

---

---

# MEMORANDUM

---

**DATE:** November 19, 2003

**TO:** Academic Senate

**FROM:** Academic Program Review Council

**RE:** Recommendations for:  
Associate of Applied Science Degree in Dental Hygiene

**CC:** Eve Sidney, Jacqueline Hooper, Laurie Chesley, Thomas Oldfield,

## RECOMMENDATION OF ACADEMIC PROGRAM REVIEW COUNCIL:

We recommend that this program be continued.

## DESCRIPTION OF PROGRAM:

### CATALOG ENTRY:

#### What You Should Know

- Dental hygiene will continue to grow based on dental care needs of the public.
- Job opportunities continue to be excellent.
- Part-time work and flexible schedules are common.

#### What Dental Hygienists Do

Dental hygienists are professionals, licensed by the state in which they practice in, who complete extensive educational and clinical preparation in preventive oral health care. A dental hygienist is a clinician, oral health care educator, health promoter, consumer advocate, administrator and researcher.

The responsibilities of a dental hygienist include the development, implementation and evaluation of a dental hygiene plan of care that is based on the needs of the patient. Clinical services can include: evaluate and monitor medical and dental health histories, examining, assessing and documenting oral conditions including the head and neck, expose, process, and interpret x-rays, removal of calculus and stain that form on the teeth, application of caries-preventive agents such as fluorides and pit and fissure sealants, provide dietary education and counseling, design and implement community or school oral health programs.

#### Employment Prospects/Salaries

Accelerated employment growth is expected for several years in response to increasing demand for dental care. Earnings of dental hygienists are affected by geographic location, employment setting, education and experience. The average hourly wage in Michigan is \$26-\$30 per hour in private practice employment settings. Dental hygienists who work for schools systems, public health agencies, the federal government or state agencies usually have substantial benefits.

## **BACKGROUND INFORMATION OBTAINED FROM THE REVIEW PROCESS:**

The Dental Hygiene program is housed in the Department of Nursing and Dental Hygiene. There are five tenure track faculty positions in the program. Previously a full time dentist served as the administrator of the dental clinic. Following the resignation of that individual, the decision was made by the administration to eliminate that position. Currently local dentists are hired on a part time basis to supply the coverage that is required by law. The limited number of available dentists in the Big Rapids area sometimes leads to situations in which no dentist is on the premises when the clinic is in operation.

The dental clinic includes six administrative positions, three clinical dental hygienists, the dental hygiene operations supervisor, and the dental hygiene facilities coordinator. The clinical dental hygienists provide a significant amount of student instruction within the first and second level clinics and laboratories. The dental hygiene operations supervisor oversees all personnel staffing for the clinic. The dental hygiene facilities coordinator is responsible for all dental hygiene facilities including patient treatment clinics, the radiography suite, laboratory and locker room and sterilization room. A full time clerk manages the dental reception area. Responsibilities include management of the programs DOS based computerized software, scheduling patient appoints for 120 dental hygiene students, accounting, billing, and supervision of dental hygiene students, a part time adult employee and work study students.

Enrollment in the program has remained close to 120 students for each of the last 5 years. The program has a quota of 60 entering students. Currently the program is at quota for the fall of 2003 and the fall 2004 (with a wait list for that year). In addition, there are a large number of students in Pre Dental Hygiene attempting to meet the entrance requirements for admission to this program.

The graduate survey was sent to 285 graduates with 45 being returned for a percentage of 17%. Categorized comments were reported. At the same time, the graduate surveys were mailed, surveys for the employer were sent to the graduates with the request that they pass them on to their employer. A total of 15 were returned

for a percentage of 6%. Selected comments were reported. One hundred and six surveys were given to current students and 104 were returned for a 98% response rate. Summary comments were reported.

## **COST INFORMATION:**

According to the 2000-2001 report from institutional research:

### **Total cost per SCH**

AAS Degree in Dental Hygiene	\$214.80
------------------------------	----------

### **Total program cost**

AAS Degree in Dental Hygiene	\$16,539.86
------------------------------	-------------

## **ASSESSMENT OF THE PROGRAM:**

### **(1) The program has a number of important strengths:**

- The mission of the dental hygiene program is that it will be a leader in providing opportunities for innovative teaching and learning in career-oriented technologies and professional education of entry-level dental hygienists. This program is directly related to the mission of Ferris State University.
- The program is fully accredited by the American Dental Association which is an indication of national leadership.
- The Ferris State University Dental Hygiene program is one of the largest programs in the country.
- Ferris State University has the northernmost dental hygiene program in state.
  - It attracts a significant number of students from northern Michigan who return to practice in that part of the state.
  - The program has also attracted students from Alaska, California, Illinois, Canada, and South America.
- The program stresses individualized instruction. Course evaluation, and student and graduate surveys reflect generally favorable responses in regard to program or course satisfaction.
- The faculty is continually assessing the quality of the program. A number of minor curriculum revisions will be implemented which reflect the results of their annual review of the program conducted in the spring of 2002.
- A high percentage of students pass the national board exams on their first attempt.
- According to the *Occupational Outlook Handbook*, dental hygiene is one of 30 fastest growing occupations.
- The survey of Ferris Dental Hygiene graduates shows that the placement rate is between 98 and 100% and that they had an average salary of about \$34,000.

- There is a 36 chair clinic which is equipped for students to develop skills and provide patient treatment to the general public.
  - The dental hygiene clinic is open to the public for the following services: Dental hygiene preliminary diagnosis, prophylaxis (teeth cleaning), fluoride treatment, pit and fissure sealants and x-rays.
  - The clinic provides service to the University and greater Big Rapids population.
- The faculty provides continuing education programs for practicing Dental Hygienists.
- The dental hygiene program has four full time tenured faculty and one one-year full time temporary faculty. All hold at least one MS or MA degree.
- During the last 5 years:
  - Two of the four full time faculty received a promotion or merit award.
  - One of the four full time faculty was awarded a sabbatical leave.
  - All of the four full time faculty attended a regional or national professional meeting.
  - Two of the four full time faculty published a paper and/or has given a presentation/poster session at a professional meeting.

**(2) The Academic Program Review Council has the following concerns:**

- The clinic staffing is currently in a state of flux.
  - The full time dentist position has been eliminated.
  - There has been a redistribution of responsibilities to the faculty.
  - Some clinic positions with important responsibilities are classified as entry level resulting in a rapid turn over of personnel.
- The University cost formula does not accurately compare this program to other programs.
  - A significant portion of the clinic teaching responsibility falls to Clinical Dental Hygienists.
    - They are classified and paid as administrative staff.
    - They do not appear to be counted as faculty in cost calculations
  - The income from clinic operations does not appear to be included in the University cost formula.
- There is fluctuation in scores on the national board exams from year to year.
- Locker changing room is congested prior to and following clinic.
- VFS 206 is a lab used for some dental hygiene courses. This room has not been updated to accommodate computer based instructional technology.

- The data from surveys are not as complete as it could be.
  - 285 graduate surveys were sent out and 47 (17%) returned
  - 285 employer surveys sent out and 17 (6%) were returned.

**(3) We recommend that the following steps be taken to improve the quality of this program:**

- The University, the College of Allied Health Sciences, the Department of Nursing and Dental Hygiene and the faculty of this program should review the decision to eliminate the fulltime dentist.
  - Evaluate the impact of that decision on the education of dental hygiene students.
  - Consider the implications associated with the potential liability associated with operation of a clinic in which the dentist may not always be on site.
  - Explore other options for meeting requirements for coverage of the clinic by a licensed dentist.
- The faculty and administration in the College of Allied Health Sciences should review the organization of the clinic staff and look for ways to streamline operation of the clinic.
  - The fee structure and services provided should be reevaluated in terms of the cost of running the clinic.
  - Explore ways in which clinic personnel can be compensated in a manner more in keeping with the responsibilities of the position.
- The faculty of this program and the administration should review the effectiveness of the reorganization of faculty responsibilities and determine the impact on the quality of instruction.
- The program faculty should continue to address the issue of scores on the national board exams and continue to explore methods to increase the passing rate.
- The faculty and administration should explore ways to improve the instructional facilities particularly making VFS 206 more compatible with computer based instructional technology.

# Questions for AAS Degree in Dental Hygiene Panel

**The bulleted items found under item 5 pages 15-16 of the document Academic Program Review: A Guide for Participants are the primary basis of the evaluation of the AAS Degree in Dental Hygiene Program. The following questions are directly related to these criteria. The bullet number to which the question refers is cited prior to the question.**

**8 Describe the service provided to non-majors by this program.**

The dental hygiene clinic is open to the public for the following services: Dental hygiene preliminary diagnosis, prophylaxis (teeth cleaning), fluoride treatment, pit and fissure sealants and x-rays. The clinic provides service to the University and greater Big Rapids population. The Health Center provides students with a referral to our clinic for oral problems.

Environmental Health and Safety Management and Health Management Programs have utilized our facilities for various classroom projects. From 1993-2001 the Clinical Director for the Dental Hygiene Program annually taught a seminar on Hepatitis B to all newly enrolled College of Allied Health Students. Approximately 2000 students attended this seminar since 1993. The seminar is now offered throughout the College either online or in the classroom.

**12 How many full time tenured and tenure track faculty currently teach courses in this program? How many hold PhD degrees? MS or MA degrees? Other (please specify)?**

The dental hygiene program has four full time tenured faculty and one one-year full time temporary faculty. See resumes in Section 9 for Sandra Burns (MS degree), Linda Meeuwenberg (MA, MA degrees), Judy Schoettle (MS degree), and Eve Sidney (MS degree) all tenured faculty and Susan Wancour (MS degree), one-year temporary faculty.

**12 With regard to the professional activities and accomplishments of the full time tenured or tenure track faculty who currently teach in this program:**

- How many have received a promotion or merit award in the last 5 years? Two (Burns, Meeuwenberg)
- How many have had a publication in a professional journal and/or presented a paper/poster at a professional meeting in the last 5 years? Two (Meeuwenberg, Burns)
- How many have attended a regional or national professional meeting in the last 5 years? Four (Burns, Meeuwenberg, Schoettle, Sidney)
- How many have received a sabbatical leave during the last five years. One (Sidney)

13 Please comment on administrative effectiveness with respect to this program.

The reorganization has created stress among the faculty and staff as everyone adjusts to change. The elimination of the Clinical Director combined with the reduction in faculty have created greater responsibilities in advising students, administrative tasks recruiting and the assignment of four new didactic preparations over the last several years. The new course assignments were made when we were short one faculty (a faculty member was placed leave for 1 ½ years). This faculty member was replaced for clinical hours only, didactic, advising, and committee responsibilities were reassigned to the four full time faculty. In the past clinic coordination was shared with two faculty that team taught clinical lab sessions, this allowed for a faculty clinic coordinator to participate in all clinics. Now responsibilities have been shifted to one faculty member. During clinic patient treatment sessions the clinic coordinator is in charge of 30 students, thirty patients and 6 full and part time instructors. The course coordinator is no longer in all clinic sessions to supervise part time clinical instructors and leadership problems have developed. Calibration of approximately 14 full and part time clinical instructors each week is time consuming, not all instructors are on campus and this requires numerous calibration sessions to accommodate instructor schedules.

Many administrative responsibilities previously assigned to the Clinical Director have been shifted to a Dental Hygiene Operations Supervisor. Faculty now has limited input in clinical management and curriculum issues. The clinical setting is the center of our educational arena and faculty should manage and drive clinical experiences. The faculty feels that the increased administrative responsibilities of the Department Head (she has been assigned three additional programs to manage) does not allow for input, discussion and interaction with the dental hygiene faculty.

Studies regarding the effectiveness of the reorganization plan have yet to be implemented. Stress reported by faculty staff and students as they cope with change and additional responsibilities need to be addressed to ensure the high quality of education.

The faculty would like to have the reorganization plan reviewed and evaluated with input toward the end of fall semester.

A leadership focused on shared responsibility, mutual trust, and respect for each team member's uniqueness must be insured for this program to continue delivering high quality education. Professional enrichment opportunities geared toward communication, team building, valuing differences, and leadership should be encouraged to assist and support the dedicated faculty and staff as they learn to "think outside the box" as the program continues to cope with changes.

**The following questions or requests for information are the result of our discussion concerning specific statements or material within the AAS Degree in Dental Hygiene Review Panel document. The page number containing the material upon which the question is based is cited prior to the question.**

- 1 Please describe the off campus sites and the nature of enrichment experience. Does this experience substitute for on campus clinic experience? The off-site experience is voluntary and considered an "enrichment" experience that supplements the clinical laboratory practice each student has on campus (page 5). How is this experience monitored?**

Students are at the off-campus site with licensed dentist and registered dental hygienists who supervise the students during clinical experiences. Supervising DDS and RDH complete written evaluations on the students. Students complete an evaluation of the site and experience and hand in to the off-campus coordinator. The off-campus coordinator is in contact with the site supervisor during the time the students are on location. Off-campus clinic sites are located all over Michigan. The internship coordinator had limited release time and 40 students participated; this made it impossible for her to complete on-site visits.

**Who does the on site supervision?**

Dentists and registered dental hygienists monitor student experiences at the off-campus sites.



- 3 **Please explain the rationale for having an Associate of Applied Science**  
9 **degree in which 85 credits is required.**

The total number of credits for the associate degree in dental hygiene is 85 (31 general education, 5 CAHS core, and 49 major). When compared to the other associate degree awarding dental hygiene programs in Michigan, the FSU Dental Hygiene curriculum is consistent with the other semester based dental hygiene programs that award associate degrees. The semester credits required for these other eight Michigan dental hygiene programs range from 73 to 130. Ferris' dental hygiene program is in the middle of that range.

- 4 **Why is date of application a criterion for admission into the professional**  
**sequence?**

Rather than admissions criteria, date of application is an admissions tool. It provides an impartial method to select recipients for seats in the professional sequence when there are more applicants than there are seats available.

- 1 **Please provide us with the detail Degree Program costing data sheet for 2000-**  
133 **2001 for the Dental Hygiene AAS, which is sent to the program coordinator**  
**by the Office of Institutional Research. See attachment.**

- 1 **On page 136 the report states that the dental hygiene program is one of the**  
135 **most productive programs in the College. Please clarify for us the**  
136 **relationship of the cost of the operation of the clinic and the instructional**  
152 **costs calculated for the AAS in Dental Hygiene by the Office of Institutional**  
154 **Research. What is the source of funding used to pay the salaries and benefits**  
**for the clinic personnel including the Clinical Dental Hygienists, Dental**  
**Hygiene Operations Supervisor, and Dentist who presumably have some**  
**instructional function?**

The Dental Hygiene Program is one of the most productive programs in the College because of the way it is staffed. The cost is reduced because full time Clinical Dental Hygienists (CDH) and part time registered dental hygienist (RDH) instructors are much less costly than full time faculty. The cost of a full time faculty member who has a 60,000. salary plus 30% benefits cost approximately \$61. an hour where as a CHD with a \$30,000. salary plus benefits cost only \$31. an hour; and a part time RDH cost us only \$20. an hour. The CDH and RDH are faculty extenders which help us to meet the instructional needs as half or less than the cost of staffing all clinics with full time faculty.

- 5 **How do the written scores on the NERB exam compare with the scores on the**
- 6 **NBDHE exam?**
- 7

The results of the computerized portion of the NERB exam are very similar to the scores on the NBDHE.

**Why do you think there are fluctuations in the pass rates on the NERB clinical exam?**

The Dental Hygiene faculty debates this question annually. Each year a different group of examiners evaluate the performance of the students. Our opinions-that's all it can be is the varied examiner skills, experience as an examiner and calibration appear to be different each year. It is hard to explain how and why scores fluctuate each year when the same assessment evaluation tools and clinic instructors and patients treated and evaluated the same, yet the student performances are not.

**Do you have an explanation for the decline in the pass rate in 2003? No. How do these pass rates compare to scores from other institutions?**

Often scores are very similar with other institutions. A few years ago Ferris' pass rate and Grand Rapids Community Colleges pass rate were almost identical-it should be noted that the same group of NERB examiners evaluated both schools.

**Why do so many students take review courses for the National Board and Northeast Regional Board exams?**

Students elect to take the review courses as another means to prepare for the examinations.

- 31 **Please elaborate on the apparent student concern with respect to career opportunities for non-traditional students.**

80 of students surveyed reported acceptable, good or excellent non-traditional student career opportunities. Many students had secured clinical dental hygiene positions prior to graduation. In addition limited opportunities exist outside of clinical dental hygiene.

- 7 What the status of funds obtained from continuing education? Please  
135 elaborate on the comment concerning equitable distribution.

The Dean has asked the program to come up with an agreement as to best utilize these funds. This will insure use of these dollars in a wider range of areas; as apposed to spending the largest parrot of the fund dollars in one area, like computer purchases or faculty.

- 132 Please explain the variability in the number of students entering the  
professional sequence in view of the large number of applications for dental  
hygiene and the large number of pre-dental hygiene students taking FSUS  
101.

A reason for an enrollment drop may be a reflection of a curriculum change that was implemented fall semester of 2000. The curriculum change involved moving a basic science from the professional sequence to the prerequisite year. Pre-dental hygiene student are at different levels of academic preparation when they enroll and begin courses at FSU. Several factors affect the number of students eligible to enter the professional sequence. Many students cannot accomplish completion of the prerequisite year of courses in two consecutive semesters. Students that do not enroll at FSU with average or above algebra, chemistry and biology skills are required to successfully complete lower level courses prior to taking the courses listed for the prerequisite year. This can add one or two additional semesters of preparation before beginning the biology and chemistry prerequisite courses for some students.

- 132 What is the attrition from pre dental hygiene?

The attrition rate from pre dental hygiene is low. Data has not been collected that addresses the true number of student that decide dental hygiene is their career choice. Where do they go? Most students continue their education at Ferris and change majors into other allied health programs, education and business.

# AAS DEGREE IN DENTAL HYGIENE

## **What You Should Know**

- Dental hygiene will continue to grow based on dental care needs of the public.
- Job opportunities continue to be excellent.
- Part-time work and flexible schedules are common.

## **What Dental Hygienists Do**

Dental hygienists are professionals, licensed by the state in which they practice in, who complete extensive educational and clinical preparation in preventive oral health care. A dental hygienist is a clinician, oral health care educator, health promoter, consumer advocate, administrator and researcher.

The responsibilities of a dental hygienist include the development, implementation and evaluation of a dental hygiene plan of care that is based on the needs of the patient. Clinical services can include: evaluate and monitor medical and dental health histories, examining, assessing and documenting oral conditions including the head and neck, expose, process, and interpret x-rays, removal of calculus and stain that form on the teeth, application of caries-preventive agents such as flourides and pit and fissure sealants, provide dietary education and counseling, design and implement community or school oral health programs.

## **Employment Prospects/Salaries**

Accelerated employment growth is expected for several years in response to increasing demand for dental care. Earnings of dental hygienists are affected by geographic location, employment setting, education and experience. The average hourly wage in Michigan is \$26-\$30 per hour in private practice employment settings. Dental hygienists who work for schools systems, public health agencies, the federal government or state agencies usually have substantial benefits.

## **What You Should Know**

- Dental hygiene will continue to grow based on dental care needs of the public.
- Job opportunities continue to be excellent.
- Part-time work and flexible schedules are common.

## **What Dental Hygienists Do**

Dental hygienists are professionals, licensed by the state in which they practice in, who complete extensive educational and clinical preparation in preventive oral health care. A dental hygienist is a clinician, oral health care educator, health promoter, consumer advocate, administrator and researcher.

The responsibilities of a dental hygienist include the development, implementation and evaluation of a dental hygiene plan of care that is based on the needs of the patient. Clinical services can include: evaluate and monitor medical and dental health histories,

examining, assessing and documenting oral conditions including the head and neck, expose, process, and interpret x-rays, removal of calculus and stain that form on the teeth, application of caries-preventive agents such as flourides and pit and fissure sealants, provide dietary education and counseling, design and implement community or school oral health programs.

### **Employment Prospects/Salaries**

Accelerated employment growth is expected for several years in response to increasing demand for dental care. Earnings of dental hygienists are affected by geographic location, employment setting, education and experience. The average hourly wage in Michigan is \$26-\$30 per hour in private practice employment settings. Dental hygienists who work for schools systems, public health agencies, the federal government or state agencies usually have substantial benefits.

### **BACKGROUND INFORMATION OBTAINED FROM THE REVIEW PROCESS:**

The Dental Hygiene program is housed in the Department of Nursing and Dental Hygiene. There are five tenure track faculty positions in the program. Previously a full time dentist served as the administrator of the dental clinic. Following the resignation of that individual, the decision was made by the higher administration to eliminate that position. Currently local dentists are hired on a part time basis to supply the coverage that is required by law. The limited number of available dentists in the Big Rapids area sometimes leads to situations in which no dentist is on the premises when the clinic is in operation.

The staff in the clinic includes three Clinical Dental Hygienists administrative positions. The Clinical Dental Hygienists provide a significant amount of student instruction within the first and second level clinics and laboratories. The Dental Hygiene Operations Supervisor is an administrative position that oversees all personnel staffing for the clinic. The Dental Hygiene Facilities Coordinator is also an administrative position which oversees all dental hygiene facilities including patient treatment clinics, the radiography suite, laboratory and locker room and sterilization room. (page 1) A full time clerk manages the dental reception area. Responsibilities include management of the programs DOS based computerized software, scheduling patient appoints for 120 dental hygiene students, accounting, billing, and supervision of dental hygiene students, a part time adult employee and work study students.

The graduate survey was sent to 285 graduates with 45 being returned for a percentage of 17%. At the same time, surveys for the employer were sent to the graduates with the request that they pass them on to their employer. A total of 15 were returned for a percentage of 6%. One hundred and six surveys were given to current students and 104 were returned for a 98% response rate.

- **CENTRALITY TO FSU MISSION:**

Ferris State University will be a national leader in providing opportunities for innovative teaching and learning in career-oriented, technological and professional education.

The mission of the dental hygiene program is that it will be a leader in providing opportunities for innovative teaching and learning in career-oriented technologies and professional education of entry-level dental hygienists. (page 3)

The program is fully accredited by the American Dental Association which is an indication of national leadership. (page 1)

This program is directly related to the mission of Ferris State University.

- **UNIQUENESS AND VISIBILITY OF PROGRAM:**

The Dental Hygiene program is one of 12 programs in the state. Two of these give a BS degree in Dental Hygiene and the remaining 9 are at community colleges. (page 7) The Ferris State University Dental Hygiene program is one of the largest programs in the country. (page 1) It is unique that the internships occur in the on campus Dental Hygiene clinic. (page 1)

The program has a state of art computerized student/patient records management system. (page 141)

- **SERVICE TO STATE, NATION, WORLD:**

Ferris State University has the northernmost Dental Hygiene program in state. As a consequence it attracts a significant number of students from northern Michigan who return to practice in that part of the state. The program has also attracted students from Alaska, California, Illinois, Canada, and South America. (page 7)

The faculty provides continuing education programs for practicing Dental Hygienists. (page 7)

- **DEMAND BY STUDENTS:**

The program has a quota of 60 students. (page 1) Currently the program is at quota for the fall of 2003 and the fall 2004, with a wait list for the latter. (page 4) In addition, there are a large number of students in pre dental hygiene attempting to meet the entrance requirements for admission to this program. (page 132)

- **DEMAND FOR, PLACEMENT OF, AND AVERAGE SALARY OF GRADUATES:**

Often students have secured jobs prior to graduation. According to the Occupational Outlook Handbook put out by the US Dept. of Labor, the median hourly earnings of Dental Hygienists is \$25.00 an hour. (page 7) According to the same source, Dental Hygiene is one of 30 fastest growing occupations. (page 69) The survey of Ferris Dental Hygiene graduates shows that they had an average salary of about \$34,000. (page 70) and placement rate is between 98 and 100%. (page 70)

- **SERVICE TO NON-MAJORS:**

The dental hygiene clinic is open to the public for the following services: Dental hygiene preliminary diagnosis, prophylaxis (teeth cleaning), fluoride treatment, pit and fissure sealants and x-rays. The clinic provides service to the University and greater Big Rapids population.

The Health Center provides students with a referral to the dental hygiene clinic for oral problems.

The Environmental Health and Safety Management and Health Management Programs have utilized the Dental Hygiene facilities for various classroom projects.

From 1993-2001 the Clinical Director for the Dental Hygiene Program annually taught a seminar on Hepatitis B to all newly enrolled College of Allied Health Students. Approximately 2000 students attended this seminar since 1993. The seminar is now offered throughout the College either online or in the classroom.

- **QUALITY OF INSTRUCTION:**

The program stresses individualized instruction. The faculty is continually assessing the quality of the program. A number of minor curriculum revisions will be implemented which reflect the results of their annual review of the program conducted in the spring of 2002. (page 81) A high percentage of students pass the national board exams on their first attempt. (page 6)

- **FACILITIES AND EQUIPMENT:**

Classroom instruction occurs in VFS 325 and 328, the Instructional Resource Center and in the Pharmacy Building. The design of lecture facilities makes test administration difficult and not conducive to small group collaboration. Clinical Facilities are located in VFS 201 and 204. There is a 36 chair clinic which is equipped for students to develop skills and render patient treatment to the general public. (page 4) The Dental Hygiene program also uses VSF 203 A-E, radiographic rooms and the x-ray developing room. The radiographic area has 10 DXTTR mannequin heads which students use to practice positioning for administration of x-rays. (page 76)

The locker changing room is congested prior to and following clinic. (page 76)

VSF 206 is used for some dental hygiene courses. This room has not been updated to accommodate new instructional technology. (page 76 and 77)

- **LIBRARY INFORMATION RESOURCES:**

FLITE and all support staff members meet the library needs for the dental hygiene program. Services such as circulation, instructional technology, media production, reference and instructional services provide students and faculty the educational services necessary to meet the needs of the dental hygiene program.

- **COST:**

According to the 2000-2001 report from institutional research:

**Total cost per SCH**

AAS Degree in Dental Hygiene	\$214.80
------------------------------	----------

**Total program cost**

AAS Degree in Dental Hygiene	\$16,539.86
------------------------------	-------------

- **FACULTY:**

- **QUALIFICATIONS**

- The dental hygiene program has four full time tenured faculty and one one-year full time temporary faculty. All hold at least one MS or MA degree.

- **PROFESSIONAL AND SCHOLARLY ACTIVITIES:**

- Two of the four full time faculty members have received a promotion or merit award during the last five years.
- One of the four full time faculty members has been awarded a sabbatical leave during the last five years.
- All of the four full time faculty members have attended a regional or national professional meeting in the last 5 years.
- Two of the four full time faculty members have had a paper published and/or made a presentation/poster session at a professional meeting during the last five years.

- **ADMINISTRATIVE EFFECTIVENESS:**

The elimination of the Clinical Director combined with the reduction in faculty have created greater responsibilities in advising students, administrative tasks recruiting and the assignment of four new didactic preparations over the last several years. A former faculty member was replaced for clinical hours only, didactic, advising, and committee responsibilities were reassigned to the four full time faculty. In the past clinic coordination was shared with two faculty that team taught clinical lab sessions, this allowed for a faculty clinic coordinator to participate in all clinics. Now responsibilities have been shifted to one faculty member. During clinic patient treatment sessions the clinic coordinator is in charge of 30 students, thirty patients and 6 full and part time instructors. The course coordinator is no longer in all clinic sessions to supervise part time clinical instructors and leadership problems have developed. Calibration of approximately 14 full and part time clinical instructors each week is time consuming. Not all instructors are on campus and this requires numerous calibration sessions to accommodate instructor schedules.

Many administrative responsibilities previously assigned to the Clinical Director have been shifted to a Dental Hygiene Operations Supervisor. Faculty now has



limited input in clinical management and curriculum issues. The clinical setting is the center of our educational arena and faculty should manage and drive clinical experiences. The faculty feels that the increased administrative responsibilities of the Department Head (she has been assigned three additional programs to manage) does not allow for input, discussion and interaction with the dental hygiene faculty.

Studies regarding the effectiveness of the reorganization plan have yet to be implemented. Stress reported by faculty staff and students as they cope with change and additional responsibilities need to be addressed to ensure the high quality of education.

The faculty would like to have the reorganization plan reviewed and evaluated with input toward the end of fall semester.

A leadership focused on shared responsibility, mutual trust, and respect for each team member's uniqueness must be insured for this program to continue delivering high quality education. Professional enrichment opportunities geared toward communication, team building, valuing differences, and leadership should be encouraged to assist and support the dedicated faculty and staff as they learn to "think outside the box" as the program continues to cope with changes. (written comments)

**Dental Hygiene Program  
College of Allied Health Sciences  
Ferris State University**



**Program Review Report  
September 25, 2003**

**PROGRAM REVIEW PANEL**

**Sandra Burns, RDH, MS, RN  
Debra Cox, RDH, MA, MA  
Linda Meeuwenberg, RDH, MA, MA  
Judy Schoettle, RDH, MS  
Eve Sidney, RDH, MS (Chair)  
(public member resigned)**

# TABLE OF CONTENTS

## SECTION ONE

Program Overview .....	1
Dental Hygiene Program Check Sheet.....	9
Progression Policy-Pre-Dental Hygiene Student.....	10
Progression Policy-Professional Sequence Student.....	11

## SECTION TWO

Graduate Follow-up Survey Results.....	12
Graduate Survey.....	18

## SECTION THREE

Employer Follow-up Survey Results.....	21
Employer Survey.....	28

## SECTION FOUR

Student Evaluation of Program.....	31
2002-2003 Estimated Program Cost.....	33
Student Evaluation Survey.....	34

## SECTION FIVE

Faculty Perceptions of Program.....	49
Faculty Survey.....	51

## SECTION SIX

Advisory Committee Perceptions of Program.....	60
Advisory Committee Survey.....	61

## SECTION SEVEN

Labor Market Analysis.....	69
U.S.Department of Labor, Bureau of Labor Statistics.....	71

## SECTION EIGHT

Evaluation of Facilities and Equipment.....	76
---------------------------------------------	----

## SECTION NINE

Curriculum Evaluation.....	79
Dental Hygiene Competencies.....	82
Faculty Resumes.....	94

## SECTION TEN

Enrollment Trends Over the Past Five Years.....	132
-------------------------------------------------	-----

## SECTION ELEVEN

Program Productivity and Cost.....	133
Administrative Program Review 2002.....	137
Faculty Load Report Forms.....	146

**SECTION TWELVE**

Conclusions. .... 150

**SECTION THIRTEEN**

Recommendations. .... 153

**SECTION FOURTEEN**

CAHS Strategic Visioning Template, March 2003. .... 155

APR Panel Survey. .... 168

# **SECTION ONE: OVERVIEW OF THE PROGRAM**

## **Program History**

The Dental Hygiene Program at Ferris State University began in 1965. The program has a quota of 60 students with a fall entry point. A student is enrolled in the professional sequence for four consecutive semesters. The program at Ferris State University is one of the largest dental hygiene programs in the country. The majority of other dental hygiene programs in the state accept between 20-30 students each year.

The program is fully accredited by the American Dental Association (ADA), and Commission on Dental Accreditation. In order to be eligible for licensure to practice dental hygiene in Michigan, and most other states, students must graduate from a program accredited by the ADA Commission on Dental Accreditation. The program most recently received "full approval" following the 1998 site visit. The next site visit is scheduled for fall of 2005.

The majority of all student clinical experience (often termed internships) takes place in the Dental Hygiene Clinic housed within VFS. Our patient pool comes from Big Rapids and surrounding communities. Patients receive treatment under the supervision of registered dental hygienists and dentists. Second level students are offered the opportunity to participate in enrichment experiences at our off campus sites.

## **Dental Hygiene Program Personnel**

The dental hygiene program is housed within the Department of Nursing and Dental Hygiene. The administrator of the program is Dr. Julie Coon. There are five tenure track faculty positions allocated to the program. The faculty members are: Sandra Burns, Linda Meeuwenberg, Judy Schoettle and Eve Sidney. This academic year 2003-2004 Susan Wancour, RDH, MA is filling a nine-month temporary faculty position. The program plans to do a national search to fill the tenure faculty position by fall of 2004.

Staff in the clinic includes three Clinical Dental Hygienist (CDH) administrative positions. Currently there are three full time CDH's with one in a temporary nine-month position. The CDH's student contact hours range from 32 hours fall semester to 36 hours winter semester. CDH'S provide a significant amount of student instruction within first and second level clinics and laboratories.

The Dental Hygiene Operations Supervisor (administrative position) oversees all personnel staffing for the clinic. Responsibilities include: overseeing clinical operations management and developing staff schedules for tenure faculty, CDH's, part time clinic instructors and dentists. She also serves as the supervisor for the Dental Hygiene Facilities Coordinator and Clinic Clerk, training all new staff, and conducting Clinic Management Team meetings.

The Dental Hygiene Facilities Coordinator (administrative position) oversees all dental hygiene facilities including the patient treatment clinics, the radiography suite, laboratory, and locker room and sterilization room. All instruments for the 110-120 dental hygiene students are processed through the sterilization room. Other responsibilities for the Dental Hygiene Facilities Coordinator include: ordering supplies and inventory maintenance for all clinic courses, laboratories and community dentistry related activities, timekeeping for all part time employees and work study students, maintenance of all dental equipment, coordination of the professional laundry services, and maintenance and update all OSHA related materials.

A full time clinic clerk manages the dental reception area. Responsibilities include management of the program's DOS based computerized software, scheduling patient appointments for 120 dental hygiene students, accounting, billing, and supervision of dental hygiene students, a part time adult employee and supervision of work study students. The program is currently in the middle of a search to replace the clinic clerk who resigned in August of 2003. This position has seen a significant amount of turn over during the last two years. The required responsibilities, and time commitment to do the job that is necessary is not reflected in the remuneration for the position. A search to replace the clinic clerk has been done three times within the last three years.

The recommendation is to hire additional staff for the dental clinic business office to address the significant workload associated with the patient volume and new billing demands. Medicaid has increased the patient pool and at the same time increased the number of insurance claims that must be submitted for Medicaid reimbursement. Most dental offices employ a full time person to manage insurance forms. However, no additional staff was employed to manage the volume of patient scheduling and Medicaid billing. Winter semester of 2003, the clinic clerk was scheduling patients for 120 students. That amounts to approximately 4200 patients for a 15-week semester. Answering the phone and scheduling patients is a full time job alone. The clerk supervises a part-time person and several work-study students that change on a regular basis. Therefore, he/she is constantly training these individuals for the job. The receptionist also serves on the Clinic Management Committee. The compensation is not commensurate with the level of responsibility that is required from the position. The faculty recommends that an audit be conducted for the clinic clerk position. It is the feeling of the faculty and staff that the position will continue to turn over. The low rate of pay verses the responsibilities and stress associated with the position has contributed to the turnover that has been seen in the last three years.

The sudden and unexpected resignation of the dentist/administrator of the Dental Clinic in July of 2002 resulted in the need to develop an interim plan for management of the dental clinic for AY 2002-2003. During AY 2003-2003 a variety of dentists provided legal coverage for students that delivered care to patients in the clinic. The majority of students reported a positive experience while interacting with several different dentists within the clinic. However, filling the legal coverage positions has been and continues to be a challenge. Most dentists in the greater Big Rapids area maintain busy practices and have conflicting hours when compared to the patient treatment clinic hours at FSU.

In the spring of 2003, the program adopted a personnel-restructuring plan for clinic management. Modified job descriptions were made for the Dental Hygiene Operations Supervisor and the Clinic Facilities Coordinator. Both nine-month contracts were extended to ten months to better facilitate the opening and closing down of the clinic during the academic year.

Many of the responsibilities previously completed by the dentist/administrator of the Dental Clinic were transferred to the Clinical Laboratory Coordinator, and the need to assign two didactic courses that were previously taught by the dentist/Administrator of the Dental Clinic to faculty, required hiring additional support staff for the clinic including part time clinical instructors and dentists.

Several new dental hygienists and dentists were hired to fill clinical instructor and dentists (legal coverage) needs. As a result, it was the feeling of the program that a formalized training program was needed for new hires. Training workshops were conducted fall and winter semester for part time dental hygienists and dentists. The majority of the seasoned part time

clinic instructors and full time faculty and staff participated in the workshops. The workshops provided opportunities for course orientation, clinical orientation, and calibration of teaching skills. Winter semester Terry Doyle presented a workshop on "How Adults Learn" and how to provide corrective feedback to students. The Dental Hygiene Training Workshops have become a model for other programs within the College of Allied Health Sciences.

### **Mission of the Dental Hygiene Program**

The dental hygiene program will be a leader in providing opportunities for innovative teaching and learning in career-oriented technologies and professional education of entry-level dental hygienists.

### **The Goals of the Dental Hygiene Program are:**

- Provide students with educational experiences that prepare them for entry level into the professional sequence.
- Provide a variety of learning activities to address the diverse learning styles of students.
- Provide a variety of learning opportunities and activities to address a diverse student population with different learning styles and abilities.
- Assure that the educational experiences of students prepare them for entry level into dental hygiene.
- Provide programs and services that meet the needs of the dental profession and the community.
- Enhance the professional skills of faculty and staff by providing support for professional development.
- Provide clinical facility to prepare students for entry-level dental hygiene practice.

### **Description of the Program**

From its inception, the dental hygiene program was two-years in length. A curriculum change effective fall of 2000 resulted in the program being changed to the current format, which is now three years in length. Most of the general education required courses were moved to the pre-dental hygiene year. A strong background in math and science courses is essential to student success in the professional sequence.

The dental hygiene program leads to an Associate in Applied Science Degree. The program is structured within six consecutive academic semesters. A total of 85 semester hours of credit are required for program completion.

Enrollment in the dental hygiene program has always been strong, with a consistent waiting list to start the professional sequence. The program is at quota for fall 2003. The program is at quota for 2004 with a wait list.

Admission and eligibility criteria for the dental hygiene program is determined by the date of application to the University as well as the following academic criteria:

**Admitted Directly From High School**

- A 3.0 cumulative grade point average
- One year of biology with a B average or better
- One year of chemistry with a B average or better
- A score of 19 or above on the math section of the ACT

**\*Admitted From College or Transfer Student**

- A 2.5 cumulative grade point average
- One semester of biology (that includes a lab component) with a C or better
- One semester of chemistry (that includes a lab component) with a C or better
- Math 110 or the equivalent with a minimum grade of C or a score of 19 or better on the math section of the ACT

\*Applicants who lack high school requirement may demonstrate eligibility by completing the appropriate course requirements at the college level.

Transition into the professional sequence is not automatic. Admission eligibility criteria, date of application and completion of required prerequisites as well as openings determine if a student will begin the professional sequence the following fall semester.

In addition to University requirements for general education courses, dental hygiene students are required to receive a "C" grade in all courses listed on the dental hygiene check sheet. Failure to meet this requirement could result in dismissal from the professional sequence (see Progression Policy).

The progression policy for pre-dental hygiene and professional sequence students was officially implemented Fall Semester 2003. The intention of this policy is that it will reduce attrition of students the first semester of the professional sequence.

First level students begin preclinical training fall semester and start patient treatment during the winter semester of the professional sequence. Second level students participate in patient treatment clinics throughout fall and winter semester.

The majority of clinic laboratory experiences are acquired on campus in the dental hygiene clinics. A thirty-six-chair clinic is equipped for students to develop skills and render patient treatment to the general public. Six of the clinic chairs are located adjacent to radiography area. The smaller clinic is used for student tutoring, screening for board examination patients, and Biomaterials and Oral Science laboratories. Clinic patients come from an approximate ninety-mile radius to receive supervised treatment. The services performed in the clinic by students include: prophylaxis (cleaning), radiographs, oral examinations, fluoride treatments, oral irrigation, placement of pit and fissure sealants and amalgam polishing. Registered dental hygienists and dentists supervise clinical dental hygiene procedures performed by student clinicians.



Second level students enrolled in the winter semester of the professional sequence were offered the opportunity to participate in off-site clinical enrichment experiences during winter 2002. The off-site opportunity is voluntary and considered an "enrichment" experience that supplements the clinical laboratory practice each student has on campus. Registered dental hygienists and dentists at each site supervise the students during patient treatment. Students have been placed at the following sites: Jackson Correctional Facility, Dental Clinics North located in Alpena, East Jordan, Petoskey, and Traverse City, Nimkee Wellness Center located in Mt. Pleasant, and Kent County Correctional Center. Seventy-nine percent of the students participated in the optional clinic enrichment experience Winter Semester of 2003. A minor curriculum revision is in progress to designate this as an elective course for second year students.

