Dental Hygiene Program
Self Study Report
2012

Florida State College at Jacksonville
North Campus
4501 Capper Road
Jacksonville, FL 32218
(904) 766-6571
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INSTITUTION: Florida State College at Jacksonville

Summary of Factual Information on the Dental Hygiene Program

The purpose of providing the following information is to give the reader of the completed self-study document a brief summary of critical factual information about the dental hygiene program.

Admissions

a. Number of classes admitted annually: 1
b. Current enrollment: Maximum enrollment:
   1st year students 22
   2nd year students 27 (new graduates)
   1st year students 36
   2nd year students 36

   if applicable:
   3rd year students
   4th year students

Curriculum

a. Name of terms: Fall term, Spring term, Summer term
b. Number of terms: 5
c. Number of weeks per term: 16
d. Total number of weeks: 80
e. Award granted at completion: Associate of Science in Dental Hygiene
f. Degree granting institution: Florida State College at Jacksonville
g. Credit-to-clock hour ratio for: lecture: 1:1; laboratory: 1:2; clinic: 1:3

Facilities

a. Identify program(s) which share facilities with the dental hygiene program, e.g., dental assisting, dental laboratory technology, nursing.

   Dental Assisting (to a limited degree)
b. Number of clinical treatment units: 16

c. Number of radiography units: 6 (plus digital panoramic unit)

Program Faculty

a. Number of dental hygienists
   Full-time: 3  Part-time: 7

b. Number of dentists
   Full-time: 1  Part-time: 4

c. Number of dental assistants
   Full-time: 0  Part-time: 0

d. Number of other faculty
   Full-time: 0  Part-time: 0

Setting/Curriculum Delivery

a. Briefly describe the setting in which the dental hygiene program occurs. List all sites where basic clinical education occurs.

   The North Campus of Florida State College at Jacksonville is the primary location for instruction in the Dental Hygiene Program. Basic clinical education is provided in the sixteen-chair dental hygiene clinic. In addition, three community sites (City Rescue Mission, Department of Health and Sulzbacher Center) are used for students to get experience in working with the less fortunate.

b. If all or part of the dental hygiene curriculum is delivered through distance education technologies (e.g., compressed video), and/or non-traditional methods, please provide a description.

   Internet-based instructional technology is used as a supplement to traditional modes of instruction for some courses in the Dental Hygiene Program curriculum.

Financial Support

a. Total direct cost budgeted for current fiscal year: $562,838
Previous Site Visit Recommendations

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

The suggested format for demonstrating compliance is to state the recommendation and then provide a narrative response and/or reference documentation within the remainder of the self-study document.

Please note that if the last site visit was conducted prior to the implementation of the revised Accreditation Standards for Dental Hygiene Education Programs (January 1, 2000), some recommendations may no longer apply. Should further guidance be required, please contact Commission staff.

Standard 3. Administration, Faculty, and Staff

1. It is recommended that all dental hygiene faculty members have background in appropriate educational methodology.

All dental faculty have had instruction in Educational Methodology. The College, in fact, funded thirteen faculty to attend an Allied Dental Teaching Methodology course offered by Dental Hygiene Methods of Education, Inc. in February 2011 to assure that they are current in this requirement. Course topics included: Using Mindful Practices to Enhance Emotional Intelligence and Professional Behaviors of Students, Critical Thinking Simplified, Preparing Program Goal Statements and Online Teaching Strategies & Instructional Methodology. One additional faculty member was unable to attend this course due to scheduling conflicts and was enrolled, at College expense, in an online educational theory and methodology course. All faculty are strongly encouraged to attend the International Teaching and Learning Conference hosted by the college annually. In addition, a list of educational opportunities through the Academy for Professional Development is provided on a regular basis to sustain competency.

Standard 4. Educational Support Services

2. It is recommended that clinical instruction be provided and evaluated by dental hygiene program faculty at the City Rescue Mission (DH Standard 4-4, f).

Kimberley Kilby, the clinical instructor for our students at City Rescue Mission, is a member of the Dental Hygiene Program faculty. She provides the instruction and evaluates students.

Standard 6. Patient Care Services
3. It is recommended that the program conduct a formal system of quality assurance for the patient care program that demonstrates evidence of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided. (DH Standard 6-2 b)

Our program consistently strives to assure that patient care in our Dental Hygiene Clinic is of the highest quality. The quality assurance regimen described in our response to the last accreditation site visit has been implemented with some modifications as described below:

1. Patient Satisfaction Surveys

Patient Satisfaction Surveys are routinely distributed by students to their patients at the completion of treatment. Scores are tabulated, comments are transcribed and analysis of the data occurs at the end of each calendar year. Patient satisfaction with their care remains consistently excellent. Please see Exhibit 6-2D for the survey instrument with the results of the 2011 survey.

2. Review of Patient Care

We had obtained a commitment from the Dental Programs Advisory Committee to assign a volunteer each year (at the end of spring term) to do a chart review for quality assurance purposes. Twenty-five charts were randomly selected for the review. Appropriateness and thoroughness of treatment were assessed as was the quality of documentation. Recommendations were to be made based on the review’s findings.

After two years of reviews, this was discontinued as no useful information was gleaned that was not discovered through our chart audit process involving clinic faculty and dentists. The information collected was not any different than the information obtained through the chart audits.

3. Chart Audit

Chart audits are conducted twice a year at the completion of Fall and Spring terms to determine and assess the appropriateness, necessity and quality of the care provided in the Dental Hygiene Clinic. Thirty patient charts are randomly selected and analyzed by the faculty (ten charts each) during the week of final exams. The Instructional Program Manager analyzes the results of the audit and feedback is given to the faculty.

The audit form is included as Exhibit 6-2A and the two most recent results of audits are included as Exhibits 6-2B and 6-2C.

4. Case Study
Students prepare a patient case study with radiographs, study models, charting, photographs, and treatment plan for presentation to their peers. All students must demonstrate a thorough knowledge of the dental hygiene process of care and recommended evidence-based treatment for their patients. This is an ongoing assignment. Samples of patient case studies will be available on site.

5. Clinical Competency Evaluation Review

Clinical faculty and dentists are responsible for assuring that students provide competent care to the clinic’s patients. Part of our ongoing program assessment process involves reviewing specific criteria of student performance, as recorded on their clinical competency form to assure that overall student performance meets our standards. Exhibit 1-1E contains the program assessment documentation that includes our findings.
Compliance with Commission Policies

Please provide documentation demonstrating the program's compliance with the Commission's "Third Party Comments" and "Complaints" policies.

A. Third Party Comments

The program is responsible for soliciting third-party comments from students and patients that pertain to the standards of policies and procedures used in the Commission's accreditation process. An announcement for soliciting third-party comments was posted 90 days prior to the site visit. The notice indicated that third-party comments were due in the Commission's office no later than 60 days prior to the site visit. Please review the entire policy on "Third Party Comments" in the Commission's Evaluation Policies and Procedures manual.

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

   On June 4, 2012, an announcement soliciting third-party comments was posted in three areas of the A Building of the North Campus frequented by dental hygiene students and patients. The announcement states:

   **Third Party Comments Notification**

   The Dental Hygiene Program at Florida State College at Jacksonville is seeking re-accreditation by the Commission on Dental Accreditation. A team of visitors from the Commission will visit in mid-September. As part of the re-accreditation process, the Program is required to solicit Third Party Comments. The American Dental Association guidelines are reprinted below along with the address to which all comments must be mailed. All comments must be received by the Commission on Dental Accreditation by Sunday, July 22nd.

   Please read the guidelines below for additional information.

   Those programs scheduled for review are responsible for soliciting third-party comments from students and patients by publishing an announcement at least 90 days prior to their site visit. The notice should indicate the deadline of 60 days for receipt of third-party comments in the Commission office and should stipulate that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission's accreditation process. The announcement may include language to indicate that a copy of the appropriate accreditation standards and/or the Commission's policy on third-party comments may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611, or by calling 1/800-621-8099, extension 4653.
TYPES OF COMMENTS CONSIDERED: All comments submitted must pertain only to the standards relative to the particular program being reviewed or policies and procedures used in the accreditation process. Comments will be screened by Commission staff for relevancy. For comments not relevant to these issues, the individual will be notified that the comment is not related to accreditation and, where appropriate, referred to the appropriate agency. For those individuals who are interested in submitting comments, requests can be made to the Commission office for receiving standards and/or the Commission's Evaluation Policies and Procedures (EPP).

MANAGEMENT OF COMMENTS: All relevant comments will be referred to the program at least 50 days prior to the site visit for review and response. A written response from the program should be provided to the Commission office and the site visit team 15 days prior to the site visit. Adjustments may be necessary in the site visit schedule to allow discussion of comments with proper personnel.

Comments are to be mailed to:
American Dental Association
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

B. Complaints

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

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

The Dental Hygiene Student Handbook (Exhibit 5-1E), which is reviewed with the students at the start of each academic year, contains a page (page 36) that describes the procedure for filing a formal complaint with the Commission. A file of student complaints pertaining to accreditation standards is maintained in the office of the Instructional Program Manager for the Dental Programs.
STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:

a) developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.

b) implementing the plan;

c) assessing the outcomes, including measures of student achievement;

d) using the results for program improvement.

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

As an institution accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACS-COC), Florida State College at Jacksonville ensures that all programs participate in its Institutional Effectiveness (IE) Model. The College has a comprehensive, ongoing, multi-level planning and assessment process that is systematically documented and includes goals, implementation strategies, assessment protocols and the use of results for continuous improvement at the college-wide, campus and departmental levels and which supports the mission of the institution.

The multi-level annual planning, allocation of resources and budget processes are driven by the mission statements, goals, implementation activities and assessment outcomes. The IE model includes analyses of findings with appropriate modifications of the plan.

Each year the program leaders at the North Campus are asked to complete a plan which is tied to the program’s aims and purposes, campus goals, college goals and the budget process. At the end of the year, an annual report is compiled detailing progress of the program plan. Each objective in the departmental plan has measurable outcomes which can be utilized to track program effectiveness. A revised plan is prepared for the subsequent year based on the accomplishments and challenges experienced.
The College Program Review Process (CPR) is a program effectiveness IE component that annually assesses program enrollment, student progress and completion rates, advisory committee effectiveness and job placement. A description of the process is included as Exhibit 1-1A. The College has established minimum performance standards for each of the factors measured. Program modifications are planned based on the findings. The Dental Hygiene Program consistently excels in the CPR process and received recognition for its exemplary performance in 2009 (Exhibit 1-1B.)

Finally, the achievement of program goals is also measured through the administration of graduate and employer satisfaction surveys (Exhibit 1 – 1C & D.) The graduate surveys are administered by Ulrich Research Services, Inc. 6 months and one year after program completion. Employment information from the graduate surveys is used to survey employers. A review of findings is conducted by program faculty and administration and findings are used to guide program decisions. Exhibit 1-1E contains reports from two Dental Hygiene Program assessment cycles, 2010-11 and 2011-12 (preliminary).

1. List the institution’s and program’s goals. If a philosophy has been developed for the program, quote the philosophy.

Florida State College at Jacksonville has established a college-wide mission that was approved by the District Board of Trustees on August 2, 2011:

“The mission of Florida State College at Jacksonville is to provide optimal access to high quality, affordable and relevant degree, career and community education to enhance the lives of our students and the economic development of Northeast Florida.”

The mission of Florida State College at Jacksonville will be fulfilled, in significant measure, through the continuous, responsive pursuit of academic excellence through the following college-wide goals:

1. Prepare students for distinctive success in their academic, career and personal goals through collaboration within the College community and individual initiative.

2. Inspire students to a lifetime commitment to continued learning, informed civic engagement, ethical leadership, cultural appreciation, social responsibility and multicultural awareness in an interconnected world.

3. Optimize access to College programs and services.

4. Provide to students an extraordinarily positive experience in every engagement with the College.
5. Contribute significantly to the ongoing economic development of the
Northeast Florida region.

The North Campus and Betty P. Cook Nassau Center of Florida State College at
Jacksonville are committed to student success. Our commitment is expressed
through our mission, vision and goals that address the learning environment,
learning outcomes, partnerships with our communities of interest, services, and
service providers. The North Campus has adopted a mission, vision and goals that
are aligned with the College’s. The North Campus mission statement is:

“The mission of North Campus and Betty P. Cook Nassau Center is to directly
respond to the lifelong learning needs and economic development of people in the
College’s expanding service area. This academic community is dedicated to
student success in degree, career and community education through excellent
teaching, a comprehensive learning environment and quality services.”

The values of the campus are expressed through its vision statement:

“Changing Life’s…One Student at a Time” through . . .

The goals of the campus are:

1. Provide high quality teaching that inspires life long learning.

2. Provide an aesthetically pleasing and technology-based learning
environment.

3. Deliver exceptional service.

4. Continuously assess current programs and the demand for new
programs.

5. Develop new and optimize established partnerships.

6. Provide professional development opportunities for all employees.

7. Increase public awareness of and accessibility to the North Campus and
the Betty P. Cook Nassau Center.

The mission of the Dental Hygiene Program was revised in 2010-11 as part of the
College’s new Institutional Effectiveness Program.

The mission of the Associate of Science (AS) Degree Dental Hygiene
Program is to create competent, ethical, confident entry-level dental
hygienists who are prepared to immediately seek employment in dental
offices in Northeast Florida and beyond. The curriculum meets the
requirements of the Commission on Dental Accreditation. This is accomplished with a combination of classroom and laboratory instruction at the College and clinical instruction in the College's Dental Hygiene Clinic and affiliated dental clinics in the community. A primary goal of the program is to instill in our graduates a commitment to professional development through life-long learning and service to the community. Students who successfully complete the Dental Hygiene Program will be prepared to pass both the National Board Dental Hygiene Examination and the state licensing examination.

The program goals are:

1. To provide the student with current theoretical and scientific knowledge for successful completion of the dental hygiene curriculum, National Dental Hygiene Board and state licensing examinations.

2. To provide comprehensive preparation of competent individuals in the laboratory, pre-clinical and clinical experiences that are necessary to develop skill in rendering evidence-based professional dental hygiene patient care to the public.

3. To provide the student with a thorough understanding of the cause of dental diseases and the appropriate strategies for educating the community in primary and secondary prevention of oral diseases.

4. To enable the student to develop appropriate behaviors and interpersonal skills that will foster a respect for the Professional Code of Ethics and Conduct, and assure recognition and acceptance of the responsibilities of the profession of dental hygiene.

5. To provide students with the knowledge to conduct critical reviews of current literature as a means of research and life-long learning.

2. Describe how the institutional and program goals relate.

The College, North Campus, and Program goals are interrelated and supportive of the mission of the College. That relationship is demonstrated in the chart below.

<table>
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<tr>
<th>FSCJ Goals</th>
<th>North Campus Goals</th>
<th>Dental Hygiene Program Goals</th>
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<tr>
<td>1. Prepare students for distinctive success in their academic, career and personal goals through collaboration within the College community and individual initiative.</td>
<td>1. Provide high quality teaching that inspires life long learning.</td>
<td>1. To provide the student with current theoretical and scientific knowledge for successful completion of the dental hygiene curriculum, National Dental Hygiene Board and state licensing examinations.</td>
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<td>4. Continuously assess current programs and the demand for new programs.</td>
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<td>2. Inspire students to a lifetime commitment to continued learning, informed civic engagement, ethical leadership, cultural appreciation, social responsibility and multicultural awareness in an interconnected world.</td>
<td>1. Provide high quality teaching that inspires life long learning.</td>
<td>3. To provide the student with a thorough understanding of the cause of dental diseases and the appropriate strategies for educating the community in primary and secondary prevention of oral diseases.</td>
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<td>3. Optimize access to College programs and services.</td>
<td>4. Continuously assess current programs and the demand for new programs.</td>
<td>3. To provide the student with a thorough understanding of the cause of dental diseases and the appropriate strategies for educating the community in primary and secondary prevention of oral diseases.</td>
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<td>4. Provide to students an extraordinarily positive experience in every engagement with the College.</td>
<td>2. Provide an aesthetically pleasing and technology-based learning environment.</td>
<td>1. To provide the student with current theoretical and scientific knowledge for successful completion of the dental hygiene curriculum, National Dental Hygiene Board and state licensing examinations.</td>
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<td>5. Contribute significantly to the ongoing economic development of the Northeast Florida region.</td>
<td>4. Continuously assess current programs and the demand for new programs.</td>
<td>2. To provide comprehensive preparation of competent individuals in the laboratory, pre-clinical and clinical experiences that are necessary to develop skill in rendering evidence-based professional dental hygiene patient care to the public.</td>
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<td>3. To provide students with the knowledge to conduct critical reviews of current literature as a means of research and life long learning.</td>
<td>5. Develop new and optimize established partnerships.</td>
<td>5. To provide students with the knowledge to conduct critical reviews of current literature as a means of research and life long learning.</td>
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3. Describe how the goals address teaching, patient care, research and service.

Our Program goals (which are listed above) explicitly address teaching, patient care, research and service. Goals 2, 3, and 5 are most relevant to teaching, patient care, research and service. Examples include research papers, table clinics, giving presentations to area elementary schools, Mighty Teeth Day, the Wounded Warrior Project and others.

4. Using the sample format illustrated in example exhibit A, develop an assessment schedule, timetable or plan. Include how, when and by whom the program goals are reviewed, evaluated and revised.

In 2010, Florida State College at Jacksonville initiated the use of an online assessment-tracking tool called WEAVE. Every academic program and department, as well as non-academic departments like maintenance and security, developed a mission statement and outcomes that are continuously assessed through measures with specific targets (See Exhibit 1-1E). Failure to achieve a target requires the development of an action plan to improve performance.

The Dental Hygiene Program tracks nine outcomes:

**Professionalism**

1. The new graduate of FSCJ’s Dental Hygiene Program must be able to discern and manage ethical issues of dental hygiene practice in a rapidly changing environment.

2. The new graduate of FSCJ’s Dental Hygiene Program must be able to contribute to improving the knowledge, skills and values of the profession.

3. The new graduate of FSCJ’s Dental Hygiene Program must be able to acquire and synthesize information in a critical and scientific manner.

**Health Promotion/ Disease Prevention**
4. The new graduate of FSCJ’s Dental Hygiene Program must be able to provide planned educational services using appropriate interpersonal communication skills and educational strategies to promote the optimal health of the individual.

5. The new graduate of FSCJ’s Dental Hygiene Program must be able to initiate and assume responsibility for health promotive and disease preventative activities for the community.

Patient Care

6. Assessment: The new graduate of FSCJ’s Dental Hygiene Program must be able to systematically collect, analyze and accurately record baseline data on the general, oral and psychosocial health status of patients using methods consistent with medico-legal principles.

7. Planning: The new graduate of FSCJ’s Dental Hygiene Program must be able to use critical decision making skills to identify existing problems, potential problems, etiologic factors, contributing factors, as well as establish realistic goals and treatment strategies to facilitate optimal oral health.

8. Implementation: The new graduate of FSCJ’s Dental Hygiene Program must provide treatment that includes preventive and therapeutic services designed to achieve and maintain oral health and assist the patient in achieving oral health goals.

9. Evaluation: The new graduate of FSCJ’s Dental Hygiene Program must be able to evaluate the effectiveness of planned clinical and educational services and modify services as necessary for optimal oral health.

Exhibit 1-1E contains printed assessment reports from WEAVE for academic year 2010-11. It includes information on how, when and by whom the program goals are reviewed, evaluated and revised. The 2011-12 cycle has closed and the draft assessment report has been submitted for institutional review. It is included as Exhibit 1-1E.

5. Document and describe the outcomes measures that are utilized to determine the degree to which these stated goals and/or objectives are being met. Include examples, i.e., course completion rates, job placement rates, survey instruments, statistics, written and clinical board examination results, as an exhibit.

The following measures are currently utilized as components of our program assessment protocol.

- Written and Clinical Competency Evaluations
- Dental Hygiene National Board Examination Scores
- Student, Graduate, Patient and Employer Surveys
- Success rate on State Licensing Examination
Additional measures (with descriptions) are detailed in the Weave reports included as Exhibit 1-1E.

6. Document, by course, the number of students who have passed and who have failed for the current and previous classes since the last site visit. State the program’s policy on repeating courses.

Please refer to Exhibit 1-1F for pass/fail student data from 2005 – present. Repetition of failed courses is required by the Program for advancement. Due to the sequential nature of the curriculum, a student must apply and seek readmission with a subsequent class to enroll in a failed course. The Student Handbook (Exhibit 5-1E) details the procedure for seeking readmission.

7. Please provide results for the past two years of the assessment process.

Exhibit 1-1E is a printed assessment report from the College’s Institutional Effectiveness Process for academic year 2010-11. The 2011-12 cycle report is currently under review; a draft of the report is included in Exhibit 1-1E as well.

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

One of the goals that the Dental Hygiene Program was determined to address was the lackluster National Board scores that our students were earning. In most areas, our students were scoring close to the national average, occasionally slightly above or below. We implemented strategies designed to improve student performance in the program in the hope that this would translate into better scores on the board exam. One such strategy was the development and execution of a podcasting program for freshman lectures. All lecture courses in the freshman year are recorded and podcast for the students to review at home on their computer or using their smartphone. In addition, the faculty produced an extensive series of instructional videos that the students have available to review procedures at their convenience. The results, which have been analyzed by the College’s Office of Student Analytics and Research (Exhibit 1-1G), demonstrate a dramatic increase in the mean board scores in every content area, resulting in scores well above the national average.

Two recent examples of program improvement based on assessment results are the development of improved methods to improve faculty calibration in the clinical courses and the re-introduction of mock state board exams.

A common concern mentioned by many respondents to the exit and graduate surveys was the lack of calibration among clinical faculty, particularly the adjunct faculty. A multi-pronged approach was implemented that includes:
• The development of a series of training videos for each competency describing the patient selection criteria and how the faculty will evaluate the student performance. By the time of the site visit, we will have a representative sampling of the videos online for review. Initially, this will be used for faculty calibration, but the intent is to provide these videos to the students as well.

• Four students in the 2011 graduating class failed to successfully pass the state licensing examination. This was a marked increase from previous years and may be (at least partially) related to changes in the format of the clinical examination and the new organization implementing it (Northeast Regional Boards, NERB). In all four cases, there was a failure to properly evaluate the patient for suitability. The Program has reinstituted “mock board exams” in the DEH2806L course after a three-year absence to address this deficiency.
Financial Support

1-2 The institution must have a strategic plan that identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

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

Florida State College at Jacksonville has a centralized accounting system administered by the College Vice President of Administrative Services (Finance). Administrative financial offices are located at the Administrative Building, 501 West State Street, Jacksonville, FL 32202.

A. Description

1. Describe/explain the process utilized to develop the program’s budget. Include the time/frame, individuals involved, and final decision making body/individual(s).

Florida State College at Jacksonville receives half of its financial support for operations from direct state funding; however, the College also receives income through in-state and out-of-state matriculation fees; laboratory, student activities, and other special student fees; shared federal funding; grants and contracts; and miscellaneous revenue from College investments and endowments. For capital building projects, the College receives state Public Education Capital Outlay (PECO) funding, an additional prioritized revenue source.

The College’s financial status is sound in keeping with State Department of Education rules that include maintaining reserves of 5% of the total budget. The College’s reserves currently stand at 7.9 %.

Funds are allocated to the five campuses and seven centers based upon cost and enrollment calculations, and projected program needs. The budgeting process begins at the campus level when each department submits a Departmental Plan to the Campus President (Dr. Barbara Darby) in the spring (March-May) of each year. A copy of the guidelines for the annual budget development is available on site for the Visiting Team. The Departmental Plan includes instructional,
equipment, and human resource assessments and projections. A copy of the Dental Program Departmental Plan is available on site for the Visiting Team. Any budgetary requests beyond level funding are aligned with the assessments and projections included in the Departmental Plan. The Dental Programs budget is developed collaboratively with the Dental Instructional Program Manager (Dr. Jeffrey Smith), faculty and staff, and reviewed by the Dean of Career Education (Dr. Neal Henning). Budgetary recommendations for the departments are then submitted collectively for the campus by the Campus President to the College President’s Cabinet for final review and approval. Although this is an annual process, there are normally opportunities within the year to reassess budgetary needs and submit requests. A College-wide mid-year budget review is the primary mechanism for addressing emerging needs and is normally conducted each December in order to reallocate funds as necessary. A sample of the college-wide procedures for conducting the mid-year review is available on site for the Visiting Team. Please see Exhibit 1-2A for the campus annual planning/budgeting process model and the list the individuals involved in the process, including their name and title.

Dental Program salaries and general operational expenses (including printing, non-contracted services, advertising, professional fees, travel, educational materials and supplies, and office materials and supplies) are paid from funds allocated specifically to the department. Hazardous waste pick-up and disposal, utilities, and phone service are provided at the institutional level through the Department of Purchasing and Business Services.

Capital outlay funds are used for the purchase of new equipment and equipment replacement. Additionally, Carl Perkins funds, and other supplemental funding provided periodically by the College are available. Funds to replace computers for classrooms and labs are usually available on a 3-year cycle.

Other financial records of the institution are available for review by the Visitation Team on site and as requested.

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

The annual college budget development process includes a 3-year budget proposition. (Exhibit 1-2B) Unexpected expenditure requirements in the Dental Hygiene Program are funded by reserves held by the Campus President or the College Vice President of Administrative Services. The Department and Campus Administration carefully monitor departmental budgets and expenditures. Further checks and balances are provided through the Office of the Vice President for Administrative Services, which includes Purchasing and the Accounts Payable department. The published sources where financial policies and procedures are available are included in the College Administrative Procedures Manual and are accessible on the College website (http://www.fscj.edu/district/policies-procedures/apm/index.php).
Pursuant to Florida Statutes, the College may not operate with a deficit. The College does, however, retain reserves to cover unexpected expenditure requirements within the fiscal budget year. The North Campus has autonomy for the administration of its annual budget allocation that is administered through the Office of the Campus President.

