4-7 Instructional aids and equipment must be provided 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.

Intent:

The acquisition of knowledge, skill and values for dental hygiene students requires the use of current instructional methods and materials to support learning needs and development. All students, including those receiving education at distance sites, will be assured access to learning resources.

Narrative Response and Documentation:

- 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 or database, is a separate collection of books and periodicals related to dental hygiene retained in the program's facilities?**

The major collection of books and periodicals related to dental hygiene is centrally housed in the Cecil C. Tyrrell Learning Resources Center (Library). The periodicals reference texts, and reserve collection are located on the first floor of the LRC. The majority of dental hygiene books are located on the second floor of the LRC on the shelves housing the "RK" classification of the Library of Congress.

The department also has a small collection of books and periodicals in the Faculty Consultation Room in the clinic complex. These are for faculty use and for reference during clinic sessions. A copy of the SUNY Broome Emergency Manual, is located in the emergency cart area for easy access during clinic sessions. Also, faculty, including the chairperson, have personal collections of books for reference relating to their areas of teaching and expertise.

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

The SUNY Broome LRC hours are:

Monday-Thursday	7:30 a.m. – 10:00 p.m.
Friday	7:30 a.m. – 5:00 p.m.
Saturday	1:00 p.m. – 5:00 p.m.
Sunday	3:00 p.m. – 7:00 p.m.
Semester Breaks (M-F only)	7:30 a.m. - 5:00 p.m.
Call for Holiday Hours	(607) 778-5020

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

Students may personally visit and use the libraries at the State University at Binghamton, the local public and hospital libraries and other libraries in the SUNY system through reciprocal access agreements. Through membership in the South Central Research Libraries Council, the SUNY Broome Library also has regional connections with libraries in a larger twelve county area and throughout New York State. Computer access to the holdings of these libraries provides for borrowing and lending of resources. The SUNY Broome Library also maintains a membership with the IDS Project which currently includes approximately 122 libraries in New York State. Using the IDS Search engine link found under the Books/Media tab on the SUNY

Broome LRC website, students can easily search for items in our library, the IDS libraries, and Worldwide libraries (OCLC). If an item is not available at SUNY Broome, the students can click the Get It button to initialize an interlibrary loan request.

Students also have access to databases and e-books through SUNY Broome as well as through our affiliations with SUNY, SCRLC, and the New York State Library.

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

Refer to Exhibit 4-7A: Dental Hygiene Collection

5. As an exhibit, provide a list of periodicals/periodical databases related to dental hygiene and general and specialty dentistry that are available for student and faculty reference. Group the listing into categories, i.e., dentistry, dental hygiene and other related subject areas.

Refer to:

Exhibit 4-7A: Dental Hygiene Collection

Exhibit 4-7B: Comprehensive Listing of Dental Related Periodicals

Exhibit 4-7C: LRC Dental Hygiene Research Guide

Exhibit 4-7D: LRC Dental Hygiene Resource for Lifelong Learning

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

All faculty at SUNY Broome are encouraged to request library materials needed by students or faculty. The SUNY Broome Library Health Sciences Liaison, works with the dental hygiene faculty to purge outdated materials and order new books and magazines within available revenues.

In addition to the procedures described above, members of the faculty may make individual requests for texts that they would want the library to purchase for their teaching areas. Requests can be made directly to the library by the faculty member or can be given to the department secretary who will prepare the request and forward it to the library. The department chairperson reminds faculty periodically that they are responsible for ordering holdings for their areas of expertise. The chairperson and faculty also order texts of general interest for the department collection.

Because of limited funding for periodicals, the department decides (at department meetings) whether there should be any changes in the department's request for professional journals. Due to the increasing costs of maintaining current periodical holdings, often a new request must be accompanied by a request to withdraw a current subscription.

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

- Large tooth models—incisors, canines, premolars, molars
- Models demonstrating caries
- Models of mandible and maxilla—whole and cross-section
- Occlusion models—each student gets their own set
- Models of deciduous, permanent and mixed dentitions
- Embryology facial development models
- Head and neck innervation model
- Head and neck circulation skull
- Head and neck origin and insertion of muscles skull
- DXTTRS for exposing radiographs, 6 adult, 2 pedodontic (one for transitional dentition, one for primary dentition)
- Samples of full and partial dentures, space maintainers, orthodontic appliances, models of crowns, bridges and inlays
- Typodonts for dental materials lab
- Synthetic teeth for root morphology and planing
- Three complete sets (32 teeth per set) of 2 inch anatomical teeth for manipulation. Used for root morphology
- Large dentitions and toothbrushes for patient education
- Furcation model
- Interactive local anesthesia model
- Instructional typodonts
- Periodontal Instrumentation typodonts
- Anatomical skulls
- Calculus detection boxes for calibration (purchased from the CDCA)
- Instrumentation stands (Kilgore Porta Sim)
- Typodont poles: chair and tabletop

Faculty utilize digital images and the college distance education platform Blackboard LMS to enhance instruction. Additional resources that cannot be placed on Blackboard LMS are placed on reserve on the SUNY Broome LRC.

Department DVDs/Videos:

- Techniques for Successful Local Anesthesia for Dental Professionals, by Royann Royer and Carlene Paarmann
- Arestin – Ora Pharma (web based)
- “Patch Adams” (DVD)
- “Contagion” (DVD)
- “If Saliva Were Red” (web based)
- Air Polishing (web based)
- The Management of Aerosols with Air Polishing Delivery System (web based)
- Ultrasonic Scaling Technique (web-based)

- It's About Time – To Get on the Cutting Edge Hu-Friedy
- A/T 2000 Operation and Maintenance Air Techniques Automatic Processor (web based)
- Oraqix (web based)
- Motivational Interviewing (web based)
- Dentsply Digital X-ray Positional Training Module (DVD)

Computer Software/ Programs

- Eaglesoft Patient Data Management System
- Caesy Patient Education System
- Carestream Digital Radiographic System
- Pathology Study Guide DVD (classroom) Blackboard LMS (student self-study)
- Pathology Unit photos DVD (classroom) Blackboard LMS (student self-study)
- Numerous Podcasts developed and utilized for instruction, review and instructor calibration

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

Self-instruction does not comprise a major portion of any dental hygiene course at this time.

Several areas combine basic instruction in lecture and/or laboratory with assignments which require further self-instruction by the student. Some self-instruction is utilized by instructors for remediation and review of difficult topics or for a more thorough understanding of the course materials being covered.

In Dental Hygiene , DEN 101 and Dental Material, DEN 110W, the instructor utilizes the campus-wide Blackboard LMS platform to post video links to *iTunesU* podcasts that are made in-house. These podcasts and videos allow for skills review outside of the lab sessions.

In Dental Hygiene III, DEN 201, the instructor utilizes radiographic interpretation modules to help students reinforce normal radiographic landmarks.

In General and Oral Pathology, DEN 204, students utilize Blackboard LMS to access photos related to each lecture unit and photos that accompany the case-based studies contained in the Pathology Study Guide.

In Nutrition, DEN 209, the students download the SparkPeople or MyFitnessPal app to track and analyze their dietary intake. They complete a project in DEN 209 and then apply this knowledge as they instruct a patient to also track and analyze their diet (in DEN 202).

In Community Dental Health, DEN 213W, students complete a critique of a research article as self-instructional projects to enhance the instruction in Community Dental Health Lab.

Elsevier/Evolve Adaptive Quizzing and HESI testing provides the opportunity to review and remediate all curriculum content.

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

Materials retained in the department are available during the normal school day and may be signed out for after-hours use with special arrangements made through the instructor. (Such as periodontal scaling typodonts and root morphology study kits.)

The materials reserved in the LRC are available seven days a week during the regularly library scheduled hours.

Group study rooms are also available for student use in the SUNY Broome LRC and the Decker Health Science Student Study Center.

Supportive Documentation

Exhibit 4-7A: Dental Hygiene Collection

Exhibit 4-7B: Comprehensive Listing of Dental Related Periodicals

Exhibit 4-7C: LRC Dental Hygiene Research Guide

Exhibit 4-7D: LRC Dental Hygiene Resource for Lifelong Learning

10. Describe the computer lab facility, if applicable.

There are computer labs available for scheduling computers for the general student body, including the dental hygiene students, throughout campus. There is also a computer lab available for health science students on the second floor of the Decker Health Science Building next to the student resource/study area.

Supportive Documentation

Exhibit 4-7A: Dental Hygiene Collection

Exhibit 4-7B: Comprehensive Listing of Dental Related Periodicals

Exhibit 4-7C: LRC Dental Hygiene Research Guide

Exhibit 4-7D: LRC Dental Hygiene Resource for Lifelong Learning

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.

Intent:

All policies and procedures should protect the students as consumers and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect work accomplished and are maintained in a secure manner.

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

The college publishes ethical standards and policies which document the rights and responsibilities of the student-consumer. Main sources documenting these are the SUNY Broome Community College Online Catalog, the SUNY Broome Community College Website, the Student Calendar and the Student Handbook

Policy has been set under the following broad categories: Student's Rights and Responsibilities, Non-Discrimination, Sexual Harassment, Civility Statement, Educational Rights and Privacy, Public Safety and Security, Student Regulations on Use of Alcohol and Other Drugs and Sexual Assault and Violence.

Copies of the documents are located in the Student Activities Office, the Health and Wellness Center, the Admissions Office, the SUNY Broome Web Page under Student Services: Health and Wellness, and the Office of the Vice President for Student Development and Chief Diversity Officer (VPSD/CDO).

