

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH
DENTAL HYGIENE PROGRAM

Academic Program Review Report



Academic Program Review Panel

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Ferris State University
Academic Program Review
Associate Degree Dental Hygiene Program
2009-2010

Section 1: Overview

Associate in Dental Hygiene Mission Statement:

“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.”

History of Program

The Ferris State University (FSU) Dental Hygiene Program has been in existence since 1967. The program has had a long and successful history within the University and the professional community.

In 1967 the program began with a 30 chair clinic on the east side of campus in the Swan building. The program moved to the current location within the College of Allied Health Sciences building in 1979 with a new thirty-six chair clinic. As required by the Commission on Dental Accreditation, the program has been a six semester Associate Degree program which has answered to the demands of the dental hygiene profession in the State of Michigan.

The program has grown and prospered into one of the largest programs in the country. The program has graduated thousands of qualified dental hygienists. Numerous private practice dental offices, community health agencies and educational institutions across the country are employed with dental hygienists that have graduated from FSU. The program’s reputation is not limited to Michigan, in fact, the program is very well known nationally for producing quality entry level clinical dental hygienists. A large number of the program’s graduates are employed throughout the United States such as in California, Arizona, Wisconsin, Indiana, Illinois, Florida, Hawaii, Ohio, Virginia and Washington D.C. In addition, graduates are employed in Canada.

The program is accredited by the Commission on Dental Accreditation (CODA), under the auspices of the American Dental Association. The purpose of CODA is to ensure that programs are in compliance with the standards of practice that are established by the American Dental Association. The program received the status of accreditation without reporting during the 2005 site visit. The next site visit is scheduled for 2012.

A. Program Goals / Outcomes

1. State the goals of the program.

In order to fulfill the requirements of the Commission on Dental Accreditation Standards, administration, faculty and staff of the Dental Hygiene Associate of Science degree program at Ferris State University will:

1. Provide students with educational experiences which prepare them for entry level into the profession.
2. Provide a variety of learning activities in order to address the diverse learning styles of students.
3. Enhance the educational methodologies and professional skills of the dental hygiene staff.

4. Provide clinically competent graduates and lifelong learners each year to the dental industry.

Cognitive Domains required by the ADA

According to the “Competencies for Entry into the Profession of Dental Hygiene” American Association of Dental Schools Home of Delegates 1999 Annual Session, the dental hygienist must exhibit competencies in the five following domains:

1. The dental hygienist must first possess the **Core competencies (C)**. The core competencies are the ethics, values, skills, and knowledge integral to all aspects of the profession. These core competencies are foundational to all of the roles of the dental hygienist.
2. Second, in as much as **Health Promotion (HP)** Disease Prevention is a key component of health care, changes within the health care environment require the dental hygienist to have a general knowledge of wellness, health determinants, and characteristics of various patient/ client communities. The hygienist needs to emphasize both prevention of disease and effective health care delivery.
3. Third is the dental hygienists complex role in the **Community (CM)**. Dental hygienists must appreciate their role as health professionals at the local, state, and national levels. This role requires the graduate dental hygienist to assess, plan, and implement programs and activities to benefit the general population. In this role, the dental hygienist must be prepared to influence others to facilitate access to care and services.
4. Fourth is **Patient/Client Care (PC)**, requiring competencies described here in ADPIE format. Because the dental hygienists role in patient/client care is ever changing yet central to the maintenance of health, dental hygiene graduates must use their skills to assess, diagnose, plan, implement, and evaluate treatment.
5. Fifth, like other health professionals, dental hygienists must be aware of a variety of opportunities for **Professional Growth and Development (PGD)**. Some opportunities may increase clients’ access to dental hygiene; others may offer ways to influence the profession and the changing health care environment. A dental hygienist must possess transferable skills (e.g., in communication, problem solving, and critical thinking) to take advantage of these opportunities.