The overall fiscal management of the College is sound because the administration has the resources, database, management policies, flexibility and leadership with which to anticipate and identify needs on an ongoing basis.

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

Salaries for full-time faculty are determined using the guidelines in the Faculty Collective Bargaining Agreement (available on site). The Dental Hygiene Program faculty salary schedule does not differ from other faculty of the institution.

Professional Development funding is available through the Health Programs budget, through the campus’s annual allocation for professional development and Carl Perkins funding. Full-time faculty are eligible for a maximum of $4,000 in tuition reimbursement annually as a benefit of employment. In addition, the College’s Academy for Professional Development provides a great variety of free professional development courses for college employees, including faculty. The annual International Teaching and Learning Conference is another college sponsored professional development for college faculty.

Adjunct faculty at Florida State College at Jacksonville are paid at a rate of $634 per Work Load Unit (WLU). WLU are calculated dependent on whether the course is taught by lecture only, combined lecture/ lab, or clinical.

4. If the program faculty salary schedule differs from that of the institution, explain the rationale for the difference.

The Dental Hygiene Program faculty salary schedule is consistent with the institutional faculty salary schedule.

5. Identify the funds appropriated from each source listed on example exhibit B for the dental hygiene program and the percentages of the total budget that each source constitutes.

Please see Exhibit 1-2B, which details the Dental Hygiene Program budget and funding sources.

6. If financial resources include grant monies, specify the type, amount and termination date of the grant. What is the primary use of these funds? Upon
termination of the grant(s), how will these funds be replaced? If applicable, describe how the tuition or other sources of funds are distributed between affiliated institutions.

The Dental Hygiene Program at FSCJ is not dependent on grants for financing its continued operation.

7. Using the example exhibit C format, provide information on the program’s budget for the previous, current and ensuing fiscal years.

Please see Exhibit 1-2C, which details the Dental Hygiene Program budget for the previous, current and ensuing fiscal years.

8. Using the example exhibit D format, provide the actual expenditures for the previous year.

Please see Exhibit 1-2D, which details the actual Dental Hygiene Program expenditures for the previous year.

9. Using the format shown in example exhibit E, provide information on the salary schedules for full- and part-time faculty for the current academic year; include the program administrator.

Please see Exhibit 1-2E, which details the Dental Hygiene Program faculty salary schedules.

10. If applicable, list the financial resources available for distance sites. Provide information on the budget, actual income and expenditures for the distance site(s).

FSCJ does not have any distance sites as part of the Dental Hygiene Program.

1-3 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

The Dental Hygiene Program receives no support from outside entities.

1-4 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.

The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters rests within Florida State College and the Dental Hygiene Program. For example, there are specific administrative procedures for the development and approval of curriculum (APM 09-0304); student
selection is outlined in the college catalog (http://floridastatecollegecatalog.fscj.edu/preview_program.php?catoid=25&poid=4412&returnto=3189). Faculty selection is addressed in the collective bargaining agreement and administrative matters are covered by a variety of administrative procedures. (All will be available on site)

Institutional Accreditation

1-5 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.

* Agencies whose mission includes the accreditation of institutions offering allied health education programs.

Intent:

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

A. Description

1. Describe the program’s educational setting: dental school, four-year college/university, community/junior college or technical college/institute. Indicate whether the institution is public, private (not-for-profit) or private (for profit).

Please see below.

2. By what regional or national accrediting agency is the institution accredited? Briefly describe the institution’s accreditation history, including its current status and date of last evaluation.

Florida State College at Jacksonville is a publicly supported state college and is fully accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACS-COC), having last earned full accreditation status in December, 2004. The College was initially accredited by SACS-COC in 1974 and has maintained full accreditation status since that time. Florida Junior College at Jacksonville was authorized in 1963 by the Florida Legislature to provide a wide variety of educational services, primarily for the people of Duval and Nassau counties. The College admitted a charter class of 2,610 students in August, 1966.

The College currently offers more than 200 degree and certificate programs on four major campuses, six educational centers, and a virtual campus. FSCJ is authorized by the action of the Florida Legislature to offer the following
credentials for students enrolling in the courses and programs available at the institution:

- Ten Bachelor degrees;
- The Associate in Arts (A.A.) degree, for students intending to transfer to an upper division college or university;
- The Associate in Science (A.S.) degree, for students who want to enter a professional or technical field and also retain the option of transferring to an upper division college or university;
- The technical certificate, for students interested in taking a series of courses within an A.S. degree program that comprises all of the training required for certain occupations;
- The high school diploma, General Education (GED) preparation, and Adult Basic Education (ABE) for students seeking to improve employability skills and for ESOL (English for Speakers of Other Languages) students;
- The Community Services Program for students or graduates who need training to upgrade or broaden their present skills and enhance their occupational opportunities.

Florida State College assumes responsibility for the curriculum content with the Dental Hygiene Program by participating in the college-approved curriculum process and adhering to the curriculum frameworks as authorized by the Florida Department of Education (FDOE).

1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements that clearly define the roles and responsibilities of each institution involved.

A. Description

1. If the dental hygiene program is cooperatively sponsored by two educational institutions, indicate when the cooperative agreement was developed, how often it is updated and briefly outline the contingency plan included. Describe how the combined resources of the institutions support attainment of the program goals and assist the program in meeting the Accreditation Standards. Provide a copy of the formal agreement as an exhibit. Describe the contingency plan, should a campus site terminate the written agreement.

The Dental Hygiene Program at Florida State College at Jacksonville has no co-sponsoring institutions.

Community Resources
There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

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

**A. Description**

1. Briefly describe how professionals in the community, such as dental hygienists, general dentists, and dental and other health care specialists are used as resources or to support instruction.

The Dental Hygiene Program has long-standing relationships with dental professionals in the community who are supportive of our mission and generous with their time and resources. Currently, Professor Cynthia Wampler is serving her second consecutive term as the president of the local chapter of the dental hygiene association. Other faculty are currently serving as officers in the association and have served in that capacity in the past.

Three prominent local dentists are listed among the program adjunct faculty. Dr. Gerald Cioffi, a general dentist, is an expert on treating medically compromised patients and has been teaching our DEH2300 Pharmacology and Oral Medicine course for more than twenty years. In addition to teaching our students, he is active on the lecture circuit at state dental association meetings and operates a thriving dental practice locally that caters to patients with medical challenges.

Drs. Alan Fetner and Mary Hartigan are a husband/wife team of periodontists that have an international reputation honed through years of lecturing at meetings around the world. Dr. Fetner taught the DEH2602 Periodontics course for many years before passing the torch to Dr. Hartigan three years ago. They are strong supporters of the dental hygiene profession and our program. Their scholarship fund provides support for our students and is funded through Periodontics Update lectures that they offer periodically at the College’s Deerwood Center. To date, they have raised over $100,000 in scholarship money to support dental hygiene students in our program.

Each year local dentists and hygienists are invited to participate in the Table Clinic’s as judges. This annual event gives the students the opportunity to do
research on a specific dental hygiene topic of interest. This information is presented visually and orally during the table clinic.

Finally, community sites such as the City Rescue Mission and the I.M. Sulzbacher Center expose students to other dentists and dental hygienists in the community. We are in the last stages of developing a partnership with the Duval County Health Department’s Pediatric Clinic. In the Summer of 2012, our students will begin rotating through the clinic working with pediatricians and providing fluoride varnish application for their young patients and oral hygiene instruction for their parents.

2. Describe the mechanism(s) used to maintain liaison between the program and dentists and dental hygienists in the community. Provide a listing of individuals who are currently involved in the liaison activity as an exhibit. Also, provide minutes of meetings from the liaison activity. If applicable, provide the names and the areas of expertise of the individuals in the community representing the distance site(s).

An active liaison to the dental community is maintained through the Florida State College at Jacksonville Dental Advisory Committee. This committee, which is comprised of practicing dentists, dental hygienists, and dental assistants from the community, meets twice a year (Fall and Spring) and provides a valuable link that assures that our graduates are entering the workforce with the skills that their future employers demand. The Florida State College at Jacksonville Advisory Committee Handbook (available on site) details the policies and procedures that govern the Dental Advisory Committee. The Committee membership roster is included as Exhibit 1-7B.

3. In what document are the duties and responsibilities of the individuals involved in liaison activities defined? (Provide document as an exhibit.)

The duties and responsibilities of the Dental Programs Advisory Committee are detailed in the Florida State College at Jacksonville Advisory Committee Handbook (available on site).

4. Describe recent liaison activities within the dental community.

The Dental Hygiene Program initiated a partnership with the Wounded Warrior Project in 2010 to provide oral hygiene care to the veteran students in their TRACK (Training Rehabilitation and Advocacy Center) program, which is located in Jacksonville.

"TRACK is the first education center in the nation designed specifically for wounded warriors. It is focused on providing college and employment access to wounded warriors. TRACK students reside in Jacksonville, FL for a 12-"
month, intensive and holistic training experience for the mind, body and spirit.”

Each year, we provide the veterans with a dental examination, radiographs, and oral prophylaxis services on a day dedicated to them. In addition, we host a luncheon in their honor and provide chair massages and cosmetology services, provided by students in other North Campus programs. To assure that the warriors received comprehensive dental care, we partnered with the local dental association to assign volunteer local dentists to each veteran.

In addition, we have established long-standing relationships with local dentists and industry representatives who are valuable resources for our students. Dr. Joseph Barton, a prominent local dentist and lecturer at the Las Vegas Institute for Advanced Dental Studies, recently provided a guest lecture on cosmetic dentistry to Dr. Monica Franklin’s DES1000 Dental Materials course. Other local dental professionals serve as judges for our annual Table Clinic event.

The minutes from recent Advisory Committee meetings are included as Exhibits 1-7C & D.
The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.

In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, the graduates of the program must be awarded an associate degree, certificate, or a baccalaureate degree.

Intent:
The time necessary for psychomotor skill development and the number of required content areas require two academic years of study and is considered the minimum preparation for a dental hygienist. However, the curriculum may be structured to allow individual students to meet performance standards specified for graduation in less than two academic years as well as to provide opportunity for students who require more time to extend the length of their instructional program.

Maximum opportunity should be provided for students to continue their formal education with a minimum loss of time and duplication of learning experiences. Institutions are strongly encouraged to develop articulation agreements between associate degree programs and baccalaureate programs that provide for maximum transfer of course work. General education, social science and biomedical science courses included in associate degree dental hygiene curricula should parallel those offered in four-year colleges and universities. In baccalaureate degree curricula, attention is given to requirements for admission to graduate programs in establishing the balance between professional and nonprofessional credit allocations.

A. Description

1. Describe how the objectives and philosophy of higher education is reflected in the scope and depth of the dental hygiene curriculum. Describe how the curriculum is designed to provide students with increasing skills in depth and understanding in both the didactic and clinical curricula.

The clinical and didactic dental hygiene program curricula reflect the hierarchy of learning. Instruction in preclinical courses such as DEH1001C Introduction to Clinical Procedures and DEH1003C Dental Hygiene Instrumentation, focus primarily on psychomotor skill development. At this level, students develop proficiency in identifying and displaying the steps in
preparing the operatory for patient care and the steps in utilizing various examination and treatment instruments. As the students’ progress to DEH1800L Clinical Dental Hygiene I Lab, this information is applied in the context of providing care for patients. Didactic courses mirror this progression.

The curriculum, which is five terms in length, is structured in such a way as to build a strong foundation in the biomedical and dental sciences early in the student’s training. Upon that foundation, their education in clinical dental hygiene can be built through the integration of previously learned core concepts into more complex concepts. The student’s first term is most intensive with the introduction of head and neck anatomy, oral and dental anatomy, and histology and embryology. The knowledge of histology and embryology, for example, is key to an understanding of pathology in the student’s second term. Similarly, the study of head and neck anatomy at the start of the student’s education provides the basis for the study of radiographic anatomy that follows subsequently.

The College now offers a number of bachelor degree programs in disciplines such as Supervision and Management and Biomedical Sciences. An A.S. degree earned in Dental Hygiene at FSCJ provides students interested in these bachelor degree programs with a head start in completing their required courses. In fact, each bachelor degree program permits a specified number of elective courses that can be filled with dental hygiene courses.

For those students interested in continuing their education, a number of career paths have been charted for them through articulation agreements with four-year colleges. Nova Southeastern University offers an online Bachelor of Health Science (B.H.Sc.) degree program to dental hygiene graduates who have been awarded their A.S. degrees. Finally, St. Petersburg College and other colleges and universities have started offering Bachelor of Applied Science in Dental Hygiene (B.A.S.D.H.) or similar degrees to graduates of accredited dental hygiene programs like ours.

The college catalog will be available in printed form for review by the site team. The Dental Hygiene Program catalog description is included as Exhibit 2-1A. It can also be accessed at http://floridastatecollegecatalog.fscj.edu/index.php?catoid=25.

2-2 A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.

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

A. Description

1. Describe how the standard is implemented.

Students in the Dental Hygiene Program are routinely and frequently evaluated to assure that they meet the didactic, behavioral, and/or clinical criteria that have been adopted by the program. For example, students are given three attempts to master each competency, if unsuccessful after the first attempt, remediation is given. Once the remediation is complete the student attempts mastery of the competency, if unsuccessful after the second attempt, remediation is given and the student is allowed one final (third) attempt to demonstrate mastery. These evaluations are of a diverse nature and are criteria-dependent. The Course Curriculum document accompanying this self-study details the assessment tools utilized to determine that each program objective is met. In addition, the Program annually tracks data related to achievement of program objectives as part of the College’s institutional effectiveness program. An online tool for tracking assessment data called WEAVE is regularly updated as new information is acquired and new measures and goals are developed for tracking the achievement of program objectives.

New students are assigned faculty advisors prior to the Freshman Orientation session held in late July. The role of the faculty advisor is to assist students with questions that may arise and counsel students who are having academic difficulty. The student advisor will make the first attempt to assist students who are struggling by connecting them with the help that they need. Advisors encourage students to schedule a brief introduction meeting early in their first term so that they can get to know one another.

The Dental Hygiene Program has had a course-by-course, instructor-by-instructor approach to remediation. We have enhanced our approach to identify struggling students earlier to permit sufficient time to offer them the help that they need. Each faculty meeting includes a brief discussion aimed at identifying underperforming students so that a more holistic assessment of the students’ progress can be undertaken. Once struggling students have been identified by the course directors and Instructional Program Manager (IPM), they are alerted to their situation, informed of the consequences of course failure and offered remediation. The path from that point forward is determined by the type of course(s) in which the student is having difficulty. Students are directed to their course director for tutoring sessions in the case of a failing didactic class. These are scheduled during faculty office hours or when convenient for both parties. In the case of preclinical courses, the failing student is invited to participate in formal remediation sessions that are scheduled each week.
Students who fail to make satisfactory progress, even with remediation, will receive a failing grade in the course and will be subject to the provisions of the Academic Guidelines section of the Dental Hygiene Student Handbook (Exhibit 5-1E). The following section from the Handbook describes the Dismissal Policy for the Program:

Those applicants accepted into the program must maintain a minimum grade of “C” in each dental hygiene (DEH and DES) course to continue in the program. The dental programs will dismiss any student that does not fulfill this requirement. In addition, a student who does not exhibit the knowledge, behavior, attitude, ethics or skills deemed necessary for health, safety and welfare of patients will be dismissed. Any academic dishonesty will cause the student to be subject to automatic dismissal. Any student that does not meet the class, laboratory and clinical requirements will also be subject to dismissal, at the discretion of the Instructional Program Manager in consultation with the faculty.

Students who feel that they were unjustly dismissed from the Program may avail themselves of the Due Process procedure established by the College and included in the catalog (Exhibit 2-2A) and Dental Hygiene Program Student Handbook (Exhibit 5-1E). Additional information can be found in the current 2011-2 FSCJ College Catalog located at the following webpage:

http://floridastatecollegecatalog.fscj.edu/index.php?catoid=21

Admissions

2-3 Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

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

A. Description
1. List the admission criteria for the dental hygiene program. Are the criteria weighted? If so, explain.

The following criteria must be met for admission to the Dental Hygiene Program:

1. Apply for admission to Florida State College at Jacksonville
2. Apply for admission to the Dental Hygiene Program
3. Submit scores from the Health Occupations Test
4. Submit official college transcripts of all college coursework
5. Complete the following prerequisite courses with a grade of “C” or better prior to submitting an application for the program (points are awarded based on the grade earned in each course):
   - BSC 2085C Human Anatomy and Physiology I
   - CHM 1032C Principles of General Chemistry
   - MCB 2010C Microbiology
   - MAC 1105 College Algebra

The following admission criteria are equally weighted for the Dental Hygiene Program:

   a) Health Occupations Test (HOT)

   The Health Occupation Test (HOT) is used to measure the academic achievement level of students wishing to enter programs such as: dental hygiene, medical lab technology, histologic technology, respiratory care, radiology, and physical therapy assistant. Three sections from the test are evaluated for admission to FSCJ’s Dental Hygiene Program: academic aptitude (verbal, arithmetic, and non-verbal subtests), reading comprehension, and natural sciences.

   b) Quality Points

   Quality points are awarded for the successful completion of prerequisite courses.

Exhibit 2-3A contains the 2012 Dental Hygiene Program Brochure that was distributed to applicants interested in joining the August, 2012 entering class. It describes the criteria for admission and provides the applicant with a sample sheet for scoring their own application.

2. Describe the process for selecting dental hygiene students and at each campus site, if applicable. Indicate names and titles of individuals participating in the process. Provide a sample rating sheet for students selection as an exhibit.
Candidates must submit all required documents by June 15 for fall admission. Each applicant is ranked numerically on a scale from 0 - 199 based on his/her HOT score and Quality Points, the latter calculated based on the number of credit hours assigned and course grade earned for each of the designated prerequisite courses in which the applicant scored a “C” or better. The Applicant Screening Committee then selects the top 36 candidates and 6 alternate candidates and submits their recommendations to the Dean of Career Education for review. Final decisions concerning who will and will not be admitted rest solely with the Instructional Program Manager in consultation, as necessary, with the North Campus administrators.

The 2012 Applicant Screening Committee is composed of the following individuals:

- Jeffrey R Smith, DMD Instructional Program Manager
- Jacquelyne Mack, RDH Professor Dental Hygiene
- Cynthia Wampler, RDH Professor Dental Hygiene
- Monica Franklin, RDH Associate Professor Dental Hygiene
- Angie Flood, RDH Adjunct Professor Dental Hygiene
- Richard A. Stevenson, DDS Dentist

In addition, an Advisory Committee member and an adjunct faculty volunteer are recruited to serve on the Admission Committee, as is a program manager from outside the Dental Programs. This diversity of backgrounds assures that all constituencies and opinions are considered.

Exhibit 2-3B displays the incoming August, 2011 class as the applicants were ranked according to the criteria present at that time.

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

The admission criteria and procedures are reviewed on an annual basis. If modifications are deemed necessary, the Instructional Program Manager, Applicant Screening Committee members, and faculty, in collaboration with the North Campus administrative team, analyze existing criteria to determine what changes are desirable. The Dental Programs Advisory Committee has taken great interest in our admission process and their recommendations are considered when modifications to the current criteria are contemplated.

4. How are applicants informed about the program’s criteria and procedures for admission, program goals, curricular content, services performed by dental hygienists and employment opportunities? Provide a program application packet and/or form as an exhibit.
Applicants are informed about the program’s criteria and procedures for admission, program goals, and curriculum content through several sources. Initial information is often provided through the College’s official Dental Hygiene Program website:

http://www.fscj.edu/mydegree/academics/schools/health-sciences/dental-hygiene/index.php

The Dental Hygiene Program has developed its own website that includes admission documents and information about program-related events. It is located at:

http://fscjdental.info

In addition, applicants may obtain information through the Welcome Center on any campus or advisement by the Dental Programs Instructional Program Manager in person, by email, or by telephone.

The college catalog (available online) and the Dental Hygiene Program’s brochure are also sources of information. Employment opportunities are discussed with students during advisement prior to entering the program and during orientation with applicants entering the program. Exhibit 2-3C contains an agenda from Freshman Orientation and an American Dental Hygiene Association document that addresses employment opportunities for dental hygienists that is reproduced in the Freshman Orientation packet. Orientation is conducted annually, approximately one month prior to the start of classes.

5. If students who do not meet the program’s admission criteria are admitted, what academic strengthening is provided in the area(s) of deficiency(s)? When and by whom, will the remediation be provided?

All students for the last four years met the minimum admission criteria at the time of enrollment. In the event that there are not enough qualified applicants to fill all of the seats a student who meets the majority of the requirements may be admitted on a conditional basis.

6. Evaluate whether the program (including each campus site, if applicable) has the necessary faculty, facility and financial resources and scheduling flexibility to accommodate students who do not meet the admission criteria without jeopardizing learning experiences of other students.

Fortunately, the Dental Hygiene Program has not had to accept students who do not meet our admission criteria in many years. Should it become necessary in the future, financial resources will be made available for faculty to remediate the students as needed for them to be successful. Scheduling remediation sessions in the evening would assure that they wouldn’t impinge on the clinical requirements.
of traditional students. The staff from the Library and Learning Commons are also used as resources. The librarian does an orientation to the library resources that are available. Students are encouraged to seek assistance in the library and learning commons. In addition, the staff from the career development center and student services visit the classroom and offer workshops in areas such as time management and study skills.

7. Briefly describe the institution’s policies on discrimination. In what documents are these policies stated?

The following policy appears in the Florida State College at Jacksonville catalog and website:

**Equal Access — Equal Opportunity**

Florida State College is an equal access/equal opportunity/affirmative action college in education and employment. The commitment of Florida State College at Jacksonville’s District Board of Trustees and the College administration to equal opportunity extends to all facets of governance, operational procedures, instructional programs, student activities and services.

The admission and employment policies of the College provide equal access to educational services and equal opportunity for employment within the College.

The College is guided by the principle that no person who chooses to learn or work at Florida State College shall be treated differently because of age, race, color, religious beliefs, national origin, sex, marital status or disability. Inquiries or complaints may be addressed to the Equity Officer, Florida State College, Administrative Offices Room 103C, 501 W. State St., Jacksonville, FL 32202. Or call (904) 632-3221 or (904) 677-1501.

Inquiries or complaints regarding access to Florida State College programs, activities, facilities and/or employment practices for people with disabilities may be addressed to the Director of Services for Students With Disabilities, Florida State College, 501 W. State St., Jacksonville, FL 32202. Or call (904) 632-5007 (voice) or (904) 632-5008 (TDD or voice).

2-4 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Transfer students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

A. **Description**
1. Does the dental hygiene program admit students with advanced standing? If yes, describe the policies and methods for awarding advanced standing credit. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

The Dental Hygiene Program admits students with advanced standing, provided the prospective student is in good standing with their prior institution. The student’s grades, curriculum and course descriptions are reviewed by the Instructional Program Manager and appropriate individuals in enrollment services. General education and dental hygiene courses are reviewed and approved for advanced standing, when indicated. Students admitted with advanced standing are held to identical standards as those admitted in the traditional manner. Additional criteria for admission of transfer students are contained in the Student Handbook (Exhibit 5-1E). The maximum number of transfer credits is sixty-six based on the College’s rule that students must complete twenty-five percent of the credits toward their degree at Florida State College to be eligible to graduate.

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

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

The Dental Hygiene Program at FSCJ has adequate resources to serve the students enrolled in the program. With the help of some creative scheduling and the use of community facilities, our sixteen-chair dental hygiene clinic and twenty-chair dental laboratory facility are utilized fully to accommodate our maximum enrollment of thirty-six students. We never lack for the equipment and supplies that are necessary to operate the program. We have utilized a number of outside clinical facilities over the years to broaden our students’ experiences. Our full-time faculty is sufficient for the number of students accepted; any additional needs are filled by a core group of adjunct faculty, some of whom have been on staff for many years. The Program utilizes technology in almost every aspect of instruction. From high-definition video to podcasting of lectures to other innovations, the Program prides itself on its creative application of technology to improve student learning.

A. Description

1. Describe the potential patient population available from surrounding community resources (at each campus site, if applicable), e.g., hospitals, dental schools,
military or public health clinics, nursing homes and other short- or long-term care facilities. How are these resources used for instruction? List the facilities utilized by the program and describe the relationship.

The Dental Hygiene Program at Florida State College at Jacksonville is supported by a community that provides more than an adequate patient population. The Jacksonville metropolitan area, which includes three beach cities and Clay, Baker, Nassau and St. Johns counties, has a population of more than 1,000,000 residents. There is currently a 3,000 patient waiting list for an appointment in our clinic.

Outside clinical rotations are designed to provide the student with an increased variety of patient experiences; therefore, the sites have been selected because they represent patients of various ages, socioeconomic, education and life experiences. We maintain affiliation agreements with and rotate our students through the following external clinical sites:

- Veterans Administration Hospital  Exhibit 2-5A
- City Rescue Mission  Exhibit 2-5B
- Duval County Health Department  Exhibit 2-5C
- Sulzbacher Dental Clinic  Exhibit 2-5D
- Managed Access to Child Health, Inc.  Exhibit 2-5E

2. How many classes does the dental hygiene program admit each year? In what month(s) of the year do students begin their course of study?

The dental hygiene program enrolls one class each fall. Students begin coursework in late August.

3. How many applicants, i.e., individuals who have submitted required credentials:
a. were there for the most recently admitted class?  
b. met the minimum admission criteria?  
c. were offered admission?  
d. were enrolled?  
e. were enrolled with advanced standing?

a. were there for the most recently admitted class?  91  
b. met the minimum admission criteria?  50  
c. were offered admission?  43  
d. were enrolled?  36  
e. were enrolled with advanced standing?  0

4. Using the format illustrated in example exhibit F, provide enrollment data for the program during the current and four preceding years and student attrition data for the current classes of students.

