**Date:** 2014-15 **Name of Administrative or Educational t Unit:** \_Dental Hygienist

**Contact name:** **Contact email** @collin.edu **Contact phone:** **Office Location:**

**Mission:**

|  |
| --- |
| The Dental Hygiene Program is designed to prepare individuals to become licensed health care professionals who specialize in non-surgical periodontal therapy and oral health education. A broad-based education in biological sciences, humanities, dental sciences, and clinical technologies prepares the graduate for work, under the supervision of a dentist, in private practice and community settings as a member of the dental health team. |

**PART I: Might not change from year to year**

| A. Outcomes(s)Results expected in this department/program | B. Measure(s)The instrument or process used to measure results | C. Target(s)The level of success expected |
| --- | --- | --- |
| Outcome: 1. Discuss the dental management of clients with systemic pathologies (Relates to Program Goal #3: To 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. | 1 Assessment: National Board Dental Hygiene Examination Performance Report - case studies section | Collin’s d-value will meet (d=0) or exceed national d-value for the case studies section. |
| Outcome: 2. Demonstrate understanding of professional liability and ethics (Relates to Program Goal #4: To treat each patient/client with dignity and respect | 2. National Board Dental Hygiene Examination Performance Report - Professionalism section | Collin’s d-value will meet (d=0) or exceed national d-value for the- Professionalism section |
| Outcome: 3. Describe various dental pathologies (Relates to Program Goal #3: To 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 | 3. Assessment: National Board Dental Hygiene Examination Performance Report – Pathology section | Collin’s d-value will meet (d=0) or exceed national d-value for the Pathology section.  |
| Outcome: 4. Identify preventive agents for the appropriate use in Dental Hygiene Practice (Relates to Program Goal #1: To create an active learning environment that integrates the principles of evidence-based research while promoting critical thinking, self-evaluation, innovation, creativity, and lifelong learning | National Board Dental Hygiene Examination Performance Report –Preventive Agents section  | Collin’s d-value will meet (d=0) or exceed national d-value for the Preventive Agents section.  |
|  |  |  |

**PART II: For academic year (enter year i.e. 2011-12)**

**From Part I**

| A. Outcomes(s)Results expected in this department/program | D. Action PlanYears 5 & 2Based on analysis of previous assessment, create an action plan and include it here in the row of the outcomes(s) it addresses. | E. Implement Action PlanYears 1 & 3Implement the action plan and collect data | F. Data Results SummaryYears 2 & 4Summarize the data collected | G. FindingsYears 2 & 4What does data say about outcome? |
| --- | --- | --- | --- | --- |
| Program Level Student Learning Outcome: 1. Discuss the dental management of clients with systemic pathologies (Relates to Program Goal #3: To 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. | 2014-15: Continue annual evaluation of content area by curriculum committee to increase student performance score from current level. Will continue case studies to support successful outcomes |  | d value for case presentation section:2012-13:Collin d value=Nat’l d value=2014-15 Collin d value=Nat’l d value= | 2012-13 Standard Met.However, the case studies section was slightly lower than the national average. The overall average was significantly above the national board average2014-15: Did the meet the standard?Is this an area of strength, weakness or neither but meets standard. |
| Outcome: 2. Demonstrate understanding of professional liability and ethics (Relates to Program Goal #4: To treat each patient/client with dignity and respect | 2014-15: Ethical dilemma case study presentations/class discussions will continue and student will be required to attend a professional meeting approved by the professor and write a reflection paper on their experience2015-2016:- Modified Clinic Manual on Professionalism-Share results with students in morning huddle on professionalism. Established clinical standards will be followed. |  | d value for professional 2012-13: Collin d value=Nat’l d value=2014-15 Collin d value=Nat’l d value=Data from 2014-2015 indicated that there was a need for add’l protocols within the program for more clear expectations in regards to Professionalism.  | 2012-13:Standard met; This is a significant improvement from 2012 and a very strong outcome2015-2016:DHY students overall are strong in professionalism but for the few that are weaker in this area, it effects the stronger students learning environment. Those who struggle with professionalism seem to do so in clinic/classroom and rotation visits.  |
| Outcome: 3. Describe various dental pathologies (Relates to Program Goal #3: To 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 | 2014-15 Annual evaluation of content area by curriculum committee to increase student performance score from current level. Will continue to add current information and case studies to support successful outcomes |  | d value for Pathology: 2012-13: Collin d value=Nat’l d value=2014-15 Collin d value=Nat’l d value= | 2012-13: 3. Standard Met; Continues to obtain Pathology outcomes significantly above the national average2014-15: |
| Outcome: 4. Identify pharmacological agents for the appropriate use in Dental Hygiene Practice (Relates to Program Goal #1: To create an active learning environment that integrates the principles of evidence-based research while promoting critical thinking, self-evaluation, innovation, creativity, and lifelong learning | 2014-15: Annual evaluation of content area by curriculum committee to increase student performance score from current level. Continue with current curriculum and methodologies |  | d value for Preventive Agents2012-13Collin d value=Nat’l d value=2014-15 Collin d value=Nat’l d value= | 2012-13:4. Standard met; Average score was significantly higher than the national average2014-15: Was standard met? Is Pharmacology still especially strong? |
| Program Overall: |  |  | 2013-14 : The outcomes for Class of 2013 for National Board Exam showed strengths in Pharmacology; Pathology; Professional Responsibility; and Supportive TreatmentAreas of weakness were: Anat/Sci; Phy-Bio-Nutr; Micro-Immun; Pt. Assess.; Radiology; DH Care; Perio; Prev Agts; CDH; and Case-Based sections |
| 1. Note: In 2012 the National Board Dental Hygiene Examination format was changed. The Joint Commission on National Dental Examinations (Joint Commission) provides monthly reports including the d-value representing the standardized difference between the program's average standard score and the national average standard score. A d-value representing the standard difference between the program's average raw score (i.e. average number correct) and the national average for each of the disciplines covered on the examination
 |