Program Outcomes:

1. Graduates of the Dental Hygiene Program will utilize evidenced-based knowledge and clinical competencies required to provide current, comprehensive dental hygiene services (Cognitive Domains: C, HP, CM, PC).
2. Graduates of the Dental Hygiene Program will communicate effectively to acquire, develop and convey ideas and information to diverse populations (Cognitive Domains: C, HP, CM, PC).
3. Graduates of the Dental Hygiene Program will adhere to the ethical, legal and professional conduct expected of the dental hygiene profession (Cognitive Domains: C, HP, CM, PGD).

Dental Hygiene Program Assessment Plan

Program Outcome	Assessment Method(s)	Criteria
<p>1. Graduates of the Dental Hygiene Program will utilize evidenced-based knowledge and clinical competencies to provide current, comprehensive dental hygiene services.</p>	<p>ADA DH National Board Exam</p> <p>NERB Examinations:</p> <ul style="list-style-type: none"> • CSCE • Local • Nitrous <p>Employment Rate</p> <p>Employer Surveys:</p> <ul style="list-style-type: none"> • Cognitive Success • Psychomotor Success <p>Graduate Exit Surveys</p> <p>Alumni Survey(Graduate after one year)</p> <p>Quality Assurance Plan:</p> <ul style="list-style-type: none"> • Patient Satisfaction Survey <p>Portfolio</p>	<p>90% of students will pass the exam within 6 months of graduation.</p> <p>90% of graduates will pass NERB exams within 6 months of graduation.</p> <p>90% of graduates will be employed as dental hygienists within 1 year of graduation.</p> <p>90% of graduates will be rated as average or above by their employers.</p> <p>90% of graduates will rate the program average or above in skill preparation.</p> <p>90% of graduates will rate the program average or above in skill preparation.</p> <p>90% of patients will rate the program average or above in providing comprehensive dental hygiene care.</p> <p>90% of graduates will meet the required clinical competencies.</p>
<p>2. Graduates of the Dental Hygiene Program will communicate effectively to acquire, develop and convey ideas and information to diverse populations.</p>	<p>Employer Surveys:</p> <ul style="list-style-type: none"> • Affective Success <p>Writing Portfolios</p> <p>Graduate Exit Surveys</p> <p>Alumni Survey(Graduate after one year)</p> <p>Quality Assurance Plan:</p> <ul style="list-style-type: none"> • Patient Satisfaction Survey 	<p>90% of graduates will be rated as average or above by their employers.</p> <p>90% of graduates will score average or above on the written portfolio.</p> <p>90% of graduates will rate the program average or above average in communication skill preparation.</p> <p>90% of graduates will rate the program average or above average in communication skill preparation.</p> <p>90% of students will be rated as average or above in communication skills by the patients treated at the dental hygiene clinic.</p>
<p>3. Graduates of the Dental Hygiene Program will adhere to the ethical, legal and professional conduct expected of the dental hygiene profession.</p>	<p>Alumni Survey(Graduate after one year):</p> <ul style="list-style-type: none"> • Professional Development Activities • Advanced Degree completion • Professional Involvement Roles <p>Graduate Exit Surveys</p> <p>Employer Surveys</p> <ul style="list-style-type: none"> • Affective Success <p>Quality Assurance Plan:</p> <ul style="list-style-type: none"> • Patient Satisfaction Survey 	<p>90% of graduates will meet the CE requirements for licensure.</p> <p>50% of graduates will be working on an advanced degree</p> <p>50% of graduates will hold membership in the professional organization.</p> <p>90% of graduates will rate the program average or above average in ethical, legal and professional skill preparation.</p> <p>90% of graduates will be rated as average or above by their employers.</p> <p>90% of patients will rate the professional conduct of graduates as average or above average.</p>

2. Explain how and by whom the goals were established.

In compliance with the American Dental Association Commission on Dental Accreditation (CODA) Standards, the program was required to establish an assessment plan that met the requirements set forth by CODA to maintain accreditation. Faculty worked together to focus on goals which can be measured through student assessment and learning outcomes as dictated by CODA.

