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| **PROGRAM NAME:** Dental Hygiene | **AUTHORING TEAM CONTACT:** Christine McClellan |
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| GUIDELINESTime Frames1. Scope:

The time frame of program review is five years, including the year of the review. Data being reviewed for any item should go back the previous four years, unless not available. 1. Deadline Dates:

January 15th – Program Review Document due to Department Dean for review (Deans may require submissions at their own, earlier due date)February 1st – Program Review Document due to Program Review Steering Committee1. Years:

Years 1 & 3 – Implement Action Plan of (CIP) and collect dataYears 2 & 4 – Analyze data and findings, Update Action PlanYear 5 – Write Program Review of past 5 years; Write Continuous Improvement Plan (CIP) and create new Action PlanLENGTH OF RESPONSES: Information provided to each question may vary but should be generally kept in the range of 1-2 pages or 500-1,000 words.**EVIDENCE GUIDELINES**: In the following sections, you will be asked to provide evidence for assertions made. 1. Sources: This evidence may come from various sources including professional accreditation reviews, THECB, Texas Workforce Commission’s CREWS, Institutional Research Office (IRO), National Student Clearinghouse, IPEDS, JobsEQ, EMSI Career Coach, and may be quantitative and/or qualitative. If you are unfamiliar with any of these information sources, contact the Institutional Research Office at: effectiveness@collin.edu. Use of additional reliable and valid data sources of which you are aware is encouraged.
2. Examples of Evidence Statements:
3. Poor example: Core values are integrated into coursework. (Not verifiable)
4. Good example: Core values are integrated into coursework through written reflections. (Verifiable, but general)
5. Better example: Core values are integrating into coursework through written reflections asking the student to describe how s/he will demonstrate each of the core values in his or her professional life and demonstrated through service learning opportunities. (Replicable, Verifiable)

**FOR MORE INFORMATION:** The Program Review Portal can be found at <http://inside.collin.edu/institutionaleffect/Program_Review_Process.html>*.* Any further questions regarding Program Review should be addressed to the Institutional Research Office (effectiveness@collin.edu, 972.599.3102). |

**Introduction/Preface**

[ ] EXECUTIVE SUMMARY

**Briefly summarize the topics that are addressed in this self-study, including areas of strengths and areas of concern. (Information to address this Executive Summary may come from later sections of this document; therefore, this summary may be written after these sections have been completed.)** Please do not include information in this section that is not already provided elsewhere in this submission. Using the questions in the template as headings in the Executive Summary can provide structure to the overview document (see below for suggested format).

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| **Executive Summary (suggested sections/format-not required format)**What does our program do?Why do we do the things we do: Program relationship to the College Mission & Strategic Plan. Why we do the things we do? Program relationship to student demand.Why we do the things we do? Program relationship to market demand.How effective is our curriculum and how do we know?How effectively do we communicate, and how do we know? How well are we leveraging partnership resources and building relationships, and how do we know?How have past Continuous Improvement Plans contributed to success?How will we evaluate our success? |

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| **Complete the Executive Summary below after you have completed your review.**The philosophy of Collin College’s Dental Hygiene Program is to achieve its mission by promoting the facilitation of learning in a positive and supportive manner while participating in the learning and decision-making process based on research, scientific evidence, logical, ethical, and professional judgment. The Dental Hygiene Program strongly promotes communication, professionalism, and workforce preparedness through continued applications in the dental hygiene clinic where we treat patients from the community. Collin College’s Dental Hygiene Program prides itself on being student-centered and maintaining the college’s core values as it works to support strategic goals. The program has a wonderful reputation that draws many incoming candidates from around the country. Dental hygiene curricula are governed and supported by the Commission on Dental Accreditation (CODA) and undergo an extensive accreditation review every 7 years. The most recent CODA site visit on November 9, 2021, granted Collin College’s Dental Hygiene Program an accreditation status of “approval without reporting requirements.” The next accreditation site visit will be in 2027. Strengths of the program include the recent department renovations/expansion completed on November 9, 2022. This has allowed our program to increase student enrollment due to the demand for dental hygienists in our local area and across Texas. We have state-of-the-art equipment that helps with teaching the new first-year students proper techniques/technology so that the curriculum can build upon each course as they transition from the Simulation Lab (in the past notes as the Dental Material Lab) to the clinic where patient treatment takes place. The increase in enrollment has also increased the need for more adjunct faculty and supervising dentists to help support our student and patient needs. The facility expansion has given us more opportunities to bring in more technology and resources to help support student success as we are preparing them for their licensure exams on the National and Regional levels, where our students consistently earn a 99% pass rate. The new equipment has given us options in how we can teach to a more real-world experience. We will continue to monitor our strengths and weaknesses within our program and stay student-centered so we can commit to the community that we are graduating competent healthcare providers.  |

Section I. *Are We Doing the Right Things?*

[ ] **1. WHAT DOES OUR PROGRAM DO?**
 **What is the program and its context?**This section is used to provide an overview description of the program, its relationship to the college and the community it serves. **Keep in mind the reviewer may not be familiar with your area**. Therefore, provide adequate explanation as needed to ensure understanding.

*Suggested points to consider:*

* *Program’s purpose (Include the program’s purpose/mission statement if one exists.)*
* *Program learning outcomes or marketable skills*
* *Brief explanation of the industry/industries the program serves*
* *Career paths and/or degree paths it prepares graduates to enter*
* *What regulatory standards must the program meet (THECB, Workforce, external accreditation)*

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| The philosophy of the Dental Hygiene Program is to achieve its mission by promoting the facilitation of learning in a positive and supportive manner and offering open involvement and active participation in the learning and decision-making process based on logical, ethical, and legal judgment. Positive and supportive learning in the Dental Hygiene Program includes a focus on problem-based learning in entry-level courses during the first year of the curriculum and case-based learning and the application of critical thinking skills during the second year of the curriculum. The mission statement of the Dental Hygiene Program is to promote lifelong individual growth and excellence through strengthening the intellect, character, and capabilities of each dental hygiene student. To provide within the resources available, a dental hygiene program would provide the highest standards of care to meet individual and community needs. The Dental Hygiene Program serves the dental healthcare workforce in Collin County and surrounding areas. Dental hygienists are professionally trained and licensed (state by state) as preventive specialists who are employed by most dental offices. Dental hygienists are trained in radiology, pharmacology, periodontology, anatomy of the head and neck, diseases of the head and neck, systemic diseases, oral pathology, microbiology, and the management of medical emergencies. They provide preventive and periodontal (gum) therapies called non-surgical periodontal therapy, radiographs, oral cancer screenings, application of dental sealants, periodontal assessments, tobacco cessation, and nutritional counseling. Dentists rely on dental hygienists to properly treat each patient based on needs assessment, with professionalism/integrity, to work well as a team, to exhibit knowledge, and to build strong relationships with each patient. The Dental Hygiene Program has established a list of marketable skills to help our graduates secure employment. We help each student with operating diagnostic and therapeutic instruments and equipment, maintain electronic records with office management software, chart normal and abnormal oral conditions for diagnosis, provide education to patients for improvement of their oral health, refine motions and gross motor skills to control instruments, manage patient time appropriately and efficiently, problem-solving skills to assess patient care, effective communication, to engage respectfully with healthcare professionals and to work ethically, responsibly, conscientiously with no or little supervision. Our program learning outcomes focus on getting our graduates ready to move seamlessly into the workforce. They involve Professionalism and Professional Growth and Development, Health Promotion/Disease Prevention/and Service Learning, and Patient Care (See Appendix B – Dental Hygiene Program Learning Outcomes. Marketable Skills (Also in Appendix A – Dental Hygiene Marketable Skills* 1. Operate diagnostic and therapeutic instruments and equipment.
	2. Enter and maintain electronic records utilizing various dental office management software.
	3. Chart normal and abnormal oral conditions for diagnosis.
	4. Provide clinical services and health education to improve and maintain the oral health of patients.
	5. Repeat motions of bending/twisting when working with patients as well as fine and gross motor skills to grasp, handle, and control instruments.
	6. Manage time appropriately and work efficiently.
	7. Apply problem-solving skills to assess effective patient care and care planning.
	8. Engage in effective and collaborative communication with patients, co-workers, employer, patients by phone, written form/email and in person.
	9. Engage effectively and respectfully with professionals from other healthcare professions and with the peoples from many communities and cultures.
	10. Work ethically, responsibly, conscientiously, with no or little supervision.

As a graduate of the Collin College Dental Hygiene Program, each student is prepared to immediately (upon receipt of license from the state) join the dental workforce as a Registered Dental Hygienist (RDH). Graduates with Associate of Applied Science in Dental Hygiene degree can choose from a variety of clinical practices including dental offices and community clinic settings. In addition, Collin graduates are invited to participate in a degree completion program with Texas Woman’s University where they earn a bachelor’s degree online while employed as an RDH. Collin College’s dental hygiene students also can participate in a dual degree program with Texas Woman’s University. Students that complete the dual degree program, graduate with an AAS in Dental Hygiene from Collin College and a BS in Dental Hygiene from TWU. Licensed dental hygienists with a bachelor’s degree and proper workforce experience are qualified to serve as faculty in a dental hygiene program that offers an AAS. Additional employment opportunities for dental hygienists with a bachelor’s degree include research, insurance, dental supply, and the pharmaceutical industries. Every 7 years, the program must meet the standards of an external accreditation from the Commission of Dental Accreditation (CODA). This is a very extensive process and Collin College’s Dental Hygiene Program was evaluated by CODA on November 9th and 10th, 2021. The most recent CODA site visit granted Collin College Dental Hygiene Department the accreditation status of “approval without reporting requirements.” To be awarded a license in any state, candidates must graduate from a CODA-accredited program, and successfully pass a 350-question National Board Dental Hygiene Examination, an ADEX Clinical Examination, and a jurisprudence examination for each state in which they will be applying for licensure. Our department has collaborated with the regional examining board to host the clinical examination in our dental hygiene clinic for our students and outside candidates. These exams are very costly for students, totaling between $1800-$2000, however now that we are hosting this exam, we can keep the cost down for our students to $1,500.00.Collin College’s Dental Hygiene Program consistently has a 99% pass rate on all licensing examinations. Ninety percent of students become gainfully employed in a dental office within the first 6 months following graduation.Collin College’s Dental Hygiene Program promotes pride and commitment to the profession, an appreciation of the roles of the individual members of the healthcare team, and the importance of cooperation and sharing within the team. Faculty and staff prepare students for the workforce with practical applications through clinical skill instruction, challenging critical thinking, and leading by example in the live clinic. Faculty meet bimonthly to discuss and plan the effectiveness of real-world activities presented in the clinical setting. Faculty constantly adjust to ensure practical applications align with workforce realities. This prevents outdated practices from being executed within the practice lab setting. For example, the process of patient care based on the American Dental Hygienists’ Association (ADHA), OSHA standards, and the Texas State Board of Dental Examiners Rules and Regulations are reviewed each month by faculty. Any changes made by the listed entities are revised and implemented into the clinic protocol to reflect current practices. Students are supported fully by faculty in preparation for the National Board Dental Hygiene Exam (NBDHE) and the clinical licensing exam conducted by the CDCA-WREB-CITA agency through learning, coaching, calibration, and critical thinking platforms. Appendix A: Dental Hygiene Marketable SkillsAppendix B: Dental Hygiene Program Learning OutcomesAppendix C: National Board Dental Hygiene Examination Results |

[ ] **2. WHY DO WE DO THE THINGS WE DO: PROGRAM RELATIONSHIP TO THE COLLEGE MISSION & STRATEGIC PLAN.**

* **Provide program-specific evidence of actions that document how the program supports the College’s** [**mission statement**](https://www.collin.edu/aboutus/)**:** “*Collin County Community College District is a student and community-centered institution committed to developing skills, strengthening character, and challenging the intellect.”*
* **Provide program-specific evidence that documents how the program supports the College’s strategic plan (2020-2025 Strategic Plan)**: <https://www.collin.edu/aboutus/strategic_goals.html>.