Please see Exhibit 2-5F which summarizes enrollment and retention data.
The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

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

A. Description

1. List the stated program competencies and describe how the competencies are conveyed to students.

Program Competencies

Professionalism

1. The new graduate of FSCJ’s Dental Hygiene Program must be able to discern and manage ethical issues of dental hygiene practice in a rapidly changing environment.

Specifically, the new graduate must be able to:

1.1 demonstrate honesty and integrity in relationships with patients, colleagues and other professionals.

1.2 comply with all state and federal laws governing the practice of dental hygiene.
1.3 recognize patient record as legal document and maintain its accuracy and confidentiality.

1.4 identify and report signs of abuse and neglect as required by law.

1.5 take action against the incompetent and unethical colleague.

2. The new graduate of FSCJ’s Dental Hygiene Program must be able to contribute to improving the knowledge, skills and values of the profession.

Specifically, the new graduate must be able to:

2.1 advance the profession of dental hygiene through service activities and affiliations with professional organizations

2.2 utilize, expand, and contribute to knowledge base of dental hygiene.

2.3 promote the values of the dental hygiene profession to the public and other organizations both within and outside of the dental profession.

2.4 apply self-assessment skills as preparation for lifelong learning & professional growth.

2.5 present themselves professionally in their actions, attitudes, dress, written and verbal communications.

3. The new graduate of FSCJ’s Dental Hygiene Program must be able to acquire and synthesize information in a critical and scientific manner.

Specifically, the new graduate must be able to:

3.1 access, analyze, and share professional data using written material, the internet and computer technology.

3.2 use sound judgment in processing information, professional decision making and application of new information to assure evidence-based patient care.

Health Promotion/ Disease Prevention

4. The new graduate of FSCJ’s Dental Hygiene Program must be able to provide planned educational services using appropriate interpersonal communication skills and educational strategies to promote the optimal health of the individual.

Specifically, the new graduate must be able to:
4.1 identify the oral health needs of individuals and assist them in the development and maintenance of appropriate and individualized self-care regimes.

4.2 provide health education counseling using current and effective methods of instruction and motivation.

4.3 promote preventive health behaviors by personally striving to maintain optimal oral and general health.

5. The new graduate of FSCJ’s Dental Hygiene Program must be able to initiate and assume responsibility for health promotion and disease prevention activities for the community.

Specifically, the new graduate must be able to:

5.1 participate in the assessment, planning, implementation and evaluation phases of community-based oral health programs

5.2 identify populations in need of oral health services in a variety of settings.

5.3 identify services that promote oral health and prevent oral diseases

Patient Care

6. Assessment: The new graduate of FSCJ’s Dental Hygiene Program must be able to systematically collect, analyze and accurately record baseline data on the general, oral and psychosocial health status of patients using methods consistent with medico-legal principles.

Specifically, the new graduate must be able to:

6.1 obtain, review and update a comprehensive medical, dental, nutritional, health behavior history including assessment of vital signs

6.2 recognize conditions that require special precautions prior to or during dental hygiene treatment.

6.3 perform extraoral, intraoral, periodontal, and dental examinations and accurately record findings.

6.4 obtain radiographs of diagnostic quality.
6.5 distinguish normal from abnormal radiographic findings and correlate those findings with clinical exam data

7. Planning: The new graduate of FSCJ’s Dental Hygiene Program must be able to use critical decision making skills to identify existing problems, potential problems, etiologic factors, contributing factors, as well as establish realistic goals and treatment strategies to facilitate optimal oral health.

Specifically, the new graduate must be able to

7.1 analyze patient data to identify significant findings impacting the delivery of dental hygiene services.

7.2 identify need for referral to appropriate health care professionals.

7.3 establish a planned sequence of educational and clinical dental hygiene services based on patient’s identified needs.

7.4 establish oral health goals with the patient or guardian as an active participant.

7.5 identify patient at risk for medical emergency, take steps to prevent an emergency and be prepared to manage an emergency should it occur during the appointment.

7.6 obtain informed consent from patient or guardian prior to implementing services.

8. Implementation: The new graduate of FSCJ’s Dental Hygiene Program must provide treatment that includes preventive and therapeutic services designed to achieve and maintain oral health and assist the patient in achieving oral health goals.

Specifically, the new graduate must be able to:

8.1 apply principles of dental hygiene instrumentation to remove deposits without trauma to hard or soft tissue.

8.2 control pain and anxiety during treatment through use of legally accepted clinical techniques and appropriate behavioral management strategies.

8.3 select and administer appropriate chemotherapeutic agents within the scope of dental hygiene practice in the state of Florida.

8.4 provide all needed dental hygiene services that may be performed legally in the state of Florida.
8.5 provide pre- and post-treatment instructions when appropriate.

8.6 use measures to minimize occupational hazards in the work place.

9. **Evaluation:** The new graduate of FSCJ’s Dental Hygiene Program must be able to evaluate the effectiveness of planned clinical and educational services and modify services as necessary for optimal oral health.

Specifically, the new graduate must be able to:

9.1 determine the clinical outcomes of dental hygiene clinical and educational interventions using indices, instruments and examination methods.

9.2 determine patient’s satisfaction with the dental hygiene care received and the oral health status achieved.

9.3 develop and maintain a continuing care system appropriate to patient needs.

9.4 recommend referral for additional patient treatment as needed.

The competencies identified by the faculty of the FSCJ Dental Hygiene Program are included in the Student Handbook (Exhibit 5-1E) and reviewed during the first and last week of each term. These competencies are defined by the Program as the knowledge, skills, and values necessary for a graduate to possess as they enter the workforce as clinical hygienists. At that time, students are educated in how to read course syllabi and how to discern which competencies are addressed by which courses. The Program has adopted a policy of “full disclosure” when it comes to identifying competencies and assigning them to individual courses in a manner that readily lends itself to student tracking. It is our belief that student success is enhanced by defining the program goals at the start of the program in much the same way that viewing a completed jigsaw puzzle eases assembly by demonstrating how individual pieces contribute to the whole.

2. Describe how, and at what intervals, students’ laboratory, preclinical and clinical performance/competency is evaluated. Include all forms utilized to evaluate students’ skills in the separate course outlines documents. Provide all evaluation tools and strategies used to assess preclinical, clinical and laboratory competence.

Both the method and the frequency of evaluation for laboratory, preclinical, and clinical competency is dependent on the particular skill being evaluated, its complexity and the stage of student training. The first term Dental Hygiene Instrumentation course (DEH1003C), for example, has weekly competency evaluations. The skills taught in this course are primary skills, those most basic
skills that are the foundation of more complex skills that follow. Examples of these basic skills include instrument grasp and use of the dental mirror.

Other courses have far less frequent competency evaluations. The DES1101L Dental Materials Laboratory course evaluates proficiency in some skills, such as study model and bleaching tray fabrication, only after several weeks of practice. There is a mix of process- and end-product evaluations used throughout the program. All evaluation forms used to assess preclinical, clinical and laboratory competence are included in the Dental Hygiene Curriculum document.

3. What standards of achievement/competence are required for dental hygiene students to continue in each portion of the curriculum? How and when are these standards explained to the students?

The Dental Hygiene Program has set the standard for passing any course, whether clinical or didactic, at 77% or a “C”. Every course syllabus that the student receives has the following section that equates letter grade to percentage grade:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>B</td>
<td>85-92.5%</td>
</tr>
<tr>
<td>C</td>
<td>77-84.5%</td>
</tr>
<tr>
<td>D</td>
<td>70-76.5%</td>
</tr>
<tr>
<td>F</td>
<td>&lt; 69.5%</td>
</tr>
</tbody>
</table>

*A minimum grade of “C” (77%) or better must be earned in each dental hygiene course for progression and completion of the program.

This standard is explained in the Student Handbook and reviewed at the start of each course when the syllabus is reviewed with the students.

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

As previously described (in section 2-2), course directors and faculty track student academic and clinical progress and recommend remediation when necessary. The IPM has taken a more active role in student tracking by gathering student progress information at midterm from each course director and assembling that information for comparison purposes. Students in danger of failing a course are urged by the course director to seek remediation. The frequency with which a student is notified of their progress is dependent on the course. Clinical courses involving patient care have daily evaluations of competency, whereas first term didactic courses often have less frequent written examinations.

5. Describe procedures for assisting students who are having academic difficulties.

The Program has been actively conveying the demanding nature of the curriculum to students at advising visits, freshman orientation and during the first weeks of class. Faculty advisors have been assigned and sophomore partners introduced at
freshman orientation to facilitate engaging students better and earlier. In spite of this, students continue to underestimate the time demands and continue to struggle during their first (and, in some cases, subsequent) terms. Faculty have been directed for many years to reach out to all students as they adjust to the demands of the program by offering review sessions and tutoring. Too often, the students who avail themselves of this extra assistance are those who need it the least, while those who do need it choose not to attend. Discussions during faculty meetings are aimed at identifying struggling students so more directed remedies can be applied. The student’s faculty advisor becomes the struggling student’s main facilitator and may, if requested, assist in assembling the needed resources to help the student.

In addition, the Library and Learning Commons is located at each campus; they contain resources and personnel that facilitate student success. They provide face-to-face and technology-based tutoring for students in critical areas such as basic mathematics, English, sciences, and foreign languages. Computer tutorials, videos, learning packets, and anatomical models and charts are some of the tools that are provided. These resources provide extended evening and weekend hours and are managed by professional staff with much of the tutoring done by student assistants. Information about the Library and Learning Commons is available on the College’s web site.

http://www.fscj.edu/mydegree/library-learning-commons/index.php

6. To what extent do evaluation procedures for didactic instruction:

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

Assessment of student progress in didactic courses is primarily by way of written examination, though individual courses utilize other appropriate means of assessing learning including written reports, online discussion boards and group projects.

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

As students progress through the program, more and more case-based questions are included in written examinations. Such questions require the student to integrate knowledge from other areas of study to adequately plan dental hygiene treatment for the described patient, for example. Having completed the first year course Preventive Dentistry, students are expected to apply this knowledge in determining the needs of patients presented in the second year course Medically Compromised Patients.

c. Become more rigorous as the student’s ability increases?
There is an increasing level of difficulty associated with progression through the program as knowledge accumulates and the didactic course faculty from higher-level courses demand that students demonstrate broad comprehension of the coursework that preceded their own course. As an example, the student enrolled in the DEH2300 Pharmacology and Oral Medicine course in the program’s fourth term is expected to have an understanding of chemistry and physiology, the basis for pharmacological action, from their previous coursework.

d. Lend themselves to consistent application by faculty?

The faculty assigned to didactic courses are bound by the Dental Hygiene Program Academic Guidelines – Grading Policies published in the Student Handbook (Exhibit 5-1E). This guarantees consistency and predictability for the students across the didactic faculty. Consistency is further advanced by adherence to a college-wide curriculum process. Dental hygiene faculty collectively review college and program guidelines on an annual basis to maintain uniformity.

e. Evaluate student’s responsibility for professional judgment and conduct?

Program expectations for professional judgment and conduct are explained to the students in the first week of school as part of the review of the Dental Hygiene Student Handbook (Exhibit 5-1E). Students sign a commitment to professional standards as part of that lesson. From that point forward, the student is evaluated to assure that they maintain the highest standards of professional judgment and conduct throughout their training at FSCJ. Each course syllabus reiterates the academic integrity and absence/tardiness polices. Students are expected to abide by ethical standards in preparing and presenting materials used to determine grades and attend and actively participate in all aspects of the program. Policy statements address consequences for failing to maintain college and program standards.

7. To what extent do evaluation procedures for laboratory, preclinical and clinical instruction:

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

Students receive frequent feedback in the form of competency evaluations throughout their laboratory, pre-clinical, and clinical training. The forms used for competency evaluation are included in the curriculum document.

b. Reflect the process as well as the end result?
Both process and end-product evaluations have their place in the student’s laboratory, pre-clinical, and clinical education. Some competencies lend themselves to one form more than the other, for example, exposing patient radiographs initially requires a process evaluation. Subsequent evaluations, after process competency has been established, can be determined by end-product evaluation.

c. Monitor each student’s progress through time?

The Dental Hygiene Program employs regular evaluation procedures throughout each course that provide more than adequate opportunities for the faculty and student to monitor their progress. Examples will be provided on site.

d. Define performance standards in clear, specific terms?

All performance standards are described in such a way as to provide a student with a clear expectation of the task at hand. It is our goal that the student should be capable of determining their competency by measuring their own performance against the standards detailed in the procedure evaluation form. Forms and examples will be provided on site.

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

As stated in the previous section, it is a desired outcome of the program that students not only perform laboratory, pre-clinical, and clinical procedures proficiently, but that they become adept at self-evaluation. To that end, we have attempted to incorporate at least some form of self-assessment in all of our courses. Forms and examples will be provided on site.

f. Support individualized instruction throughout clinical practice sessions?

Strict adherence to accreditation guidelines for student: faculty ratios in laboratory, pre-clinical, and clinical courses assures students the necessary individualized attention that they need to learn new competencies. No place is this increased scrutiny more important than the student’s initial exposure to patients in the clinic. A concerted effort is made to provide students with the one-on-one instruction that they need.

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

As the student’s skill and experience increase, the performance expectations also increase. Increased speed and proficiency are anticipated with hands-on experience and more challenging clinical cases are introduced as the student acquires expertise and progresses through the program.

h. Lend themselves to consistent application by faculty?
Evaluation and grading policies are set by the program faculty and reviewed periodically to assure calibration. Faculty consistency is an area where improvement is needed, as evidenced by graduate feedback on exit surveys. Program management and faculty are developing technology solutions designed to enhance faculty calibration, while at the same time, communicating performance expectations to students. Examples will be available for the site team at the time of their visit.

i. Evaluate student’s responsibility for professional judgment and conduct?

Professionalism is operationalized to include judgment, decision-making, and conduct. The Program’s expectations related to professional conduct are detailed in the Student Handbook (Exhibit 5-1E) and reviewed during the first week of school. Students in the dental hygiene clinic receive a daily written evaluation of their professionalism.

8. For distance education sites: describe how examinations are managed to remain secure if administering via technology, and how examinations are graded in a timely manner.

The Dental Program does not currently operate any distance education sites.

2-7 Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.

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

A course syllabus is distributed on the first day of class and reviewed with the students. This document contains the course description and content as well as instructional objectives, scheduling information, and methods of evaluation. The full complement of course syllabi are contained in a separate document labeled “FSCJ Dental Hygiene Curriculum”.

Course directors are responsible for updating the curricular material in their course to reflect evolving scientific knowledge, clinical practices, and technological advances. This
2-8 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies. A curriculum document must be submitted for each course included in the dental hygiene program for all four content areas.

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

Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities.

The curriculum includes content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science (Exhibit 2-13G). This content is integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies. The full complement of course syllabi is contained in a separate document labeled “FSCJ Dental Hygiene Curriculum”.

General education, social science, and biomedical science courses included in the curriculum are equivalent to those offered in four-year colleges and universities as evidenced by their transferability to other institutions in the state of Florida and beyond.

2-9 General education content must include oral and written communications, psychology, and sociology.

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

The Dental Hygiene Program curriculum contains general education content including oral and written communications, psychology, and sociology. Written communications is primarily taught in ENC 1101 English Composition while oral communication content is embedded throughout courses in the dental hygiene core curriculum. Psychology and
sociology are taught in the INP 1390 Human Relations in Business and Industry course, which is a program requirement. The full complement of course syllabi is contained in a separate document labeled “FSCJ Dental Hygiene Curriculum”.

2-10 **Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology and/or pathophysiology, nutrition and pharmacology.**

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

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

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

The Dental Hygiene Program curriculum contains biomedical science content including content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology and/or pathophysiology, nutrition and pharmacology (Exhibit 2-13G). The full complement of course syllabi is contained in a separate document labeled “FSCJ Dental Hygiene Curriculum”.

2-11 **Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.**

**Intent:**
*These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for assessing, planning and implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.*
The Dental Hygiene Program curriculum contains dental sciences content including tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials (Exhibit 2-13G). A curriculum document has been submitted containing syllabi for each course included in the Dental Hygiene Program.

2-12 **Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.**

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

The Dental Hygiene Program curriculum contains dental hygiene science content including oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases (Exhibit 2-13G). The full complement of course syllabi is contained in a separate document labeled “FSCJ Dental Hygiene Curriculum”.

2-13 **The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.**

The Dental Hygiene Program curriculum contains basic clinical education that includes a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services. The full complement of course syllabi is contained in a separate document labeled “FSCJ Dental Hygiene Curriculum”. DEH1001C Introduction to Clinical Procedures and DEH1003C Dental Hygiene Instrumentation are the courses that specifically address the scientific principles of dental hygiene practice.

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

A. **Description** (for Standards 2-8 through 2-13)

1. Outline the sequence of the dental hygiene curriculum as illustrated in example exhibit G.

   Please see Exhibit 2-13A.

2. In the **separate dental hygiene curriculum document**, supply the syllabus for each course in the dental hygiene curriculum:
   
   a. course title and number;
   b. course description;
   c. course schedule
   d. course outline, topics to be presented;
   e. amount of instructional time allocated to each topic;
   f. specific instructional objectives for each topic presented;
   g. didactic/laboratory/clinical learning activities designed to achieve goals and objectives, including time allocated for each experience;
   h. teaching methods;
   i. required text(s);
   j. evaluation criteria and procedures; and
   k. date prepared and applicable faculty presenting course.

   Include a **sample examination** for each didactic course and evaluation forms for all skill evaluations. The document must include a table of contents; pages must be numbered.

   Please see the Dental Hygiene Curriculum document under separate cover.

3. For each term of the current year’s dental hygiene curriculum, provide a class schedule as illustrated in the **example exhibit H**. (If a schedule does not extend the entire term, provide supplemental schedules.) Include course number; indicate whether the session is lecture, laboratory or clinic; provide the name(s) of the faculty member(s) responsible and the number of students in the preclinical, clinical and laboratory sessions.

   Please see Exhibit 2-13B, C, D, E, & F for class schedules from Fall (1st & 4th term), Spring (2nd & 5th term) and Summer (3rd term), 2011-12.

4. Using the format illustrated in example exhibit I, list the courses which provide the **major** instruction in each required content area and specify the number of clock hours of instruction devoted to instruction in that area.
Please see Exhibit 2-13G.

5. If distance education is utilized to provide the didactic curriculum, provide a comprehensive plan that describes how the program manages the delivery of courses, if and when, technology does not operate properly.

The Dental Hygiene Program does not currently offer any courses via distance education.

6. If any content area specified in Standard 2 is not included in the curriculum, what is the rationale for its omission?

The only content area listed in Standard 2, but not represented in the Dental Hygiene Program curriculum is Basic Life Support (BLS). Certification in healthcare provider-level CPR and BLS has been a long-standing prerequisite for admission to the Program. Active certification must be maintained throughout the student’s enrollment. Students are notified of this fact on the Program Web page, in the Dental Hygiene Program brochure, and at freshman orientation. Exhibit 2-13H is excerpted from the orientation packet and details the BLS requirement and provides options for satisfying it.

7. List the relevant sections in the curriculum document that identify instructional content in, and student evaluation of activities related to, bloodborne infectious diseases.

The bulk of the didactic and pre-clinical education in bloodborne infectious diseases occurs in the DEH1001C Introduction to Clinical Procedures course, though elements of this vital topic are integrated throughout the curriculum. Two additional courses have extensive didactic content related to bloodborne infectious diseases, MCB2010C Microbiology (a program prerequisite) and DEH2400 General and Oral Pathology. The students are evaluated clinically for adherence to infection control guidelines on a daily basis throughout all four of their Clinical Dental Hygiene Lab courses (DEH 1800L, DEH1802L, DEH2804L, and DEH2806L).

8. If applicable, describe how the distance site provides clinical instruction throughout the two academic years of education to coincide with the didactic curriculum.

The Dental Hygiene Program at FSCJ does not employ distance sites.

2-14 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.
Intent:
Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. The number of hours devoted to clinical practice time should increase as the students progress toward the attainment of clinical competence.

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

The curriculum provides sufficient clinical practice time for students to attain competency and develop appropriate judgment. Clinical practice is distributed throughout the curriculum and increases from 8 hours per week in the second term to 12 hours per week in the final three terms (Exhibit 2-13A). The preclinical courses in the first term (DEH1001C Introduction to Clinical Procedures and DEH1003C Dental Hygiene Instrumentation) provide a total of 8 hours of practice per week.

2-15 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

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

A. Description

1. Summarize the type and minimum number of acceptable radiographic surveys that each student is required to expose process and mount during the dental hygiene program in order to assist in demonstrating competence. If the program does not have radiographic requirements, describe how student competency is measured.

   Please see Exhibit 2-15A.

2. Describe how faculty instruction and evaluation are provided to students throughout all of their radiographic experiences.

   There is a 1:5 ratio during DES1200L Radiology Lab as students practice their technique on DXTTR mannequins. Instruction is by demonstration followed by
discussion. Process evaluations are performed utilizing both bisecting angle technique and paralleling technique on DXTTR. As students perform their first radiographs on a patient, additional personalized instruction is offered to guide them through the experience.

During clinical courses, the faculty monitors the six radiology rooms (and the panoramic radiography room) closely to assure that students get the attention they need to obtain the necessary patient radiographs with the minimum exposure. Additional attention from the instructor is also available during clinic by requesting assistance by signing the bay clipboard.

The clinical faculty scrutinizes each student’s progress as they develop and evaluate complete mouth series, bitewings, and panoramic radiographs. If a student is identified as having difficulty obtaining diagnostic radiographs, the full clinical faculty are alerted so as to provide the individual attention that the student needs to perfect his/her technique.

3. For each patient care service that is taught to clinical competence, specify the performance levels expected at the beginning and the end of the dental hygiene students’ clinical experiences.

Grading rubrics for each clinical course have been developed. The criteria remains the same as the students move through the curriculum, however as they progress the number of errors allowed for successful completion decreases.

The students’ performance level in clinical dental hygiene is expected to increase from DEH1800L (Clinical Dental Hygiene Lab I) through DEH2806L (Clinical Dental Hygiene Lab IV). There is a “continued refinement of technical skills” as stated in the course descriptions. In general terms, for DEH1800L Clinical Dental Hygiene I Lab, the level of proficiency that is considered satisfactory is for the student to be able to recognize and record normal structures; recognize hard and soft deposits; and satisfactorily complete a Calculus Class I type patient in one appointment.

In DEH1802L Clinical Dental Hygiene II Lab the students are expected to refine their instrumentation techniques. New universal scalers are introduced. The students are expected to perform more definitive periodontal and dental charting procedures, interpret radiographs, and improve efficiency of care in managing patients with special needs. In addition, the use of ultrasonic instrumentation is introduced.

In DEH2804L Clinical Dental Hygiene III Lab, emphasis is placed on student responsibility and developing decision-making skills, management of the patient, and refining the skills of root planing, use of the Gracey curettes, and ultrasonic scaling. The expectations for completing patients with heavy deposits and periodontal involvement are increased during this term.
In DEH2806L Clinical Dental Hygiene IV Lab, emphasis is placed on efficiency of performance with the delivery of quality care. Clinical skills are refined to an advanced level of proficiency during this term.

4. Provide a definition of the patient category system used by the program.

The categorization of patients used in the program is by calculus quantity and distribution and periodontal involvement. It is shown below.

<table>
<thead>
<tr>
<th>Patient Class</th>
<th>Description of Deposits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 0</td>
<td>No calculus or stain</td>
</tr>
<tr>
<td></td>
<td>Little-to-no plaque accumulation</td>
</tr>
<tr>
<td></td>
<td>No scaling required</td>
</tr>
<tr>
<td>Class 1</td>
<td>Calculus present on 1 to 8 teeth</td>
</tr>
<tr>
<td></td>
<td>Slight stain present</td>
</tr>
<tr>
<td></td>
<td>Calculus and/or stain easily removed</td>
</tr>
<tr>
<td>Class 2</td>
<td>Calculus present on 9 – 15 teeth</td>
</tr>
<tr>
<td></td>
<td>Both supra and subgingival calculus present</td>
</tr>
<tr>
<td></td>
<td>Light, moderate or heavy stain</td>
</tr>
<tr>
<td>Class 3</td>
<td>Calculus occurring on more than 15 teeth.</td>
</tr>
<tr>
<td></td>
<td>Both supra and subgingival calculus</td>
</tr>
<tr>
<td>Class 4</td>
<td>Calculus on every tooth in the mouth</td>
</tr>
<tr>
<td></td>
<td>Both supra and subgingival calculus</td>
</tr>
</tbody>
</table>

In addition, patients are classified as medically compromised, special needs, or pediatric/adolescent. Requirements for completing these patients are described in the Clinic Manual and in the table below:

<table>
<thead>
<tr>
<th>Clinical Term</th>
<th>Med Com</th>
<th>Special Needs</th>
<th>Pediatric Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>II</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>III</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IV</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total 18</td>
<td>10</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

5. **Patient Categories**: Summarize the program requirements including average, minimum and maximum degrees of difficulty for each patient category. If the program does not have patient category requirements, describe how student competency is measured.
Historically, the Dental Hygiene Program set specific patient category requirements for students. Beginning in the Fall, 2011 term, the patient category requirements became less proscriptive in favor of placing increased emphasis on patient completion. This was enacted to address the reluctance of students to complete patients who lacked specific competencies that they required. The new system places an emphasis on treating patients through to completion and awards increasing “completion points” to students based on calculus classification. The students’ grades are based primarily on the quality of work performed and, to a lesser extent, on the number of patients completed and the degree of difficulty for each patient. As students progress from their first clinical course to their last, the percentage of their grade derived from patient completion points grows. This has had the desired effect of reducing incomplete patients drastically. We are confident that this balanced system of setting clinical requirements will provide the necessary incentives to assure students a broad range of clinical experiences while also assuring patients receive the care they deserve.

