INSTITUTION: St. Petersburg College

Admissions

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.

a.	Number of classes admitted annually:	one
b.	Enrollment pattern (month and number):	May and 36
c.	Current total enrollment:	
	1st year students <u>36</u>	
	2nd year students 33	
	3 rd year students*	
	4 th year students*	
	(*To be completed if applicable)	
Facili	<u>ties</u>	
a.	Identify program(s) that share dental hyg laboratory technology, nursing:	iene facilities, e.g., dental assisting, dental
None		
None b.	Number of treatment areas used for preclinical/clinical instruction:24	ļ
b.	preclinical/clinical instruction: 24	
b. c. d.	preclinical/clinical instruction:24 Number of laboratory stations:40	
b. c. d.	preclinical/clinical instruction:24 Number of laboratory stations:40 Number of radiography units:	

b.	Dentists-					
	Full-time:	<u>0</u>	Part-time:	2		
	Supervising:	2				
c.	Dental assis	stants-				
	Full-time:	0	Part-time:	0		
d.	Non-Progra	m faculty-				
	Full-time:	1	Part-time:	0		
Curr	riculum					
a.	Name of ter	m (semester, modul	e, quarter, etc.): Seme	ester		
b.	Number of	terms: 6				
c.	Number of	weeks per term:	16			
d.	Total numb	Total number of weeks: 8				
e.	Award gran	Award granted at completion: Associate of Science				
f.	Total numb	Total number of credits: 88				
g.						
	lecture:	<u>525</u> ; laborator	ry: <u>135</u> ; clii	nic: <u>825</u>		
Cott	in a /Crami arrlana	Dalissams				
	ing/Curriculum	•	ruction occurs (See defi	nitions within EOPD).		
č	i. Site(s) where	dental hygiene mst	ruction occurs (see den	muons wumin EOI 1).		
	Off-Campu	s (major and minor a	activity sites):			
	Major site:	MacDill Air Force I	Base			
	Minor Activ	vity sites: Homeless	Empowerment Program	n, University of Florida,		
	Public Heal	=	1 5	•		
	On-Site: St.	. Petersburg College	Dental Hygiene Clinic			
	Enrichment	: same as minor acti	ivity sites			
b.	Describe any curriculum delivered via distance education technologies and/or non-traditional methods (list on-line, hybrid, and blackboard courses):					
				ybrid online course for the of the class time while the		

other portion is through live webinar style instruction with continual interaction with all students in the class.

Financial Support

a. Total direct cost budgeted for current fiscal year: \$910,290

Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity): List the names and addresses of the off-campus sites, purposes of the site, and the amount of time each student is assigned to the site.

Please <u>do not</u> list sites used for community service and service learning, these are exempt from the policy.

Name and Address	Owned by Institution $()$	Purpose	Duration
University of Florida 9200 113 th Street N. Seminole, FL 33772	NO	Clinical Affiliation: Minor site with experience of treating different populations, working with others in a team and observing a variety of dental treatments.	Used as a site days per year:1800L observation for 21 days / 2806L clinical 13 days/ 2802L clinical 19 days/2804L clinical 12 days (1-2 times as a student per semester)
Pinellas County Public Health Department Varies throughout the County – usually four locations	NO	Clinical Affiliation: Minor site with experience of treating different populations, working with others in a team and observing a variety of dental treatments.	Used as a site days per year: 1800L observation 21 days/ 2806L clinical 27 days/ 2802L clinical 13 days/2804L clinical 12 days (1- 2 times as a student per semester)
MacDill Air Force Base 6 TH DENTAL SQUADRON 3250 ZEMKE AVENUE MACDILL AFB, FL 33621- 5205	NO	Clinical Affiliation: Minor site with experience of treating different populations, working with others in a team and observing a variety of dental treatments.	Days per year: Major site fall semester 2804L clinical with faculty on site for supervision and grading 11 days with four students each- students are allowed to do only one competency and visit this site 1-2 times in this semester/ Minor site spring semester

			2806L no faculty on site clinical only for 14 days – students are there 1-2 times this semester)
Community Health Centers of Pinellas 1344-22 ND STREET SOUTH ST. PETERSBURG, FLORIDA 33712	NO	Clinical Affiliation: Minor site with experience of treating different populations, working with others in a team and observing a variety of dental treatments.	Days per year: 1800L observation 11 days/2806L clinical 13 days/ 2802L clinical 8 days /2804L clinical 11 days(1-2 times as a student per semester)
Homeless Empowerment Program 1119 Fairburn Avenue Clearwater, FL 33755	NO	Clinical Affiliation: Minor site with experience of treating different populations, working with others in a team and observing a variety of dental treatments.	Days per year: 1800L observing 10 days/ 2806L clinical 15 days

PREVIOUS SITE VISIT RECOMMENDATIONS

Using the program's previous site visit report, please demonstrate how all recommendations cited in the report continue to be in compliance.