As stated in the Non-Discrimination Commitment, "the college does not discriminate on the basis of race, sex, color, creed, age, national origin, disability, marital status, sexual orientation, or status as a disabled veteran, or veteran of the Vietnam era...students have the right to pursue their academic programs and to seek services without being subject to illegal discrimination or discrimination that is in violation of SUNY Broome policy." The Affirmative Action/Equal Opportunity Officer handles problems involving discrimination.

Standards of Academic Progress are stated in the college catalog. Students who perceive an inequity concerning their academic standing or feel that their academic rights have been violated may request Academic Due Process. Grievances involving grading and other classroom academic issues should first be discussed with the instructor. If the problem is not resolved, the student contacts the appropriate chairperson who explains the grievance process and the steps involved.

Student behavior and college conduct requirements are documented in Article 9 of Student's Rights and Responsibilities. Article 10 and 11 document Violation Penalties and the Disciplinary Hearing Committee. Complaints and violations are under the auspices of the VPSD/CDO.

Public Safety and Security at SUNY Broome is responsible for law enforcement, emergency response, hazard control, crime prevention, parking and traffic management. It is expected that any criminal activity be reported to security immediately. This office is also the main area for college lost and found. Public Safety and Security provides 24 hour coverage to the entire campus and student housing. Public Safety and Security staff consists of a Chief, Assistant Chief, an Investigator, Peace Officers, Safety Officers and an Environmental Safety and Health Coordinator. All Peace Officers are authorized to enforce the laws of the state of New York. Students, faculty and staff may contact the Public Safety and Security at any time. Student regulation on the use of alcohol and other drugs, abusive and disorderly behavior and other prohibitions are listed in the student handbook or college website under Student Code of Conduct. In addition, health science students must also comply with the Health Science Division Chemical Impairment Policy.

Students are encouraged to become involved in and support the Student Government Association (SGA), the official student government body of the college. This group discusses college concerns, reviews college policy and makes recommendations to the college administration regarding matters of student interest.

The college is concerned with matters involving ethical standards and policies which protect the students as consumers and provides information regarding these areas to the students during the admissions and orientation process of the college.

The student avenues for appeal and due process are outlined in the SUNY Broome Student Handbook,(available on-site) and also on the SUNY Broome Community College Website under Student's Rights Information.

B. Supportive Documentation

Refer to SUNY Broome Student Handbook and College Website

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.**

Intent:

The dental hygiene program should establish and enforce a mechanism to ensure sufficient preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.

Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing and retaking radiographs on patients, consistent with current, accepted dental practice. All radiographic exposure should be integrated with clinical patient care procedures.

Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff. The confidentiality of information pertaining to the health status of each individual should be strictly maintained.

This Standard applies to all program sites where laboratory and clinical education is provided.

Description:

- 1. As an Exhibit, provide policies and procedures related to radiation hygiene and protection and ionizing radiation.**

Supportive Documentation

Exhibit 1-1 A: Dental Hygiene Department Policy on the Exposure of Intraoral and Extraoral Radiographs/ Quality Assurance Program

- 2. As an Exhibit, provide policies and procedures related to infection and hazardous control.**

Supportive Documentation

Exhibit 2-13 B: Patient Data Collection Forms (see Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions)

Exhibit 5-1A: Dental Hygiene Department Sterilization Assistant Process/End Product Evaluation

Exhibit 5-1B: Dental Hygiene Department Infection Control Setup/ Clean Up Processes/ End

Product Evaluations

Exhibit 5-1D: NYS Infection Control Policy on HIV Aids, HBV, HBC, and Infected Health Care Workers

Exhibits 1-1A: Dental Hygiene Department Quality Assurance Program/Quality Assurance Plan for Patient Care (see Dental Hygiene Department Infection Control Program Compliance Audit Form)

Supportive Documentation

Dental Hygiene Department Hazard Communication Manual

Dental Hygiene Department Infection Control Manual

Dental Hygiene Department Infection Control Policies & Procedures Manual

Dental Hygiene Department Faculty Manual

Dental Hygiene Department Website

<http://www2.sunybroome.edu/healthsciences/dh-dept/program-policies-notice/>

3. As an Exhibit, provide policies and procedures related to bloodborne and infectious disease

Exhibit 2-3B: Dental Hygiene Program Information Print on Demand (POD) Sheet

Exhibit 5-1C: Dental Hygiene Department Post Exposure Protocol to Bloodborne Pathogens

Exhibit 5-1D: NYS Infection Control Policy on HIV/AIDS, Hepatitis B & C, and Infected Health Care Workers

Supportive Documentation

Dental Hygiene Freshmen Orientation Handbook, pages 39-63

Dental Hygiene Department Infection Control Policies & Procedures Manual

Dental Hygiene Department Faculty Manual

Dental Hygiene Department Website

<http://www2.sunybroome.edu/healthsciences/dh-dept/program-policies-notice/>

4. How does the program monitor policies on radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases for continuous compliance?

The Dental Hygiene Department continuously monitors policies on radiation hygiene and protection. The New York State Sanitary Code, section 16.53 and New York State Education Law, Section 6611 (7) regulate radiation safety requirements for dental radiographic installations. Means of compliance is stated in our Dental Hygiene Department Policy on the Exposure of Intraoral and Extraoral Radiographs/ Quality Assurance Program.

The Dental Hygiene Department Infection Control Officer monitors the Department's compliance with the most current blood-borne infectious disease policies and procedures as well as with hazardous materials. One additional measure of compliance is the Infection Control Audit Evaluation. This audit is performed annually by the SUNY Broome Dental Hygiene Infection Control Officer, Anne Haner-Uncapher. This tool is used to monitor the infection control practices being performed in the clinical setting. Any discrepancies are then reported to

faculty and students. This tool is also used to evaluate the need for any changes in protocol and policy.

Supportive Documentation

Dental Hygiene Quality Assurance Infection Control Audit and Patient Treatment/Radiographic Exit Audit Binder available on site.

5. How are these policies on radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases provided to students, faculty and appropriate staff?

Students entering the program have a mandatory meeting with the Department Chairperson to review the Freshman Orientation Manual. At this time, the student completes a Patient Medical/Dental Histories for Clinical Decisions packet. The Department's policy on "Infection Control Policy on HIV, AIDS, and Hepatitis B & C Infected Health Care Workers (HCW)" is explained and questions are answered regarding the policy. Information is also shared regarding the department's nondiscrimination policy for clinic patients and information regarding immunizations required or strongly recommended, including the Hepatitis B vaccine.

The program provides extensive student preparation that supports the provision of oral health care services to patients with blood-borne infectious disease(s). During the first semester, in both the DEN 108 Infection Control and DEN 101 Dental Hygiene I courses, students are provided with basic information regarding the nature of blood-borne infectious diseases as they relate to patient treatment. Students are assigned readings, provided with lecture objectives and evaluated on blood-borne diseases and infection control in dental hygiene practice.

The topics presented include: a rationale for practical infection control and transmission of disease, standard precautions, sterilization and chemical disinfection, environmental surface and equipment disinfection, aseptic technique and proper operator preparation, personal protection via immunization and a personal barrier system and an introduction to the challenge of viral hepatitis, HIV infection, AIDS and tuberculosis as they relate to infection control in the contemporary practice of dental hygiene.

Students transfer didactic information into the pre-clinic instrumentation labs where they practice on fellow student patients, as well as on typodonts. Infection control procedures and protocol are taught in DEN 108 lecture and are evaluated as part of the DEN 101 daily grading criteria. The criteria are found in the Clinic Manuals I-IV and the "Infection Control Policy and Procedures Manual." Students are required to utilize the "Infection Control Process/End Product Evaluation Unit Set Up & Clean Up" during each pre-clinic session to guide them through set up and clean up procedures. The student's clinical instructor monitors the general clinic clean up sessions and verifies, along with the student, by signing a log stating that the evaluation form has been followed. By monitoring students while they perform their infection control tasks, immediate feedback can be given to students in the event a procedural breach. In DEN 101 students are also required to complete a peer-review project by videotaping a peer during clinic clean up and then submitting a short peer-review of the process. This project helps to reinforce the protocol.

During the second semester, preparation supporting provisions of oral care for patients with blood-borne infectious disease continues. Students are expected to apply infection control information and proper infection control protocol learned during the first semester throughout DEN 102. Students are evaluated daily on their infection control procedures, and also self-evaluate their implementation of the infection control process.

Third semester students are provided more advanced information regarding infectious diseases during DEN 204 General and Oral Pathology, including additional information on HIV and AIDS. During DEN 201 orientation, there is a review of infection control procedures at which time students are given updates and/or revisions in the SUNY Broome Dental Hygiene Department Infection Control Policy and Procedures Manual. Further information on OSHA Standards, the SUNY Broome Dental Hygiene Infection Control Program and the Hazard Communication Program that is OSHA mandated is also presented in DEN 201. More detailed information regarding the medications for treatment of blood-borne infectious diseases is emphasized in DEN 206 Pharmacology.

During the fourth semester, update and review of infection control policy and procedures continues in DEN 202. In both DEN 201 and 202 clinics, each student continues to complete the self-evaluation process on infection control and is evaluated by their clinical instructor on infection control each time they are in clinic.

With the introduction of new procedures and equipment, students are also taught and then implement any additional infection control procedures necessary to ensure patient/practitioner safety during patient treatment. Assignments as assistants in clinic session are guided by objectives and protocol that are evaluated by the student and the instructor. This provides additional preparation for students in delivering oral health care to patients with blood-borne infectious diseases.

The department has utilized its building-block curriculum to integrate information and procedures that support the provision of oral health care to patients with blood-borne infectious diseases throughout the two-year program.

Faculty are appraised of policies on radiation safety, infection control and bloodborne pathogens standard, and HCW confidentiality rights initially upon hire and annually thereafter through program manuals, annual training and updates, and the SUNY Broome Community College Dental Hygiene Department Faculty Resources Site on the BlackBoard platform.