*Suggested/possible points to consider:*

* *What evidence is there to support assertions made regarding how the program relates to the mission and strategic plan?*
* *Think broadly-increasing completion, articulation agreements, pathways from high schools, etc.*
* *Analyze the evidence you provide. What does it show about the program?*

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| Developing Skills: The Dental Hygiene Program supports the college’s mission by providing a supportive and enriched learning environment, promotes lifelong learning, and allows for individual growth for each dental hygiene student. Faculty members ensure the success of students by engaging in methodology that maintains a rigorous curriculum, utilizing scientific and research-based practical learning strategies in all didactic, laboratory, and clinical courses. Strengthening Character: The Dental Hygiene Program organizes activities that benefit the students and faculty alike, including John R. Roach Juvenile Detention Center and the Texas Scottish Rite Hospital for Children. The program meets individual, and community needs by providing the highest standards of care with the resources available. Challenging Intellect: The Dental Hygiene Clinic at the McKinney Campus serves approximately 1,300 community patients/clients each year, providing oral care services for a nominal fee. Dental Hygiene students are challenged in each clinical course by progressing through the standards of the dental hygiene process of care which requires critical clinically based thinking. Students also participate in a variety of community-based learning activities where they experience dental clinics and interact with other dental teams on a weekly basis. In partnership with leaders in the community and the Dental Hygiene Advisory Committee members, our department organizes community service events annually that are hosted on campus in the dental hygiene clinic. The most recent community service project was held in April 2023. This project was a collaboration between dental hygienists and dentists in the community, both the first and second-year dental hygiene students and the dental hygiene faculty. Each patient was able to receive preventive or therapeutic oral care at no cost to the individual. Many of the patients were also treated at no cost for the restorative or surgical extractions provided by the volunteer dentists. Strategic Plan:* 1. Improve student outcomes to meet or exceed local, state, and regional accreditation thresholds and goals.

\*Student outcomes and accreditation standards have been met. This is reflected in our passing rates in licensure exams, both nationally and regionally. Our most recent accreditation site visit in passing with a status of “approval without reporting requirements’ is a true success and statement of where our program is at currently. Every student, program outcome, and competence were evaluated in great depth by our accreditation site visitors in November of 2021. * 1. Develop and implement strategies to become a national exemplar in program and student outcomes.

\*Faculty have taken professional development courses related to clinical teaching and have developed an OSCE (Objectively Structured Clinical Examination) for 1st-year students which will be taken at the end of their Fall 2023 semester. The outcomes of this exam will let the Clinic Coordinator know students’ strengths and where improvements are needed as they enter Spring Semester 2024. * 1. Create and implement comprehensive integrated pathways to support student transitions.

\*We currently have a partnership agreement with Texas Woman’s University. One pathway option is to earn a Bachelor of Science in Dental Hygiene while concurrently enrolled as a student in our dental hygiene program. The other pathway option is a bachelor’s degree completion program that our graduates can enroll in after graduating with their A.A.S. in Dental Hygiene degree. We have also communicated with recent graduates the approval of the new bachelor’s degree program at Collin College for healthcare professionals. We are working on learning and being able to share more about this program with our current students so that they have all the information regarding furthering their education. Currently, 5% of the applications for the new BAS COM degree that started in October 2023 were from our Dental Hygiene graduates. We anticipate this number increasing as the BAS COM degree is building momentum.* 1. Implement the third Baccalaureate degree by Fall 2022 and continue adding 2+2 programs with university partners.

\*Inform and encourage graduates to further their education by enrolling in the recently approved Bachelor of Applied Science in Clinical Operations Management that opened for enrollment in Fall 2023. One of the department’s full-time faculty members, Emily Henderson, was a part of the task force that helped research and conduct a needs assessment for a Bachelor pathway for our health science majors. This degree is designed to allow all students with an A.A.S. in a healthcare program to transfer hours from their degree into the bachelor’s degree curriculum and enroll in the remaining upper-level course hours needed to complete the degree plan. * 1. Develop and implement a comprehensive staffing and succession model.

\*Added additional adjunct faculty and dentists to support the increased student enrollment while strategically placing each one in a position aimed at the future.* 1. Develop a coordinated and systematic approach to engage external stakeholders.

\*Continue to engage with community partners to develop and execute dental care community service projects. Core Values: The goals of the Dental Hygiene Program support the college core values of learning by creating an active learning environment that integrates the principles of evidence-based research while promoting critical thinking, self-evaluation, innovation, creativity, and lifelong learning.**Learning-** Collin College’s Dental Hygiene graduates exhibit a 99% pass rate on the written National Board Dental Hygiene Examination (NBDHE) and the Regional Examination Board, (clinical licensure board examination). The program has a selective admissions process that attracts candidates who are committed to a rigorous learning environment. Collin’s dental hygiene students learn in real-world environments through community partnerships and in a live clinic on the McKinney Campus where dental services are provided to over 1,300 community members a year. These experiences prepare students for the realities of the dental workforce in a monitored clinic that encourages critical thinking and a high standard of care that is set by our profession. Learning through self-assessment is strongly promoted in the dental hygiene program. Faculty believe that professional and personal growth is achieved through self-reflection. A tool called SWOT (Strengths/Weaknesses/Opportunities/Threats) has been implemented department-wide to facilitate quality self-reflection for students and faculty. SWOT asks the student to report their strengths, weaknesses, opportunities, and threats in reflection of hands-on experiences. This is a written requirement by clinical faculty as a weekly log of clinical and community rotation experiences. SWOT helps students discern between their external and internal locus of control, promoting a realization of the difference between what they can change and what they must adapt to in a professional setting. **Service and Involvement-** The program provides clinical experiences with community partners that promote a commitment to community service and civic involvement. Community partners with expertise in periodontology, pathology, pharmacology, and oral medicine provide students with the knowledge and clinical competence required to provide current, comprehensive dental hygiene services in a variety of settings for individuals of all ages and stages of life, including those with special needs. Community partners include John R. Roach Juvenile Detention Center, Plano Senior Center, Plano Head Start, and Texas Scottish Rite Hospital for Children, and the Stomatology department at Texas A & M School of Dentistry in Dallas. Each year students promote oral health education at the Collin College Health and Safety Fair and our annual community outreach provided in our clinic. At these events, students speak with community members about proper oral hygiene and nutrition, provide screenings, and apply fluoride treatments for underserved children. In addition, students and faculty alike participate each semester in community projects such Feed My Starving Children Ministries.**Creativity and Innovation-** Collin’s Dental Hygiene Program partners annually with the Emergency Medical Services (EMS) department to create simulated emergency training scenarios (facilitated by program faculty member, Emily Henderson and the Director of Healthcare Simulation, Kristen Sinnes. Dental Hygiene and EMS students engage with one another and collaborate by responding to staged medical emergencies in the dental office. Both departments can demonstrate assessing their patients and treatment skills while under the watchful eye of EMS and Dental Hygiene faculty. This creates an interdisciplinary collaboration that aligns with the core value of service and involvement while promoting learning, creativity, and innovation. Dental Hygiene faculty continually strive to meet the needs of learners and changing generations through educational methodology and exploring new ways to facilitate active learning in the classroom. One dental hygiene classroom has transitioned to 100% team-based learning while others implement case studies, hands-on applications, and guest speakers that provide practical information for the workforce. Students participate in mock interviews with a local job placement agency prior to graduation. Frequent faculty meetings allow for brainstorming and updating teaching strategies in a constantly changing healthcare atmosphere. **Academic Excellence-** Collin students present evidence-based research to over 200 local dental community members at The Collin College Dental Hygiene Research Forum. Students are encouraged to present their research at the Annual Texas Dental Hygienists' Association. These activities require a high level of understanding of the material presented and the ability to verbally relay scientific information. Second-year students must compose an extensive literature review centered around an approved topic of their choosing. These papers are considered for publication based on the quality and accuracy of content. The publication venues include RDH Magazine, Dental Academy of Continuing Education, Today’s RDH, and Dimensions Journal of Dental Hygiene. In the last five years, a total of 12 students have seen their work published, with some undergoing peer review for continuing education courses. As health science majors representing the dental hygiene program, students are challenged to maintain a higher level of academic standards. For example, a student must achieve a score of 93 or higher to earn an A for any dental hygiene course and must pass all courses with nothing less than 75% to matriculate in the program. **Dignity, Respect, and Integrity-** Collin’sDental Hygiene Program supports the college’s core values of dignity, respect, and integrity by creating an environment that promotes the importance of wellness in both students and patients by understanding the relevance and integration of preventive dental hygiene services in an evolving health care system. Community partner rotation sites often involve patients from multicultural and/or underserved populations. Students learn to address each person from a place of respect and cultural sensitivity. Dental hygiene faculty maintains a position of respect for each student by understanding the needs and challenges that come with participating in a rigorous program. All faculty remain current with licensure with the Texas State Board of Dental Examiners which requires 24 continuing education hours every 2 years, OSHA/HIPAA training every year, basic life support certification every 2 years, and a jurisprudence test every 4 years. Faculty maintains integrity in the profession by continuing to work in private practice, being a member of the professional association American Dental Hygiene Association (ADHA), being involved in legislative advocacy, and staying current with evidence-based science in dental medicine. Integrity is promoted among the student population through a heavy emphasis on professionalism. Dental hygiene faculty have set high standards for maintaining a professional environment in a patient care setting. Criteria for professionalism and treating individuals with respect and integrity are not only discussed in daily clinical meetings called “huddles” prior to each clinic session, but also displayed by faculty through preparation, appropriate language, proper attire, and timeliness. The dental hygiene curriculum includes a course in dental hygiene practice and ethics. Students not only learn the Texas Dental Practice Act set forth by the Texas State Board of Dental Examiner’s Rules and Regulations; they also role play and discuss in detail specific ethical dilemmas that may occur in the dental office. This promotes awareness around making ethical decisions with integrity and respect for self, others, and the set laws that govern the profession of dental hygiene.  |