At its August 8, 2013, meeting the Commission on Dental Accreditation adopted a resolution to continue the accreditation status of "approval without reporting requirements" for the dental hygiene program offered by the St. Petersburg College.

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 Program's planning and assessment process, as well as documentation of competencies has been a valuable process. The examination provided clear documentation for all faculty and administration to see the strengths and weaknesses of the program. Without this assessment mechanism in place, program changes would not have been implemented as quickly.

Areas the program recognized needed to be reinforced while going through the self study were the following in the clinical courses: Clinical calibration was being done, but not documented appropriately, so the program has created a binder and attendance will be recorded along with the minutes of the calibration workshops. The clinical evaluation sheet graded areas were revised to be more defined and the grade rubric was placed in the sheet. The faculty instituted a system of calibration for calculus category B/C/D patients each time a patient of that category is seen in the clinic. A clinic grade rubric was implemented for the grading scale to better define what the student needs to do or has to perform to be successful. Workshops are being held more often on different days for different faculty to attend to calibrate on the instrumentation competency and other graded evaluations. There were no changes to didactic classes that were indicated.

Review of patient surveys is continuous to monitor patient satisfaction. The data from our quality assurance plan influenced our decision to implement the recording of the comprehensive periodontal charting in two areas of the chart. It also created the decision to require all students, regardless of their level of growth in a semester, to complete a periodontal charting on every new patient or a patient that hasn't been seen in over a year.

Graduate surveys enabled us to make changes in comprehensive patient treatment and recognize program weaknesses. The Program instituted changes by incorporating and expanding practice management requirements by incorporating coding at each visit in the computer data system during the last two semesters of the sophomore year. It was directly because of the graduate surveys that indicated that this was a weakness in our delivery of patient treatment from a graduates perspective.

Curriculum changes were made in 2016, because of the need of our students to be more work force ready to enter a private practice with more knowledge of coding, inventory and practice management. After working together, the faculty and Program Director formulated a curriculum that addressed this and the curriculum was adjusted. A review

course was removed and a one credit course was added to the curriculum that specifically addresses practice management.

Preparation for taking the state board examination has also improved with the addition of a online review, through the publisher Elsevier, using the HESI practice exit exam as an end of program assessment tool.

The effectiveness of the process of the self study and the programs ability to adjust, adapt and implement change is a reflection of the vitality of the program.

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

The College has previously supported the Dental Hygiene Program with complete renovation of the dental hygiene clinic chairs, sinks, flooring and painting of the rooms. All new technology with 28 computers chairside for clinical and radiology stations were purchased with monitors and carts, that housed the computer, to put beside each chair. The College has also renovated areas in the building to accommodate storage of our dental supplies.

The College support staff work closely with the Program Director to prepare for grant monies that may be available for equipment purchases. This peripheral support is very welcome and appreciated and has assisted the dental clinic with replacement and purchasing of new equipment.

The fiscal support of the program in the future is not of concern.

3. Assess how financial support affects achievement of program goals.

Currently the budget is supporting the programs goals. The goals and resources needed for growth is based on justification for these costs. The Dean submits the request for the programs budget to the administration, after consultation with the Program Director and the Academic Chair.

The College continues to support the program with financial and professional growth. Faculty salaries and workloads continue to be competitive and support an excellent team. The partnership and funding for the US Air Force students definitely enhances the program since the Air Force pays the student's tuition, as well as the Air Force pays for faculty and staff support to maintain the ratio of faculty to student.

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.

The Advisory Committee is an effective liaison to the community and has been the impetus for some joint community activities such as the Care Fair and Special Olympics dental

screenings. Members of the advisory committee demonstrate continued support for the program. The 2019 Ways To Engage survey completed by the committee members was positive, with a few volunteering that they would assist where and when needed. In addition, dental offices volunteer for our student observation opportunity and the program uses community experts as guest lecturers for didactic and clinical instruction.