Satisfactory completion of the program provides required eligibility for a candidate to sit for both the National Board Dental Hygiene Examination (NBDHE) sponsored by the American Dental Association and the Northeast Regional Board Examination (NERB). A graduate can apply for licensure in Michigan with successful completion (75% score or above) on both the NBDHE and NERB examinations. A license is required to practice dental hygiene in all states except Alabama.

### Dental Hygiene Licensure Examination Scores

Michigan graduates are required to successfully pass the National Board Dental Hygiene Examination (NBDHE), and the Northeast Regional Board Examination (NERB) at a minimum score of 75% prior to licensure. In order to be eligible for both examinations, the student must be a graduate/graduating from an American Dental Association Accredited program. The American Dental Association administers the national examination, and is a comprehensive written evaluation that covers all materials taught during the two-year curriculum of the professional sequence. The NERB contains two components: one is a computer-generated examination and the second is a clinical evaluation on a patient that meets stated criteria. Students' sit for NBDHE in April and the NERB is in May.

It should be noted that not all graduates sit for either or both examinations. Graduates from other states/countries have rules and regulations that govern licensure that may be different than the Michigan criteria.

Results of both examinations are provided to the program. However, the regional examination scores are provided only upon written approval of each candidate acquired during the application process. The performance of the FSU graduates for both examinations for the past six years is provided below.

### National Board Dental Hygiene Examination

	1998	1999	2000	2001	2002	2003
Candidates	55	59	49	60	55	51
Average Score	78.6	79.1	82.6	79.	80.5	81.0
Passed	41	51	45	52	47	48
Failed	14	8	4	8	8	7
Pass Rate	75%	86%	92%	87%	85%	94%

Northeast Regional Board Examination (Clinical Portion of the Exam)

	1998	1999	2000	2001	2002	2003
Candidates	55	61	48	61	57	51
Average Score		91	82	79	94	88
Passed	36	58	34	42	55	44
Failed	19	3	14	19	2	7
Pass Rate	65%	95%	71%	69%	96%	81%

Performances on licensure examinations are reviewed annually. Following the unacceptable failure rate on the 2001 NERB, a NERB task force was developed consisting of faculty and clinical instructional staff. Our charge was to investigate low performance and develop a strategy for improvement. In addition a consultant was hired to evaluate and provide feedback to faculty that intern has helped our students improve their NERB performance.

Actions taken by the task force were:

- A programmatic syllabus was developed and implemented Winter 2002. The syllabus was developed to provide consistency among the dental hygiene clinical courses. Changes specifically addressed clinical evaluation systems, professional responsibility, attendance, and reflected and an increase in patient treatment
- Forms that simulate the NERB experience for patient selection and calculus detection were piloted and implementation of a Calculus Detection and Removal evaluation system were implemented in all patient treatment clinics.
- Several class sessions during the winter semester clinic seminar course were devoted to NERB preparation and orientation to the NERB procedure manual.
- The final week of clinic was devoted to a simulated NERB experience with corrective feedback following the simulation
- Midterm Clinic Progress Reviews were conducted in all clinical courses with advising by a faculty or instructional staff member
- Midterm and final clinical exams were retooled to reflect the recommendations of the consultant.
- A course enhancement consisting of off campus clinical practice sites increased the number of difficult cases managed by students under the supervision of registered dental hygienists and dentists
- Teaching consistency and quality was addressed by implementing a formal training program for part time instructional staff with faculty participation
- More intrusive NERB patient selection assistance was implemented by clinical instruction team
- College of Business Marketing students assessed possible recruitment strategies for increasing the number of difficult patients in the clinic
- Stress management for students was incorporated into clinical and didactic courses. Stress management presentations were led by FSU faculty member, Jennifer Parks
- Faculty and staff attended several of Terry Doyle's faculty workshops on how students learn and methods to provide corrective feedback to students.

The program was pleased with the implementation of strategies that resulted in a 96% pass rate in 2002.

## **Impact of the Program on the University, the State, and the Nation**

The Dental Hygiene Program at Ferris State University is one of twelve such programs in the state. University of Michigan and University of Detroit-Mercy offer bachelor degrees in dental hygiene. The remaining nine programs are community college based.

Ferris State University is a major supplier of dental hygienists to the State of Michigan because of the number of graduates. Ferris State University is geographically the most northern program in Michigan. It attracts a significant number of students from northern Michigan including the Upper Peninsula, as well as students from many other communities throughout the state. In recent years, the program has attracted students from Alaska, California, Illinois, Canada, and South America.

Program graduates are primarily employed in general practice dental offices. Other job opportunities include: specialty offices, correctional facilities, hospitals, public health departments, research, sales and marketing, education and small business owners.

Employment demands for Ferris graduates are excellent. Often students have secured jobs in the field prior to graduation. In 2000, the US Department of Labor reported median hourly earnings of \$25.00.

The FSU dental hygiene program has been running a successful continuing education program. The program offers two to four seminars annually. These programs draw FSU alumni and dental professionals from across the state. Linda Meeuwenberg has coordinated and arranged local and nationally recognized speakers, and dental products and equipment representatives to deliver presentation to seminar participants.

In the past profits from the continuing education programs have been used to fund faculty and staff professional development activities and attendance at national dental professional meetings. The College of Allied Health Sciences is in the process of restructuring the allocation of continuing education profits.

### **Plans for Improvement**

Minor curriculum revisions for the program include:

- Shift content of DHYG 220 from National Board to Northeast Regional Board. About 50% of students enroll in National Board Review courses that are held in various locations in Michigan and surrounding states. A review course for the Northeast Regional Board Examination will be added that will help students succeed on this exam.
- DHYG 116 (Nutrition) will be deleted from the curriculum and the content integrated into other dental hygiene courses throughout the professional sequence. By integration of content into various courses the nutrition material will have direct application to each specific module of instruction.
- CCHS 101(Orientation to Health Care) will move to the final semester of the professional sequence. By the last semester of instruction, the student will have had exposure to the profession and it's relationship to the health care system.
- DHYG 210 (Biomaterials) will be split into two components, one will be didactic in nature and the second course will have a lab attached to it. Biomaterials I will be moved to first year, fall

semester of the professional sequence. The content will be the dental specialties (orthodontics, periodontics, pedodontics, endodontics, etc). Biomaterials II will remain in the second year, fall semester of the professional sequence. Biomaterials II will be a laboratory course.

Local anesthesia will be a new course added to the curriculum for fall semester of 2004. The local anesthesia course will train dental hygiene students to administer local anesthesia. This course will be in compliance with the recently enacted change in the Michigan Administrative Rules that allows hygienists to administer local anesthesia.

## **SUMMARY**

Enrollment continues to be strong for the dental hygiene program. Our program graduates approximately 50-60 dental hygiene students each spring. Ferris State University is a major supplier of dental hygienists for the State of Michigan because of the number of graduates who enter the job market each year.

The dental hygiene curriculum has always evolved to meet the needs of the discipline. A curriculum revision will be submitted to the College later this semester to address content areas as identified in the graduate and employer surveys, the advisory committee survey and the Dental Hygiene Curriculum Committee's annual evaluation of the program. These changes will also address the inclusion of local anesthesia administration as a new competency for dental hygiene students.

Although clinic staffing has been maintained and some significant improvements have been realized thru the recent restructure, the challenge of maintaining legal dental coverage and addressing the increasing complexity of the clinic clerk position will continue to be issues related to the delivery of services required to meet student learning objectives. Should some of these issues not be addressed, serious consequences will occur with patient scheduling which impacts (or will impact) student learning objectives.

**FERRIS STATE UNIVERSITY**  
**COLLEGE OF ALLIED HEALTH SCIENCES**  
**DENTAL HYGIENE PROGRAM – ASSOCIATE IN APPLIED SCIENCE DEGREE**

**Prerequisite Year – Fall**

**(recommended sequence)**

BIOL 108 Medical Microbiology	3 _____
CCHS 101 Orientation to Health Care	3 _____
ENGL 150 English 1	3 _____
MRIS 102 Orient. to Medical Vocabulary	1 _____
SOCY 121 Introductory Sociology	3 _____
	<u>13</u>

**Prerequisite Year – Winter**

BIOL 205 Anatomy & Physiology	5 _____
CHEM 114 Intro. to General Chemistry	4 _____
COMM 105 Interpersonal Communication <b>OR</b>	
COMM 221 Small Group Decision Making	3 _____
PSYC 150 Intro. to Psychology	3 _____
	<u>15</u>
MATH 110 Proficiency	

**PROFESSIONAL SEQUENCE**

**First Year – Fall**

DHYG 110 Dent. Hyg. Seminar 1	1 _____
DHYG 111 Oral Sciences 1	3 _____
DHYG 114 Clinical Dental Hygiene Theory 1	2 _____
DHYG 115 Clinical Dental Hygiene Practice 1	3 _____
DHYG 116 Principles of Nutrition for DH	2 _____
*CCHS 102 Safety Issues in Health Care	1 _____
*CCHS 103 Clinical Skills for Hlth. Care Providers	1 _____
	<u>13</u>

**Credits**

**Second Year – Fall**

DHYG 210 Biomaterials	3 _____
DHYG 213 Periodontics	3 _____
DHYG 214 Clinical Dental Hygiene Theory 3	2 _____
DHYG 215 Clinical Dental Hygiene Practice 3	4 _____
DHYG 217 Community Dentistry 1	2 _____
DHYG 218 Pharmacology for Dental Hygiene	2 _____
	<u>16</u>

**Credits**

**First Year – Winter**

DHYG 121 Oral Science 2	2 _____
DHYG 122 Dental Radiography	3 _____
DHYG 123 Gen/Oral Pathology	3 _____
DHYG 124 Clinical Dental Hygiene Theory 2	2 _____
DHYG 125 Clinical Dental Hygiene Practice 2	3 _____
	<u>13</u>

**Second Year – Winter**

DHYG 220 DH Seminar 2	1 _____
DHYG 224 Clinical Dental Hygiene Theory 4	2 _____
DHYG 225 Clinical Dental Hygiene Practice 4	4 _____
DHYG 227 Community Dentistry 2	2 _____
ENGL 250 English 2	3 _____
Cultural Enrichment Elective	3 _____
	<u>15</u>

Computer Competency

**Minimum semester credit hours required for Dental Hygiene A.A.S. degree: 85**

**\*May be taken prior to the semester listed; if not, must be taken semester listed.**

All prerequisite courses, except CCHS 101 and MRIS 102, must be successfully completed before progressing into the program's professional sequence. Student must have current standing in the dental hygiene professional sequence to take DHYG classes.

**A grade of "C" or better must be received for all courses listed on the checksheet.**

All courses on this checksheet must be completed prior to graduation. Meeting the requirements for graduation is the responsibility of the student. Your advisor will be available to assist you.

Rev.6/2002

MS:09/29/03  
cad:DHCHECKSHEET01

**PRE-DENTAL HYGIENE PROGRESSION POLICY**

**Fall Semester, 2003**



A student must complete all prerequisite courses with a C (2.0) or higher and have a 2.5 GPA to progress into the professional sequence. All courses listed on the dental hygiene check sheet must be completed with a "C" grade or higher.

A student may have one unsuccessful attempt at one or more of the courses listed for the prerequisite year. Earning a grade below a C (2.0) twice in any of the prerequisite year courses will require that I withdraw from pre-dental hygiene. This policy applies to transfer students taking equivalent courses at their home schools. If a student is required to withdraw, the student may not reapply and receive pre-dental hygiene status for at least 5 years.

Students must complete all courses in the sequence indicated on the Dental Hygiene check sheet. CCHS 102 and CCHS 103 may be taken prior to entering the professional sequence, but must be taken during the semester listed. MRIS 102 and CCHS 101 can be taken as a pre-dental hygiene or professional sequence student, but must be completed prior to graduation.

Progression into the professional sequence is not guaranteed and is based on eligibility criteria (completion of Math 110 (or proficiency), biology and a chemistry class with a grade of C or higher and a cumulative GPA of 2.5), completion of pre-requisite courses, date of application to the University, and available openings.

If a student has been guaranteed a seat in the professional sequence for the next academic year, and their cumulative grade point average falls below 2.5, the student will lose their seat. In order to be reaccepted into the professional sequence the student must raise their GPA to 2.5 and an open seat must be available.

I have read this policy and understand how this may affect my progression in the Dental Hygiene program at Ferris State University.

\_\_\_\_\_  
Signature of Pre-Dental Hygiene Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pre-Dental Hygiene Advisor

\_\_\_\_\_  
Date

8/03

**COLLEGE OF ALLIED HEALTH SCIENCES  
DENTAL HYGIENE PROGRAM  
PROFESSIONAL SEQUENCE STUDENT  
PROGRESSION POLICY**



Student Progression in the Associate Degree Dental Hygiene Program without interruption is determined academically by achieving a minimum grade of "C" (2.0) in each dental hygiene course. Progression includes graduation, and a dental hygiene student may not graduate if he/she receives less than a "C" grade in any course listed on the Dental Hygiene check-sheet.

If a grade is received that is less than a "C" (2.0) in English, Sociology, Psychology, Cultural Enrichment, Speech, Math, or Nutrition, the student will be allowed to progress in the program. However, the course must be repeated and a grade of "C" (2.0) or better received in order to graduate from the program.

If a grade of C- or below is received in a DHYG course, the student will be denied continued progression in the professional sequence. An individualized contract will be developed that to determine a mechanism for the student to maintain dental hygiene clinical skills till such a time the student can reenter the professional sequence.

No course in the professional sequence may be taken more than twice. If on the second attempt of a professional sequence course, a student receives a grade lower than a "C", the student will be dismissed from the program.

Students must successfully complete all dental hygiene courses and general education courses in the sequence indicated on the Dental Hygiene check sheet. It is the responsibility of the student to complete all courses listed on the Dental Hygiene check sheet.

I have read this policy and understand how this may affect my status in the Dental Hygiene program at Ferris State University.

\_\_\_\_\_  
Signature of Dental Hygiene Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dental Hygiene Advisor

\_\_\_\_\_  
Date

## **SECTION TWO: GRADUATE FOLLOW-UP SURVEY**

Graduate surveys are administered every 5-7 years to solicit the perceptions of graduates and their satisfaction with the program. During the spring of 2003, 285 surveys were mailed to the graduates of the classes of 1999, 2000, 2001, 2002, and 2003. There is consistently a low return rate on these surveys with only a 17% return rate on the 2003 spring survey.

### **FINDINGS:**

The survey asked respondents which type of setting described their primary place of employment. The following settings were identified:

- 42 respondents are working in a private dental office
- 2 respondents are working in a private dental office and are continuing education toward an advanced degree
- 2 respondents are practicing in public health
- 1 respondent selected "other" without a defined explanation

The survey asked respondents to identify program strengths. Respondents identified the following program strengths:

- Ferris grads are known for teamwork and interoffice skills.
- As a whole, the program worked.
- Student organizations were good.
- Very professional clinic.
- Patients we saw were a good mix.
- The program did a great job in preparing me for my current position as a hygienist. I love my job and my income!!
- A very diverse staff, some practice, some instructors, etc.
- The equipment we had at Ferris, especially the ultrasonic scalers.

The survey asked respondents to identify areas needing improvement. Areas identified included the following:

- Need more instruction on ultrasonic use
- More experience with caries detection on radiographs
- I would recommend getting a prophy-jet for use
- There should have been more coverage on dental procedures.
- Need additional exposure to current products that FSU does not utilize
- Increase patient recruitment efforts so students are able to develop advanced debridement skills

### **Interpretation of Findings**

Over the last four years, various programmatic changes have been made that address the comments graduates identified as needing improvement.

For the last five years, a nationally recognized clinical expert/consultant has been invited to present a continuing education seminar for our practicing hygienists and dentists. Students and staff attend both the lecture and the hands on lab. Currently each dental unit in the 30-chair



clinic has an ultrasonic scaler available for use. The consultant has commented that no other dental hygiene program that she has consulted with has this state of the art equipment available for each student station. Most programs have limited equipment shared by students available only on mobile units. The mobile carts require set up and take down each time a student uses the equipment and that detracts from them using it. Ferris formerly had this set up which could explain graduates concern with ultrasonic training. The clinic stations now simulate a private practice setting.

The program purchased six Prophy-Jets (air polishers) in the spring Of 2003. The Prophy-Jet was introduced to students as part of the curriculum winter semester 2003. Prophy-Jet competencies will be evaluated during fall semester 2003.

To address graduate concerns in regard to radiographic (X-ray) interpretation of dental caries, increases were made both fall and winter semester on the number of radiographs the students had to view, interpret and discuss with a clinical instructor. In addition, a staff dentist was available for consultation in each clinic beginning Fall 2002. Previously the dentists were not always on the clinic floor to provide this guidance. The availability of the dentist to consult with students was the result of the program restructuring. Several dentists rotated through clinical instruction providing the students with varied opinions simulating private practice experience. One of the primary functions of the consulting dentist was to interpret dental radiographs with the students. This provided an enhanced experience whereas the dentist also pointed out other pathologies.

One of our Clinical Dental Hygienists was a recipient of the Ferris Foundation Exceptional Merit Grant awarded July of 2001. Through the grant she developed web-based radiography review sites which allows student to work independently to review radiograph interpretation exercises that include caries detection skills. The radiographic interpretation exercises have become part of the clinic requirements for second year students.

The program's interpretation of graduate concerns regarding lack of coverage of dental procedures was that students were not given enough knowledge of dental restorative procedures to be able to explain them effectively to the patient. To address student concerns, modifications in the Biomaterials course were made in Fall 2000. The course has been enhanced with the addition of procedures and skills that are more reflective of current practice settings including, tooth whitening, impressions, dental damn application, and local anesthesia. Outcomes assessment in Biomaterials now evaluates the student's ability to explain basic dental procedures to the patient.

For the past two years efforts have been made to increase student exposure to current trends and dental products used in the industry. A variety of vendors participated in continuing education courses attended by students. In addition, several guest speakers provide presentations in classes, and to the Student American Dental Hygiene Association, on new products. The third annual Technology Day will be held in November 2003. This is an opportunity for students, staff, and community dentists to participate in learning about new products and technology from dental vendors from across the state.

## **SUMMARY**

Although there were specific program areas noted by graduates that needed improvement, the findings in this section reflect how the program has addressed each of the issues with program improvements. At the same time, the program strengths that graduates identified reflect a very positive perception of the quality of educational preparation they received at Ferris.

**DENTAL HYGIENE PROGRAM  
GRADUATE SURVEY RESULTS  
2003**

**47 graduates completed the survey**

1. Are you currently employed as a dental hygienist?

**Respondents**

- (46) 1. Yes  
(1) 2. No (If no, skip questions 2 thru 5)

2. Which type of setting best describes your current primary place of employment? Please circle one.

- (42) 1. Practicing in a private dental office  
(0) 2. Practicing in a private dental office and teaching in a dental hygiene program  
(2) 3. Practicing in a private dental office and continuing education toward an advanced degree  
(0) 4. Continuing education toward an advanced degree  
(2) 5. Practicing in public health  
(0) 6. Involved in research  
(0) 7. Practicing in an institutional/industrial setting other than those specified above  
(0) 8. Unemployed  
(0) 9. Awaiting opportunity to take national/state boards  
(1) 10. Other

3. How many hours per week are you employed as a dental hygienist?

- (1) 1. 1-8 hours  
(5) 2. 9-16 hours  
(5) 3. 17-24 hours  
(19) 4. 25-32 hours  
(18) 5. 33-44+ hour  
(1) 6. Other - 0

4. What resources did you use to find your current job(s)? Circle all that apply.

- (0) 1. Ferris Placement Office  
(0) 2. FSU Dental Hygiene Job Board  
(20) 3. Newspaper/Journal Ads  
(1) 4. Dental Hygiene Organization  
(18) 5. Other  
(4) 6. Newspaper/Journal Ads and Other

5. If you are not currently employed, please indicate why.

- (0) 1. Have not passed the National Board Dental Hygiene Exam  
(0) 2. Have not passed the NERB  
(0) 3. Could not find employment  
(1) 4. Other - New Mom

## Graduate Survey Results

47 Graduates completed the survey.

Importance in My Current RDH Position				Responsibility	Preparation by Ferris State University			
Not applicable to my practice	Not very important to my practice	Moderately important to my practice	Essential to my practice		Not applicable to my practice	Not very important to my practice	Moderately important to my practice	Essential to my practice
				<b><u>Interpersonal/Professional Skills</u></b>				
0	2	11	31	Personal appearance	1	2	8	31
0	0	4	38	Interpersonal skills (communication)	0	6	19	16
0	0	2	41	Ability to be part of the dental office "team"	2	2	13	25
0	0	5	38	Professional presence/attitude	0	1	13	27
0	1	4	38	Ability to inform and educate patient	0	6	12	28
7	21	11	4	Scores from National and/or Regional Board Exams	1	5	21	15
				<b><u>Analyze Assessment Data</u></b>				
1	1	12	28	Periodontal assessment and treatment planning	1	1	29	13
0	0	4	39	Ability to make dental hygiene diagnosis	0	5	14	23
0	0	7	36	Interpret radiographs	0	3	16	23
1	2	11	29	Oral pathologies assessment	1	4	21	16
0	1	5	37	Obtain a complete medical/dental history	0	0	8	34
				<b><u>Performance Skills</u></b>				
0	0	1	41	Debridement	0	2	12	27
1	1	5	36	Ability to use rotary polisher	0	1	5	35
24	6	7	5	Prophy jet	13	24	4	1
0	1	7	35	Ultrasonic scaling	0	5	15	12

15

Importance in My Current RDH Position				Responsibility	Preparation by Ferris State University			
Not applicable to my practice	Not very important to my practice	Moderately important to my practice	Essential to my practice		Not applicable to my practice	Not very important to my practice	Moderately important to my practice	Essential to my practice
6	4	8	25	Sealant placement	0	2	14	26
5	8	10	19	Ability to perform oral irrigation	1	20	13	7
0	0	3	40	Probe and complete perio charting	0	2	8	32
16	11	10	7	Pulp vitality tests	11	26	3	4
0	4	11	28	Tooth desensitizing agents/topical anesthetics application	0	17	15	11
0	0	3	39	Topical fluoride application	0	0	4	37
0	0	0	42	Take radiographs	0	2	3	37
25	12	4	2	Polish amalgams	7	9	17	9
25	10	3	4	Place temp. rest	14	18	8	1
8	12	15	8	Alginate impressions	0	8	19	15
16	10	13	4	Pouring study models	1	9	22	11
19	10	12	3	Trimming study models	4	13	12	13
23	14	4	2	Mixing cements	7	21	12	11
26	9	5	4	Mixing and placing periodontal packs	7	27	7	1

16

Importance in My Current RDH Position				Responsibility	Preparation by Ferris State University			
Not applicable to my practice	Not very important to my practice	Moderately important to my practice	Essential to my practice		Not applicable to my practice	Not very important to my practice	Moderately important to my practice	Essential to my practice
14	10	10	9	<b>Administration of local anesthesia</b>				
0	3	16	24	Equipment and supplies maintenance	0	11	19	12
0	0	5	38	Autoclave/asepsis equipment use	0	3	15	29
0	0	1	42	Aseptic technique	0	0	5	36
8	10	13	13	Basic computer skills	4	20	10	6
8	3	11	17	Computerized dental software				
29	6	4	4	Computer assisted probing	15	23	2	0
28	4	6	4	Digital radiography	13	25	3	0
16	3	10	12	Intraoral camera	9	28	4	0

February 4, 2003

Name of DH advisory committee member  
Address

Dear < >:

I am writing to ask your assistance in one of the many regular evaluation processes for the Dental Hygiene program at Ferris State University. As an associate degree program, Dental Hygiene is eligible to receive funding in the form of Perkins grant money each year. This source of funding is critical to the program, as it is designated for equipment and instructional support acquisition needed to maintain currency in the program. Over the years, the Dental Hygiene Program at Ferris State University has enjoyed the benefits of this grant source. The entire clinic was renovated with Perkins grant money just a few years ago, along with the purchase of large ticket items such as a digital radiography unit, manikins for radiology instruction, x-ray processors, etc.

In accordance with the acquisition of this funding source, the program must conduct a review every 5 years and this is the year we are involved in this process. I have enclosed a brief survey that is directed toward the perceptions of the program advisory committee in regard to the program. This represents a required survey form and data for the report we will be submitting with the report.

If you could take a few minutes to complete this survey and return it in the enclosed envelope, we will be able to include your perceptions in the report. As always, your feedback regarding the program is of great value to us. We appreciate the efforts you make as a member of the Dental Hygiene Advisory Committee.

Sincerely,

Julie A. Coon, Ed.D  
Department Head, Nursing & Dental Hgyiene

Enclosures

## C-1 SUMMARY OF ADVISORY COMMITTEE PERCEPTIONS OF OCCUPATIONAL EDUCATION PROGRAMS

Advisory Committee Members were asked to rate each item according to their best judgment on a five point scale ranging from poor (1) to excellent (5). A sixth column, "Don't Know" (DNK) was provided in the event that the respondent did not have sufficient information to rate an item.

Response by Percentage:

	1	2	3	4	5	DNK
1. Instructional program content and quality are based on performance objectives that represent job skills and knowledge required for successful entry level employment						
2. Instructional program content and quality are designed to provide students with practical job application experience.						
3. Instructional program content and quality are responsive to upgrading and retraining needs of employed persons.						
4. Instructional program content and quality are periodically reviewed and revised to keep current with changing job practices and technology.						
5. Instructional equipment is well maintained.						
6. Instructional equipment is current and representative of that used on the job.						
7. Instructional facilities provide adequate lighting, ventilation, heating, power, and other utilities.						
8. Instructional facilities allocate sufficient space to support quality instruction.						
9. Instructional facilities meet essential health and safety standards.						
10. Placement services are available to students completing the program.						
11. Job opportunities exist for students completing the program.						
12. Follow-up studies on program completers and leavers demonstrate that students are prepared for entry-level employment.						
13. Follow-up studies on program completers and leavers collect information on job success and failure of former students.						
14. Follow-up studies on program completers and leavers provide information used to review and, where warranted, revise the program.						

**2003W PROE****DHYG...Advisory Committee****Frequencies****Prepared by: Institutional Research & Testing, 02/03****Statistics**

	N		Mean	Median	Std. Deviation
	Valid	Missing			
Q1 Prog cont/qual based on perform. objectives	6	2	3.00	3.00	1.897
Q2 Prog cont/qual provides practical job app.	7	1	3.14	4.00	1.773
Q3 Prog cont/qual responsive to upgrading/retraining	6	2	2.83	3.00	1.722
Q4 Prog cont/qual reviewed/revised to keep current	7	1	3.14	4.00	1.773
Q5 Instructional equipment is well maintained	7	1	3.57	4.00	1.813
Q6 Instruct. equip. current/representative	7	1	3.57	4.00	1.813
Q7 Instruct. facil's provide adequate utilities	7	1	3.71	5.00	1.890
Q8 Instruct. facil's allocate sufficient space	6	2	4.17	5.00	1.602
Q9 Instruct facil's meet health standards	6	2	4.17	5.00	1.602
Q10 Placemt svcs available to students	4	4	3.50	4.00	1.732
Q11 Placemt job opportunities exist for students	8	0	4.13	5.00	1.642
Q12 Foll-up studies demo students prepared	4	4	3.00	3.00	1.826
Q13 Foll-up studies collect info-job succ/fail	4	4	3.00	3.00	1.826
Q14 Foll-up studies provide info for prog review/revision	4	4	3.25	3.50	1.708



**2003W PROE**

**DHYG...Advisory Committee**

**Frequencies**

**Prepared by: Institutional Research & Testing, 02/03**

**Statistics**

	N		Mean	Median	Std. Deviation
	Valid	Missing			
Q1 Prog cont/qual based on perform. objectives	6	2	3.00	3.00	1.897
Q2 Prog cont/qual provides practical job app.	7	1	3.14	4.00	1.773
Q3 Prog cont/qual responsive to upgrading/retraining	6	2	2.83	3.00	1.722
Q4 Prog cont/qual reviewed/revised to keep current	7	1	3.14	4.00	1.773
Q5 Instructional equipment is well maintained	7	1	3.57	4.00	1.813
Q6 Instruct. equip. current/representative	7	1	3.57	4.00	1.813
Q7 Instruct. facil's provide adequate utilities	7	1	3.71	5.00	1.890
Q8 Instruct. facil's allocate sufficient space	6	2	4.17	5.00	1.602
Q9 Instruct facil's meet health standards	6	2	4.17	5.00	1.602
Q10 Placemt svcs available to students	4	4	3.50	4.00	1.732
Q11 Placemt job opportunities exist for students	8	0	4.13	5.00	1.642
Q12 Foll-up studies demo students prepared	4	4	3.00	3.00	1.826
Q13 Foll-up studies collect info-job succ/fail	4	4	3.00	3.00	1.826
Q14 Foll-up studies provide info for prog review/revision	4	4	3.25	3.50	1.708

## Frequency Table

### Q1 Prog cont/qual based on perform. objectives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	2	25.0	33.3	33.3
	Below Expectations	1	12.5	16.7	50.0
	Good	1	12.5	16.7	66.7
	Excellent	2	25.0	33.3	100.0
	Total	6	75.0	100.0	
Missing	System	2	25.0		
Total		8	100.0		

### Q2 Prog cont/qual provides practical job app.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	2	25.0	28.6	28.6
	Below Expectations	1	12.5	14.3	42.9
	Good	2	25.0	28.6	71.4
	Excellent	2	25.0	28.6	100.0
	Total	7	87.5	100.0	
Missing	System	1	12.5		
Total		8	100.0		

### Q3 Prog cont/qual responsive to upgrading/retraining

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	2	25.0	33.3	33.3
	Below Expectations	1	12.5	16.7	50.0
	Good	2	25.0	33.3	83.3
	Excellent	1	12.5	16.7	100.0
	Total	6	75.0	100.0	
Missing	System	2	25.0		
Total		8	100.0		

### Q4 Prog cont/qual reviewed/revised to keep current

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	2	25.0	28.6	28.6
	Below Expectations	1	12.5	14.3	42.9
	Good	2	25.0	28.6	71.4
	Excellent	2	25.0	28.6	100.0
	Total	7	87.5	100.0	
Missing	System	1	12.5		
Total		8	100.0		

**Q5 Instructional equipment is well maintained**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	2	25.0	28.6	28.6
	Good	2	25.0	28.6	57.1
	Excellent	3	37.5	42.9	100.0
	Total	7	87.5	100.0	
Missing	System	1	12.5		
Total		8	100.0		

**Q6 Instruct. equip. current/representative**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	2	25.0	28.6	28.6
	Good	2	25.0	28.6	57.1
	Excellent	3	37.5	42.9	100.0
	Total	7	87.5	100.0	
Missing	System	1	12.5		
Total		8	100.0		

**Q7 Instruct. facil's provide adequate utilities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	2	25.0	28.6	28.6
	Good	1	12.5	14.3	42.9
	Excellent	4	50.0	57.1	100.0
	Total	7	87.5	100.0	
Missing	System	1	12.5		
Total		8	100.0		

**Q8 Instruct. facil's allocate sufficient space**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	1	12.5	16.7	16.7
	Good	1	12.5	16.7	33.3
	Excellent	4	50.0	66.7	100.0
	Total	6	75.0	100.0	
Missing	System	2	25.0		
Total		8	100.0		

**Q9 Instruct facil's meet health standards**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	1	12.5	16.7	16.7
	Good	1	12.5	16.7	33.3
	Excellent	4	50.0	66.7	100.0
	Total	6	75.0	100.0	
Missing	System	2	25.0		
Total		8	100.0		

**Q10 Placemt svcs available to students**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	1	12.5	25.0	25.0
	Good	2	25.0	50.0	75.0
	Excellent	1	12.5	25.0	100.0
	Total	4	50.0	100.0	
Missing	System	4	50.0		
Total		8	100.0		

**Q11 Placemt job opportunities exist for students**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	1	12.5	12.5	12.5
	Below Expectations	1	12.5	12.5	25.0
	Excellent	6	75.0	75.0	100.0
	Total	8	100.0	100.0	

**Q12 Foll-up studies demo students prepared**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	1	12.5	25.0	25.0
	Below Expectations	1	12.5	25.0	50.0
	Good	1	12.5	25.0	75.0
	Excellent	1	12.5	25.0	100.0
	Total	4	50.0	100.0	
Missing	System	4	50.0		
Total		8	100.0		

**Q13 Foll-up studies collect info-job succ/fail**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	1	12.5	25.0	25.0
	Below Expectations	1	12.5	25.0	50.0
	Good	1	12.5	25.0	75.0
	Excellent	1	12.5	25.0	100.0
	Total	4	50.0	100.0	
Missing	System	4	50.0		
Total		8	100.0		

**Q14 Foll-up studies provide info for prog review/revision**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	1	12.5	25.0	25.0
	Acceptable	1	12.5	25.0	50.0
	Good	1	12.5	25.0	75.0
	Excellent	1	12.5	25.0	100.0
	Total	4	50.0	100.0	
Missing	System	4	50.0		
Total		8	100.0		

## **SECTION SEVEN: LABOR MARKET DEMAND ANALYSIS**

There are approximately 120,000 to 150,000 dental hygienists in United States today. According to the U.S. Department of Labor bureau of Labor Statistics, Occupational Outlook Handbook, dental hygienists are projected to be one of the 30 fastest growing occupations. Population growth and greater retention of natural teeth will stimulate demands for dental hygienists. The profession continues to be dominated by women with approximately 98% female enrollment in dental hygiene programs. There are excellent career opportunities for nontraditional dental hygiene students (over 23 years of age, individuals seeking career change or job reentry after a period of unemployment) in the profession. Opportunities for part-time work and flexible schedules are common. Approximately, 70% of general dentists employ at least one dental hygienist and 33% employ two or more dental hygienists. Between 2000 and 2010, the number of new jobs for dental hygienists is projected at 54,000 that reflects a 37% growth rate.

In 2000, the Commission on Dental Accreditation accredited 256 dental hygiene programs in the United States. Although some programs lead to a bachelor's degree, most grant an associate degree or certificate. A dozen universities offer master's degree programs in dental hygiene or a related area. An associate degree is sufficient for practice in a private dental office. A bachelor's or master's degree usually is required for research, teaching, or public health. General dentists employ the majority of dental hygienists. Additionally, dental specialists (such as a peridontist or pediatric dentist) employ dental hygienists. Most hygienists work chair side, although they often participate in the business aspects of the practice. Some dental hygienists work in public health agencies, hospitals, nursing homes, and clinics. With additional or specialized education a few dental hygienists are employed as educators of dental hygiene students, in dental research, in business office administration and in marketing dentally related materials and equipment.

### **FINDINGS**

The salary of a dental hygienist varies, depending upon the responsibilities associated with the specific position, the geographic location of employment and the type of practice or other settings in which the hygienist works.

The average national wage of a full-time dental hygienist was cited as \$24.68 per hour in 2000. The middle 50% earned between \$20.46 and \$29.72 an hour. The lowest 10% earned less than \$15.53 and the highest 10% earned more than \$35.39 an hour. According to the American Dental Association's 1999 Workforce Needs Assessment Survey, almost all full-time dental hygienists employed by private practitioners received paid vacation. The survey found that nine out of ten full- and part-time dental hygienists receive dental coverage. Dental hygienists who work for school systems, public health agencies, the Federal Government, or State agencies usually have substantial benefits. The following table reflects the average starting salaries of FSU graduates.

### Ferris State University Graduate Follow-Up Survey

	AY 99	AY 2000	AY 2001	AY 2002	AY 2203
Number of Graduates	62	50	62	56	51
Placement of Graduates	100%	100%	99%	98%	N/A
Average Starting Salary	\$33,500	\$34,000	\$34,785	N/A	N/A

**SUMMARY:**

Ferris graduates have a high placement rate ranging from 98% - 100% with most students reporting job placement prior to graduation. With FSU being triple the size of many of the Michigan Dental Hygiene schools, our graduates have no trouble securing employment.

**References**

Bureau of Labor Statistics, U.S. Department of Labor, "Occupational Outlook Handbook, 2002-3 Edition, Dental Hygienists, on the Internet at <http://www.bis.gov/oco/ocos097.htm>.

Division of Professional Development, American Dental Hygienists' Association, 444 N. Michigan Ave, Suite 3400, Chicago, Il. 60611 Internet: <http://www.adha.org>

Commission on Dental Accreditation, American Dental Association, 211 E. Chicago Ave., suite 1814, Chi ago, Il 60611 Internet: <http://www.ada.org>

Nathe,C.,M. Darby, D., Bauman, and D. Shuman. Too Few Resumes. RDH 17 (1997): 18-29.

Manpower Needs Assessment Status Report. Chicago: American Dental Hygienists' Association, 1999.

American Dental Association, 1999 Workforce Needs Assessment survey, 211 E. Chicago,Il 60611 Internet: <http://www.ada.org>



# U.S. Department of Labor Bureau of Labor Statistics

Occupational Outlook Handbook

[www.bls.gov](http://www.bls.gov)



[OOH Search/A-Z Index](#)

[BLS Home](#) | [Programs & Surveys](#) | [Get Detailed Statistics](#) | [Glossary](#) | [What's New](#) | [Find It! In DOL](#)

Printer-friendly version ([HTML](#)) ([PDF](#))



## Dental Hygienists

[Nature of the Work](#) | [Working Conditions](#) | [Employment | Training, Other Qualifications, and Advancement](#) | [Job Outlook](#) | [Earnings](#) | [Related Occupations](#) | [Sources of Additional Information](#)

### SIGNIFICANT POINTS

- Dental hygienists are projected to be one of the 30 fastest growing occupations.
- Population growth and greater retention of natural teeth will stimulate demand for dental hygienists.
- Opportunities for part-time work and flexible schedules are common.

[Management Professional and Related Service Sales Administrative Support Farming and Related Construction Installation and Related Production Transportation Job Opportunities in the Armed Forces](#)

[Tomorrow's Jobs](#)  
[Other OOH Info](#)  
[Order](#)

[Career Guide to Industries](#)

[OOQ Online](#)

[Employment Projections](#)

[Publications Home](#)

[BLS Home](#)

### NATURE OF THE WORK

[\[About this section\]](#)

[▲ Back to Top](#)

Dental hygienists remove soft and hard deposits from teeth, teach patients how to practice good oral hygiene, and provide other preventive dental care. Hygienists examine patients' teeth and gums, recording the presence of diseases or abnormalities. They remove calculus, stains, and plaque from teeth; take and develop dental x rays; and apply cavity-preventive agents such as fluorides and pit and fissure sealants. In some States, hygienists administer anesthetics; place and carve filling materials, temporary fillings, and periodontal dressings; remove sutures; perform root-planing as a periodontal therapy; and smooth and polish metal restorations. Although hygienists may not diagnose diseases, they can prepare clinical and laboratory diagnostic tests for the dentist to interpret. Hygienists sometimes work chairside with the dentist during treatment.

Dental hygienists also help patients develop and maintain good oral health. For example, they may explain the relationship between diet and oral health, or even the link between oral health and such serious conditions as heart disease and strokes. They also inform



patients how to select toothbrushes and show them how to brush and floss their teeth.

Dental hygienists use hand and rotary instruments and ultrasonics to clean and polish teeth, x-ray machines to take dental pictures, syringes with needles to administer local anesthetics, and models of teeth to explain oral hygiene.

## **WORKING CONDITIONS**

[\[About this section\]](#)

[▲ Back to Top](#)

Flexible scheduling is a distinctive feature of this job. Full-time, part-time, evening, and weekend schedules are widely available. Dentists frequently hire hygienists to work only 2 or 3 days a week, so hygienists may hold jobs in more than one dental office.

Dental hygienists work in clean, well-lighted offices. Important health safeguards include strict adherence to proper radiological procedures, and use of appropriate protective devices when administering anesthetic gas. Dental hygienists also wear safety glasses, surgical masks, and gloves to protect themselves from infectious diseases.

## **EMPLOYMENT**

[\[About this section\]](#)

[▲ Back to Top](#)

Dental hygienists held about 147,000 jobs in 2000. Because multiple jobholding is common in this field, the number of jobs exceeds the number of hygienists. More than half of all dental hygienists worked part time—less than 35 hours a week.