[ ] **3. Why we do the things we do: Program relationship to student demand**

**Make a case with evidence to show that students want the certificate. Discuss whether or not there appears to be any disproportionate enrollment by gender, race, and ethnicity (compared to Collin College’s overall student demographic distributions** [**http://inside.collin.edu/iro/programreview/prfilehostpage.html**](http://inside.collin.edu/iro/programreview/prfilehostpage.html)**). If any differences exist discuss possible reasons why the gap exists, and plans to address these issues to close gaps in enrollment rates between groups of students (refer to the Program Review portal for Enrollment Reports and Average Section Size data files for your program** **<http://inside.collin.edu/institutionaleffect/Program_Review_Process.html>).**

*Suggested/possible points to consider:*

* *What is the enrollment pattern? Declining, flat, growing, not exhibiting a stable pattern, please explain. For required program courses where there is a pattern of low enrollment (fewer than 15 students), explain your plan to grow enrollment and/or revise the curriculum.*
* *What are the implications for the next 5 years if the enrollment pattern for the past 5 years continues?*
* *Describe any actions taken to identify and support students enrolled in program-required courses early in the degree plan. If no actions are taken at the present, please develop* *and describe a plan to do so.*
* *How does your program support (or plan) to support attraction of a diverse student population?*
* *Check with Institutional effectiveness for Data Reports -names of reports*
* *Analyze the evidence you provide. What does it show about the program?*

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| Collin College’s Dental Hygiene Program’s enrollment patterns are within the boundaries of equipment and workspace. Each year, approximately 80-115 candidates submit applications to the dental hygiene program which awards an AAS. degree. From this pool of applicants, 16 candidates had been accepted from 2019-2021. Starting Fall 2022 we increased our enrollment to 24 candidates. Cohorts progress together through the program over the course of 2 years. The department completed a facility expansion in November 2022; therefore, increasing our program enrollment from 16 to 24 students per cohort each year. We now have 12 dental hygiene operatories in the clinic, and 2 students are assigned per clinical operatory which will keep future enrollment at 24 students. Students rotate between the clinic, classroom, and community sites from day to day. The students are assigned to a specific operatory in the dental hygiene clinic which allows each student to work independently in the assigned operatory unit. This emulates a private practice environment, preparing students for the workforce. It also allows for community members to receive quality dental hygiene services at a greatly reduced rate.The enrollment pattern for each new acceptance class presents a stable pattern. All accepted candidates enroll in the first-year courses as assigned. Due to the recent clinical and simulation labs expansion, there are no implications that affect program enrollment patterns as we are capped at accepting 24 new students and will continue to allow 24 new students every fall semester.  The student’s ability to complete the program aligns with faculty support through mentoring, attainable curriculum requirements, proper timing and scheduling of progressive courses that build upon one another, open-door policies, compassion, and encouragement. The high demand for the program attracts students who enter the program with a strong work ethic and desire for completion. The pattern from the past 4 years (2019-2022) is that 1 student exits the program per cohort. The pattern is attributed to the personal circumstances of each student. The 4 students who have voluntarily exited the program over the past 4 years have all had extenuating life circumstances that did not allow them to maintain the demands of the program.

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| **Date** | **Number of Applicants** |
| **2018**Accepted 16 students | 67 |
| **2019**Accepted 16 students | 94 |
| **2020**Accepted 16 students | 80 |
| **2021**Accepted 16 students | 92 |
| **2022**We started accepting 24 students this year into our program. | 104 |
| **Total:** | 437 |

Faculty continually allow for open-door policies that support student lifestyles so that each student can meet with faculty and be successful in the dental hygiene program. Also, faculty meet monthly to discuss students who may be struggling and devise a plan to support the students. All faculty engage in educational methodology courses that teach effective processes to facilitate student success. Identification and support for future students in program-required courses come by way of students attending information sessions and contacting the department to ask questions or meet the staff. The staff works diligently to answer all questions that arise. The program has always attracted students from all cultures and ethnicities. Various teaching practices, methods of instruction, and professional development courses have continued to reinforce teaching the ESOL student, non-traditional students, and many other outside commitments, even amid a rigorous and competitive program. To accomplish this goal, the dental hygiene department completed the transition of additional courses to a blended format allowing for the use of online technology, providing access to learning at any hour of the day. Courses are also designed with multiple learning methods such as lab, lecture, clinical application, online format, and on-demand videos that can be accessed at any time and allow for repeated viewing throughout the two-year program. A variety of learning assessments also provides the opportunity for students to succeed in the area that they may learn best, as well as provide a well-rounded development of their learning styles. We have also seen a change in the average age of our students as well as a change in their preferred learning styles. Our cohorts now tend to consist of younger students who are more technologically dependent. Newer research has pointed out that students of this age group will learn better if engaged in learning on their “devices” (e.g., laptops, smartphones, tablets). This has prompted more frequent utilization of online resources during lecture courses such as Kahoot and Quizizz. The national board exam review course offers daily texts sent to students that provides one board exam-style question each day with the option of logging into the application and taking a short quiz on a particular subject. Students report successful outcomes in learning this way and appreciate being able to access information immediately.The demographic data submitted to the accrediting body from the past two years shows that our program has a continuous increase in enrollment among a diverse student population. This is attributed to the opportunity for internationally trained dental professionals who have relocated to Collin County to seek the required education and licensure requirements to practice dental hygiene in the state of Texas. There has also been an increase in male gender applicants and graduates. This is attributed to highlighting the male graduates from previous years who have been in various public relations and marketing promotions. Appendix D: Unduplicated Enrollment-Dental HygieneAppendix E: Duplicated Enrollment-Dental HygieneAppendix F: Dental Hygiene Student Demographic Data |
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[ ] **4. Why we do the things we do: Program relationship to market demand**

**Make a case with evidence to show that employers need and hire the program’s graduates. Some resources to utilize for information could be: JobsEQ** [**http://inside.collin.edu/iro/programreview/202021/ProgramLaborMarketInfo\_2020-21AY.pdf**](http://inside.collin.edu/iro/programreview/202021/ProgramLaborMarketInfo_2020-21AY.pdf)**, Burning Glass, O-Net** [**https://www.onetonline.org**](https://www.onetonline.org)**, Texas Labor Market Information** [**https://www.twc.texas.gov/businesses/labor-market-information**](https://www.twc.texas.gov/businesses/labor-market-information)**.**

*Suggested/possible points to consider:*

* *How many program-related jobs are available in the DFW Metroplex for program graduates? If the majority of related jobs in the DFW Metroplex require a baccalaureate degree, provide evidence that you have a current signed articulation agreement with one or more transfer institutions or that you plan to develop one.*
* *What proportion of the program’s graduates (seeking employment) found related employment within six months of graduation?*
* *What changes are anticipated in market demand in the next 5 years? Do program completers meet, exceed, or fall short of local employment demand? How will the program address under- or over-supply?*
* *Identify and discuss the program’s strengths and weaknesses related to market demand.*

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| Dental hygienists are responsible for providing preventive and periodontal therapy (gum disease treatment) in the dental office. This process of care includes a multitude of assessments including radiographs, treatment planning, implementing treatment, evaluating the patient’s progress and further needs, communicating effectively with the supervising dentist and specialists, exemplary patient communication, maintaining a high standard of clinical skills, staying abreast of current dental science, and building trusting relationships with patients. Dental hygienists are trained in radiology, pharmacology, periodontology, head and neck anatomy, head and neck diseases, systemic diseases, oral pathology, microbiology, managing medical emergencies, tobacco cessation, and nutritional counseling. Employers (dentists) seek out graduates who are well-rounded in all the named proficiencies. Collin College’s Dental Hygiene Program comprehensively trains students in all areas of practice through didactic and hands-on experiences. The live dental hygiene clinic and community partners give students the opportunity to experience practical applications during the majority of their studies. This prepares students for the workforce in a competitive market where dentists depend on the hygienist to be the “heartbeat” of the practice since the hygienist spends more time with patients than any other professional in the dental office. According to the U.S. Bureau Labor Statistics, the number of Dental Hygiene in the U.S. jobs went from 219,400 in 2022 to a projected 235,700 in 2023. This is a 7% increase in the number of total jobs in the U.S. Texas ranks in the top five of all states with the highest employment levels with an estimated number of jobs totaling 11,510. The Texas Workforce Commission projects that by 2028 there will be a 37.8% increase in new dental hygiene jobs in the state of Texas, the second fastest-growing healthcare career in the state. This is likely due to the ongoing effects of the Covid Pandemic in 2020, which left a shortage of Dental Hygienists due to an increase in retirees from the profession. Also, according to the U.S. Bureau of Labor Statistics, the DFW/Arlington area ranks in the top ten metropolitan areas for the highest employment levels. An estimated 3,790 Dental Hygiene jobs existed in the metroplex in 2023. To help address the shortage of dental hygienists in the workforce, the program increased the cohort size by 50% (16 students to 24 students) beginning with the Class of 2024. With this increase, Collin College’s Dental Hygiene program has continued offering exemplary education for more students without compromising the standard of care for each patient treated in the clinic. The competing programs in the area are Texas Woman’s University, Dallas College, Texas A&M School of Dentistry, Concorde Career College, Tarrant County College, and Tyler Junior College. Collin College’s standards compete with or surpass many of the competing schools. Collin College Dental Hygiene was awarded accreditation in 2021 from CODA with exemplary standards and no recommendations. The Commission on Dental Accreditation (CODA) states a program achieving “approval (without reporting requirements) achieves or exceeds the basic requirements for accreditation.” Not every program receives this level of approval. Graduates of an accredited program who have passed all licensure exams and receive a license from the state are eligible to immediately enter the workforce whether they have an AAS or BS. Collin College Dental Hygiene has an articulation agreement with Texas Women’s University that allows two paths for students to attain their Bachelor of Science degree. One is a dual credit program that began in 2014. This allows students to simultaneously take courses at Collin College and TWU and graduate with both an AAS and a BSDH (Bachelor of Science in Dental Hygiene) degree at the same time. The other is a bridge program that graduates can complete online to pursue a BSDH after completing the program at Collin College. Also, several Dental Hygiene graduates are applying for the new baccalaureate degree program in Clinical Operations Management offered by Collin College. Many applicants report that Collin is their first choice based on the reputation of supportive faculty and workforce preparedness. Dental hygiene programs only have access to their own National Board results and acceptance/completion rates; therefore, a comparison of other schools cannot be provided. Based on surveys completed by Collin College Dental Hygiene graduates, 90% of graduates find employment in a dental office within 6 months. (See chart below)According to the Texas Workforce Commission, in 2022 registered dental hygienists in Texas earned an average of $38.31 an hour or $79,690 annually. According to the American Dental Association, this continues to increase due to the shortage of dental hygienists created by the 2020 COVID-19 pandemic and the population increase in the state. Dentists do not base their salary on whether the hygienists have an associate or bachelor’s degree. Dental hygienists must have a high school diploma and several prerequisites to enter any accredited dental hygiene program. Dental hygiene jobs are highly competitive due to dentists looking for highly trained clinicians who have exemplary patient communication and professionalism. Collin College’s Dental Hygiene Program reinforces these abilities, along with clinical skills, to prepare graduates for the workforce. Communication and professionalism are discussed at most huddle meetings, in the classroom, and students must pass competency exams where both are graded criteria. The department office gets many phone calls from dental offices asking for recommendations for hygienists, as they only hire Collin graduates.