6. Describe the program's policies on:

a. Selection criteria for radiographic patients;

The selection criteria for all radiographic patients follow the recommendations published by the U.S. Department of Health and Human Services, "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposures", American Dental Association, US Department of Health and Human Services. 2012 Revision and re-stated in Report 145.

The Dental Hygiene Department added to the selection criteria the following:

- Patient suspected to be pregnant will **NOT** be exposed to radiation.
- Upon request of the patient's dentist, the series requested will be exposed

These two criteria were added at the direction of the NYS Radiological Inspector. See pages 7 and 8 in the SUNY Broome Community College Dental Hygiene Policy on the Exposure of Intraoral and Extraoral Radiographs/Quality Assurance Program Manual for further details.

b. Frequency of exposing radiographs on patients;

The frequency of exposure follows the guidelines reported in the recommendation from the "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure", ADA & HHS.2012. The criteria for the frequency of exposing radiographs is determined by age group of the patient, whether the patient is "new" or "recall" and the type of dental disease determined from the patient assessment.

See pages 7 and 8 in the "SUNY Broome Dental Hygiene Radiographic Policies and Procedures for Intraoral and Extraoral Radiographs" Manual for further details.

c. Retaking radiographs;

The retake policy follows the recommendations of the American Dental Education Association: The retake exposure is directly supervised by an instructor. The student is allowed retakes only when severely limited diagnostic value is present. The policy emphasizes that the least number of retakes possible that yields a diagnostically acceptable survey. No image is retaken solely based on exposure and/or processing error. If an area can be observed in another image within the survey, then no retake is allowed. Major emphasis is placed on minimal number of exposures that will yield a diagnostically acceptable radiographic examination (ALARA principle).

All retakes are recorded in the Retake Log in the Quality Assurance Program All retakes are recorded in the Retake Log in the Quality Assurance Program.

See pages 3 and 4 in the "SUNY Broome Dental Hygiene Radiographic Policies and Procedures for Intraoral and Extraoral Radiographs" Manual for further details on errors which may be considered when determining whether a retake may be exposed.

d. Exposing radiographs for diagnostic purposes

Radiographs are exposed for diagnostic purposes only. Patients are selected for radiographs using criteria from "Dental Radiographic Examinations: Recommendations for Patient Selections and Limiting Radiation Exposure", ADA & HHS.2012.

See pages 1, 2, 7 and 8 in the "SUNY Broome Dental Hygiene Radiographic Policies and Procedures for Intraoral and Extraoral Radiographs" Manual.

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

Radiation hazard information and safety procedures are discussed in DEN 106 lectures through assigned textbook readings, associated lecture objectives and classroom discussions/lectures. Students are given guidelines for safety regulations when exposing radiographs on DXTRR/patients in DEN 106; the ALARA/ALADA concept is employed. The guidelines are printed in the “Clinical Dental Radiography Manual” and taught in the second lab of DEN 106 to establish a safety routine. Students are then constantly monitored by their instructor during each DXTRR lab.

During DEN 201 orientation, students are instructed on the implementation of the SUNY Broome Dental Hygiene Radiographic Quality Assurance Program, and radiation safety is reviewed.

8. Describe how patient radiographs are used:

- a. While patient services are being provided**
- b. For integration of radiography with clinical procedures**

Full Mouth Series (FMS) exposed in DEN 106 are requested by the patient’s dentist. All FMS are sent to the dentist who requested the radiographs for interpretation, while the second set of films is filed in the patient’s clinic folder for future appointments in the SUNY Broome DH Clinic.

Bitewing series exposed in DEN 102 are utilized by the students for their patient assessment and treatment. For patients without a dentist of record, the supervising dentist interprets the films and reports in writing the results to the patient.

In DEN 102, DEN 201, and DEN 202, the patient radiographs are utilized for implementation of dental hygiene services. Digital radiographs are used in DEN 201 and DEN 202. Radiographs taken in DEN 102, DEN 201, DEN 202 are utilized chairside for dental hygiene services. Patient radiographs must be included in the patient’s individualized treatment plan. Radiographs are taken after the examination and assessment and prior to periodontal debridement. They are placed on the chairside x-ray viewbox/monitor during patient treatment and are utilized for patient education, assessment of deposits, assessment of periodontal status, diagnosis by the clinic supervising dentist, and to assess the necessity of referrals.

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.

Intent:

All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.

Description

1.Explain how students are encouraged to be immunized against and/or tested for infectious disease(s)?

Students, faculty, and appropriate support staff are encouraged to be immunized against and/or tested for infectious diseases. Each newly admitted freshman student participates in an advisement session with the department chairperson. During this meeting, the outlined department immunization information (along with details regarding the Hepatitis B vaccine) is presented to each student. It is the policy of the DH Department that each person who has direct contact with patients should have the recommended immunizations set forth by the CDC and OSHA. Students are encouraged to begin the vaccine series prior to beginning DEN 101. Any student who chooses not to be immunized against Hepatitis B must sign a declination statement. All students must have a two- step TB test upon entrance to the program and then have TB testing annually. Faculty and students must also receive the influenza vaccine annually.

Supportive Documentation

Exhibit 5-2A: Student Health Services Immunization Documentation Record

Exhibit 5-2B: SUNY Broome Dental Hygiene New Faculty Orientation Checklist

Exhibit 5-2C: Faculty/Student Hepatitis B Immunization Documentation Form

Exhibit 5-2D: TB Testing Form/Physician's Clearance for Lab Participation

Dental Hygiene Freshmen Orientation Manual Pages 39-67

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.

Description:

1. As an exhibit, provide preclinical/laboratory protocols that have been developed related to the management of emergencies.

Supportive Documentation

Exhibit 5-3A: Emergency Cart Content List

Exhibit 5-3B: Emergency Quality Assurance Logs

Exhibit 5-3C: Laboratory/Clinic Emergency Policies

Exhibit 5-3D: DH AED Quality Assurance Equipment Policy/Log

2. How and when are these protocols provided to all students, faculty and appropriate staff?

Freshmen students must complete an online CE course on basic emergencies through the Colgate Dental Care Network upon entering the program. During the second semester of the program, students learn more about the prevention and preparation for emergencies in DEN 102, Medical Emergencies in the Dental Office. At this time, students must purchase and refer to the SUNY Broome Dental Hygiene Medical/Dental Emergency Manual. This manual is updated annually and distributed to all faculty. During the second semester in DEN 110W, faculty review laboratory safety policies. In DEN 102 clinic orientation, students learn supplemental oxygen delivery. Each student is processed at the end of this orientation lab. Additionally, in DEN 102, students must participate in an educational session/day when students review emergencies in the clinic.

In DEN 201, students participate in emergency drills with the dental hygiene and paramedic faculty. Students also review emergencies in DEN 202 orientation. Faculty review emergency protocol routinely and prior to educational sessions/emergency drills. Additionally, faculty are processed on oxygen delivery during in-service sessions.

3. Describe how the program ensures faculty, staff and students are prepared to assist with the management of emergencies.

Students must be CPR certified before the first semester begins. In between the first and second year, students are recertified. Additionally, students must complete the Medical Emergencies in the Dental Office course. In DEN 102, DEN 201, and DEN 202 students participate in emergency drills. Clinical faculty are present for and facilitate these drills with the coordinator. In DEN 201, paramedic faculty also participate to provide a realistic emergency experience. This also gives the student hands-on experience with assisting in the transfer of care from the clinic to the emergency medical personnel. Faculty are processed on oxygen delivery at least once every year. Additionally, faculty are provided with an updated version of the emergency manual on an annual basis.

4. Identify and describe the location of the emergency materials and equipment available for use in the dental hygiene clinic.

Emergency signage is located throughout the Dental Hygiene Wing. Signs include emergency protocol response recommendations for various emergency situations that could arise. Also, Campus Emergency Protocol Manuals published and placed by Public Safety and Security, are found in the Dental Hygiene Clinic as well as classrooms.

The majority of equipment and supplies for medical/dental emergencies is found on the mobile emergency cart located in the hallway connecting the sterilization room with the clean/supply room. This area is easily accessible to all in the clinical area.

Equipment for Supplemental Oxygen use is located in between the Sterilization and Clean Rooms. The equipment includes 2 tanks and 2 nasal cannulas secured to portable carriage stands.

The tanks are a series “E” cylinder in a portable carriage (682 liters at 2015 MSI) with a nasal cannula and regulator to convert the flow to 2-6 liters per minute. A fire blanket is also located in this area. The department also has secured an Automated External Defibrillator (AED). The AED is located in the mobile emergency cart area. The AED is tested annually and those results are documented in a log in the Quality Assurance Equipment Log.

During all clinic sessions and beginning in the second semester of the program, the assistants are required to check the mobile emergency cart and log results in the Infection Control Quality Assurance Binder. The binder is located on the top of the filing cabinet between the Clean/Prep and Sterilization rooms.

Each operatory has a sink providing easy access to water. Each student purchases The SUNY Broome Medical/Dental Emergency Manual. Copies of this manual are kept in the consultation room and above the emergency cart. The manual contains information on signs, symptoms and procedures for medical/dental emergencies. Also each student purchases an adult blood pressure cuff and stethoscope that is stored in his/her assigned unit. Large adult and pediatric size cuffs are located on the emergency cart. Adult regular size and adult large size cuffs digital cuffs are kept on the emergency cart. Additionally, an electronic wrist cuff, as recommended by Dr. Michael Halton, Oral Maxillofacial Surgery, University of Buffalo Dental School, is kept on the cart.