Almost all dental hygienists work in private dental offices. Some work in public health agencies, hospitals, and clinics.

## **TRAINING, OTHER QUALIFICATIONS, AND ADVANCEMENT**

[\[About this section\]](#)

[▲ Back to Top](#)

Dental hygienists must be licensed by the State in which they practice. To qualify for licensure, a candidate must graduate from an accredited dental hygiene school and pass both a written and clinical examination. The American Dental Association Joint Commission on National Dental Examinations administers the written examination accepted by all States and the District of Columbia. State or regional testing agencies administer the clinical examination. In addition, most States require an examination on legal aspects of dental hygiene practice. Alabama allows candidates to take its examinations if they have been trained through a State-regulated on-the-job program in a dentist's office.

In 2000, the Commission on Dental Accreditation accredited about 256 programs in dental hygiene. Although some programs lead to a

bachelor's degree, most grant an associate degree. A dozen universities offer master's degree programs in dental hygiene or a related area.

An associate degree is sufficient for practice in a private dental office. A bachelor's or master's degree usually is required for research, teaching, or clinical practice in public or school health programs.

About half of the dental hygiene programs prefer applicants who have completed at least 1 year of college. However, requirements vary from one school to another. Schools offer laboratory, clinical, and classroom instruction in subjects such as anatomy, physiology, chemistry, microbiology, pharmacology, nutrition, radiography, histology (the study of tissue structure), periodontology (the study of gum diseases), pathology, dental materials, clinical dental hygiene, and social and behavioral sciences.

Dental hygienists should work well with others and must have good manual dexterity because they use dental instruments within a patient's mouth, with little room for error. High school students interested in becoming a dental hygienist should take courses in biology, chemistry, and mathematics.

## **JOB OUTLOOK**

[\[About this section\]](#)

[▲ Back to Top](#)

Employment of dental hygienists is expected to **grow much faster than the average** for all occupations through 2010, in response to increasing demand for dental care and the greater substitution of the services of hygienists for those previously performed by dentists. Job prospects are expected to remain very good unless the number of dental hygienist program graduates grows much faster than during the last decade, and results in a much larger pool of qualified applicants.

Population growth and greater retention of natural teeth will stimulate demand for dental hygienists. Older dentists, who are less likely to employ dental hygienists, will leave and be replaced by recent graduates, who are more likely to do so. In addition, as dentists' workloads increase, they are expected to hire more hygienists to perform preventive dental care such as cleaning, so that they may devote their own time to more profitable procedures.

## **EARNINGS**

[\[About this section\]](#)

[▲ Back to Top](#)

Median hourly earnings of dental hygienists were \$24.68 in 2000. The middle 50 percent earned between \$20.46 and \$29.72 an hour. The lowest 10 percent earned less than \$15.53, and the highest 10 percent earned more than \$35.39 an hour.

Earnings vary by geographic location, employment setting, and years of experience. Dental hygienists who work in private dental offices may be paid on an hourly, daily, salary, or commission basis.

Benefits vary substantially by practice setting, and may be contingent upon full-time employment. According to the American Dental Association's 1999 Workforce Needs Assessment Survey, almost all full-time dental hygienists employed by private practitioners received paid vacation. The survey also found that 9 out of 10 full- and part-time dental hygienists received dental coverage. Dental hygienists who work for school systems, public health agencies, the Federal Government, or State agencies usually have substantial benefits.

## **RELATED OCCUPATIONS**

[\[About this section\]](#)

 [Back to Top](#)

Workers in other occupations supporting health practitioners in an office setting include **dental assistants, medical assistants, occupational therapist assistants and aides, physical therapist assistants and aides, physician assistants, and registered nurses.**

## **SOURCES OF ADDITIONAL INFORMATION**

[\[About this section\]](#)

 [Back to Top](#)

### **DISCLAIMER:**

Links to non-BLS Internet sites are provided for your convenience and do not constitute an endorsement.

For information on a career in dental hygiene and the educational requirements to enter this occupation, contact:

- Division of Professional Development, American Dental Hygienists' Association, 444 N. Michigan Ave., Suite 3400, Chicago, IL 60611.  
Internet: <http://www.adha.org>

For information about accredited programs and educational requirements, contact:

- Commission on Dental Accreditation, American Dental Association, 211 E. Chicago Ave., Suite 1814, Chicago, IL 60611.

Internet: <http://www.ada.org>

The State Board of Dental Examiners in each State can supply information on licensing requirements.

An industry employing dental hygienists that appears in the 2002-03 *Career Guide to Industries: Health services*

**OOH ONET CODES**

[\[About this section\]](#)

[▲ Back to Top](#)

29-2021.00

**Suggested citation:** Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2002-03 Edition*, Dental Hygienists, on the Internet at <http://www.bls.gov/oco/ocos097.htm> (visited August 01, 2003).

[▲ Back to Top](#)

[www.dol.gov](http://www.dol.gov)

[Frequently Asked Questions](#) | [Freedom of Information Act](#) | [Customer Survey](#)  
[Privacy & Security Statement](#) | [Linking to Our Site](#) | [Accessibility Information](#)

**U.S. Bureau of Labor Statistics**  
Office of Occupational Statistics and Employment Projections  
Suite 2135  
2 Massachusetts Avenue, NE  
Washington, DC 20212-0001

URL: <http://www.bls.gov/OCO/>

Phone: (202) 691-5700

Fax: (202) 691-5745

**Do you have a question** about the *Occupational Outlook Handbook*?

Technical (web) questions:

[webmaster@bls.gov](mailto:webmaster@bls.gov)

Other comments: [feedback@bls.gov](mailto:feedback@bls.gov)

## **SECTION EIGHT - EVALUATION OF FACILITIES AND EQUIPMENT**

Facilities used by the dental hygiene program are located in the Victor F. Spathelf Building (VFS). VFS 201 and 204 are patient treatment clinics used for both preclinical and clinical experience. Additional areas used by the dental hygiene program include VFS 203 A-E (6) radiographic rooms, the x-ray developing darkroom, VFS 205 and VFS 207 locker rooms, VFS 203- central instrument sterilization, VFS 203 – lab coat/laundry distribution, VFS 202- client reception room area, and VFS 206 laboratory/resource area. Classroom instruction occurs in the Spathelf Center room's 325 and 328, Instructional Resource Center, and the Pharmacy Building.

Students use the VFS computer lab on a regular basis for classroom assignments, communication and to check the clinic schedule. Two computers within the lab are dedicated to dental hygiene student use as the computers have the dental practice management software installed, which allows students to check their dental clinic patient schedule.

Both VFS 201 and 204 are designed to provide patient care. There are 36 dental units (dental chairs, overhead lights, operator stools) in both clinics. Vocational Education funds were used to install thirty-six new dental chairs and units. All dental units are equipped with light curing units and ultrasonic scaling units. Thirty-six ergonomically correct operator chairs were also purchased. The dental units and new chairs were installed over a two-year period. The dental units are used approximately 36-48 hours each week. The radiographic area was recently updated. Six Gendex-660 x-ray units were installed in 1995 and new patient chairs were installed in 1997. There is a twenty-three-year old General Electric panographic x-ray machine, which may need replacing in the near future. Voc Ed funds have been allocated for replacement of the panographic x-ray machine for this academic year.

The radiographic area has 10 DXTTR mannequin heads, which students learn to expose x-rays and to perfect skills before they are allowed to take patient radiographs. This area houses the radiation monitoring badges that students are required to wear while working in the radiography areas. The DXTTR mannequin heads continue to be an expensive item for the dental hygiene program as they continuously need to be refurbished because of the high volume of use by students. Five new DXTTR mannequins have been purchased over the last two years.

Clinic operations were computerized in 1995. Eight computers are networked with the dental practice management software. The DOS based software is a commercial dental practice management product. It has been adapted by the Dental Hygiene Program to manage both patient records and student clinic performance records. Instructors do not use a keyboard to enter data. This system is unique because all data is assigned a bar code and is entered using portable optical scanners. The dental reception office uses the computer for scheduling and billing. The software has since been installed in another dental hygiene programs after their faculty visited Ferris and observed our system in operation.

There are four wall mounted TV monitors in VFS 201 (large dental clinic). The monitors can project images from a VCR, an intraoral camera, and/or a computer. This equipment is used frequently for student instruction and patient education materials.

Students have access to a locker/changing room area. Because students may not wear their clinic attire away from the dental hygiene clinic area, they must change into clinic uniforms when they arrive for clinic. The locker room was designed to accommodate storage of students' belongings, but not necessarily as a changing room. This area is very congested and students have consistently complained continuously about the lack of space. Often, there may be only a ½ hour of changing time between clinics, which creates a highly congested situation for thirty students preparing for a clinic and thirty students that have completed clinic and need to change out of their scrubs prior to leaving the clinic area.

The lab coat/laundry distribution area is used to store and distribute student and instructor coats, which are laundered by Mecosta County General Hospital. Student lab coats are stored in closed cabinets. Students use this area to view x-rays. The x-ray viewing room becomes extremely congested during clinic and lab sessions so this coat/laundry distribution area has been equipped with viewing lights for students to use.

Central Instrument Sterilization (VFS 203) is where clinic and students' instruments and supplies are dispensed. The central sterilization area is a critical element in maintaining the high standards of asepsis that is critical to the dental hygiene clinic. Dental hygiene program staff and the College of Allied Health Science's Safety Committee monitor OSHA compliance.

An additional laboratory located in VFS 206 is utilized for dental hygiene courses. Fall semester Biomaterials and Oral Science I are taught in this laboratory area. During winter semester Oral Science II and the Community Dentistry course are taught in VFS 206. The laboratory is used for tutoring and Structured Learning Assistance (SLA) sessions. Two small storage areas and an office are located off the VFS 206 laboratory. The laboratory is greatly in need of a computer and projector for laboratory education, presentation of student projects and demonstrations. Most didactic presentations and laboratory projects are computer generated, and this room has not been updated to accommodate new technology.

Faculty offices are located on the third floor of VFS and clinical staff offices are located on the second floor. The Dental Hygiene/Nursing Department Head's office is located on the fourth floor of VFS. All faculty offices are equipped with recently updated computers and printers.

## **SUMMARY**

Facilities are adequate to meet the needs of the program with the exception of the following:

- Challenges with the lecture facilities include poor physical design of the rooms (i.e. long narrow room, large auditorium, classroom designed for 50 students maximum), Administration of testing tools are difficult as the desks are very close to each other,

desk size does not accommodate large course manuals, and the rooms are not conducive to small group collaboration.

- Locker/changing room needs improvement to accommodate the large number of students and high traffic. The dental hygiene program as an associate degree program is eligible for vocational education grants through Perkins funds. In the past, the program has benefited greatly from this resource area. Each year, equipment needs are identified and prioritized by the faculty and staff. This year, a new panoramic x-ray machine will be purchased with these funds.
- Develop an ongoing plan to continuously maintain and update equipment within the labs and clinic.
- Update the laboratory (VFS 206) with computer and projector.
- Install security screen on the computers within the clinic to maintain privacy and to come into compliance with HIPPA

## **SECTION NINE: CURRICULUM EVALUATION**

The American Dental Association Commission on Dental Accreditation mandates the dental hygiene curriculum. Ferris has a fully accredited program and is in compliance with the curriculum guidelines published by this commission. The program went through a curriculum revision in 1999. The revisions included course deletions, modifications, and additions. The program used the opportunity to change course numbers to a logical course progression sequence and to reflect inclusion of the mandated College of Allied Health Sciences core courses. The revisions formalized course sequencing for the prerequisite year and the professional sequence to more effectively help students build their knowledge base. The result was a more logical sequencing of courses and course numbering.

The Dental Hygiene Curriculum Committee is an ongoing program committee. One of the main charges of the committee is annual review of the curriculum. The curriculum committee uses the dental hygiene competencies as the minimum standard when reviewing the curriculum. The results of the 2002/2003 evaluations are as follows:

### **BIOLOGY and CHEMISTRY COURSES**

The faculty is satisfied with the two biology courses (BIOL 108 and BIOL205) that students currently take. During the previous curriculum revision, both of the above courses were moved into the pre-dental hygiene year. Moving the sciences courses into the prerequisite year develops a strong science foundation prior to beginning the professional sequence. CHEM 114 meets the needs within the programs.

### **GENERAL EDUCATION COURSES**

Dental hygiene students are required to take one Cultural Enrichment elective course, PSYC 150 (Introduction to Psychology), SOCY 121 (Introduction to Sociology).

### **MATHEMATICS**

Demonstrated proficiency in Math 110 (Fundamentals of Algebra) at a C grade or higher or a 19 on the math section of the ACT are required as part of dental hygiene eligibility process.

### **MEDICAL TERMINOLOGY**

MRIS 102 (Introduction to Medical Vocabulary) is a one credit course which teaches basic medical terminology health care professionals need for communication in written and oral formats within the dental field. This course is offered both in the on-line format and on campus format. This course meets the needs of the dental hygiene student.

### **CORE CURRICULUM IN HEALTH SCIENCES**

In 2001, the College of Allied Health Sciences instituted core competencies for all of its programs. The courses added to the dental hygiene curriculum are: CCSH 101, Orientation to Health care (3 credits), CCHS 102, Safety Issues in Health Care (1 credit) and CCHS 103, Clinical Skills, (1 credit). These courses were designed to provide students with an overview of the health care system, to teach basic clinical skills that all allied health programs utilize, and provide students with the knowledge of safety issues that affect health care. The addition of the core courses and COMM 105 or 221 resulted in a loss of credit hours from the professional courses. One of our minor curriculum changes will be to move CCHS 101 from fall first semester of the professional sequence to last semester. CCHS 101 is not a required prerequisite course and moving this will allow students to take a preparatory science course if



needed. In addition, students not enrolled in the professional sequence have had difficulty understanding the relevance of this course to dentistry. By moving the course to the last semester of the professional sequence students will have had repeated exposure to many ways the health care system is integrated with dentistry, and therefore comprehend the relevance of CCHS 101.

## DENTAL HYGIENE COURSES

DHYG 116 (Nutrition) and DHYG 218 (Pharmacology) are taught by non-dental hygiene faculty. DHYG 218 is taught by a tenure faculty member in the College of Pharmacy. DHYG 116 has been taught by an adjunct instructor for the last two years.

The clinical component of instruction begins with a pre-clinical course. Students participate in clinic 6 hours per week. Student's progress to the next semester with 8 hours per week, and in the final year students are treating patients 12 hours per week. There is ample opportunity for students to gain extra clinic experience via a tutorial lab system managed by the Clinical Dental Hygienists and the ability to schedule extra clinic time as desired. Although clinical instruction consumes the majority of the curriculum students are involved in other courses simultaneously with the clinical courses as reflected on the curriculum check sheets.

The American Dental Association's Accreditation standards state that students must be competent in treating a variety of patients. Providing students with appropriate patient experiences in the clinic has been an ongoing challenge of our program. A priority of the program is to increase patient recruitment for student practice in the dental hygiene clinic. Students require a variety of calculus (tartar) removal experiences to develop and build removal skills. Locating an adequate patient pool has been an ongoing struggle. Accepting Medicaid patients was one method to increase our patient population. Fall Semester of 2002 the program began to accept and deliver treatment to Medicaid patients. This opportunity was beneficial to the patients and dental clinic. The patient pool was increased and has assisted the program to locate patients with calculus. Although the patient pool has increased, a plan and financial support is still necessary to increase the patient pool.

Approximately one-half of the dental hygiene courses include a lecture and laboratory component. Laboratory sessions vary from three to four hours depending on the course. Laboratories associated with Oral Sciences I and II and Biomaterials are three hours in length and are at a one to fifteen faculty student ratio. Clinical practice laboratories are three hours in length fall semester of the first year and four hours in length winter semester of the first year and fall and winter semesters of the second year of the program. Student to instructor ratio in clinic practice laboratories are one to six as established by the American Dental Association's Accreditation Standards.

Winter semester of 2002 & 2003, students had the opportunity to participate in a course enhancement by working in off-site dental hygiene treatment facilities under the supervision of licensed dental hygienists. The off-site opportunities were voluntary for all students. The off-site locations provided students with an opportunity to experience the in-office routine while treating a variety of patients. An elective course will be created for the off-site dental hygiene experience as part of the minor curriculum revision to be submitted this fall.

In addition to clinical courses, other courses include, oral sciences, oral pathology, biomaterials, community dentistry, and radiography. These courses are consistent for all dental hygiene curriculums.

## **SUMMARY**

The curriculum is meeting the needs of the program. The Dental Hygiene Curriculum Committee annually reviews the curriculum. This fall, minor curriculum revisions will be made to the program that reflects the results of our annual review of the program conducted spring of 2002. The revisions include:

- Shift content of DHYG 220 from National Board to Northeast Regional Board. About 50 percent of students enroll in National Board Review courses that are held in various locations in Michigan and surrounding states. A review course for the Northeast Regional Board Examination will be added that will help students succeed on this exam.
- DHYG 116 (Nutrition) will be deleted from the curriculum and the content integrated into other dental hygiene courses throughout the professional sequence. By integration of content into various courses it will have direct application to the material.
- CCHS 101(Orientation to Health Care) will move to the final semester of the professional sequence. By the last semester of instruction, student will have had exposure to their profession and it's relationship to the health care system. CCHS 101 will serve as a type of health care capstone course for the students.
- DHYG 210 (Biomaterials) will be split into two components, one will be didactic in nature and the second course will have a lab attached to it. Biomaterials I will be moved to first year, fall semester of the professional sequence. Content will be the dental specialties (orthodontics, periodontics, pedodontics, endodontics, etc). Biomaterials II will remain in second year, fall semester of the professional sequence. Biomaterials II will also have a laboratory course.
- Local anesthesia will be a required new course added to the curriculum for winter semester of 2005. The local anesthesia course will train dental hygiene students to administer local anesthesia. This course will be in compliance with the recently enacted change in the Michigan Administrative Rules that allows hygienists to administer local anesthesia. Financial support should be added to the Dental Hygiene Strategic Plan that address the course equipment, supplies and personnel necessary to deliver the local anesthesia course for winter of 2005.

## Dental Hygiene Competencies 2002

### Assessment

Assessment Competency	Evaluation Methods	Course/ Semester	Monitored by Course Instructor
<b>The dental hygiene graduate can systematically collect, analyze and document data on the general, oral and psychosocial health status of a variety of clients using methods consistent with medicolegal principles.</b>			
Obtains, reviews and records a complete medical, and dental history	Lab Exercise	DHYG 115	Schoettle
	Process Evaluations	DHYG 125	Sidney
	Client Performance Evaluation Form	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
	Case Studies	DHYG 213 DHYG 215 DHYG 225	Burns Meeuwenberg Meeuwenberg
	Written Exams	DHYG 114	Schoettle
Establishes and maintains the client record as an accurate and legal document of client interactions.	Lab Exercise	DHYG 115	Schoettle
	Client Performance Evaluation Form	DHYG 115 DHYG 125 DHYG 215 DHYG 225	Schoettle Sidney Meeuwenberg Meeuwenberg
	Case Studies	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
	Written Exams	DHYG 114 DHYG 115 PATH 128	Schoettle Schoettle Burns
Recognizes health conditions and medications that impact overall client care	Lab Exercise	DHYG 115	Schoettle
	Client Performance Evaluation Form	DHYG 115 DHYG 125 DHYG 214 DHYG 215 DHYG 224 DHYG 225	Schoettle Sidney Meeuwenberg Meeuwenberg Meeuwenberg Meeuwenberg
	Case Studies	DHYG 213	Burns

82

<b>Assessment Competency</b>	<b>Evaluation Methods</b>	<b>Course/ Semester</b>	<b>Monitored by Course Instructor</b>
Recognizes health conditions and medications that impact overall client care (con't)	Written Exams	DHYG 114 DHYG 124 DHYG 215 DHYG 225 DHYG 218	Schoettle ? Meeuwenberg Meeuwenberg Burns
Identifies clients at risk for a medical emergency and manages the client's care in a manner that prevents an emergency	Client Performance Evaluation	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
	Written Examination	DHYG 124 DHYG 213 PATH 128 DHYG 218	Burns Burns Neuman
	Case Studies	DHYG 124 DHYG 213	Burns
Performs and documents findings of a comprehensive examination using clinical, radiographic, periodontal, dental charting and other data collection procedures to assess the client's comprehensive dental hygiene needs.	Client Performance Evaluation	DHYG 122 DHYG 125 DHYG 215 DHYG 225	Schoettle Sidney Meeuwenberg Meeuwenberg
	ADPIE Form	DHYG 214 DHYG 215 DHYG 225	Meeuwenberg Meeuwenberg Meeuwenberg
	Case Studies	DHYG 213	Burns
	Written Examination	DHYG 114 DHYG 122 DHYG 213 DHYG 214	Schoettle Schoettle Burns Meeuwenberg
	Writing Exercises	DHYG 214	Meeuwenberg
	Pre Clinical Lab	DHYG 115	Schoettle

83

# Diagnosis

Assessment Competency	Evaluation Methods	Course/ Semester	Monitored by Course Instructor
<b>The dental hygiene graduate will use critical decision making skills to reach conclusions about the client's comprehensive dental hygiene needs based on all available assessment data.</b>			
Uses assessment findings, etiologic factors and clinical data in determining a dental hygiene diagnosis.	Client Performance Evaluation	DHYG 214 DHYG 215 DHYG 225	Meeuwenberg Meeuwenberg Meeuwenberg
	ADPIE Form	DHYG 214 DHYG 215 DHYG 225	Meeuwenberg Meeuwenberg Meeuwenberg
	Case Studies	DHYG 213 DHYG 214 DHYG 215 DHYG 225	Burns Meeuwenberg Meeuwenberg Meeuwenberg
	Written Examination	DHYG 122 DHYG 214 DHYG 215 DHYG 225	Schoettle Meeuwenberg Meeuwenberg Meeuwenberg
Identify client needs and significant findings that impact the delivery of dental hygiene services.	Lab Exercise	DHYG 115	Schoettle
	Client Performance Evaluation	DHYG 125 DHYG 214 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg Meeuwenberg
	ADPIE Form	DHYG 214 DHYG 215 DHYG 225	Meeuwenberg Meeuwenberg Meeuwenberg
Obtains Consultations as needed.	Client Performance Evaluation	DHYG 125 DHYG 214 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg Meeuwenberg
	ADPIE Form	DHYG 214 DHYG 215 DHYG 225	Meeuwenberg Meeuwenberg Meeuwenberg
	Written Exam	DHYG 114	Schoettle

84

# Planning

Assessment Competency	Evaluation Methods	Course/ Semester	Monitored by Course Instructor
<b>The dental hygiene graduate will collaborate with the client and/or other health professionals to formulate a mutual dental hygiene treatment plan.</b>			
Prioritize the treatment plan based on the health status and the actual and potential problems of the individual to facilitate optimal oral health.	Client Performance Form	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
	ADPIE Form	DHYG 125 DHYG 124 DHYG 213 DHYG 214 DHYG 215 DHYG 225	Sidney ? Burns Meeuwenberg Meeuwenberg Meeuwenberg
	Case Studies	DHYG 123	Burns
	Written Examination	DHYG 214	Meeuwenberg
Establishes a planned sequence of care (educational, clinical and evaluation) based on: the dental hygiene diagnosis; identified oral conditions' the needs and goals of the client; potential problems; etiological risk factors; and available treatment modalities.	Client Performance Form	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
85	ADPIE Form	DHYG 125 DHYG 124 DHYG 123 DHYG 214 DHYG 215 DHYG 225	Sidney ? Burns Meeuwenberg Meeuwenberg Meeuwenberg
Establishes a collaborative relationship with the client in planned care to include etiology, prognosis, and treatment alternatives	Performance Rating Form	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
	ADPIE Form	DHYG 124 DHYG 125 DHYG 214 DHYG 215 DHYG 225	? Sidney Meeuwenberg Meeuwenberg Meeuwenberg

<b>Assessment Competency</b>	<b>Evaluation Methods</b>	<b>Course/ Semester</b>	<b>Monitored by Course Instructor</b>
Respect the goals, values, beliefs and preferences of the client in the planning process.	ADPIE Form	DHYG 124 DHYG 217 DHYG 125 DHYG 214 DHYG 215 DHYG 225 DHYG 227	? Burns Sidney Meeuwenberg Meeuwenberg Meeuwenberg Burns
	Performance Rating Form	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg

## Implementation

Assessment Competency	Evaluation Methods	Course/ Semester	Monitored by Course Instructor
<b>The dental hygiene graduate will be able to provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health.</b>			
Performs preventive, educational, and therapeutic dental hygiene interventions that eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease and other oral conditions	ADPIE Form	DHYG 215 DHYG 225	Meeuwenberg Meeuwenberg
	Case Studies	DHYG 124 DHYG 213	? Burns
	Performance Evaluation Form	DHYG 115 DHYG 125 DHYG 215 DHYG 225	Schoettle Sidney Meeuwenberg Meeuwenberg
	Written Examination	DHYG 114 DHYG 115 DHYG 124	Schoettle Schoettle ?
	Writing Exercises	DHYG 125 DHYG 214 DHYG 217 & 227	? Meeuwenberg Burns
Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques.	Clinical Performance Evaluation	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
	Written Examinations	DHYG 121 DHYG 214 DHYG 218	Burns Meeuwenberg Neuwman
	Lab Practical Exam	DHYG210	Sidney
Provide life support measures to manage medical emergencies in the client care environment	Role Play Exercise	DHYG 215	Meeuwenberg
	Written Examinations	DHYG 114 DHYG 124 DHYG 218	Schoettle ? Neuwman
	Clinical Practice	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
	Case Studies	DHYG 213	Burns

87



## Evaluation

<b>Assessment Competency</b>	<b>Evaluation Methods</b>	<b>Course/ Semester</b>	<b>Monitored by Course Instructor</b>
<b>The dental hygiene graduate will evaluate the effectiveness of the implemented clinical, preventive, and educational services.</b>			
Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and client self-report.	ADPIE Form	DHYG 215 DHYG 225	Meeuwenberg Meeuwenberg
	Case Studies	DHYG 213 DHYG 217	Burns Burns
	Written Examination	DHYG 122 DHYG 125 DHYG 215 DHYG 225	Schoettle Sidney Meeuwenberg Meeuwenberg
	Clinical Practice	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
Evaluates the client's satisfaction with the oral health care received and the oral health status achieved.	Clinical Practice	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
	Client Satisfaction Survey	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
Develops and maintains a health maintenance program.	Clinical Practice	DHYG 124 DHYG 125 DHYG 214 DHYG 215 DHYG 225	Sidney Sidney Meeuwenberg Meeuwenberg Meeuwenberg
	Case Studies	DHYG 217 & 227	Burns
	Written Exercises Program Plans	DHYG 217 & 227	Burns

88

## Professional Growth

Assessment Competency	Evaluation Methods	Course/ Semester	Monitored by Course Instructor
<b>The dental hygiene graduate will participate in ongoing professional development.</b>			
The dental hygiene graduate will self-evaluate personal and professional well being.	Self-assessment Survey	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg
The dental hygiene graduate will participate in life long learning through continuing education courses.	Guest Speaker Summaries	DHYG 210 DHYG 215	Sidney Meeuwenberg
The dental hygiene graduate will promote dental hygiene to the public through active participation in community projects and professional organizations.	Community Projects Table Clinic Presentations Nursing Home Visits Special Needs Client Visits	DHYG 217 DHYG 227	Burns Burns
	Membership in Professional Organizations		Dental Hygiene Program SADHA Phi Delta Alpha

69

## Ethics

Assessment Competency	Evaluation Methods	Course/ Semester	Monitored by Course Instructor
<b>The graduate will provide dental hygiene care to promote client health and wellness using critical thinking and problem solving using an evidenced-based approach.</b>			
	ADPIE	DHYG 215 DHYG 225	Meeuwenberg Meeuwenberg
	Client Evaluation Form	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
The graduate will adhere to state and federal laws recommendations and regulations in the provision of dental hygiene care.	Written Examinations	DHYG 122 DHYG 210 DHYG 224	Schoettle Sidney Meeuwenberg
	Client Evaluation Form	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg
The graduate demonstrates interpersonal communication skills while interacting in a multicultural environment with diverse populations	ADPIE	DHYG 215 DHYG 225	Meeuwenberg Meeuwenberg
	Written Examinations	DHYG 217 DHYG 124	Burns ?
	Field Trip	DHYG 224	Meeuwenberg
	Client Evaluation Form	DHYG 125 DHYG 215 DHYG 225	Sidney Meeuwenberg Meeuwenberg

06

## Health Promotion

Assessment Competency	Evaluation Methods	Course/ Semester	Monitored by Course Instructor
<b>The dental hygienist must be able to provide planned educational services using interpersonal communication skills and educational strategies to promote optimal health.</b>			
Encourage patient to assume responsibility for their own health.	Community Program Plans Behavior Changing Exercise	DHYG 217/227	Burns
	Written Examinations	Clinical Courses	Schoettle Sidney Meeuwenberg
	Clinical Evaluations	Clinical Courses	Schoettle Sidney Meeuwenberg
Identify the oral health needs of individuals, and assist them in development of individual self-care regimens.	Client Performance Evaluation Form	DHYG 217/227	Burns
	Case Studies	DHYG 217/227	Burns
	Written Exams	DHYG 217/227	Burns
	Client Assessment Exercises	DHYG 217/227	Burns
	Community Projects	DHYG 217/227	Burns
	Clinical Courses	????	Burns

91

## Disease Prevention

Assessment Competency	Evaluation Methods	Course/ Semester	Monitored by Course Instructor
<b>The dental hygienist graduate must be able to formulate a treatment plan which involves steps in a preventative program. Preventative services are achieved and re-evaluation done to assess further corrective action.</b>			
Educate patients concerning their risk factors and assists in self-care regimens.	Written Exam	Clinical Courses	Schoettle Sidney Meeuwenberg
	Case Studies	DHYG 213 DHYG 217	Burns Burns
	Written Papers	DHYG 213 DHYG 217	Burns Burns
Identify individual and population risk factors, and develop strategies that promote health.	Written Exams	DHYG 213 DHYG 217	Burns Burns
	Community Program Plan Projects	DHYG 217	Burns
	Case Studies	DHYG 213	Burns
Evaluate the outcomes of dental hygiene care, and determine an individualized maintenance schedule or additional treatment needs such as the referral to the appropriate health care professional.	Written Exams	DHYG 217/227	Burns
	Community Projects	DHYG 217/227	Burns
	Clinical Evaluations	Clinical Courses	Schoettle Sidney Meeuwenberg

92

## Community Involvement Competency

Assessment Competency	Evaluation Methods	Course/ Semester	Monitored by Course Instructor
<b>The dental hygiene graduate must be able to initiate and assume responsibility for community involvement diverse populations.</b>			
Apply the dental care process to communities through oral health education.	Community Projects	DHYG 217/227	Burns
Provide dental hygiene services in a variety of settings.	Community Projects Internships	DHYG 217/227	Burns

93

**Nancy Louise Baar**  
**207 South Sears Street**  
**Reed City, MI 49677**  
**Phone (231) 832-2513**  
**E-mail: [baarn@ferris.edu](mailto:baarn@ferris.edu)**

**EMPLOYMENT:**

**Ferris State University**, Big Rapids MI. Clinical Dental Hygienist, 1<sup>st</sup> and 2<sup>nd</sup> radiology coordinator, bio dental materials. 1999-present.

**Frank Hanba DDS**, Reed City, MI. Dental Hygienist, OSHA Officer, trained several dental assistants in radiology, maintained recall system. 1986-present.

Intermittent Dental Hygienist during school breaks. 1999-present.

**James Draper DDS**, Lakeview, MI. Intermittent Dental Hygienist during school breaks. 1999-present.

**David Grear DDS**, Big Rapids and McBain, MI. 2001-present.

**Susan Vignola DDS**, Lake City, MI. Summer 2003-present.

**Ferris State College**, Radiology Instructor for assisting and hygiene programs, ordered all supplies for both programs. 1980-1983.

**Baldwin Family Health Care**, Baldwin, MI. Dental Assistant. 1977-1980.

**EDUCATION:**

**Ferris State College**, Big Rapids, MI. AAS Dental Assisting. 1976.

**Ferris State College**, Big Rapids, MI. Bachelors in Allied Health Education. 1976.

**Ferris State College**, Big Rapids, MI. AAS Dental Hygiene. 1984.

**LICENSURE/CERTIFICATION**

Registered Dental Hygienist. 1984.

Registered Dental Assistant. 1980.

CPR Certification-Current

Local Anesthesia Course, license pending. 2003.

**REFERENCES:**

- 1) **Frank Hanba DDS.**
- 2) **James Draper DDS.**
- 3) **David Grear DDS.**
- 4) **Susan Vignola DDS.**

**SANDRA GEORGE BURNS**  
**14145 - 205th Ave.**  
**Big Rapids, MI 49307**

**EDUCATION:**

- May 10, 1997 **FERRIS STATE UNIVERSITY**  
A.A.S. in Nursing  
Registered Nurse License #4704212981
- June, 1989 **UNIVERSITY OF KENTUCKY-SCHOOL OF DENTISTRY**  
Advanced Radiology for D.A. Instructors
- August, 1978 **UNIVERSITY OF MICHIGAN**  
M.S. in Dental Hygiene  
Thesis - Evaluation of Bitewing Trainer
- June, 1975 **FERRIS STATE UNIVERSITY**  
B.S. in Allied Health Education  
June, 1971 **FERRIS STATE UNIVERSITY**  
A.A.S. in Dental Hygiene  
Registered Dental Hygiene License #290200254  
Registered Dental Assistant License #290300650
- 1968 - 1969 **MONTCALM COMMUNITY COLLEGE**  
Pre-science
- TEACHING EXPERIENCE:**
- 1987 - Present **FERRIS STATE UNIVERSITY**  
Associate Professor - Dental Hygiene  
Courses - Pathology, Periodontics, Community Dentistry  
Dental Anatomy, Histology, Embryology. Head & Neck Anatomy  
1<sup>st</sup> and 2<sup>nd</sup> year Clinicals
- 1999 Clinical Instructor - Nursing
- 1986 **ASHEVILLE-BUNCOMBE TECHNICAL COLLEGE**  
Asheville, North Carolina 28803  
Dental Hygiene Instructor
- 1984 - 1986 **AFTERCARE-PRERELEASE CENTER**  
Asheville, North Carolina  
Prison System  
Nutrition Instructor
- 1980 - 1984 **FERRIS STATE UNIVERSITY**  
Instructor - Part-Time  
Dental Hygiene Program
- 1978 - 1982 **LANSING COMMUNITY COLLEGE**  
Lansing, Michigan  
Instructor - Oral Pathology, Radiology



**TEACHING EXPERIENCE: (con't)**

1977 – 1978	<b>UNIVERSITY OF MICHIGAN</b> Ann Arbor, Michigan Graduate Teaching – Dental Anatomy, Head and Neck Anatomy, Pre-Clinic and Clinic
1975-1976 1974-1975	<b>FERRIS STATE UNIVERSITY</b> Full-time Instructor – Radiology, Dental Materials, Part-time Instructor – Clinic Pre-Clinic and Clinic

**DENTAL HYGIENE EXPERIENCE:**

2003	<b>Migrant Clinic</b> Shelby, Mi. Dental Hygiene
2002	<b>JOHN GARLICK</b> Big Rapids, Michigan 49307 Substitute – Dental Hygiene  <b>David Grear D.D.S</b> Substitute –Dental Hygiene
1986	<b>RONALD LEYDER, D.D.S.</b> Newaygo, Michigan 49337 Dental Hygiene
1985 – 1986	<b>ROBERT POWELL, D.D.S.</b> Asheville, North Carolina 28801 Dental Hygiene and Assistant
1978 – 1980	<b>DANIEL AND OLIN COX, D.D.S.'s</b> Ypsilanti, Michigan Dental Hygiene
1977	<b>DOUGLAS GRAY, D.D.S.</b> Mason, Michigan 48854 Dental Hygiene
1973 – 1974	<b>BARRY D. HILLIGAN, D.D.S.</b> Portland, Michigan Dental Hygiene
1972 – 1974	<b>R. R. DEMARTIN, D.D.S.</b> Mason, Michigan 48854 Dental Hygiene

1971 – 1972

**THOMAS HOPP, D.D.S.**  
Mason, Michigan 48854  
Dental Hygiene

1971 – 1972

**JOHN B. MEADE, D.D.S.**  
Lansing, Michigan 48933  
Dental Hygiene

**NURSING EXPERIENCE:**

April, 1998 – Present

**MECOSTA COUNTY GENERAL HOSPITAL**  
Medical/Surgical Nurse

January 1998 – Present

**METRON – BIG RAPIDS**  
Charge Nurse  
Registered Nurse

**PROFESSIONAL:**

**Current Licenses and Certificates**

1971 – Present

Registered Dental Hygienist  
State of Michigan – Licensure #2902002544  
(maintain 12 C.E. hours/year)

1982 – Present

Registered Dental Assistant  
State of Michigan – Licensure #2903000650  
(maintain 12 C.E. hours/year)

1976 – Present

Certified Dental Assistant  
Dental Assisting National Board (maintain 12 C.E. hours/year)

American Red Cross Certification  
Certified Nutritional Instructor, Certified in CPR and First Aid  
CPR – Certification required for licensure renewal in State of  
Michigan

1997 – Present

Registered Nurse  
State of Michigan License #4704212981  
(maintain 12 C.E. hours/year)

1998 – 1999

Dental Implant Certification – AADI & PM

1996

Certification in Human Sexuality – State of Michigan



# FERRIS STATE UNIVERSITY

March 26, 2003

Dear Ferris State Dental Hygiene Graduate:

The Allied Dental Department at Ferris State University has an ongoing commitment to excellence in dental hygiene education. One way to evaluate our effectiveness is to hear from you, the graduate of our program. Your feedback can help us in our efforts to maintain a quality educational program.

To assist us in determining the strengths and weaknesses of the program, we would appreciate if you took a few minutes to complete the enclosed questionnaire. The data obtained will assist us with academic program review, accreditation, and didactic and clinical program revisions.

Also enclosed please find a corresponding questionnaire for your employer. Your questionnaire will be handled independently of your employer's. No attempt will be made to identify the name of the graduate and/or the employer. If you are employed by more than one dentist, please select the one for whom you work the greatest number of hours, or for whom you have worked the longest.

Be assured that all information supplied by graduates and their employers will be kept strictly confidential. Individual names and responses will not be used in any presentation of the results or revealed in any way. The information gained is strictly for program evaluation and improvement. Please complete and return the survey in the postage paid envelope by April 18, 2003.

Thank you in advance for taking a few minutes out of your day to complete this survey. Your feedback assists our program to educate and graduate highly qualified dental hygienists that possess the most current technical skills in the field.

Sincerely,

Eve Sidney, R.D.H., M.S.  
Program Coordinator  
Dental Hygiene

Enclosures

cad:LET GRAD 03

**FERRIS STATE UNIVERSITY  
DENTAL HYGIENE PROGRAM  
GRADUATE QUESTIONNAIRE  
2003**

1. Are you currently employed as a dental hygienist?
  1. Yes
  2. No (If no, skip questions 2 thru 5)
  
2. Which type of setting best describes your current primary place of employment? Please circle one.
  1. Practicing in a private dental office
  2. Practicing in a private dental office and teaching in a dental hygiene program
  3. Practicing in a private dental office and continuing education toward an advanced degree
  4. Continuing education toward an advanced degree
  5. Practicing in public health
  6. Involved in research
  7. Practicing in an institutional/industrial setting other than those specified above
  8. Unemployed
  9. Awaiting opportunity to take national/state boards
  10. Other
  
3. How many hours per week are you employed as a dental hygienist?
  1. 1-8 hours
  2. 9-16 hours
  3. 17-24 hours
  4. 25-32 hours
  5. 33-44+ hour
  
4. What resources did you use to find your current job(s)? Circle all that apply.
  1. Ferris Placement Office
  2. FSU Dental Hygiene Job Board
  3. Newspaper/Journal Ads
  4. Dental Hygiene Organization
  5. Other
  
5. If you are not currently employed, please indicate why.
  1. Have not passed the National Board Dental Hygiene Exam
  2. Have not passed the NERB
  3. Could not find employment
  4. Other

The following list describes some of the responsibilities which may be delegated to a dental hygiene student. In Column I (Importance) at the left, circle the number corresponding to the importance of each item in relation to the practice of dental hygiene. If it is not applicable, please mark NA.