3. How do the goals apply to preparing students for careers in and meeting employer needs in the community/region/marketplace.

The goals meet the requirements set forth by CODA, follow the University's mission and advisory committee and employer suggestions. They are designed to measure programmatic and student learning outcomes that best meet the needs of the dental hygiene profession and employers.

4. Have the goals changed since the last program review? If so, why, and how? If no, why not?

Yes, the program goals have been enhanced to reflect the current diverse student and patient populations as a result of employer survey data, advisory committee input and the CODA.

5. Describe the relationship of the program goals to the University's mission, and the departmental, college and divisional strategic plans.

The mission of Ferris State University is to prepare students for successful careers, responsible citizenship, and lifelong learning. Through its many partnerships and its career-oriented, broad-based education, Ferris serves our rapidly changing global economy and society. The Dental Hygiene program has established several partnerships with local organizations and professional associations. Examples include: Big Rapids Dental Study Club, West Michigan Dental Society and other local community groups.

The Mission of Ferris State University is stated as:

Ferris State University prepares students for successful careers, responsible citizenship, and lifelong learning. Through its many partnerships and its career-oriented, broad-based education, Ferris serves our rapidly changing global economy and society.

The Mission of the College of Allied Health Sciences is stated as:

Building upon the mission, vision and values of Ferris State University, the College of Allied Health Sciences' mission is to prepare students for successful careers in the programs contained therein, to foster responsible citizenship and to promote lifelong learning. The college will partner with healthcare providers and facilities to prepare students for rapidly changing careers.

The Mission of the Dental Hygiene Program is stated as:

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.

To be able to fulfill the requirements of an entry level position in their discipline, graduates of the Dental Hygiene Program at Ferris State University will:

1. Be able to utilize the evidenced-based knowledge and clinical competencies required to provide current, comprehensive dental hygiene services.
2. Be able to communicate effectively to acquire, develop, and convey ideas and information to diverse populations.
3. Adhere to the ethical, legal, and professional conduct expected of the dental hygiene profession.

The Dental Hygiene program goals are established to provide the student with the highest quality of didactic and clinical practice education in order to prepare them to enter the workforce as a highly skilled and competently trained entry level dental hygienist. The students demonstrate competence by providing excellent patient care, communication and ethical decision making skills. They are able to adapt and meet the changing needs of the dental and health fields in order to be successful health practitioners now and in the future.

B. Visibility and Distinctiveness

1. Describe any unique features or components of the program.

The dental hygiene program is the largest University program in the State of Michigan. In addition, this program is the northernmost dental hygiene program in Michigan and offers the largest dental hygiene clinic providing preventive services to patients from surrounding communities. Another unique feature is that in addition to their associate degree students may obtain a Bachelor of Science Degree in Dental Hygiene online and in a degree completion format.

Once the first year of professional sequence classes and clinical are completed on campus, students may attend an optional internship in another area of concentration during the second semester of their second year in the program. This optional internship during the student's second year allows the program to send students to a variety of health venues throughout the State of Michigan, other states and Canada. As a result, the students are able to expand their dental hygiene clinical experience off campus and engage in other dental hygiene experiences beyond clinical dental hygiene.

The program also has five computerized "smart chairs" in the main clinic. Students have the opportunity to practice and enter a patient's clinical data directly onto the networked computer patient software system called EagleSoft. Students are able to simulate a computerized system available in the private practice setting.

The program through a faculty driven grant and clinic revenue dollars recently purchased a digital radiography unit that includes both the phosphor plate system and the digital sensor system. For the first time, our students can now demonstrate competence on the computerized and digital radiographic systems that have become standard within the professional community.