The clinical spreadsheet used to track students’ radiographic and clinical experiences in all patient care categories is included as Exhibit 2-15B.

6. Specify the clinical sites where basic clinical instruction is provided. If a distance site is utilized for clinical instruction, explain if differences exist in the clinical operation of the parent program and the distance site.

Basic clinical instruction is provided in the College’s dental hygiene clinic, the Veterans Administration Dental Clinic, Sulzbacher Dental Clinic, Duval County Health Department and City Rescue Mission (CRM) Dental Clinic. Close coordination and calibration exists to assure consistency of instruction between the main clinic and the rotation sites. The degree of coordination that exists between each rotation site and the Program is reflected in the degree to which students can receive credit for completing competencies at that site. The table below illustrates that students in the VA Dental Unit (where students are supervised by program faculty) can be evaluated on a broad range of program competencies as compared to the Sulzbacher Clinic (where the facility’s dental hygienist supervises our students) where a limited number of requirements can be completed. The dental hygienist at CRM works closely with program faculty and attends meetings of clinical faculty to guarantee consistency of competency evaluations performed in that facility with those performed in the school’s clinic.

<table>
<thead>
<tr>
<th></th>
<th>VA Dental Unit</th>
<th>CRM</th>
<th>Sulzbacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaling Quadrants</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Services</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>Ultrasonic Scaling</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Panoramic</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Bitewings</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Periodontal Charting</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Perio Debridement</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Tobacco Counseling</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Timed Task Assignments</td>
<td>Scale/Polish only</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

2-16 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.

Graduates must be competent in assessing the treatment needs of patients with special needs.

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

Clinical instruction and experiences with special needs patients should include instruction in proper communication techniques and assessing the treatment needs compatible with these patients.

**Examples of evidence to demonstrate compliance include:**
- program clinical and radiographic experiences, direct and non-direct patient contact assignments, and off-site enrichments experiences
- patient tracking data for enrolled students
- policies regarding selection of patients and assignment of procedures
- student clinical evaluation mechanism demonstrating student competence.

A. **Description**

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

All policies, procedures, and forms used for clinical courses are contained in the Clinic Manual (Exhibit 5-1F), a document that undergoes an annual review and is posted on the program’s web site. Students receive a paper copy of the manual as part of their DEH1800 Clinical Dental Hygiene I course where it is reviewed as part of their clinical orientation. An excerpt from the Clinic Manual related to collecting and recording patient data is included as Exhibit 2-16A.
Identify the course(s) in which enriching clinical experiences are scheduled (off-campus). Include the specific learning objectives and a description of the manner in which the experiences are evaluated. Identify the individuals who participate in supervision and evaluation of dental hygiene students.

The upper-level clinical dental hygiene courses (DEH 1802L, DEH 2804L, and DEH 2806L) have off-campus enrichment experiences scheduled at six facilities, the Veterans Administration Dental Clinic, City Rescue Mission Dental Clinic, Sulzbacher Dental Clinic and two Duval County Health Department clinics. These sites were selected to offer the students a more diverse patient experience than can be obtained at the North Campus clinical facility alone. The first three facilities have a high percentage of geriatric patients, many with special needs. The latter two Health Department facilities treat primarily children. Staff dentists and hygienists as well as adjunct clinical faculty supervise the students. The two primary adjunct faculty associated with the off-campus facilities are Ann Reidy, RDH and Angie Patel, RDH. In addition, supervising dental hygienists from the Sulzbacher and City Rescue Mission clinics are considered unpaid adjunct faculty and are included in all program communications and invited to all calibration sessions.

Two new rotations have been added in the past few years that provide our students with unique learning experiences. The first is with the University of Florida Cleft Lip/Palate Team, a group of medical, dental, and other health professionals who meet twice a month to provide comprehensive care to patients with oral clefts. After a brief examination, our students provide oral hygiene instruction to the patients and their caregivers, and then participate in a multidisciplinary discussion about each patient as equal members of the team. As each patient is discussed, clinical slides are shown and every member of the team, which includes oral surgeons, ENT specialists, orthodontists, pediatric dentists, social workers, speech pathologists, and others (seventeen subspecialists, in all), present their findings and recommendations.

Our newest rotation is an expansion of our current presence at one Health Department clinic. Now, in addition to working with dentists and dental hygienists in the dental clinic, our students will be doing a rotation in their pediatric department, working with pediatricians and pediatric residents performing oral examinations, providing oral hygiene instruction, applying fluoride varnish, and making referrals. This collaboration with other health professionals is a priority for our program and one we hope to expand as opportunities present themselves.

Additional details about off-campus enrichment sites are available in the Clinic Manual, an excerpt of which is included as Exhibit 2-16B.
3. Provide actual clinical rotation schedules for the current classes of dental hygiene students (for each campus site) as an exhibit, including basic clinical education that is off-campus and off-campus enriching rotations.

Please see Exhibit 2-16C.

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

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

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

Examples of evidence to demonstrate compliance may include:
- Program clinical and radiographic experiences
- Patient tracking data for enrolled and past students
- Policies regarding selection of patients and assignment of procedures
- Monitoring or tracking system protocols
- Clinical evaluation system policy and procedures demonstrating student competencies
- Assessment instruments
- Evidence-based treatment strategies
- Appropriate documentation

A. Description

1. List the dental hygiene services that students are required to provide clinically in the program. Using the format provided in example exhibit J, state the preclinical and/or clinical courses that provide the major instruction in providing the dental hygiene process of care. Also, specify the program requirements for the number of times each student must complete each service, as well as the average number
of times the most recently graduated class (at each campus site) provided each of these services. If there are no program requirements, describe minimum performances for completing the preclinical and clinical courses.

Please see Exhibit 2-17A which lists the dental services provided by students and the preclinical and clinical courses in which they are taught. The table also includes program requirements as well as the average number of times the most recent graduating class provided each of these services.

2. If any dental hygiene service is not taught to clinical competence, how is the public made aware of this fact? How are students made aware of the ethical and legal ramifications of the level of preparation?

All hygiene services are taught to clinical competence.

3. Assess the degree to which the educational program provides students with the knowledge and clinical experience required to assess, plan, implement and evaluate current, comprehensive dental hygiene services.

Graduates of the FSCJ Dental Hygiene Program become increasingly adept at utilizing the dental hygiene process of care, which consists of assessment, planning, implementation, and evaluation, for the benefit of individual patients and the larger community. The focus of our educational program is to present them to the community upon graduation as competent caregivers with a social conscience and a desire for self-improvement through life-long learning. The students’ didactic and clinical training while in school is designed to assure that competence.

That competence is assured through excellence in teaching and careful evaluation of student learning. A progression of autonomy is established that affords the student greater and greater responsibility for patient care as they progress in the program. In addition, increasingly more challenging patient cases are introduced that require problem solving skills and professional judgment. As students develop these nascent skills, their faculty mentors are there to guide them along the path.

When evaluating the degree of our success at achieving our goals, we look at a number of indicators, many of which have been described elsewhere in this Self Study, i.e. Exhibits 1-1C and 1-1D, Graduate and Employer Surveys. Two markers that demonstrate our achievement of the program goals are the most recent pass rates for the Dental Hygiene National Board Examination and the state clinical boards. In the last two years, we have had a high pass rate for these mandatory licensing exams. While this is a source of great pride for the College, we realize that, like our students, we, too must strive for self-improvement and are constantly looking for ways to better educate our students.
Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

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

A. Description

1. Using the table format specify the program requirements for numbers of completed scaling/root planing/prophylaxis services for patients by difficulty level and oral health/disease status. Specify the average, minimum and maximum number of times services are performed in each category. Describe how program requirements for completed services are distributed throughout the clinical course series.

Until the fall 2011 term, the Program had prescribed scaling/root planing/prophylaxis requirements by calculus classification. While this made tracking the diversity of student experiences easier, it also, in our experience, too often reduced the patients to “a classification” or a requirement in the students’ eyes. Incomplete patients would accumulate as students sought only patients that met their narrow needs for completing their requirements for course completion. After many appeals to the students failed to resolve the issue, we decided on a bold change and removed requirements for specific patient calculus classifications in favor of a system that rewards students for patient completion. For the DEH1800L Clinical Dental Hygiene Lab course, 95% percent of the students’ grades are based on the quality of the work performed, while the remaining five percent is earned based on patient completions (at this stage of their clinical education, we want the student to concentrate primarily on the quality of their work as they learn new skills). The higher the completed patient’s calculus classification, the more points are earned, as illustrated in the table below.

<table>
<thead>
<tr>
<th>Calculus Class</th>
<th>Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>.25</td>
</tr>
<tr>
<td>I</td>
<td>.5</td>
</tr>
<tr>
<td>II</td>
<td>1</td>
</tr>
<tr>
<td>III</td>
<td>1.5</td>
</tr>
<tr>
<td>IV</td>
<td>2</td>
</tr>
</tbody>
</table>
In each subsequent clinical course, the number of completed patients comprises an increasing percentage of the students’ final course grade, as shown below.

<table>
<thead>
<tr>
<th>Clinic Course</th>
<th>% of Clinic Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic I</td>
<td>5</td>
</tr>
<tr>
<td>Clinic II</td>
<td>10</td>
</tr>
<tr>
<td>Clinic III</td>
<td>15</td>
</tr>
<tr>
<td>Clinic IV</td>
<td>20</td>
</tr>
</tbody>
</table>

Twice each term, students meet faculty for conferences and, when imbalances in patient classifications are discovered, are counseled to seek specific patient classifications to assure a broad range of clinical experience.

As stated, this is still a new system for the Program and may need modification in the future. It has placed an increased emphasis on seeing patients through from assessment to completion (thus decreasing the number of incomplete patients substantially), but is not very popular with the students who did not start with this system in place. Beginning with the incoming class, we will be able to determine if students perform better with a decreased emphasis on finding the right “type of patient to meet a course requirement” and an increased emphasis on total patient care.

2. Describe the monitoring system used to assure that all students have attained clinical competence and exercise appropriate judgment.

Students are monitored and assessed at each clinical session. The clinical faculty and the Course Directors of the Clinical Dental Hygiene Lab courses are tasked with supervising students and tracking their progress.

In addition to competency evaluations of specific clinical skills, evaluation sheets are completed for each student providing patient care and supportive services. Student skills in assessment, implementation of care and professionalism are evaluated and recorded with appropriate written and verbal feedback. The documents are maintained and reviewed at student/faculty conferences and remediation sessions when applicable.

2-19 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

Intent:
Dental hygienists should be able to effectively communicate with individuals and groups. The ability to communicate verbally and in written form is basic to the provision of oral health services in a safe and effective manner.
A. Description

1. Describe the ways by which students demonstrate effective interpersonal communication skills during patient interactions and how they are deemed competent.

The importance of well-developed communication skills is a central theme of much of the students’ dental hygiene education. From the first term to the last, students are expected to demonstrate increasing proficiency at interacting first with their classmates, then with patients in the school’s clinic and individuals and groups in the larger community. The DEH1720 Preventive Dentistry course, for example, has an oral presentation assignment that offers the student an early opportunity to address a group of their peers on a research topic of interest. Table clinics are assigned in DEH2804 Clinical Dental Hygiene III Lecture and presented the following term in DEH2930 Clinical Seminar. Students give oral presentations to a panel of judges who rates the table clinic based upon a rubric. In addition, the students study effective communication as a means of motivating patients and decision-makers in government as a component of their DEH2701 Community Oral Health course.

Oral home care instruction is offered as a component of each patient visit in the four clinical courses. Students are graded by their instructors on the effectiveness of that presentation. Patient histories and the student’s explanation of the treatment plan to the patient also enhance interpersonal and communication skills.

In addition, students are involved in community outreach as part of the curriculum. Students give presentations to second grade students on oral health care and the importance of proper brushing.

2-20 Graduates must be competent in assessing, planning, implementing and evaluating community-based oral health programs including, health promotion and disease prevention activities.

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

A. Description

1. Evaluate the extent to which community dental health instruction and learning experiences prepare students to participate in community-based oral health programs. Describe how students are deemed competent.
Our students are very well prepared to participate in community-based oral health programs. Their participation begins in their first term when they participate in providing oral hygiene instruction at the North Campus Family Literacy Fair, a well attended event that brings hundreds of families to the campus to champion the cause of literacy. The Dental Hygiene Program booth is always one of the most popular with parents and children alike.

Community service-learning opportunities are available during the two final semesters of our dental hygiene program. Our three-tiered approach to Community service-learning functions like this:

First, in their fourth (4th) semester, our students enroll in Community Oral Health, the didactic portion of their introduction to community oral health needs. In one aspect of their didactic curricula, the students, working in groups, choose a topic and a target of interest and develop a comprehensive needs assessment is developed and conducted. Utilizing their needs assessment, they plan, implement and evaluate an educational intervention on their topic of interest focused on meeting the specific needs of their target population.

Current targets of interest are: Nursing staff of nursing homes, individuals recently diagnosed with cancer, visually impaired individuals, individuals who have suffered from strokes, college students, pregnant women, coaches and parents of baseball players, individuals recovering from drug addictions, and other special needs populations.

Current targets of interest are: pregnant teens, WIC centers, preschool through senior high schools in underserved areas, nursing staff of oncology offices, long term care facilities’ nursing staff, schools serving physically and mentally challenged patient populations.

Three sources of evaluative input are used to determine students’ competency in community program planning, implementation and evaluation and are included as supportive documentation:

- Community Program Process of Care Rubric that is designed to guide and evaluate student performance.
- Site supervisor’s evaluation.
- Students’ self-evaluation of their skill, knowledge and attitudes regarding community oral health program development implementation and evaluation.

At the second level, at the community instructor’s request, a 30-hour minimum Community Oral Health practicum has been added to the final semester of the dental hygiene curriculum. This course provides the dental hygiene student an opportunity to continue service-learning association with the target site from
fourth semester or to explore another of the many target sites available in northeast Florida.

Again, competency will be assessed through multiple sources: site supervisor evaluation, mentor evaluation, and the students’ reflective journals.

Examples of our community oral health service-learning programs are available for your review on site.

2-21 Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

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

A. Description

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

Students receive extensive didactic and laboratory training in the recognition and the management of medical emergencies that may occur in dental hygiene practice. That education begins prior to the students’ first day of school with the requirement that they receive training in Healthcare Provider–level CPR as a prerequisite for entry into the program. A copy of a valid CPR card from a reputable trainer is deemed proof of competence. Students must maintain their CPR certification throughout their time in the program.

In the students’ first term, their education in managing medical emergencies continues with the DES1600 and DES1600L Dental Office Emergencies lecture and lab courses. Competency in the lecture course is determined through written quizzes and examinations as well as assignments. The laboratory course uses a series of competency evaluations to determine that students have gained proficiency in managing medical emergencies. The program has produced a number of videos related to managing medical emergencies featuring program managers from the Respiratory Therapy and Emergency Medical Services Programs. The laboratory course culminates in a final competency that consists of a simulated emergency in the dental chair. On rare occasions, the clinical courses also provide the students with unexpected opportunities to display their competence in the management of actual medical emergencies.

2-22 Graduates must be competent in applying ethical, legal and regulatory concepts to the provision and/or support of oral health care services.

Intent:
Dental hygienists should understand and practice the ethical and legal requirements, which members of all health care professions are expected to maintain in the provision of health care to the public.

A. Description

1. Assess the degree to which students assume responsibility for professional judgment and ethical conduct and how they are deemed competent.

Students are held to high ethical and legal standards in providing patient care. As part of the daily clinical evaluation, students are assessed in terms of patient, peer, and faculty interactions, professionalism, judgment, and ethical conduct.

In addition to clinical evaluation, students are required to take a course in Ethics and Jurisprudence. The placement of this course in the curriculum, in the students’ last term, is unfortunate and will be remedied in the upcoming curriculum revision. To compensate for this, ethical dilemmas are introduced beginning in the first term and periodically throughout the program.

One example of an activity performed in the Ethics course is when students are assigned to present an oral report that involves ethical dilemmas. Students must use the ethical decision making framework and demonstrate knowledge of ethical principles and values, legal obligations, and professional responsibility. Students are routinely required to use the ethical decision making framework for written critical thinking assignments, ethical dilemmas presented in class for class discussion, and on examinations. Please see Exhibits 2-22A & B for an example from the DEH2811, Ethics and Jurisprudence course.

In addition to these subjects, the Florida State Practice Act, which governs the practice of dentistry and dental hygiene, is covered. Students are required to participate in a classroom activity reviewing the rules and statutes that regulate the practice of dental hygiene in the State of Florida. To earn licensure, graduates must successfully complete an examination on Florida rules and statutes.

2-23 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

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

The importance of self-assessment is stressed from the student’s earliest days of dental hygiene school until graduation as the surest means of preserving clinical excellence. The Program has endeavored to include self-appraisal mechanisms in many of our courses in the belief that these skills are strengthened through
repetition. Once mastered, the skills become a habit that can serve the graduate throughout their practice life.

Most first term courses incorporate some level of self-evaluation, a practice that extends to many courses in the remaining four terms. The DEH1101C Introduction to Clinical Procedures course requires that all students perform a self-evaluation prior to requesting an instructor’s assessment. The DES1000L Oral and Dental Anatomy lab incorporates multiple self-assessment study sheets in its mix of evaluation methods. The DEH1002C Instrumentation course places particular emphasis on nurturing the student’s developing self-assessment skills. These are just a few examples; many more could be cited. Evaluation tools that include a self-assessment component are included as Exhibits 2-23A (from the DEH1003C Dental Hygiene Instrumentation course) and 2-23B (from the Clinical Dental Hygiene lab courses, DEH1800L, DEH1802L, DEH2804L, and DEH2806L).

2-24 Graduates must be competent in the evaluation of current scientific literature.

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

A. Description (for Standards 2-23 and 2-24)

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

The provision of competent, evidence-based dental hygiene care is intimately tied to the practitioner’s ability to evaluate and critique current scientific literature. The students are introduced to this skill in their first term DEH1720 Preventive Dentistry course and is reinforced in subsequent courses, most notably the DEH2701 Community Oral Health course where students are educated in the fundamentals of research design and methodology, and biostatistics. In-class literature reviews and online discussion board participation assure that students become fluent in the language of dental research analysis. Development of a table clinic for the DEH2804 Clinical Dental Hygiene III lecture class demands that students scrutinize current research. This skill, once mastered, sets the student on the path of life-long learning and continuous self-improvement.

2-25 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

Intent:
Critical thinking and decision-making skills are necessary to provide effective and efficient dental hygiene services.
A. Description

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

No aspect of the student’s dental hygiene education demands the problem solving skills more than those that are found at the core of clinical patient care. From the patient assessment through the development of a comprehensive dental hygiene treatment plan, the student must gather data and integrate it with foundational knowledge learned in school for the enhancement of the patient’s oral health. Implementation of the treatment plan often introduces new problems to solve. Is the patient’s oral condition responding as expected? If not, what is preventing the condition from improving? The clinical faculty guide the students through the learning process, evaluate their progress, and assist them in developing the problem solving skills that will be indispensable in the provision of competent dental hygiene care.

Students are also required to defend their patient care plan in the design and presentation of a patient case analysis during the fourth term. Answering questions about treatment decisions from faculty and peers sharpens the students’ analytical and communication skills and prepares them for interaction with other dental professionals in the workplace.

Curriculum Management

2-26 The dental hygiene program must have a formal, written curriculum management plan, which includes:

a) an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
b) evaluation of the effectiveness of all courses as they support the program’s goals and competencies;
c) a defined mechanism for coordinating instruction among dental hygiene program faculty.

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

A. Description
1. Please provide a copy of the program’s curriculum management plan (CMP) and provide a description of how the CMP is utilized for curriculum review and evaluation.

In June, 2005, Dr. Jeffrey Smith, the Instructional Program Manager (IPM), and the faculty adopted the CMP Timetable (with some alterations) suggested by the consultant with the aim of standardizing the informal review process. Participation by full-time and adjunct faculty, administration and students assures that varying views are considered. The CMP, as it is presently formulated, is attached as Exhibit 2-26A.

A formal Curriculum Committee was established with the IPM serving as the Curriculum Manager. The Committee has representation from the full-time faculty (3 members) and a minimum of one adjunct faculty (1 member). The Administrative Specialist for the Dental Programs serves as the Secretary. Meetings of the Committee are publicized and non-members are encouraged to attend and contribute. The Annual Planning Meeting of the Curriculum Committee is held each summer (Exhibit 2-26B). An analysis of the curriculum data collected throughout the year is undertaken and a formal plan is developed for the following year. The plan developed by the Curriculum Committee is submitted to the North Campus administrative team for review and approval prior to implementation.

2. In what ways do full-time and part-time faculty members participate in the decision-making process in matters relating to the continuous evaluation and development of the dental hygiene program? Include the frequency and purpose of program faculty meetings. (exhibit)

Monthly departmental meetings are held and all faculty (full- and part-time) are invited. There is ample opportunity for all involved to introduce their concerns or recommendations into the agenda for discussion. The purpose of the monthly meeting is to enhance intradepartmental communication and alert attendees to program changes and upcoming events. Minutes from each meeting are distributed to all departmental personnel, including those who were unable to attend. Exhibits 2-26C and 2-26D are examples of minutes from faculty meeting that have occurred in the last year.

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

Student input is gathered at the conclusion of each course through the routine use of student course evaluations. Information gathered from this instrument is presented at the annual curriculum review meeting. In addition, an exhaustive exit survey is used to gauge student perceptions of their education and solicit recommendations for improvement.
The Instructional Program Manager leads the curriculum review process and ensures the participation of full and part-time faculty, clinic dentists and employer/dentists (through the use of employer surveys). The annual curriculum review meeting is publicized to provide interested parties an opportunity to introduce program competencies to meet emerging needs. Proposed curriculum changes are also brought to the Advisory Committee for their recommendations. Proposed changes are also discussed with and approved the Dean of Career Education and Campus President. A recent example of this process working was the introduction of computers to the clinical area to provide students with experience using computerized patient data entry, motivated largely by input from graduates and employers.

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

The Curriculum Committee has the task of oversight to ensure that the program goals are supported by major and minor competencies and that the courses that comprise the dental hygiene curriculum support those competencies. Once it has been determined that the proper distribution of program competencies has been achieved, the Course Directors must make certain that objectives are embedded within the course to attain the stated competencies.

The Curriculum Matrix (available for inspection on site) will be employed to ascertain that all program goals are adequately supported within the curriculum. Omissions are remedied and unnecessary repetitions are eliminated through the use of this valuable tool.

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

The Dental Hygiene Program has initiated an ongoing curriculum review process that employs the richness of human resources that are associated with the program along with a wealth of evaluative data collected from relevant parties. We utilize our full-time and adjunct faculty, staff dentists, and Advisory Committee members for input on necessary changes to the curriculum. The Curriculum Committee also examines other assessment tools in evaluating the curriculum for possible changes, including national and state board results, student evaluation data, alumni and employer surveys and the college-wide College Review Process (CPR), a mechanism by which, every year, all career programs are reviewed and assessed for enrollment status, class completion, and placement rates. The introduction of the College-wide Institutional Effectiveness process provides a standardized framework for ongoing program evaluation.

We are fortunate to have, among our faculty, well-respected authorities on periodontics, oral medicine and the treatment of medically-compromised patients. They keep us abreast of the latest information in their areas of expertise and recommend curricular changes to address the current advances.
The Curriculum Management Plan is included as Exhibit 2-26A and described above.

6. Describe the mechanism for coordinating instruction between dental hygiene faculty members and other faculty who teach dental hygiene students and describe how information from faculty meetings is disseminated to all dental hygiene and related faculty, including faculty at distance sites, if applicable.

This is a particularly challenging topic for the Dental Hygiene Program at Florida State College, though we make a concerted effort to coordinate instruction with general education faculty of North Campus through a yearly coordination meeting each August. The College offers general education courses at all five campuses and via distance learning. It is quite impossible to “customize” training for all students college-wide according to the desires of one healthcare program on North Campus. We have been successful in incorporating our desired changes into the North Campus offerings where our increased interaction with the general education faculty has resulted in increased cooperation. That interaction occurs at a number of scheduled events meant to promote inter-program communication that are offered annually including the Faculty Forum and the Fall Convocation. The Campus Governance committee meets monthly and offers liberal arts and workforce education faculty an opportunity to communicate with each other.

The Program makes extensive use of electronic mail as a means of communicating minutes from departmental meetings and program updates to dental hygiene adjuncts and other interested parties.

The college host college wide discipline meetings twice annually. These meetings provide opportunities for input and discussion of any program areas of concern.

7. If the program has faculty and students at distance sites, explain how they are incorporated into the CMP.

Florida State College at Jacksonville’s Dental Hygiene Program does not utilize distance sites.
3-1 The program must be a recognized entity within the institution’s administrative structure that supports the attainment of program goals.

Intent:
The position of the program in the institution’s administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.

A. Description

1. Provide the most recent organizational chart for the institution indicating the position of the dental hygiene program in the administrative structure.

   Please refer to Exhibit 3-1A.

2. Explain how the administrative structure supports attainment of program goals.

   Florida State College at Jacksonville and its divisions operate through a multi-level, comprehensive organizational structure that supports the attainment of college, campus and program goals. The College’s Governing Board consists of 9 members appointed by the Governor. The President of the College, Dr. Steven R. Wallace has a Senior Executive Team reporting directly to him. The North Campus President, Dr. Barbara Darby, is a member of the College’s Senior Executive Team.