- NA = Not applicable to my practice
- 1 = Not very important to my practice
- 2 = Moderately important to my practice
- 3 = Essential to my practice

In Column II (Preparation) located at the right, circle the appropriate level at which you feel the Dental Hygiene program prepared you to perform each responsibility. Please add additional comments to better express your opinion at the end of this survey.

- NA = Need not be included in the curriculum
- 1 = Need additional preparation
- 2 = Adequately prepared
- 3 = Well prepared

<b>Column I IMPORTANCE IN MY CURRENT RDH POSITION</b>				<b><u>RESPONSIBILITY</u></b>	<b>Column II PREPARATION BY FERRIS STATE UNIVERSITY</b>			
NA	1	2	3		NA	1	2	3
				<b><u>Interpersonal/Professional Skills</u></b>				
NA	1	2	3	Personal appearance	NA	1	2	3
NA	1	2	3	Interpersonal skills (communication)	NA	1	2	3
NA	1	2	3	Ability to be part of the dental office "team"	NA	1	2	3
NA	1	2	3	Professional presence/attitude	NA	1	2	3
NA	1	2	3	Ability to inform and educate patient	NA	1	2	3
				Active in Professional Community Services (i.e., professional organization, volunteering, presentations)				
NA	1	2	3	Scores from National and/or Regional Board exams	NA	1	2	3
				<b><u>Diagnostic/Assessment Skills</u></b>				
NA	1	2	3	Analyze assessment data	NA	1	2	3
NA	1	2	3	Periodontal assessment and treatment planning	NA	1	2	3
NA	1	2	3	Ability to make dental hygiene diagnosis	NA	1	2	3
NA	1	2	3	Interpret radiographs	NA	1	2	3
NA	1	2	3	Oral pathologies assessment	NA	1	2	3
NA	1	2	3	Obtain a complete medical/dental history	NA	1	2	3
				<b><u>Performance Skills</u></b>				
NA	1	2	3	Debridement (scaling and deplaquing)	NA	1	2	3
NA	1	2	3	Ability to use rotary polisher	NA	1	2	3
NA	1	2	3	Prophy Jet	NA	1	2	3
NA	1	2	3	Ultrasonic scaling/debridement	NA	1	2	3
NA	1	2	3	Pit and Fissure sealant placement	NA	1	2	3
NA	1	2	3	Ability to perform oral irrigation	NA	1	2	3
NA	1	2	3	Probing and complete periodontal charting	NA	1	2	3
NA	1	2	3	Pulp vitality tests	NA	1	2	3
NA	1	2	3	Tooth desensitizing agents/topical anesthetics application	NA	1	2	3
NA	1	2	3	Topical fluoride application	NA	1	2	3
NA	1	2	3	Expose and process radiographs	NA	1	2	3
NA	1	2	3	Polish amalgams	NA	1	2	3
NA	1	2	3	Place temporary restorations	NA	1	2	3
NA	1	2	3	Alginate impressions	NA	1	2	3
NA	1	2	3	Pouring study models	NA	1	2	3
NA	1	2	3	Trimming study models	NA	1	2	3
NA	1	2	3	Mixing cements	NA	1	2	3
NA	1	2	3	Mixing and placing periodontal packs	NA	1	2	3
NA	1	2	3	Fabrication of whitening trays	NA	1	2	3
NA	1	2	3	Administration of local anesthesia				

(To be added into DH curriculum 2004)

				<b><u>Management/Systems Skills</u></b>				
NA	1	2	3	Equipment and supplies maintenance	NA	1	2	3
NA	1	2	3	Autoclave/asepsis equipment use	NA	1	2	3
NA	1	2	3	Aseptic technique	NA	1	2	3
				<b><u>Use of Current Technology</u></b>				
NA	1	2	3	Basic computer skills (i.e., word processing, spreadsheets, databases, internet, e-mail)	NA	1	2	3
NA	1	2	3	Computerized dental software (i.e., EagleSoft, Practice Works, etc.)				
NA	1	2	3	Computer assisted probing	NA	1	2	3
NA	1	2	3	Digital radiography	NA	1	2	3
NA	1	2	3	Intraoral camera	NA	1	2	3

**Please list any strengths and/or weaknesses about the entire program (consider specific courses and content, level of instruction, sequence of courses, patient experiences, equipment, faculty, staff, professionalism, student organizations, SADHA & Pi Delta Alpha, etc.).**

**Please give suggestions for changes you would recommend that you feel would improve the Dental Hygiene Program at Ferris.**

## **SECTION THREE: EMPLOYER FOLLOW-UP SURVEY**

Employers are surveyed every 5-7 years for the purpose of program evaluation related to the Academic Program Review process, and American Dental Association (ADA) Accreditation.

Two hundred eighty five graduate surveys were mailed in April of 2003. An employer survey was included in the graduate survey mailing, with instructions to deliver the survey to their employer. Historically the return rate is low from employers. The attached survey data is compiled from only a six percent return rate. The minimal return of the survey indicates mixed opinions of our graduates. The panel believes some employers rated the level of importance of clinical skills in reverse of the definitions on the five point Lickert scale. As one employers stated: "I found this survey to be confusing." The APR Panel acknowledges the fact that the instrument was not conducive to rating the FSU preparation and therefore the reliability of the survey data could be impacted by rater inconsistency.

Tracking graduate employers is challenging. Graduates work in a variety of general practice, specialty offices and as small business owners throughout Michigan and other states. The program is exploring better options for the administration of the employer survey to increase return rates. As the largest producer of dental hygienists in Michigan, it would be logical to assume that a large segment of Michigan dentists do employ FSU gradates. The surveys could be sent to all Michigan dentists, but the high number (over 6000) would be cost prohibitive.

### **FINDINGS**

The following comments suggest that employers are satisfied with the level of preparation of our graduates.

#### **Survey Comments:**

- Ferris puts out the best RDH's in Michigan! Keep up the good work.
- Skills were adequate, but are really improving. Attitude, helpfulness, team player are all great strengths.
- Wonderful addition to our staff.
- Student had previous dental assisting experience in our office. Previous hygienist were not prepared as to knowledge of what took place for crown preps, endodontic procedures (root canals), etc.
- Should have more knowledge of dental restorative procedures that dentist does daily (i.e., crown preps, endodontics spacers, etc.).
- As a production producer, need to manage time and understand production per hour as a business, not just be told that wage should be \$\$\$\$.

Anecdotal evidence supports employer satisfaction. Faculty and staff interact with many dentists at professional meetings and continuing education courses who indicate they will only employ

Ferris graduates. Comments such as Ferris graduates are better versed in technical expertise, communication skills, and professional demeanor than graduates of other programs. Especially noted is the Ferris graduates ability to interact as a team member. Dentists volunteer their time annually to speak to the graduating class on practice management issues in the dental environment from the employer's perspective. Each year these dentists inform the students of the excellent training that they receive from Ferris. Additionally, the dentists are hoping to recruit more of our students as employees. This is a win-win situation for the dentists and the dental hygienists.

From a practice management prospective, one employer indicated students did not have enough experience with an understanding of the production needs of a dental office. The curriculum has been changed in Clinic Theory to address the importance of the hygienist's role in office production. In addition, the Clinic Practice course (DHYG225) in the final semester time management plays a critical role in achieving the final course grade. Minimal production earns a minimal grade. Increased production results in a higher grade. The time allotted for patient treatment in the final semester better reflects actual practice settings.

Employer and graduates expressed concerns regarding lack of training in dental restorative procedures as described in section 2. For the past two years efforts have been made to increase student exposure to current trends and dental products used in the industry. A variety of vendors participated in continuing education courses attended by students. In addition, several guest speakers provide presentation in classes, and to the Student American Dental Hygiene Association, on new products. The third annual Technology Day will be held in November 2003. This is an opportunity for students, staff, and community dentists to participate in learning about new products and technology from dental vendors from across the state.

Clinical courses stress the importance of team work and have systems in place to incorporate team-building skills. For instance, all students are required to assist their classmates in the close down of clinics. If some are finished early they move to a station to assist those that are finishing later. By the end of the academic program students are self-motivated and self-directed to serve as team players.

## **SUMMARY**

Although the response rate was very low, the employer's surveys returned reflected an overall high satisfaction with FSU dental hygiene graduates in terms of their clinical and professional skills.





# FERRIS STATE UNIVERSITY

March 26, 2003

Dear Doctor:

The Allied Dental Department at Ferris State University has an ongoing commitment to excellence in dental hygiene education. One way to evaluate our effectiveness is to hear from you, the employer of our graduates. Your feedback can help us in our efforts to maintain a quality educational program.

To assist us in determining the strengths and weaknesses of the program, we would appreciate if you took a few minutes to complete the enclosed questionnaire. The data obtained will help us to evaluate the need for future didactic and clinical program revisions.

Be assured that all information supplied by graduates and their employers will be kept strictly confidential. Individual names and responses will not be used in any presentation of the results or revealed in any way. The information gained is strictly for program evaluation and improvement. Please complete and return the survey in the postage paid envelope by April 18, 2003.

Thank you in advance for taking a few minutes out of your day to complete this survey. Your feedback assists our program to educate and graduate highly qualified dental hygienists that possess the most current technical skills in the field.

Sincerely,

Eve Sidney, R.D.H., M.S.  
Program Coordinator  
Dental Hygiene

Enclosures

cad:LET ENPLR 03

**EMPLOYER SURVEY – 2003**  
**17 Employers completed the survey**

Importance In My Current RDH Position				Responsibility	Preparation by Ferris State University			
Not applicable to my practice	Very important to my practice	Moderately important to my practice	Essential to my practice		Not applicable to my practice	Very important to my practice	Moderately important to my practice	Essential to my practice
0	7	5	5	Personal appearance	0	6	4	5
0	9	0	6	Interpersonal skills (communication)	0	7	2	6
0	10	1	5	Ability to be part of the dental office "team"	0	4	2	8
0	7	4	5	Professional presence/attitude	0	7	2	6
0	11	1	6	Ability to inform and educate patient	0	9	2	5
0	8	1	5	Ability to relate to patients	0	7	2	5
3	2	10	2	Active in professional community service	3	2	7	1
0	5	6	4	Analyze Assessment Data	0	3	8	3
0	6	4	5	Determine patient needs based on standard of care	0	5	6	4
1	7	4	5	Ability to make dental hygiene diagnosis	1	5	5	5
1	8	2	5	Determine dental hygiene and patient interventions	1	3	6	5
1	5	5	4	Interpret radiographs	1	3	7	4
2	6	4	4	Assess oral pathologies	1	3	7	4
0	7	4	5	Ability to evaluate, reassess, and plan new strategies	0	3	8	4
0	8	1	7	Debridement	0	6	3	6
1	6	4	4	Engine polishing	1	5	3	5

24

Importance in My Current RDH Position				Responsibility	Preparation by Ferris State University			
Not applicable to my practice	Very important to my practice	Moderately important to my practice	Essential to my practice		Not applicable to my practice	Very important to my practice	Moderately important to my practice	Essential to my practice
7	2	5	2	Prophy jet	7	2	2	4
0	9	2	5	Ultrasonic scaling	0	6	2	6
1	5	5	5	Pit and fissure placement	1	4	6	4
1	5	4	6	Ability to perform oral irrigation	1	7	3	4
0	7	2	7	Probe and complete perio charting	0	5	2	7
10	0	5	1	Pulp vitality tests	9	0	5	0
1	6	3	6	Tooth desensitizing agents/topical anesthetics application	1	5	3	6
0	8	2	6	Topical fluoride application	0	8	1	6
0	9	0	7	Expose diagnostically acceptable radiographs	0	8	1	6
10	1	2	3	Polish amalgams	11	1	1	2
11	0	2	3	Place temp. rest	11	0	2	2
7	2	3	3	Alginate impressions	7	2	3	3
8	1	4	3	Pouring study models	8	1	4	2
10	1	2	3	Trimming study models	8	2	2	2
10	0	3	3	Mixing cements	11	1	3	0
13	0	1	2	Mixing and placing periodontal packs	11	1	1	2
10	0	3	3	Fabrication of whitening trays	11	2	1	1

25

Importance in My Current RDH Position				Responsibility	Preparation by Ferris State University			
Not applicable to my practice	Very important to my practice	Moderately important to my practice	Essential to my practice		Not applicable to my practice	Very important to my practice	Moderately important to my practice	Essential to my practice
11	0	1	2	Administration of local anesthesia	0	0	1	0
1	8	3	5	Maintain equipment and supplies	0	8	2	7
0	9	0	6	Autoclave/asepsis equipment use	0	9	1	5
0	10	1	6	Aseptic technique	0	6	1	6
0	9	1	6	Assists in improving overall office performance	0	7	2	6
5	0	6	5	Basic computer skills	4	0	6	3
3	0	5	6	Computerized dental software				
13	1	0	2	Computer assisted probing	12	0	0	1
14	1	0	1	Digital radiography	13	0	0	1
8	3	1	2	Intraoral camera	8	1	1	3
1	9	1	7	Promptness, organization, and neatness	1	7	2	6

## **COMMENTS:**

- Ferris puts out the best RDH's in Michigan! Keep up the good work.
- I found this survey to be confusing. The rating scale (1, 2, 3) is not sequential. #1 = very, #2 = moderate, #3 = essential – ↑ ↓ ↑. It was cumbersome to complete. How can my FSU grad perform say digital radiography at a moderately important to my practice level??
- Skills were adequate, but are really improving. Attitude, helpfulness, team player are all great strengths. Wonderful addition to our staff.
- Student had previous dental assisting experience in our office. Previous hygienist were not prepared as to knowledge of what took place for crown preps, endo, spacers, etc. Students should have more knowledge of dental restorative procedures that dentist does daily (i.e., crown preps, endo, spacers, etc.).
- As a production producer, need to manage time and understand production per hour as a business, not just be told that wage should be \$\$\$\$.



# FERRIS STATE UNIVERSITY

March 26, 2003

Dear Doctor:

The Allied Dental Department at Ferris State University has an ongoing commitment to excellence in dental hygiene education. One way to evaluate our effectiveness is to hear from you, the employer of our graduates. Your feedback can help us in our efforts to maintain a quality educational program.

To assist us in determining the strengths and weaknesses of the program, we would appreciate if you took a few minutes to complete the enclosed questionnaire. The data obtained will help us to evaluate the need for future didactic and clinical program revisions.

Be assured that all information supplied by graduates and their employers will be kept strictly confidential. Individual names and responses will not be used in any presentation of the results or revealed in any way. The information gained is strictly for program evaluation and improvement. Please complete and return the survey in the postage paid envelope by April 18, 2003.

Thank you in advance for taking a few minutes out of your day to complete this survey. Your feedback assists our program to educate and graduate highly qualified dental hygienists that possess the most current technical skills in the field.

Sincerely,

Eve Sidney, R.D.H., M.S.  
Program Coordinator  
Dental Hygiene

Enclosures

cad:LET EMPLR 03

# DENTAL HYGIENE PROGRAM EMPLOYER SURVEY

The following list describes some of the responsibilities that may be delegated to a dental hygienist in Michigan. In Column I (Importance) at the left, circle the number corresponding to the importance of each item in relation to the practice of dental hygiene in your office. If it is not applicable, please mark NA.

- 1 = very important to my practice
- 2 = moderately important to my practice
- 3 = essential to my practice
- NA = not applicable to my practice

In Column II (Preparation) located at the right, circle the appropriate level at which you feel the FSU graduate hygienist you employ performs each responsibility. Please add additional comments to better express your opinion at the end of this survey.

- 1 = very important to my practice
- 2 = moderately important to my practice
- 3 = essential to my practice
- NA = not applicable to my practice

If more than one Ferris graduate has been employed in your practice, please reflect an average of their skill levels in Column II. ***Please answer the following questions only as they relate to the Ferris State University graduates employed within the last five years.***

**Column I  
IMPORTANCE  
TO MY  
CURRENT  
HYGIENIST  
POSITION**

**RESPONSIBILITY**

**Column II  
  
PREPARATION  
BY FERRIS  
STATE  
UNIVERSITY**

				<b><u>Interpersonal/Professional Skills</u></b>				
1	2	3	NA	Personal appearance	1	2	3	NA
1	2	3	NA	Interpersonal skills (communication)	1	2	3	NA
1	2	3	NA	Ability to be part of the dental office "team"	1	2	3	NA
1	2	3	NA	Professional presence/attitude	1	2	3	NA
1	2	3	NA	Ability to inform and educate patient	1	2	3	NA
1	2	3	NA	Ability to relate to patients	1	2	3	NA
1	2	3	NA	Active in Professional Community Service (professional organization, volunteering, presentations)	1	2	3	NA
				<b><u>Assessment/Diagnostic/Planning/Implementation/Evaluation Skills</u></b>				
1	2	3	NA	Analyze all assessment data	1	2	3	NA
1	2	3	NA	Determine patient needs based on standard of care	1	2	3	NA
1	2	3	NA	Determine dental hygiene diagnosis	1	2	3	NA
1	2	3	NA	Determine dental hygiene and patient interventions (treatment planning)	1	2	3	NA
1	2	3	NA	Interpret radiographs	1	2	3	NA
1	2	3	NA	Assess oral pathologies	1	2	3	NA
1	2	3	NA	Ability to evaluate, reassess, and plan new strategies	1	2	3	NA

**Column I  
IMPORTANCE  
TO MY CURRENT  
HYGIENIST  
POSITION**

**RESPONSIBILITY**

**Column II  
PREPARATION  
BY FERRIS  
STATE  
UNIVERSITY**

				<b><u>Performance Skills</u></b>				
1	2	3	NA	Debridement (scaling and deplaquing)	1	2	3	NA
1	2	3	NA	Engine polisher	1	2	3	NA
1	2	3	NA	Prophy Jet	1	2	3	NA
1	2	3	NA	Ultrasonic scaling/debridement	1	2	3	NA
1	2	3	NA	Pit and Fissure sealant placement	1	2	3	NA
1	2	3	NA	Oral irrigation	1	2	3	NA
1	2	3	NA	Probing and complete periodontal charting	1	2	3	NA
1	2	3	NA	Pulp vitality tests	1	2	3	NA
1	2	3	NA	Tooth desensitizing agents/topical anesthetics application	1	2	3	NA
1	2	3	NA	Topical fluoride application	1	2	3	NA
1	2	3	NA	Expose diagnostically acceptable radiographs	1	2	3	NA
1	2	3	NA	Marginate and polish amalgams	1	2	3	NA
1	2	3	NA	Place temporary restorations	1	2	3	NA
1	2	3	NA	Take alginate impressions	1	2	3	NA
1	2	3	NA	Pour study models	1	2	3	NA
1	2	3	NA	Trim study models	1	2	3	NA
1	2	3	NA	Mix cements	1	2	3	NA
1	2	3	NA	Mix and place periodontal packs	1	2	3	NA
1	2	3	NA	Fabrication of whitening trays	1	2	3	NA
1	2	3	NA	Administration of local anesthesia				(To be added into DH curriculum 2004
				<b><u>Management/Systems Skills</u></b>				
1	2	3	NA	Promptness, organization, and neatness	1	2	3	NA
1	2	3	NA	Maintain equipment and supplies	1	2	3	NA
1	2	3	NA	Autoclave and asepsis equipment use	1	2	3	NA
1	2	3	NA	Aseptic technique	1	2	3	NA
1	2	3	NA	Assists in improving overall office performance	1	2	3	NA
				<b><u>Use of Current Technology</u></b>				
1	2	3	NA	Basic computer skills (word processing, spread sheets, data bases, internet, email)	1	2	3	NA
1	2	3	NA	Computerized dental software (i.e., EagleSoft, Practice Works, etc.)				
1	2	3	NA	Computer assisted probing	1	2	3	NA
1	2	3	NA	Digital radiography	1	2	3	NA
1	2	3	NA	Intraoral camera	1	2	3	NA

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for completing this survey. Please return it in the enclosed self addressed envelope.



## **SECTION FOUR: STUDENT EVALUATION OF INSTRUCTION**

Evaluation data from students is collected annually for the purpose of gauging their perceptions of current program practices. In the fall semester of 2003, a survey was distributed to all students in the professional program as part of our annual curriculum evaluation. This included 55 first level students and 51 second level students. One hundred four surveys were collected, providing a 98% response rate. Items on the survey addressed the students' perceptions about the curriculum, instruction, clinic experiences, career planning and placement services, facilities and equipment resources.

### **FINDINGS**

The majority of the ratings reflected an average above 3.5 on a 5-point scale (five being the highest). The results suggest that students are generally satisfied with the program. Students expressed a high level of satisfaction rating the following with 4 or above.

- Written objectives available to students
- Clinical experience is available at convenient locations
- Clinical experience is coordinated with employer supervision
- Clinical experience coordinated with classroom instruction
- Lab/lecture facilities have enough work stations
- Lab/lecture facilities are safe functional and well maintained
- Instructional lecture and laboratory facilities are available equal basis to all students
- Equipment-current represents industry
- Equipment sufficient quality/no delays
- Equipment - safe – good conditions
- Materials current/meaningful to subjects
- Instructional materials are not biased toward traditional gender roles

The areas, which received scores of less than 3.5, were:

- Course costs; cost of materials
- Career opportunities for non-traditional students
- Job success information on former students in the program, location, etc.
- Placement services

The areas students rated at less than 3.5% are not surprising, considering the fact that dental hygiene is a very costly program. The instrument kits that students buy three of the four semesters are very expensive but necessary, as each clinic course requires more complex instruments. Students are informed of these costs in a program estimated cost sheet upon acceptance into the Pre-Dental Hygiene Curriculum. Costs are also reviewed with students in the FSUS 100 courses. In addition, students receive a mailing in the summer prior to the professional sequence that indicates program-estimated costs for the program annually. Estimated cost sheets are available for students to use for financial aid planning.

The perceptions about career opportunities for non-traditional students, once again reflects the historical lack of diversity in this program, whether it is gender, age, race or ethnicity. Most of the dental hygiene students do not utilize the career services available at Ferris State University because of the high number of job opportunities available to them upon graduation. A speaker from Career Services is brought into a 2<sup>nd</sup> year dental hygiene class to walk them through the website and provides students with an orientation to their services. Former students are often brought into the classroom in the second year of the program share their job experiences. It can be inferred that only the second level students might be aware of this opportunity, thus explaining the lower rating for these items.

## **SUMMARY**

The data suggests that overall students are highly satisfied with the Dental Hygiene Program. Students were especially satisfied with the facilities, objectives of instruction, clinical experience and dentist and hygienist supervision. Adjunct instructors, local dentists, and full time faculty and staff provide instruction in the clinic. Each team member brings a varied background into the clinic providing a broad exposure to the different aspects of clinical practice. Adjunct instructional staffs are currently employed in private practice settings and the full time instructional team returns to clinical practice settings in the summer. The diversity of this blend has brought a rich clinical experience to our students.

To address the identified concerns, the program continues to explore ways to reduce student kit costs. Several instruments have been deleted from the kits as emphasis is placed on ultrasonic scaling. The second semester winter instrument kit has been deleted saving the students hundreds of dollars.

The concern regarding career services and opportunities for non-traditional students has been addressed by greater emphasis on the services available through Student Employment and Career Services on campus. FSUS 100 courses introduce students to Student Employment and Career Services. The final semester of the professional sequence a representative from Student Employment and Career Services visits the class and walks them through services available and the website. A resume is prepared and reviewed via Student Employment and Career Services.

# DENTAL HYGIENE PROGRAM 2002-2003 ESTIMATED COST TO STUDENTS

## FERRIS STATE UNIVERSITY EXPENSES

Call the Business Office at 231-591-2125 for additional information.

### \*Undergraduate Tuition (12-16 credit hours)

	<u>Semester</u>	<u>Annual</u>
MI Resident	\$2,670.00	\$5,340.00
Non-Resident	\$5,413.00	\$10,826.00
*Non-Resident (MSEP)	\$4,004.00	\$8,008.00

Non-resident students are eligible for the MSEP rate if they live in one of the following states: Illinois, Indiana, Kansas, Minnesota, Missouri, Nebraska, Ohio, and Wisconsin.

Call Residential Life at 231-591-3745 for additional information.

### Room and Board: (19 meal plan)

Regular Hall	\$2,984.00	\$5,968.00
--------------	------------	------------

Call the West Campus Community Center at 231-591-3781 for additional information.

### Family Apartments: 12 Month Contract

One Bedroom	\$6,210.00
Two Bedroom	\$6,912.00

### Townhouses: 12 Month Contract

Two Bedroom	\$7,620.00
Three Bedroom	\$7,328.00

Family housing is billed by the semester. It includes utilities, basic cable, local telephone, and data connect.

## ADDITIONAL DENTAL HYGIENE PROGRAM EXPENSES (estimated)

### FIRST YEAR

#### Fall Semester

Books/Manuals	\$ 750.00
Lab Coat	20.00
Clinic Shoes	55.00
Perio Typodont	250.00
++Clinic Instrument Kit w/Cassette DHYG 115	290.00
Safety Glasses	30.00
Hepatitis Vaccine (optional)	150.00
SADHA Dues (optional)	40.00
DHYG 110 Course Fees	
Adventures in Attitudes Preview	5.00
DISC Preview	5.00
TOTAL	\$1,595.00

#### Winter Semester

Books/Manuals	\$ 450.00
Lab Coats (2)	50.00
Clinic Uniforms (2 sets @ \$20 ea.)	50.00
++Clinic Instrument Kit w/Cassette	285.00
TOTAL	\$ 835.00

### SECOND YEAR

#### Fall Semester

Books/Manuals	\$ 350.00
Dental Materials Lab Fee	80.00
++Clinic Instrument Kit DHYG 215	135.00
SADHA Dues (optional)	40.00
Class Picture (optional)	15.00
Clinic Uniform (1)	25.00
TOTAL	\$ 645.00

#### Winter Semester

Books/Manuals	\$ 185.00
National Board Exam	140.00
Northeast Regional Board Exam	585.00
Examination Photographs	10.00
Michigan License (optional)	40.00
FSU Dental Hygiene Pin (optional)	40.00
TOTAL	\$1,000.00

**1st Year Estimated Total: \$2,430.00**

**2nd Year Estimated Total: \$1,645.00**

**ESTIMATED GRAND TOTAL: \$4,075.00**

### Dental Hygiene Program expenses are estimates only and subject to change.

\* All MI resident undergraduate students, regardless of program requirements, enrolling for more than 16 credits, will pay an additional \$196.00 per credit hour rate for each credit beyond 16 credits. Non-residents per credit hour rate is \$414.00 (2001-2002 fees).

++Instruments must be purchased at the Rankin Bookstore prior to the first day of clinic/lab, and brought to the first clinical/lab session of DHYG 115, DHYG 125, DHYG 211, DHYG 215, and DHYG 225.

## C-1 SUMMARY OF STUDENT PERCEPTIONS OF OCCUPATIONAL EDUCATION PROGRAMS

Students were asked to rate each item according to their best judgment on a five point scale ranging from poor (1) to excellent (5). A sixth column, "Don't Know" (DNK) was provided in the event that the respondent did not have sufficient information to rate an item.

Response by Percentage:

	1	2	3	4	5	DNK
1. Courses in your program are available and conveniently located						
2. Courses in your program are based on realistic prerequisites						
3. Courses in your program are available at moderate cost						
4. Written objectives for courses in your program are available to students						
5. Written objectives for courses in your program describe what you learn in the course						
6. Written objectives for courses in your program are used by the instructor to keep you aware of your progress						
7. Teaching methods, procedures, and course content meet your occupational needs, interests, and objectives						
8. Teaching methods, procedures, and course content provide supervised practice for developing job skills						
9. Related courses are pertinent to occupational instruction						
10. Related courses are current and meaningful to you						
11. Clinical experience in your program is readily available at convenient locations						
12. Clinical experience in your program is readily available to both day and evening students						
13. Clinical experience in your program is coordinated with classroom instruction						
14. Clinical experience in your program is coordinated with employer supervision						
15. Career planning information meets your needs and interests						
16. Career planning information helps you plan your program						
17. Career planning information helps you make career decisions and choices						
18. Career planning information helps you understand your rights and responsibilities as an employee						
19. Career planning information helps you evaluate job opportunities in relation to salary, benefits, and conditions of employment						
20. Career planning information is provided by knowledgeable, interested staff						
21. Career planning information explains non-traditional occupational opportunities for both sexes						

	1	2	3	4	5	DNK
22. Job success information on former students in your program is provided to help you make career decisions						
23. Job success information on former students in your program indicates how many job opportunities there are in your occupation						
24. Job success information on former students in your program identifies where these job opportunities are located						
25. Job success information on former students in your program tells about job advancement opportunities						
26. Placement services are available to help you find employment opportunities						
27. Placement services are available to prepare you to apply for a job						
28. Occupational instructors know the subject matter and occupational requirements						
29. Occupational instructors are available to provide help when you need it						
30. Occupational instructors provide instruction so it is interesting and understandable						
31. Instructional support services are available to meet your needs and interests						
32. Instructional support services are provided by knowledgeable, interested staff						
33. Instructional lecture and laboratory facilities provide adequate lighting, ventilation, heating, power, and other utilities						
34. Instructional lecture and laboratory facilities include enough work stations for the number of students enrolled						
35. Instructional lecture and laboratory facilities are safe, functional, and well maintained						
36. Instructional lecture and laboratory facilities are available on an equal basis for all students						
37. Instructional equipment is current and representative of industry						
38. Instructional equipment is in sufficient quantity to avoid long delays in use						
39. Instructional equipment is safe and in good condition						
40. Instructional materials are available and conveniently located for use as needed						
41. Instructional materials are current and meaningful to the subject						
42. Instructional materials are not biased toward "traditional" sex roles						
43. Instructional materials are available at a reasonable cost						

## Frequencies

Prepared by: Institutional Research &amp; Testing, 02/03

## Statistics

	N		Mean	Median	Std. Deviation
	Valid	Missing			
Q1 Courses-available/conveniently located	103	1	3.97	4.00	1.150
Q2 Courses-realistic prerequisites	104	0	3.75	4.00	1.237
Q3 Courses-available at moderate cost	102	2	2.80	3.00	1.034
Q4 Written objectives-available to students	101	3	4.11	5.00	1.216
Q5 Written objectives-describe what will learn	102	2	3.85	4.00	1.206
Q6 Written objectives-keeps aware of progress	103	1	3.78	4.00	1.093
Q7 Teach'g-meet needs, interests, objectives	103	1	3.89	4.00	1.084
Q8 Teach'g-provide supervised practice	103	1	3.99	4.00	1.116
Q9 Related courses-pertinent to occ. instruct.	101	3	3.80	4.00	1.096
Q10 Related courses-current/meaningful	101	3	3.85	4.00	1.126
Q11 Work exper-available at conven. loc's	104	0	4.19	5.00	1.175
Q12 Work exper-available day/eve students	103	1	3.83	4.00	1.368
Q13 Work exper-coord class instruction	104	0	4.26	5.00	1.141
Q14 Work exper-coord employer supervision	89	15	4.02	4.00	1.279
Q15 Career plan'g-meets needs/interests	97	7	3.73	4.00	1.066
Q16 Career plan'g-helps plan program	87	17	3.60	4.00	1.156
Q17 Career plan'g-career decisions/choices	96	8	3.71	4.00	1.075
Q18 Career plan'g-understand rights/respons	93	11	3.86	4.00	1.059
Q19 Career plan'g-eval job opportunities	91	13	3.68	4.00	1.154
Q20 Career plan'g-knowledgeable staff	92	12	3.72	4.00	1.189
Q21 Career plan'g-explains nontrad opportunities	89	15	3.35	3.00	1.253
Q22 Job succ info-help career decisions	93	11	3.08	3.00	1.393
Q23 Job succ info-no. job opp's in field	92	12	3.21	3.00	1.371
Q24 Job succ info-location of job opportunities	90	14	2.96	3.00	1.289
Q25 Job succ info-job advancemt opportunities	90	14	2.92	3.00	1.326
Q26 Placemt Svcs-help find employmt oppotunities	70	34	3.01	3.00	1.399
Q27 Placemt Svcs-prepare to apply for job	67	37	3.16	3.00	1.310
Q28 Occupat'l instruct's-know subj matter/requiremts	95	9	3.83	4.00	1.226
Q29 Occupat'l instruct's-available to help	94	10	3.86	4.00	1.197
Q30 Occupat'l instruct's-interest'g/understandable	94	10	3.70	4.00	1.199
Q31 Instruct'l support svcs-avail./meet needs/interests	96	8	3.81	4.00	1.145
Q32 Instruct'l support svcs-staff knowledg/interested	96	8	3.80	4.00	1.157
Q33 Lec/lab facil's-adequate utilities	101	3	4.02	4.00	1.225
Q34 Lec/lab facil's-enough work stations	103	1	4.16	5.00	1.211
Q35 Lec/lab facil's-safe, fxnl, maintained	102	2	4.21	5.00	1.155
Q36 Lec/lab facil's-avail. equal basis all students	103	1	4.18	5.00	1.178
Q37 Equipmt-current/represents industry	101	3	4.13	4.00	1.119
Q38 Equipmt-sufficient quantity/no delays	102	2	4.00	4.00	1.186
Q39 Equipmt-safe/good condition	102	2	4.19	5.00	1.115
Q40 Mat'ls-available/conveniently located	103	1	3.99	4.00	1.184
Q41 Mat'ls-current/meaningful to subject	101	3	4.10	4.00	1.127
Q42 Mat'ls-not biased toward "trad'l" roles	96	8	4.03	4.00	1.218
Q43 Mat'ls-avail. reasonable cost	91	13	2.82	3.00	1.338

## Frequencies

Prepared by: Institutional Research &amp; Testing, 02/03

## Statistics

	N		Mean	Median	Std. Deviation
	Valid	Missing			
Q1 Courses-available/conveniently located	103	1	3.97	4.00	1.150
Q2 Courses-realistic prerequisites	104	0	3.75	4.00	1.237
Q3 Courses-available at moderate cost	102	2	2.80	3.00	1.034
Q4 Written objectives-available to students	101	3	4.11	5.00	1.216
Q5 Written objectives-describe what will learn	102	2	3.85	4.00	1.206
Q6 Written objectives-keeps aware of progress	103	1	3.78	4.00	1.093
Q7 Teach'g-meet needs, interests, objectives	103	1	3.89	4.00	1.084
Q8 Teach'g-provide supervised practice	103	1	3.99	4.00	1.116
Q9 Related courses-pertinent to occ. instruct.	101	3	3.80	4.00	1.096
Q10 Related courses-current/meaningful	101	3	3.85	4.00	1.126
Q11 Work exper-available at conven. loc's	104	0	4.19	5.00	1.175
Q12 Work exper-available day/eve students	103	1	3.83	4.00	1.368
Q13 Work exper-coord class instruction	104	0	4.26	5.00	1.141
Q14 Work exper-coord employer supervision	89	15	4.02	4.00	1.279
Q15 Career plan'g-meets needs/interests	97	7	3.73	4.00	1.066
Q16 Career plan'g-helps plan program	87	17	3.60	4.00	1.156
Q17 Career plan'g-career decisions/choices	96	8	3.71	4.00	1.075
Q18 Career plan'g-understand rights/respons	93	11	3.86	4.00	1.059
Q19 Career plan'g-eval job opportunities	91	13	3.68	4.00	1.154
Q20 Career plan'g-knowledgeable staff	92	12	3.72	4.00	1.189
Q21 Career plan'g-explains nontrad opportunities	89	15	3.35	3.00	1.253
Q22 Job succ info-help career decisions	93	11	3.08	3.00	1.393
Q23 Job succ info-no. job opp's in field	92	12	3.21	3.00	1.371
Q24 Job succ info-location of job opportunities	90	14	2.96	3.00	1.289
Q25 Job succ info-job advancemt opportunities	90	14	2.92	3.00	1.326
Q26 Placemt Svcs-help find employmt oppotunities	70	34	3.01	3.00	1.399
Q27 Placemt Svcs-prepare to apply for job	67	37	3.16	3.00	1.310
Q28 Occupat'l instruct's-know subj matter/requiremts	95	9	3.83	4.00	1.226
Q29 Occupat'l instruct's-available to help	94	10	3.86	4.00	1.197
Q30 Occupat'l instruct's-interest'g/understandable	94	10	3.70	4.00	1.199
Q31 Instruct'l support svcs-avail./meet needs/interests	96	8	3.81	4.00	1.145
Q32 Instruct'l support svcs-staff knowledg/interested	96	8	3.80	4.00	1.157
Q33 Lec/lab facil's-adequate utilities	101	3	4.02	4.00	1.225
Q34 Lec/lab facil's-enough work stations	103	1	4.16	5.00	1.211
Q35 Lec/lab facil's-safe, fxnl, maintained	102	2	4.21	5.00	1.155
Q36 Lec/lab facil's-avail. equal basis all students	103	1	4.18	5.00	1.178
Q37 Equipmt-current/represents industry	101	3	4.13	4.00	1.119
Q38 Equipmt-sufficient quantity/no delays	102	2	4.00	4.00	1.186
Q39 Equipmt-safe/good condition	102	2	4.19	5.00	1.115
Q40 Mat'ls-available/conveniently located	103	1	3.99	4.00	1.184
Q41 Mat'ls-current/meaningful to subject	101	3	4.10	4.00	1.127
Q42 Mat'ls-not biased toward "trad'l" roles	96	8	4.03	4.00	1.218
Q43 Mat'ls-avail. reasonable cost	91	13	2.82	3.00	1.338

**Q1 Courses-available/conveniently located**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	6	5.8	5.8	5.8
	Below Expectations	6	5.8	5.8	11.7
	Acceptable	15	14.4	14.6	26.2
	Good	34	32.7	33.0	59.2
	Excellent	42	40.4	40.8	100.0
	Total	103	99.0	100.0	
Missing	System	1	1.0		
Total		104	100.0		

**Q2 Courses-realistic prerequisites**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	9	8.7	8.7	8.7
	Below Expectations	9	8.7	8.7	17.3
	Acceptable	14	13.5	13.5	30.8
	Good	39	37.5	37.5	68.3
	Excellent	33	31.7	31.7	100.0
	Total	104	100.0	100.0	

**Q3 Courses-available at moderate cost**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	17	16.3	16.7	16.7
	Below Expectations	13	12.5	12.7	29.4
	Acceptable	47	45.2	46.1	75.5
	Good	23	22.1	22.5	98.0
	Excellent	2	1.9	2.0	100.0
	Total	102	98.1	100.0	
Missing	System	2	1.9		
Total		104	100.0		

**Q4 Written objectives-available to students**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	7	6.7	6.9	6.9
	Below Expectations	6	5.8	5.9	12.9
	Acceptable	9	8.7	8.9	21.8
	Good	26	25.0	25.7	47.5
	Excellent	53	51.0	52.5	100.0
	Total	101	97.1	100.0	
Missing	System	3	2.9		
Total		104	100.0		



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	8	7.7	7.8	7.8
	Below Expectations	6	5.8	5.9	13.7
	Acceptable	16	15.4	15.7	29.4
	Good	35	33.7	34.3	63.7
	Excellent	37	35.6	36.3	100.0
	Total	102	98.1	100.0	
Missing	System	2	1.9		
Total		104	100.0		

**Q6 Written objectives-keeps aware of progress**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	4	3.8	3.9	3.9
	Below Expectations	10	9.6	9.7	13.6
	Acceptable	21	20.2	20.4	34.0
	Good	38	36.5	36.9	70.9
	Excellent	30	28.8	29.1	100.0
	Total	103	99.0	100.0	
Missing	System	1	1.0		
Total		104	100.0		

**Q7 Teach'g-meet needs, interests, objectives**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	4	3.8	3.9	3.9
	Below Expectations	9	8.7	8.7	12.6
	Acceptable	15	14.4	14.6	27.2
	Good	41	39.4	39.8	67.0
	Excellent	34	32.7	33.0	100.0
	Total	103	99.0	100.0	
Missing	System	1	1.0		
Total		104	100.0		