2. Describe and assess the program's ability to attract quality students.

The Dental Hygiene program has a long history of being a quality program. The program has been in existence for over 40 years and has had an excellent reputation throughout the state and nation for producing high quality entry level dental hygienists. Many employers, current students and alumni refer potential students to the program based on the history and quality of graduates.

During FSU recruiting events and personal conversations with potential students, the demand, rigor and expectations of the program are reviewed with potential students. Students comment

that they appreciate meeting a personal representative of the program to answer questions and investigate the program.

The program also recruits students through the following activities:

- CAHS Open Lab days with high schools and career technical centers
- DAWG Days at Ferris State University
- Educator's Academy
- Program inquiries through the university, telephone calls and individual appointments
- Students are recruited via the internet through active websites
- Students are recruited by pre-advising sessions with the pre-advisor for the CAHS
- Students are recruited by meeting with the program coordinator
- Students are recruited by testimonials from someone who has attended the program
- Students are recruited by specially arranged tours and group meetings

3. Identify the institutions that are the main competitors for prospective students in this program.

The competitors in the state which are structured similar to Ferris's dental hygiene program are:

- Baker College (2 locations)
- Delta College
- Grand Rapids Community College
- Kalamazoo Valley Community College
- Kellogg Community College
- Lansing Community College
- Mott Community College
- Oakland Community College
- University of Michigan
- University of Detroit Mercy
- Wayne Community College

a. How are these programs similar and different from the FSU program?

All dental hygiene programs are similar since they must follow CODA curriculum standards.

Ten of the programs in Michigan are at the community college or two year college and award an associate degree to their graduates. In upholding the mission and vision of FSU, the Dental Hygiene program also awards an Associate of Applied Science degree in Dental Hygiene. However, Ferris along with the University of Michigan (U of M) and University of Detroit Mercy (U of D) are the only university programs in the state that offer students an option of a Bachelor of Science degree in Dental Hygiene.

b. What can be learned from them that would improve the program at Ferris?

All of the dental hygiene program directors in the State of Michigan meet bi-annually to discuss current challenges and trends which impact the programs. The programs willingly share how they have integrated curriculums, handled student situations, acquired equipment and other

issues which arise in their respective programs. These meetings offer a source of networking for each program in the state as we routinely learn from each other.

C. Program Relevance

1. Provide a labor market demand analysis.

According to the U.S. Bureau of Labor and Statistics the employment of dental hygienists is expected to grow 30 percent through 2016. This projected growth ranks dental hygienists among the fastest growing occupations mainly due to the increasing demand for dental care and the greater utilization of hygienists.

The demand for dental services will increase because of an increase in the aging population who are retaining more teeth than previous generations and a growing focus on preventative dental care. To meet this demand, facilities that provide dental care will increasingly employ more dental hygienists to perform services that have been performed by dentists in the past.

Job prospects. Job prospects are expected to remain excellent. Older dentists, who have been less likely to employ dental hygienists, are leaving the occupation and will be replaced by recent graduates, who are more likely to employ one or more hygienists. In addition, as dentists' workloads increase, they are expected to hire more hygienists to perform preventive dental care, so that they may devote their own time to more complex procedures.

Projections data from the National Employment Matrix						
Occupational title	SOC Code	Employment, 2006	Projected employment, 2016	Change, 2006-16		Detailed statistics
				Number	Percent	
Dental hygienists	29-2021	167,000	217,000	50,000	30	PDF zipped XLS
NOTE: Data in this table are rounded. See the discussion of the employment projections table in the <i>Handbook</i> introductory chapter on Occupational Information Included in the Handbook .						