There are several phones available for emergency use. Phones available for emergency use include the clinic reception phone, student use phones in the patient education room, the clinical technical assistant’s phone, a phone in D115, and a phone in the consultation room. Signage with what numbers to call for emergencies (including the appropriate number with area code for non-life threatening emergencies) can be found in the consultation room, plaster lab, radiography, and D 115.

Several eyewash stations have been strategically placed throughout the dental hygiene wing so that one is readily available. There is one located in the dental hygiene laboratory, one in the darkroom in the radiology laboratory, two in the “mini clinic” and three in the “main clinic”.

There is also a spill kit in the prep/sterilization room for safe removal of any chemical spill. Blood spill protocol is addressed in the SUNY Broome Dental Hygiene Department Infection Control Program Manual.

Should there be a dental emergency during a clinical session, such as displacement of a restoration or broken instrument tip, there is a dental emergency cupboard near the medical emergency cart area. Contents in this cupboard are as follows: disposable pads, spatulas, sutures, IRM /ZOE, Cavit, plastic instrument, tea bags, Nu Gauze-plain packing strip, cold packs, cold compresses, and hemostats. The magnetic instrument retriever is found in the Technical Assistant’s office.

The items on the medical emergency mobile cart are organized by type of emergency and are easily accessible to all parts of the clinical area. The Emergency Drug Kit is located in the technical assistant’s office when clinic is not in session. The assistant places it on the mobile

emergency cart for the duration of each clinic session. It must be on the cart before patients are seated and returned to the drawer once the last patient is dismissed.

Juice and crackers are also kept in the Instructor Consultation Room for hypoglycemic emergencies. There are also separate first aid kits in the Radiography Lab (D102) and in the Dental Materials Lab (D115) and the Plaster Lab.

Supportive Documentation

Exhibit 5-3A: Emergency Cart Content List

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

The emergency equipment is monitored daily by the student clinic assistant. He/she implements the quality assurance program, completes the required logs, and reports his/her findings to the clinical technical assistant. The clinical technical assistant oversees the emergency equipment operation and the Quality Assurance Equipment Policy/Log. The Technical Assistant (Clinic Manager) also examines the AED monthly and completes the log to verify that it has been checked. Public Safety and Paramedic Faculty also assist the technical assistant in examining the AED on an annual basis.

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.

Intent:

All Dental Hygiene patients should receive appropriate care that assures their right as a patient is protected. Patients should be advised of their treatment needs and the scope of care provided by the program. This Standard applies to all program sites where clinical education is provided.

Narrative Response and Documentation:

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

When a patient contacts the Dental Hygiene clinic to make an appointment, the clinic receptionist or student receptionist assistant advises the patient of the fact that we are an educational setting providing Dental Hygiene services only. The patient is informed of the fees, length of appointment and that multiple appointments may be necessary for the completion of treatment. Patients accepted for treatment must not present with medical conditions that contraindicate treatment. Prior to making the appointment, the patients are screened for medical compromises. During this screening process, the student refers to/reviews a list of medical conditions that would require a physician inquiry prior to treatment. If it is determined that the patient has a potential compromise, the physician inquiry form(s) is/are mailed to the patient's physician. When the physician inquiry is returned and, if the recommended pretreatment modifications are undertaken, the patient is appointed.

Upon arrival for the initial visit, the patient completes a comprehensive personal, medical, dental, and radiographic history that is then reviewed by the student and assigned faculty prior to the initiation of treatment. Supervising dentists are consulted when questions arise regarding medical history findings.

This information is available in the reception area and on the Dental Hygiene Website. Additionally, the patient receives a "Welcome to the SUNY Broome Dental Hygiene Clinic" letter, which provides information on services provided, clinic fees, clinic schedule, appointment scheduling, and medical compromises that may require a physician inquiry.

Supportive Documentation:

Exhibit 6-1A Physician Inquiry Letters:

- Physician Inquiry Letter Concerning Antibiotic Prophylaxis
- Physician Inquiry Letter Concerning Anticoagulant Reduction
- Physician Inquiry Letter for Patients with High/Abnormal Blood Pressure
- Physician Inquiry Letter for Patients with Medical Compromise(s)

Exhibit 2-13B: Data Collection Forms

Patient Medical/Dental Histories for Clinical Decisions

Dental Hygiene Radiographic History

At initial appointment, the patient reads and signs the following SUNY Broome

Dental Hygiene Department Patient Rights, Agreement, and Consent Packet:

Standards of Patient Care

Patient's Rights for Dental Hygiene Care

Patient's Agreement Policy for Treatment

HIPAA Notice of Privacy Practices/Consent

2. Describe the scope of Dental Hygiene care available at the program's facility. As an exhibit, include the current clinical services form(s).

The scope of the SUNY Broome Dental Hygiene Services includes:

- Medical/Dental/Radiographic Histories
- Vital signs
- Extra/Intraoral Examination
- Periodontal Assessment
 - Gingival Evaluation
 - Probing Depths
 - Deposit Detection
 - Periodontal Charting
- Dental Charting/Restorative Examination (Hard Tissue Assessment)
- Indices
 - PHP – Patient Hygiene Performance
 - PSR – Periodontal Screening and Recording
- Risk assessment for periodontal disease, dental caries (CAMBRA), oral cancer
- Reassessment of oral health status
- Dental Hygiene Diagnosis
- Dental Hygiene (Clinical Services) Care Plan
- Radiographic Assessment/Radiographic Exposure
- Preventive Dental Hygiene Care Plan
- Informed Consent, Informed Refusal
- Infection Control
- Periodontal Debridement and Scaling (Hand and Ultrasonic)
- Pain Management (Topical and Local Anesthesia and Nitrous Oxide Analgesia)
- Application of Chemotherapeutic Agents
- Fluoride Therapy
- Desensitization Treatment
- Application of Pit and Fissure Sealants
- Essential Selective Polishing
- Care of Oral Prostheses
- Care and Maintenance of Restorations (Amalgam Polishing)
- Smoking Cessation
- Nutrition Counseling

- Impressions, Wax Bite Registration
- Study Models
- Sports Mouthguard
- Intraoral Digital Photos
- Phase Contrast Microscope Microbial Analysis
- Reevaluation of oral and periodontal health status
- Subsequent Treatment Needs
- Recall (Recare), Periodontal Maintenance
- Referral
- Documentation

Supportive Documentation:

Exhibit 2-13B: Patient Data Collection Forms

Exhibit 2-13A: Major Instruction in Patient Care Competencies

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

All patients receive a comprehensive examination and, upon completion of the assessment phase of care, are advised of the individualized treatment plan. The clinical instructor approves the plan. This plan is then discussed with the patient prior to signing of the informed consent form. All patients are given a copy of the SUNY Broome Wellness Report at the completion of treatment. This form details both the services that have been provided and the recommendations for additional treatment and self-care necessary for obtaining/maintaining optimal oral health. The SUNY Broome Wellness Report also serves as a vehicle to communicate to the patient those treatment needs that SUNY Broome cannot provide. Patients are always informed that their visits at the SUNY Broome Dental Hygiene Clinic do not take the place of their regular dental visits. Patients are referred back to their dentist for a definitive diagnostic examination and treatment beyond the scope available at the SUNY Broome Dental Hygiene Clinic. Patients without a dentist of record are referred to the Broome County Dental Society. All referrals are documented on the treatment plan and in Eaglesoft notes.

Supportive Documentation:

Exhibit 2-13B: Dental Hygiene Wellness Report

Exhibit 2-13B: SUNY Broome Dental Hygiene Patient Assessment for Dental Hygiene Treatment Needs Packet, Informed Consent/Refusal Form (page 21)

4. Describe how the Dental Hygiene treatment plans are presented and approved by faculty.

The Dental Hygiene diagnosis and treatment plans are formulated at the conclusion of the assessment phase of the Dental Hygiene process of care and are presented to the patient by the student. The student discusses any treatment alternatives, the risk of no or partial treatment, and the option to refuse treatment. If the patient approves of the plan, he/she consents to the planned treatment and signs the informed consent form. The student signs the informed consent form as well. The instructor must also approve the plan and sign the consent form. At each subsequent

follow-up appointment, the plan is reviewed by the student and faculty for possible modification(s). If modifications are made, the patient is informed and asked to consent to the adjusted plan by initialing and dating the revised treatment on the informed consent page. A new plan is formulated at each recall (recare) appointment and the patient is provided with the information to allow for informed consent to this new plan treatment.

Refer to Exhibit 2-13B: SUNY Broome Dental Hygiene Patient Assessment for Dental Hygiene Treatment Needs Packet

5. Explain the program's recall policies and procedures.

The patient's recall (recare) interval is determined by the patient's individual needs, is communicated to the patient, documented on the Wellness Report, and entered in the patient's electronic chart. Electronic Patient Recall lists are generated and distributed to the students at the beginning of each semester. Refer to Dental Hygiene Student Clinic Manual pages F52-54.

Supportive Documentation:

Exhibit 2-13B: Dental Hygiene Wellness Report

6. As an exhibit, include a blank initial patient screening form.

Refer to Exhibit 2-13B: Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions

7. As an exhibit, include a blank client consent form, physician's consultation form and dental referral form.

Supportive Documentation:

Exhibit 2-13B: Patient Data Collection Forms

- Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions
- Dental Hygiene Patient Assessment for Dental Hygiene Treatment Needs Packet
- SUNY Broome Health Sciences HIPAA Policy Statement
- Dental Hygiene Radiographic History
- Dental Hygiene Wellness Report

Exhibit 6-1A: Physician Inquiry Letters:

- Physician Inquiry Letter Concerning Antibiotic Prophylaxis
- Physician Inquiry Letter Concerning Anticoagulant Reduction
- Physician Inquiry Letter for Patients with High/Abnormal Blood Pressure
- Physician Inquiry Letter for Patients with Medical Compromise(s)

Exhibit 6-6E: HIPAA - Privacy Practices Complaint Form (Patients/Students/Faculty/Staff)

6-2 The program must have a formal written patient care quality assurance 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.**

Intent:

The program should have a system in place for continuous review of established standards of patient care. This Standard applies to all program sites where clinical education is provided.