**Q8 Teach'g-provide supervised practice**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	4	3.8	3.9	3.9
	Below Expectations	8	7.7	7.8	11.7
	Acceptable	16	15.4	15.5	27.2
	Good	32	30.8	31.1	58.3
	Excellent	43	41.3	41.7	100.0
	Total	103	99.0	100.0	
Missing	System	1	1.0		
Total		104	100.0		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	4	3.8	4.0	4.0
	Below Expectations	10	9.6	9.9	13.9
	Acceptable	18	17.3	17.8	31.7
	Good	39	37.5	38.6	70.3
	Excellent	30	28.8	29.7	100.0
	Total	101	97.1	100.0	
Missing	System	3	2.9		
Total		104	100.0		

**Q10 Related courses-current/meaningful**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	4	3.8	4.0	4.0
	Below Expectations	11	10.6	10.9	14.9
	Acceptable	15	14.4	14.9	29.7
	Good	37	35.6	36.6	66.3
	Excellent	34	32.7	33.7	100.0
	Total	101	97.1	100.0	
Missing	System	3	2.9		
Total		104	100.0		

**Q11 Work exper-available at conven. loc's**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	5	4.8	4.8	4.8
	Below Expectations	9	8.7	8.7	13.5
	Acceptable	6	5.8	5.8	19.2
	Good	25	24.0	24.0	43.3
	Excellent	59	56.7	56.7	100.0
	Total	104	100.0	100.0	

**Q12 Work exper-available day/eve students**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	11	10.6	10.7	10.7
	Below Expectations	9	8.7	8.7	19.4
	Acceptable	13	12.5	12.6	32.0
	Good	24	23.1	23.3	55.3
	Excellent	46	44.2	44.7	100.0
	Total	103	99.0	100.0	
Missing	System	1	1.0		
Total		104	100.0		

**Q13 Work exper-coord class instruction**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	7	6.7	6.7	6.7
	Below Expectations	3	2.9	2.9	9.6
	Acceptable	6	5.8	5.8	15.4
	Good	28	26.9	26.9	42.3
	Excellent	60	57.7	57.7	100.0
	Total	104	100.0	100.0	

**Q14 Work exper-coord employer supervision**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	9	8.7	10.1	10.1
	Below Expectations	3	2.9	3.4	13.5
	Acceptable	8	7.7	9.0	22.5
	Good	26	25.0	29.2	51.7
	Excellent	43	41.3	48.3	100.0
	Total	89	85.6	100.0	
Missing	System	15	14.4		
Total		104	100.0		

**Q15 Career plan'g-meets needs/interests**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	3	2.9	3.1	3.1
	Below Expectations	9	8.7	9.3	12.4
	Acceptable	26	25.0	26.8	39.2
	Good	32	30.8	33.0	72.2
	Excellent	27	26.0	27.8	100.0
	Total	97	93.3	100.0	
Missing	System	7	6.7		
Total		104	100.0		

**Q16 Career plan'g-helps plan program**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	5	4.8	5.7	5.7
	Below Expectations	10	9.6	11.5	17.2
	Acceptable	22	21.2	25.3	42.5
	Good	28	26.9	32.2	74.7
	Excellent	22	21.2	25.3	100.0
	Total	87	83.7	100.0	
Missing	System	17	16.3		
Total		104	100.0		

**Q17 Career plan'g-career decisions/choices**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	4	3.8	4.2	4.2
	Below Expectations	7	6.7	7.3	11.5
	Acceptable	28	26.9	29.2	40.6
	Good	31	29.8	32.3	72.9
	Excellent	26	25.0	27.1	100.0
	Total	96	92.3	100.0	
Missing	System	8	7.7		
Total		104	100.0		

**Q18 Career plan'g-understand rights/respons**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	3	2.9	3.2	3.2
	Below Expectations	7	6.7	7.5	10.8
	Acceptable	20	19.2	21.5	32.3
	Good	33	31.7	35.5	67.7
	Excellent	30	28.8	32.3	100.0
	Total	93	89.4	100.0	
Missing	System	11	10.6		
Total		104	100.0		

**Q19 Career plan'g-eval job opportunities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	6	5.8	6.6	6.6
	Below Expectations	7	6.7	7.7	14.3
	Acceptable	22	21.2	24.2	38.5
	Good	31	29.8	34.1	72.5
	Excellent	25	24.0	27.5	100.0
	Total	91	87.5	100.0	
Missing	System	13	12.5		
Total		104	100.0		

**Q20 Career plan'g-knowledgeable staff**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	8	7.7	8.7	8.7
	Below Expectations	3	2.9	3.3	12.0
	Acceptable	24	23.1	26.1	38.0
	Good	29	27.9	31.5	69.6
	Excellent	28	26.9	30.4	100.0
	Total	92	88.5	100.0	
Missing	System	12	11.5		
Total		104	100.0		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	11	10.6	12.4	12.4
	Below Expectations	7	6.7	7.9	20.2
	Acceptable	30	28.8	33.7	53.9
	Good	22	21.2	24.7	78.7
	Excellent	19	18.3	21.3	100.0
	Total	89	85.6	100.0	
Missing	System	15	14.4		
Total		104	100.0		

**Q22 Job succ info-help career decisions**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	21	20.2	22.6	22.6
	Below Expectations	6	5.8	6.5	29.0
	Acceptable	28	26.9	30.1	59.1
	Good	21	20.2	22.6	81.7
	Excellent	17	16.3	18.3	100.0
	Total	93	89.4	100.0	
Missing	System	11	10.6		
Total		104	100.0		

**Q23 Job succ info-no. job opp's in field**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	17	16.3	18.5	18.5
	Below Expectations	8	7.7	8.7	27.2
	Acceptable	25	24.0	27.2	54.3
	Good	23	22.1	25.0	79.3
	Excellent	19	18.3	20.7	100.0
	Total	92	88.5	100.0	
Missing	System	12	11.5		
Total		104	100.0		

**Q24 Job succ info-location of job opportunities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	18	17.3	20.0	20.0
	Below Expectations	10	9.6	11.1	31.1
	Acceptable	32	30.8	35.6	66.7
	Good	18	17.3	20.0	86.7
	Excellent	12	11.5	13.3	100.0
	Total	90	86.5	100.0	
Missing	System	14	13.5		
Total		104	100.0		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	18	17.3	20.0	20.0
	Below Expectations	14	13.5	15.6	35.6
	Acceptable	29	27.9	32.2	67.8
	Good	15	14.4	16.7	84.4
	Excellent	14	13.5	15.6	100.0
	Total	90	86.5	100.0	
Missing	System	14	13.5		
Total		104	100.0		

**Q26 Placemt Svcs-help find employmt oppotunities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	15	14.4	21.4	21.4
	Below Expectations	11	10.6	15.7	37.1
	Acceptable	13	12.5	18.6	55.7
	Good	20	19.2	28.6	84.3
	Excellent	11	10.6	15.7	100.0
	Total	70	67.3	100.0	
Missing	System	34	32.7		
Total		104	100.0		

**Q27 Placemt Svcs-prepare to apply for job**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	10	9.6	14.9	14.9
	Below Expectations	11	10.6	16.4	31.3
	Acceptable	15	14.4	22.4	53.7
	Good	20	19.2	29.9	83.6
	Excellent	11	10.6	16.4	100.0
	Total	67	64.4	100.0	
Missing	System	37	35.6		
Total		104	100.0		

**Q28 Occupat'l instruct's-know subj matter/requiremnts**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	8	7.7	8.4	8.4
	Below Expectations	7	6.7	7.4	15.8
	Acceptable	11	10.6	11.6	27.4
	Good	36	34.6	37.9	65.3
	Excellent	33	31.7	34.7	100.0
	Total	95	91.3	100.0	
Missing	System	9	8.7		
Total		104	100.0		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	7	6.7	7.4	7.4
	Below Expectations	6	5.8	6.4	13.8
	Acceptable	14	13.5	14.9	28.7
	Good	33	31.7	35.1	63.8
	Excellent	34	32.7	36.2	100.0
	Total	94	90.4	100.0	
Missing	System	10	9.6		
Total		104	100.0		

**Q30 Occupat'l instruct's-interest'g/understandable**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	7	6.7	7.4	7.4
	Below Expectations	8	7.7	8.5	16.0
	Acceptable	19	18.3	20.2	36.2
	Good	32	30.8	34.0	70.2
	Excellent	28	26.9	29.8	100.0
	Total	94	90.4	100.0	
Missing	System	10	9.6		
Total		104	100.0		

**Q31 Instruct'l support svcs-avail./meet needs/interests**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	6	5.8	6.3	6.3
	Below Expectations	6	5.8	6.3	12.5
	Acceptable	19	18.3	19.8	32.3
	Good	34	32.7	35.4	67.7
	Excellent	31	29.8	32.3	100.0
	Total	96	92.3	100.0	
Missing	System	8	7.7		
Total		104	100.0		

**Q32 Instruct'l support svcs-staff knowledg/interested**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	6	5.8	6.3	6.3
	Below Expectations	8	7.7	8.3	14.6
	Acceptable	15	14.4	15.6	30.2
	Good	37	35.6	38.5	68.8
	Excellent	30	28.8	31.3	100.0
	Total	96	92.3	100.0	
Missing	System	8	7.7		
Total		104	100.0		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	8	7.7	7.9	7.9
	Below Expectations	4	3.8	4.0	11.9
	Acceptable	14	13.5	13.9	25.7
	Good	27	26.0	26.7	52.5
	Excellent	48	46.2	47.5	100.0
	Total	101	97.1	100.0	
Missing	System	3	2.9		
Total		104	100.0		

**Q34 Lec/lab facil's-enough work stations**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	7	6.7	6.8	6.8
	Below Expectations	5	4.8	4.9	11.7
	Acceptable	11	10.6	10.7	22.3
	Good	22	21.2	21.4	43.7
	Excellent	58	55.8	56.3	100.0
	Total	103	99.0	100.0	
Missing	System	1	1.0		
Total		104	100.0		

**Q35 Lec/lab facil's-safe, fxnl, maintained**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	6	5.8	5.9	5.9
	Below Expectations	4	3.8	3.9	9.8
	Acceptable	11	10.6	10.8	20.6
	Good	23	22.1	22.5	43.1
	Excellent	58	55.8	56.9	100.0
	Total	102	98.1	100.0	
Missing	System	2	1.9		
Total		104	100.0		

**Q36 Lec/lab facil's-avail. equal basis all students**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	6	5.8	5.8	5.8
	Below Expectations	7	6.7	6.8	12.6
	Acceptable	6	5.8	5.8	18.4
	Good	27	26.0	26.2	44.7
	Excellent	57	54.8	55.3	100.0
	Total	103	99.0	100.0	
Missing	System	1	1.0		
Total		104	100.0		



Q37 Equipmt-current/represents industry

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	7	6.7	6.9	6.9
	Below Expectations	3	2.9	3.0	9.9
	Acceptable	6	5.8	5.9	15.8
	Good	39	37.5	38.6	54.5
	Excellent	46	44.2	45.5	100.0
	Total	101	97.1	100.0	
Missing	System	3	2.9		
Total		104	100.0		

Q38 Equipmt-sufficient quantity/no delays

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	8	7.7	7.8	7.8
	Below Expectations	5	4.8	4.9	12.7
	Acceptable	8	7.7	7.8	20.6
	Good	39	37.5	38.2	58.8
	Excellent	42	40.4	41.2	100.0
	Total	102	98.1	100.0	
Missing	System	2	1.9		
Total		104	100.0		

Q39 Equipmt-safe/good condition

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	6	5.8	5.9	5.9
	Below Expectations	4	3.8	3.9	9.8
	Acceptable	7	6.7	6.9	16.7
	Good	33	31.7	32.4	49.0
	Excellent	52	50.0	51.0	100.0
	Total	102	98.1	100.0	
Missing	System	2	1.9		
Total		104	100.0		

Q40 Mat'ls-available/conveniently located

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	7	6.7	6.8	6.8
	Below Expectations	6	5.8	5.8	12.6
	Acceptable	12	11.5	11.7	24.3
	Good	34	32.7	33.0	57.3
	Excellent	44	42.3	42.7	100.0
	Total	103	99.0	100.0	
Missing	System	1	1.0		
Total		104	100.0		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	6	5.8	5.9	5.9
	Below Expectations	5	4.8	5.0	10.9
	Acceptable	8	7.7	7.9	18.8
	Good	36	34.6	35.6	54.5
	Excellent	46	44.2	45.5	100.0
	Total	101	97.1	100.0	
Missing	System	3	2.9		
Total		104	100.0		

**Q42 Mat'ls-not biased toward "trad'l" roles**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	6	5.8	6.3	6.3
	Below Expectations	8	7.7	8.3	14.6
	Acceptable	9	8.7	9.4	24.0
	Good	27	26.0	28.1	52.1
	Excellent	46	44.2	47.9	100.0
	Total	96	92.3	100.0	
Missing	System	8	7.7		
Total		104	100.0		

**Q43 Mat'ls-avail. reasonable cost**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	21	20.2	23.1	23.1
	Below Expectations	13	12.5	14.3	37.4
	Acceptable	32	30.8	35.2	72.5
	Good	11	10.6	12.1	84.6
	Excellent	14	13.5	15.4	100.0
	Total	91	87.5	100.0	
Missing	System	13	12.5		
Total		104	100.0		

## **SECTION FIVE: FACULTY PERCEPTIONS**

Faculty surveys were administered for purposes of the Academic Review Process, ADA Accreditation and the PROE. A faculty survey was distributed to the dental hygiene faculty members to include four full-time tenured faculty and one full time temporary faculty. The attached survey data was compiled with a 100% return rate.

### **Findings**

Top Rated Criteria: Seventeen (of the thirty eight) criteria received a rating of good or excellent by all respondents. This rating reflects the respondent's assessment that program performance in these areas is in the top third or higher. This high rating was given to the following criteria:

- #2 Course objectives – written, measurable objectives are used for all courses.
- #3 Competency based performance objectives – consistent with employment standards are used.
- #6 Use of professional/industry standards – consistently used in planning and evaluation program.
- #11 Provision for work experience, cooperative education, or clinical experience.
- #16 Provision for program advisement.
- #17 Availability of career planning and guidance services.
- #18 Adequacy of career planning and guidance – current and relevant.
- #19 Provision for employability information.
- #20 Placement effectiveness for students in this program.
- #22 Promotion of the Dental Hygiene Program.
- #26 Qualifications of instructional staff.
- #27 Professional development opportunities.
- #28 Use of instructional support staff – paraprofessionals (such as aides, laboratory assistants) used to provide classroom assistance to help students and provide maximum effectiveness of instruction.
- #31 Maintenance and safety of instructional equipment.

The survey asked respondents were to identify program strengths. Areas identified included:

- Enrollment
- Quality of faculty
- Faculty is stable and has many years of teaching and practice experience
- Excellent clinical facility
- Curriculum is strong and reviewed annually
- Placement of students
- Graduates are highly sought by dentists

Criteria Receiving a Rating of "Poor" or "Below Expectations": Six criteria were rated as "Poor" or "Below Expectation" by one of the five respondents. This reflects the assessment that program performance in these areas is in the bottom 1/3<sup>rd</sup> to bottom 5 to 10%. The criteria rated at this level included:

- #29 Use of clerical support staff. (1 – "Below Expectations")
- #30 Adequacy and availability of instructional equipment. (1 – "Below Expectations")
- #32 Adequacy of instructional facilities. (1- "Poor", 2 – "Below Expectations")
- #33 Scheduling of instructional facilities. (2 – "Below Expectations")
- #36 Use of advisory committees. (1 – "Below Expectations")
- #37 Provisions in current operating budget (1 – "Below Expectations")

The survey asked respondents to identify areas needing improvement. Areas identified included the following.

- Coordination
- Organization
- Loss of DDS has hurt our program
- It is taking too much time to find replacements for clerical supervision.
- Need better lecture rooms that accommodate large classes.
- Sixty students in class is challenging and faculty are not awarded loads based on two section of thirty each. Workload needs to be modified.
- Need more dentists to cover clinic.
- Need better patient recruitment to ensure students have adequate patient experience.

## **SUMMARY**

Data supports the following strengths: enrollment, quality of faculty including years of teaching and practice experience, excellent clinical facilities, curriculum is strong and reviewed annually, placement of graduates is high, and graduates are highly valued and sought by employers. Criteria receiving a poor or below expectations are: use of clerical support staff, adequacy and availability of instructional equipment, adequacy of instructional facilities, scheduling of instructional facilities, use of advisory committee, and provisions in current operating budget.

Many of the issues stated are out of the control of faculty. This is a result of the restructuring of the program upon the resignation of the full time Administrator who held the position of Clinical Education Director for twenty years. The restructuring was implemented based upon feedback from the beginning of the restructuring from the previous academic year. Currently the program is only in the third week of the new restructuring plan. Already noted is that the Clinical Operations Supervisor has spent numerous hours working on staffing which has detracted from her other responsibilities. As of faculty week several positions had not been filled to begin classes and full time faculty and staff had not received their clinical schedule. The clinical receptionist resigned just prior to the beginning of the school year. Her part time adult employee assumed her position and she resigned the third week of classes. The Clinic Operations Supervisor was required to learn the receptionist job so that she could take over the clinic clerk position until the position is filled. She will then train the new replacement. Taking over for the clinic clerk has pulled her away from other responsibilities. These concerns need to be addressed in the next re-evaluation. With the many changes implemented Fall 2003 the faculty recommends that a re-evaluation of the clinic operations take place at the conclusion of the fall semester.

## INSTRUCTIONS TO RESPONDENTS

On the following pages, you are asked to give your perceptions of dental hygiene, such as goals and objectives, processes, and resources. Rate each item by checking your best judgment on a five point scale ranging from poor to excellent. Only check one answer per item. A "Don't Know" column has been provided in the event you really don't have sufficient information to rate an item. Space has been provided for you to note comments that may help to clarify your ratings, or to indicate modifications of a standard to make it more relevant for your program.

Criteria for excellent and poor ratings are provided for each item. *Excellent* represents a nearly ideal or exemplary situation; *poor*, one of a serious inadequacy. As a guide, ratings may be made with the following in mind:

*EXCELLENT* means ideal, top 5 to 10%  
*GOOD* is a strong rating, top 1/3rd  
*ACCEPTABLE* is average, the middle 1/3rd  
*BELOW EXPECTATIONS* is only fair, bottom 1/3rd  
*POOR* is seriously inadequate, bottom 5 to 10%

This form may be completed as a *consensus* evaluation by the principal persons involved with a specific occupational program. Examples of such persons would be instructors, department or division chairpersons, program coordinators, and administrators such as occupational dean. If preferred, respondents may complete individual forms.

To help with tabulation of responses, please provide the information requested below before completing your rating.

## FACULTY PERCEPTIONS OF THE DENTAL HYGIENE EDUCATION PROGRAMS

	Poor 1	Below Expectations 2	Acceptable 3	Good 4	Excellent 5	Don't Know	Comments
<b>GOALS AND OBJECTIVES</b>							
<b>1. Program Goals</b> <u>Excellent</u> - Written goals for this program state realistic outcomes (such as planned enrollments, completions, placements) and are used as one measure of program effectiveness. <u>Poor</u> - No written goals exist for this program.			1	3	1		
<b>2. Course Objectives</b> <u>Excellent</u> - Written measurable objectives have been developed for all occupational courses in this program, and are used to plan and organize instruction. <u>Poor</u> - No written objectives have been developed for courses in this program.				2	3		

	Poor 1	Below Expectations 2	Acceptable 3	Good 4	Excellent 5	Don't Know	Comments
<p>3. Competency Based Performance Objectives</p> <p><u>Excellent</u> - Competency based performance objectives are on file in writing, consistent with employment standards, and tell students what to expect and help faculty pace instruction.</p> <p><u>Poor</u> - Competency based performance objectives have not been developed for courses in this program.</p>				3	2		
<p>4. Use of Competency Based Performance Objectives</p> <p><u>Excellent</u> - Competency based performance objectives are distributed to students and used to assess student progress.</p> <p><u>Poor</u> - Competency based performance objectives are not used with students for progress evaluation nor are students aware that they exist.</p>			1	1	3		
<p>5. Use of Information on Labor Market Needs</p> <p><u>Excellent</u> - Current data on labor market needs and emerging trends in job openings are systematically used in developing and evaluating this program.</p> <p><u>Poor</u> - Labor market data is not used in planning or evaluation.</p>			1	3	1		
<p>6. Use of Profession/Industry Standards</p> <p><u>Excellent</u> - Profession/industry standards (such as licensing, certification, accreditation) are consistently used in planning and evaluating this program and content of its courses.</p> <p><u>Poor</u> - Little or no recognition is given to specific profession/industry standards in planning and evaluating this program.</p>				2	3		
<p>7. Use of Student Follow-Up Information</p> <p><u>Excellent</u> - Current follow-up data on completers and leavers (students with marketable skills) are consistently and systematically used in evaluating this program.</p> <p><u>Poor</u> - Student follow-up information has not been collected for use in evaluating this program.</p>			1	4			
<b>PROCESSES</b>							
<p>8. Adaptation of Instruction</p> <p><u>Excellent</u> - Instruction in all courses required for this program recognizes and responds to individual student interests, learning styles, skills, and abilities through a variety of instructional methods (such as small group or individualized instruction, laboratory or "hands on" experiences, open entry/open exit, credit by examination).</p> <p><u>Poor</u> - Instructional approaches in this program do not consider individual student differences.</p>			2	3			

	Poor 1	Below Expectations 2	Acceptable 3	Good 4	Excellent 5	Don't Know	Comments
<p>9. Relevance of Supportive Courses  <u>Excellent</u> - Applicable supportive courses (such as anatomy and physiology, technical communications, technical mathematics) are closely coordinated with this program and are kept relevant to program goals and current to the needs of students.  <u>Poor</u> - Supportive course content reflects no planned approach to meeting needs of students in this program.</p>			1	3	1		
<p>10. Coordination with Other Community Agencies and Educational Programs  <u>Excellent</u> - Effective liaison is maintained with other programs and educational agencies and institutions (such as high schools, other community colleges, four year colleges, area vocational schools, proprietary schools, CETA) to assure a coordinated approach and to avoid duplication in meeting occupational needs of the area or community.  <u>Poor</u> - College activities reflect a disinterest in coordination with other programs and agencies having impact on this program.</p>			1	3	1		
<p>11. Provision for Work Experience, Cooperative Education, or Clinical Experience  <u>Excellent</u> - Ample opportunities are provided for related work experience, cooperative education, or clinical experience for students in this program. Student participation is well coordinated with classroom instruction and employer supervision.  <u>Poor</u> - Few opportunities are provided in this program for related work experience, cooperative education, or clinical experience where such participation is feasible.</p>				4	1		
<p>12. Program Availability and Accessibility  <u>Excellent</u> - Students and potential students desiring enrollment in this program are identified through recruitment activities, treated equally in enrollment selection, and not discouraged by unrealistic prerequisites. The program is readily available and accessible at convenient times and locations.  <u>Poor</u> - This program is not available or accessible to most students seeking enrollment. Discriminatory selection procedures are practiced.</p>			1	2	2		

	Poor 1	Expectations 2	Acceptable 3	Good 4	Excellent 5	Know	Comments
<p>13. Provision for the Disadvantaged  <u>Excellent</u> - Support services are provided for disadvantaged (such as socioeconomic, cultural, linguistic, academic) students enrolled in this program. Services are coordinated with occupational instruction and results are assessed continuously.  <u>Poor</u> - No support services are provided for disadvantaged students enrolled in this program.</p>			2	3			
<p>14. Provision for the Handicapped  <u>Excellent</u> - Support services are provided for handicapped (physical, mental, emotional, and other health impairing handicaps) students enrolled in this program. Facilities and equipment adaptations are made as needed. Services and facilities modifications are coordinated with occupational instruction and results are assessed continuously.  <u>Poor</u> - No support services or facilities and equipment modifications are available for handicapped students enrolled in this program.</p>				4	1		
<p>15. Efforts to Achieve Sex Equity  <u>Excellent</u> - Emphasis is given to eliminating sex bias and sex stereotyping in this program: staffing, student recruitment, program advisement, and career counseling; access to and acceptance in programs; selection of curricular materials; instruction; job development and placement.  <u>Poor</u> - Almost no attention is directed toward achieving sex equity in this program.</p>			1	2	2		
<p>16. Provision for Program Advisement  <u>Excellent</u> - Instructors or other qualified personnel advise students (day, evening, weekend) on program and course selection. Registration procedures facilitate course selection and sequencing.  <u>Poor</u> - Instructors make no provision for advising students on course and program selection.</p>				2	3		
<p>17. Provision for Career Planning and Guidance  <u>Excellent</u> - Day, evening, and weekend students in this program have ready access to career planning and guidance services.  <u>Poor</u> - Little or no provision is made for career planning and guidance services for students enrolled in this program.</p>				4	1		



	Poor 1	Expectations 2	Acceptable 3	Good 4	Excellent 5	Know	Comments
<p>18. Adequacy of Career Planning and Guidance  <u>Excellent</u> - Instructors or other qualified personnel providing career planning and guidance services have current and relevant occupational knowledge and use a variety of resources (such as printed materials, audiovisuals, job observation) to meet individual student career objectives.  <u>Poor</u> - Career planning and guidance services are ineffective and staffed with personnel who have little occupational knowledge.</p>				4	1		
<p>19. Provision for Employability Information  <u>Excellent</u> - This program includes information which is valuable to students as employees (on such topics as employment opportunities and future potential, starting salary, benefits, responsibilities and rights).  <u>Poor</u> - Almost no emphasis is placed on providing information important to students as employees.</p>				4	1		
<p>20. Placement Effectiveness for Students in this Program  <u>Excellent</u> - The college has an effectively functioning system for locating jobs and coordinating placement for students in this program.  <u>Poor</u> - The college has no system or an ineffective system for locating jobs and coordinating placement for occupational students enrolled in this program.</p>				5			
<p>21. Student Follow-Up System  <u>Excellent</u> - Success and failure of program leavers and completers are assessed through periodic follow-up studies. Information learned is made available to instructors, students, advisory committee members, and others concerned (such as counselors) and is used to modify this program.  <u>Poor</u> - No effort is made to follow up former students of this program.</p>			3	1	1		
<p>22. Promotion of the Dental Hygiene Program  <u>Excellent</u> - An active and organized effort is made to inform the public and its representatives (such as news media, legislators, board, business community) of the importance of providing effective and comprehensive occupational education and specific training for this occupation to gain community support.  <u>Poor</u> - There is no organized public information effort for this program.</p>				4	1		

	Poor 1	Below Expectations 2	Acceptable 3	Good 4	Excellent 5	Don't Know	Comments
<b>RESOURCES</b>							
23. Provision for Leadership and Coordination <u>Excellent</u> - Responsibility, authority, and accountability for this program are clearly identified and assigned. Administrative effectiveness is achieved in planning, managing, and evaluating this program. <u>Poor</u> - There are no clearly defined lines of responsibility, authority, and accountability for this program.			3	2			
24. Qualifications of Administrators and/or Supervisors <u>Excellent</u> - All persons responsible for directing and coordinating this program demonstrate a high level of administrative ability. They are knowledgeable in and committed to occupational education. <u>Poor</u> - Persons responsible for directing and coordinating this program have little administrative training, education, and experience.			2	2	1		
25. Instructional Staffing <u>Excellent</u> - Instructional staffing for this program is sufficient to permit optimum program effectiveness (such as through enabling instructors to meet individual student needs, providing liaison with advisory committees, and assisting with placement and follow-up activities). <u>Poor</u> - Staffing is inadequate to meet the needs of this program effectively.			2	3			
26. Qualifications of Instructional Staff <u>Excellent</u> - Instructors in this program have two or more years in relevant employment experience, have kept current in their field, and have developed and maintained a high level of teaching competence. <u>Poor</u> - Few instructors in this program have relevant employment experience or current competence in their field.				2	3		
27. Professional Development Opportunities <u>Excellent</u> - The college encourages and supports the continuing professional development of faculty through such opportunities as conference attendance, curriculum development, work experience. <u>Poor</u> - The college does not encourage or support professional development of faculty.				4	1		

	Poor 1	Below Expectations 2	Acceptable 3	Good 4	Excellent 5	Don't Know	Comments
<p>28. Use of Instructional Support Staff  <u>Excellent</u> - Paraprofessionals (such as aides, laboratory assistants) are used when appropriate to provide classroom help to students and to ensure maximum effectiveness of instructors in the program.  <u>Poor</u> - Little use is made of instructional support staff in this program.</p>				3	2		
<p>29. Use of Clerical Support Staff  <u>Excellent</u> - Office and clerical assistance is available to instructors in this program and used to ensure maximum effectiveness of instructors.  <u>Poor</u> - Little or no office and clerical assistance is available to instructors; ineffective use is made of clerical support staff.</p>		1	2	1	1		
<p>30. Adequacy and Availability of Instructional Equipment  <u>Excellent</u> - Equipment used on or off campus for this program is current, representative of that used on jobs for which students are being trained, and in sufficient supply to meet the needs of students.  <u>Poor</u> - Equipment for this program is outmoded and in insufficient quantity to support quality instruction.</p>		1	1	1	2		
<p>31. Maintenance and Safety of Instructional Equipment  <u>Excellent</u> - Equipment used for this program is operational, safe, and well maintained.  <u>Poor</u> - Equipment used for this program is often not operable and is unsafe.</p>				4	1		
<p>32. Adequacy of Instructional Facilities  <u>Excellent</u> - Instructional facilities (excluding equipment) meet the program objectives and student needs, are functional and provide maximum flexibility and safe working conditions.  <u>Poor</u> - Facilities for this program generally are restrictive, dysfunctional, or overcrowded.</p>	1	2		1	1		
<p>33. Scheduling of Instructional Facilities  <u>Excellent</u> - Scheduling of facilities and equipment for this program is planned to maximize use and be consistent with quality instruction.  <u>Poor</u> - Facilities and equipment for this program are significantly under- or over-scheduled.</p>		2	2		1		

	Poor 1	Below Expectations 2	Acceptable 3	Good 4	Excellent 5	Don't Know	Comments
<p>34. Adequacy and Availability of Instructional Materials and Supplies</p> <p><u>Excellent</u> - Instructional materials and supplies are readily available and in sufficient quantity to support quality instruction.</p> <p><u>Poor</u> - Materials and supplies in this program are limited in amount, generally outdated, and lack relevance to program and student needs.</p>				5			
<p>35. Adequacy and Availability of Learning Resources</p> <p><u>Excellent</u> - Learning resources for this program are available and accessible to students, current and relevant to the occupation, and selected to avoid sex bias and stereotyping.</p> <p><u>Poor</u> - Learning resources for this program are outdated, limited in quantity, and lack relevance to the occupation.</p>				3	2		
<p>36. Use of Advisory Committees</p> <p><u>Excellent</u> - The advisory committee for this program is active and representative of the occupation.</p> <p><u>Poor</u> - the advisory committee for this program is not representative of the occupation and rarely meets.</p>		1	4				
<p>37. Provisions in Current Operating Budget</p> <p><u>Excellent</u> - Adequate funds are allocated in the college operating budget to support achievement of approved program objectives. Allocations are planned to consider instructor budget input.</p> <p><u>Poor</u> - Funds provided are seriously inadequate in relation to approved objectives for this program.</p>		1	4				
<p>38. Provisions in Capital Outlay Budget for Equipment</p> <p><u>Excellent</u> - Funds are allocated in a planned effort to provide for needed new equipment and for equipment replacement and repair, consistent with the objectives for this program and based on instructor input.</p> <p><u>Poor</u> - Equipment needs in this program are almost totally unmet in the capital outlay budget.</p>			3	2			

Please answer the following: (Use back of page and extra sheets if necessary).

1. What are the chief education strengths of your program?

- Enrollment
- Quality of faculty
- Faculty is stable and has many years of teaching and practice experience.
- Excellent clinical facility
- Curriculum is strong and reviewed annually.
- Placement of students
- Graduates are highly sought by dentists.

2. What are the major needs for improvement in your program, and what action is required to achieve these improvements?

- Coordination
- Organization
- Loss of DDS has hurt our program.
- It is taking too much time to find replacements for clerical supervision.
- Need better lecture rooms that accommodate large classes.
- Sixty students in class is challenging and faculty are not awarded loads based on two sections of thirty each. Workload needs to be modified.
- Need more dentists to cover clinic.
- Need better patient recruitment to ensure students have adequate patient experience.

Advisory committee members are surveyed every five to seven years for the purpose of Academic Program Review, and American Dental Association (ADA) Accreditation. A survey was administered to the committee in the fall of 2002.

The Advisory committee for the Dental Hygiene Program consists of ten members composed of a variety of dental professionals. The Advisory Committee meets twice a year on campus and hears reports from the Dean, Department Head, and Program Coordinator.

Historically the Advisory Committee has provided beneficial feedback. Prior to the programs last curriculum revision; the Advisory Committee completed a survey and round table discussion on expected dental hygiene skills for entry-level dental hygienists. Data from the discussion and survey was utilized to make modifications in curriculum content and to better reflect dental hygiene graduate skills for required for entry into the profession. Attendance has been good with members traveling to campus from across the state.

#### **FINDINGS:**

The majority of the ratings reflected an average above 3.0 on a 5-point scale. Results suggested that the committee was impressed with the program by evaluating with a score of 4 or higher:

- Instructional facilities allocated sufficient space
- Instructional facilities meet health standards
- Placement and job opportunities exist for graduates

#### **SUMMARY:**

Many positive outcomes have come from the interaction with the committee; an example is the recent formation of the Dental Health Professional Dental Hygiene Scholarship. One board member who is the President of RDH Health Services, and an employer of many graduates, reports excellent feedback on the level of preparation of our graduates. She annually volunteers her services to speak to the second year class on her role as a NERB examiner and a State Board of Dentistry member. Her comments on NERB preparation were well received by the students. Another member is the Immediate Past President of the Michigan Dental Hygienists Association. She formed a liaison with Ferris and also came to campus to discuss membership in professional associations and explain the benefits to students. She made it possible for students to attend the Annual House of Delegates meeting. Further she worked closely with the Student of the American Dental Hygienists' Association (SADHA) advisor and President. She served as a speaker at the Annual SADHA Day event hosted by Ferris in the fall of 2002 with ten dental hygiene programs in attendance.

The program is currently rethinking the function of the Advisory Committee with discussion on how to best employ the use of these professionals. Most must take a day away from work without compensation to serve in this voluntary capacity. The incentive is not very great to attend the meetings, which have traditionally taken place on a Friday.

Recently the Respiratory Program implemented an electronic system of communication to solve their problem with attendance with some success. The Dental Hygiene Program will explore this option at the next advisory committee meeting scheduled for November 21, 2003.

The most important data related to curricular change is probably the licensure exam pass rates. The increase in this past year's board pass rate was the direct result of a focused effort on the part of the faculty during the 2001-02 academic year to implement mechanisms to improve student performance on both the cognitive and psychomotor components of the licensure exam experiences. The clinic evaluation instruments were modified significantly and are still being refined. A "Mock NERB" experience was integrated into the last semester of the program and the off campus internship experiences were initiated in an attempt to expose students to more complex dental patients.

11. Questions about Course Outcomes Assessment:

a) Do all multi-sectioned courses have common outcomes? YES

b) If not, how do you plan to address discrepancies?

c) Do you keep all course syllabi on file in a central location?

YES – in the office of the Department Head

\*If you have questions about the outcomes assessment portions of this survey, please contact Laurie Chesley (x2713).

Form Completed by Julie A. Coon, Department Head, Nursing & Dental Hygiene 1/30/03  
Name and Title / Date

Reviewed by Dean \_\_\_\_\_  
Name / Date

Comments by Dean:

**FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
DEPARTMENT OF NURSING & DENTAL HYGIENE**

**FACULTY LOAD REPORT FORM**

**PROGRAM:** Dental Hygiene

**INSTRUCTIONAL LOAD =** 18 contact hrs / semester or 36 contact hrs / year

**FACULTY NAME:** Sandra Burns

**FALL 2002**

<b>COURS E PREFIX / NUMBER</b>	<b>CREDI T HOUR(S) (STUDENT )</b>	<b>SECT</b>	<b>ENROLL</b>	<b>MODE OF INSTRUCT</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>	<b>RELEASE TIME ACTIVITY</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>
DHYG 213	3 (3+0)	1	51	LECTURE	3	16.6%			
DHYG 215	4 (1+12)	3	90	CLINIC	12	66.6%			
DHYG 217	2(2+0)	1	51	LECTURE	2	11.1%			
							Internship Coordination	1	5.5%
<b>TOTAL</b>	<b>9 SCH</b>	<b>5 SEC</b>	<b>192</b>		<b>17 CR</b>	<b>94.3%</b>		<b>1 CR</b>	<b>5.5%</b>

**TOTAL LOAD FOR F02: 18 CONTACT HOURS**

**WINTER 2003**

<b>COURSE PREFIX / NUMBER</b>	<b>CREDIT HOUR(S) [STUDENT ]</b>	<b>SECT</b>	<b>ENROLL</b>	<b>MODE OF INSTRUCT</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>	<b>RELEASE TIME ACTIVITY</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>
DHYG 123	3 (3+0)	1	55	LECTURE	3	16.6%			
DHYG 225	4 (1+12)	2	60	CLINIC	8	44.4%			
DHYG 227	2 (1+2)	1	51	LECTURE	1	5.5%			
		2	51	LAB (offsite)	4	22.2%			
							Internship Coordination	2	11.1%
<b>TOTAL</b>	<b>9 SCH</b>	<b>6</b>	<b>217</b>		<b>16</b>	<b>88.7%</b>		<b>2</b>	<b>11.1%</b>

**TOTAL LOAD FOR W02 = 18 CONTACT HOURS**

**TOTAL LOAD FOR AY 02-03 = 36 CONTACT HOURS**



**FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
DEPARTMENT OF NURSING & DENTAL HYGIENE**

**FACULTY LOAD REPORT FORM**

**PROGRAM:** Dental Hygiene

**INSTRUCTIONAL LOAD =** 18 contact hrs / semester or 36 contact hrs / year

**FACULTY NAME:** Linda Meeuwenberg

**FALL 2002**

<b>COURSE PREFIX / NUMBER</b>	<b>CREDIT HOUR(S) (STUDENT)</b>	<b>SECT</b>	<b>ENROLL</b>	<b>MODE OF INSTRUCT</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>	<b>RELEASE TIME ACTIVITY</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>
FSUS 100	1 (1+0)	1	5	LECTURE	1	5.5%			
DHYG 110	1 (1+0)	1	54	LECTURE	1	5.5%			
DHYG 214	2 (2+0)	1	51	LECTURE	2	11.1%			
DHYG 215	4 (1+12)	1	51	SEMINAR	1	5.5%	DHYG 215 COORDINATOR	.5	2.7%
		3	90	CLINIC	12	66.7%			
<b>TOTAL</b>	<b>8 SCH</b>	<b>7 SEC</b>	<b>251</b>		<b>17 CR</b>	<b>94.3%</b>		<b>.5 CR</b>	<b>2.7%</b>

**TOTAL LOAD FOR F02 = 17.5 CONTACT HOURS**

**WINTER 2003**

<b>COURSE PREFIX / NUMBER</b>	<b>CREDIT HOUR(S) [STUDENT]</b>	<b>SECT</b>	<b>ENROLL</b>	<b>MODE OF INSTRUCT</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>	<b>RELEASE TIME ACTIVITY</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>
DHYG 224	2 (2+0)	1	51	LECTURE	2	11.1%			
DHYG 225	4 (1+12)	1	51	SEMINAR	1	5.5%	DHYG 225 COORD	.5	2.7%
		4	120	CLINIC	16	88.9%			
<b>TOTAL</b>	<b>6 SCH</b>	<b>6 SEC</b>	<b>222</b>		<b>19 CR</b>	<b>105.5%</b>		<b>.5 CR</b>	<b>2.7%</b>

**TOTAL LOAD FOR W02: 19.5 CONTACT HOURS**

**TOTAL LOAD FOR AY 02-03 = 37 CONTACT HOURS (1 O.L.)**

**FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
DEPARTMENT OF NURSING & DENTAL HYGIENE**

**FACULTY LOAD REPORT FORM**

**PROGRAM:** Dental Hygiene

**INSTRUCTIONAL LOAD =** 18 contact hrs / semester or 36 contact hrs / year

**FACULTY NAME:** Judy Schoettle

**FALL 2002**

<b>COURSE PREFIX / NUMBER</b>	<b>CREDIT HOUR(S) (STUDENT)</b>	<b>SECT</b>	<b>ENROLL</b>	<b>MODE OF INSTRUCT</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>	<b>RELEASE TIME ACTIVITY</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>
FSUS 100	1 (1+0)	2	46	LECTURE	2	11.1%			
DHYG 114	2 (2+0)	1	54	LECTURE	2	11.1%			
DHYG 115	3 (1+6)	1 4	54 54	SEMINAR CLINIC	1 12	5.5% 66.7%	DHYG 115 COORDINATO R	.5	2.7%
<b>TOTAL</b>	<b>6 SCH</b>	<b>7 SEC</b>	<b>208</b>		<b>17 CR</b>	<b>94.4%</b>		<b>.5 CR</b>	<b>2.7%</b>

**TOTAL LOAD FOR F02 = 17.5 CONTACT HOURS**

**WINTER 2003**

<b>COURSE PREFIX / NUMBER</b>	<b>CREDIT HOUR(S)</b>	<b>SECT</b>	<b>ENROLL</b>	<b>MODE OF INSTRUCT</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>	<b>RELEASE TIME ACTIVITY</b>	<b>LOAD CONTACT HOUR(S)</b>	<b>% FTE</b>
DHYG 122	3 (2+2)	1 6	54 54	LECTURE LAB	2 12	11.2% 66.7%	DHYG 122 COORD	.5	2.7%
DHYG 225	4 (1+12)	1	30	CLINIC	4	22.2%			
<b>TOTAL</b>	<b>7 SCH</b>	<b>8 SEC</b>	<b>138</b>		<b>18 CR</b>	<b>100.1%</b>		<b>.5 CR</b>	<b>22.7%</b>

**TOTAL LOAD FOR W02: 18.5 CONTACT HOURS**

**TOTAL LOAD FOR AY 02-03 = 36 CONTACT HOURS**

**FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
DEPARTMENT OF NURSING & DENTAL HYGIENE**

**FACULTY LOAD REPORT FORM**

**PROGRAM:** Dental Hygiene

**INSTRUCTIONAL LOAD =** 18 contact hrs / semester or 36 contact hrs / year

**FACULTY NAME:** Eve Sidney

**FALL 2002**

COURSE PREFIX / NUMBER	CREDIT HOUR(S) (STUDENT)	SECT	ENROLL	MODE OF INSTRUCT	LOAD CONTACT HOUR(S)	% FTE	RELEASE TIME ACTIVITY	LOAD CONTACT HOUR(S)	% FTE
FSUS 100	1 (1+0)	1	12	LECTURE	1	5.5%			
DHYG 210	3 (2+2)	1	51	LECTURE	2	11.1%	DHYG 210 COORD	.5	2.7%
		1	14	LAB	2	11.1%			
DHYG 215	4 (1+12)	1	30	CLINIC (1)	4	22.2%			
							PDHY ADVISING	3	16.7%
							PROGRAM COORD	4.5	25%
							CLINIC OVERSIGHT	2	11.1%
<b>TOTAL</b>	<b>7 SCH</b>	<b>4 SEC</b>	<b>107</b>		<b>9 CR</b>	<b>49.9%</b>		<b>10 CR</b>	<b>55.5%</b>

**TOTAL LOAD FOR F02 = 19 CONTACT HOURS**

**WINTER 2003**

COURSE PREFIX / NUMBER	CREDIT HOUR(S)	SECT	ENROLL	MODE OF INSTRUCT	LOAD CONTACT HOUR(S)	% FTE	RELEASE TIME ACTIVITY	LOAD CONTACT HOUR(S)	% FTE
DHYG 125	4 (1+12)	1	54	SEMINAR	1	5.5%	DHYG 125 COORD	.5	2.7%
		2	54	CLINIC	8	44.4%			
DHYG 220	1 (1+0)	1	51	SEMINAR	1	5.5%			
DHYG 297	1(0+3)	1	1	SPECIAL ST.	0	0			
							CLINIC OVERSIGHT	2	11.1%
							PROGRAM COORD	4.5	25%
							PDHY ADVISING	3	16.7%
<b>TOTAL</b>	<b>6 SCH</b>	<b>5 SEC</b>	<b>160</b>		<b>10 CR</b>	<b>55.4%</b>		<b>10 CR</b>	<b>55.5%</b>

**TOTAL LOAD FOR W02: 20 CONTACT HOURS**

**TOTAL LOAD FOR AY 02-03 = 39 CONTACT HOURS [3 O.L.]**

## **SECTION TWELVE: CONCLUSIONS**

### **Section One: Overview of the Program**

Enrollment continues to be strong for the dental hygiene program. Our program graduates approximately 50-60 dental hygiene students each spring. Ferris State University is a major supplier of dental hygienists for the State of Michigan because of the number of graduates who enter the job market each year.