   The North Campus and Betty P. Cook Nassau Center, where the Dental Hygiene Program is hosted, has a senior administrative team that reports directly to the Campus President. This team consists of three instructional deans, the Dean of Student Success, the director of administrative services, and the executive director of the Nassau Center. Dr. Neal Henning, one of the four instructional deans, serves as the Dean of Career Education, which includes the Dental Hygiene Program led by Instructional Program Manager, Dr. Jeffrey Smith. Program goals are established at the departmental level in alignment with College and Campus goals and to meet accreditation standards. Through scheduled meetings at the departmental, campus and college levels, input and decision making occur to ensure success of the program. This multi-leveled administrative structure assures that program decisions related to program planning, staffing, management, coordination, and evaluation are made in an expeditious manner.
3. Describe the opportunities for direct communication between the dental hygiene program administrator and the institutional administrators who are responsible for decisions that directly affect the program. Assess the effectiveness of this communication.

As the Instructional Program Manager (IPM) for Dental Programs, Dr. Smith works closely with Dr. Henning in planning, staffing, coordinating, and evaluating the Dental Hygiene Program. These processes are ultimately carried out through a variety of group and individual meetings as well as planning retreats.

The Dean of Career Education holds monthly meetings for health career programs, like Dental Hygiene, that lead to a degree. These meetings provide an opportunity for program leaders and the dean to resolve common issues and develop and coordinate processes such as admission policies and procedures.

The Dental Programs IPM is also a member of the North Campus Management Team, which consists of all Instructional Program Managers and Faculty Directors on the North Campus. Monthly meetings are chaired by the campus president to address issues affecting the College, North Campus, Career Education Department and Dental Programs.

The North Campus Leadership Team consists of department leaders from all areas of North Campus including security, maintenance, and student services. The Instructional Program Manager is also a member of this group. Bi-monthly meetings provide an opportunity for members to plan, evaluate, recommend and share common issues.

In addition, an Annual Leadership Team retreat is organized by the North Campus President each summer as an opportunity to refocus our goals, set direction for the coming year, and make long-range plans.

4. Are there opportunities for the dental hygiene program administrator and faculty to participate in decisions that directly affect the program? Please give examples.

The Instructional Program Manager and faculty have ample opportunity to participate in the decisions that directly affect the Dental Hygiene Program. They collaboratively review and evaluate curriculum content, initiate and implement curriculum revisions, conduct textbook selection, collaborate on the need for major purchases of equipment for the program as well as establish and review class schedules, guidelines, policies and clinical requirements for the program. Faculty meetings occur on a monthly basis in conjunction with the Dental Assisting Program. Minutes from recent meetings are included as Exhibits 2-26B and 2-26C.

Another opportunity for input by faculty and the Program Manager is in the annual planning and budget process. A departmental plan, budget, and capital
outlay requests are developed by the Program (IPM and faculty) and submitted to the North Campus administration for review and approval.

A contemporary example is the ongoing curriculum revision process which is initiated with program personnel, discussed with the Advisory Committee, reviewed and approved by North Campus administration, then subjected to the College’s stringent curriculum review process.

5. If an institution-wide committee, which has significant impact on the dental hygiene program, does not include a member of the program faculty, explain the procedure whereby faculty provide consultation when matters directly related to the dental hygiene program are considered.

No institution-wide committees have significant influence on the Dental Hygiene Program without the input from North Campus administration and the Dental Hygiene Program IPM and faculty.

**Program Administrator**

**3-2 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.**

**Intent:**
*To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited and should not take precedent over administrative responsibilities.*

**A. Description**

1. Does the institution have specific policy that governs the amount of teaching responsibility assigned to the program administrator? If so, please state the policy.

   The institution’s job description for the Instructional Program Manager states, “Teaches the course(s) assigned within the department or program(s) according to a teaching workload approved by the instructional dean as part of these essential functions.” In practice, the teaching workload assumed by the Instructional Program Manager is light, consisting of teaching DES1010 Head and Neck Anatomy each fall term, and does not interfere with the required administrative duties that accompany the position.

2. Compare the program administrator’s teaching contact hours and course responsibilities with those of full-time instructors who have no administrative responsibilities.
The College does not prescribe a minimum number of teaching contact hours for instructional program managers. Full-time faculty, on the other hand, are required to teach 30 workload units for each 180-day work year and have no administrative responsibilities.

3. To what extent are institutional policies concerning program administrators applied consistently to the dental hygiene program?

The Administrative Procedure Manual (APM) contains institutional policies related to academic program management and assures that consistency is maintained between programs. The APM can be accessed at http://www.fscj.edu/district/policies-procedures/apm/index.php.

4. Compare the program administrator’s teaching contact hours and course responsibilities with administrators of other programs in the institution.

The Instructional Program Manager’s teaching contact hours and course responsibilities are comparable with the administrators of other programs in the institution. The same institutional policies (contained in the APM) govern and apply across the board.

5. If distance education sites are utilized, identify the distance site coordinator, if different than the program director, and provide documentation describing the job responsibilities of the distance site coordinator.

The Dental Hygiene Program has no distance education sites.

3-3 The program administrator must be a dental hygienist who possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.

Intent:
The program administrator’s background should include administrative experience, instructional experience, and professional experience in clinical practice either as a dental hygienist or working with a dental hygienist.

A. Description

1. Provide the name, title, type and length of appointment, professional training, experience of the dental hygiene program administrator, and the academic degrees earned.

The Instructional Program Manager for the Dental Hygiene and Dental Assisting Programs is Jeffrey R. Smith, DMD. Dr. Smith has been with the program for 7 years. Prior to this position, he was Dental Assisting Program Director at
Concorde Career College for 5 months. He also has 10 years experience as a full-time, tenured faculty member at Lake Washington Technical College in Kirkland, WA where he taught dental hygiene and assisting courses. As Instructional Program Manager, his position is a 12-month contract. Dr. Smith is a graduate of the University of Pennsylvania School of Dental Medicine and West Chester University.

Please see Exhibit 3-3A.

3-4 The program administrator must have the authority and responsibility necessary to fulfill program goals including:

a) curriculum development, evaluation and revision;
b) faculty recruitment, assignments and supervision;
c) input into faculty evaluation;
d) initiation of program or department in-service and faculty development;
e) assessing, planning and operating program facilities;
f) input into budget preparation and fiscal administration;
g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

A. Description

1. Delineate the administrative duties and authority of the program administrator. Specify any additional commitments that the program administrator has each term, e.g., teaching, administration of other programs. Include the time devoted to each.

The administrative duties and authority of the program administrator are as follows:

- Provides routine supervision to full time and adjunct faculty and support staff in the department(s) and program(s) for both day and evening services; manages requisitions, bids, payroll, leave forms and time cards
- Develops, directs and coordinates programs; provides students with technical and laboratory training; assists students in developing successful careers
- Manages budget preparation and analysis and maintains fiscal quality control; develops new curriculum and modifies existing curriculum
- Prepares long range plans for departmental operations and needs; makes oral presentations to various groups about department programs
Coordinates activities of campus safety committees; makes recommendations to Campus President on safety matters

Arranges the development of the Advisory Board, in selecting industry leaders, determining meetings and agenda; coordinates with industry representatives on special programs

Directs the encoding of semester courses, classrooms and instructors; insures the coordination of courses between programs

Determines actual faculty load and FTE’s; prepares FTE reports

Recommends opportunities for faculty growth and development; conducts faculty evaluation; observes faculty teaching techniques; supervises faculty evaluation by student assessment

Manages the applicable provisions of the negotiated faculty collective bargaining agreement

Organizes the marketing of programs

Prepares specifications for new equipment purchases; arranges for the repair of existing equipment

Teaches the course(s) assigned within the department or program(s) according to a teaching workload approved by the instructional dean as part of these essential functions

Substitutes for deans and instructors

Leads faculty recruitment efforts, as needed

Directs operation of program facilities

Serves as the leader of the Admission Screening Committee; develops criteria and procedures for evaluating applicants for admission to program

Leads departmental efforts aimed at increasing student retention

Answers telephones, plans special events, and hosts visiting students and classes

Performs related duties as required
2. Is there a formal arrangement for sharing administrative responsibility? If yes, what is the rationale for this arrangement? Specify the duties and authority of each individual involved.

There is no shared administrative responsibility for the dental programs.

3. To what extent does the program administrator participate in budget preparation and revision and fiscal administration?

The Instructional Program Manager develops the program budget with input from faculty and staff. These budget requests are forwarded through the proper chain of command (as shown in Exhibit 1-2A) for evaluation and review. Any modifications to the budget requests, both increases and decreases, are relayed to the Instructional Program Manager for discussion and implementation.

4. If distance education sites are utilized, identify the distance site coordinator, if different than the program director, and indicate the involvement of the distance site coordinator in any/all areas defined in Standard 3-4.

The Dental Hygiene Program has no distance education sites.

Faculty

3-5 The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program’s stated purpose, goals and objectives.

Intent:
Student contact loads should allow the faculty sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, program development and review, and professional development.

A. Description

1. Specify the number of full-time equivalent positions allocated to the dental hygiene program (including distance sites). Are any faculty positions presently vacant? If so, please explain.

There are five full-time equivalent positions allocated to the dental hygiene program. Three of these positions are full-time; adjunct faculty fill the other positions. Currently, there are no vacant faculty positions.

2. As an exhibit, list full- and part-time faculty with the courses they teach.

Please see Exhibit 3-5A.
3. What percentage of full-time equivalent positions assigned to the program are filled by part-time faculty? What is the rationale for hiring part-time faculty?

Forty percent of the faculty positions are assigned to part-time faculty. Part-time faculty members are employed to meet faculty-student ratios as recommended by accreditation standard 3-6 for preclinical, laboratory, clinical and radiographic sessions. Employment of part-time faculty also facilitates diversity and enhances student exposure to other members of the local dental community.

4. Using the format illustrated in example exhibit K, provide information requested for each dental hygiene faculty member for each term of the academic year. Submitted information must be for all part- and full-time faculty members. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member’s total time commitment per term).

Please see Exhibit 3-5B.

5. How many dental hygiene faculty members have terminated employment at the institution in each of the past three years? What was the reason for each termination?

No full-time faculty have terminated employment in the last three years. A number of adjunct faculty have resigned their positions for personal reasons including:

- a dental hygienist (Jennifer Carver) whose military husband was transferred to the Northeast in 2010,
- a clinic dentist (Dr. Robin Harrison) who was accepted into the orthodontic program at Jacksonville University in 2011, and
- another clinic dentist (Dr. Nancy Jacobson) who accepted a position at the new dental school in N. Carolina in 2012.

6. Indicate those individuals who have additional teaching and/or administrative responsibilities within the institution and describe the extent of these responsibilities.

Currently, no faculty members have additional teaching or administrative responsibilities within the institution.

7. For distance education sites: Provide credentials/job description for instruction and technology support at all distance education sites.

The Dental Hygiene Program has no distance education sites.

8. Define faculty responsibilities for didactic, laboratory and clinical faculty at all distance sites.
The Dental Hygiene Program has no distance education sites.

9. For distance education sites: Describe whether faculty numbers at the parent program have increased to accommodate the distance education portion of the program, and its students.

The Dental Hygiene Program has no distance education sites.

10. For distance education sites: Describe the faculty calibration plan for faculty at both the parent program and the distance education program, should the distance program include a clinical component.

The Dental Hygiene Program has no distance education sites.

3-6 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not exceed one to five. Laboratory sessions in the dental science courses must not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

Intent:
The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the end results. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for dental hygiene care and for the instruction and evaluation of students during their performance of those services.

A. Description

1. State the institution’s policy on teaching load and how it is calculated, e.g., number of credit hours taught, number of contact hours, type and level of instruction, number of different preparations and the number of students.

The Collective Bargaining Agreement between the District Board of Trustees of Florida State College at Jacksonville and the United Faculty of Florida - Florida State College at Jacksonville, defines the faculty workload in terms of “workload units” (WLU). The workload unit value for each course assignment shall be referenced in the master course outline developed through the College’s curriculum committee process. Full-time faculty must accrue a minimum of 30 WLUs per academic year (2 semesters) to meet contractual obligations.
All full-time faculty shall work a standard forty hours per week on College activities. Thirty hours shall be scheduled and the remaining hours will be used for College related professional activities as listed in the following paragraph (Article 27, Section III). Each teaching faculty member shall schedule 30 hours, which includes classroom contact hours, posted office hours, and instructional support time. Ten (10) office hours will be scheduled and approved to best meet the needs of the students.

Please see Exhibit 3-6A for an excerpt from the Collective Bargaining Agreement related to faculty workload.

2. If the teaching policy for the dental hygiene program is different from the institution’s general policy, please explain.

All full-time faculty, whether assigned to the Dental Hygiene Program or any other program, are bound by the Collective Bargaining Agreement which addresses teaching policy.

3. Describe the institution’s policy for release time for activities such as administrative duties, advising and counseling students, supervision of extramural (off-campus) clinical experiences and committee assignments.

During contract days when a teaching faculty member has no scheduled classes as part of base load, the following activities may be scheduled: program development, course development, committee and task force service, student advising and recruiting, participation in College-sponsored professional development, approved internships and professional residencies, certification training, professional meetings, tutoring, working in the learning lab, development of work-based learning agreement, in field research, and approved special projects. “Release time” is not offered for the aforementioned activities, nor is it generally offered for the reasons cited in the standard.

4. What are the current faculty/student instructional ratios during laboratory, preclinical and clinical sessions including those at distance sites, if applicable.

The current faculty/student instructional ratios during laboratory, preclinical and clinical sessions are those recommended by the accreditation standards. Dental science labs have a faculty/student ratio of one to ten. Preclinical, clinical and radiology labs have a faculty/student ratio of one to five.

3-7 The dental hygiene program must be staffed by a core of well-qualified full-time faculty who possess a baccalaureate or higher degree. Faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program. All dental hygiene program faculty members must have current knowledge of the specific subjects they are teaching.
All program faculty must have documented background in educational methodology consistent with teaching assignments.

**Intent:**
*Faculty should have background in education theory and practice, current concepts relative to the specific subjects they are teaching, and current clinical practice experience and, if applicable, distance education techniques and delivery. Dentists and dental hygienists who supervise students’ clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act. Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program’s objectives, content, instructional methods and evaluation procedures.*

**A.** **Description**

1. **Describe the mechanism utilized to determine teaching assignments.**

   The Instructional Program Manager, in conjunction with the full-time faculty members, ascribes teaching assignments based on the instructors’ knowledge, skills, interests and history. Assignments are also based on meeting the required workload units for two terms of the academic year. Remaining courses are assigned to part-time faculty based on their strengths and availability.

2. **As an exhibit, provide the following information for all full- and part-time dental hygiene faculty members (excluding guest lecturers) teaching during the current academic year. Be sure to include this information for faculty providing instruction during summer sessions. For the purposes of this section, the program administrator should be considered a faculty member. For each faculty member, specify the following:**

   a. Full name;
   b. Rank or title and date of initial appointment to the program;
   c. Rank or title currently held and date of appointment to the rank or title;
   d. States currently licensed in with license numbers and expiration dates (or note if faculty member is practicing under a temporary or special license)
   e. Nature of appointment (full- or part-time faculty, salaried or non-salaried). If the appointment is “joint” or shared with another program(s), give the name of the other program(s). Specify the length of the term of appointment.
   f. Educational background. State the institutions attended (beyond the secondary school level), degrees or certificates awarded, major field of study for each, dates awarded and/or credit earned toward a degree.
   g. Course work in **educational methods** and **content areas taught** in the program must be highlighted.
h. Work experience in dental hygiene in both clinical practice and education. State job title, name and location of employer and dates of employment.

i. Areas of special competence, e.g., subject areas, clinical skills, or educational methodology. State the field of specialty relevant to dental hygiene for which the faculty member is uniquely or especially well prepared. Highlight the type of preparation, e.g., formal education, continuing education or clinical experience.

j. CPR/BLS certification expiration date

Please see Exhibit 3-7A.

3. Describe the program’s efforts to assure that program faculty providing instruction in the clinical facility are familiar with the program’s goals, curricular content and methods of instruction and evaluation.

An orientation session is held at the beginning of the term to review the course syllabus, clinical requirements, evaluation forms and any changes in policy and/or procedure. Clinical faculty meetings are held during the term to address and make recommendations concerning issues in clinic.

Please see Exhibit 3-7B for an example of minutes from a recent clinical faculty meeting.

4. List the individual(s) who assume(s) responsibility for supervisory, diagnostic, consultative and referral services. Explain how those services are provided for patients during clinical sessions.

The dentists assume responsibility for diagnostic, consultative and referral services during clinical sessions. During the past year, Dr. Vickie Kaiser, Dr. Robin Harrison, Dr. Nancy Jacobson, and Dr. Christine Trunk have provided these services. In conjunction with dental hygiene instructors, the dentists review medical/dental histories, extraoral and intraoral findings and radiographs to determine appropriate medical and/or dental referrals.

5. Provide a description of the role of the dentist during clinical sessions as an exhibit.

Please see Exhibit 3-7C.

3-8 Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.

Intent:
To assure competency in the discipline and educational theory, opportunities to attend professional development activities should be provided regularly for the program.
administrator and full-time faculty. Workshops should be offered to new faculty to provide an orientation to program policies, goals, objectives and student evaluation. This can be demonstrated through activities such as professional association involvement, research, publishing and clinical/practice experience.

A. Description

1. Does the institution offer a planned faculty development program? If so, describe the program including the procedures faculty must follow to participate. Is the plan financially supported by the institution?

Article 24 of the Collective Bargaining Agreement addresses professional development as follows:

Professional development opportunities shall be provided for faculty members and shall be based on nationally recognized best practices for teaching faculty, counselors and librarians. Professional development opportunities may be AFPD and FSCJ courses and workshops, other college and university courses and workshops, seminars, and local, state and national conferences, as approved.

Professional development will have as its goal the enhancement of the College faculty as a community of learners engaged in persistent learning and exemplary teaching.

The AFPD referenced in this passage refers to the College’s Academy for Professional Development. Each term, the AFPD offers College faculty and staff a wide range of courses including:

- courses related to pedagogy,
- technology-related courses including Microsoft Office, Switching from Windows to a Mac, and iPad instruction, and
- institutional effectiveness courses.

There are a variety of formats available including online, hybrid and traditional classroom courses. Online registration is available through the employee portal and there is no charge for the courses.

The AFPD, in collaboration with the Center for the Advancement of Teaching and Learning, hosts an Annual International Conference on Teaching and Learning. Conference attendance is financed by the College for any employee who wishes to attend. The 22nd International Conference on College Teaching and Learning was held April 4-8, 2012. A summary description of AFPD will be provided on site. A sample of faculty development opportunities through the Academy of Professional Development (AFPD) is available for onsite review. The campus’s Faculty Resource Center houses a media specialist who provides support and training for all campus faculty members in the use of instructional technology and software. In addition, the faculty of North Campus hold an annual
faculty retreat to discuss instructional strategies and learn from guest speakers and activities.

Another benefit provided through the Collective Bargaining Agreement is tuition reimbursement not to exceed $4,000 per year. Upon successfully completing a course, the faculty submit a Tuition Reimbursement form to the business office for processing.

Finally, faculty, spouses and eligible children are eligible to take tuition-free courses at Florida State College.

2. Give examples of how dental hygiene faculty members have participated in the faculty development programs.

Some recent examples include:

- In February 2011, the College funded twelve members of the dental hygiene faculty (both full-time and adjunct) to attend courses and workshops related to allied dental teaching methodology.
- In June 2011, the College funded three full-time faculty to attend courses at the Florida National Dental Convention on a broad range of topics including radiographic techniques and pharmacology.
- The College provided support to the dental hygiene faculty by funding two trips to the ADEA Annual Sessions in 2007 and 2010. Jacquelyne Mack and Dr. Smith participated in the TechExpo sessions related to our technology initiatives and attended numerous courses related to allied dental education.
- Faculty attended the annual International Teaching and Learning Conference that is hosted by the college.
- Faculty have participated in workshops in educational technology in the faculty resource center.
- Faculty participated in the cultural competence workshop hosted by a grant funded through Health Resources Service Administration (HRSA).

3. In what ways are members of the faculty encouraged to attend meetings of professional organizations? Give examples of meetings which dental hygiene faculty attended during the last calendar year.

Program faculty have long been the backbone of the local dental hygiene association. Cynthia Wampler is currently serving her second consecutive term as the president and other faculty have, at one time or another, held that and other leadership posts in the organization. Most of the full-time and adjunct faculty are members of the local association and active participants in sponsored events.

The full-time faculty attended the 2011 Florida National Dental Convention in Orlando and were instrumental in planning and hosting the 47th Annual
Convention of the National Dental Hygiene Association held in Jacksonville in 2009.

Finally, the full-time faculty are regular attendees at the annual Florida Association of Dental Educators (FADE) session. The meeting was held in Tallahassee this year and Dr. Smith and two full-time faculty attended.

4. Describe the in-service programs that have been presented to full- and part-time dental hygiene faculty during the past two years. Include a list of faculty who participated. If faculty members are located at distance sites, explain how faculty members are provided the same opportunities as faculty at the primary program location.

The Dental Programs set aside three faculty meetings each year for specific in-service presentations. The topics covered at these meetings are:

- Annual OSHA/ Hazard Communication/ Safety Update (2/23/11)
- Annual Medical Emergencies Update (10/18/11)
- Annual Equipment Update (11/15/11)

Each of these presentations is presented by faculty and represents their area of expertise. In some cases, guest speakers are recruited to speak on a specific topic, with a recent example being a discussion about common medical emergencies in the dental office presented by the head of our Emergency Medical Service Program, a former dental hygienist.

Attendance at these faculty meetings varies and has been a source of concern. Work schedules, family obligations and distance from the campus conspire to make it difficult to get more than a handful of adjuncts to attend. We have initiated a technology solution to this problem in the hope that we can improve the dissemination of important information to all relevant faculty. Meetings are now audio or video captured and posted on a web page with directions to faculty to observe the media by a specific date and certify that they’ve done so on the attached form. This is meeting with some success and we plan on expanding it in the future.

In addition, periodic in-service sessions on specific topics are held. On May 6, 2011, Drs. Alan Fetter and Mary Hartigan presented a well-attended Ultrasonic Clinic to our full-time and adjunct clinical faculty. On February 3, 2012, an in-service for clinical faculty was held. The table below highlights in-service programs and workshops offered by the College and the Dental Hygiene Program over the last two years.

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<th>Year</th>
<th>Program</th>
<th>Attendees</th>
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<tr>
<td>1/28/11</td>
<td>Perio Update Course</td>
<td>Jeffrey R Smith, DMD</td>
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<td>Cynthia Wampler</td>
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<td>Kim Kernohan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vickie Kaiser</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Robin Harrison</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tina Daniels</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Organizers</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>4/4-8/11</td>
<td>International Conference on College Teaching and Learning</td>
<td>Jacquelyne Mack, Cynthia Wampler, Monica Franklin</td>
</tr>
<tr>
<td>7/13-14/11</td>
<td>Leadership Team Retreat</td>
<td>Jeffrey R Smith, DMD</td>
</tr>
<tr>
<td>8/25/11</td>
<td>Annual Faculty Retreat</td>
<td>Jacquelyne Mack, Cynthia Wampler, Monica Franklin</td>
</tr>
<tr>
<td>10/31/11</td>
<td>Quality Enhancement Plan (QEP) Workshop</td>
<td>Jeffrey R Smith, DMD, Jacquelyne Mack, Cynthia Wampler, Monica Franklin</td>
</tr>
<tr>
<td>1/5/12</td>
<td>Institutional Effectiveness Training</td>
<td>Jeffrey R Smith, DMD, Jacquelyne Mack, Cynthia Wampler, Monica Franklin</td>
</tr>
<tr>
<td>2/3/12</td>
<td>Adjunct Faculty Workshop</td>
<td>Jeffrey R Smith, DMD, Jacquelyne Mack, Monica Franklin, Tina Daniels, Angie Flood, Vickie Kaiser, Kim Kernohan, Ann Reidy, Trish Reynolds, Bonnie Wilson</td>
</tr>
<tr>
<td>3/7/12</td>
<td>College-wide OSHA Training</td>
<td>Jeffrey R Smith, DMD</td>
</tr>
<tr>
<td>4/9-13/12</td>
<td>International Conference on College Teaching and Learning</td>
<td>Jacquelyne Mack, Cynthia Wampler, Monica Franklin</td>
</tr>
<tr>
<td>4/30/12</td>
<td>Ultrasonic Instrumentation Workshop</td>
<td>Jeffrey R Smith, DMD, Jacquelyne Mack, Cynthia Wampler, Monica Franklin, Kim Kernohan, Ann Reidy, Angie Patel</td>
</tr>
</tbody>
</table>
5. Describe the availability of continuing education courses for faculty in the community.

Dental hygienists must attend 24 continuing education units biannually as a condition for license renewal in Florida. The faculty has no difficulty availing themselves of continuing education options in the community. The local dental hygiene association, for example, offers continuing education courses in conjunction with their scheduled meetings. In addition, Drs. Alan Fetner and Mary Hartigan offer their popular Periodontics Update course at the College every other year at no charge to faculty. Finally, the local and state dental associations provide an array of courses that faculty can attend.

6. How do faculty members maintain and improve their clinical skills? What does the institution do to encourage clinical skills improvement?

The full-time and adjunct faculty are encouraged by the institution to maintain and improve their clinical skills by providing annual funding to attend conferences and workshops. Adjunct faculty members work in local dental offices. Instrumentation calibration sessions are conducted periodically for the clinical faculty to help them maintain and improve their clinical skills.

3-9 A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.

Intent:
An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.

A. Description

1. Describe the criteria used in evaluating full- and part-time faculty, including faculty at distance sites. Who determines the criteria and what input do faculty members have in the process?

Article 11 of the Collective Bargaining Agreement details performance criteria, procedures, observations and visits and ratings for faculty evaluation.
Please see Exhibit 3-9A for the section of the Collective Bargaining Agreement that pertains to faculty evaluation. The standard faculty evaluation form is included as Exhibit 3-9B.