Narrative Response and Documentation:

- 1. Describe the program's formal written patient care quality assurance plan.**

Refer to Exhibit 1-1A: Outcome Assessment Program/ Quality Assurance Program.

- 2. Describe the process to review a representative sample of patients and patient records.**

Each spring, a chart audit is conducted to assess both the completeness of record documentation and the quality of patient care. This audit is an interdisciplinary effort that involves Dental Hygiene faculty, Health Information Technology (HIT) faculty and HIT students.

In preparation for this project, HIT faculty give second year HIT students written instructions and review sample patient records. For protection of patient's personal health information, each participant outside of the Dental Hygiene Department is required to sign an Access and Confidentiality Agreement. During the audit, both Dental Hygiene and HIT faculty are available to address any questions or concerns the HIT students may have regarding completion. Each student selects a minimum of five patient records from a pool of records randomly selected by the clinic receptionist. For spring 2019, 40 patient charts were audited, and students use PART I Chart Auditing Tool for this portion of the audit. The audit is conducted in Decker 115, and takes students approximately 2 hours to complete this part of the audit.

Faculty also conducts a Patient Care Audit utilizing the same charts for the Patient Care Quality Assessment Tool (PART II). Faculty and students are provided with the results of these audits, which includes a list of the omissions/deficiencies discovered.

Lastly, the Patient Treatment/Radiographic Quality Assurance Survey Audit (Part I) is used in DEN 202 and completed chairside by the Supervising Dentist, which verifies the completion and quality of the patient treatment and radiographic services. This process assesses the implementation of the comprehensive Dental Hygiene care plan. If deficiencies were noted by the dentist, he/she promptly notifies the clinic coordinator to rectify the situation. If no immediate resolution is possible, the dentist explains the treatment deficiency and refer the patient to their dentist of record.

3. As an exhibit, include the patient record audit form.

Exhibit 1-1A: Dental Hygiene Outcome Assessment Program (Curriculum Management Plan/Quality Assurance Program, Chart Audit Forms, pages 118-121)

Exhibit 6-6A: HIPAA-Student Access and Confidentiality Agreement

Exhibit 6-6B: HIPAA-Faculty/Staff Access and Confidentiality Agreement

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

An ongoing comprehensive quality assurance plan has been implemented to ensure that the Dental Hygiene Department adheres to a high standard of care. These standards have been identified as our guiding principles of patient care and includes Clinical Treatment, Patient Satisfaction, Chart Audits, Infection Control and Radiology. These components are continually reviewed to identify deficiencies, implement corrective measures, and evaluate the effectiveness of the corrective measures. A multi-faceted approach provides a thorough Chart Audit (Refer to Exhibit 6-2A).

The clinical faculty identify patient treatment deficiencies, as well as assess and evaluate all aspects of patient care. If a deficiency in patient treatment is identified, it is corrected during the patient care visit under faculty supervision. If the deficiency is identified and not corrected by the clinical faculty member, the patient is notified and referred to their dentist for definitive treatment. All deficiencies and referrals are documented in the patient's record. Deficiencies may also be identified during the annual chart/patient treatment/radiographic exit audits.

The Patient Treatment/Radiographic Quality Assurance Survey Audit (Part I) is utilized in DEN 202 and completed chairside by the Supervising Dentist. This audit verifies the completion and quality of the patient treatment and radiographic services. This process also assesses the implementation of the comprehensive Dental Hygiene care plan. If deficiencies were to be noted by the supervising dentist, the dentist immediately would notify the clinic coordinator to rectify the situation. If no immediate resolution is possible the dentist explains the treatment deficiency and refer the patient to their dentist of record.

5. Identify the policies and procedures used to track completed patients and ensure active patients are completed.

No patient care deficiencies were discovered in the most recent patient care chart audits. In the 2019 audit, there was one case of the Wellness Report not having been given to the patient at the completion of treatment.

Within any given semester, any incomplete patients who are not able to return to the clinic for personal reasons are either scheduled for the following semester or, as appropriate, sent an inactivation/deactivation letter.

During the 2018/2019 academic year, the department sent 17 Inactivation/Deactivation letters. Of these letters, 12 were from freshman students. Reasons for patient inactivation status, include but are not limited to: patient unable to complete treatment, patient unable to pay, fails to keep appointments, and patient is habitually late.

Corrective Action: Patient care findings require no changes in clinic policy or procedures other than, in the case of the Wellness Report deficiency, more careful monitoring of the end of appointment activities to ensure that students provide the patient with his/her copy of the report.

Documentation of the reasons for incomplete treatment will continue to be included in the Patient Notes section of Eaglesoft. Inactivation letters will be sent as necessary. It is stressed to students to advise potential patients of the length of time each appointment takes as well as the possible number of appointments it may take to complete them.

Exhibit 6-2B:- SUNY Broome Dental Hygiene Inactivation/Deactivation/Letters/Log
SUNY Broome Dental Hygiene Inactivation Patient Letter
SUNY Broome Dental Hygiene Deactivation Patient Letter
SUNY Broome Dental Hygiene Inactivation/ Deactivation Patient Log

6. Identify any changes made to clinic policies and/or procedures based on quality assurance program outcomes. As an exhibit, include the quality assurance reports.

There were no patient care deficiencies discovered, however, some record keeping deficiencies were discovered during the audits of some patient charts. For example, #11 in the chart audit identifies histories as not completed properly, with the common error being blank lines not dashed; #21 identified patient's name, date, or both missing from the IMS strip. For more details relating to less frequent deficiencies, please refer to the SUNY Broome Dental Hygiene Department Chart Audit and Patient Care Quality Assessment Binder, available on site, and the Dental Hygiene Outcome Assessment Program Quality Assurance Plan Outcomes document

Corrective Action: During the Dental Hygiene Department In-Service and faculty coordination meetings, faculty were advised of these deficiencies. They were encouraged to carefully follow the Record Keeping Process/End Product Evaluation and the Record Completion Checklist to better monitor these areas. These forms can be found in the SUNY Broome Dental Hygiene Processes Manual and the Clinical Faculty Manual. Additionally, each fall, students are informed of the nature of the errors and omissions from the previous spring.

The Department has made changes to procedures based on the Infection Control Audit results. The program undergoes infection control audits annually. As part of the recommendations set forth by the CDC Guidelines, the internal audit is performed annually by the Infection Control Officer, Anne Haner -Uncapher. The Department implemented an expanded, comprehensive audit form recommended by the CDC that reviews both clinical and administrative aspects of the Department infection control program. In addition, an External Infection Control Audit is conducted. This involves a dental professional from outside SUNY Broome Community College performing a walk-through of our Dental Hygiene Clinic and providing us with an external view

of our infection control procedures and program. Any deficiencies in maintaining safe standards for practice are logged and then a report of the deficiencies is communicated, both verbally and in writing to the students, staff, and faculty.

The most recent deficiencies discovered in the Spring 2019 Internal Infection Control Audit involved breaches in infection control during the observation of sterilization procedures. A sterilized load in an autoclave was found to be over packed with items therefore, compromising the ability of steam to penetrate all of the packages in the autoclave. To better monitor steam penetration during a sterilization cycle, protocol was changed to include Class V integrators in every package instead of just an integrator in each load. The change in protocol was communicated to the Clinical Technical Assistant, faculty, and students. In addition, a review of proper techniques for loading the autoclaves was conducted for the Clinical Technical Assistant as well as the faculty and staff. The Clinical Technical Assistant has monitored the daily sterilization procedures and the Infection Control Officer has monitored procedural change and sterilization outcomes. The change in loading protocol along with the use of the Class V integrators in each pack has improved the effectiveness of sterilization procedures thus reducing the need to re sterilize items.

In a second instance, a student was observed hand carrying a loose instrument into the sterilization room, instead of using a covered tray to transport the item. This observation led to a procedural change, which involved the use of tray covers to transport any armamentarium that is not housed in a cassette system.

In the Spring of 2018, the Infection Control Audit, it was discovered by the auditor that a full container of contaminated Sharps had (as required) been removed from the Sterilization Room, but had been erroneously placed in the Clean Room to be stored. The Clinical Technical Assistant was notified and the error was corrected.

Refer to:

Exhibit 1-1A: Infection Control Program Audit Evaluation Form

Exhibit 1-1A: Patient Care Chart Audit Form

Exhibit 6-2A: Chart Audit Data and Conclusions (Spring 2019)

SUNY Broome Dental Hygiene Chart Audit and Patient Care Quality Assessment Binder

SUNY Broome Dental Hygiene Infection Control Quality Assurance Program Audit Binder

- 7. Discuss how the program assesses patients' perceptions of quality of care. Describe the mechanisms to handle patient complaints. As an exhibit, include the patient satisfaction survey instruments and data results.**

Patients' perceptions of quality of care are assessed through verbal comments and comments contained in personal handwritten letters, as well as through written feedback obtained from the Dental Hygiene Clinic Patient Survey. If a faculty member becomes aware of a patient complaint, the incident is handled by the clinic coordinator, or department chairperson, who speaks privately with the patient. The details of the complaint and resulting action are then

documented in the Patient Complaint Log. If a patient complaint is received regarding the clinic's privacy practices or our compliance with the Notice of Privacy Practices, the patient will be asked to complete the HIPAA Privacy Practices Complaint Form. To date, no patient complaints regarding privacy issues have been received.