STANDARD 2 - EDUCATIONAL PROGRAM

1. Evaluate the admissions criteria relative to student achievement and program completion rates.

The Program has had some concerns with eligible applicants with the selective admissions process. The College is not concerned with enrollment statistics for the Program. The success of course completion in the first two semesters is monitored by the Program Director and Admissions. The dental hygiene Program's goal to achieve a 90% course pass rate is achievable. Losing more than two students has a significant impact on the class and the program.

However, there are some students that enter the Program and leave within the first or second semester because they are not aware of the comprehensive duties of a dental hygienist, the rigors of the program or that working so closely in an individuals personal space makes them uncomfortable. The dental hygiene programs webpage was updated by the Program Director to include more information for the applicant that may prepare them better for the program's expectations.

The faculty and the Program Director met to review the admissions process and consider an interview style process be added. Recent committee work included investigating the consideration of an interview, essay and group activity process that would be utilized as criteria in the selection of students.

2. Assess the effectiveness of policies and methods used for the award of advanced standing credit. Do they effectively result in equivalent student competence?

To date, the Program Director has not had any one eligible to be awarded advanced standing. There has been one student that entered the program from another dental hygiene program, but that student audited (took the courses she had received credit for from the other college, without receiving credits or a grade) courses until she could enter with the class she is graduating with. This approach allowed the student to familiarize herself with the program, enhance her skills while waiting to enter into the course she did not pass at the other College.

3. Describe any concerns related to enrollment trends.

The population of applicants continues to meet the programs requirements.

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.

The Programs goals and objectives are the commitment to promoting scientific advancement and innovations in dental hygiene practice. The Program recently replaced the traditional Panorex x ray machine with a digital Panorex that is fully capable of taking external Bite wing images also. The program just purchased a dental simulator to assist the program in tutoring students on the manikin with both instruments and equipment such as a slow speed hand piece or air polisher. The program has adopted air flow therapy as the approach to debridement for patient care.

The goal of the program is to increase by one for a total of 4 intra oral cameras to support the use of this technology during patient treatment. The program is investigating including and implementing oral cancer screening technology in the curriculum and the clinic. The analysis of the overall curriculum indicates that the Program is current with the latest evidence based scientific advances. Continued dental chair and technology updates are projected to be included in future budgets. The program would like to purchase another smaller digital sensor to accommodate patients.

5. Explain the rationale for the overall curriculum structure and sequence.

The sequence of the courses is planned to provide the first year student with the basic foundational concepts that support more advanced critical thinking skills as the student advances. Knowledge gained from the first year prepares the student for courses in the second year. By the time the student is preparing for graduation, the second year student has developed critical thinking skills and has met the entry skill level necessary for delivering patient care.

The last course in the semester, DHE 2806, is a course that focuses on the legal and ethical components of patient care but also has a requirement for both an end of program assessment measuring the students comprehensive knowledge with a HESI exit exam and the submission of the ePortfolio project the students have done. Students are responsible for creating the ePortfolio and showing their progress through the program. The ePortfolio is instrumental in connecting the competencies of the program with tangible evidence showing research, individual and group projects along with the student's personal struggles and triumphs throughout the program.

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

At each appointment, prior to starting treatment, the student is required to perform a reassessment of the previous intra oral exam and oral hygiene index. The majority of the patients are seen a second or third time for continuing care. The Programs clinic has been established for over fifty years and the students have an ample opportunity to experience maintenance (recare) or continuing care appointments (return).

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

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

The Program Director has full authority commensurate with her responsibilities to support the goals and objectives of the dental hygiene program. The Program Director works closely with the Academic Chair, who has an important role as the clinic coordinator. The Dean and the Administration are fully supportive of the dental hygiene program and its outcomes.

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.

The Program Director is an integral part of all phases of the dental hygiene curriculum. The Program Director works collaboratively with the Academic Chair, managing the budget for the clinic and approving items that are ordered. As grant monies or funds become available, the Program Director's focus is on replacement or purchasing of equipment for the clinical aspect of the program.

The Program Director led the curriculum management team and worked closely with the full time and adjunct faculty during the assessment and identification of all program competencies within each course syllabus. All course syllabi were updated reflecting where competencies were addressed in all courses in the program a number of years ago.

The Program Director worked College wide with others to develop milestones through out the semesters that students could accomplish. Measurable outcomes were developed to monitor these goals to see how many students were able to achieve them. The Program Director attended Curriculum management meetings to confirm correct pathways were established for articulation into the Program if there was eligibility.