2. **How often and by whom are faculty evaluated and how are the evaluative data used? Does the evaluation include clinical as well as didactic criteria?**

Faculty on annual contract are evaluated once a year during the spring term by the instructional program manager. Faculty on continuing contract will be evaluated once every two years during the term mutually agreed upon by the faculty member and his or her supervising administrator. The goal of the evaluation is to encourage and recognize excellence in faculty performance and to provide the opportunity for faculty members and their supervisors to discuss performance regularly and in a consistent manner throughout the College. Clinical and didactic instruction is evaluated. Adjunct faculty are evaluated annually in the spring term.

3. **If the criteria used to evaluate the program administrator is different from that used to evaluate faculty members, please explain.**

An evaluation interview and a different form from that used to evaluate faculty are reviewed to determine attainment of established criteria for administrators annually.

4. **How often and by whom is the program administrator evaluated, and how are the evaluative data used?**

The Dean of Career Education evaluates the program administrator annually. The data is used to identify strengths and weaknesses and to identify areas of needed improvement. In addition, goals for the coming year are set. The standard evaluation form for instructional program managers is included in Exhibit 3-9C.

5. **How are results of faculty members’ evaluations communicated to the individual being evaluated?**

Results of student evaluations are available to the faculty following grade submission for the course. The Instructional Program Manager reviews all evaluation documents with the faculty member in a private meeting during which time additional documents may be submitted by the faculty member. Both parties sign the evaluation form prior to submission to the Dean of Career Education. This meeting also provides an opportunity to address areas needing improvement and to establish goals for the next academic year.
3-10 Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

Intent:
*The dental hygiene program faculty should be granted privileges and responsibilities as afforded all other institutional faculty.*

A. Description

1. Describe how this standard is implemented including faculty at distance sites, if applicable.

   The terms of the Collective Bargaining Agreement apply to all faculty members of the College equally. Salaries increase as a faculty member accumulates college credit toward an advanced degree. Article 28 of the Agreement details faculty compensation policy and is included as Exhibit 3-10A.

   The College recently implemented a system of advancement in rank as part of the Collective Bargaining Agreement. Article 27-B, which is included as Exhibit 3-10B, details the system and the criteria for advancement. Faculty members may apply for continuing contract (the College’s version of tenure) status no later than the September 1st prior to the fourth year of employment or after three consecutive years of satisfactory service in any five-year period. Article 13 of the Agreement describes the process by which faculty can earn continuing contract status. It is included as Exhibit 3-10C.

Support Staff

3-11 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

Intent:
*Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.*

A. Description
1. List the support services provided by the institution to the dental hygiene program, e.g., counseling, custodial, maintenance, learning resources, instructional, audiovisual.

The support services provided by the institution to the Dental Hygiene Program include, but are not limited to those listed below:

- Academic Support Services
- Assessment Services
- Audiovisual Services
- Cafeteria/Food Services
- Campus Bookstore
- Childcare Services
- Computer Services/Labs
- Counseling
- Custodial
- Disabled Student Services
- Duplicating
- Financial Aid
- Educational Telecommunication Services
- Learning Resources
- Maintenance
- Office of the General Counsel
- Purchasing and Procurement Services
- Security/Risk Management
- Technology Services

2. Specify the amount of secretarial and clerical support provided for the dental hygiene program. How many full-time positions are designated solely for the program? How much of this support, if any, is provided by a centralized clerical/duplicating service? If a centralized service is available, describe procedures necessary for faculty to utilize the service. How is support staff provided to manage duties related to clinic management, i.e., appointment control?

The dental programs have one full-time administrative specialist and one part-time senior support specialist designated solely for their use. The program has access to a campus duplicating service. Documents may be submitted electronically or in person.

The administrative specialist provides a host of services to the program that include patient scheduling, encoding of courses, student support, and supply purchasing.
The senior support specialist, who is employed on clinic days, is responsible for receptionist duties including but not limited to making appointments, greeting patients, collecting money, and issuing receipts.

Please see Exhibit 3-11A for the job description of the Administrative Specialist and Exhibit 3-11B for the job description of the Senior Support Specialist.

3-12 Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

**Intent:**

Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.

A. **Description**

1. If applicable, describe clerical and dental assisting responsibilities that students assume during clinical sessions, to include distance sites. Provide instructional objectives and evaluation mechanisms in the separate course outline document, if applicable.

   Students are assigned to rotations during clinic hours to support the development of knowledge and skills in other aspects of the oral health care delivery system beyond patient care. Students serve as clinical and radiology assistants on a rotating basis during each clinical course in the program. Students assist faculty and peers chairside recording assessment data and assisting with patient care. Students also provide adjunctive radiographic services such as film processing and mounting. Sterilization of instruments and clinic supplies, restocking supplies in the clinic and evacuation system maintenance are tasks also assigned to student assistants. Evaluation mechanisms are provided in the clinic manual.

   In addition, students are tasked with scheduling patient appointments during their first clinical course (DEH1800L Clinical Dental Hygiene I Lab) and confirming appointments for all of their clinical courses.
STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

Clinical Facilities

The dental hygiene facilities must include the following:

a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;

The clinical facility is adequate for the purposes of dental hygiene education. Constructed in 1972, the Dental Hygiene Program facilities are located on the third floor of Building “A” at North Campus, and they are accessible by both stairs and elevator. The facilities are adequate for the purpose of dental hygiene education with functional, modern equipment. Sufficient space is available around each dental chair for student mobility and instructor supervision. Easily accessible hand washing sinks and view boxes are located on adjacent counters. Patient records are stored in the locked Dental Clinic front office located next to the patient waiting room. Mobile student record carts are also used for easy access.

The sterilization area in the main Dental Hygiene Clinic is sufficiently large and adequately equipped to prepare, sterilize, and store instruments. The sterilization area contains modern equipment for the sterilization of student instruments.

Each section of the facility has been renovated throughout the years. In the past 10 years, the following upgrades have been completed: enlarged sterilization room, enlarged patient waiting room, a faculty conference room, student instrument storage room, two radiology rooms, a student locker room, storage areas (including space for hazardous materials), new ventilation system for the lab, digital panoramic machine, 21 computer stations to be installed at each chair, the clinic is a technology enhanced classroom. All sixteen dental chairs in the Dental Hygiene Clinic were replaced in 2012. These sixteen units are complete, functional treatment operatories arranged in two open bays. There are eight chairs in each bay.

Primary Clinic Square Footage:

<table>
<thead>
<tr>
<th>Sq.Ft.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-320 Dental Hygiene Clinic</td>
</tr>
<tr>
<td>A-319H Faculty Conference Room</td>
</tr>
<tr>
<td>A-320L Student Instrument Storage</td>
</tr>
<tr>
<td>A-320K Sterilization Room</td>
</tr>
</tbody>
</table>
b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);

The Dental Hygiene Program presently accepts thirty-six students, far more than can be accommodated in the sixteen chair dental clinic alone. This situation is resolved through the use of off-campus clinical facilities. The Duval County Health Department Dental Clinics (two sites), City Rescue Mission Dental Clinic, Veterans Administration Dental Clinic, and Managed Access to Child Health, Inc., welcome our students and provide a diverse patient population that enhances the student’s clinical experience to a degree unachievable in the College’s clinic. Supervision of the students while off-campus is achieved by utilizing a combination of adjunct faculty and clinic dentists and hygienists.

c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;

Scheduled practice time is posted each term to provide the students with access to the facility for the purpose of perfecting their skills.

d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;

The sterilization area in the main Dental Hygiene Clinic is sufficiently large and adequately equipped to prepare, sterilize, and store instruments.

e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;

The sterilization area contains modern equipment for the sterilization of student instruments. Biological monitoring of the autoclaves occurs on a weekly basis. Students purchase personal protective equipment as part of their initial instrument issue and those items not purchased by the students are supplied by the Program. All current infection and hazard control protocols are observed. Additional information concerning the Dental Hygiene Program’s infection control policies is included with Standard 5 of this self study.

f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
Adequate facilities and materials are available to students, faculty, and staff to achieve compliance with accepted infection and hazard control protocol as published in the Program’s Infection Control Manual.

g) **space and furnishings for patient reception and waiting provided adjacent to the clinic;**

A functional furnished patient waiting area is located adjacent to the dental hygiene clinic.

h) **patient records kept in an area assuring safety and confidentiality.**

Patient records are stored in the locked dental clinic front office located next to the patient waiting room and the treatment area. Access to the front office is strictly limited to assure that patient records remain confidential and secure.

**Intent:**

*The facilities should permit the attainment of program goals and objectives. To ensure health and safety for patients, students, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule. This Standard applies to all sites where students receive clinical instruction.*

A. **Description**

1. **In what year was the program facility constructed and/or last remodeled? What provisions exist to accommodate disabled persons? If applicable, provide the same information for distance education sites.**

   The facility was completed in 1972. It is located on North Campus, third floor of Building-A, which is accessible by both elevator and stairwell. Sections of the facility were last remodeled in 2001-02. Examples of remodeling in the past year include 16 new dental chairs and the installation of computers at each clinical station.

   Accommodations in the building are provided to meet the requirements of the Americans with Disabilities Act. This includes access ramps for wheelchairs, special parking areas, doorways with three-foot clearance, safety devices such as fire alarms with strobe lights in restrooms and general hallways.

2. **What procedures have been established for assessing program facilities and equipment in relation to current concepts of dental and dental hygiene practice? Who is responsible for the assessment and how often does it take place? What is the program’s long-range plan for maintaining, replacing and adding equipment?**

   The Instructional Program Manager is responsible for the assessment of equipment and facility needs. Faculty and staff provide input throughout the year at faculty meetings and the recommendation of the Advisory Committee is solicited twice a
year at their meetings. Departmental goals and capital outlay requests are submitted annually to the North Campus administration for consideration.

The long-range plans for facility and equipment improvement include plans for a new health science building. The new building will vacate additional space for an enlarged clinic facility, modernized laboratory area, and additional classroom space. The campus will conduct a review and update of its facilities master plan during the 2012-2013 academic year and does so every five years.

3. How many complete, functional treatment areas are there in the clinic used for preclinical and clinical instruction in patient care? (An exhibit should detail the size and shape of the facilities.) If applicable, provide the same information for distance education sites.

Sixteen dental operatories in the dental hygiene clinic have been replaced within the last year, consisting of new chairs, LED dental lights, delivery systems, operator’s and assistant’s stools.

These sixteen units are complete, functional treatment operatories arranged in two open bays. There are eight chairs in each bay.

Please see Exhibit 4-1A.

The dental assisting clinic has an additional five complete operatories, which have been used to accommodate dental hygiene preclinical, and clinical instruction in patient care as needed.

4. List the type and quantity of major equipment provided in each treatment area in the dental hygiene clinic and at the distance education site, if applicable.

<table>
<thead>
<tr>
<th>Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summit Dental Systems Palm Beach Chair</td>
<td>16</td>
</tr>
<tr>
<td>Summit Dental Systems 1407 Daytona Units</td>
<td>16</td>
</tr>
<tr>
<td>Summit Dental Systems Viulux LED Light</td>
<td>16</td>
</tr>
<tr>
<td>Dell Computers and monitors</td>
<td>16</td>
</tr>
</tbody>
</table>

5. As an exhibit, identify the type and quantity of instruments and small equipment available to each student. Indicate which items are purchased by students.

Please see Exhibit 4-1B for instruments and small equipment.

Please see Exhibit 4-1C for items purchased by the dental hygiene students.

6. Identify the type, quantity and capacity of equipment utilized to sterilize and disinfect instruments, small equipment and supplies.
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Capacity</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnaclave</td>
<td>Large items such as 12 instrument cassettes</td>
<td>2</td>
</tr>
<tr>
<td>Autoclave</td>
<td>Small items such as handpieces, Radiographic film holders, impression trays and other small items</td>
<td>2</td>
</tr>
<tr>
<td>Large Ultrasonic Cleaner</td>
<td>6 instrument cassettes can be immersed in the unit.</td>
<td>2</td>
</tr>
<tr>
<td>Small Ultrasonic Cleaner</td>
<td>Bur blocks, single instruments, patient’s removable appliances</td>
<td>2</td>
</tr>
<tr>
<td>Bard/Parker</td>
<td>Small items unsuitable for heat sterilization, i.e. photographic mirrors, sealant applicators</td>
<td>3</td>
</tr>
</tbody>
</table>

7. If the clinic is shared with other program(s), how many hours per week is it used by the each program? How many treatment areas are used each session? What procedures have been established for scheduling utilization of the clinic? If applicable, provide the same information for distance education sites.

The main dental hygiene clinical treatment area is not shared with other programs, with the exception of the X-ray units that are occasionally utilized by the dental assisting students when not being used for patient care by the hygiene students. Dental assisting radiology lab is scheduled for a non-clinic day to accommodate the sharing of the facility. The total time that the dental assisting students use the clinic’s radiography equipment is four hours a week in the fall and spring terms.

8. Describe how students at each program location(s) receive equivalent clinical experience. Explain the difference, should one exist, between clinic operation at the parent program and the affiliated site(s).

There are no distance education or affiliated sites utilized by the Dental Hygiene Program.

**Radiography Facilities**

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence.
The radiography facilities must contain the following:

a) an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
b) modern processing and/or scanning equipment;
c) an area for mounting and viewing radiographs;
d) documentation of compliance with applicable local, state and federal regulations.

Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

Intent:
The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment. This Standard applies to all sites where students receive clinical instruction.

A. Description

1. How many radiography units are there for taking intraoral radiographic surveys? Of this number, how many are separate from the general treatment area(s)? How many are accessible to students in clinic? (An exhibit should detail the size and shape of the facilities.) If applicable, provide the same information for distance education sites.

There are four radiography units available for taking intraoral radiographic surveys within the main dental hygiene clinic (labeled X1 – X4). Two additional units, located in the dental assisting clinic, are available for use during laboratory and clinical sessions. In addition, a Panoramic Corp. PC-4000 digital panoramic unit was added to the clinic in January 2011.

Please see Exhibit 4-1A for blueprint of Dental Programs facility.

2. With respect to equipment used for radiography instruction and practice:

   a. Identify the type(s) and date of manufacture of the radiography units.

   All rooms are equipped with a Gendex GX-770 unit.

<table>
<thead>
<tr>
<th>Room Number</th>
<th>Date of Manufacture</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>February, 1999</td>
</tr>
<tr>
<td>2</td>
<td>February, 1999</td>
</tr>
</tbody>
</table>
b. Describe the extension tubes available for each radiography unit.

Four-inch round extension tubes are available for each radiography unit.

c. Identify the method utilized to determine whether the units are adequately filtered and collimated.

All radiography units (intraoral and extraoral) are inspected by the State of Florida, Department of Health, Bureau of Radiation Control. The department regularly inspects each radiation machine according to a schedule that varies depending upon how the machine is used. This schedule ranges from annually for mammography and cancer therapy machines to every 5 years for dental and podiatry machines.

Please see Exhibit 4-2A.

d. Identify the type(s) and quantity of manikins provided.

Dentsply/Rinn DXTTR manikins are utilized for training students in dental radiology. The dental hygiene program maintains 7 adult dentition manikins and one pediatric dentition manikin.

e. Identify the type(s) and quantity of mechanical devices utilized as aids in making acceptable radiographs.

Dentsply/Rinn XCP and Snap-a-Ray Instruments are utilized as aids in making acceptable radiographs. Each student purchases a set of instruments.

f. Specify the type(s) and quantity of devices which provide protection from ionizing radiation.

Each radiography operatory is equipped with a lead apron and thyroid collar to shield the patient during intraoral radiographic exposures. A cape without thyroid collar is utilized during panoramic radiographic exposures.

g. Identify the type(s) and quantity of devices utilized to monitor the emission of ionizing radiation.

Florida Administrative Code 64E-5.315 states that an operator who is likely to receive 10% of the annual legal limit in one calendar year must wear a monitoring badge. The history of the dental hygiene program indicates that students, faculty and staff occupational exposure does not approach the annual
legal limit for the permissible dose (documentation on site). Therefore, the
use of radiology monitoring badges was discontinued in 2002.

Please see Exhibit 4-2B.

h. If applicable, provide the same information for distance education sites.

There are no distance education sites utilized by the Dental Hygiene Program.

3. What specific features in the design of, and equipment in, the exposure rooms
provide protection from ionizing radiation. If applicable, provide the same
information for distance education sites.

Students and faculty are protected from ionizing radiation through room construction
(lead lined walls, doors and leaded glass windows), portable lead shields and
appropriate distancing of the exposure control button outside the room.

4. Identify the type(s) and quantity of processing equipment provided. If applicable,
provide the same information for distance education sites.

There is one darkroom adjacent to the radiography rooms in the dental hygiene clinic
and one darkroom adjacent to the dental assisting clinic. The dental hygiene
darkroom contains the following equipment:

1) Rinn, 5-gallon manual processing tank
2) Gendex automatic processor
3) Super-Dent 5 x 12 film duplicator

The dental assisting darkroom contains the following equipment:

1) Wolf, 2-gallon manual processing tank
2) Gendex automatic processor
3) Super-Dent 5 x 12 film duplicator

5. What area is designated for mounting and viewing radiographs? How many
students can be accommodated simultaneously? How many viewboxes are provided
for use during patient treatment and where are they located? If applicable, provide the
same information for distance education sites.

During patient care, the student designated as the dental radiology monitor is
responsible for mounting and labeling radiographs. An area in close proximity to the
darkroom is provided for this task. The dental assisting laboratory is utilized for
instruction during dental radiology lab courses. The dental assisting laboratory can
accommodate twenty students simultaneously.
Viewboxes are provided for use during patient treatment at each of the 16 dental units. In addition, the instrument locker room adjacent to the main clinic is equipped with two viewboxes for student use.

**Laboratory Facilities**

**4-3** A sufficient multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.

Laboratory facilities must contain the following:

a) placement and location of equipment that is conducive to efficient and safe utilization;
b) student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;
c) documentation of compliance with applicable local, state and federal regulations.

**Intent:**
*The laboratory facilities should include an appropriate number of student stations with equipment and space for individual student performance of laboratory procedures with instructor supervision. This Standard applies to all sites where students receive clinical instruction.*

A. **Description**

1. How many work areas (student stations) are there in the laboratory(s) used for instruction in dental science courses such as dental materials? If applicable, provide the same information for distance education sites.

   The shared dental assisting/dental hygiene laboratory has 20 stations available for instruction in dental science courses such as dental materials and expanded functions.

   Please see Exhibit 4-1A for a blueprint of the dental facility. Room A317 is the dental laboratory.

2. List the type(s) and quantity of equipment provided for each work area. If applicable, provide the same information for distance education sites.

   Each work area has adequate counter top space, an operator stool, and electrical outlet. Each station has the following:
Summit Dental Systems Palm Beach Chair
Summit Dental Systems 1407 Daytona Units
Summit Dental Systems Viulux LED Light
Dell Computers and monitors

3. List the type(s), number and location of general use equipment and instruments such as lathes, model trimmers and vibrators. If applicable, provide the same information for distance education sites.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Trimmer</td>
<td>4</td>
<td>Dental Laboratory</td>
</tr>
<tr>
<td>Vibrators</td>
<td>9</td>
<td>Dental Laboratory</td>
</tr>
<tr>
<td>Vacuum-forming Unit</td>
<td>3</td>
<td>Dental Laboratory</td>
</tr>
<tr>
<td>Lab Lathe</td>
<td>1</td>
<td>Dental Laboratory</td>
</tr>
</tbody>
</table>

Extended Campus Facilities

4-4 The educational institution must provide physical facilities and equipment which are sufficient to permit achievement of program objectives. If the institution finds it necessary to contract for use of an existing facility for basic clinical education and/or distance education, then the following conditions must be met in addition to all existing Standards:

a) a formal contract between the educational institution and the facility;
b) a two-year notice for termination of the contract stipulated to ensure that instruction will not be interrupted;
c) a contingency plan developed by the institution should the contract be terminated;
d) a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
e) the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
f) clinical instruction is provided and evaluated by dental hygiene program faculty;
g) all dental hygiene students receive comparable instruction in the facility;
h) the policies and procedures of the facility are compatible with the goals of the educational program.

A. Description

1. If the program depends on an extended campus facility (as defined in Standard 4-4) for the provision of basic preclinical and/or clinical education:

   a. Identify the facilities and their distance from the programs;

<table>
<thead>
<tr>
<th>Facility</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Distance</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Department of Health Central Dental Health Center</td>
<td>9.7 miles</td>
</tr>
<tr>
<td>515 West 6th Street</td>
<td></td>
</tr>
<tr>
<td>Jacksonville, FL 32206</td>
<td></td>
</tr>
<tr>
<td>Department of Health Royal Terrace Center</td>
<td>6.4 miles</td>
</tr>
<tr>
<td>1830 W 45th Street Suite 5</td>
<td></td>
</tr>
<tr>
<td>Jacksonville, FL 32208</td>
<td></td>
</tr>
<tr>
<td>City Rescue Mission</td>
<td>11.3 miles</td>
</tr>
<tr>
<td>426 South McDuff Avenue</td>
<td></td>
</tr>
<tr>
<td>Jacksonville, FL 32254</td>
<td></td>
</tr>
<tr>
<td>Sulzbacher Dental Clinic</td>
<td>10.7 miles</td>
</tr>
<tr>
<td>611 E. Adams Street</td>
<td></td>
</tr>
<tr>
<td>Jacksonville, FL 32202</td>
<td></td>
</tr>
<tr>
<td>Veterans Administration Outpatient Dental Clinic</td>
<td>9.2 miles</td>
</tr>
<tr>
<td>1833 Boulevard</td>
<td></td>
</tr>
<tr>
<td>Jacksonville, FL 32206</td>
<td></td>
</tr>
<tr>
<td>Department of Health 5150-9 Timuquana Road</td>
<td>17.8 miles</td>
</tr>
<tr>
<td>Jacksonville, FL 32210</td>
<td></td>
</tr>
<tr>
<td>Managed Access to Child Health, Inc.</td>
<td>8.7 miles</td>
</tr>
<tr>
<td>910 N. Jefferson St.</td>
<td></td>
</tr>
<tr>
<td>Jacksonville, FL 32209</td>
<td></td>
</tr>
</tbody>
</table>

b. State the extent to which the program is dependent upon the extended campus facility.

The extended campus facilities are primarily used to enrich each student’s clinical experience. Each site provides services for different groups of the city’s population. The health department offers students an opportunity to provide educational, preventive and therapeutic services for children and young adults 3 to 21 years of age.

The City Rescue Mission and Sulzbacher Dental Clinics offer students an opportunity to provide educational, preventive and therapeutic services for adults enrolled in a residential substance abuse rehabilitation program. The Veterans Administration offers students experience in providing educational, preventive and therapeutic services for adults who have served our country in
the Armed Forces as well as experience treating medically compromised patients. Patients include veterans of World War II through current military action. At the Managed Access to Child Health, Inc., students provide oral hygiene instruction to patients with special needs.

c. Provide a signed copy of the formal agreements between the educational institution and the facilities. (exhibit)

We maintain affiliation agreements with and rotate our students through the following external clinical sites:

- Veterans Administration Hospital Exhibit 2-5A
- City Rescue Mission Exhibit 2-5B
- Duval County Health Department Exhibit 2-5C
- Sulzbacher Dental Clinic Exhibit 2-5D
- Cleft Lip/Palate Clinic Exhibit 2-5E

d. Describe the procedures and process for student supervision, instruction and evaluation.

Policies of the individual facilities concerning patient care are followed in accordance with the formal agreements between the College and facility. Faculty student ratios are maintained at or below the 1:5 ratio mandated by the Commission. Instruction is delivered on a one-on-one basis utilizing coaching and demonstration.

Student supervision, instruction and evaluation are provided by full-time or adjunct faculty who accompany the students to the Veterans Administration Dental Clinic. Evaluation methods and tools are the same as those utilized in the campus dental hygiene clinic. The City Rescue Mission also utilizes the same clinic evaluation form used in the campus dental hygiene clinic.

The supervising dentists at the Department of Heath facilities supervise, instruct and evaluate students using a student evaluation form, which encompasses four areas. Students are evaluated on; appearance, initiative, interpersonal relations, and patient care and dental hygiene performance. This evaluation form addresses generalized criteria for overall performance in a subjective manner.

At the Jacksonville Cleft Palate Clinic students are evaluated on: promptness, dress and appearance, courtesy, factual knowledge, management of client/parent interactions, response to sensitive discussion topics and effectiveness of communication skills.

At all off-campus sites, the Dental Hygiene Program’s curriculum, policies, and objectives are observed.
Classroom Space

4-5 Classroom space which is designed and appropriately equipped for effective instruction must be provided for and readily accessible to the program.

Intent:
The classroom facilities should include an appropriate number of student stations with equipment and space for individual student performance in a safe environment.

A. Description

1. Are classrooms assigned exclusively to the dental hygiene program? If not, what arrangements have been made to ensure the availability of a classroom for the programs? If applicable, provide the same information for distance education sites.

One classroom is assigned primarily to the dental hygiene program. Use by other programs is cleared through the Instructional Program Manager or Dean to insure availability of the classroom on days and times required by the dental hygiene program. When additional classroom space is required for dental hygiene courses meeting simultaneously, College procedures are followed to secure the necessary space. The Director of Administrative Services facilitates the scheduling of additional classroom space in the event of overlapping schedules.

2. Indicate the capacity of the classroom(s) utilized by the programs. Describe the equipment available in each classroom to support instruction. If applicable, provide the same information for distance education sites.

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Classroom</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-40</td>
<td>A316</td>
<td>“Smart classroom”</td>
</tr>
<tr>
<td>35-40</td>
<td>A301*</td>
<td>“Smart classroom”</td>
</tr>
</tbody>
</table>

*This room is shared with other programs.