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| **Year** | **Program Completers Employed****6 months of Completion (Graduation Year)** |
| 2019 | 14 |
| 2020 | 15 |
| 2021 | 15 |
| 2022 | 15 |
| 2023 | 14 |
| Total | 73 |

 |

Section II. *Are We Doing Things Right?*

[ ] **5. How effective is our curriculum, and how do we know?**

**A. Make a case with evidence that there are no curricular barriers to program completion. Review data related to course enrollments, course completion rates, course success rates, and the frequency with which courses are scheduled to identify barriers to program completion.**

*Suggested/possible points to consider:*

* *Number of students who completed the program awards in each of the last 4 years? If the number of graduates does not average 5 or more per year, describe your plan to increase completions and address this issue in the Continuous Improvement Plan (CIP).*
* *At what point(s) are substantive percentages of students dropping out of the program? Use data in the “Program-Based Course Performance” tool to examine enrollment flow through the program curriculum. Does the data suggest any curricular barriers to completion? Address problems in the CIP.*
* *Analyze the course success rates and the course completion rates of each course in your program. Address problems in the CIP.*

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| The program had 59 total students in the past four years complete the course requirements and be awarded an Associate of Applied Sciences in Dental Hygiene degree. The maximum capacity for each cohort for the last four years was 16 students. Between the years 2020-2022, each of these graduating cohorts had one student withdraw from the program in the fall semester of the first year, for a total of 15 graduates in these cohorts. These students withdrew from the program due to personal circumstances regarding family responsibilities or the underestimation of the rigor of the program and balancing with their personal life. The Class of 2022 had 14 graduates, one student withdrawing for personal reasons in the fall semester of the first year and the second withdrawing in the spring of the first year due to a physical accident that impaired the student to perform dental hygiene clinical skills. Collin College’s Dental Hygiene Program has displayed high numbers of applicants (see chart above in question #3), acceptance of 16 students, and successful completion of 14-15 students (including achieving full licensure) over the past 4 years. The dental hygiene faculty conduct monthly and/or bimonthly meetings where barriers to student completion are discussed and strategized for improvement with a didactic and/or clinical proficiency contract where the faculty meets with the student to create a plan to achieve competence on the course content or clinical skill being presented. We have established weekly open lab time where students can practice clinical skills with faculty outside of their scheduled clinical time.  |

**B. Show evidence that the institutional standards listed below have been met. For any standard not met, describe the plan for bringing the program into compliance.**

1. **Completers Standard: Average 25 completers over the last five years or an average of at least five completers per year.**
Number of completers: 73
If below the state standard, attach a plan for raising the number of completers by addressing barriers to completion and/or by increasing the number of students enrolled in the program. Definition of completer—Student has met the requirements for a degree or certificate (Level I or II)
2. **Licensure Standard: 93% of test takers pass licensure exams.**If applicable, include the licensure pass rate: 99%
For any pass rate below 93% (Collin College’s standard), describe a plan for raising the pass rate.
3. **Retention Standard: 78% of students enrolled in program courses on the census date should still be enrolled on the last class day (grades of A through F).**Include the retention rate: 93%
If the retention rate is below 78%, describe a plan for raising the course completion rate.

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| See below |

**C. Make a case with evidence that the program curriculum is current.**

*Suggested/possible points to consider:*

* *How does the program curriculum compare to curricula at other schools? Review programs at two or more comparable colleges. Discuss what was learned and what new ideas for improvement were gained.*
* *How does the program curriculum align with any professional association standards or guidelines that may exist?*
* *Is the curriculum subject to external accreditation? If so, list the accrediting body and the most recent accreditation for your program.*

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| *If the program curriculum differs significantly from these benchmarks, explain how the Collin College curriculum benefits students and other college constituents.*Due to the requirements and standards created by our accrediting body, all dental hygiene programs in the United States must follow the same curricula to continue to be an accredited program. Each institution can align course curriculum among the four semesters. The department reviewed both Tyler Junior College and Temple College’s curricula to compare them to our current outline. An idea that we gained was the possibility of moving a course offered in the first year, fall semester up to a summer session so that the incoming first-year students would be introduced to the curriculum earlier so that it can be applied more effectively in the fall semester instead of being in concurrent enrollment with another class that may expect the content knowledge already be obtained.Collin College’s Dental Hygiene Program aligns with the American Dental Hygienists’ Association, as we are required to follow their standard of care when treating patients. The standard of care and code of ethics set by the American Dental Hygienists’ Association (ADHA) is followed in clinic and community settings. This gives students proper and universal guidelines to carry out assessments, dental hygiene diagnosis, treatment planning, treatment implementation, evaluation of care, and proper documentation at a nationally set level of care. All students are also members of the Student Chapter American Dental Hygienists’ Association where they participate in community service and advocate for the profession. They operate under the by-laws of the ADHA. Dental hygiene programs receive accreditation from the Commission on Dental Accreditation (CODA) and go through a rigorous accreditation process every 7 years. CODA sets standards and objectives for every dental hygiene program and extensively reviews every aspect of curricula to ensure all objectives are met completely, effectively, and measurably. Collin College’s Dental Hygiene Program went through CODA’s accreditation site visit on November 9, and 10, of 2021. CODA conducts every site visit in which every objective is explored to ensure implementation and evaluation are carried out appropriately by faculty. We were successful in our site visit and awarded the status of “approval without reporting requirements”. Our next site visit is set to take place in 2028. All full-time faculty members in our department serve on the dental hygiene Curriculum Management Committee. Each semester, 2-3 courses go through a curriculum review. Each faculty member reviews the entire course and makes recommendations for improvement and discussed at the Curriculum Management Review Committee meetings where detailed minutes are taken regarding findings. Courses are evaluated for accuracy, innovation, spelling and grammar, systematic presentation of objectives, and appropriateness. Every course is reviewed on a 4-year rotation schedule. If the committee has any recommendations for revisions, additions, and or changes, these revisions are discussed with the Program Director.

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| **Curriculum Management Review Course Schedule Fall Spring** |
| **Year 1****Clinical** | DHYG 2361 | DHYG 2363 | DHYG 1227 | DHYG 2102  | DHYG 1261 | 2026-2027 | DHYG1227,1261,2102 | DHYG2361,2363 |
| **Year 2** | DHYG 1207 | DHYG 1235 | DHYG 1304 | DHYG 1201 |  | 2023-2024 | DHYG1207,1235 | DHYG1201,1304 |
| **Year 3** | DHYG 1219 | DHYG 1431 | DHYG 1211 | DHYG2201 | DHYG 2231 | 2024-2025 | DHYG1219, 1211, 2231 | DHYG2201,1431  |
| **Year 4** | DHYG 1239 | DHYG 1215 | DHYG 2153 |  |  | 2025-2026 | None this Fall | DHYG1239,1215,2153 |

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**D. Present evidence from advisory committee minutes, attendance, and composition that the advisory committee includes employers who are actively engaged on the committee and who are representative of area employers.**

1. How many employers does your advisory committee have? 3

2. How many employers attended the last two meetings? Spring 2023-2 members, Fall 2023-3 members

3. How has the advisory committee impacted the program over the last five years (including latest trends, directions, and insights into latest technologies)?