Occupation Title	Occupation Description	Job Outlook Data		
Dental hygienists	Clean teeth and examine oral areas, head, and neck for signs of oral disease. May educate patients on oral hygiene, take and develop X-rays, or apply fluoride or sealants.	Number of People in the Field: 7546	Total Average Annual Openings: 232	Median Annual Salary: \$58,450.00
Illustrative Example: Oral Hygienist				

Source: *Michigan.gov Occupation Outlook*

EMPLOYMENT AND OUTLOOK

Nationally, there were about 167,000 dental hygienists employed in 2006, with many of them employed part time. Employment of dental hygienists is expected to increase much faster than the average for all occupations through the year 2016. There is a current shortage of CODA trained hygienists in many areas of the country. However, if the increasing supply of dentists leads to fewer patients per dental office, dentists may choose to perform more services

themselves and hire fewer hygienists. The industry distribution for dental hygienists was primarily concentrated in dental offices, offices of healthcare practitioners and social assistance.

There are approximately 7,150 dental hygienists employed in Michigan. Almost all of them are employed in private dental offices. Hospitals; clinics; nursing homes; school systems; centers for the developmentally disabled; and federal, state, and local government agencies also employed dental hygienists.

The employment of dental hygienists in Michigan is expected to increase much faster than the average for all occupations through the year 2014. An average of 240 job openings is expected with 180 due to growth and 60 due to replacement of those who retire, die, or leave the labor force for other reasons. More openings will occur as workers transfer to other jobs or occupations.

Employment of hygienists in Michigan is expected to grow as a result of a growing population's increasing awareness of the importance of regular dental care.

The Dental Hygiene Program has partnered with Team Placement Services from Virginia who have recruited our graduates to join their team because Team Placement has had numerous favorable experiences with the Ferris dental hygiene graduate. In light of the current economic conditions in the State of Michigan, some recent dental hygiene graduates are having difficulty securing employment within the state and are gaining employment in other states.

MICHIGAN'S EMPLOYMENT OUTLOOK TO 2014

EMPLOYMENT REGION	NUMBER EMPLOYED	PERCENT GROWTH	PROJECTED YEARLY JOB OPENINGS
MICHIGAN - State-wide	7,150	24.9	240
Ann Arbor Area	255	40.0	12
Battle Creek Area	145	19.0	4
Benton Harbor Area	80	20.7	2
Central Michigan	120	25.6	4
Detroit Area	2,750	25.0	92
East Central Michigan	120	18.0	3
Flint Area	770	21.2	23
Grand Rapids Area	740	28.3	27
Jackson Area	235	23.9	8
Kalamazoo Area	450	19.7	13
Lansing MSA	510	21.4	15
Muskegon Area	165	24.4	5
Northeast Lower Peninsula	65	22.7	2
Northwest Lower Peninsula	130	29.5	5
Saginaw Area	415	16.2	10
Thumb Area	185	22.8	6
Upper Peninsula	160	12.3	3
West Central Michigan	70	26.8	3

***NOTE:** Areas may not add up to state-wide total due to rounding, sampling or statistical errors, and/or confidentiality issues.

Michigan.gov Employment Outlook

2. Describe and assess how the program responds to emerging issues in the discipline, changes in labor force, changes in employer needs, changes in student needs, and other forces of change.

The Dental Hygiene program assesses emerging issues by using the following resources: communications from the American Dental Association and the American Dental Educators Association, employer requirements, graduate suggestions, advisory board consultations and student needs and suggestions. Program faculty assess national workforce issues by staying current and active within their professional organizations and communities.

The FSU dental hygiene program has addressed current employment and economic issues in Michigan, faculty demand issues and faculty to student ratio required by CODA by reducing enrollment from 60 students to 40 students beginning Fall 2009.

3. Assess why students come to FSU for the program. Summarize the results of the graduate exit survey and the student program evaluation.

a. How well does the program meet student expectations?

Ninety-nine percent of the graduating students felt the dental hygiene program is meeting their expectations. Ninety-two percent of the graduates indicated the overall effectiveness of the clinical portion of the program to be fair to excellent. One concern of students was calibration of clinical instruction. The dental hygiene clinic utilizes a large group of clinical adjunct faculty and calibration of instruction is sometimes challenging, constant and ongoing. Faculty are addressing these concerns via in-service sessions for all clinical instructors. Based on the concluding results from various surveys submitted and responses returned, the program feels they are meeting the expectations of the students.

b. How is student sentiment measured?