Supportive Documentation:

Exhibit 1-1A: Dental Hygiene Outcome Assessment Program (Curriculum Management Plan/Quality Assurance Program) Patients Standard of Care, page 99

Exhibit 1-1A: Chart Audit Forms, pages 86-92

Exhibit 1-1A: Patient Treatment/Radiographic Quality Assurance Exit Survey Audit, page 93

Exhibit 1-1A: Infection Control Program Audit Evaluation Form, page 85

Exhibit 1-1A: Dental Hygiene Clinic Patient Survey, page 121

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

Intent:

The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.

Narrative Response and Documentation:

1. Describe policies and procedures relative to patient assignment strategies.

Patient treatment needs always takes precedent over student clinical requirements. Patient completion data is tracked by the student and his/her clinical advisor via the Computerized Evaluation System, the bi-weekly printouts, SUNY Broome Patient Wellness Report and the Progress Tallies. Patients are referred to more advanced clinical courses depending on patient needs. The Eaglesoft Computerized Patient Management System is also utilized to track completed patients and ensure that active patients are completed. In addition, the annual chart audit/patient care audit monitors the completion of active patients. Patient care always takes precedence over requirements.

2. Discuss all efforts made to ensure students can complete clinical patient requirements.

Students meet with their clinic faculty advisor to assess patient requirements currently achieved and to help with developing a plan for success.

Supportive Documentation:

Exhibit 2-14A: Clinic Requirement Forms

DEN 102

DEN 201

DEN 202

Exhibit 2-13E: Competency Based Computerized Clinical Evaluation System (TalEval Clinical Evaluation System)

Exhibit 1-1A: Dental Hygiene Outcome Assessment Program (Curriculum Management Plan/Quality Assurance Program)

Exhibit 2-13I: Due Date Tally

DEN 102

DEN 201

DEN 202

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

Intent:

The primacy of care for the patient should be well-established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:

- a) considerate, respectful and confidential treatment;*
- b) continuity and completion of treatment;*
- c) access to complete and current information about his/her condition;*
- d) advance knowledge of the cost of treatment;*
- e) informed consent;*
- f) explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;*
- g) treatment that meets the standard of care in the profession.*

Narrative Response and Documentation:

- 1.As an exhibit, provide a copy of the written statement of patients' rights.
Describe how the statement is distributed to students, faculty, staff and patients.**

Prior to initial appointment, all patients review and sign the SUNY Broome Dental Hygiene Department Patient's Rights and Consent Packet. The packet includes:

- Standards of Patient Care
- Patient's Rights for Dental Hygiene Care
- Patient's Agreement Policy for Treatment
- HIPAA Notice of Privacy Practices/Consent

The packet is also available for review in the reception room and on the Dental Hygiene Website, is included in the SUNY Broome Dental Hygiene Student Clinic Manual, as well as the Clinical Faculty Manual. Therefore, patients, staff, faculty and students are well informed regarding the program's written policies regarding patients' rights.

Supportive Documentation:

Exhibit 6-4A: SUNY Broome Dental Hygiene Patient's Rights and Consent Packet

Exhibit 2-13B:

Dental Hygiene Patient Medical/Dental Histories for Clinical Decisions

Dental Hygiene Patient Assessment for Dental Hygiene Treatment Needs Packet

Refer to:

Dental Hygiene Student Clinic Manual

Dental Hygiene Clinical Faculty Manual

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).

Intent:

The need for students to be able to provide basic life support procedures is essential in the delivery of health care.

Narrative Response and Documentation:

- 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.**

All clinical faculty, students, and support staff involved in the direct provision of patient care must obtain CPR for the Professional Rescuer, which includes training with an Automated External Defibrillator (AED), and maintain current certification through each semester. While the Health Science Division stipulates faculty and support staff recertify every two years, students must recertify annually.

Supportive Documentation:

Exhibit: 5-2B: SUNY Broome Dental Hygiene New Faculty Orientation Checklist

Exhibit 2-17B: List of Faculty CPR Certification for Healthcare Professionals Expiration Dates, Dental Hygiene Classes of 2021, 2022

SUNY Broome Dental Hygiene Freshman Orientation Manual

- 2. How does the program ensure that continuous recognition/certification in CPR with AED for all students, faculty and support staff is maintained**

All faculty involved in direct patient care are required to maintain current certification in basic life support procedures at the healthcare provider level. All Dental Hygiene students must hold current certification in basic life support procedures at the healthcare provider level.

The program ensures that students, faculty, and support staff maintain current qualifications. During the fall semester, students must provide a valid card that will remain current through that fall and the upcoming spring semesters. A photocopy of that card is filed in the students' folder

and maintained by the Department. Faculty, who must also provide an updated card for photocopy and kept on file.

Supportive Documentation:

Exhibit 2-17B: List of Faculty CPR Certification for Health Care Professionals Expiration Dates, Dental Hygiene Classes of 2020, 2021

Exhibit 3-11A: Clinical Staff Job Descriptions
SUNY Broome Freshman Orientation Manual

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?

Any persons unable to perform such services must provide documentation from his/her physician stating their case, as well as provide a copy of such documentation to be kept on file by the Department.

Supportive Documentation:

Exhibit 2-17B: List of Faculty CPR Certification for Health Care Professionals Expiration Dates, Dental Hygiene Classes of 2020 and 2021

Exhibit 5-2B: SUNY Broome Dental Hygiene New Faculty Orientation Checklist

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.

Intent:

The program should have a system in place to ensure patient confidentiality. The use of student employees as secretarial staff does not preclude the essential need for patient confidentiality.

Narrative Response:

1. Describe how patient confidentiality is maintained.

Confidentiality is maintained through several mechanisms. All faculty, clinical staff, and students receive the Department's HIPAA Compliance Manual/Disaster Recovery Plan. Students are taught about HIPAA regulations early in their first semester. In DEN 101, students must complete an online introductory module introducing HIPAA standards and compliance. This prepares freshmen students with the basic information necessary to protect the health information of their fellow DEN 101 pre-clinic student partners. Students, faculty and staff sign Access and Confidentiality Statements and are apprised of their professional responsibility for maintaining confidentiality with all patient information. All patients are made aware of their rights for confidentiality of their personal health information. Additionally, when following records management protocol, students, faculty, and staff must follow confidentiality guidelines as outlined in the Records Management Protocol.

- Eaglesoft software is encrypted
- Patient electronic records are encrypted and backed up via PattLock data storage service
- Business agreements are required of those vendors who may be directly or indirectly through their services, able to access patient information
- Students and faculty have distinct logins to access electronic patient records
- Students and faculty must log off Eaglesoft prior to leaving the clinic area
- Eaglesoft patient information must only be accessed on clinic computers
- All new faculty sign the HIPAA –Faculty/Staff Access and Confidentiality Agreement
- Patient records are secured in the reception area and locked to unauthorized personnel.
- Daily activity lists and patient sign-in lists are placed facedown or covered to prevent unauthorized persons from viewing patients’ names. (These documents are shredded to maintain patient confidentiality.)
- Patients are initially addressed by students in the reception room by their first name
- Patient history interviews are conducted in the privacy of the individual treatment cubicles. Only the students treating the patient, the receptionist, Technical Assistant (clinic manager) and the clinical faculty/staff have access to each individual patient’s records.
- Students are not allowed to remove files from the clinic areas. In addition, patient traffic at the reception window is controlled in order to protect the privacy of each patient.
- The reception window is kept closed whenever possible to prevent persons in the Reception Room from overhearing private conversation that could involve PHI.
- At the request of the Dean of the Health Sciences Division, the SUNY Broome Dental Hygiene Department does not participate in the electronic transmission of any patient records
- To protect electronic data containing PHI, clinic computer screens have privacy screens attached. Should the computer not have a privacy screen, students must minimize any visible patient record whenever he/she leaves the unit during an appointment.

Refer to HIPAA Compliance Manual Disaster Recovery Plan and Records Management Protocol

Supportive Documentation:

Exhibit 6-4A: SUNY Broome Dental Hygiene Patient’s Rights and Consent Packet

Exhibit 6-6A: HIPAA-Student Access and Confidentiality Agreement

Exhibit 6-6B: HIPAA-Faculty/Staff Access and Confidentiality Agreement

Exhibit 6-6C: HIPAA-Student Release of Health Information Form

Exhibit 6-6D: HIPAA-Faculty/Staff Release of Health Information Form

Exhibit 6-6E: HIPAA-Privacy Practices Complaint Form (Patients/Students/Faculty/Staff)

Conclusions and Summary of the Self-Study Report

Note: *This summary culminates the self-study report in a qualitative appraisal and analysis of the program's strengths and weaknesses.*

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

1. Provide an evaluation of the assessment process. Discuss the effectiveness of the program relative to student achievement.

The SUNY Broome Community College Dental Hygiene Program has an excellent assessment process that is comprehensive, systematic, outcome driven and promotes the achievement of both the college and program goals. The continuous nature of the process has contributed to the strengthening of all aspects of the program. The Dental Hygiene Outcome Assessment Program has led to improvements in curriculum, facilities, equipment, and teaching and learning activities. A learner-centered environment that improves student learning is the main goal of the assessment process and outcomes.