“Smart classrooms” contain computers with internet access, LCD projectors, DVD players and document cameras.

Office Space

4-6 Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.

Intent:
Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling and supportive academic activities.
A. Description

1. Specify the number, capacity and location of faculty and staff offices. If applicable, provide the same information for distance education sites.

A suite of offices has been assigned to the dental programs on the third floor of “A” Building. The suite is in close proximity to classroom, clinical and laboratory areas. The suite contains 5 private offices with secured entry; one is designated for the instructional program manager. Eight cubicles are available for use by adjunct faculty members. Each cubicle is equipped with a computer with network access, a locking file cabinet and a storage area. The support staff office is adjacent to the dental hygiene clinic area. The office accommodates two support staff members and provides a secure space for files and office supplies.

The Dental Hygiene Program does not employ distance education sites.

2. Describe the space available for securing student and program records. If applicable, provide the same information for distance education sites.

Active student records are secured in locking file cabinets in the support staff office. Records of program graduates are stored in a separate area within the department. Purging of any records containing personal information follows College policies and procedures. The College maintains a computerized system of student record management called Orion that serves as the repository of a student’s official school records.

Program records are kept in the support staff office, in the dental hygiene program’s faculty suite and in the instructional program manager’s office where they are secured to insure confidentiality and safety.

The Dental Hygiene Program does not employ distance education sites.

3. Describe the manner in which records of student work in the program are maintained. If applicable, provide the same information for distance education sites.

Records of student work for didactic courses are maintained in the office of each course director during active enrollment in the program. Students’ clinic grade reports are stored in a file cabinet in a separate locked area within the departmental office suite. Official student records, including transcripts, are maintained by the College Registrar’s Office.

The Dental Hygiene Program does not employ distance education sites.

4. Describe the way in which confidentiality of and access to student records are ensured. If applicable, provide the same information for distance education sites.

Pursuant to Public Law 93–380, the Family Educational Rights and Privacy Act of 1974, students and their parents are advised of certain practices and procedures at Florida State
College which relate to student records.

Once students reach the age of 18 or are enrolled at a postsecondary institution, parents no longer have any rights to student information under this act unless students give written consent to release the information to their parents or the parents provide evidence that students are dependents of the parents as defined in section 152 of the Internal Revenue Code of 1954.

Under this act, students or parents (if eligible) will be accorded access to students’ records within a reasonable time after the submission of a written request to the custodian of that record. Suitable arrangements will be made by the College to permit records to be reviewed in the presence of a representative of the custodian of records. Either students or parents (if eligible) have the right to challenge the content of any record they believe to be inaccurate, misleading or in violation of their rights or otherwise inappropriate, and to insert into the record any written explanation of any matter therein. The custodian of the records challenged shall conduct a hearing upon the matter at a reasonable time and place at which time students or parents (if eligible) may present any evidence they may have in support of the challenge. If a record is challenged, the custodian of the record shall make a decision at the conclusion of the hearing. This decision may be appealed by students or parents (if eligible) through established procedures to the student appeals review committee.

Students have the right to file a complaint with the U.S. Department of Education concerning alleged failures by the College to comply with the requirements of FERPA. They may address their complaint to: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202–4605.

Students or parents (if eligible) must consent to the release of any student information other than directory information to any person or agency. This consent must be in writing, signed, dated and must specify the information to be released, the reason for release and the names of individuals to whom the information is to be released. Disclosure without consent will be exercised by Florida State College to school officials with legitimate educational interests. A school official is defined as a person employed by the college in an administrative, supervisory, academic, or support staff position (including safety and security staff); a person employed by an educational entity with which the college has an educational agreement or contract who has a legitimate educational interest; a person or company with whom the college contracted (such as auditor, collection agent, credential and enrollment verification services); or assisting another official in performing his or her tasks. A school official has a legitimate educational interest if he or she needs to review an educational record in order to fulfill his or her professional responsibility.

In addition, the college may disclose identifiable information from student educational records without student consent to officials presenting a judicial order or lawfully issued subpoena, and to military branches in accordance with federal guidelines.

The following records are maintained in students’ files: application for admission,
transcripts from other colleges, academic history records and general correspondence.

The following information about individual students is classified as “directory information” and may be released upon request to any person.

- name
- major field of study
- dates of attendance
- degrees, certificates or diplomas received
- honors received

Individual students or parents (if eligible) have the right to submit a request in writing to the custodian of student records that all or part of the directory information NOT be released. Send request in writing to:

College Registrar
Florida State College
P.O. Box 40515
Jacksonville, FL 32203-0515

Access to, or release of directory information will be withheld until further written instruction is received for a student or parent (if eligible).

The Dental Hygiene Program does not employ distance education sites.

**Learning Resources**

4-7 Instructional aids and equipment must be sufficient for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

**Intent:**
The acquisition of knowledge, skill and values for dental hygiene students requires the use of current instructional methods and materials to support learning needs and development. All students, including those receiving education at distance sites, will be assured access to learning resources.

A. **Description**

1. Where is the major collection of books and periodicals related to dental hygiene retained? If the major collection is housed in the central library, is a separate
collection of books and periodicals related to dental hygiene retained in the program’s facilities?

The major collection of books and periodicals related to dental hygiene is retained in the central library of the North Campus of Florida State College at Jacksonville. The Library and Learning Commons is located in Building D, Room 301 in close proximity to the Dental Hygiene Program. A smaller collection of books and materials is retained in the program’s facilities.

2. Specify the hours that the library is available to students and faculty.

Each campus has a Library and Learning Commons that sets its own hours of operation. Students may access learning materials at any campus library. The North Campus Library’s hours are:

- Mon.-Thurs.: 7:30 a.m.–10 p.m.
- Fri.: 7:30 a.m.–5 p.m.
- Sat.: 8 a.m.–4 p.m.
- Sun.: CLOSED

3. Do students and faculty have access to additional libraries and/or on-line electronic sources? If so, describe the mechanism or agreement.

Research activities are enhanced by technology. In addition to the traditional print sources, the North Campus Library and Learning Commons has an online computer catalog, LINCC, which allows for quick and easy retrieval of these materials as well as other pertinent titles housed at other Florida State College at Jacksonville campuses. LINCC is the Library Information Network of the 28 Community and State Colleges of the State of Florida. The library homepage also allows for viewing of holdings at the nine state universities in Florida through WebLUIS. Internet is available through the library workstations. In addition, LINCCWeb accesses full-text periodical articles (currently over 15,000), indexes to newspapers with some full-text issues, a statistical database, and many other resources that serve as research tools for students, faculty and staff. The library provides many avenues for research and is supported by the latest in information technology.

The materials not readily available at Florida State College at Jacksonville Libraries can be requested through interlibrary loan (ILL) for use by students and faculty. Most ILL requests can be completed online from any internet connection. ILL courier service is available between all state community college libraries, state university and college libraries, most private institution higher education libraries and points within the public library systems of most Florida cities. A courier service delivers materials once a week to the Downtown Campus library. The Downtown Campus library staff then sends the materials to the Florida State College at Jacksonville campus from which the request originated.
Also available (and heavily used for research) are many online databases. There are both general and specialized databases that provide access to periodical and newspaper information. Some provide full-text coverage and others provide only an index; still others give an abstract, simple or detailed. Any information in an index that the North Campus library cannot provide can be requested through ILL and made available for research. Many documents are retrieved from international publications.

4. List the specialized reference texts available for the dental hygiene program’s utilization, e.g., medical and dental dictionaries and indices.

The specialized reference texts available for the Dental Hygiene Program’s utilization are listed in the online catalog of the library. Please see Exhibit 4-7A.

5. As an exhibit, provide a list of periodicals related to dental hygiene dentistry which are available for student and faculty reference.

Exhibit 4-7B provides a list of periodicals related to dentistry available for students and faculty reference.

6. As an exhibit, provide a comprehensive listing of the collection of books available to the students and faculty. Group the listing into categories, i.e., dentistry, dental hygiene and other related subject areas.

Exhibit 4-7C provides a comprehensive listing of the collection of books available to the students and faculty.

7. Describe the procedure for updating and expanding library holdings. Identify the individuals involved by name and title.

The Library and Learning Commons has established a collaborative process to work with all programs to assure currency and relevancy of library holdings and acquisitions. The chart included as Exhibit 4-7E details the steps involved in reviewing holdings. New monies are available each year to purchase additional and updated library materials for the Dental Hygiene Program at North Campus. Requests for materials (books, multimedia, periodicals, etc.) are given by the dental hygiene faculty (full-time and adjunct) to the library staff for purchase. Dental materials receive a priority status for purchase by the North Campus library. Recommendations from the dental hygiene faculty working with the library staff allow for withdrawal of obsolete books and materials from the library. The North Campus Library full-time librarian faculty are Mary Dumbleton and Dr. Victoria McGlone.

8. Briefly describe the instructional aids used in the program, i.e., skeletal and anatomical models and replicas, slides and films, which depict current techniques.
The Program has a wide array of instructional aids including skeletal and anatomical models, instructional DVDs and tapes on a wide variety of topics, and instructional computer programs. In addition, the Program produces its own instructional videos that are distributed to students from the Program’s web page. Finally, lecture courses are podcast for students to review at home or by mobile device. Instructional aids used in the Dental Hygiene program are listed in Exhibit 4-7D.

9. List the audiovisual equipment available for program use.

Multimedia/audiovisual equipment is available for utilization to enhance the delivery of the curriculum. These include computers, Apple iPads, electronic presentation units, video projectors, half-inch videocassette players/recorders, monitors (TV), DVD players, slide projectors, and ELMO/overhead projectors. Audiovisual (AV) equipment is housed in the library for student/faculty use, and is kept at various points around the campus for access by the faculty. Equipment is available for checkout from the library by faculty for usage in the classroom. Many of the class-rooms have become “smart” (formatted for high technology multimedia instruction) classrooms for electronic and internet presentations and are supported by the library.

Students and faculty in the Library and Learning Commons may, on an individual, small group, or large group basis, use audiovisual materials. Faculty may check out the AV materials for classroom use and outside viewing. Adjunct faculty have the same checkout and usage privileges as full-time faculty. AV equipment and services are available during the regular library hours. Arrangements may be made for AV materials/ equipment after hours for classroom or off-campus use. This would be done through the multimedia specialist or his designee at the circulation desk. Requests for after-hours instruction/assistance may be arranged with the multimedia specialist. All after-hours assistance must be planned in advance of the event or need.

10. Discuss how and to what extent self-instructional materials are utilized in the dental hygiene program.

Self-instructional materials utilized in the Dental Hygiene Program are mainly in the online resource format. Their use is for independent study as a supplement to print textbooks. Some of the online resources are:

http://dig.library.vcu.edu/cdm/landingpage/collection/opr

http://www.uiowa.edu/~oprm/AtlasHome.html
In addition, the Dental Hygiene Program produces high-definition instructional videos that are made available to the students for self-instruction from a home computer or mobile device.

11. Describe the accessibility of instructional resources to dental hygiene students, including the hours of availability.

“24/7 availability” of instructional resources is the goal of the Dental Hygiene Program. We have developed web-based instructional aids in the form of instructional videos, lecture and lab podcasts to assure that students have access whenever their busy lifestyles permit them to study.

Student Services

4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

Intent: 
All policies and procedures should protect the students as consumers and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect work accomplished and are maintained in a secure manner.

A. Description

1. Provide information concerning the institution’s ethical standards and policies which protect students as consumers. What avenues for appeal and due process have been established?

Florida State College at Jacksonville has established ethical standards and policies that protect students as consumers. Individuals seeking the services of the College shall be afforded equal treatment regardless of race, color, religious beliefs, national origin, sex, marital status or disability. The institution also provides all students with direct services, consultation, training and educational programs necessary to support students in the pursuit of their educational goals. Students have the right to pursue any incident in which they believe they have been unfairly treated through due process procedures established by the institution in accordance with state and federal laws.

The College and the Dental Hygiene Program reserve the right to deny continuance or require withdrawal of any student who gives evidence of being unable to perform the responsibilities and tasks required in the degree program. These rules and regulations for student compliance are found in Board Rule 6Hx7-11. Students, thus denied, or required to withdraw, or who have other complaints may appeal by due process procedures described in the 2012-2013
Florida State College at Jacksonville catalog (link) as well as in the student handbook section of Student’s Rights and Responsibilities.

Please see Exhibit 4-8A for a reproduction of the Students Rights & Responsibilities.

http://floridastatecollegecatalog.fscj.edu/content.php?catoid=25&navoid=3187&print

Infectious Disease/Radiation Management

5-1 The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

1. Provide policies and procedures that have been developed related to individuals who have bloodborne infectious disease(s), including applicants for admission to the program, students, patients, faculty and staff.

Policies related to individuals with bloodborne infectious diseases are detailed in the Infection Control Manual, a document distributed to faculty, staff, and students and included as Exhibit 5-1A of this Self Study. The manual has been continuously updated to incorporate current scientific and regulatory information since its first edition in 1989. The most recent edition, which was completed during the summer, 2011, was distributed to incoming dental hygiene students as part of their fall term DEH1001C Introduction to Clinical Procedures course. Included in the manual is a reprint from MMWR, December 19, 2003, Vol. 52/RM-17 that lists suggested work restrictions for healthcare personnel with infectious diseases. As a matter of policy, we subscribe to their recommendations. The final decision for exclusion from clinic rests with the program manager.

New patients to the dental clinic are given a Dental Clinic Patient Information brochure that details the Program’s infection control policy as well as the HIPAA privacy policy and the patient “Bill of Rights”. The brochure is included in this document as Exhibit 5-1B.

Applicants to the Dental Hygiene Program are alerted to our infection control policy in the informational brochure available at the program web site (FSCJdental.info) and as Exhibit 2-3A.

2. Describe how these policies and procedures have been implemented.

Policies and procedures related to infection control are presented as part of the curriculum during the student’s first term in their DEH1001C Introduction to Clinical Procedures course. Student mastery of the information is assessed through written quizzes and examinations (please see Exhibit 5-1C). Observation and assessment of students during the clinical phase of training include daily
evaluation of adherence to prescribed infection control protocols detailed in the manual. This is recorded as a component of the student’s Daily Professionalism Grade (Exhibit 5-1D).

New employees who work in the clinic setting, such as adjunct professors, full-time professors, staff and student assistants hired in the dental programs receive training immediately after hiring regarding exposure to potentially infectious agents. A copy of the manual is provided to each new employee. The FSCJ Instructional Program Manager (or his designee) discusses the infection control plan with each new employee and the Dental Programs hold annual infection control and hazardous materials training for faculty and staff. For those who cannot attend, the program is podcast for them to view at their convenience.

3. How do these policies ensure that the confidentiality of information pertaining to the health status of each infected individual is strictly maintained?

The most recent edition of the Infection Control Manual (Exhibit 5-1A) addresses this concern. Confidentiality concerns related to patient health information are also stressed in the DES1600 Dental Office Emergencies and DEH1001C Introduction to Clinical Procedures courses and are discussed in the Clinic Manual and, most prominently, in the Dental Hygiene Student Handbook which delineates the procedures to ensure confidentiality of information (Exhibit 5-1E). Assessment of learning is by written quizzes and exams in the Dental Office Emergencies course.

4. How are these policies made available to all applicants, students, patients, faculty and staff?

Applicants to the Dental Hygiene Program receive a brochure that includes the following paragraph…

**Infectious Disease Policy**

In the performance of assigned treatments and/or procedures, students enrolled in the Dental Hygiene Program at FSCJ may be exposed to bloodborne pathogens that may progress to an infectious disease. Students seeking admission to the dental programs may, through previous exposure, be infected with an infectious disease. To protect the health and safety of students, as well as faculty, staff, and patients, the FSCJ Dental Hygiene Program has established an Infectious Disease Policy that describes the proper techniques and procedures necessary to minimize these risks. Instruction in infection control and prevention is a significant part of our dental hygiene curriculum. Applicants interested in obtaining a copy of the program’s Infectious Disease Policy can do so by calling (904) 766-6571.
Once accepted into the program, students receive the previously cited Infection Control Manual and review it in the course of their first term curriculum, most prominently in their DEH1001C Introduction to Clinical Procedures course.

Patients receive a “Bill of Rights” document that includes a brief statement about instrument sterilization. A brochure is provided to each patient that addresses infection control policies and confidentiality issues, as well as clinic policies.

Faculty and staff are given a copy of the Infection Control Manual as each new edition is released.

5. State or append a copy of the program’s policies on:
   a. selection criteria for radiography patients;
   b. frequency of exposing radiographs on patients;
   c. retaking radiographs; and
   d. exposing radiographs for diagnostic purposes

The Dental Hygiene Program has strictly delineated selection criteria for patient exposure to radiation in the clinic. This is described in the FSCJ Dental Clinic Manual and included as Exhibit 5-1F. Students learn about the rules governing radiation exposure in their DES1200 Radiology course in the second term.

6. Describe how students acquire an understanding of radiation safety prior to exposing radiographs on patients.

   Because the Radiology course runs concurrently with the student’s first clinic course (DEH1800L Clinical Dental Hygiene I), students are provided with sufficient information on radiation safety prior to their first clinical experience involving patients in the third week. Assessment of learning is through written quizzes and tests. Please see Exhibit 5-1G for a sample quiz related to radiation safety from the DES1200 course.

7. Describe how patient radiographs are utilized:

   a. while patient services are being provided.
   b. for integration of radiography with clinical procedures.

   Patient radiographs are utilized while oral hygiene services are being performed in the following ways:

   1. They are placed on the viewbox located on the counter nearest to the patient and used as a guide during scaling procedures to locate bone loss and calculus deposits.
2. They are placed on the viewbox and utilized by the student as an educational tool in counseling the patient concerning his/her dental treatment needs.

3. The patient is informed of treatment needs that are beyond the scope of practice of the dental hygiene clinic and the radiographs serve as a visual aid for demonstrating conditions that need to be referred.

4. Several students may be called over to a single dental chair to view an interesting set of radiographs and observe unusual conditions that are identified by a clinical instructor with consent of the patient.

Patient radiographs are integrated with clinical procedures through the following ways:

1. Radiographs are utilized by the student who selects patient cases and presents this in the form of a “case study” in clinic lecture courses during term four and term five.

2. The student evaluates each radiograph for disease conditions, caries, bone loss, impaction, missing teeth, etc., and records this on an anatomical form, which is turned in for a grade.

3. The student identifies normal anatomical features and benign conditions that are visible on the radiographs and records the features on an anatomical form and turns this in for a grade.

The Dental Hygiene Program is providing instruction in digital radiography to our students and has acquired Schick sensors, Eaglesoft software and computers for a number of our radiography rooms. By the time of the site visit, computers will be installed at each clinical station for accessing digital radiographs chairside.

8. Describe the program’s asepsis, infection and hazard control protocol. How are students, faculty and appropriate support staff informed about these procedures? Describe how student, faculty and staff compliance with this protocol is monitored within the institution and affiliated sites. Provide a copy of the protocol as an exhibit.

The Dental Hygiene Program’s protocols for asepsis and infection control are consistent with the Occupational Safety and Health Administration Bloodborne Pathogen Standard and the Centers of Disease Control and Prevention recommendations. Standard precautions are utilized during any patient treatment and pre-clinical and clinical faculty is charged with assuring that students strictly adhere to this standard. Annual meetings are held to provide faculty and staff with needed updates to the Program’s policies and procedures.
The Infection Control Manual is included as Exhibit 5-1A.

The Dental Programs have developed and implemented a Hazard Communication Plan (HCP) in accordance with the regulations set forth by the Occupational Safety and Health Administration. The HCP evaluates job safety in the workplace for all faculty, staff, and students of the Department. The plan contains all pertinent training necessary to promote and ensure the health and safety of the employees. Glenda Miller, CDA, BS is designated as the OSHA Resource Manager and is responsible for the Hazard Communication Plan (included as Exhibit 5-1H).

9. Describe how the institution documents compliance with applicable regulations for radiation hygiene and protection.

The State of Florida Bureau of Radiation control provides on site inspection every three years for educational facilities and every five years for dental office facilities. Certification of safety for the FSCJ dental x-ray equipment was last established in October 2011 and is included as Exhibit 4-2A. In addition, the faculty monitors the students’ use of x-ray equipment and the dispensing of radiographic film. Prior to any x-ray exposure of a patient, the clinic dentist must authorize the procedure and the faculty dispenses the number of films needed. Retakes are limited to four per patient. The student and faculty, together, determine the need for the radiographs and assure that the patient has not previously been exposed to diagnostic dental x-rays in the past year for bitewings and three years for a complete mouth series of films. The amount of radiation exposure is calculated and the number of rads/roentgens of exposure that the patient receives is entered in the patient’s record.

5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

Intent: All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.

A. Description

1. Are students encouraged to be immunized against infectious diseases? If so, how?
After admission to the program and prior to patient contact, all hygiene students are required to submit proof of childhood and Hepatitis B immunizations. This requirement is stated explicitly in the FSCJ College Catalog as well as the Dental Hygiene Program web page where the following statement of policy is located:

“Immunizations: Prior to contact with patients or patient specimens, students must furnish proof of childhood immunizations and Hepatitis B immunization. Contact program manager for additional information.”

In addition, the policy on immunizations is included in the New Student Orientation brochure (Exhibit 5-2A) and is discussed at length during the orientation meeting. The Program’s administrative assistant tracks the student immunization forms as they are returned and alerts the faculty as to any outstanding forms.

Emergency Management

5-3 The program must establish, enforce, and instruct students in preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies. These protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies.

A. Description

1. Identify and describe the location of the emergency materials and equipment which are available for use in the dental hygiene clinic and for instruction in the management of dental office emergencies. Describe additional emergency equipment and supplies that may be accessible to the clinic and their location. Provide the program’s policy to manage emergencies as an exhibit.

The emergency medical equipment and supplies are located in the FSCJ dental clinic and lab. They include portable oxygen units, Ambu resuscitators, sphygmomanometers and stethoscopes for blood pressure determination, and an array of other necessary supplies and drugs to respond to a host of medical emergencies. A complete listing of emergency equipment and supplies (and their location) and procedures is provided to students and faculty as part of the FSCJ Medical Emergency Management Handbook (Exhibit 5-3A). This manual also offers a flow chart for the prescribed handling of medical emergencies in the dental clinic.

In the event of an emergency in the Dental Programs, the faculty and staff are instructed to call upon the faculty in the Emergency Medical Technician (EMT) Program. This is done simultaneously while calling the emergency phone system. The Emergency Medical Technology program is located in the same building as the Dental Hygiene Program and is easily accessible by stairwell and elevator; however, since the faculty in the EMT Program are not always available, the
emerge
ency phone system is activated at the same time. The response time for ambulance service is 5 to 7 minutes from the closest emergency dispatch facility. The emergency phone system - 911 - in Jacksonville has an excellent reputation and up-to-date equipment for tracking phone calls throughout the city.

The Dental Program has two (2) AED’s located within the department. One is located in the Dental Hygiene Clinic and the second is located in the Dental Assisting Clinic (Exhibit 5-3B)

Theoretical and practical knowledge in the handling of medical emergencies is provided to the students in their first term courses, DES1600 and DES1600L Dental Office Emergencies (lecture and lab).

A review of emergency procedures is held annually for program faculty. Identification and treatment of the most common dental office emergencies are reviewed as well as use, monitoring and maintenance of the oxygen equipment.

2. Describe how the emergency equipment is monitored to assure it is functional.

Annually - The Program’s administrative assistant receives notification from the emergency kit manufacturer as drugs near their expiration date. The kit is annually monitored to assure that drugs have not expired.

Weekly - The student assigned as “sterilization monitor” checks the oxygen tanks once a week and reports their level of oxygen and flow rate. Exhibit 5-3C contains the competency sheet for the clinic sterilization monitor with the oxygen tank check circled and Exhibit 5-3D contains the oxygen tank maintenance log sheet recorded by the monitor.

The two AEDs in the dental hygiene and dental assisting clinics are maintained regularly and tested according to the manufacturer’s operation and maintenance guidelines by North Campus Security. Exhibit 5-3E is reprinted from the College’s Risk Management web site and details the policies related to the utilization and maintenance of the AEDs.

3. Identify the materials and equipment which are available for use in managing laboratory accidents. Provide the program’s policy on managing emergencies in the laboratory as an exhibit.

There are 3 eyewash stations located in the dental hygiene department. One is located in the Dental Hygiene Clinic, one in the Dental Hygiene Clinic Sterilization area and one in the Dental Assisting lab. Please refer to the clinic map (Exhibit 5-3B) for eyewash station locations. There are also 3 emergency first aid kits; two in the Dental Hygiene Clinic and one in the Dental Assisting Lab. To treat emergencies of a more serious nature, oxygen tanks, Ambu resuscitators and a medical kit containing injectable drugs is available in the main
clinic. The area where the emergency equipment is kept remains open the entire day. The Laboratory Safety Manual is included as Exhibit 5-3H.

A new addition to our dental laboratory is a wall-mounted and bench-mounted ventilation system that serves to remove the air-borne particulates and chemical vapor from the laboratory.

4. If applicable, please clarify how Standard 5-3 is met at any distance education site.

The Dental Hygiene Program does not employ distance education sites.
STANDARD 6 - PATIENT CARE SERVICES

6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

Intent:
All dental hygiene patients should receive appropriate care that assures their right as a patient is protected. Patients should be advised of their treatment needs and the scope of care available at the training facility and appropriately referred for procedures that cannot be provided by the program. This Standard applies to all program sites where clinical education is provided.