The dental hygiene curriculum has always evolved to meet the needs of the discipline. A curriculum revision will be submitted to the College later this semester to address content areas as identified in the graduate, employer and advisory committee surveys and the Dental Hygiene Curriculum Committee's annual evaluation. These changes will also address the inclusion of local anesthesia administration as a new competency for dental hygiene.

In the past profits from the continuing education programs have been used to fund faculty and staff professional development activities and attendance at national dental professional meetings. The College of Allied Health Sciences is in the process of restructuring the allocation of continuing education profits.

### **Section Two: Graduate Follow-Up Survey**

Although there were specific program areas noted by graduates that needed improvement, the program has addressed each of the issues. At the same time, the program strengths that graduates identified reflect a very positive perception of the quality of educational preparation they received at Ferris.

### **Section Three: Employer Follow-Up Survey**

Although the response rate was very low, the employers' survey that were returned reflected an overall high satisfaction with FSU dental hygiene graduates in terms of their clinical and professional skills. The APR Panel acknowledges the survey instrument was confusing and this could have impacted rater consistency.

### **Section Four: Student Evaluation of Instruction**

The data suggests that overall; students are highly satisfied with the Dental Hygiene Program. Students were especially satisfied with the facilities, objectives of instruction, clinical experience and dentist and hygienist supervision. Adjunct instructional staff are currently employed in private practice settings and the full time instructional team returns to clinical practice settings in the summer. The diversity of this blend has brought a rich clinical experience to the dental hygiene students.

To address the identified concerns, the program continues to explore ways to reduce student instrument kit costs. Several instruments have been deleted from the kits as emphasis is placed on ultrasonic scaling. The second year winter semester instrument kit has been deleted saving the students hundreds of dollars when compared to previous years.

### **Section Five: Faculty Perceptions**

Faculty evaluation data supports the perception that the program has many strengths. The program equipment and facilities are similar to what graduates will find in private practice offices.

The restructuring of dental hygiene personnel was an issue for the faculty and staff. Faculty and staff are concerned about the difficulty encountered with hiring and training so many dentists. While the restructuring has presented many challenges, the program staff has assumed the responsibilities necessary to maintain the integrity of the program and is committed to delivering the highest quality education to the dental hygiene students. This year will be the first year with the new formalized restructure plan. Further evaluation will be necessary to determine the effectiveness of this plan.

The loss of the full time clinical director/dentist resulted in assignment of two courses to a faculty member. Part time DDS's have been hired to replace the clinical director/dentist supervision hours in clinic. As a result, additional part time clinic instructors were hired to release the tenure faculty member to teach the two didactic courses. As the number of part time clinic instructors and DDS's were hired to compensate for the director/DDS loss, consistency and communication in the clinic amongst full and part time instructors has become a student and faculty concern.

#### **Section Six: Advisory Committee Perceptions**

The dental hygiene program is fortunate to have had a long-standing, highly dedicated Advisory Committee to assist in program evaluation from a practice perspective. The faculty are pleased with the many contributions that have been made by the Advisory Committee members. They are dedicated to the success of the program and truly interested in the curriculum and caliber of graduates. Many positive outcomes have resulted from the interaction with the committee.

#### **Section Seven: Labor Market Analysis**

Ferris graduates have a high placement rate ranging from 98% - 100% with most students reporting job placement prior to graduation. Evidence suggests that dental hygiene positions are readily available to graduates. The growth in dentistry and turnover of registered dental hygienists in private practice will continue to increase the demand for FSU graduates in Michigan. There is evidence that the quality of the dental hygiene program had led to preferential and active recruitment of our graduates by dentists and other employers.

#### **Section Eight: Evaluation of Facilities and Equipment**

Clinical facilities are adequate to meet the needs of the program. Challenges exist with lecture facilities, the student locker room and media support in VFS 206 (laboratory).

#### **Section Nine: Curriculum Evaluation**

The curriculum meets the needs of the program. Program syllabi and materials were found to be well written and clearly demonstrate that the dental hygiene curriculum meets the American Dental Association Accreditation standards.

The Dental Hygiene Curriculum Committee annually reviews the curriculum. This fall minor curriculum revisions will be made to the program that reflects the results of our annual review of the program conducted spring of 2002.

#### **Section Ten: Enrollment Trends**

Enrollment in the Dental Hygiene Program is strong and is expected to remain the same. The program is fully enrolled for Fall 2003 at 60 students. The program was at quota for fall of 2003 in September of 2002, yet the Admissions Office received 242 applications during the academic year 2002-2003 for dental hygiene.

The various methods used to retain students include scheduling pre-dental hygiene students in four sections of FSUS 100, SLA's for Oral Science and Pharmacology, and clinic skill tutorial sessions.

The program has experienced a low rate of attrition over the last two years. Academic year 2001-2002 the program had 54 enrolled students with the attrition rate of 2%. Academic year 2002-2003 two students were denied progression at the end of winter 2003, however fall of 2003 two students reentered the program. Therefore the program had a zero rate of attrition. The main reason for this attrition is academic and directly related the dental hygiene progression policy. Students must receive a "C" grade in all DHYG courses to progress into the next semester.

#### **Section Eleven: Program Productivity/Costs**

The dental hygiene program is one of the most productive programs in the College of Allied Health Sciences. Five FTE faculty provide instruction for 120 dental hygiene students. This data does not reflect the approximately 120 pre dental hygiene and CAHS students that are instructed by Dental Hygiene Faculty in the CAHS Core classes and FSUS classes. The use of adjunct and non-faculty instructional staff result in a very cost effective method of instructional delivery, especially in view of the one to six ratios in clinics (ADA Accreditation Standard). Budgetary allocations are sufficient to meet the program needs.

The loss of the full time dentist has required the program hire large number of part time employees and dentists. The financial costs to the program for replacing the dentist and part time employees had increased over the last two years. An evaluation needs to be completed that would compare the costs of a hiring a full time dentist verses the current hiring of part time dentists and clinical instructors.

## **SECTION THIRTEEN: RECOMMENDATIONS**

After reviewing the surveys and data collected for the dental hygiene APR, the APR Panel have determined that the dental hygiene program is an excellent program. We recommend the following considerations for the program:

1. An evaluation needs to be completed that would compare the costs of a hiring a full time dentist verses the current hiring of part time dentists and clinical instructors. The results of the evaluation might indicate hiring a full time dentist to provide legal coverage for the clinic. The amount of time that the Clinical Operations Supervisor has dedicated to the search to find dentists has been monumental and with limited results. The time required to train and maintain several dentists has put a strain on the program.
2. Hire additional staff for the Dental Clinic front desk area to address the significant workload associated with the patient volume and new billing demands. Medicaid has increased the patient pool and at the same time increased the number of insurance claims that must be submitted for Medicaid reimbursement. Most dental offices employ a full time person to manage insurance forms. However, no additional staff was employed to manage the volume of patient scheduling and Medicaid billing. Winter semester of 2003, the clinic clerk schedule patient's for 109 students that amounts to approximately 4000 patients for a 15-week semester. Answering the phone and scheduling patients is a full time job alone. The clerk supervises a part-time person and several work-study students that change on a regular basis. Therefore, she is constantly training these individuals for the job. The receptionist also serves on the Clinic Management Committee. The compensation is not commensurate with the level of responsibility that is required from the position.

It is the feeling of the faculty and staff that the position of the clinic clerk will continue to turn over. The low rate of pay verses the responsibilities and stress associated with the position has contributed to the turnover that has been seen in the last three years. The APR panel recommend that an audit be conducted for the clinic clerk position.

3. Increase patient recruitment initiatives. A priority of the program is to increase patient recruitment for student practice in the dental hygiene clinic. Providing students with appropriate patient experiences in the clinic has been an ongoing challenge of our program. Students require a variety of calculus (tarter) removal experiences to develop and build removal skills. Locating an adequate patient pool has been an ongoing struggle. Accepting Medicaid patients was one method to increase our patient population. Fall Semester of 2002 the program began to accept and deliver treatment to Medicaid patients. The patient pool was increased and has assisted the program to locate patients with calculus. This opportunity was beneficial to the patients and dental clinic. October 1 of 2003 funding for adult preventative services through Medicaid will be terminated. This will result in the need to identify another patient pool to provide students with adequate experiences. Administration within the CAHS is working on several projects targeted to increase the patient pool for the clinic. An ongoing plan to identify a new patient pool and financial support for the project is necessary to increase the patient pool.
4. Complete a curriculum clean up that reflects the changes described in the section nine, curriculum.

Local anesthesia will be a new course added to the curriculum for winter semester of 2005. The local anesthesia course will train dental hygiene students to administer local

anesthesia. This course will be in compliance with the recently enacted change in the Michigan Administrative Rules that allows hygienists to administer local anesthesia. Financial support should be added to the Dental Hygiene Strategic Plan that address the course equipment needs, supplies and additional personnel that may be necessary to deliver the local anesthesia course.

5. Some faculty feel that challenges exist with the lecture facilities. Challenges at issue are poor physical design of the rooms (i.e. long narrow room, large auditorium, classroom designed for 50 students maximum), Administration of tests are difficult as the desks are very close to each other. Desk size does not accommodate large course manuals, and the rooms are not conducive to small group collaboration. The faculty would like to have additional classrooms available in VFS that accommodates 60 students. The APR Panel would like to see CAHS review the usage of VFS 328.
6. The Locker/changing room needs to be larger to accommodate the number of students and high traffic during a brief time. Difficulty exists when 30 students are trying to change into street clothes at the same time another group of 30 students are trying to change into clinic attire. Often times student are changing into their clinic attire in the restroom. A larger locker room would allow for a smoother transition between clinics and increased privacy for students. If a larger locker room is not an option, perhaps a procedure that would stagger the use of the locker room could be developed.
7. The laboratory (VFS 206) needs to have computerized media capabilities. Currently the laboratory has an overhead projector and VCR. Computerized media would provide faculty the same technology available in other classrooms within the college. Continuing education profits might be one revenue source for updating the media in VFS 206.
8. The dental hygiene clinic has experienced revenue losses for the past five years. The fees for clinic procedures are currently being reviewed for possible increases in the near future.



# CAHS Strategic Visioning Template, March 2003

Program Dental Hygiene Prepared by Program Faculty, Staff & Department Head

## History

- Date started 1965
- Accredited by American Association of Dentistry Commission on Dental Accreditation
- Current accreditation status \_\_\_\_\_ through 2005
- Program overview

*The Dental Hygiene program at Ferris is the largest in the State of Michigan and one of the largest programs in the nation. The program enjoys a reputation of educational excellence, with expert faculty who are recognized at the state, national and international levels within the discipline of dental hygiene for the delivery of innovative academic and continuing education.*

*Dental hygiene is a practice area that continues to grow with the increased consumer awareness of the importance of good oral hygiene in the prevention and detection of systemic disease processes. Dental hygiene will continue to grow based on the increasing focus on preventative dental care needs of the public.*

*Completion of the three-year Associate in applied science degree, and final written and clinical exams enables the graduate to sit for the state licensure exam. Student clinical experiences occur within the college as the students work with patients from the University, community, and local schools in the College's 30-seat state of the art Dental Hygiene Clinic. Students have the opportunity to work with the latest dental technology as well as an exemplary automated patient record management system*

## Program fundamentals

**Vision** (Who are we? Who should we be? What will we look like in 3-4 year's time?)

*To be recognized as the premier Dental Hygiene program of the midwest.*

### **Mission statement**

What will we really be doing? What activities will we perform, where, how etc.? What will we offer and how are/will we be special/competitive? ***Our unique competency should be clearly stated here.***

*The Dental Hygiene program will be a leader in providing opportunities for innovative teaching and learning in career-oriented technologies and professional education of entry level dental hygienists.*

## University mission statements

**FSU** - Ferris State University will be a national leader in providing opportunities for innovative teaching and learning in career-oriented, technological and professional education. (Adopted May 9, 1997)

**Academic Affairs** - To create, support, and enhance the learner-centered environment that is central to the University vision of growth, excellence, and national leadership.

**CAHS (6/28/01)** The mission of the CAHS shall be the education of health-related practitioners for healthcare & industry. This mission is achieved through the creation & maintenance of an academic environment that fosters excellence, inclusion & inquiry.

**Program Dental Hygiene**  
**Data (Available in Fact Book, Dean's Office)**

	2002-2003	2001-2002	2000-2001	1999-2000
Enrollment		////////////////////	////////////////////	////////////////////
Primary	101	////////////////////	////////////////////	////////////////////
Secondary	5	////////////////////	////////////////////	////////////////////
Total	106			
Pre-enrollees	113	129	95	91
SCH for prefix	2584	2514	2481	2370
Faculty SCH generation (average)				
Within prefix	646	624.10	476.97	505.25
Outside prefix				
Total	646	624.10	476.97	505.25
Retention rate	NA	NA	NA	NA
Grad rate	49	56	65	50
Grad placement rate	100%	100%	100%	100%
First time board pass rate	NERB: 88% NAT: 94%	94% 85.5%	64.6% 87%	95.08% 91.8%
Internal funding*				
External funding*				
Funding*				

\* Detail sheets attached

**More data, programmatic files**

**Satisfaction with program (percentage satisfied or better)**

Grad surveys	////////////////////			
Employer surveys	////////////////////			

**Mix of faculty (for F03)**

	Number	Percentage of total FTEs
Tenure	4	80%
Tenure track		
Full time temporary	1	20%
Part time temporary		
Adjuncts	Varies	0

Is this an effective mix for us today? Yes  
 In the future? Yes, unless program expansion is anticipated

If 'no' – provide your rationale for recommended changes.

**Rationale**

*It should be noted that the faculty mix does not include the unique contributions of the 3 Clinical Dental Hygienist positions within the program. These positions are not faculty appointments, but instructional staff who work full time in the dental clinic to provide consistency in instruction for the program. If full time faculty were to cover all clinic instructional needs there would not be enough faculty lines to support such a large program.*

## **Program Dental Hgyiene**

### **Competition**

List other programs in Michigan. (Attach list, if available.)

*There are 2 BS degree programs:*

- *U of D Mercy*
- *U of M*

*The remaining programs are AAS degrees located within community colleges:*

- *GRCC*
- *Delta*
- *LCC*
- *KVCC*
- *Washtenaw CC*
- *Baker*
- *Other???*

Who is/are our major competitor(s)?

*GRCC – for West MI applicants*

*Baker College – have noticed a decrease in Canadian applicants*

How do we compare? Consider program offering, labs, number of students, etc.

- *Largest program in Michigan; one of the largest nationally*
- *State of the art clinic facility w/ 30 chairs*
- *High quality Cont. Ed offerings*
- *FSU is the most northern in the state of MI*
- *Graduates are highly regarded in practice settings, according to employee feedback*
- *The program does attract out of state students*
- *Student mix reflects both traditional and non traditional students*

What can we do to become more competitive?

- *Capitalize on the “college experience” sought by traditional students*
- *Maintain and seek excellence in faculty*
- *Integrate computer simulated equipment into the curriculum*
- *Increase the use of technology, such as more web-enhanced instruction*
- *Promote more CE offerings*
- *Intensify patient recruitment efforts to secure more challenging student experiences*
- *Increase space in the radiology lab area*
- *Consider an upper division BS program in response to student request / demand*
- *Improve classroom settings – projectors / microphone*
- *Implement digital X-ray*
- *Consider and update / new patient record management software*

## Program Dental Hygiene

### Trends

What are the major trends in your discipline? Consider a 3-year horizon.

- Employment for grads
  - Still excellent, although with an economic downturn, dental insurance is sometimes lost
  - Graduates continue to be highly sought after
  - Many RDHs elect to work part time, increasing the need for more positions with job sharing options becoming more common
  
- Hiring & retaining faculty
  - Following the national trends in allied health professions – a graying faculty with impending retirements will create challenges for faculty replacements
  - With the terminal degree in DH the AAS or BS degree, finding candidates with MS degree can be difficult
  - Current pool of RDH with a MS degree is down
  - Faculty salaries are low as compared to private practice settings
  
- Changes in technology
  - Computer charting is gaining popularity in private practice
  - Computer simulations are entering the learning environment
  - Digital X-ray is increasing in use in private practice
  - Patient records software needs updating
  - Intraoral cameras/patient education software
  - Magnification loupes (glasses) are becoming an ergonomic trend
  - The need for technology support is increasing
  
- Sources of new students
  - Program interest has been consistently high for the program. Currently are in a wait list situation.
  - Northern MI is an untapped resource, as FSU is the northernmost program in the State
  - RDHs who are interested in an advanced BS completion degree
  
- Other
  - Local anesthesia is now part of the DH practice role – will need to add this to the curriculum
  - Community based practice opportunities are increasing, with a growing need to enhance students' experiences in these settings

## **Program Dental Hygiene**

### **Key partners**

- **Advisory committee**
  - *FSU has a very active and dedicated advisory committee. There are 12 members reflecting a diverse cross-section from the Dental Community. The committee meets two times per year to discuss current trends, make curricular recommendations, etc.*
- **Alumni**
  - *FSU is very strong in this area with DH graduates. As a leading CE provider, alumni keep in contact thru these offerings.*
  - *Many FSU grads have been used as guest speakers for the program*
  - *A more formal alumni association has a great deal of potential*
- **Clinical affiliates**
  - *This is a relatively new area with the initiation of the elective enrichment experience the last semester of the program, resulting in some excellent clinic affiliations*
- **Faculty colleagues (internal & external)**
  - *Lots of CAHS collaborative efforts such as with OSHA / Safety*
  - *Newly proposed Forensic Dentistry course for the Biology Dept.' new Forensic Biology degree*
  - *MDHEA – FSU faculty are very active – 100% membership notoriety for last 2 years*
- **Community**
  - *Sandy Burns has always been very active in identifying community-based experiences for students in schools, nursing homes, with special needs patients, etc.*
- **Employers**
  - *Often serve as guest speakers for DHYG classes*
  - *Dental Hygiene scholarships – newly established with local dental practices*
  - *Good relationships with area dentists re: patient referrals*
  - *Donation of equipment*
- **Vendors**
  - *Nordent*
  - *Hu-Friedy*
  - *Proctor and Gamble*
  - *Support our CE courses thru sponsorships*
  - *Annual DH Technology Day (2002 & 2003) showcased latest technology – vendors were very supportive and active participants*
- **Governmental**
  - *Recent passage of Local anesthesia bill had support of local legislators: Emmons & Luellen*
  - *State Board of Dentistry – work with in clinic operations*
  - *Commission on Dental Accreditation -American Dental Association (ADA)*
- **Professional organizations**
  - *Michigan Dental Hygienist Association – MDHA*
  - *Michigan Dental Hygiene Education Association – MDHEA*
  - *Student Association of Dental Hygiene (SADHA)*
  - *American Dental Education Association (ADEA)*

**Program Dental Hygiene**

**SWOTs (Strengths, Weaknesses, Opportunities, Threats/Traps)**

Briefly list major *existing* strengths, weaknesses, threats & opportunities. S & Ws are internal to the college and O & Ts are external. All SWOTs should be 'one-handed', for example, something is either an S or a W but cannot be both!

<b>Strengths</b>	<b>Weaknesses</b>
Fully enrolled program – continued high demand	Lacking a full complement of faculty and staff for the last 3 years
Excellent Clinic facilities in terms of ergonomics, aesthetics, and technology	Tumultuous change in program & clinic administrative structure in past several years, difficulty to maintain consistency within the program as a result
Excellent program reputation; dedicated faculty and staff who maintain clinical currency	DH clinic staffing needs – increased demand for DDS and RDH part time staff – hard to meet
<b>Opportunities</b>	<b>Threats/Traps</b>
Revenue generation thru additional dental services	Difficulty attracting adequate patient pool to prepare students for NERB
Revenue generation through CE or credit course offerings in Local Anesthesia	Attracting qualified faculty in response to impending retirements
Demands for program innovations: Certificate for DA, BS completion degree	Economic downturn can adversely impact dental services for some public sectors
	DH Program expansions in other areas of the State

**Critical issues**

What are the immediate critical issues identified above?

- Maintaining faculty / staff positions – if not consider increase; such as an additional CDH position
- Resolve staffing issues in the clinic – implement proposed restructure; consider full time DDS position for legal coverage only
- Clinic Fee structure / new services

**Goals & objectives in strategic areas for 2003 – 2004 (FSU Strategic Directions, last page)**

Please add sheets, if necessary or preferred. Simply use this format, available electronically. (General statements are not desired. Avoid 'ongoing', 'annually', 'all'.)

**Strategic areas** (numbers in parentheses relate to University strategic areas)

**Recruitment (1)**

<b>Goals</b>	<b>1 Explore program delivery options that would attract a more diverse student population</b>  <b>2 Enhance current programming to better meet the needs of today's college student</b>			
<b>Objectives</b>	<b>Who</b>	<b>Completion date Mo/yr</b>	<b>How will you measure success? (Objectively!)</b>	<b>When will you measure?</b>
Conduct feasibility study re: Dental Assisting Cert.	AJ / KH	May 05	Completed study	Sep 05
Develop one web-enhanced course	ES / KH	May 04	Course offered 04-05	May 05
Offer credit bearing local anesthesia course	ES	June 04	Course offered	Sep 04

**Retention (1)**

<b>Goals</b>	<b>1 Enhancement of physical facilities</b>  <b>2</b>			
<b>Objectives</b>	<b>Who</b>	<b>Completion date Mo/yr</b>	<b>How will you measure success? (Objectively!)</b>	<b>When will you measure?</b>
Install Digital X-Ray equipment	DB / AJ	Dec 03	Equip installed	May 04
Classroom upgrade with new projector	DB / AJ	Aug 03	Equip installed	May 04

### External funding (2)

<b>Goals</b>	<b>1 Explore opportunities for equipment donations from dental industry sources</b> <b>2 Offer high demand / high quality CE &amp; credit bearing courses for the dental community</b>			
<b>Objectives</b>	<b>Who</b>	<b>Completion date Mo/yr</b>	<b>How will you measure success? (Objectively!)</b>	<b>When will you measure?</b>
Identify vendors as potential sources of donations	LM / DB / ES	May 04	Acquisition of equip	May 04
Write a faculty foundation grant to enhance teaching technology	ES / KH	May 04	Grant submitted	Aug 04
Four (4) CE offerings per year	LM	June 04	Enrollment / profit report submitted	Aug 04
Apply for development grant for local anesthesia	ES	Sep 03	Grant submitted	Dec 03
Offer credit bearing local anesthesia course	ES	June 04	Course enrolled	Aug 04

### Alumni relations, development (2)

<b>Goals</b>	<b>1 Enhance alumni partnerships to increase program visibility and potential funding</b> <b>2</b>			
<b>Objectives</b>	<b>Who</b>	<b>Completion date Mo/yr</b>	<b>How will you measure success? (Objectively!)</b>	<b>When will you measure?</b>
Active participation in CAHS alumni committee	LM	May 04	Report to faculty	May 04
Review DH program advisory committee membership to include more alumni	ES / JC	Oct 03	New members secured	May 04



**Academic excellence - students (1,3)**

<b>Goals</b>				
1 Enhanced academic preparation of students in program				
2 Enhance curriculum in response to current discipline feedback				
<b>Objectives</b>	<b>Who</b>	<b>Completion date Mo/yr</b>	<b>How will you measure success? (Objectively!)</b>	<b>When will you measure?</b>
Actively recruit more honors students for program	ES	Aug 04	Increased enrollments from honors program	Aug 04
Submit curriculum clean-up proposal	ES	Oct 03	Proposal to UCC	May 04

**Academic excellence – faculty (3,5) (Publications, presentations, recognition areas)**

<b>Goals</b>				
1 Support opportunities for professional development thru scholarship				
2 DH program faculty / staff recognized by the University for professional scholarship endeavors				
<b>Objectives</b>	<b>Who</b>	<b>Completion date Mo/yr</b>	<b>How will you measure success? (Objectively!)</b>	<b>When will you measure?</b>
One (1) national presentation by a DH faculty	TBD	Aug 04	Program Agenda	Sep 04
One (1) state presentation by a DH faculty	TBD	Aug 04	Program Agenda	Sep 04
100% membership in ADHA / MDHEA	All faculty	May 04	Faculty activity reports Recognition by org	May 04
One (1) DH faculty publication every 2 years	TBD	Aug 05	Copy of article	Aug 05

**Faculty/staff development (3,5) (Personal endeavors: CE, courses, etc.)**

<b>Goals</b>	<p><b>1 Develop a cadre of effective clinic instructors</b></p> <p><b>2 Support the professional development &amp; credentialing of faculty &amp; staff</b></p>			
<b>Objectives</b>	<b>Who</b>	<b>Completion date Mo/yr</b>	<b>How will you measure success? (Objectively!)</b>	<b>When will you measure?</b>
Offer one (1) course on clinic teaching for part time instructional staff each year	AJ / SW	May 04	Course offered / attended by pt staff	May 04
Annual faculty / staff retreat for professional deveopment	LM / ES	June 04	All faculty / staff attend	Aug 04

## Detail Funding Sheet

**Internal**

	2002-2003 to date	2001-2002 Amount	2000-2001 Amount	1999-2000 Amount
UCEL incentive Fall Winter Summer  <b>Total</b>				
FSU-GR incentive Fall Winter Summer  <b>Total</b>				
Equipment purchases (FSU)          <b>Total</b>				
Other          <b>Total</b>				
<b>Total internal funding</b>				

165

## Detail Funding Sheet

**External – list specifics of equipment purchased/grant purpose etc.**

	2002-2003 to date	2001-2002 Amount	2000-2001 Amount	1999-2000 Amount
Perkins				
In-kind				
Other equipment				
<b>Total equipment</b>				
Grants				
Scholarships				
Donation				
<b>Total 'other'</b>				
<b>Total external funding</b>				

166

## Ferris Strategic Directions for the Fiscal Year 2004-2006 Planning Horizon

1. **Increase enrollment** by enhancing existing academic offerings, prudently expanding academic majors & programs, and enriching student life.
2. **Expand university resources** through legislative appropriations, collaborative partnerships, development activities, grants & entrepreneurship.
3. Foster highly responsive academic opportunities that address student & employer needs and **compete successfully** with other public and for-profit universities.
4. **Utilize advanced technology** to strategically extend the university's position as a national leader in providing a career-oriented academic curriculum.
5. **Attract, retain & develop an exceptional faculty and staff** in an extremely competitive higher education market.
6. Empower individuals throughout the university to be more responsive, innovative & entrepreneurial.
7. Challenge everyone associated with the university to identify opportunities for leadership by expanding their external focus & perspective.

**Emphasis added.**

**Program Review  
Panel Evaluation  
Form**

*(PRP: complete this form and include with your report)*

Program: Dental Hygiene

Instructions: Circle the number which most closely describes the program you are evaluating.

1. Student Perception of Instruction Average Score 5.0

5      4      3      2      1

|||  
Currently enrolled students rate instructional effectiveness as extremely high.

Currently enrolled students rate the instructional effectiveness as below average.

2. Student Satisfaction with Program Average Score 5.0

5      4      3      2      1

||||  
Currently enrolled students are very satisfied with the program faculty, equipment, facilities, and curriculum.

Currently enrolled students are not satisfied with program faculty, equipment, facilities, or curriculum.

3. Advisory Committee Perceptions of Program Average Score 5.0

5      4      3      2      1

||||  
Advisory committee members perceive the program curriculum, facilities, and equipment to be of the highest quality.

Advisory committee members perceive the program curriculum, facilities, and equipment needs improvement.

4. Demand for Graduates Average Score 5.0

5      4      3      2      1

||||  
Graduates easily find employment in field.

Graduates are sometimes forced to find positions out of their field.

5. Use of Information on Labor Market Average Score 5.0

5      4      3      2      1

||||  
The faculty and administrators use current data on labor market needs and emerging trends in job openings to systematically develop program and evaluate the program.

The faculty and administrators do not use labor market data in planning or evaluating the

**Program Review  
Panel Evaluation  
Form (page 2)**

**6. Use of Profession/Industry Standards**

Average Score 5.0

5 4 3 2 1

|||  
Profession/industry standards (such as licensing, certification, accreditation) are consistently used in planning and evaluating this program and content of its courses.

Little or no recognition is given to specific profession/industry standards in planning and evaluating this program.

**7. Use of Student Follow-up Information**

Average Score 4.75

5 4 3 2 1

|||  
Current follow-up data on completers and leavers are consistently and systematically used in evaluating this program.

Student follow-up information has not been collected for use in evaluating this program.

**8. Relevance of Supportive Courses**

Average Score 4.5

5 4 3 2 1

|||  
Applicable supportive courses are closely coordinated with this program and are kept relevant to program goals and current to the needs of students.

Supportive course content reflects no planned approach to meeting needs of students in this program.

**9. Qualifications of Administrators and Supervisors**

Average Score 4.0

5 4 3 2 1

|||  
All persons responsible for directing and coordinating this program demonstrate a high level of administrative ability.

Persons responsible for directing and coordinating this program have little administrative training and experience.

**10. Instructional Staffing**

Average Score 5.0

5 4 3 2 1

|||  
Instructional staffing for this program is sufficient to permit optimum program effectiveness.

Staffing is inadequate to meet the needs of this program effectively.

**Program Review  
Panel Evaluation  
Form (page 3)**

**11. Facilities**

Average Score 4.5

5	4	3	2	1
---	---	---	---	---

Present facilities are sufficient to support a high quality program.

Present facilities are a major problem for program quality.

**12. Scheduling of Instructional Facilities**

Average Score 4.0

5	4	3	2	1
---	---	---	---	---

Scheduling of facilities and equipment for this program is planned to maximize use and be consistent with quality instruction.

Facilities and equipment for this are significantly under-or-over scheduled.

**13. Equipment**

Average Score 5.0

5	4	3	2	1
---	---	---	---	---

Present equipment is sufficient to support a high quality program.

Present equipment is not adequate and represents a threat to program quality.

**14. Adaption of Instruction**

Average Score 4.75

5	4	3	2	1
---	---	---	---	---

Instruction in all courses required for this program recognizes and responds to individual student interests, learning styles, skills, and abilities through a variety of instructional methods (such as, small group or individualized instruction, laboratory or "hands on" experiences, credit by examination).

Instructional approaches in this program do no consider individual student differences.

**15. Adequate and Availability of Instructional Materials and Supplies**

Average Score 4.5

5	4	3	2	1
---	---	---	---	---

Faculty rate that the instructional materials and supplies as being readily available and in sufficient quantity to support quality instruction.

Faculty rate that the instructional materials are limited in amount, generally outdated, and lack relevance to program and student needs.



**PROFESSIONAL ACTIVITIES: FERRIS STATE UNIVERSITY**

- 2001-2003 CAHS Strategic Plan Committee
  - 1998-2003 Facilitator Jim Crow Museum
  - 1999 – 2002 Senate Diversity Committee
  - 1995 – Present Presenter: Monday Night Technology Program  
Program won "Education Excellence Award" from Michigan Association of School Boards
  - 1997 – 1999 Curriculum Assessment and Planning Committee,  
College of Allied Health Sciences
  - 1991 Semester Conversion Committee
  - 1990 – 1994 Presenter, Radiation Certification Workshops
  - 1990 Program Review Chairman – Dental Assisting
  - 1987 – 1996 Recruitment and Retention Committee, College of Allied Health Sciences
  - 1987 – 2003 Recruiting Committee – Various open house activities,  
Autumn Adventure, and site visits
- Presented at Alumni continuing education programs offered by Dental Department.
- Advisor to 1st year Dental Hygiene Class  
Advisor to 2nd year Dental Hygiene Class
- Coordinate sites for Student American Dental Hygiene Association to volunteer.
- Coordinator for Shadowing MOISD Program – Mecosta-Osceola Intermediate School District

**PROFESSIONAL ACTIVITIES: FERRIS STATE UNIVERSITY (cont.)**

Coordinator for Community Dental Health  
Site Visit  
Big Rapids Public Schools  
Chippewa Hills Public Schools  
Morley-Stanwood Public Schools  
Hersey Elementary  
Mecosta County Parochial Schools  
Big Jackson and Pineview  
Headstart and Pre-School Programs  
Area Nursing Homes and Hospitals  
Area AIS Home for Handicapped  
Senior Meal Sites  
Alternative School  
Hearing and Emotionally Impaired  
Community Mental Health  
Eagle Village

**STATE/NATIONAL**

Annually Michigan Dental Hygiene Association – Volunteer for Annual Meetings/Coordinated Student Table Clinic Presentations

2001 - 2002 Mid-Michigan Dental Hygiene Association – Presentation Head & Neck Anatomy

2001 March Equity Conference – FSU  
Co-chair Conference Committee

1998 – 2000 State of Michigan Department of Community Health  
Michigan Osteoporosis Planning Group/Michigan Osteoporosis Strategic Plan

1994 Coordinated Televideo Conference  
Working Together for Healthy Children  
Sponsored by National Dairy Council of Michigan and Michigan State University

1990 National Dairy Council – Committee member  
Research Symposium on Nutrition and Dental Health

1980 – 1984 Consultant to American Dental Association Commission on Dental Education- Dental Hygiene Schools Site Evaluator

1980 Consultant to Lansing Community College  
Curriculum Review for Accreditation

**PROFESSIONAL  
DEVELOPMENT:**

I attend several continuing education programs each year. Continuing education is now required for renewal of licenses in Dental Hygiene, Dental Assisting, and Nursing in the State of Michigan.