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| The Advisory Committee includes three members who are potential employers for dental hygiene graduates. All three of these members were present at the Fall 2023 meeting and two members were present at the Spring 2023 meeting. The Advisory Committee has helped work with us regarding our facility expansion and increased student enrollment. The construction process was a 1.5-year project and every detail matters for student success. We are a live clinic, treating patients from the community, so there was the patient management to consider. Most recently the advisory committee shared the high demand of dental hygienists. Coming out of COVID many hygienists retired, which set the trend of a shortage in the area and throughout Texas. Employers are offering high wages and contract-signing bonuses. As a program, we shared our thoughts on adding a scanning machine to replace alginate impressions. We discussed this with the advisory committee to get their recommendations and they shared what they used in their private practices and how the dental industry is moving towards the use of this advanced technology regarding impression taking and model fabrication for a variety of restorative needs. We work closely with our Advisory Committee members on our community service projects that our department does each year. Full-time faculty present our ideas at the committee meetings and ask for their feedback and if they would like to be a part of that day. On a Saturday in the spring semester, we were able to treat twelve human trafficking survivors. Faculty and students were able to complete preventive and therapeutics dental hygiene treatment while the dentists in our community did restorative services. The twelve survivors expressed gratitude for the services they rendered. Our Advisory Committee members also take on an active role in being a judge each spring semester in attending our Student Research Forum where 2nd year students present their research papers in a formal continuing educational setting, to the community and dental hygiene professionals. Committee members follow a rubric to score the presentations and give critical feedback. The format of the presentations and grading is discussed with one of our full-time faculty that oversees the forum. Although the Advisory Committee is kept up to date with the Curriculum Management Review process, the committee is not involved in any of the changes or voting on any curriculum recommendations. The Advisory Committee is briefed at the bi-annual meetings on any changes or revisions made to the most recent courses reviewed and at that point can advise the department and approve or disapprove the changes. Appendix G: Dental Hygiene Advisory Committee Meeting Minutes Fall 2023 |

4. Briefly summarize the curriculum recommendations made by the advisory committee over the last five years.

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| One of our committee members is a registered nurse for the Plano ISD school district which helps with our community courses by providing and avenue for our students to work closely with the pediatric community and provide hands-on activities to children who are registered in the Head Start programs. The Advisory Committee as whole concurred that seeking out a grant for the purchase of a scanner would prove to be extremely beneficial. The department completed the grant process, was approved for, and purchased a scanning device. The scanning device is now introduced and utilized in the laboratory by the students in their first year and utilized by the students and faculty in the clinic during patient treatment in the second year as part of a capstone patient case study project.  |

**E**. **Make a case with evidence that the program is well managed.**

*Suggested/possible points to consider (Data can be found at* [**http://inside.collin.edu/institutionaleffect/Program\_Review\_Process.html**](http://inside.collin.edu/institutionaleffect/Program_Review_Process.html)**):**

* *Average class size*
* *Grade distributions*
* *Contact hours taught by full-time and part-time faculty*
* *Identify all courses that have a success rate below 75%. If any of these are core courses, visit with the discipline lead for the course(s) in question to determine whether or not the content of the course(s) is appropriate to the workforce program learning outcomes. Using assessment evidence and instructor observations, identify the student learning outcomes that are the greatest challenges for students in courses with low success rates. Explain what instructional and other intervention(s) might improve success rates for each identified course.*
* *How well are general education requirements integrated with the technical coursework?*
* *Student satisfaction: What evidence do you have that students are satisfied with the program? What kinds of complaints are made to the associate dean/director by program students?*

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| The maximum class size for the dental hygiene program is 24 students. The class size cannot exceed 24 students due to the department’s laboratory and clinic area capacity. The average class size for the past five years has been 15 students due to the transition from a maximum class size of 16 students to the enrollment increase to 24 students in the fall 2022. The grade distribution graph from 2019-2023 reveals a success rate of no less than 88% in any of the dental hygiene courses. The success rate of 88% was only for 2022. The dental hygiene curriculum including general education courses does not show a pattern or history of any courses that have a success rate below 75%. The dental hygiene course curriculum requires that each student achieve a 75% grade in each course before they are approved to matriculate in the program. The Workforce Education Curriculum Manual and Texas Higher Education Board set forth state-mandated outcomes that are required for each dental hygiene course. Each program is required to include these state-mandated outcomes and cannot be changed or revised. After assessment analysis for various dental hygiene courses, there are no patterns that show that the student learning outcomes pose a challenge to the students. The National Board of Dental Hygiene Examination required for licensure over the past five years also show that the program learning outcomes are being met and that the course content is appropriate for the level of coursework rigor required to have successful pass rates on licensing exams. General education courses are set at recommended intervals throughout the 2 years of technical coursework. Most of the students start the first semester of the program having completed all necessary general education coursework so that their focus is on the technical coursework. The student-to-faculty ratios are set by our accrediting body, CODA (Commission of Dental Accreditation). Collin College has the lowest ratios compared to other programs in the area. CODA requires a ratio of 1 faculty to 5 students in any clinical course. Collin College allows the department to follow a 1 faculty to 4 students in clinical courses which allows for more instructional time and clinical skill assessment. Biannual meetings with other Directors and Clinical Coordinators in the state of Texas allow for an exchange of verbal information about program policies, competencies, and ratios. These meetings continually validate Collin’s ratios ranking the best in the state while maintaining CODA standards. Our ratios changed in Fall 2022, as we increased student enrollment. Full-time faculty contact hours consist of 15-20 hours a week, while adjunct faculty contact hours range from 4-9 hours per week.

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| --- | --- | --- | --- |
| Contact Hours Taught by Faculty Employment Status | Full-Time Faculty | Part-Time Faculty |  |
|  | Number | Percent | Number | Percent | Total Cont. Hrs. |
| Fall 2019 | 5,584 | 46% | 6,672 | 54% | 12,256 |
| Fall 2020 | 7,680 | 62% | 4,624 | 38% | 12,304 |
| Fall 2021 | 8,544 | 69% | 3,760 | 31% | 12,304 |
| Fall 2022 | 8,000 | 56% | 6,240 | 44% | 14,240 |
| Fall 2023 | 9,088 | 55% | 7,520 | 45% | 16,608 |

At the beginning of each academic year, the Program Director meets with each class (first year and second year) to outline the policy for submitting complaints regarding the accrediting body standards and for departmental complaints, requests, and suggestions. The Commission on Dental Accreditation has its own guidelines that every dental hygiene program is to make available for review and create a departmental process for student complaints, requests, and suggestions. The Program Director reviews the suggestion box and the CODA complaint binder monthly and comprises a plan to address any issues or concerns. The solution, if applicable, is communicated by the Program Director to all faculty, staff, and students either in person or via a department email notification. Any additional discussion requested may be scheduled with the Program Director. At the end of each semester, all faculty distribute an end of course report questionnaire for each dental hygiene course to every student enrolled in that course. The feedback on the course report is reviewed by the Program Director and faculty who taught the course. Any negative feedback or student suggestions are acknowledged and discussed with Curriculum Management Review Committee. At the end of each academic school year, each student receives a student satisfaction survey asking them to evaluate the program goals and outcomes. The analysis of the past two years of student surveys shows that of those that responded, the average response was “Agree” or Strongly Agree” that the program outcomes and goals were met. Upon analysis of the most recent student satisfaction report and the end of course reports, there have been no suggested revisions needed to any courses to ensure they align and meet with program goals and outcomes. Appendix C: National Dental Hygiene Examination ResultsAppendix E: Unduplicated Enrollment-Dental HygieneAppendix F: Duplicated Enrollment-Dental HygieneAppendix H: Dental Hygiene-Grade Distributions 23-24Appendix I: Dental Hygiene Curriculum OutlineAppendix J: CODA Complaint GuidelinesAppendix K: Dental Hygiene Department Complaint GuidelinesAppendix L: Student Satisfaction Survey-Program Goals and OutcomesAppendix M: Dental Hygiene Department Student End Of Course Report |

[ ] **6. How effectively do we communicate, and how do we know?**

**A. Make a case with evidence that the program literature and electronic sites are current, provide an accurate representation of the program, and support the program’s recruitment plan, retention plan and completion plan.**

*Suggested/possible points to consider:*

* *Demonstrate how the unit solicits student feedback regarding its website and literature and how it incorporates that feedback to make improvements.*
* *How does the program ensure that students are informed/aware of program literature? Is program literature made accessible to all students (i.e. can they obtain the information they need)?*
* *Designate who is responsible for monitoring and maintaining the unit’s website, and describe processes in place to ensure that information is current, accurate, relevant, and available.*

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| Collin College’s Dental Hygiene Program’s website is maintained and reviewed by the department’s Administrative Assistant and Program Director every 2 months, or sooner as the application process changes are made. Applicants utilize the website for current information regarding the application process. The Facebook page is utilized to demonstrate what students and the program are doing in the community and to promote the program to perspective candidates. It is monitored daily by a full-time faculty member, Kandice Swarthout, and the Program Director. Anyone who sends an inquiry regarding program requirements through the Facebook page is directed to the dental hygiene office and website for information.  |

**B. In the following Program Literature Review Table, document that the elements of information listed on the website and in brochures (current academic calendars, grading policies, course syllabi, program handouts, program tuition costs and additional fees, description of articulation agreements, availability of courses and awards, and local job demand in related fields) were verified for currency, accuracy, relevance, and are readily available to students and the public. Please fill out the table only for this prompt (B.), no analysis is necessary here.**

**Program Literature Review Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Type (i.e. URL, brochure, handout, etc.) | Date of Last Review/Update |  | Responsible Party |
| Dental Hygiene Website  | <http://www.collin.edu/dentalhygiene>Application Packet, supporting program information and accreditation information.  | Click or tap to enter a date. | [x] Current[x] Accurate[x] Relevant[x] Available | Christine McClellanLinda Trop |
| Dental Hygiene Program Information  | Information sheets with QR code which leads students seeking program information to our webpage. | Click or tap to enter a date. | [x] Current[x] Accurate[x] Relevant[x] Available | Christine McClellanLinda Trop |
| Collin College Catalog | On-line Catalog http://www.collin.edu/academics/catalog.html | Click or tap to enter a date. | [x] Current[x] Accurate[x] Relevant[x] Available | Christine McClellan |
| Degree Plans and Program | http://www.collin.edu/academics/programs/index.html | Click or tap to enter a date. | [x] Current[x] Accurate[x] Relevant[x] Available | Christine McClellan |
| Collin College Dental Hygiene Facebook page | https://www.facebook.com/Collin-College-Dental-Hygiene-860708944007717/ | Daily | [x] Current[x] Accurate[x] Relevant[x] Available | Christine McClellanKandice Swarthout |
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[ ] **7. How well are we leveraging partnership resources and building relationships, and how do we know?**

**Partnership Resources: On the table below, list any business, industry, government, college, university, community, and/or consultant partnerships, including internal Collin departments, to advance the program outcomes.**

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| The Dental Hygiene Department partners with various clinical and educational sites both internally and externally. Internally, we collaborate with the Simulation Lab to host a medical emergency practicum with the first-year dental hygiene students where they work through various emergency scenarios with the manikins and Simulation Lab staff. We also host an interdisciplinary collaboration with the Simulation Lab and the EMS department where we provide a mock medical emergency session hosted in the dental hygiene clinic with the second-year students. Simulation Lab staff and EMS instructors present as patients acting out three emergencies where the dental hygiene students must respond and manage the patient until EMS arrives. The EMS students are then brought in to transition the patient from the dental hygiene student to the EMS student for further assessment and transfer to the hospital. External partnerships include a private practice dental office where the second-year students observe the dental hygienist. The second-year students also observe dental school residents treating patients at the Texas A&M School of Dentistry Stomatology Clinic where they can observe diagnoses and treatment for various oral pathology cases. Lastly, the students provide clinical dental hygiene care for special needs children at the Texas Scottish Rite Dental Clinic and work alongside dentists, dental residents, and physicians.  |