The Program Director also requests all faculty submit course reviews each semester on selected courses taught the previous semester and complete a self-assessment of the courses they teach. The reviews are then discussed together as a group to improve the course, look for overlap or duplication and/or to strengthen areas seen as weak in the curriculum.

When changes are considered in major learning outcomes and /or objectives of the course, the changes that are decided are then submitted by the Program Director to the college wide Curriculum & Instruction Committee.

The Program Director was instrumental in changing the numbering sequence of the curriculum in 2015-2016 to what it is now. There are now sequential numbers for the clinic co- requisite courses that match the clinic courses. The Program Director also worked with the Curriculum department to change the credit load of DEH 2701 from 2 credits to 3 credits to strengthen the Community course, which is heavily tested on the National Boards. At the same time, a review course was dropped and that additional credit was used to develop the new DEH 2802 course. This new course was developed, in collaboration with the Academic Chair, and the course outline was submitted by the Program Director for approval. The course content addressed a weakness noted on graduate surveys that the program needed more practice management and coding in the curriculum.

The Program Director is involved as the Commission on Dental Competency Assessments (CDCA) Coordinator. Under the Program Directors direction the College was selected to be a host site for the State Clinical Exam in over a yearlong process of organizing and preparing.

The Program Director is the point of contact for arranging the HESI Board review. The Program Director arranges the set up of the online Practice Exams in the fall semester and then the proctored online exit exam in the spring semester. The Program director includes the HESI report as an effective reporting tool for the programs end of spring semester curriculum review meeting.

The Program Director has developed a long term plan for dental chair and equipment refreshment/replacement with the College's support and was able to purchase, through grant monies, the programs first simulator.

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

The number of program faculty is adequate for meeting program accreditation standards and goals. The higher number of adjunct faculty allows for flexibility in scheduling.

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.

Sufficient non-teaching time is provided for all three full time and adjunct faculty. The adjunct faculty includes two dentists who is present each semester and approximately 9-10 other adjunct faculty members. This allows multiple people adequate time for meetings and committee activities to review and implement changes on a continuing basis.

The past committees include the radiology committee, the ePortfolio committee, the Admissions committee and the Curriculum committee comprised of full time and adjunct faculty members.

5. To what extent do laboratory, preclinical and clinical faculty/student ratios enable the program to achieve its objectives?

The program is able to provide excellent faculty to student ratios during the program to allow for individualized instruction and evaluation of the process. Faculty/student ratios in pre-clinic are 1:5 during the few times the students work on manikins and then 1:2 to 3 when working on student partners. Clinic faculty /student ratios are usually 1:4 to 5 in clinic which allows for maximum protection for the patient and the evaluation of the process as well as the end result.

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

All dental hygiene course instructors are given time outside of class to supervise students who need assistance. Students are encouraged from the first semester to meet with their course instructor to seek assistance. Course directors also supervise students who may excel and want to work ahead on projects and/or assignments.

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.

There are two primary dentists that provide these services. At this time, both of the dentists is present each semester. A dentist is always providing direct supervision during each clinical session.

The dentist provides a cursory exam of the patient's oral condition and radiographic interpretation, if radiographs are taken. Students confer with the doctor for the dental charting and interpretation of radiographs. The doctor signs off on the referral form. Students then give the referral form to every patient and a copy is kept in the patient's chart.

8. Assess the effectiveness of the faculty evaluation system.

The faculty system includes both a self-assessment portion and an evaluation by the Program Director and then the signature of the Dean/Provost for full time faculty. For adjunct faculty the evaluation is completed by the Academic Chair. This is effective in providing feedback to all faculty, as well as establishes goals and professional development for the upcoming year for the full time faculty.

9. Explain the extent to which the institution/program support the endeavors of faculty to meet and maintain qualifications listed within the standards.

No full time faculty member has requested release time for professional development and has been turned down. Funds can usually be allocated. A specific dollar amount is allocated every year for full time faculty for professional development.

As documented in the self study, the Program receives support for all aspects of professional development. The dental hygiene program has equal support with those in other programs of the College.

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

The dental hygiene program receives outstanding support from the College. The staff assistant is excellent with processing requests from faculty and the

Web and Instructional Technology team have assisted dental hygiene faculty in implementing new teaching techniques. Student support services such as NIP, the library staff, Student Affairs, Student Activities and the Student Support Specialists are all excellent in supporting the Program.