Students have the opportunity to provide their opinion of the program on first year, second year exit and alumni surveys. The dental hygiene program also has an anonymous student suggestion box where students can submit concerns, compliments or suggestions. These are reviewed each semester by a student satisfaction committee with student, staff and faculty representation and addressed at program meetings. Favorable comments about the associate degree program conclude that students do appreciate:

- A dental hygiene clinic to complete patient services instead of going out on rotation.
- Small lab sections with individualized instruction
- Having a degree from a university
- The ability to attend a program with such a long standing history
- The ability to work toward and obtain a bachelor degree while waiting to start the program as well as while proceeding through the program
- Referral to the program by a friend or family member or their hygienist
- A well qualified group of staff and faculty overseeing the program.

D. Program Value

1. Describe the benefit of the program, facilities, and personnel to the University.

The Dental Hygiene Program benefits the University by offering a unique on-campus clinically based program which draws a diversified clientele from the surrounding community to the campus. The on-campus dental hygiene clinic is equipped with thirty-six dental chairs. Students provide preventive dental hygiene services to administration, faculty, staff and others from the Ferris community at large. These services include: dental radiographs (digital and traditional), simple preventive to complex periodontal treatment, sealants, patient education, dietary analysis and tobacco cessation. In addition, the clinic is staffed with full time faculty who are licensed dental hygienists, part-time clinical instructors who are also licensed dental hygienists and licensed practicing dentists.

2. Describe the benefit of the program facilities and personnel to the students enrolled in the program.

The Dental Hygiene Program facilities and personnel benefit the students enrolled in the program in a variety of ways. Students benefit from the thirty-six chair on-campus clinic facility. This state-of-the-art clinic is equipped with five computerized smart chair stations, contemporary ultrasonic scalers and air polishing units. The clinic at Ferris State University models the private dental practice setting providing students with an excellent learning experience.

The administrative staff, clinic clerks, part-time clinical instructors and full-time faculty provide students with varied support measures. The administrative staff assists with orientations, student questions and resolutions. The FSU clinic reception area models the front desk area of a private practice dental office and teaches the students to work as a team. Part-time clinical instructors share their dental hygiene experiences from private practice with the students as mentors and teachers. Faculty teach students in their didactic courses as well as in the clinic. Students receive theory and content from faculty in the classroom and then directly apply their skills in the clinic with consistent instruction.

The dental hygiene program employs a clinic facilities coordinator who ensures the clinic is equipped with fully functioning equipment. The clinic facilities coordinator maintains all supplies needed by students to provide appropriate patient care.

3. What is the assessment of program personnel of the value of the program to employers?

The faculty believe the value of the Dental Hygiene Program is to provide competent entry level dental hygienists to meet the demands of the professional community.

4. Describe the benefit of the program, faculty, staff and facilities to entities external to the University (service that faculty have provided to accreditation bodies, and regional, state, and national professional association; manuscript reviewing, services on editorial boards; use of facilities for meetings, etc).

Faculty serve as speakers and host 4-6 continuing education programs throughout the academic year for practicing licensed dental hygienists and dentists. **See Appendix A: CE Brochure.** Several faculty serve as manuscript consultants and reviewers, serve on licensing committees, participate in primary state-wide research and have written successful grants.

Dental Hygiene Faculty have also been chosen to speak at the Lilly North Conference, the Dental Hygiene Educators Annual Conference and the University of Texas' Health Sciences Center Dental Hygiene Educators Conference.

5. What services for extra-University general public groups (e.g. presentations in schools or to community organizations) have faculty, staff or students provided? Describe how these service benefit students, program and community.