A. Description

1. Describe the criteria and procedures used to accept patients for treatment in the program’s clinic.

The criteria for patient acceptance for care in the program’s clinic consist of the following procedures:

- Students, staff and faculty, as well as community members, may telephone the clinic or walk-in during business hours to be placed in our patient database. Our initial patient screenings consist of adding demographic information about the patient to the program’s database. The patient’s full name, date of birth, daytime telephone number, health information (any type of condition that may require antibiotic premedication, for example) and date placed in the database are recorded.
- During patient care sessions, the program’s clinic accepts walk-in patients. Appointed patients who have not arrived within 15 minutes of their scheduled time without contacting the clinic, forfeit their appointment. At that time, waiting individuals desiring to be seen, are seated by the student.

2. Describe the scope of dental hygiene care available at the program’s facility.

The scope of dental hygiene care available at the program’s facility consists of diagnostic, preventive and therapeutic services. Preventive services include comprehensive review of medical/dental history, oral cancer screening and oral hygiene education. Therapeutic services include periodontal debridement and desensitization. Additional services are listed on two documents; Scope of Dental Hygiene (Exhibits 6-1A) and Informed Consent (Exhibit 6-1B) provided with the patient registration packet.
3. Explain the mechanism by which patients are advised of their treatment needs and referred for procedures that cannot be provided by the program.

Students provide each patient deemed medically suitable of receiving care an assessment within the scope of dental hygiene care. The assessment information is utilized to develop a treatment plan for the patient. All patients receive a written referral form recommending an examination by their dentist and examination of specific conditions identified during their assessment. The form also indicates that any radiographs taken at Florida State College can be mailed to their private dentist at the request of the patient.

Please see Exhibit 6-1C for the Dentist Referral Letter and Exhibit 6-1D for our Medical Release Letter.

4. Describe how the dental hygiene diagnosis and treatment plans are presented and approved. Provide relevant pages from the patient record.

The student develops the dental hygiene treatment plan after completion of patient assessment. A clinical faculty member reviews the assessment and plan with the student for acceptance or correction. Following verbal presentation of the written plan by the student, the patient signs the plan for consent to treatment. Additionally, the faculty member who reviewed the student’s assessment findings signs the treatment plan.

Please see Exhibit 6-1E Dental Hygiene Treatment Plan.

5. Explain the program’s recall (recare) policies and procedures.

At the completion of dental hygiene care, the patient is given a Patient Referral Form. The referral form indicates the programs current policy; “Patients will only be allowed to return to the FSCJ Dental Hygiene Clinic for a routine dental cleaning once a year. We encourage you to visit a dental office in the community between your visits in this clinic.”

Upon return the following procedures are completed:

- Review and update medical history. Patients are to sign updated history.
- Complete a new medical history if the signed history is over two years old.
- Take and record vital signs.
- Request instructor signature before proceeding.
- Review and update oral examination, dental chart, periodontal assessment and treatment plan. A full-mouth periodontal charting should be completed, if indicated. Record and date findings. Any changes are to be described using correct terminology.
• Classification of patient by an instructor needs to be performed prior to initiating treatment and recorded on Treatment Plan and Services Rendered Forms.
• Oral hygiene instructions should be provided at each appointment.
• The program maintains a patient data base to track patient care.

6-2 The program must have a formal written system of patient care quality assurance with a plan that includes:

a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
c) mechanisms to determine the cause of treatment deficiencies;
d) patient review policies, procedure, outcomes and corrective measures.

Intent:
The program should have a system in place for continuous review of established standards of patient care. This Standard applies to all program sites where clinical education is provided.

A. Description

1. Include a copy of the program’s formal system of quality assurance.

A formal, ongoing system of quality assurance for patient care services is utilized to assure that patients receive excellent care. The purpose of the quality assurance program is to evaluate the degree to which we satisfy our standards of patient care. The standards of care employed at the FSCJ Dental Hygiene Clinic are to provide each clinic patient with individualized, high-quality treatment that utilizes the latest equipment and materials, to provide care that is evidence-based and adheres to the dental hygiene process of care model, and to engage and educate the patient as a partner in the maintenance of their own oral health. The components of the quality assurance program are:

1. Patient satisfaction survey - a survey is offered to each patient by their student hygienist upon the completion of their course of treatment; analysis of the surveys will be done at the completion of each term. Exhibit 6-2A contains a copy of the Program’s Patient Satisfaction Survey.

2. Chart audit – an audit of a representative sampling of patient charts by the clinical faculty is performed three times each year using the Chart Audit form included as Exhibit 6-2B. The audit occurs at the completion of each term and the
data is analyzed and compiled with the other evaluative data for review by the Instructional Program Manager.

3. Case Study – students present a case study that demonstrates an understanding of the dental hygiene process of care and includes a plan of treatment that is evidence-based.

4. Clinical competency evaluation review – patient education is assessed as part of the student’s clinical competency evaluation.

In summary, our quality assurance program has the following components that assess the degree to which our patient care services meet our standard of care:

<table>
<thead>
<tr>
<th>Standard of Patient Care</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| 1. Provide each clinic patient with individualized, high-quality treatment that utilizes the latest equipment and materials | ● Patient satisfaction survey  
● Clinical competency evaluation review |
| 2. Provide care that is evidence-based and adheres to the dental hygiene process of care model | ● Chart audit  
● Case study |
| 3. Engage and educate the patient as a partner in the maintenance of their own oral health | ● Patient satisfaction survey  
● Clinical competency evaluation review |

2. Describe the program’s standards of care and how those standards are communicated to students, faculty and staff.

Standards of care are based on current Florida Statutes (Chapter 466) and utilization of individualized, evidence-based treatment. The program seeks to improve each patient’s health through education, treatment and referral. The program’s standards of care are communicated to students in courses, DEH 1800 Clinical Dental Hygiene I and DEH 1802 Clinical Dental Hygiene II. The standards are also provided to students, faculty and staff in the program’s clinic manual. The clinic manual is reviewed and updated annually. See Exhibit 5-1F.

3. Specify how each standard of care is assessed.

Standards are assessed in two ways as a part of patient care. Prior to initiating patient care, faculty reviews the patient’s medical/dental history with the student. The Clinical Competency Form is used to note findings requiring additional information, follow-up or medical consultation. During patient care, faculty review patient records at the end of each patient session. The Clinical Competency form, section on Quality Assurance is utilized to make note of areas that require correction. See chart above.
4. Describe the program’s quality assurance policies and procedures. Include information to describe the faculty, staff and students involved in the process and their roles and responsibilities, and how frequently the process occurs. Identify instruments used to collect and analyze data. Include policies and procedures to identify and correct issues of patient completion and abandonment.

In the initial phase of our quality assurance process, the program utilized the service of an outside practitioner to perform an annual review of thoroughness and quality of patient care. Coupled with this process, faculty conduct chart audits three times per year. After two years, a decision was made to discontinue the review by an outside practitioner. The data obtained from the chart audits paralleled the data of the reviewing practitioner. The chart audit form is used by clinical faculty and is included as Exhibit 6-2B and sample summary data from 2011 is included as Exhibits 6-2C and 6-2D.

A satisfaction survey is offered to each patient by his or her student dental hygienist upon completion of their course of treatment. Please see Exhibit 6-2A for a sample survey. Tabulation of the data is completed at the end of each term. Areas of concern are reviewed and discussed during faculty meetings. Exhibits 6-2C and 6-2D.

Student/faculty conferences are a part of the quality assurance process. Students present a list of the patient’s they have completed, no shows and cancellations. The list in conjunction with the daily log is reviewed during the conference. Students present their plan for scheduling and completing patient care. Clinic policy dictates that patients be placed back into the database when they fail an appointment without 24 hour notification.

5. Describe the process to review a representative sample of patients and patient records. Include forms used to review patients and patient records.

The process to review a representative sample of patients and patient records is conducted at the end of the fall, spring and summer terms. The program’s administrative assistant randomly selects twenty (20) to thirty (30) charts from the patient charts housed in the Program Office. Faculty utilize the Chart Audit Form (Exhibit 6-2B) to review key components of the patient record. Two recent examples of the results are presented as Exhibits 6-2C & 6-2D.

6. Describe how patient treatment deficiencies are identified and corrected.

Clinic policy requires that all patients be checked by faculty prior to dismissal. Deficiencies are documented and discussed with the student and corrected at the time or at a subsequent patient appointment.
7. Identify any changes made to clinic policies and/or procedures as a result of the quality assurance program.

Initially, only full-time faculty were conducting chart audits. Full-time faculty found the process was an excellent faculty calibration opportunity and adjunct faculty are now included in the process. The results have reduced the number of documents not signed by patients, students and faculty.

Changes have been made to the Clinical Competency form which now provides a more inclusive list of the chart components that faculty need to verify in each patient’s chart.

8. Discuss how the program assesses patients’ perceptions of quality of care. Describe the mechanisms to handle patient complaints.

A patient satisfaction survey is offered to each patient at the completion of treatment. Patient complaints are referred to the Instructional Program Manager for resolution. The patient’s complaint is documented in their chart. All conversations with the patient are also documented in the chart as well as the resolution of the complaint.

6-3 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.

Intent:
The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.

A. Description

1. Identify the policies and procedures that the program uses to track completed patients and to ensure that active patients are completed.

The procedure for tracking completed patients involves several components. Charts of all patients in active care are maintained in a designated file cabinet until the student completes the patient. Students are required to maintain a daily log to track patients under their care. A faculty member signs the log at the end of each clinic session. Student/faculty conferences are held during the term to review the status of patient care. Upon graduation, patients not completed by the student are transferred to another student for completion.

Please see Exhibit 6-3A for an example of a Student Daily Log sheet.

6-4 The program must develop and distribute a written statement of patients’ rights to all patients, appropriate students, faculty, and staff.
Intent:
The primacy of care for the patient should be well established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:

a) considerate, respectful and confidential treatment;  
b) continuity and completion of treatment;  
c) access to complete and current information about his/her condition;  
d) advance knowledge of the cost of treatment;  
e) informed consent;  
f) explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;  
g) treatment that meets the standard of care in the profession.

A. Description

1. Briefly describe the dental hygiene programs written policies on patient’s rights. Include a copy of the written policies as an exhibit. Describe how patients, students, faculty and appropriate staff are informed about the program’s statement of patient’s rights.

Each patient receives a copy of the program’s Patient’s Bill of Rights policy at their initial and recare appointments. The document is reviewed with the patient by the student, signed by the patient and becomes a part of the patient’s record. The Patient’s Bill of Rights is also posted in the reception room.

The Patient’s Bill of Rights is included in the program’s Clinic Manual. A copy of the Clinic Manual is given to each student and faculty member. The manual is reviewed with students and faculty during clinic orientation sessions. A copy of the manual is also maintained in the clinic and by staff responsible for patient scheduling.

Please see Exhibit 6-4A for the Patient Bill of Rights, which is also included in the new patient brochure (Exhibit 5-1B).

6-5 All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

Intent:
The need for students to be able to provide basic life support procedures is essential in the delivery of health care.
A. Description

1. Describe the program’s policy regarding basic life support recognition (certification) for students, faculty and support staff who are involved in the direct provision of patient care. Provide a copy of the policy as an exhibit.

The program’s policy regarding basic life support is stated in the Student Handbook, College Catalog, and program brochure. The policy requires all students, faculty, and support staff that are involved in the direct provision of patient care to receive and maintain CPR/BLS certification. The instructional program manager and faculty review the policy during program meetings to assure compliance with Florida statutes.

Please see Exhibit 6-5A for the Program CPR Policy as stated in the Student Handbook.

2. Describe how the program ensures that recognition of these individuals is obtained and does not lapse. Provide a copy of the records maintained by the program as an exhibit.

Students, faculty and appropriate staff must submit a photocopy of the CPR/BLS certification card. The photocopy is maintained in the student’s permanent record and in faculty/staff personnel files. A database is maintained of student critical documents including their certification. The database is reviewed prior to the beginning of each semester. Written and verbal notification is given when certification expiration is pending.

Please see Exhibit 6-5B for an example of our most recent class’ CPR Certification Record (an updated document will be available for inspection on site).

3. Are exceptions to this policy made for persons who are medically or physically unable to perform such services? If so, how are these records maintained by the program?

Exceptions are made to this policy in accordance with the American with Disabilities Act of 1990 (Pub. L. 101-336). Individuals requesting this exemption must provide written documentation from a physician. The documentation must indicate the reason or reasons the individual cannot comply with the program’s policy. This information is maintained in the student’s record or the faculty/staff personnel file.

6-6 The program’s policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

Intent:
The program should have a system in place to ensure patient confidentiality. The use of student employees as secretarial staff does not preclude the essential need for patient confidentiality.

A. Description

1. Describe how confidentiality is maintained regarding each patient.

   Strict confidentiality is maintained regarding patient records. Patient files are housed in the administrative specialist/clinic office, which is locked when unoccupied. The North Campus maintains strict control of key distribution to assure only authorized personnel have access to private health information of our clinic patients. Contents of the record are disclosed only upon receiving the patient’s written consent. Access to files is limited to individuals directly involved in care of the patient and for administrative purposes.
Conclusions and Summary of the Self-Study Report

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

1. Assess the effectiveness of the program’s planning and assessment process and how this has contributed to the betterment of the program.

The program’s planning and assessment process, which has undergone considerable improvement in recent years, has begun to provide relevant data. In engaging in the College’s assessment regimen, we took an ambitious approach of assessing each of the program’s learning outcomes for the first two years. In doing so, we were able to fine tune the process and identify areas where improvement was needed. In coming years, we will perform more focused assessment of fewer learning outcomes on a rotating basis utilizing multiple measures for each. We anticipate more valuable, actionable data from this process.

2. To what extent have results of the evaluation processes or outcomes assessment been used to modify the curriculum?

The Program utilizes assessment data for improvement on a frequent basis. A recent example includes the acquisition of computers at chairside and the introduction of computerized charting to the curriculum. This was a direct result of graduate survey feedback. Another example is the utilization of lecture podcasts to improve student performance on the National Board Dental Hygiene examination. Statistical analysis of our students’ performance on the boards shows the effectiveness of this intervention.

3. Evaluate the extent to which the program goals are met.

Program goals are met on a consistent basis, though areas of improvement exist that program personnel are striving to address. One such area was identified in the last self study and has proven resistant to our attempts at intervention, our attrition rate. While we have determined that we are successfully achieving our goals for the students who make it to graduation, far too many never make it that far. An in-depth analysis of the students who exit before completion will be done utilizing Ulrich Research, Inc., to identify possible areas for review and change.

4. Assess the adequacy and stability of the program’s fiscal support as anticipated over the next several years.

The College is committed to the Dental Hygiene Program and demonstrates that commitment with a stable source of funding that is adequate to meet program goals and objectives. While we would gladly accept and utilize additional funding, we are happy
with our present level of support and expect it to continue for the foreseeable future as reflected in the College’s practice of developing a 3-year budget plan annually.

5. Assess the degree to which current financial support permits or inhibits achievement of program goals.

The financial support afforded the Dental Hygiene Program is adequate to support its goals. The Program has experienced additional funding benefits through a strong rapport with College personnel who distribute federal grant funds that have supported many improvements.

6. Evaluate the effectiveness of the professional community in providing assistance to faculty in meeting the objectives of the dental hygiene program on a continuing basis.

We are fortunate to have an active, opinionated professional community of dentists and dental hygienists who are more than willing to help us reach our goals. Their participation is enthusiastic and robust as detailed in this self-study. In particular, the program is grateful for the participation of Drs. Fetner, Hartigan, and Cioffi, dental specialists with national reputations, who teach didactic classes to our students, and the local dental hygiene association. Our students benefit immensely from these relationships.

7. Evaluate the effectiveness of the liaison mechanism in providing information on dental and dental hygiene practice and employment needs.

The Dental Programs Advisory Committee effectively keeps the faculty and administration updated with trends that are occurring outside in the “real world” of clinical dental hygiene practice. Employment concerns have been raised by the Committee at recent meetings and the survey results reflect a tightening job market for our graduates.

STANDARD 2 - EDUCATIONAL PROGRAM

1. Evaluate the admission criteria in terms of its ability to identify students with the potential for completing the curriculum and performing dental hygiene services with competence and efficiency.

The Dental Hygiene program at Florida State College is a selective access associate degree program that requires a minimum of two years of college education. Selection is based primarily on grades earned in prerequisite courses and performance on the Health Occupation Test. Based on our high attrition rate in the current class of students, it is fair to say that our selection criteria are not predictive of success in the program. An analysis of each selection criteria against first term GPA (in the program) for the last two classes showed weak correlations at best. A precipitous drop in student performance has program management and faculty concerned. An analysis of students who exited the program
before completion will be done utilizing Ulrich Research Services, Inc. We hope that we will learn more about how best to support student success. A modified curriculum, which lightens the load of the student’s first term by adding a pre-term during the summer, may offer weaker students a better chance at successfully completing the program.

2. Appraise the policies and methods used to ensure that students exempted from courses in the dental hygiene curriculum have met achievement standards, which equal or exceed those expected of students who complete courses in the usual manner.

Students are not routinely exempted from core courses in the dental hygiene curriculum unless they have transferred from another accredited hygiene school. In that case, the Program Manager reviews the course descriptions from the previous school and determines which, if any courses are suitable for substitution. This process has not to date revealed any deficiencies in student placement in the curriculum.

3. Assess the population resources to provide a broad range of population characteristics.

The Jacksonville area has a more-than-adequate population from which to draw a diverse patient experience for our students. The Program enhances that experience by utilizing external clinical facilities that cater primarily to geriatric, young, and special needs patients.

4. Do enrollment statistics reveal any trend, which the institution is concerned? If so, describe those concerns.

The primary enrollment trend that concerns the institution is the decreasing preparedness of new students for a rigorous program of study. The number of students applying for dental hygiene school is dwindling (after many years of increasing applicants) and the students that are applying have lower standardized test scores and poorer academic records than in the past. Interest in the program seems to be waning, perhaps as a result of the decreasing job opportunities for new graduates, decreasing availability of financial aid, and competition from a new dental hygiene program. The admission of new students for the next enrollment cycle may be impacted if the trend persists.

5. Evaluate the extent to which the program goals and objectives provide for the ongoing inclusion of scientific advancement and innovations in dental hygiene practice and health care systems.

The goals and objectives of the Dental Hygiene Program directly address the importance of the scientific basis for the practice of dental hygiene and the centrality of lifelong learning and self-assessment to the maintenance of a high level of quality in the delivery of patient care. The table clinic component of the student’s DEH2930 Clinical Seminar course encourages the students to explore more cutting edge aspects of dental hygiene care. Another example is the student’s participation in the Duval County Health Department’s Pediatric Clinic where they work in conjunction with pediatricians.
providing oral hygiene services to their patients. Another example is their collaboration with a broad range of health professionals at the Cleft Lip/ Palate Clinic. This collaborative model of patient care is the future of health care delivery and our students will have multiple experiences engaging other health care providers as part of their education.

6. Assess the extent to which course descriptions and objectives reflect the content delineated in the respective topical outlines.

Course descriptions and objectives are accurately reflected in their respective topical outlines.

7. Explain the rationale/philosophy for the overall curriculum sequence.

The curriculum, which is five terms in length, is structured in such a way as to build a strong foundation in the biomedical and dental sciences early in the student’s training. Simultaneously, the students are introduced to the dental hygiene skills that they will require to successfully treat patients in the clinic. Integration of the foundational scientific knowledge with the clinical skills is the focus of the latter half of the student’s training. Courses are sequential and the course outcomes move from the simple to the complex following Bloom’s Taxonomy of Learning Domains.

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

Students are well prepared to evaluate the outcome of dental hygiene care as a result of their experience treating re-care patients in the clinic.

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

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

The Instructional Program Manager has the authority necessary to carry out the goals and objectives of the Program.

2. What activities during the past year demonstrate that the program administrator has assumed responsibility for continuous coordination, evaluation and development of the dental hygiene program?

The program manager has taken a leading role in the College’s new program assessment process for the Dental Hygiene Program. This increased involvement in scrutinizing every aspect of program performance as measured against our learning objectives has provided valuable information that has been utilized to modify instruction to better achieve program outcomes. The program is currently looking at modifying the curriculum. We are in the process of reviewing the curriculum based on what has been
gleaned from our assessment protocol and the manager’s responsibility for evaluation and development of the program.

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

The number of program faculty, both full-time and adjunct, and scheduling flexibility are sufficient to achieve program goals.

4. Assess the extent to which provisions for faculty appointments ensure that faculty will have non-teaching time to evaluate the program and institute changes on a continuing basis.

The contract that governs faculty workload was negotiated to provide adequate non-teaching time for program evaluation and improvement for all faculty employed by the college.

5. To what extent do faculty/student ratios during laboratory, preclinical, and clinical sessions provide individualized instruction, provide for maximum protection of patients and allow evaluation of the process as well as the end result?

All faculty/student ratios in laboratory, preclinical, and clinical courses adhere to accreditation standards and are adequate to provide individualized instruction, protect patients and afford sufficient time for both process and end-product evaluation of student work.

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

Ten office hours a week are scheduled by all full-time faculty to accommodate, among other things, the needs of exceptional and slow students. Our high attrition rate is not due to a lack of faculty time to devote to needy students; in fact, faculty routinely offer remediation sessions specifically for struggling students. As is frequently the case, the students who need the help the most are often the students who do not avail themselves of the help when offered.

7. Assess the effectiveness of the current arrangements for the dentist(s) who provide(s) supervisory, diagnostic, consultative and referral services for the dental hygiene clinic.

The present arrangement, which features one dentist who supervises the clinic, is most satisfactory for providing the necessary supervisory, diagnostic, consultative and referral services required in the dental hygiene clinic.

8. Assess the effectiveness of the faculty evaluation system.
The college-wide system of faculty evaluation is effective and provides the faculty with the feedback necessary to work toward self-improvement and skill-enhancement.

9. Compare the program faculty’s opportunities to continue professional development with those of other institutional faculty in terms of release time and financial support.

The program faculty has equivalent professional development opportunities as do other institutional faculty. The college provides a strong array of professional development activities for faculty.

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

The support services provided to the program are exceptional. Our support personnel have been with the program for many years and provide faculty, students and patients with excellent service. In addition, the duplicating, maintenance and other campus services work cooperatively with our program to assure that we have the services we need to provide an excellent education to our students.

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

1. Assess the adequacy of the program’s clinical, laboratory and radiography facilities (on-campus and extended campus), i.e., storage, safety, provision of adequate learning experiences.

The clinical, radiographic and laboratory facilities are adequate for providing students with the necessary learning experiences, especially when combined with the off-campus clinical facilities with which we have a relationship. The clinic, though about forty years old, has been updated regularly (most recently with sixteen new chairs/units/stools and a digital panoramic radiography unit) and provides an appropriate instructional environment for the students. Storage space is at a premium, though adequate. With six x-ray units, two darkrooms, and some careful scheduling, the radiographic facilities are sufficient for our students to gain the required experience. Digital radiography equipment has been purchased in recent years and students gain experience in this new technology as part of their preclinical and clinical education.

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

The facilities and scheduling flexibility are such that the College is able to offer the education necessary for the program to achieve its goals and objectives.

3. Assess the advantages and disadvantages of the capacity, design and scheduling of the clinical facility and equipment in relation to the attainment of program goals and provision of adequate clinical practice experiences for all dental hygiene students.
The dental clinic is adequately large to accommodate the students that we schedule. A larger clinical facility would certainly provide more scheduling flexibility than presently exists, though the use of off-campus clinical enriching experiences has made such calculations unnecessary. The clinical facility has no negative effect on our attainment of program goals.

The North Campus is preparing to build an Academic Health Center that will displace many health programs from their current locations thus freeing up additional space for the dental programs. As space permits and budgets allow, we will be looking to expand our current clinical facility. One benefit of this expansion will be the privacy that it will afford patients in our clinic.

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

A wide selection of dental periodicals is available for student and faculty use in the library. Many of the periodicals can be accessed online and North Campus is undergoing a shift toward more computer-based assets in what is called The Library and Learning Commons. A large renovation project involving the library was completed the summer of 2010 with the result being greater access to the computerized databases for all college programs. In preparation for the shift from the traditional library model to the computer-based Learning Commons, the dental faculty engaged in a thorough examination of all dentally-related library holdings and made recommendations for future acquisitions. There is continuing need to keep holdings current.

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

Sufficient funds are available to acquire the necessary instructional aids and equipment.

**STANDARD 5 - HEALTH AND SAFETY PROVISIONS**

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

The Dental Programs maintain an Infection Control Manual (Exhibit 5-1A), Hazard Communication Plan (Exhibit 5-1H) and Lab Safety Manual (Exhibit 5-3H) that details standard practices and procedures for maintaining a safe environment for patients, students, faculty and staff. Policies regarding the safe utilization of ionizing radiation are detailed in the Clinic Manual (Exhibit 5-1F). These documents are updated annually by the Instructional Program Manager and full-time faculty. Students review each document as part of their curriculum and faculty and staff receive annual training at a faculty meeting.
2. Evaluate the adequacy of the emergency equipment and materials in relation to instruction in managing dental emergencies. Assess the effectiveness of the program’s policy to manage emergencies, which might occur.

The emergency equipment and materials are adequate to manage an emergency that might occur in the dental clinic. The training provided the students and staff is updated annually and the Medical Emergency Procedures Manual is modified to incorporate new concepts of emergency supportive care.

**STANDARD 6 - PATIENT CARE SERVICES**

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

We have a quality assurance program that makes us confident that we provide quality care to our clinic patients. Where concerns arise about patient care, we make modifications to remedy them. From a patient satisfaction standpoint, the clinic receives high marks from our patients for the quality of care they received (Exhibit 6-2D).

2. Assess the program’s effectiveness in ensuring the continuous basic life support recognition of all students, faculty and staff who are involved in the direct provision of patient care.

The Program is effective in determining the basic life support training status of students, faculty and staff and continuously monitors those involved in patient care to assure that they remain certified in providing supportive care in an emergency.