The following areas of continuing education are just a few of the seminars I have attended:

**2002-2003**

Dentec- Periodontal System Implementation

Cardiovascular Effects of Street Drugs

Local Anesthesia

Instrumentation/ Ultrasonics

Current Issues in Perinatal & Pediatric Nursing

Emergency Nursing

**2001 – 2002**

Diabetes Mellitus

Dental Hygiene Clinical Teaching Workshop  
San Antonio, Texas

Woman's Leadership Conference- ADEA  
Vancouver, Canada  
Presentation Accepted

Oral Health Conference  
Primary Care Association/Mi Department of Community Health

**December, 1999**

Legal Issues in Nursing

**November, 1999**

Advanced Root Debridement and Ultrasonics

**October, 1999**

Pharmacology for Nursing

**March, 1999**

Oral Pathology and Cardiovascular Drugs  
Management of Uncontrolled Diabetic Patients

**November, 1998**

Advances in Prevention and Control of Periodontal Diseases

<b>October, 1998</b>	<p><b>Faculty Calibration, Michigan Association of Dental Hygiene Educators</b></p> <p><b>Basic Computer Literacy</b></p> <p><b>Dental Hygiene Implant Certification</b></p> <p><b>Maximizing Your Dental Hygiene Practice</b></p>
<b>May, 1998</b>	<p><b>Improving Team Performance; Understanding the Dimensions of Leadership</b></p>
<b>April, 1998</b>	<p><b>Effective Clinical Teaching, University of Texas Health Science</b></p>
<b>March, 1998</b>	<p><b>Comprehensive Management of Oral Cancer, University of Michigan</b></p>
<b>January, 1998</b>	<p><b>Computerized Probe, Intraoral Camera, Internet Lab Session, Ultrasonic Debridement Therapies, Ferris State University</b></p>
<b>1997</b>	<p><b>Evaluating Student Achievement, J. H. Kleffner</b></p> <p><b>Practical Head and Neck Anatomy, Larry Anderson, Ph.D., Mid-Michigan District Dental Hygiene Society</b></p> <p><b>Drugs Patients Take – Implications for Dentistry, Ferris State University</b></p> <p><b>A.A.S. Degree Program in Nursing, Ferris State University</b></p>
<b>1996</b>	<p><b>Symposium International Fluoride, University of Michigan</b></p>
<b>1995</b>	<p><b>Symposium Primary Care Models; Developing Employee Based Guidelines for Dental Hygiene, American Association of Public Health Dentistry</b></p> <p><b>Radiology – University of Michigan University of Kentucky</b></p> <p><b>Special Needs Patients – Academy of Dentistry for the Handicapped</b></p> <p><b>Pathology – University of Michigan</b></p>

**PROFESSIONAL DEVELOPMENT: (con't**

Geriatric – Participated in a National Workshop sponsored by the American Association of Dental Schools, Michigan Academy of Dentistry

AIDS – Michigan Dental Hygiene Association

1995

Asepsis – Molinari – University of Detroit  
- Latex Allergies  
- Forensic Dentistry  
- Preventive Therapy

Nutrition – Central Michigan University  
Michigan Dental Hygiene Association  
American Red Cross

Occupation Hazards Update – Michigan Dental Association

1994

Mood, Mind, and Appetite, Institute for Natural Resource

Pharmacology – Periodontal Study Club

Midwest Radiology Instructor Course, Indiana University

Periodontology – Periodontal Study Club

Antimicrobial Therapy – Consulting Concepts

Implants Update – Periodontal Study Club

1993

Periodontal Immunology

Nutrition for Geriatric and Edentulous

**PUBLIC SERVICE:**

**2001-2003**

**Mecosta County Health Assessment Task Force  
Mecosta County Dental Screening Project**

**2002-2003**

**Early Success Right From the Start  
Consultant/Screenener**

1989 – Present

**BIG RAPIDS HEALTH ADVISORY COMMITTEE**  
Committee Review of Health/Safety Curriculum in Big Rapids Public Schools

1987 – Present	Parent volunteer for Eagle Village visits
April, 1999	Presenter for Early on Conference Family Independence Agency
1998, 1999	Team member for Relay for Life – American Cancer Society
1995 – 1997	Presenter for parent programs – Celebration of the Young Child
Annual	Volunteer – school sports' physicals

**GIRL SCOUT EVENTS COORDINATOR**

Coordinated events on FSU campus  
Careers in Allied Health and Pharmacy  
Celebrate Women in Science and Math

**GIRL SCOUT TROOP LEADER** – 10 years  
Hillcrest Troop, Summer Day Camp Leader

**VOLUNTEER HEALTH PRESENTER**

Big Rapids Elementary, Middle School & High School  
Presentations – Dental Health, Nutrition, CPR and Choking,  
Anatomy, Heart and Lungs, Smoking and Smokeless Tobacco,  
Careers in Allied Health and Science

**AMERICAN SOCCER YOUTH ORGANIZATION COACH**

Coach – Girls Team – 10-15 year olds  
Coach – Boys Team – 12-15 year olds

**MECOSTA OSCEOLA INTERMEDIATE SCHOOL DISTRICT**

Monday Night Technology Program  
Presenter: Math/Science/Technology

**RESEARCH AND GRANTS:**

1992 – 1997	<b>BIG RAPIDS DENTAL STUDY CLUB GRANT</b> Funds to transport and treat clients from the Mecosta-Osceola Area Rehabilitation Center to FSU Dental Hygiene Clinic
1992 – 1993	<b>WEST MICHIGAN DENTAL FUND GRANT</b> Funds to set up on-site clinic Mecosta-Osceola Area Rehabilitation Center
1990	<b>TIMME GRANT</b> Incorporation Geriatrics into Dental Hygiene Curriculum
1989	<b>TIMME GRANT</b> Computer Assisted Instruction Grant Incorporated into Dental Anatomy Course

**PUBLICATIONS:**

Bulletin – West Michigan Dental Society  
Ferris State University  
West Michigan Dental Foundation Grant Benefits Special Needs  
Patients

**Member of the following:**

American Association of Public Health Dentistry  
American Dental Hygiene Association  
Michigan Dental Hygiene Association  
Grand Rapids Dental Hygiene Association  
American Association of Dental Schools  
Periodontal Study Club  
Sigma Phi Alpha – Alpha Nu Chapter

Kathleen M. Harlan RDH, BS

13395 Donna Drive  
Big Rapids, Michigan 49307  
(231) 796-9334

---

**Education:** Ferris State University, Big Rapids, Michigan

**8/99 – present** Master of Science, Career/Technical Education  
Anticipated degree, August 2004

**9/94 – 12/97** Bachelor of Science, Allied Health Education  
Degree: August 1998 - GPA: 3.9  
Student Teaching W/97 – DHYG 131, Dental Radiography  
Sandra Burns, Professor

**9/92 – 5/94** Associates of Applied Science, Dental Hygiene  
Degree: May 1994 - GPA: 3.9

North Central Michigan College, Petoskey, Michigan

**9/90 – 5/92** Applied Arts  
Degree: No Degree - GPA: 4.0

**Licensure:** Board Certified Registered Dental Hygienist  
State of Michigan, July 1994

**Certification:** American Heart Association - CPR Certification

**Experience:**

**8/03 – 5/03** Ferris State University, College of Allied Health Sciences  
Dental Hygiene Adjunct Faculty, Oral Sciences 1 & 2  
Clinical Dental Hygienist

**1/03** Anesthesia for the Dental Hygienist  
Training for the administration of local anesthesia

**8/99 – 8/03** Ferris State University, College of Allied Health Sciences  
Clinical Dental Hygienist  
Duties: Supervise, instruct, and evaluate first and second year students in all areas of clinical dental hygiene.  
Conduct laboratory exercises in the area of dental radiography, dental materials, and oral science.  
Develop evaluative exercises in the area of dental radiography Development and maintenance of radiography review web site

**1/98 – 5/99** Ferris State University, Big Rapids, Michigan  
University College, Structured Learning Assistance Program  
Structured Learning Assistance Facilitator, DHYG 131  
Dental Radiography  
Duties: Reinforce and clarify lecture and laboratory material providing didactic review and laboratory skill assistance.



- 10/98 – 8/99 Eric Perroud DDS, Big Rapids, Michigan  
Dental Hygienist  
Duties: Initial patient assessment and DHDx, collaborative treatment planning and patient education, routine prophylaxis, periodontal scaling and root planning using ultrasonic and hand instrumentation, application of fluorides, sealants and desensitizing agents, radiograph exposure, manual and automatic processing, recall system maintenance.
- 8/95 – 10/98 Donald French DDS, Big Rapids, Michigan  
Dental Hygienist  
Duties: Same as above
- 9/94 – 9/95 John Schondelmayer DDS, White Cloud, MI  
Dental Hygienist  
Duties: Same as above

Current Dental Hygiene experience continued through on-call and part-time dental hygiene care in various offices throughout the summers.

#### Awards

- 7/01 Ferris Foundation Exceptional Merit Grant Award  
\$5000.00  
"Equipment and Supplies for Technological Improvements used by Dental Hygiene Students"

References available upon request

**ANNETTE URSULA JACKSON, R.D.H.**  
**229 Mill Street**  
**Big Rapids, MI 49307**  
**Home Phone 231-796-4568**

**OBJECTIVE:** To secure a permanent part-time position in a clinical setting where continuing professional growth and education are demanded.

**EDUCATION:**

- 2003 Ferris State University Master of Science Career and Technical Education, continuing coursework.
- 1995 B.S. in Allied Health Teacher Education, Ferris State University. Graduated with Honors.
- 1976 A.A.S. in Dental Hygiene, Ferris State University. Graduated with Honors.

**EMPLOYMENT:**

- Fall 2003 **Dental Hygiene Operations Supervisor, Ferris State University, Big Rapids, MI 49307**  
Responsible for staffing of dental hygiene clinic during academic year. Staff personnel are Registered Dental Hygienists and dentists, and the clinic clerk.  
Responsible for staff training as it relates to clinical education, OSHA, and their supervision. Responsible for pulling reports off of existing database, and to assist report gathering for clinical courses DHYG 125, 215, and 225. This includes creation of bar codes that can be read by this database.
- 1991 – Present **Clinical Laboratory Coordinator, Ferris State University, Big Rapids, MI 49307**  
Supervise dental hygiene students, clinically, 28-32 hours per week. I work closely with the course coordinators of first year dental hygiene clinic, second year dental hygiene clinic, and the radiology instructor. I am responsible for minor equipment maintenance, and reporting equipment malfunctions within the clinical setting (36 dental chairs and corresponding equipment). I provide tutorial assistance to students regarding clinical weaknesses 4 hours per week. I am responsible for equipment maintenance of a 6 chair (and 1 panelipse) radiography area. This includes the weekly, monthly, and yearly maintenance of Air Techniques x-ray processing machines.
- Summer, 1999 – 02 **Summer Employment, Dental Hygienist, Family Health Care**  
Permanent part-time dental hygienist. Hours vary depending on the needs of the dental clinic.
- Summer, 2002 White Cloud Clinic was opened to the public. I worked a total of five (5) weeks in this office.

- 1980 – 1991      **Clinical Instructor, Ferris State University, Big Rapids, MI 49307**  
Responsible for the supervision and evaluation of student dental hygienists during clinic. Faculty to student ratio was 1:6. The hours I worked varied depending on the needs of the University each semester. In 1980, I was hired by Ferris State University as a full-time Clinical Dental Hygiene Teaching Assistant. In 1982, I requested part-time employment and became a Clinical Instructor.
- 1988 – 1990      **Dental Hygienist, Donald French, D.D.S., Big Rapids, MI 49307**  
Worked as a dental hygienist 3 to 4 days per week, depending on the needs of the office. Dr. French retired in 1999. To work in this office, all staff needed to be trained (40 hours) to be a dental assistant. I assisted Dr. French at various times as a dental assistant during my employment.
- 1978 – 1980      **Dental Hygienist, Regional Health Care, Baldwin, MI 49304**  
Full-time dental hygienist, supply maintenance for Baldwin, Manistee, and White Cloud clinics under the leadership of Fred Coury, D.D.S. Established and maintained in-school fluoride program.
- 1976 – 1978      **Dental Hygienist, Kirkwood Faber, D.D.S., Greenville, MI 48838**  
Part-time dental hygienist, 3 days per week.
- 1976 – 1977      **Dental Hygienist, Alan C. Havens, D.D.S., Greenville, MI 48838**  
Part-time dental hygienist, two days per week.
- Summer 1975      **Dental Hygienist, Laura Law, Northwest Michigan Migrant Health Services, Inc., Shelby, MI**  
Full-time dental hygienist under temporary license in Mason, Oceana, and Muskegon counties. Participated in the summer fluoride program for migrant children.
- Summer 1974      **Receptionist, Jack A. Carlson, D.D.S., Rockford, MI 49341**  
Served as an office and telephone receptionist during the summer. Additional duties included billing and making appointments for patients. Also filled in as a dental assistant whenever needed.
- 1972 – 1973      **Dental Assistant, Dr. Walter Schottle, Zahnarzt, Erlangen, West Germany**  
Full-time dental assistant in a German dental practice. The focus of the dental practice was in Gnathology.

## **MEMBERSHIPS, ACTIVITIES, INTERESTS:**

- Licensed by the State of Michigan Board of Dentistry as a Dental Hygienist since 1976
- Member of the American Dental Hygiene Association
- Member of the Michigan Dental Hygiene Association
- CPR certified at the professional level
- Annually teach radiography laboratory course to first year dental hygiene students
- Attended Radiographic Interpretation Post-Graduate Course at University of Kentucky in 1995. This week long course was taught by Dr. Jack Bean.
- Attended Equipment Maintenance seminar held by ADEC in Portland, Oregon. This week long course was taught by ADEC at the site of their factory.
- Attended Univ. of North Carolina, Radiography program, Summer, 2002.
- Attended the Local Anesthesia course offered by FSU January 2003.

Annually participate as a lab instructor and work with course coordinator with students teaching Advanced Instrumentation and Ultrasonics seminar. I have worked this seminar for the last 5 years.

- I enjoy camping and doing any activity that involves nature and the outdoors. I have a small perennial garden. I enjoy spending time with my family which includes my husband and two beautiful daughters, a son-in-law and a beautiful granddaughter.
- I have been a Sunday School teacher for pre-school children for 5 years. I have been a Girl Scout leader for 5 years. I have also been involved with the Girl Scout Cookie sales campaign at the administrative level for two years.
- My husband and I have had 3 foster girls (teenagers) live in our home over the last several years.

## **COMPUTER SKILLS:**

- Successfully completed one semester of ISYS 105, a basic computer course.
- Am comfortable with most aspects of Microsoft Word, Powerpoint, and have had some training in Excel. I also work extensively with the patient database for the dental hygiene program, PPM.

## **LANGUAGES:**

- Semi-fluent in German

## **Linda Meeuwenberg, RDH, MA, MA**

### **Home Address**

11743 Pierce Rd.  
Stanwood, MI 49346  
(231) 972-4489 (Home Office)  
(231) 972-4801 (Residence)  
meeuwen@centurytel.net

### **Office Address Sept - April**

Ferris State University  
College of Allied Health Sciences  
200 Ferris Dr.  
Big Rapids, MI 49307  
(231) 591-3788 (231) 591-2309 FAX  
meeuwenl@ferris.edu

### **EDUCATION**

Michigan State University, M.A. - Communication 1990  
Central Michigan University, M.A. - Guidance & Counseling 1982  
Ferris State University, B.S. - Allied Health Teacher Education 1978  
Ferris State University, A.A.S. - Dental Hygiene 1968

### **EMPLOYMENT HISTORY**

- Dental Hygienist employed in various dental offices from 1968-1976
- Professor - College of Allied Health Sciences - Ferris State University 1976-present
- Consultant & Practicing Dental Hygienist - Migrant Health Services - 1983 - present
- President - Professional Development Association, Inc. - 1988 - present  
Independent Consultant & Distributor - Inscape Publishing - formerly Carlson Learning Company (1993-present)

### **APPOINTMENTS**

- Board of Directors - Association of Dental Implant Auxiliaries & Practice Managers 1993 - present
- Young Dental Company - Advisory Board Member 1995 - 2000
- Dental Video, Inc. - Advisory Board 1996-1998
- Ferris State University Faculty Mentor - 1985-1995
- Continuing Education Task Force- College of Allied Health Sciences 1990-93
- Chair, Non-Clinical Core Curriculum Task Force - College of Allied Health Sciences 1998
- Curriculum Committee - Dental Hygiene, College of Allied Health Sciences 1997-present
- Oral B Laboratories - Dental Hygiene Advisory Board 1997-99
- Editorial Review Board - Implant Dentistry - 1999 - present
- NERB Task Force - Chair - Dental Hygiene Program 2002
- Migrant Health Services Advisory Board - 2002 - present
- Editorial Review Board - Journal of Practical Hygiene - 2002 - present
- Selected as one of 85 Opinion Leaders in Dental Hygiene by Philips Oral Care to attend a think tank symposium in Seattle, WA - 1/2003
- Dental Hygiene Opinion Leader - Oral B Laboratories - May 2003 - to attend symposium in 10/2003
- Future of Dental Hygiene Task Force, American Dental Hygienists Association, 2/2003

### **PROFESSIONAL ASSOCIATIONS**

National Speakers' Association  
Ferris State University Professional Women

American Dental Hygienists' Association  
National Education Association  
Chamber of Commerce  
Michigan Dental Hygiene Educators' Association  
International Federation of Dental Hygienists  
Sigma Phi Alpha

### **RECENT PUBLICATIONS**

- *Violets in the Window* - A short story published in the Anthology of Teachers Writing, Teachers Learning (1995)
- *Where Were All the Women* - an essay published in the Anthology of Teachers Writing, Teachers Learning (1995)
- *Adherence to Daily Self Care Regimens for the Developmentally Disabled*, ACCESS, 8/94
- *Communication Tips* - Interviewing the New Dental Client, Amalgam Carrier, 1997
- *Communication Savvy* - M.D.H. A. Bulletin, 1998
- *Ergonomics and the Practice of Dentistry*, The Amalgam Carrier, Winter 1997
- *The Incorporation of Technology into Dental Hygiene Education*, ACCESS 1998
- *The Incorporation of Intra Oral Video-Photography into Dental Hygiene Education*, ACCESS, 1995
- *The Use of Behavioral Profiles to Assess Student and Faculty Behavioral Styles*, ACCESS, 1997
- *Attitude is Everything!*, Implant Dentistry (1998)
- *Guest Commentary*, RDH Magazine, Sept (1998)
- *Letter to the Editor on Ergonomics in Dental Hygiene*, Journal of Dental Hygiene (1997)
- *What Works - Spotlight on Successful Distributors* - Carlson Learning Company People to People Newsletter - Fall 1999
- *The Twelve Dimensions of Leadership* - MCACC Newsletter - Oct 1999
  
- *Fluorides for a Lifetime - Optimizing Your Benefits* - Sept/Oct, ACCESS (2000)
- *Keeping Your Teeth for a Lifetime* - The Pioneer News, 2/00 for Children's Dental Health Month
- *Attitude - Your Most Precious Commodity*- New Zealand Dental Hygiene Newsletter, December 2002
- *Communication - Interviewing the new Dental Implant Client*, International Magazine of Oral Implantology (2003) Vol.4
- *Future of Dental Hygiene Report - Practice and Technology* - Preliminary Report - June 2003

### **SPECIAL TRAINING**

- (Carlson Learning Company) Inscape Publishing - Distributor Training
- Authorized Distributor of Carlson Learning Company (Inscape Publishing)
- Facilitator Training - *Adventures in Attitudes®*, *Dimensions of Leadership®*, *Innovate with Care®*, *Coping and Stress Profile®*, Carlson Learning Company (Inscape Publishing)

### **AWARDS/PROMOTIONS**

- Promoted from technical instructor, assistant professor, associate professor to

- full professor at Ferris State University
- Awarded merit increase by Ferris State University - 1999/2000
- *First Place Award* - American Association of Dental Schools - Educational Exhibit
- *Table Clinician Award* - Michigan Academy of General Dentistry
- *Table Clinician Award* - Third place Wisconsin Dental Association
- One of *five finalists* for the Distinguished Faculty Award - Ferris State University
- *Fellow* - Association of Dental Implant Auxiliaries & Practice Managers
- Certificate of Appreciation - International Congress of Implantologists
- Michigan Academy of General Dentistry approved continuing education provider
- Certificate of Recognition - Carlson Learning Company for outstanding achievement
- Membership into Sigma Phi Alpha - National Dental Hygiene Honor Society

### **POSTER PRESENTATIONS**

- The Use of Videotaping to Enhance Clinical Dental Hygiene Education - AADS (1984)
- A Model for Teaching Patient Centered Counseling - AADS (1986)
- The Use of Journal Writing to Enhance Clinical Dental Hygiene - AADS (1987)
- The Use of Writing to Learn in Clinical Dental Hygiene (1993)
- The Use of the Intra Oral Videocamera in Clinical Dental Hygiene Education ADHA (1995)
- The Use of Behavioral Profiles to Assess Student & Faculty Behavioral Styles - ADHA (1996)
- The Incorporation of Technology into Dental Hygiene Education - ADHA (1996)
- The Incorporation of Technology into Dental Education - ADA and IFD World Congress (1996)
- A Model for the Development of Effective Women Leaders in the Dental Professions (1998) Global Conference sponsored by AADS in Cannes, France
- A Model for the Development of Effective Women Leaders in the Dental Professions (2003) 2<sup>nd</sup> Int'l Women's Leadership Conference, American Association of Dental Educators, Goteborg, Sweden

### **PRESENTED SEMINARS FOR THE FOLLOWING ORGANIZATIONS**

American Association of Dental Schools  
 Association of Dental Implant Auxiliaries & Practice Managers  
 American Dental Hygienists' Association  
 National Dental Association - Table Clinician  
 International Congress of Oral Implantologists - Table Clinician  
 Michigan Dental Association  
 Wisconsin Dental Association  
 Washington State Dental Hygiene Association  
 American Association of Maxillofacial Surgeons  
 American Association of Orthodontists  
 New Orleans Dental Hygiene Association  
 Old Dominion University  
 Illinois Central College  
 Delta College  
 Muskegon Community College  
 Western Michigan University

Ferris State University  
 Springfield Technical College  
 West Virginia University - Dental School  
 State University of New York at Buffalo  
 Portland Community College  
 Mecosta County Area Chamber of Commerce  
 Colgate Pharmaceuticals  
 Ferris Professional Women's Conference  
 Professional Women's Network  
 Alliance of Women Accountants  
 Stroke Support Group - Mecosta County General Hospital  
 Career Planning and Placement Services - Ferris State University  
 Dining Services - Ferris State University  
 Corporate and Professional Development Center, Ferris State University

### **RECENT CONTINUING EDUCATION COURSES ATTENDED**

- American Association of Oral Surgeons Annual Session - Seattle - September 1997
- MDHA House of Delegates and Annual Seminar, Kalamazoo -October 1997
- Wisconsin Dental Hygiene Association Annual Session, Milwaukee, September 1997
- Michigan Dental Hygiene Educators Annual Session, Detroit, November 1997
- Update in Pharmacology - Ferris State University - March 1997
- Powerpoint, Timme Center for Teaching & Learning - December 1997
- Multimedia in the Classroom, Timme Center for Teaching & Learning - December 1997
- Incorporation of Technology into Your Dental Practice, Ferris State University - January 1998
- Macomb Dental Hygiene Society Annual Winter Seminar, Sterling Hts., January 1998
- Improving the Clinical Teaching Environment, UTSA, Big Rapids, January 1998
- Midwest Dental Conference, Kansas City, MO, March, 1998
- Kalamazoo Women's Conference, Western Michigan University, April 1998
- Wellness Conference, Ferris State University - May 1998
- Global Alliances in Education - Women's Leadership Conference, Cannes, France - June 1998
- Windows 95, Skill Path Seminars, Grand Rapids June 1998
- Time Mastery Workshop, MCACC, Big Rapids, June 1998
- Management Development Retreat, Grand Rapids, Ferris State University, July 1998
- Use of the Internet for Health Care Professionals, Skill Path, Ann Arbor September 1998
- Texas Dental Hygiene Association Annual Session, Dallas, September 1998
- Dental Implant Certification Training, Mackinac Island, Ferris State University, October 1998
- Maximizing Your Dental Hygiene Practice, Mackinac Island, Ferris State University, October 1998
- Michigan Dental Hygiene Educators, Ann Arbor, November 1998
- American Association of Dental Schools Annual Session, 1999, 2000
- Michigan Dental Association & MI Dental Hygiene Assoc. Annual sessions 1999, 2000
- Ohio Dental Hygienists Annual Retreat 2000



- **MESSA Wellness Conference, 2000**
- **Holistic Health - Food & Thought Series- Ferris State University 2001**
- **Alternative Medical Therapies - INR, 3/2001**
- **Understanding Today's College Student - Ferris State University 9/2001**
- **Assisting Students in Reading Comprehension - Ferris State University 1/2002**
- **Annual Dental Hygiene Symposium, University of Minnesota 2/2002**
- **Emerging Trends in Oral Care, Philips Corporation, Seattle, WA 1/2003**
- **Annual Dental Hygiene Symposium, University of Minnesota 2/2003**
- **Soft Tissue Management , ProDentic, Grand Rapids, MI 6/2003**

## RESUME

### JUDY A. SCHOETTLE

#### OFFICE ADDRESS

Ferris State University  
College of Allied Health Sciences  
VFS 313  
200 Ferris Drive  
Big Rapids, MI 49307  
(231) 592-2282

#### HOME ADDRESS

128 Heritage Place  
Reed City, Michigan 49677  
(231) 832-4234

#### TEACHING EXPERIENCE:

Student Instructor: Department of Dental Hygiene  
University of Kentucky  
School of Dentistry  
January 1974 - May 1974

Assistant Professor: Department of Dental Hygiene  
University of Maryland  
School of Dentistry  
August 1974 - June 1976

Assistant Professor: Dental Hygiene Program  
College of Allied Health Sciences  
Ferris State University  
September 1976 - present

#### DENTAL WORK EXPERIENCE:

Dental Assistant, United States Air Force, 3/63 to 7/66.  
Dental Hygienist, Private Practice, 6/68 to 6/73.  
Dental Hygienist, Private Practice, Summer, 1982

#### EDUCATION:

University of Detroit Mercy, Detroit, Michigan  
Certification as a Registered Dental Hygienist, 1968.

University of Detroit Mercy, Detroit, Michigan  
Bachelor of Science in Dental Hygiene, 1970.

University of Kentucky, Lexington, Kentucky  
Master of Science in Adult and Higher Education, 1974.

## **FERRIS STATE UNIVERSITY COMMITTEES:**

UNIV: Academic Policy & Standards Committee (2001-present)  
CAHS: Institutional Resources  
CAHS: Student Affairs Committee  
CAHS: Clinical Core Task Force Committee  
CAHS: Recruitment/Retention Committee  
CAHS: Promotions/Merit Committee  
CAHS: Library Committee  
CAHS: Health/Safety Committee  
CAHS: College of Allied Health Sciences Anniversary Committee  
CAHS: Tenure Committee  
CAHS: Space Committee  
CAHS: Parents Day Planning Committee  
UNIV: Arts and Lectures Committee

## **MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:**

American Dental Hygiene Association, continuous membership at the national, state, and local levels from 1968 to the present.

Office Sterilization & Asepsis Procedures Research Foundation, continuous membership from 1989 to the present.

Michigan Dental Hygiene Educators, membership 2001 to present.

American Association of Dental Schools, membership in 1989, 1990.

## **SEMINAR AND PROGRAM PRESENTATIONS:**

Ferris and the First –Year Experience, Panel Discussion Member, August 21, 2002.

Dental Hygiene Instruments, What's New...What's Old, presented at CAHS Periodontal Seminar, May 21, 1994.

Instrument Sharpening Table Clinic, CAHS Periodontal Seminar, May 21, 1994.

Instrumentation Sharpening Table Clinic, CAHS Periodontal Seminar, November 20, 1993.

Instrument Sharpening Table Clinic, CAHS Periodontal Seminar, May 21, 1993.

Application of Pit and Fissure Sealants (Clinical Instruction), FSC Dental Hygiene Continuing Education Presentation, September 22, 1984.

Polishing Amalgam Restorations (Clinical Instruction), FSC Dental Hygiene Continuing Education Presentation, September 22, 1984.

Instrument Sharpening, presented to the Howard County (Maryland) Dental Hygienists' Association, 1976.

## **FACULTY DEVELOPMENT ACTIVITIES:**

### **Ferris State University CTL & FD Courses Attended**

- Beginning Photoshop Elements (June 16, 18, 2003)
- Web CT 3.6 to 3.8 Upgrade Workshop (November 25, 2002).
- Teaching to Improve Students' Recall – Current Research on Memory (November 8, 2002).
- Dealing with Today's College Students, How They Learn, and How Best to Help Them Succeed (October 15, 2002).
- Grading Workshop (June 18, 2002).
- Improving Students' Study & Reading Strategies and Motivating Students to Learn (January 21, 2002).
- Understanding Today's College Student Population (August 21, 2001).
- Facilitation Learning – Learning, the Learner and Teaching Methodology (July 23-27, 2001).
- Problem-Based Learning (July 16-18, 2001).
- Web CT Training (May 8-10, 2001).

### **Other Faculty Development Attended**

- Cultivating Clinical Competence (May 19-21, 2002) 15 hours, presented by the University of Texas Health Science Center at San Antonio, Department of Dental Hygiene.
- Evaluating Student Achievement (April 12, 1994) 7 hours, presented by John H. Kleffner, of the University of Texas Health Science Center at San Antonio, Division of Instruction Development.
- Teaching by Guided Discovery. (August, 1974) 6 hours, presented by Sharon Schwindt, RDH; sponsored by the University of Maryland School of Dentistry, Department of Dental Hygiene.
- Organization of Lecture Material According to Statement P.I.E. or Proof, Information, and Example (August, 1975) 6 hours, presented by Charles B. Leonard, Jr., Ph.D., of the University of Maryland School of Dentistry, sponsored by the Department of Dental Hygiene.

### **Professional Training Sessions Attended**

- Local Anesthesia Training Course (January 18-20, 2003)
- Carolina Institute for Dental Radiology Educators (July 17 – 20, 1998) 22 hours, presented by UNC School of Dentistry, University of North Carolina at Chapel Hill.
- USAF Dental Infection Control & Occupational Health Course (May 13 – 17, 1996) 36 hours, presented by the United States Air Force at Brooks Air Force Base.
- ADEC Equipment Training Seminar (Operation, Basic Knowledge, and Service Techniques) (August 8-11, 1994) 32 hours, presented by Adec International, Inc. or Newberg, Oregon.
- Training in Expanded Duties For Dental Auxiliaries. (July, 1978) 32 hours, Faculty, University of Kentucky School of Dentistry

## **FACULTY DEVELOPMENT ACTIVITIES (con't)**

### **Professional Meetings Attended**

- Michigan Dental Hygiene Educators' Association. (November, 2002)
- Michigan Dental Association Summer Scientific Session. (August, 2002)
- Michigan Dental Hygienists' Association Scientific Session. (May 2002)
- Michigan Dental Association Annual Session. (May, 2002)
- Michigan Dental Hygiene Educators' Association. (October, 2001)
- Michigan Dental Association Summer Scientific Session (August, 2001)
- Michigan Dental Association Spring Scientific Session (June, 1995)
- Michigan Dental Association Annual Session (April, 1994)
- Organization of Safety and Asepsis Procedures Annual Conference (June, 1991)
- Organization of Safety and Asepsis Procedures Annual Conference (June, 1989)
- American Association of Dental Schools Annual Meeting (March 1989)
- American Association of Dental Schools (1974)

### **CONTINUING EDUCATION:**

- |      |                                                                                                                                                                                                                            |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2002 | Cultivating Clinical Competence. University of Texas Health Science Center at San Antonio – Department of Dental Hygiene.                                                                                                  |
| 2002 | Beyond the PDR: Everything You Wanted and Needed to Know About Pharmacology. B. Ellen Byrne, R.Ph., DDS, Ph.D., Michigan Dental Association                                                                                |
| 2002 | Ultrasonic Instrumentation and Ergonomic Positioning. University Center for Extended Learning, Ferris State University                                                                                                     |
| 2002 | Anti-Infective Periodontal Therapy. Larry Burnett, DDS, Michigan Dental Hygienists' Association                                                                                                                            |
| 2002 | Making the Most of Your Image. Dale Miles, DDS, Michigan Dental Association.                                                                                                                                               |
| 2002 | Making Sense of Your Sensors. Dale Miles, DDS, Michigan Dental Association.                                                                                                                                                |
| 2001 | Endoscopic Advances in the Diagnosis and Treatment of Periodontal Disease. Thomas Wilson Jr., DDS, University of Detroit Mercy School of Dentistry                                                                         |
| 2001 | Technology and Dental Hygiene. Dental Hygiene Department of Kalamazoo Valley Community College                                                                                                                             |
| 2001 | Panoramic Radiology: A Comprehensive Review. Laurie Carter, DDS, Ph.D., Michigan Dental Association                                                                                                                        |
| 2001 | How to Take Charge of Your Own Health, Scientific Ins and Outs of Vitamins, Supplements, and Herbs, Going too Fast in the Fast Lane (Dealing with Stress) University Center for Extended Learning, Ferris State University |

## **CONTINUING EDUCATION (con't)**

- 2001 Be a Safe and Protected Employee (OSHA Update) University Center for Extended Learning, Ferris State University
- 2001 Digital Radiography Training – TrexTrophy System, Cherie Rainwater, TrexTrophy Trainer, Ferris State University Dental Hygiene Program
- 1999 Beyond the Internet: Re-Inventing Health Information. INR Seminars
- 1998 The Carolina Institute for Dental Radiology Educators, University of North Carolina School of Dentistry
- 1998 Alternative Medicine: An Objective View. Laura Pawlak, Ph.D., R.D., INR Seminars
- 1998 Emotional Intelligence, Health and Relationships. Joseph Shannon, Ph.D., Mind Matters Seminars
- 1997 The Aging of the Brain, The Aging of the Mind. Bruce Quinn, M.D., Ph.D., Mind Matters Seminars
- 1997 Drugs Patients Take – Implications for Dentistry. Frieda Atherton Pickett, R.D.H., B.S.,M.S., Ferris State University
- 1996 Soft Tissue Management/Non-Surgical Periodontal Therapy. S. N. Bhaskar, D.D.S., Clinical Dental Seminars
- 1995 Teledyne Product Overview. Ann Signer, R.D.H.
- 1995 Review of Topical Fluorides. Oral B Representative, FSU Dental Hygiene
- 1995 Periodontal Therapy into the 21<sup>st</sup> Century: The Importance of Patient Specific Protocols. Proctor & Gamble
- 1995 Hormones, Diet, and Behavior. Laura Pawlak, Ph.D., INR Seminars.
- 1995 MIOSHA Training Seminal. Thomas McLellan, D.D.S., Connie Verhagen, D.D.S., Michael Cerminaro, D.D.S., Michigan Dental Association
- 1994 Medical Emergencies in the Dental Office. John Gobetti, D.D.S., Michigan Dental Association
- 1994 Lumps and Bumps/Clinical and Diagnostic Approach. John Gobetti, D.D.S., Michigan Dental Association
- 1993 Electronic Anesthesia. Linda Petersen, Representative, 3M Health Care
- 1993 The Infectious Disease Process: Hepatitis, Tuberculosis, and AIDS. Peter Gulick, D.O., Michigan Dental Hygienists' Association

## **CONTINUING EDUCATION (con't)**

- 1993      Advanced Ultrasonic Instrumentation in Periodontal Therapy. Kim Herring, R.D.H., M.S., Ferris State University
- 1992      Putting Oral Pathology into Your Practice. Richard Courtney, D.D.S., University of Detroit Mercy
- 1992      New OSHA Regulations As they Relate to Dentistry. John Molinari, Ph.D., University of Detroit Mercy
- 1992      Lasers in Dentistry: Review of Lasers in Dental Research, in Clinical Use, and Their Future Application. John Hess, D.D.S., University of Detroit Mercy
- 1992      The Future is Geriatric Dentistry/Meeting the Challenge. Stephen Stefanac, D.D.S., University of Detroit Mercy
- 1992      Antimicrobial Periodontal Therapy. Cheri Pentzien, R.D.H., B.S., Barry Mentzel, D.D.S., Consulting Concepts
- 1991      Water Contamination. Chris Miller, Ph.D., OSAP Annual Conference
- 1991      Disinfectant and Sterilant Testing. Ted Wendt, Ph.D., OSAP Annual Conference
- 1991      Spore Testing. Chris Miller, Ph.D., OSAP Annual Conference
- 1991      How to Use Chemical Germicides/Measuring, Mixing, Dilution and Disposal. John Molinari, Ph.D., OSAP Annual Conference
- 1991      Aseptic Technique/Glove Protocols, Operatory Turnaround, Instrument Recirculation. Kathy Eklund, R.D.H., M.P.H., OSAP Annual Conference
- 1991      Hazard Communication Program. Charles Palenik, OSAP Annual Conference
- 1991      Instrument Processing. Chris Miller, Ph.D., OSAP Annual Conference
- 1991      Barriers, Handwashes, Mouthrinses, & Rubber Dam. James Crawford, Ph.D., OSAP Annual Conference
- 1991      Dental Unit Maintenance. James Crawford, Ph.D., OSAP Annual Conference
- 1991      Infection Control Management and Cost. Robert Runnells, D.D.S., OSAP Annual Conference
- 1989      Teaching Scaling Techniques to Dental Hygiene Students. M. Elaine Parker, R.D.H., M.S., AADS Annual Conference
- 1989      Herpes Viruses. Virginia Merchant, D.M.D., OASP Annual Conference.

## **CONTINUING EDUCATION (con't)**

- 1989 Proper Use of Gloves, Barriers, Handwashes, and Mouthrinses. Chris Miller, Ph.D., OSAP Annual Conference
- 1989 Chemical Sterilants and Disinfectants. John Molinari, Ph.D., OSAP Annual Conference
- 1989 Epidemiology of HPV, HBV Vaccines, and Blood-screening Tests. James Cottone, D.D.S, OSAP Annual Conference
- 1979 Expanded Duties for the Dental Auxiliary. Faculty, University of Kentucky
- 1978 Medical Evaluation, Prevention and Treatment of Medical Emergencies. Martin J. Dunn, D.M.D., Michigan Dental Hygienists' Association
- 1978 Root Planing and Soft Tissue Curretage. Debra D. Waggoner, R.D.H., B.S., Michigan Dental Hygienists' Association
- 1978 Patient Examination and Evaluation. Ester Wilkins, R.D.H., D.M.D., Kalamazoo Valley Community College Dental Hygiene Program
- 1978 Current Concepts in Prevention for the Child Patient. Faculty, University of Detroit School of Dentistry
- 1977 Transactional Analysis. Josephine Holt Grieve, M.A., District V, Dental Hygienists' Association
- 1977 Dental Materials. Gordon Christensen, D.D.S., Western Michigan Dental Society
- 1977 Dental Materials for Teachers of Auxiliaries. Faculty, University of Michigan School of Dentistry
- 1977 Differential Diagnosis of Oral Lesions in Patient Examination. Richard M. Courtney, D.D.S., M.S., University of Michigan
- 1975 Leadership Conference. Carl H. Hauber, Mary Jane Kolar, ADHA Staff Members, Maryland Dental Hygienists' Association
- 1975 Review of Oral Pathology. Martin Lunin, D.D.S., and Bernard Levy, D.D.S., University of Maryland School of Dentistry
- 1975 Review of Pharmacology. Harold L. Crossley, Ph.D., University of Maryland School of Dentistry
- 1975 Dental Auxiliary Utilization. Robert E. Morris, D.D.S., University of Maryland School of Dentistry
- 1975 Nutritional Counseling. Carolyn Thompson, Nutritionist, Howard County Dental Hygienists' Association



**HONORS:**

Recognition on the Annual Student Satisfaction Survey as being a faculty who made a positive impact on the student respondent:

- FSU 5<sup>th</sup> Annual Student Satisfaction Survey – 2001.
- FSU 7<sup>th</sup> Annual Student Satisfaction Survey – 1999.

Ferris State University Distinguished Teacher of the Year, 1995-96.

Nominated for Who's Who Among America's Teachers, 1994.

Nominated as a candidate for the Ferris State University Distinguished Teacher Award, 1979.

Sigma Phi Alpha, Dental Hygiene Honor Society, 1978 to present.

Graduated cum laude, University of Detroit Mercy, 1970.

Dean's List, University of Detroit Mercy, May 1970.

Dean's List, University of Detroit Mercy, December 1969.

**EVE JOY SIDNEY**  
**2516 Almont Ave. SE**  
**Grand Rapids, MI 49507**  
**616-241-1443**  
**esidney@netonecom.net**

**TEACHING EXPERIENCE:**

August 2000-Present

**Ferris State University**, Associate Professor, Dental Hygiene Program, Big Rapids, MI 49307  
Course Coordinator for Dental Materials, both didactic and laboratory. Calibration with Clinical Dental Hygienist responsible for instruction in two laboratories.

January 2001-Present

Course Instructor for DHYG 220, a National Board Review Course. Instruction for this course was supplemented by use of a web based program. The web program allowed students to take practice exams, download lecture notes, access web-sites recommended by students, communicate with the instructor, and access course grades.

January 2001 – Present

Course Instructor of DHYG 125, Clinical Dental Hygiene I  
Responsibilities: Clinical Coordinator for first year dental hygiene students. Supervision and evaluation in clinical laboratory course. Supervision, orientation, and calibration of 11 full and part time clinic instructors.

March 2001 – May 2001

DHYG 290, Northeast Regional Board, (NERB) Preparation Course. This was an elective course focused on preparation to take the NERB.

August 1999 – June 2000

**Grand Rapids Community College**, Part-time Instructor, Dental Hygiene Program, Grand Rapids, Michigan. Co-Coordinator for First year Pre-Clinic. Laboratory instructor for Radiology and Dental Materials.

August 1998 – December 1999

**Ferris State University**, Associate Professor, Dental Hygiene Program, Big Rapids, MI 49307  
Course Coordinator for DHYG 211, (Dental Materials)  
Provide didactic and laboratory instruction in dental materials and second year radiology and clinical laboratory sessions.

August 1994 – 1999

**Ferris State University** Associate Professor, Dental Hygiene Program, Big Rapids, MI 49307  
Developed instruction for FSUS 100 course. Volunteered to instruct in pilot study of course that began in 1994. This pilot course was developed to aid in retention of freshman/pre-dental hygiene students.