**Partnership Resources Table\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Partner/Organization | Description | Formal Agreement Duration, if any. | How is it Valuable to the Program? |
| Texas Scottish Rite Hospital-Dental Clinic  | Dental Hygiene, Restorative, and Surgical Treatment for special needs pediatric and adolescent patients | Program Agreement-Externship | Provides supervised hands-on experience for the second year students with pediatric and adolescent patients who are medically compromised with special needs. This includes providing prophylaxis care, oral hygiene instruction, and patient management |
| Texas A&M Health Science CenterSchool of DentistryStomatology Clinic | Oral Medicine Clinic | Program Agreement-Externship  | Provides an observation experience for the second year students of differential diagnosis and the treatment of various oral pathologies and syndromes by dental students and dental faculty |
| Dr. Henry Liao, DDS | Private Practice General DentistryAdvisory Committee Member | Program Agreement-Externship  | Provides an observation experience for the second year students of a private practice setting including hygiene and restorative care and office management |
| Plano ISD Head Start  | Federally funded program for Plano ISD children who meet low-income guidelines. Head Start programs are operated by local non-profit or public school organizations nationwide.  | Program Agreement  | Provides hands-on experience for the second year students to conduct dental screenings and oral health education. An average of 175 children are served each semester |
| John R. Roach Juvenile Detention Center  | Medium security level county juvenile detention center located in McKinney that houses male offenders who are convicted of crimes.  | Program Agreement | Provides small group presentation experience for the second year students by having them conduct oral health education to incarcerated juveniles Wylie Children’s Medical/Plano Health Services of North Texas |
| Wylie Children’s Medical/Plano Health Services of North Texas | Medical clinic that provides care for underserved children and adults in North Texas  | Partnership  | Provides experience for the second year students to offer oral health education and oral hygiene supplies for the patients |
| Dr. David Canfield, DDS  | Visiting Class PresenterAdvisory Committee MemberScholarship Donor | Partnership/Advisory Committee  | Provides a lecture presentation for the first students on how to manage medical emergencies.Provides a nitrous oxide monitoring certification course to the second year students at no cost to the student at an estimated value of $3600Dedicated Program Scholarship Donor  |
| Mrs. Cathy Nobles, RDH  | Visiting Class PresenterAdvisory Committee ChairScholarship DonorTexas Dental Hygiene Association President.  | Partnership/Advisory Committee | Provides information to both first and second-year students about the local, state, and national dental hygiene professional organization to assist the college’s student organization.Dedicated Program Scholarship Donor |
| Greater Collin Dental Hygienists’ Association  | Professional Association AffiliationMentor Program | Partnership  | Provides a mentor program for the second-year students by connecting them with local registered dental hygienists. The association in conjunction with Oral B Crest schedules and provides a fall and spring semester meet and greet for the students and mentors to connect.  |
| Collin College Simulation Lab | Collaboration hosting a medical emergency simulation  | Interdisciplinary Collaboration | Provides first and second-year students with hands-on medical emergency training  |
| Collin College EMS Department | Collaboration hosting a medical emergency simulation | Interdisciplinary Collaboration | Provides second-year students with hands-on medical training and allows interdisciplinary collaboration between dental hygiene and EMS students |

[ ] **8. What professional developmental opportunities add value to your program?**

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| The Dental Hygiene Department engages in a variety of professional development activities. Because a licensed dental hygienist in the State of Texas is required to participate in continuing education annually, faculty engage in a plethora of activities on their own and as a department. Texas dental hygienists are required to take a minimum of 24 hours of continuing education every 2 years. These hours are to be scientific and technical and offered by an accredited body for continuing education. In addition to the 24 hours, hygienists must complete OSHA/HIPAA training, human trafficking recognition and reporting, and jurisprudence on a staggered schedule. All department faculty members hold a current license and have completed at least the minimum requirements. The department offers educational methodology yearly at the spring faculty workshop. These activities enhance the value of the department in numerous ways. By staying up to date on industry trends, technology, and teaching methods, faculty brings a fresh approach to the classroom. This leads to cultivating professionals who are prepared for the workforce. Professional development also fosters collaboration and networking opportunities for faculty to interact in the professional and academic community. The list below reflects each faculty’s participation in educational methodology over the past 5 years, above and beyond the required continuing education hours.  |