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 clinical laboratory and radiography facilities on-campus are adequate. Supplies, materials, storage are adequately managed on a daily basis. The College built a storage area for the programs overflow of supplies and community out reach equipment.

State budgetary decisions may have an effect in the future as the program would like to plan for additional simulators and other equipment.

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

The facilities are not shared with any other programs so the schedule is created by the faculty and program director. All didactic courses are taught in a classroom dedicated to the dental hygiene program.

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 clinic is accessible to the program five-seven days a week and not shared with other programs. We chose to utilize off campus facilities to provide students with an opportunity to be part of a dental team providing comprehensive care to patients. The design of the clinic is "open" which may lend itself to confidentiality issues and private individualized instruction may be compromised due to this environment.

Our instructors and students make a concerted effort to afford as much privacy as possible in this environment. Presently any portable equipment and the use of computers on carts and other portable equipment slightly hinders the flow of the open spaces for movement

and access. This hindrance does not impact the students delivery of treatment or clinical practice.

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

The library holdings are comprehensive, diverse and the resources adequate. The librarian encourages faculty to order new books and instructional aids when monies are available, however most of the resources are now online. The virtual library is available 24 hours a day, seven days a week from the student's home computer. The library hours are adequate and while the HEC's library is closed on Saturday and Sunday, the libraries at other campuses nearby are open. The library does have extended hours prior to and during final exam weeks.

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

Both the dental hygiene program and library have a budget that is adequate for the purchase of some instructional aides and equipment, although available funds are limited by college budgetary constraints.

6. Summarize and evaluate the effectiveness of all program support services.

The College offers additional support through the New Initiative Project (NIP) for remedial support for our dental hygiene students. The acquisition of a new Anatomage (Anatomy and Physiology computer table) is an ideal addition to the instructional aids in the library learning center. The table is scheduled by instructors for assignments and for tutoring as an enhancement of learning.

The NIP instructors also manage the testing center for students that have testing accommodations. The testing center is very accommodating to the dental hygiene program by adjusting their testing hours around our class schedule. The testing center was recently renovated for better sound proofing.

The Library was recently renovated with group study rooms and a new carpet.

STANDARD 5 - HEALTH AND SAFETY PROVISIONS

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

The institution's policies on infectious diseases, ionizing radiation and infection control procedures are distributed or made available to the interested parties via the College webpage. The College has been thorough in its development, review, implementation and oversight of these procedures to ensure a safe environment for all.

The Dental Hygiene Program has the policies in the Program Manual.

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.

Emergency equipment is adequate and readily available for use. The Program follows the institution's policy in managing emergencies. Students are made aware of and examined on the protocol in DEH 1000 Introduction to Dental Hygiene, DEH 1601 Emergencies in Dental Hygiene and DEH 1003 and DEH 1003L Dental Hygiene I courses. The medical emergency content is given and clinical scenarios within those courses reinforce the protocol for emergency management.

The emergency equipment and protocol are in the Program Manual and is reviewed on the first day of clinic each semester.

STANDARD 6 - PATIENT CARE SERVICES

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

Students are required to complete all of the care that has been treatment planned on the patient before receiving credit for that patient experience. Patients receive comprehensive dental hygiene care and are randomly asked to complete a patient survey to helps us determine the patients satisfaction with their care.

Tracking of student's clinical evaluation sheets show completion of patients and if patients services are not completed by the time the student graduates, these patients are referred to the incoming new sophomore students for completion of care.

Patient surveys of satisfaction are in the high 99 % range. Any patient complaints are addressed immediately with the patient and the student. There are very few actual patient complaints. There is a suggestion box at the reception window for both patients and students to use. There is very seldom a note in there. Any notes are retrieved by the Administrative Assistant and shared with the Academic Chair/Program Director.

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 staff assistant tracks basic life support expiration dates for all students, faculty and staff involved in patient care. The staff assistant notifies by utilizing email and our Learning Management student communication system by sending a notice ahead of actual expiration dates. The CPR expiration list is checked at the end of each semester to prepare for the next semester if any cards need to be renewed.

The Program Director has posted notices and passes out a CPR contact list during orientation, for information about which agency offers CPR certification and renewal classes. There are many choices on this sheet of programs that provide the renewal classes at different times during the week and on Saturdays.