A few examples of program improvement resulting from the Outcome Assessment Process:

- Alumni Survey- Offer two continuing education courses annually through the SUNY Broome Office of Continuing Education.
- Employer Survey – Increased experiences in impression taking, study model and mouthguard fabrication. Hired additional orthodontist for the DEN 201 impression lab to decrease instructor/student ratio. Faculty in-service presentation on instructor calibration of supervising dentists for impression taking, study models and mouthguard fabrication. Replaced worn model trimmers and model formers.
- NYS Dental Hygiene Practice Act –Included the instruction of the utilization of the NYS Dental Health Certificate and the DH Collaborative Practice in the curriculum.
- CDCA Performance – Purchased CDCA Calibration Calculus Cubes for faculty in-service and student preparation. Mock Board revised, increased patient difficulty experience, CDCA Coordinator attends national CDCA meetings, and redefine calculus detection to CDCA standards.
- National Dental Hygiene Board Exam–Utilize HESI EXIT Exam to determine student readiness, prohibit online science courses (BIO 131, BIO 132 and Pathogenic Micro CLT 208/209), Prohibit General Microbiology BIO 150, Utilized Elsevier Adaptive Quizzing throughout curriculum. Dental Hygiene faculty member lecturer for Dental Hygiene Seminars Board Review, faculty member selected by the Joint Commission on National Dental Examinations (JCNDE) to enter the National Board Dental Hygiene Examination test constructor pool.

- Advisory Committee – ADEC Training for Technical Assistant (Clinic Manager), silver diamine fluoride utilization, implant assessment and maintenance, implementation of AAP/EFP revised Periodontal Classifications.
- Program Completion Rates – Utilize Starfish to increase student retention. Students re-admitted to the Dental Hygiene program are required to take the “Smarter Measure Learning Readiness Indicator”. Results will be reviewed and the Health Sciences Division Staff Associate will make recommendations with follow-up documentation in “Starfish”. A Student Success Plan will be developed to optimize success for continuance in the Dental Hygiene Program. To improve program retention rates, in 2019, the program upgraded their admissions course pre-requisites from General Chemistry to Regents Chemistry.
- Student Complaint Log (Suggestion Box) – Access Card System installed in Men’s Locker Room, clinic blinds replaced, and new ceiling projectors installed in clinic and radiographic classroom.
- Patient Survey- Better clinic signage, replacement of clinic ceiling light covers, bigger unit hooks placed for patient coats/purses
- Chart Audit – Identified areas for instructor calibration bi-annual in-service, revision of Patient Health History, correct documentation of Indicator Strip on patient records, video orientation for online HIT students.
- Infection Control Audit – Utilize tray covers when indicated, use of the CDC Infection Control Audit tool.

2. Assess the stability of the program’s fiscal support as anticipated over the next several years.

The Program’s current fiscal support is stable and anticipated to remain so. The institution and program enrollment continues to remain constant to ensure adequate state and county fiscal support.

3. Assess how financial support affects achievement of program goals.

Current financial support has effectively permitted the achievement of the program goals. The exemplary facilities, equipment and the faculty/staff resources support the achievement of the program goals.

The program has developed goals that support its mission and vision statements of graduating competent entry-level dental hygienists who are prepared to serve their communities. Outcome assessment data has continually demonstrated the effectiveness of the program in attaining all of its goals.

The college always supports the achievement of program goals. In the Spring of 2020, the PAN machine needed to be replaced. The college funded the purchase of the CareStream 8100.

4. Evaluate the overall effectiveness of the professional community liaison of its interactions with the dental hygiene program in providing information on dental and dental hygiene practice and employment needs, and helping the program meet its objectives.

Broome County has a diverse professional community that is both willing and available to provide assistance to the program on a continual basis. Guest lecturers from our community are regularly utilized to provide enrichment on current topics, dental specialists provide invaluable consultation, and experienced clinicians serve as adjunct faculty.

In 2019, the Department was able to secure a local oral surgeon and a pediatric dentist for didactic and clinical instruction.

The SUNY Broome Dental Hygiene Advisory Committee provides valuable input on dental and dental hygiene practice and employment needs. The advisory committee has always demonstrated a true and steadfast commitment to assisting the Dental Hygiene Department to achieve its program mission and goals.

The program was the recipient of the 2020 New York State Dental Society's Foundation of Excellence in Academics Award.

STANDARD 2 - EDUCATIONAL PROGRAM

1. Evaluate the admissions criteria relative to student achievement and program completion rates.

In the past, the admissions criteria has not been rigorous enough to effectively identify students with the potential for completing the curriculum. Recent changes in pre-requisites have been instituted to help increase program completion rates. In the past, a student could be qualified to enter the program without taking the rigorous Regents Biology course. All qualified applicants must now take Regents Biology or the college level equivalent. Starting fall 2020, candidates must now complete the Regents Chemistry or college level equivalent. However, in the past general chemistry was allowed. The student must also complete a minimum of 12 hours of shadowing a dental hygienist before entering the program. In addition, the program utilizes the competitive admissions process to ensure that the most highly qualified candidate gains acceptance into the program. Therefore, recent high school graduates will no longer have preferential acceptance into the program.

The Division of Health Sciences implemented a student success course through a pilot project underwritten by a Perkins grant. This course, entitled HST 109 Personal Success Strategies, offers prospective health science students the opportunity to examine thought processes for building self-confidence, soft-skills, responsibility, critical thinking skills, and goal setting. The ultimate intent of this program is to increase the success rate of students who enter the health science programs.

The College utilizes an Early Alert, Starfish Program that encourages faculty members to notify students of any academic issues or problems that could impede their success. This

system allows faculty to electronically submit notes to students regarding their progress. A Retention Specialist oversees the program and acts as an advocate for the student to obtain additional support and resources in the event that additional interventions such as tutoring, counseling or other programs are advised.

2. Assess the effectiveness of policies and methods used for the award of advanced standing credit. Do they effectively result in equivalent student competence?

The policies and methods used to ensure that students exempted from courses in the dental hygiene curriculum have met achievement standards that equal or exceed those expected of students who complete courses in the usual manner are adequate. A student who is awarded advanced standing through transfer credit must complete the remaining courses in the same sequence and at the same level of competence required of all other dental hygiene program students.

3. Describe any concerns related to enrollment trends.

Enrollment statistics are stable and do not reveal any trends that warrant concern. Applications continue to increase and course enrollment has remained at capacity for many years.

The College built on-campus student dorms that increased our out of region and state applicant pool. With the closing of SUNY Canton Dental Hygiene Program, application numbers are expected to increase even further.

4. 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.

Program goals, competencies, and course objectives provide for the continuous inclusion of scientific advancement and innovations in dental hygiene practice and health care systems. The SUNY Broome Dental Hygiene Outcome Assessment Program is an excellent and effective vehicle to meet this objective.

The Dental Hygiene Program supports the educational modality of Inter-professional Education (IPE.) The program has IPE experiences threaded throughout the curriculum.

5. Explain the rationale for the overall curriculum structure and sequence.

The SUNY Broome Dental Hygiene Department Mission Statement outlines that the objective of the dental hygiene curriculum is designed to prepare graduates to enter the profession as a competent entry-level dental hygienist. The overall curriculum sequence supports this goal. The entire curriculum is competency based. The sequencing of dental hygiene theory and clinical practice as well as general education and the biomedical sciences enables the student to acquire the necessary cognitive, affective and psychomotor skills required for the contemporary practice of dental hygiene.

All SUNY Broome Dental Hygiene Department course descriptions and objectives have been carefully formulated to accurately reflect the content delineated in the topical outlines. Course descriptions, objectives, course student learning outcomes, outlines and syllabi are reviewed as part of the SUNY Broome Dental Hygiene Department Curriculum Management Plan. The objectives are reviewed to ensure that the program goals and competencies are being met. Course descriptions are also reviewed annually in conjunction with the annual revision of the online College Catalog.

The campus initiative to utilize the Nuventive-Improve Assessment Program has been embraced by the Department. Currently we are utilizing both the Dental Hygiene Program Assessment Program as well as the Nuventive-Improve program until the implementation is complete campus-wide.

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

Students evaluate the outcome of dental hygiene care through extensive experience with clinic patients recalled for maintenance/continuing care appointments. Re-evaluation or reassessment is required and evaluated at each patient visit and is documented in the patient record.

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 Dental Hygiene Program Director has full responsibility and authority for the Dental Hygiene Program. This authority enables her to support the goals and objectives of the program.

2. Summarize and provide examples of the program director's authority to make decisions regarding continuous coordination, evaluation and development of the dental hygiene program.

- Continue implementing the Competitive Admissions Process
- Course Director and Online Coordinator for the Community Education course, "Local Infiltration Anesthesia and Nitrous Oxide Analgesia Administration for the Dental Hygienist: An On-line, Lecture and Hands-on Program"
- Coordinated the Accreditation Self-Study Process for the entire department
- Administratively supported the curriculum management plan revisions
- Coordinated the implementation of the Nuventive-Improve Assessment Program
- Directed the ongoing progress of SUNY Broome DH Quality Assurance Program and administratively supported the needed revisions

- Coordinated professional development activities for the faculty and staff securing continuing education courses and faculty in-services
- Coordinated at a minimum of two continuing education courses bi-annually for the local dental community through the SUNY Broome Community Education Department
- Continued as liaison with the University at Buffalo, School of Dentistry to offer annually a minimum of 12 live video-conferenced, 3 hour CE courses. DH Faculty are allowed to attend at a reduced rate
- Facilitated the following formal articulation agreements to enhance the educational environment of the program and promote life-long learning:
 1. Penn College (BSDH) Continuous
 2. Farmingdale State (BSDH) Continuous
 3. Farmingdale State Advanced (BSDH) Continuous
 4. University of Bridgeport (BSDH) (8/1/22)
 5. Nassau BOCES (AAS) (12/20/22)
 6. Monroe 2 BOCES (AAS) (Continuous)
 7. Greater Southern Tier - GST (Elmira) BOCES (AAS) (6/30/23)
- Facilitated the following formal affiliation agreements for student teaching interns to enhance the educational environment of the program and promote life-long learning:
 1. Farmingdale State (BSDH, MSDH) Continuous
 2. University of Bridgeport (BSDH) Continuous
 3. University of Bridgeport (MSDH) Continuous 8/1/2027
 4. United Methodists Homes, Hilltop Nursing Home 11/30/22
- Continued leadership role in the implementation of digital radiography and the utilization of the Eaglesoft Patient Office Management software.
- Continued the implementation of Web-time Entry to replace teaching contracts for clinical instructors and supervising dentists.
- Secured grants and Project Director for the following Decker Health Science Foundation, Sixth District Dental Society, Mee Foundation and Perkins Grant opportunities:
 - Digital Radiography, five size 2, two size 1 and one size 0 Carestream sensors. Upgrade included life-time warranties of sensors
 - Adoption of TalEval Clinical Evaluation System
 - Renovation of the Sterilization Room
 - Renovation of the Reception Room
 - Secured one pediatric DXTRR
 - Refurbished two DXTRRs
 - Replaced clinic blinds
 - Multimedia station added to Radiographic Classroom
 - Additional sink added to Sterilization Room
 - Security system installed in men's locker room