**Provide a List of professional development activities employees have participated in since the last program review.**

 **Employee Resources Table\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Role in Unit | Professional Development Summary | How is it Valuable to the Unit? |
| Christine McClellan | Director | Remediation in Clinical Education, Dr. Harold Henson, R.D.H., M.Ed., Ph.D.Clinical Teaching Strategies and Techniques & Dimensions of Clinical Teaching, Dr. Harold HensonAAP Classification of Periodontal and Peri-Implant Diseases-Aligning and Incorporating within the Curriculum, Marianne Dryer2018 AAP/EFP Classifications (Faculty Presentation) Angela Faris RDH, and Emily Henderson, RDH, MSEd.Communicating with Students in a Clinical Environment. Maribeth Stitt, RDH M.Ed.ADEC training for new SIM Lab, Shannon Gregson. | The Educational Methodology listed are valuable to our didactic courses and clinical teaching. Our program operates a live clinic where our students treat our community's patients. The standard of care/standards we follow is set by our professional organization, the American Dental Association, and our accrediting body, the Commission on Dental Accreditation. These workshops support faculty in how to deliver content with the ever-changing industry and how to operate clinical equipment so we can help students meet requirements to pass licensure exams and then enter the workforce seamlessly and professionally. |
| Emily Henderson | FT Faculty-Clinic Coordinator | Remediation in Clinical Teaching, Harold Henson, RDH, PHDEngaging Education: Methods for Encouraging Student Interaction, Khimen Cooper and Sean Sutherlin, Collin College Faculty Development ConferenceDimensions of Clinical Teaching: Clinical Teaching and Strategies, Harold Henson, RDH. PHDFaculty Mastery of the 2017 American Academy of Periodontology Classification, Lisa Mayo, RDH, MSOSCE: The Alternative Assessment, Khairunisa Hashmani, RDH, EDD, and Harold Henson, RDH, PhD | These courses are valuable to the unit in that they provide a variety of pedagogical theories and applications conducive to didactic and clinical course instruction.  |
| Angela Faris | FT Faculty-Clinic Coordinator | TDHA Annual Session, Dr. Harold HensonOSCE: The Alternative Assessment MethodEducational Methodology: “Perio Shades of Grey: Cased-based Applications”Jell-Ed: Teaching Solutions for Educators, by EducatorsUltrasonic Tips and Tricks for the Dental Hygiene EducatorEducators Platform RISE: A Conference for Clinic Coordinators | The OSCE course was designed specifically to aid faculty in developing and executing a new OSCE for Preclinic, evaluating students' clinical skills before Clinic I. Additionally, it served the dual purpose of assisting faculty in calibrating their periodontal diagnostic skills in the clinic and enhancing their teaching abilities in the classroom. The ultrasonic course effectively trained educators in communicating the nuances of ultrasonic instrumentation to their students, enabling them to effectively convey this specialized knowledge. |
| Kandice Swarthout | FT Faculty | National Conference for Dental Public Health Educators, Multiple Presenters, 3-day conferenceTeaching Dental Public Health, Educators Platform, Julie Sutton, RDHCommunicating with Students in a Clinical Environment. Maribeth Stitt, RDH M.Ed.Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDHRemediation in Clinical Teaching, Harold Henson, RDH, PhDDimensions of Clinical Teaching: Clinical Teaching and Strategies, Harold Henson, RDH. PHD2018 AAP/EFP Classifications (Faculty Presentation) Angela Faris RDH, and Emily Henderson, RDH, M.Ed.AAP Classification of Periodontal and Peri-Implant Diseases-Aligning and Incorporating within the Curriculum, Marianne Dryer | The professional development and educational methodology experiences I have engaged in the past five years have enriched my role in the classroom and clinic. I am able to communicate and collaborate with other professors teaching the same course which allows for an expansion of ideas and creativity. The blend of knowledge allows me to bring real-world insights to students and prepare them for an ever-evolving field of healthcare. |
| Jennifer Swetmon | FT Faculty | Advanced Hygiene Therapy: Developing a Comprehensive Approach, Dianne Watterson, RDHDigital Imaging in Dentistry: Intraoral, Extraoral and 3D Technology, Connie M. Kracher, Ph.D., MSDAdvanced Instrumentation for the General Practice Dental Hygienist, Vickie Parrish Foster, RDH, M.Ed.Food for Thought: The Relationship Between Oral Health & Nutrition, Diane Vemetti-Callaham, RDH, MS EdTeaching Dental Radiology, Educators Platform, Sheila Vanderbush, RDH, MS, Ph.D.Radiology & Oral Pathology: A Review that Sticks, John A. Svirsky, DDS, M.Ed. | As an educator, professional development courses provide fresh content, new perspectives, and an opportunity to add up-to-date material to my courses. I am able to be a better instructor when my mind is challenged by new ideas, and my finger is on the pulse of the most current information in my industry. As a department, professional development courses provide full-time and adjunct faculty an opportunity to collaborate and calibrate on material that stretches across our field of expertise. |
| Mandy Weems | Adjunct Faculty | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDHTeaching Dental Materials in an Ever-Changing EnvironmentCommunicating with Students in a Clinical Environment. Maribeth Stitt, RDH M.Ed.AAP Classification of Periodontal and Peri-Implant Diseases-Aligning and Incorporating within the Curriculum, Marianne DryerDimensions of Clinical Teaching: Clinical Teaching and Strategies, Harold Henson, RDH. PHD | The dental educational methodology professional development adds significant value to our dental hygiene department by providing a structured and dynamic framework that integrates the latest advancements in oral healthcare. This approach not only equips our dental hygiene students with up-to-date theoretical knowledge but also cultivates essential clinical skills, ensuring they graduate as well-rounded professionals ready to meet the evolving demands of the dental industry. |
| Traci Tanner | Adjunct Faculty | Remediation in Clinical Education, Dr. Harold Henson, R.D.H., M.Ed., Ph.D.AAP Classification of Periodontal and Peri-Implant Diseases-Aligning and Incorporating within the Curriculum, Marianne DryerCommunicating with Students in a Clinical Environment. Maribeth Stitt, RDH M.Ed.Caries Process and Prevention Strategies: Interventions, Robert V. Faller, BSCaries Process and Prevention Strategies: Epidemiology, Edward Lo, BDS, MDS, PhD Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDH | These courses collaboratively have instilled and provoked thought process between teacher/student communication. Building confidence in each student improves learning capabilities and reception in what is being taught. |
| Phong Vu | Adjunct Faculty | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDHTeaching Dental Materials in an Ever-Changing EnvironmentCommunicating with Students in a Clinical Environment. Maribeth Stitt, RDH M.Ed.AAP Classification of Periodontal and Peri-Implant Diseases-Aligning and Incorporating within the Curriculum, Marianne DryerDimensions of Clinical Teaching: Clinical Teaching and Strategies, Harold Henson, RDH. PHD | The dental educational methodology professional development adds significant value to our dental hygiene department by providing a structured and dynamic framework that integrates the latest advancements in oral healthcare. This approach not only equips our dental hygiene students with up-to-date theoretical knowledge but also cultivates essential clinical skills, ensuring they graduate as well-rounded professionals ready to meet the evolving demands of the dental industry. |
| Lisa Sarrett | Adjunct Faculty | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDHRemediation in Clinical Teaching, Harold Henson, RDH, PhDDimensions of Clinical Teaching: Clinical Teaching and Strategies, Harold Henson, RDH. PHD2018 AAP/EFP Classifications (Faculty Presentation) Angela Faris RDH, and Emily Henderson, RDH, M.Ed.AAP Classification of Periodontal and Peri-Implant Diseases-Aligning and Incorporating within the Curriculum, Marianne Dryer | Professional development as Dental professionals is important to stay current and connected in our field so that we can ensure that the upcoming graduates from our program are getting the most current information for the field they are entering. Specific courses that help educators teach these concepts are especially helpful as we encounter different learning styles and methods of presentation |
| Terra Newingham | Adjunct Faculty | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDH | The educational methodology courses provided by TDHA and Collin College DH department are beneficial for instructor calibration and student education. Every year students’ needs evolve, so courses that train instructors on dental advancements and constructive methods to educate adult students allow our program to remain successful. |
| Carli Smith | Adjunct Faculty | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDH | Professional development courses offer additional resources to an educator outside of courses relating to their professional license.  |
| Jennifer Stark | Adjunct Faculty | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDHRemediation in Clinical Teaching, Harold Henson, RDH, PhDDimensions of Clinical Teaching: Clinical Teaching and Strategies, Harold Henson, RDH. PHDEducational Methodologies. The Didactic Course, Danielle Furgeson | These professional development activities help the instructors better instruct the students by giving us multiple ways to teach the same information so that each student can be reached in their particular learning style.  They also help with faculty calibration by reviewing teaching strategies and subjects we already know and new ones we all can implement in the classroom and clinic.   |
| Nikita Young | Adjunct Faculty | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDH | This class was very informative and eye opening.  The facilitators/researchers gave valuable information in regards how to look at each individual's overall health/oral health subjectively when determining that person's Periodontal staging and grading.  |
| Mary Laughery | Adjunct Faculty | Clinical Remediation: An OverviewHarold A. Henson, RDH, PHD | This course discusses the effective application of knowledge and skill to ensure proficient performance and competency.  There are various components of clinical remediation that are necessary to achieve institutional expectations and clinical competence.  It is imperative to use various components of clinical remediation and document fully.  This course would be valuable to the program to fully understand the process of remediation.   |
| Kristina Matlock | Adjunct Faculty | Clinical Teaching: Feedback and Evaluation, Harold Henson, RDH, PhD. Dimensions of Clinical Teaching, Harold Henson, RDH, Ph.D. | The educational methodology courses I have taken have helped me better understand the value of student-faculty communication and feedback, as well as enable me to communicate my needs as a newer faculty member who is also still learning about the role. Both these allow me to embrace my role and grow as an educator. |
| Kimberly McClure | Adjunct Faculty | Principles of Ultrasonic Instrumentation: Is your curriculum aligned with the evidence, Lisa Mayo, RDHRadiology Simulator for the Dental hygiene Setting, E Fram, R Royer How to teach advanced instrumentation, D Miller Dimensions of clinical teaching, Role of Adult learning, Clinical Teaching Strategies and techniques, Clinical Teaching feedback and evaluation, Clinical remediation, Harold HensonDiversity, Equity, and Inclusion: Fostering and Equitable Learning Environment, Dental Hygiene Educators of Texas Best practices in Clinical Education, Dental Hygiene Educators of Texas Clinical Remediation, Dental Hygiene Educators of Texas Clinical Teaching, Feedback, and Evaluation, Dental Hygiene Educators of Texas | Attending teaching methodology classes enhances my teaching skills as an instructor and therefore improves the learning opportunities of the individual students. |
| Dr. Celeste Abraham | Adjunct Faculty | ADA Test Construction for the National Board Dental Hygiene for pharmacologyNational Dental Board Test Writing Committee | It has helped me think through information which would best serve the students as they are presently in their educational training as well as how it will serve them as they enter private practice. It is a benefit and adds value to the department as it allows the test constructor(who is also a faculty member in an institution) to help the student wrestle with concepts along the way in a problem-solving manner. It reinforces communication between members of the dental hygiene and dental communities nationally as we collaborate on projects to enhance the academic content and critical thinking of our students. As we do this and come back to our local institutions, we are better able to serve our students and faculty in a positive and advantageous manner. Also- the department gains visibility on a national level and expands its network to dental educators in other states as well. |
| Dr. Sukrita Matta | Adjunct Faculty and clinical dentist | Clinical Teaching Strategies and TechniquesStrategies for Developing a Quality Course: Teaching Methodologies/FacultyEducational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDHADEC training for new SIM Lab, Shannon Gregson.Communicating with Students in a Clinical Environment. Maribeth Stitt, RDH M.Ed. | The educational methodology courses have helped me learn new course planning and delivery strategies. I have learned new ways of delivering course content, such as in-class group discussions and the use of case studies. |
| Dr. Cindy Gay | Adjunct faculty and clinical dentist | Communicating with Students in the Clinical EnvironmentImproving Your Communication Skills for Successful Student OutcomesEducational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDHTeaching Dental Materials in an Ever-changing Environment, Dr. Michael BagbyDimensions of Clinical Teaching and Clinical Teaching Techniques and Strategies, Harold Henson, RDH, PhDWhat’s the Secret to Creating Classroom Discussions that Work, NISOD | The educational methodology has been invaluable to me as an associate faculty member. It has given me the opportunity to collaborate and calibrate with the other members on the team. Each semester I look forward to learning more about teaching and finding new ways to incorporate these ideas into practice.  |
| Dr. Maria Jacob | Clinical dentist | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDH | The class adds value to the department by providing me the ability to address questions of students in a clinical setting. |
| Dr. Audrey Miles | Clinical Dentist | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDH | Professional development activities are essential to the department as they calibrate the faculty, ensure we remain well-versed in current practices and equip us to embrace new changes in the dental hygiene field. They serve as a vital tool for staying up-to-date and adaptive in our department. |
| Dr. Patricia Simons | Clinical Dentist | Connections, Concepts, Concrete Practice and Conclusions: 4Cs of Interactive Learning. American Dental Education Association. | My professional development activities add value to the department as they equip me with knowledge for various teaching practices, critical thinking techniques, curricular approaches, and staying current with the evolution of educational methodologies over time. I believe that faculty members who are aware of the latest practices are better equipped to design curriculum and assessments that ultimately benefit the students.  |
| Dr. Katharine Menton | Clinical Dentist | Educational Methodology- Perio Shades of Grey: Case-based Applications, Harold Henson, RDH, Tulsi Patel, RDH | At our Spring 2023 faculty workshop, we took a course updating us on the most recent periodontal guidelines for diagnosis and classification. It was helpful as a new faculty member to ensure all faculty were on the same page with classification so that we are able to more clearly pass that information along to the students. |

 \*\*For convenience, if providing a listing of professional development activities, this list may be included in this document as an appendix.

[ ] **9. Are facilities, equipment, and funding sufficient to support the program? If not, please explain.**

**[OPTIONAL—Only respond to prompt 9 if you are requesting improved resources for your program. If current facilities and budget are adequate, please proceed to prompt 10.]**

**Make a case with evidence that current deficiencies or potential deficiencies related to facilities, equipment, maintenance, replacement, plans, or budgets pose important barriers to the program or student success.** As part of your response, complete the resource tables, below, to supportyour narrative.

*Possible points to consider:*

* *The useful life of structure, technologies and equipment*
* *Special structural requirements*
* *Anticipated technology changes impacting equipment sooner than usual*

|  |
| --- |
| No deficiencies at this time. |

**Facilities Resources Table\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Significant Pieces of Equipment | Description (i.e. Special Characteristics) | Meets Needs (Y or N):Current For Next 5 Years | Analysis of Equipment Utilization |
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**Equipment/Technology Table ($5,000 or more) \*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Current Equipment Item or Budget Amount | Description | Meets Needs (Y or N):Current For Next 5 Years | For any “N”, justify needed equipment or budget change |
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**Financial Resources Table\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Source of Funds(i.e. college budget, grant, etc.) | Meets Needs (Y or N):Current For Next 5 Years | For any “N”, explain why | For any “N”, identify expected source of additional funds if needed |
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Section III.Continuous Improvement Plan (CIP)

[ ] **10. How have past Continuous Improvement Plans contributed to success?**

Program Review at Collin College takes place for each unit or program every five years. During the last (fifth) year, the program evaluates the data collected during the CIP process.