August 1993 – May 1998

**Ferris State University**

Responsibilities: Clinical Coordinator for senior dental hygiene students. Supervision and evaluation in didactic and clinical laboratory courses. Supervision and orientation of clinical faculty. Coordination of National Board Dental Hygiene and Northeast Regional Board Examination functions.

January 2003-Present

January – May 1999

March – May 1998

March – May 1997

October – December 1997

March – July 1996

**Grand Rapids Community College**, Clinical Laboratory Instructor, Dental Hygiene Program, Grand Rapids, Michigan. Responsibilities: Instruction and evaluation in dental hygiene clinical laboratory.

September 1990 – May 1993

**Ferris State University**, Assistant Professor, Dental Hygiene Program, Big Rapids, MI 49307

Responsibilities: Co-clinical coordinator for senior dental hygiene students, team supervision and evaluation in didactic and clinical dental hygiene courses. Supervision and orientation of clinical faculty. Coordination of National Board and Northeast Regional Examination functions.

1991

Organized Student of the American Dental Hygienists' Association (SADHA) Day for all dental hygiene programs in Michigan,

Organized dental assisting and dental hygiene student collaboration during clinical exercises. Videotaped students for peer/self evaluation while demonstrating clinical procedures.

May 1992

Authored Survey Manuals for the Self Analysis and Evaluation of the Dental Hygiene Program on-site visitation of the Commission on Accreditation of the American Dental Association in 1991. The Dental Hygiene program was granted "approval" by the Commission.

March 1990 – May 1990

Dental Hygiene Faculty (temporary), Ferris State University, Big Rapids, MI 49307

Responsibilities: Co-clinical coordinator for senior dental hygiene students, team instruction, supervision, and evaluation in didactic and clinical dental hygiene courses.

September 1987 – March 1990

Teaching Assistant, Dental Hygiene Program, Big Rapids, MI  
Responsibilities: Clinical laboratory instruction, supervision, and evaluation in dental anatomy, and first and second year clinical dental hygiene courses.

November 1996 – May 1997

Substitute Clinical Instructor, Dental Hygiene, Big Rapids, MI  
Responsibilities: Supervision and evaluation in clinical laboratory dental hygiene courses.

## **ADMINISTRATIVE EXPERIENCE:**

- January 2002 –Present  
January 1995-December 1997  
Ferris State University, Program Coordinator  
Dental Hygiene Program, Big Rapids, Michigan  
Responsibilities: develop student schedules, assist Clinic Operations Manager with faculty assignments, assist Department Head with dental hygiene programmatic issues, curriculum development and revisions, recruitment, advising pre-dental hygiene and dental hygiene students
- May-July 1997  
Grand Rapids Community College (GRCC). GRCC contracted the use of Ferris State University's dental hygiene facilities during summer semester while a new clinic was built. Responsibilities: Organized and prepared clinical facilities at Ferris State University prior to the arrival of Grand Rapids Community College students and faculty. Once on site, I managed the clinical process, assisted with patient recruitment for student practice, and advised faculty and students.

## **EDUCATION:**

- 1999 – 2000  
Ferris State University, Big Rapids, MI  
Coursework completed: CISM 501, World of Information Systems  
CISM 505, The Internet as an Instructional Resource  
CISM 515, Placing Your Course Materials on the Internet  
CISM 540, Multimedia Applications  
CISM 590, Web CT
- January 2001  
WebCT, Test Construction Two Day Workshop
- 1992  
Masters Degree, Occupational Education  
Major: Instructor/Human Resource Development  
Ferris State University  
Big Rapids, MI 49307
- 1986  
Bachelor's Degree, Allied Health Education  
Honors, High Distinction  
Ferris State University  
Big Rapids, MI 49307
- 1981  
Associate Degree, Applied Science Dental Hygiene  
Honors  
Kellogg Community College  
Battle Creek, MI 49017

**SABBATICAL:**

Ferris State University, Big Rapids, MI  
Academic year 1999-2000

To conduct a needs assessment survey in the Traverse City area for an off- site dental hygiene program at Northwestern Michigan College (NMC).

**WORK EXPERIENCE:**

May 2003 – August 2003      Substitute dental hygienist in a variety of general and speciality offices  
May 2002- August 2002  
May 2001- August 2001  
April 1999 – August 2000  
May 1999 – December 1999  
May 1998 – August 1998  
May 1997 – July 1997  
June 1996 – August 1996  
May 1995 – August 1995  
May 1994 – August 1994  
May 1993 – August 1993  
May 1992 – August 1992  
May 1991 – August 1991  
May 1990 – August 1990  
May 1989 – August 1989  
May 1988 – August 1988

**WORK EXPERIENCE:**

July 1984 – July 1987

**Dr. Tonino Iafano, D.D.S.,** Dental Hygienist, Greenville, MI  
Implementation of recall system, responsible for interviewing and hiring additional hygienists, maintain inventory for dental hygiene supplies and equipment. Developed periodontal program. Served as a resource contact for surrounding dentists in geographic area.

October 1983

China/United States Educational Exchange. Presented lectures to dentists and dental students at four major universities throughout China during a three week exchange.

1979 – 1981

Dental Assistant for orthodontic practice. Responsibilities included chairside assisting, managed laboratory including fabrication of dental appliances. Additional activities included processing insurance, patient scheduling, and collections.

## **SEMINARS AND PROGRAM PRESENTATION:**

July 1996	Panoramic Radiography, Ferris State University Radiography students
August 1995	Panel Discussion, Student Retention, Ferris State University
November 1994	Let Your Ultrasonic Work For You, Grand Rapids Dental Hygienists Society
May 1994	What's New in Dental Hygiene, Mid-Michigan District Dental Hygiene Society.
May 1994	Magnetostrictive, Piezo, and Ultrasonics Techniques, Mid-Michigan District Dental Hygiene Society, Mt. Pleasant, MI.
November 1993	Instrument Sharpening, Grand Rapids Dental Hygienists Society.
July 1993	What's New in Dental Hygiene, Upper Peninsula Dental Hygiene Society.
July 1993	Magnetostrictive, Piezo, and Ultrasonics Techniques, Upper Peninsula Dental Hygiene Society. Mid-Michigan District Dental Hygiene Society.
June 1992	Dental Hygiene Instrumentation, Summerfest. Upper Peninsula Dental Hygiene Society, July, 1993.
1993-1994	Treating the Periodontally Involved Patient, Big Rapids, Michigan.
Nov. 1992 - August 1993	Advanced Ultrasonic Instrumentation in Periodontal Therapy, The Holbrook Technique, Laboratory Instruction.
November 1992	The Use of Writing to Foster Faculty Student Learning, Poster Presentation, Association of Allied Health Professionals Annual Session, Orlando, Florida.
1992 - 1994	Oral hygiene care in-service training for registered nurses, certified nursing assistants and other support staff at nursing homes throughout southern Michigan.

## **CONTINUING EDUCATION:**

June 2003	Test Writing for National Boards Strategic Positioning for Professional Advancement Clinical Calibration and Other Such Issues Managing an Allied Curriculum the Electronic Way Developing a Remediation Program for Clinical Courses
June 2002	Curriculum Management Plan Implementing a Quality Assurance Program for Patient Care Live Versus Cyberspace Education An Analysis of Hiring Criteria of Dental Hygiene Faculty Member Calibration of Full-time and Part-time Faculty in the Clinical Teaching Program
April pril 2000	Oral Health Products for Home Use
March 2000	Practice Management, Linda Miles
October 1999	Converting Clinical Evaluation Forms to a Competency Based Format
October 1999	Using Collaborative Learning to Improve Problem Solving and Critical Thinking Skills
March 1999	Tobacco Cessation Program for Private Practice
May 1998	Dental Hygiene Clinical Teaching Seminar
June 1997	National Dental Hygiene Program Directors Meeting
October 1995	Product Update, Proctor and Gamble

April 1994	Nutrition for Dental Patients, Grand Rapids, Michigan
April 1994	Update on HIV/AIDS, Grand Rapids, Michigan
October 1994	Biofilm in Dental Unit Water Lines, Lansing, Michigan
October 1994	Dental Hygiene Update, Esther Wilkins, Holland, Michigan
September 1994	Panda (Prevent Abuse and Neglect Through Dental Awareness)
March 1994	Oral Lesions and First Aid, Grand Rapids, Michigan
February 1993	Critical Thinking Workshop, 3 day workshop, Chicago, Illinois
October 1992	Pharmacology Update for the Dental Hygienist, Grand Rapids, MI
September 1992	Soft Tissue Management Program, Grand Rapids, Michigan
September 1992	Oral Manifestations of Eating Disorders, Compulsive Behavior, Grand Rapids, Michigan
August 1992	ADEC Technical Training, 5 day workshop, Portland, Oregon
April 1992	Instrument Sharpening, Grand Rapids, Michigan
March 1992	The Key to Good Teaching: Improving Your Lecture Skills, The Role of Periodontics in Comprehensive Patient Care, Writing Test Questions That Make a Difference, Systemic Medical Emergencies "Hands-on Workshop", Periodontics.
January 1992	Root Planing II (didactic and clinical laboratory two day intensive course), University of Minnesota
April 1991	Progressive Teaching Methods, Women's Professional Development Conference, Big Rapids, Michigan

**FERRIS STATE UNIVERSITY COMMITTEES:**

2003	Tenure Committee Member, Nuclear Medicine, College of Allied Health Sciences
2003	College of Allied Health Sciences College of Allied Health Sciences
2003	Tenure Track Dental Hygiene Faculty Search Committee, Chair, College of Allied Health Sciences
2003	Clinical Dental Hygienist Search Committee, College of Allied Health Sciences
2003	Clinic Clerk Search Committee, College of Allied Health Sciences
2000-present	Faculty Affairs Committee, College of Allied Health Sciences
2000-present	Faculty Tenure Committee, College of Allied Health Sciences
2001	Department Head Search Committee, College of Allied Health Sciences
2001	Tenure Committee Member, Nursing, College of Allied Health Sciences
2000-2003	University Planning Committee
2000-2001	Dean's Faculty Advisory Council, College of Allied Health Sciences
1998, 2000-2002	Distinguished Teacher Award Committee
2000	Nuclear Medicine Technology Faculty Search Committee, College of Allied Health Sciences
1999	College of Allied Health Science Reorganization Committee
1998	Respiratory Care Search Committee, College of Allied Health Sciences
1998	CAHS Instructional Resource Committee, College of Allied Health Sciences
1997	Radiography Search Committee, College of Allied Health Sciences
1996	Health Profession Education Futures Conference Committee
1994 – 1995	Curriculum Committee, College of Allied Health Sciences
1994 – 1995	Planning Committee, College of Allied Health Sciences
1992 – 1994	Internal Communication Committee, Ferris State University
1992 – 1993	Computer Committee, College of Allied Health Sciences
1992	Task Force Reorganization Committee, College of Allied Health Sciences
1991	Patient Recruitment Committee, Dental Hygiene

**LICENSURE:**

1981 – Present State of Michigan, Registered Dental Hygienist

**CERTIFICATION:**

May 2000 Certified Herbaligist

**PROFESSIONAL AFFILIATIONS:**

2002 – Present Amercian Society of Forensic Odontologist's  
 1999 – Present Michigan Dental Hygienists' Association  
 1998 – Present Mid-Michigan Dental Hygienist Society  
 1992 – Present American Association of Dental Schools  
 1989 – Present Sigma Phi Alpha  
 1987 – Present Michigan Association of Dental Hygiene Educators  
 1984 – Present American Dental Hygienists' Association  
 1984 – 1998 Grand Rapids Dental Hygiene Society  
 1993 – 1996 Ferris Professional Women  
 1992 – 1993 Association of Schools of Allied Health Professionals

**VOLUNTEER EXPERIENCE:**

1996 – 1998, 2000 Ferris State University, College of Allied Health Registration  
 1994 – 1998 Big Brothers/Big Sisters, Big Sister  
 1992 – 1998 Sigma Phi Alpha, Alpha Nu Chapter, Secretary/Treasurer  
 1991 – 1998 Michigan Association of Dental Hygiene Educators, Treasurer  
 1991 – 1992 Board Member at Large, Grand Rapids Dental Hygiene Society  
 1990 – 1996 Student Faculty Liaison Chairman for the Michigan Dental Hygienists' Association  
 1987 – 1999 Advisor, Student of the American Dental Hygienists' Society (SADHA)  
 1991 Chairman for SADHA Day  
 1989 President, Grand Rapids Dental Hygiene Society  
 1985 – 1989 Trustee, Michigan Dental Hygienists' Association  
 1984 – 1988 Newsletter Editor, Grand Rapids Dental Hygiene Society  
 1985-86, 1989-90 Membership Service Council, Member at Large for the Michigan Dental Hygienists' Association

**HONORS:**

1994 Nominated for the American Dental Hygienists' Association for Student Advisor of the Year received honorable mention.  
 1992, 1993 Nominated for the American Dental Hygienists' Association for Student Advisor of the Year  
 1989 Elected into Sigma Phi Alpha-Alpha Nu Chapter, Ferris State University as an Honorary member  
 1986 – 1989 Certificate of Appreciation, Michigan Dental Hygienists' Association  
 1986 1991-92 Recipient of American Dental Hygienists' Association Scholarship (\$1500)



*Susan Diane Wancour  
17711 Townline Lake Rd.  
Big Rapids, MI 49307-9080  
Phone (231)796-5142  
E-mail: wancours@ferris.edu*

**OBJECTIVE:**

To secure a challenging career as a permanent member of the faculty in the Dental Hygiene Program at Ferris State University, utilizing my dental experience, my teaching experience, my education and my skills, with the resultant higher quality of education to the student and higher quality of care to the patient.

**EMPLOYMENT:**

Ferris State University, Big Rapids, MI. Full-time 9-month temporary faculty member. Teach Oral Science lecture and lab, revised the course manual, revising and creating lab exercises and worksheets, and incorporating local anesthesia into the course curriculum. Also teach in DHYG 115 and DHYG 215 clinic. Other responsibilities include: Northeast Regional Boards (NERB) Coordinator--coordinating NERB dates, updates, and activities in conjunction with the academic calendar, and Clinical Instruction Coordinator--serving as liaison between the dental hygiene clinic and the dental hygiene faculty members. This coordination includes adding/revising clinical curriculum, troubleshooting, and bridging the communication gap that can occur with a large clinical staff. Also taking an 8-week WebCT course and various seminars related to teaching through the Center for Teaching, Learning, and Faculty Development. 8/03 – present.

Ferris State University, Big Rapids, MI. Full-time clinical dental hygienist, guiding and instructing students in clinical and radiology skills in the dental hygiene clinic. Taught didactic courses in Clinical Dental Hygiene Theory II during the Winter semesters of 2002 and 2003, revising the course manual, creating power point slides for instruction, creating new quizzes and examinations, and creating a comprehensive written assignment for the course. Also team-taught Oral Sciences I during Fall semester 2002, which included lecture and lab. 9/00 – 8/03.

RDH Health Services, Troy, MI. Dental hygienist, temporary positions. 1985 - present (intermittently).

Mark Brown, DDS, Madison Heights, MI. Part-time dental hygienist. 1/00 – 1/01.

Pirkle & Gill, DDS, Orlando, FL. Dental hygienist, focused on soft tissue management; was proficient with the office computer program and assisted with scheduling, confirming, and recall. 10/95 - 5/99.

Richard Tschida, DDS, Longboat Key, FL. Dental hygienist, focused on geriatric dentistry. 1/91 - 5/95.

Richard Feasley, DDS, Bradenton, FL. Dental hygienist; assisted in the management of the office, including OSHA compliance and front desk duties. 10/89 - 10/94.

Henry Hirsch, DDS, Roseville, MI. Dental hygienist; established hygiene recall system and assisted in the management of the office. 9/87 - 12/88.

Charles Milonas, DDS, Mt. Clemens, MI. Dental hygienist. 1/84 - 9/87.

Macomb Community College, Warren, MI. Secretary to the Vice President of Student Affairs. 9/78 - 9/81.

Wayne State University, Detroit, MI. Accounting clerk in the Disbursements Office. 9/75 - 9/78.

**EDUCATION:**

University of Central Florida, Orlando, FL. 8/97 - 5/99. Master of Science Degree in Health Services Administration, 3.82 GPA and received the Outstanding Graduate Student Award.

University of Central Florida, Orlando, FL, 8/95 - 5/97. Bachelor of Science Degree in Health Services Administration, 3.77 GPA.

Manatee Community College, Bradenton, FL. 1/94 - 5/94. Accounting course.

Macomb Community College, Warren, MI. 8/77 - 12/80 and 8/85 - 8/87. Associate of Arts Degree in General Studies.

Ferris State University, Big Rapids, MI. 9/81 - 5/83. Associate of Applied Science Degree in Dental Hygiene, graduated with honors.

**MEMBER:**

American College of Health Care Executives, American Dental Hygienists Association, Ferris State University Alumni Association, and University of Central Florida Alumni Association.

**REFERENCES:**

Available upon request.

## SECTION TEN: ENROLLMENT TRENDS

The data for the enrollment trends was ascertained from the SIS+, class lists, admissions office, and the FSU Fact Book.

### FINDINGS

Enrollment in the Dental Hygiene Program is strong and is expected to remain the same.

- For fall of 2003, sixty students were accepted into the professional sequence.
- For fall of 2004, all 60 seats in the professional sequence are filled with a wait list.
- The Admissions Office received 242 applications (2002-2003) for dental hygiene
- Referring to the table below, one sees that approximately 100 pre-dental hygiene students are working on completing eligibility requirements during any academic year.

Fall of 1998 (six) and 1999 (four) additional students were accepted into the professional sequence above the quota of 60.

### SUMMARY

Ongoing efforts to retain students include:

- Scheduling pre-dental hygiene students in FSUS 100.
- SLA's for Oral Science and Pharmacology.
- Clinic skill tutorial sessions.

Methods that will support student retention continue to be sought and refined.

	1998-99	1999-00	2000-01	2001-02	2002-03
Total Enrolled in Professional Sequence					
Primary (AAS <sup>o</sup> )	124	107	113	103	104
<u>Secondary (Dual Enrolled)</u>	<u>  2</u>	<u> 10</u>	<u>  7</u>	<u>  6</u>	<u>  2</u>
TOTAL	126	117	120	109	106
Number of Students Entering the Professional Sequence	64	66	58	53	55
Number of Students in Pre-Dental Hygiene	110	91	95	129	113

Data from SIS+, class lists, the FSU Admissions Office and 2002-03 FSU Fact Book.

## SECTION ELEVEN: PROGRAM PRODUCTIVITY/COSTS

Program Productivity/costs data are collected for the purposes of making deans and department heads aware of important quantitative and qualitative information about the programs in their colleges, to make the VPAA office aware of important quantitative and qualitative programmatic information, to document annual information that will be useful in the University's accreditation efforts, and to provide information for the Academic Program Review Council.

The productivity and costs data below is derived from the FSU Productivity Report for Fall 1997 to Winter 2002, provided by the Office of Institutional Research and Testing and the Administrative Program Review 2002. This represents the most current data available.

Not all dental hygiene students are included in the data generated below, as some are dual degree students pursuing a bachelor's degree in conjunction with dental hygiene.

### FINDINGS

<u>Year</u>	<u>Student Credit Hours</u>			
	<u>Summer</u>	<u>Fall</u>	<u>Winter</u>	<u>F + W</u>
1997-98	44	1,573.00	1,413.00	2,986.00
1998-99	68	1,432.00	1,192.00	2,624.00
1999-00	60	1,236.00	1,134.00	2,370.00
2000-01	77	1,303.00	1,178.00	2,481.00
2001-02	64	1,324.00	1,190.00	2,514.00

Full Time Equated Faculty				
<u>Year</u>	<u>Summer</u>	<u>Fall</u>	<u>Winter</u>	<u>Avg F + W</u>
1997-98	1.0	6.86	6.99	6.92
1998-99	1.0	6.81	7.49	7.15
1999-00	1.0	4.61	4.77	4.69
2000-01	1.0	5.40	5.00	5.20
2001-02	1.0	3.90	4.16	4.03

Student Credit Hours/FTE				
<u>Year</u>	<u>Summer</u>	<u>Fall</u>	<u>Winter</u>	<u>F + W</u>
1997-98	44.00	229.30	202.16	431.21
1998-99	68.00	210.13	159.11	366.83
1999-00	60.00	268.03	237.74	505.25
2000-01	77.00	241.15	235.60	476.97
2001-02	64.00	339.80	286.06	624.10

During academic year 1999-2000, one faculty member was on sabbatical. Another faculty member was on leave during winter semester 2000-01 and again from October 2001 through May 2003.

Personnel in the dental hygiene program include:

- Five faculty positions
  - One faculty serves as Program Coordinator (.25 FTE)
  - One faculty serves as Clinic Instruction Coordinator (.25 FTE)
- Three Clinical Dental Hygienists
- One Dental Hygiene Operations Supervisor
- One Clinic Clerk
- One Dental Hygiene Facilities Coordinator

In June of 2002, the dentist that had served for twenty years as the Clinical Director of Education resigned. This position was not filled. This resulted in a restructuring plan that realigned areas of responsibility to insure that all areas of clinic operations were addressed in the absence of this position.

To allow for individualized instruction and evaluation of students and to ensure patient safety, the dental hygiene curriculum's accrediting body states that the faculty to student ratio should not exceed the one to six when students are involved in preclinical and clinical patient treatment laboratories.

Despite the large number of students in the dental hygiene program, this individualized instruction at a one to six ratio is provided in a cost-effective manner through the use of the three Clinical Dental Hygienists and the Dental Hygiene Operations Supervisor who also works in the clinic to provide instructional support, as well as a group of registered dental hygienist's who work on a part time basis.

Since fiscal year 1994, clinic receipts from patient care have been used to support clinic operations. In the fall of 2002, third party payment was introduced on a limited basis, as a means of patient payment. The dollars generated through patient care are used for clinic supplies and related expenses, i.e., gloves, masks, fluoride, x-ray film and processing chemicals, printing of clinic forms, telephone and postage charges, laundry, computer software support, and Hepatitis B vaccination for clinic employees. Product manufacturers have been generous with program donations such as toothpaste, mouthwash, and hand instruments. As of the writing of this report, the fees charged in the dental hygiene clinic for the services provided are being reviewed.

The Dental Hygiene Program has benefited from Vocational Education Funds over the past five years, as the table above shows. These funds were used to purchase state of the art equipment for both dental clinics, including such items as new dental units, dental chairs, ergonomic operator stools, ultrasonic scalers, processors for dental radiographs, and manikins for use in the dental radiography.

Continuing education profits have been used in the past to provide funds for faculty enrichment, and to purchase computers and printers for dental hygiene faculty and staff, as needed. In the future, there will be a plan that directs spending of continuing education funds. Under this plan there will be dedicated allocations to specific areas of expenditure. This plan is being designed to insure a more equitable distribution of these funds.

## **SUMMARY**

The dental hygiene program is one of the most productive programs in the College. Five FTE faculty provide instruction for approximately 120 dental hygiene students. Fall semester 2003, there are approximately 124 pre-dental hygiene students on campus, 80 of which are enrolled in FSUS 100. Four faculty teach a section of FSUS fall semester.

The use of adjunct and non-faculty instructional staff result in a very cost effective method of instructional delivery, especially in view of the one to six ratios in clinics (ADA Accreditation Standard). Budgetary allocations are sufficient to meet the program needs.

A copy of the Administrative Program Review 2002 is attached for review.

## ADMINISTRATIVE PROGRAM REVIEW 2002

Program/Department: **Dental Hygiene – Nursing & Dental Hygiene Department**

Purposes of Administrative Program Review:

1. to make deans and department heads/chairs aware of important quantitative and qualitative information about the programs in their colleges
2. to make the Vice President for Academic Affairs' Office aware of important quantitative and qualitative programmatic information from across the University
3. to document annual information that will be useful in the University's accreditation efforts
4. to provide information for the Academic Program Review Council to use in its deliberations

Please provide the following information:

**Enrollment**

	Fall 1998	Fall 1999	Fall 2000	Fall 2001	Fall 2002
Tenure Track FTE	5	5	5	5	5
Overload/Supplemental FTEF	.1	.31	.20	0	
Adjunct/Clinical FTEF (unpaid)	0	0	0	0	0
Enrollment on-campus total*	124	107	113	103	104
Freshman	0	1	0	2	0
Sophomore	46	42	35	35	39
Junior	45	47	58	43	47
Senior	33	17	20	23	18
Masters	0	0	0	0	0
Doctoral	0	0	0	0	0
Pre-Professional Students	110	91	95	129	113
Enrollment off-campus*					
Traverse City					
Grand Rapids					
Southwest					
Southeast					

\*Use official count (7-day)

If there has been a change in enrollment, explain why:

No significant change in enrollment for the professional sequence of the program. The pre-professional enrollment also remains consistent, with a slight increase the past 2 years.

**Capacity:**

Estimate program capacity considering current number of faculty, laboratory capacity, current equipment, and current levels of S&E.

120 students

What factors limit program capacity?

Dental Clinic space, faculty to student ratios as defined by Accreditation standards, adequate opportunities for patient experiences.



**Financial**

<b>Expenditures*</b>	<b>FY 98</b>	<b>FY 99</b>	<b>FY 00</b>	<b>FY 01</b>	<b>FY 02</b>
Supply & Expense	\$17,556	\$16,490	\$24,869	\$34,875	
Faculty Prof. Development					
General Fund		\$1,000			\$34,183
Non-General Fund					\$49,498
UCEL Incentives					
FSU-GR Incentives					
Equipment					
Voc. Ed. Funds	\$44,826	\$90,514	\$90,000	168,000	\$17,875
General Fund				\$47	
Non-General Fund		\$3,971			
UCEL Incentives					
FSU-GR Incentives					

\*Use end of fiscal year expenditures.

If you spent UCEL and FSU-GR incentive money for initiatives/items other than faculty professional development and equipment, what were they? Explain briefly. Please also include amounts spent on each initiative/item.

<b>Revenues</b>	<b>FY 98</b>	<b>FY 99</b>	<b>FY 00</b>	<b>FY 01</b>	<b>FY 02</b>
Net Clinic Revenue		\$48,159	\$42,316	\$42,455	\$44,208
Scholarship Donations					
Gifts, Grants, & Cash Donations	\$5,197	\$1,050	\$225		\$500
Endowment Earnings					
Institute Programs/Services					
In-Kind				\$5,589	\$480

**Other**

	<b>AY 97-98</b>	<b>AY 98-99</b>	<b>AY 99-00</b>	<b>AY 00-01</b>	<b>AY 01-02</b>
Number of Graduates* - Total	55	62	50	63	56
- On campus	55	62	50	63	56
- Off campus	0	0	0	0	0
Placement of Graduates	100%	100%	100%	100%	100%
Average Starting Salary	\$34,676	\$33,971	\$33,500	\$34,000	
Productivity - Academic Year Average	576	485	505	476	624
- Summer	44	68	60	77	64
Summer Enrollment	22	35	36	33	20

\* Use total for full year (S, F, W)

1. a) Areas of Strength:

- State of the art Dental Hygiene Clinical Facility on site
- Qualified, dedicated faculty and instructional staff
- Consistently high enrollment
- High program demand
- High employment rate for graduates

- Excellent relationship with alumni
- Very dedicated and supportive advisory committee
- Excellent State and National reputation; with faculty and graduates who are active in leadership roles within the profession.
- Largest program in the State
- Active Student Organization
- Fully Accredited by the Commission on Dental Accreditation

b) Areas of Concern and Proposed Actions to Address Them:

- Sudden and unexpected resignation of DDS / Administrator of Dental Clinic: This resignation resulted in the need to develop an interim plan for management of the dental clinic for the AY2002-03 and then recommend a permanent plan for clinic management to be implemented the following year.  
ACTION: UAP submitted regarding personnel reorganization for clinic management, utilizing current personnel, with modified job descriptions.
- Less than acceptable pass rate on the licensure examination: National Board Exam (written), but more specifically the Northeast Regional Board (NERB) Exam (includes written and clinical performance) for 3 consecutive years. Note: Pass rate for NERB was significantly higher in 2002: 96%  
ACTION: A comprehensive program assessment occurred during the Fall 01 semester, which included both an internal evaluation process by instructional faculty and staff, as well as an external evaluation by a dental hygiene educational consultant. The following actions were implemented Winter 02 semester and continue to be a focus for the program:
  - A focused recruitment plan to attract patients with the necessary criteria to meet student learning outcomes
  - Restructuring of the clinical evaluation systems
  - Define levels of competency for students at various points in the program
  - Addition of a Mock NERB exam as an opportunity to practice the process which is often where points are lost.
  - Additional screening opportunities for NERB patients were initiated by the Clinical Dental Hygienists
- Program is taught in a very traditional manner that does not support the needs of "non traditional" students.  
ACTION: Explore alternative strategies for scheduling, on-line coursework, transfer credit policies and part time attendance. Two courses have now been enhanced with Web-CT. Currently exploring a collaborative arrangement with NMC to build on the Dental Assisting degree and offer a satellite Dental Hygiene program on site there.
- Maintaining / recruiting quality faculty: DH faculty have appointments that span from 10 to 29 years. As a result of the current graying of the faculty, retirements are most likely on the horizon within the next 5 years.
- ACTION: Plan for future program needs through the cultivation of new faculty candidates. Several of the non-faculty instructional staff members are currently pursuing graduate degrees in education here at Ferris. The need to actively recruit faculty and Clinical Dental Hygienists (CDH) who have the desired skill mix to best support the program is critical.
- Faculty Position Issue: A tenure track faculty position has been in limbo for the past year, resulting in a strain on current faculty and staff to cover instructional needs as well as share the load of a faculty member in regard to committee appointments and student advising.

**ACTION:** Collaborative efforts are currently underway to bring a resolution to the status of the faculty position at issue. Part time faculty have been utilized to assume the teaching load that would be assigned to this faculty position. However, consistency and quality of instruction continues to be an area of great concern for program integrity.

2. Future goals (please give time frame):

- To enroll at the current capacity/quota level
- To demonstrate a consistent pass rate on the licensure exam which is equal to or exceeds State and National averages
- To formalize off-campus clinical experiences through curricular integration by Fall 03
- To explore the option of a Bachelor of Science degree in Dental Hygiene during AY 03-04
- To implement the addition of local anesthesia content into the curriculum, consistent with the recent change in legal scope of practice for dental hygienists in Michigan by winter 04.
- To generate revenue through the provision of professional development offerings in local anesthesia for Registered Dental Hygienists in the community.
- To Improve articulation with community colleges
- To explore collaborative opportunities for program expansion off campus during AY 03-04
- To implement a plan for clinic management reorganization by Fall 03
- To complete the Academic Program Review Process in AY 03-04
- To prepare the self-study report for ADA Accreditation during AY 03-04 in preparation for the site visit in 2005.

3. Other Recommendations:

A focus on the Dental Clinic once the reorganization plan is finalized is recommended for the purpose of reviewing revenue generation options and patient recruitment opportunities.

4. Does the program have an advisory committee? YES

- a) If yes, when did it last meet? October 18, 2002
- b) If no, why not? By what other means do faculty receive advice from employers and outside professionals?
- c) When were new members last appointed? AY 2001-02
- d) What is the composition of the committee (how many alumni, workplace representatives, academic representatives)?
  - Alumni: 5 RDH;
  - Workplace Representatives: 3 DDS; 1 RDA + Alumni above
  - Academic: 2 RDH & RDA
- e) Please attach the advisory committee charge, if there is one.

The Dental Hygiene Program at Ferris State University seeks the advice of the leaders in dental hygiene and dentistry through the Dental Hygiene Program Advisory Committee. The purpose of the Committee is to provide communication between the University and dental community to assure that programs are kept abreast of developments in dentistry.

The Committee becomes an active liaison to provide a mutual exchange of information for improving the program, recruiting qualified students, and meeting employment needs of the community.

5. Does the program have an internship or other cooperative or experiential learning course?

- a) If yes, is the internship required or recommended?

Required: all students in 1<sup>st</sup> and 2<sup>nd</sup> year of the professional sequence of the program must complete a minimum number of clinic hours every week in the on-site clinic where students treat patients under the direct supervision of Registered Dental Hygienists and a Dentist. 1<sup>st</sup> year students are in clinic 6 hr /wk fall and 8 hr/wk winter; 2<sup>nd</sup> year students are in clinic 12 hours per week both semesters.

Enrichment Opportunity: all 2<sup>nd</sup> year students have the opportunity to take part in an off-campus clinic internship experience in sites across the State that have a population of client experiences differing from those in the on-site FSU clinic. Many of the clients have heavy calculus, compromised medical history, and a history of infrequent dental visits.

- b) If no, what is the reason for not requiring such an experience?

This experience was developed as a pilot project during Winter 02 in response to recommendations of the dental hygiene consultant who visited in Fall 01 to evaluate the program in regard to poor licensure pass rates. Due to the late development of the opportunity and the potential travel costs that could be incurred by students, it was determined that this experience would be optional through Winter 03 for students currently in the professional sequence. This experience will be formalized as a part of the curriculum beginning AY 03-04.

- c) How many internships take place per year? What percentage of majors has internships?

22 students (approximately 40%) of the second year students participated in the enrichment experience during winter 02 semester. 50% or more of this year's 2<sup>nd</sup> level students have indicated interest in this experience.

6. Does the program offer courses through the web? NO

- a) Please list the web-based courses (those delivered primarily through the internet) the program offered last year?

- b) Please list the web-assisted courses the program offered last year.

All DHYG course have a web presence for grade book, communication, etc.

7. What is unique about this program?

- a) For what distinctive characteristics is it known, or should it be known, in the state or nation?

- It is the largest Dental Hygiene Program in the State of Michigan
- It is one of the largest Dental Hygiene programs in the nation
- Program reputation: students are recruited from both within and outside the State of Michigan
- State of the Art computerized student/patient records management system

- The program is fully accredited through the Commission on Dental Accreditation
- Continuing Education offerings enjoy a reputation for excellence throughout the State

b) What are some strategies that could lead to (greater) recognition?

- Development of a BS degree in Dental Hygiene
- Improved articulation with community colleges
- Innovative instructional methods directed toward the needs of nontraditional students
- Increase professional presentations by faculty at state and National level

8. Is the program accredited? By whom? If not, why? When is the next review?

YES, the program is fully accredited by the Commission on Dental Accreditation. The last site visit was in November 1998 and the next review is scheduled for 2005

9. What have been some major achievements by students and/or graduates of the program? By faculty in the program?

Graduates of the program have been recognized on both State and National Levels for their leadership in promoting clinical innovations to political activism. A very few examples would include:

- Laura Ceterski, RDH is the current president of the Michigan Association of Dental Hygienists (MDHA) and is the current chair of the program Advisory Committee;
- Marti Swiger, RDH, who also serves on the advisory committee was an active proponent of the recent legislation to expand the scope of practice for dental hygienists to include the administration of local anesthesia. She is the immediate past president of the MDHA.
- Jane Regan, RDH, MPA is a policy specialist in Health Legislation and Policy Development for the Department of Community Health presented last year at the first CAHS Alumni Day.
- Peggy Sloma RDH – has Worked as a Sales Rep. for Colgate for many years and has been President of GR DH Assoc, given several presentations for SADHA was nominated to represent CAHS at the Once in A Blue Moon event through the Alliance for Health this year.

Students in the program each year prepare table presentations that are displayed in a variety of community settings. Last year, the state Student Association of Dental Hygiene (SADAH) day as hosted by FSU students and faculty this past November 8, 2002.

Faculty of the Program are also accomplished on many levels:

- Eve Sidney, Program Coordinator has been appointed to the MDHA Communications Steering Committee (editorial board) for the MDHA's The Bulletin, published quarterly. She also wrote a successful grant to fund training in local anesthesia for faculty and instructional staff.
- Sandra Burns is active in community health promotion initiatives and currently represents the program on the Community Health Assessment Project
- Linda Meewenberg is a highly sought after speaker at State, National and International professional events which this past year included: New Zealand Dental Hygiene Association, Muskegon Community College, University of Texas Health Sciences,

Springfield Technical College, MDHA Scientific Session, SADHA Day here at FSU; In addition she sits on several advisory boards within the community of Big Rapids and in the State. She is currently proofing an article that is being written for RDH magazine and she will be featured as the Profile Hygienist in the "From the Podium" column. Last year she was selected as the first Profile RDH to be featured on the RDH website.

- Kathy Harlan, CDH received a FSU Exceptional Merit grant for \$3000 for AY 01-02 to develop a web-based radiology review course; this grant included the purchase of a computer and digital camera
- Faculty and instructional staff for this program routinely dedicate a significant amount of their summers and academic breaks to the goal of maintaining the currency of their clinical skills through private practice in various community settings. This is a commendable act of professionalism, which is certainly key to program success in terms of clinical currency.
- This faculty is very dedicated to professional development as an ongoing process. They routinely attend discipline specific workshops to maintain clinical currency and knowledge, but have also attended workshops as a group to foster team building and cohesiveness as they work toward curriculum improvement.
- This program offers several continuing education programs in dental hygiene throughout the year, generating considerable revenue for the University, CAHS and program.

10. Questions about Program Outcomes Assessment/Assessment of Student Learning at the Program Level (Attach additional sheets, if necessary.)

- a) What are the program's learning outcomes?

The ADA Competencies for Dental Hygiene Programs are the basis for the FSU program development and assessment. They include the following outcomes:

1. The DH graduate can systematically collect, analyze and document data on the general, oral and psychosocial health status of a variety of clients using methods consistent with medicolegal principles.
2. The DH graduate will use critical decision making skills to reach conclusions about the client's comprehensive dental hygiene needs based on all available assessment data.
3. The DH graduate will collaborate with the client and / or other health professionals to formulate a mutual dental hygiene treatment plan.
4. The DH graduate will be able to provide specialized treatment that includes preventative and therapeutic services designed to achieve and maintain oral health.
5. The DH graduate will evaluate the effectiveness of the implemented clinical, preventive and educational services.
6. The DH graduate will participate in ongoing professional development.
7. The DH graduate will provide dental hygiene care to promote client health and wellness using critical thinking and problem solving using an evidence-based approach.
8. The DH graduate must be able to provide planned educational services using interpersonal communication skills and educational strategies to promote optimal health.
9. The DH graduate must be able to formulate a treatment plan, which involves steps in a preventative program. Prevention services are achieved and re-evaluation done to assess further corrective action.
10. The DH graduate must be able to initiate and assume responsibility for community involvement of diverse populations.

b) What assessment measures are used, both direct and indirect?

Direct: Classroom cognitive measurements:

- Written exams
- Case study analysis

Direct Clinical performance measurements (psychomotor, affective & cognitive):

- Client Performance Evaluation Forms
- ADPIE (Assessment, Diagnosis, Plan, Implementation & Evaluation) form,
- Competency Performance rating forms

Direct National Norm measurements:

- Pass Rates on the National Board Licensure Exam
- Pass Rates on the North East Regional Board Licensure (NERB) Exam

Indirect Measurements:

- Employment placement rates after graduation
- Graduate and employer perceptions regarding preparation for clinical practice setting
- Student Assessment of Instruction for each DHYG course
- Program Advisory Committee perceptions about the program
- Patient Satisfaction Surveys

c) What are the standards for assessment results?

- Classroom / Clinic Assessments: Ratings of satisfactory
- Licensure Exam: Pass Rates that equal or surpass Regional and National Averages
- 100% Employment of Graduates
- Ratings of satisfaction with the program on graduate and employer surveys
- Ratings of satisfaction with care received by patients

d) What were the assessment results for 2001-02?

Classroom / Clinic Measurements:

Students must earn satisfactory scores on all classroom / clinic assessment measurements to pass the DHYG course. 1<sup>st</sup> year students: 1 student did not progress to 2<sup>nd</sup> year; 2<sup>nd</sup> year students: 100% pass / graduation rate

Licensure Exams:

The pass rate for the NERB last for the spring 2002 graduates was 96%

The pass rate for the National Board for the same graduates was 85%

Satisfaction Surveys:

All results from satisfaction surveys have been consistently favorable in regard to perceptions about courses, patient care and graduate preparation for practice.

How will / how have the results been used for pedagogical or curricular change?

Classroom assessments are in a continuous state of refinement and student areas of weakness are identified so that course modifications can be made. The faculty meet on a regular basis to review the curriculum and redistribute content, modify approaches of evaluation of student performance, etc. This is an ongoing process.