- Additional student computer stations added in the Reception and Patient Education Rooms
- Ultrasonic scalers/ Cavijet scalers
- Oxygen and nitrous tanks
- Cloud-based backup and disaster recovery system for Eaglesoft and Carestream Patient Data (Patterson's PattLock Online Backup))
- Conducted weekly department meetings
- Conducted annual Dental Hygiene Advisory committee meetings
- Implemented a voluntary on-line Dental Hygiene Chairperson evaluation administered by the SUNY Broome Teaching Resource Center
- Co-developed the successful global services learning courses, Health for Haiti and Global Health in Ireland. The multidisciplinary (IPE) courses are open to all SUNY Broome Students and students from other colleges.
- Health for Haiti was awarded the 2016 and the 2019 American Dental Hygienists' Association, Student Member Community Service Award. In addition, the SUNY Broome Health for Haiti student community service was showcased in SUNY 2019, 30 Days of Giving Campaign.

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

The college has provided the program with adequate faculty to teach the required contact hours. Faculty/student ratios delineated by the dental hygiene education standards are met. The chairperson is given scheduling flexibility to achieve program goals. The chairperson was able to secure a full-time tenure track faculty line after the retirement of a faculty member.

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.

The college has provided the program with adequate faculty to teach the required contact hours. Faculty/student ratios delineated by the dental hygiene education standards are met. The chairperson is given scheduling flexibility to achieve program goals. The chairperson was able to secure a full-time Clinic Receptionist position.

5. To what extent do laboratory, preclinical and clinical faculty/student ratios enable the program to achieve its objectives.

Faculty/student ratios in laboratory, pre-clinical and clinical sessions are maintained at or above the dental hygiene education standards. The ratios provide for adequate individualized instruction of student, process and end product evaluations and maximum protection of patients.

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

Faculty workloads allow for significant participation in student remediation instruction outside of the regularly scheduled class time. Faculty workloads assure individualized instruction and student remediation in clinic, laboratory and the classroom. Remediation, when indicated, is part of the instructional process of the program.

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 current arrangements for the supervising dentists who provide diagnostic, consultative and referral services for the dental hygiene clinic is effective. NYS State Regulations regarding proper supervision are strictly followed.

8. Assess the effectiveness of the faculty evaluation system.

The faculty evaluation system is a contractually governed process. The process was recently revamped and is now more consistent across campus. The evaluation system requires student, chairperson, self and peer evaluations. A professional development mentoring committee is assigned to aid the candidate with successful advancement and promotion. The candidate must develop an individualized professional development growth plan illustrating formal coursework, continuing professional education, campus workshops, campus activities and other professional scholarly activities. Teaching effectiveness and professional and community activities must also be evident for advancement. The current system is effective evaluation tool for faculty promotion and advancement. The department is fortunate to have experienced, dedicated and qualified faculty and staff.

9. Explain the extent to which the institution/program support the endeavors of faculty to meet and maintain qualifications listed within the standards.

The program faculty's opportunities to continue professional development are the same as those of other institutional faculty. Due to statewide budget cuts, the amount of professional development funds have decreased in the past several years, limiting professional development opportunities for the faculty.

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

A broad range of support services are available to the program to support students, faculty and staff in order to attain program goals. The services are more than adequate in scope and quality. The department is appreciative of all the available support to run our intricate program at such a high performance level.

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

1. **Assess the advantages and disadvantages of the capacity, design, and scheduling of clinical, laboratory and classroom facilities and equipment.**

The location of the Dental Hygiene Department in the Decker Health Science Building has enhanced all of the dental hygiene classroom and clinical facilities. The clinic is well designed and fully equipped. The facilities have adequate storage, and the design enhances student/patient safety. The clinical, laboratory, and radiographic facilities provide adequate learning experiences for the student to attain the outlined program competencies.

Maintenance of the building is exceptional. The entire clinic was recently painted and the clinic blinds replaced. The SUNY Broome Maintenance Department works diligently to keep our clinic teaching environment functioning properly. However, the temperature control in the building needs to be monitored to ensure comfort of our clinic patients who sit for an extended period of time. A window on the Plaster Lab door needs to be installed to increase student safety to facilitate student supervision.

An improvement to the teaching environment in clinic would be the installation of a dividing pocket door between the Main and Mini Clinics. Different course sections are scheduled simultaneously in the clinic, such as DEN 101 and DEN 203, and a pocket door would reduce distractions during lab instruction.

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

Program facilities and scheduling flexibility of dental hygiene courses adequately and effectively support the achievement of program goals and objectives. The facilities are state-of-the-art and the faculty has flexibility in scheduling which allows the students to attain the program competencies.

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 adequate clinical practice experiences for all dental hygiene students.**

The capacity and design of the clinical facility and the equipment available effectively contribute to the attainment of program goals. The facility design accommodates all aspects of clinical dental hygiene practice. Scheduling of the clinical facility assures adequate chairside instruction and clinical practice experiences for each dental hygiene student to attain program competence. Program enrollment is limited to specified facility capacity.

The installation of a pocket door to divide the Main and Mini Clinic would enhance the teaching environment.

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 Learning Resource Center contains a diverse and current collection of books and periodicals pertaining to dentistry and dental hygiene that are available for student, faculty and alumni use. Faculty members meet with our LRC Health Science liaison periodically to update and supplement our collection. Library online resources can be electronically accessed from anywhere and the library is open seven days a week.

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

An adequate budget is available to purchase instructional aids and equipment. Every year the department collection is updated and supplemented with new innovative products. The Dental Hygiene Short and Long Term Strategic plans are utilized to prioritize the items. Grant money is being sought through the Technology Fee process.

6. **Summarize and evaluate the effectiveness of all program support services.**

The Dental Hygiene Department is fortunate to have the extensive campus-wide program support services readily available to offer assistance when needed.

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.**

Policies and procedures employed by the program ensure a safe and healthy work environment for faculty, staff, students and patients. Current infection control procedures comply with OSHA and CDC recommendations and guidelines. The SUNY Broome Quality Assurance Program in Radiography exceeds the NYS requirements to ensure safety regarding protection from ionizing radiation. The sterilization and disinfection equipment and procedures necessary to practice current infection and hazard control are outlined, monitored and correctly implemented in the SUNY Broome Dental Hygiene Infection Control and Hazard Communication Programs.

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 policies and resources relative to emergencies.**

The emergency equipment and supplies are more than adequate to provide instruction in the management of emergencies. The program is fortunate to have the professional advice of the EMT/Paramedic faculty to provide expertise to Dental Hygiene Program. The emergency equipment and supplies are readily available in the clinical and laboratory areas. Emergency response protocol is posted. Telephones were placed in the clinic and

laboratory settings to facilitate communication with the Fire Department Dispatch Office in the event of an emergency. On campus security officers are readily available to offer assistance in an emergency situation. The campus has been outfitted with AED's. Every building on campus has at least one AED available for emergency use. The dental hygiene department purchased their own AED that was installed and housed in the clinic emergency equipment area. The Dental Hygiene Department has developed a quality assurance protocol to monitor and maintain the Dental Hygiene Clinic AED.

STANDARD 6 - PATIENT CARE SERVICES

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

The SUNY Broome Dental Hygiene Program places great emphasis on the provision of high quality dental hygiene care. We are extremely proud of the diligence and skills of our students, the tireless efforts of our faculty, and the support of our administration who make the provision of excellent dental hygiene care possible. The program prevents fragmented or incomplete patient treatment, and patients are not treated solely to enable students to meet clinical requirements. Clinical faculty monitor patient treatment, proper record documentation, and conduct chart/patient care audits to verify proper documentation and standards of patient care. The on-going SUNY Broome Dental Hygiene Quality Assurance Program is comprehensive and ensures quality dental hygiene care for our clinic patients.

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.

The SUNY Broome Dental Hygiene Program is very effective in ensuring continuous basic life support recognition of all students, faculty and staff who are involved in the direct provision of patient care. The status of all involved is carefully monitored and documented annually. In order to keep the faculty and students current and ready to respond in the case of an emergency, drills are conducted during all of the clinical courses. Faculty in-services are arranged to provide CPR instruction to faculty and staff. All students are recertified in CPR annually.

The Broome Community College Dental Hygiene Department, American Dental Association Commission on Dental Accreditation Self-Study is a compilation of the following documents:

1. Dental Hygiene Program Self-Study
2. Dental Hygiene Program Exhibits Book 1 – Standards 1 & 2
3. Dental Hygiene Program Exhibits Book 2 – Standards 3 - 6
4. Dental Hygiene Program Curriculum Book 1
5. Dental Hygiene Program Curriculum Book 2
6. Dental Hygiene Program Student Manuals Book 1
7. Dental Hygiene Program Student Manuals Book 2
8. Dental Hygiene Program Department Manuals

09/03/2020 Dental Hygiene Department - Self Study Draft