**Please describe how you have used your Continuous Improvement Plan (CIP) to make the following improvements to your program over the past 4 years (your last program review can be found on the Program Review Portal):**

* 1. **Program Learning Outcomes/Program Competencies**
	2. **Overall improvements to your program**

|  |
| --- |
| The previous CIP included the need for an improvement of our dental materials lab and for this lab to assist students with the skills of sealant placement as this is the responsibility of a licensed dental hygienist. Dental sealant placement requires multiple steps including the need for the areas being sealed to remain as dry as possible. The material used for the sealant cannot obtain any moisture or it will not complete the curing process. To be able to simulate this, the need for a more realistic lab environment was needed for the students to obtain laboratory competence before being allowed to complete the placement on a patient and be deemed clinically competent. The renovations allowed the faculty to meet Outcome #1 Sealant Placement and #2 Functioning Dental Materials Lab of our program’s Continuous Improvement Plan (CIP). Students have hands-on experience in utilizing the lab to perform the technique-sensitive placement of sealants while using state-of-the-art equipment. Students are passing their laboratory competencies and are deemed competent on sealant placement. This has allowed the students to take this skill and apply it clinically on their patients in the clinic in their second year of the program. Since the renovations and ability to provide the proper setting for the laboratory and live patient clinical practice, the students have achieved 100% competence at the laboratory and clinical skill levels. The employer survey from 2023 revealed that the new graduates are competent in the placement of preventive dental sealants. The improvements have given other dental hygiene courses the space and equipment to teach the correct way from the beginning as students transition from the lab to a live clinical experience. The facility renovations have also allowed our program to be competitive with other dental hygiene schools in the area, as each school has gone through its renovations. Texas A&M Health Science Center in Dallas completed an expansive renovation in the past few years, including their dental hygiene clinic and laboratory facilities. Texas Woman’s University completed a full dental hygiene clinic and simulation lab renovation this past year. Our facility renovations have allowed us to stay relevant with most current dental equipment and technology and align with the clinical facilities that are available in other dental hygiene programs in the area.Appendix N: Previous CIP Table  |

**\*Please attach previous CIP Tables in the appendix**

[ ] **11. How will we evaluate our success?**

**NOTE: Please contact the institutional effectiveness office if you need assistance filling out the CIP tables.**

As part of the fifth year Program Review, the program should use the observations and data generated by this process along with data from other relevant assessment activities to develop the program’s CIP and an action plan for the next two years. At the conclusion of the first two years, data collected from the first year, plus any other relevant data that was collected in the interim, should be used to build on the accomplishments of those first two years by developing another two-year action plan for the CIP to help the program accomplish the expected outcomes established in its CIP or by implementing one of your other plans.

**Based on the information, analysis, and discussion that have been presented up to this point, summarize the strengths and weaknesses of this program. There should be no surprise issues here! This response should be based on information from prior sections of this document. Describe specific actions the faculty intends to take to capitalize on the strengths, mitigate the weaknesses, improve student success and program learning outcomes.** **Provide the rationale for the expected outcomes chosen for the CIP(s).**

|  |
| --- |
| Based on a comprehensive review of our dental hygiene department program, it is evident that we possess a multitude of strengths that have positioned us as a premier institution for dental hygiene education. These strengths, coupled with identified weaknesses and proposed action plans for improvement, will further fortify our program's efficacy and impact.Among our program's strengths are the recent clinic patient treatment area remodel and the addition of four dental chairs, as well as the construction of a new SIM Lab, all of which have significantly enhanced our students' practical training. The installation of the SIM Lab has significantly improved our training in the placement of sealants, transforming a former weakness into a strength. With increased access to advanced technology and resources, the new lab has enabled us to overcome previous obstacles effectively. Our collaboration with TWU facilitates a seamless transition for students into a degree completion Bachelor's program, empowering them to simultaneously work and earn their Bachelor's degree within approximately 18 months. This innovative approach exemplifies our commitment to providing flexible and accessible educational pathways for our students.Additionally, our department has achieved remarkable success in maintaining accreditation standards, evidenced by the successful passage of the last two CODA site evaluations with “approval without reporting requirements .” Our hosting of the clinical board exam not only provides students with a familiar testing environment but also reduces their financial burden, thereby enhancing their chances of success. It is noteworthy that we consistently achieve a 99% pass rate on licensing exams, with 90% of our graduates gainfully employed within 6 months of graduation, reflecting the program's efficacy in preparing students for the workforce. We believe that one reason for our high pass rate is our student-to-faculty ratio. While other schools offer a ratio of 1:5, we provide a 1:4 ratio. This enhances our program and attracts candidates to our institution. Our community is renowned for its supportive faculty.Our students benefit from exposure to a diverse array of real-world work experiences and community outreach projects, fostering their professional growth and civic engagement. The incorporation of weekly self-reflection exercises challenges students to critically assess their learning, thereby enhancing their overall educational experience. Additionally, our low attrition rate underscores the program's supportive environment and commitment to student success.However, despite these strengths, there are notable weaknesses that require attention. One such weakness pertains to the need for improved calibration among faculty members for assessing the explorer competency and the proficiency of students with explorer instrumentation. This weakness highlights the importance of implementing improved calibration protocols and targeted training initiatives to ensure accurate assessment of student proficiency in this critical area. So far, faculty have only observed this weakness without quantifiable evidence. As part of our Continuous Improvement Plans (CIPs), we aim to initiate data collection to assess the proficiency of both faculty and students in calculus detection. Over the span of two semesters, we will gather data and then develop a strategy to enhance calibration in this skill based on our findings.Additionally, the heavy reliance on part-time faculty, accounting for 45% of contact hours in 2023, poses a challenge to scheduling and consistency in instruction delivery. Increasing the number of full-time faculty members to five would alleviate this imbalance and enhance overall program effectiveness. \*Update since original submission of program review: This issue has been resolved as the dental hygiene program has been approved for a 5th full-time faculty and the interview process is underway. This will more appropriately balance our full to part-time faculty loads, allowing for more consistency and calibration for the students.  |

[ ]  **12. Complete the Continuous Improvement Plan (CIP) tables that follow.**

Within the context of the information gleaned in this review process and any other relevant data, identify program priorities for the next two years, **including at least one program learning outcome (or program competency)**, and focus on these priorities to formulate your CIP. You may also add short-term administrative, technological, assessment, resource or professional development outcomes as needed.

|  |
| --- |
| See below. |

**Table 1. CIP Outcomes, Measures & Targets Table (focus on at least one for the next two years)**

|  |  |  |
| --- | --- | --- |
| **A. Expected Outcomes**Results expected in this unit(e.g. Authorization requests will be completed more quickly; Increase client satisfaction with our services) | **B. Measures**Instrument(s)/process(es) used to measure results(e.g. sign-in sheets, surveys, focus groups, etc.) | **C. Targets**Level of success expected(e.g. 80% approval rating, 10 day faster request turn-around time, etc.) |
| Faculty will be better calibrated for assessing the explorer competency. | Faculty will do a Pre-test at the Fall Faculty workshop at the start of the Fall semester.  | Faculty will complete a Post-test at the end of the Fall semester. 80% of all faculty will have passed the calibration competency. |
| Students will demonstrate proficiency with the explorer instrumentation competency.  | Student competencies in Clinic I, II, III, and skill evaluations in Pre-clinic will be used for measuring student outcomes. | Students will have an 80% success rate in passing explorer competencies and skill evaluations. |
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**Continuous Improvement Plan**

**Outcomes might not change from year to year. For example, if you have not met previous targets, you may wish to retain the same outcomes. *You must have at least one program learning outcome.* You may also add short-term administrative, technological, assessment, resource or professional development goals, as needed. Choose 1 to 2 outcomes from Table 1 above to focus on over the next two years.**

**A. Outcome(s)** -Results expected in this program (from column A on Table 1 above--e.g. Students will learn how to compare/contrast Conflict and Structural Functional theories; increase student retention in Nursing Program).

**B. Measure(s)** –Instrument(s)s/process(es) used to measure results (e.g. results of essay assignment, test item questions 6 & 7 from final exam, end of term retention rates, etc.).

**C. Target(s)** -Degree of success expected (e.g. 80% success rate, 25 graduates per year, increase retention by 2% etc.).

**D. Action Plan** -Implementation of the action plan will begin during the next academic year. Based on analysis, identify actions to be taken to accomplish outcome. What will you do?
**E. Results Summary** - Summarize the information and data collected in year 1.
**F. Findings** - Explain how the information and data has impacted the expected outcome and program success.
**G. Implementation of Findings** – Describe how you have used or will use your findings and analysis of the data to make program improvements.

 **Table 2. CIP Outcomes 1 & 2**

|  |
| --- |
| 1. **Outcome #1** Faculty will be better calibrated for assessing the explorer competency.
 |
| 1. **Measure (Outcome #1)**

Faculty will complete a Pre-test at the beginning of the fall semester. | 1. **Target (Outcome #1)**

Faculty will complete a Post-test at the beginning of the spring semester. 80% of all faculty will have passed the calibration Post-test exercise. |
| 1. **Action Plan (Outcome #1)**

Utilize videos demonstrating incorrect use of the explorer. A Pre-test will be given to every faculty member who will watch the video and assess the skill utilizing the department explorer competency criteria in the fall semester, year 1. At the beginning of the spring semester, each faculty member will re-assess video to gauge the effectiveness of the video training and then will take the Post-test. Faculty members will be informed of the results and correct answers to calibrate their understanding. An additional Pre-test will be completed in the spring semester utilizing a second video demonstrating incorrect use of the explorer and will repeat the process for calibration. A second Post-test will be given fall semester, year 2.  |
| 1. **Results Summary (Outcome #1) TO BE FILLED OUT IN YEAR 2**
 |
| 1. **Findings (Outcome #1) TO BE FILLED OUT IN YEAR 2**
 |
| 1. **Implementation of Findings (Outcome #1) TO BE FILLED OUT IN YEAR 2**
 |

**Table 2. CIP Outcomes 1 & 2 (continued)**

|  |
| --- |
| 1. **Outcome #2** Student proficiency with explorer usage during clinical skill competencies.
 |
| 1. **Measure (Outcome #2)**

Explorer clinical competency in Clinic I, II, and III | 1. **Target (Outcome #2)**

85% of the students will score 75% or higher on the first attempt of the explorer clinical competency. |
| 1. **Action Plan (Outcome #2)**

As faculty calibration progresses, we anticipate a positive outcome: an overall improvement in student proficiency with the explorer. This improvement will be systematically assessed at the conclusion of each semester through comprehensive evaluations of the explorer clinical competency.  |
| 1. **Results Summary (Outcome #2) TO BE FILLED OUT IN YEAR 2**
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| 1. **Findings (Outcome #2) TO BE FILLED OUT IN YEAR 2**
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| 1. **Implementation of Findings (Outcome #2) TO BE FILLED OUT IN YEAR 2**
 |

**What happens next? The Program Review Report Pathway**

1. **Following approval by the Steering Committee,**
* Program Review Reports will be evaluated by the Leadership Team;
* After Leadership Team review, the reports will be posted on the Intranet prior to fall semester;
* At any point prior to Intranet posting, reports may be sent back for additional development by the unit.
1. **Unit responses to the Program Review Steering Committee recommendations received before July 31st will be posted with the Program Review Report.**
2. **Leadership Team members will work with program supervisors to incorporate Program Review findings into planning and activity changes during the next five years.**

**Please make sure to go back and complete your Executive Summary at the start of the Review.**