- Faculty serve as speakers and participate in interdisciplinary health professional conferences including the Head-to-Toe Diabetes Conference.
- Faculty and students participate in dental hygiene oral health presentations at local K-12 schools.
- Faculty and students participate in a variety of oral health presentations and screenings to a variety of cognitively, physically and emotionally impaired children on a semester basis at the Mecosta Osceola Intermediate School District.
- Faculty and students participate in Health Fairs on the campus of Ferris State University.
- Faculty and students participate in the Annual Children's Dental Health Fair held at the FSU dental hygiene campus clinic providing free dental screenings, sealants, x-rays, orthodontic screenings, table clinic presentations and networking with professional community.
- Faculty and students participate and treat patients from Hope Network. This is a free health clinic housed in the Trinity Fellowship Evangelical Free Church of Big Rapids.
- Faculty and students participate in Mecosta and Osceola County Early Headstart and Headstart Programs to provide oral health screenings and fluoride varnish treatments. This program reaches close to 500 children.
- Students are treat patients at the Veterans Home, Baxter Clinic and Homeless Event in Grand Rapids.

Section 2: Collection of Perceptions

See Appendix B: Sample Surveys

A. Alumni Surveys

Surveys were distributed to 85 dental hygiene graduate alumni. Only 17 of the 85 surveys were returned for a response rate of 20%.

Survey Response Categories: needs additional preparation, adequately prepared, well prepared, need not be included in the curriculum.

Frequency Tables

q1a Personal appearance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately prepared	1	5.9	5.9	5.9
	Well prepared	15	88.2	88.2	94.1
	Need not include	1	5.9	5.9	100.0
	Total	17	100.0	100.0	

q1b Interpersonal skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	7	41.2	41.2	47.1
	Well prepared	9	52.9	52.9	100.0
	Total	17	100.0	100.0	

q1c Ability to be part of office "team"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	3	17.6	17.6	17.6
	Adequately prepared	6	35.3	35.3	52.9
	Well prepared	8	47.1	47.1	100.0
	Total	17	100.0	100.0	

q1d Professionalism

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately prepared	5	29.4	29.4	29.4
	Well prepared	12	70.6	70.6	100.0
	Total	17	100.0	100.0	

q1e Ability to inform/educate patient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	2	11.8	11.8	11.8
	Adequately prepared	3	17.6	17.6	29.4
	Well prepared	12	70.6	70.6	100.0
	Total	17	100.0	100.0	

q1f Ability to relate to diverse population

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	6	35.3	35.3	41.2
	Well prepared	10	58.8	58.8	100.0
	Total	17	100.0	100.0	

q1g Professionalism

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	5	29.4	29.4	35.3
	Well prepared	11	64.7	64.7	100.0
	Total	17	100.0	100.0	

q2a Analyze all pt assessment data

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	4	23.5	23.5	29.4
	Well prepared	12	70.6	70.6	100.0
	Total	17	100.0	100.0	

q2b Determine diagnosis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	5	29.4	29.4	35.3
	Well prepared	11	64.7	64.7	100.0
	Total	17	100.0	100.0	

q2c Determine pt interventions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	2	11.8	11.8	11.8
	Adequately prepared	6	35.3	35.3	47.1
	Well prepared	9	52.9	52.9	100.0
	Total	17	100.0	100.0	

q2d Interpret radiographs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	7	41.2	41.2	47.1
	Well prepared	9	52.9	52.9	100.0
	Total	17	100.0	100.0	

q2e Assess oral pathologies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	3	17.6	17.6	17.6
	Adequately prepared	6	35.3	35.3	52.9
	Well prepared	8	47.1	47.1	100.0
	Total	17	100.0	100.0	

q2f Re-evaluate patient treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	3	17.6	17.6	17.6
	Adequately prepared	6	35.3	35.3	52.9
	Well prepared	8	47.1	47.1	100.0
	Total	17	100.0	100.0	

q3a Debridement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	6.3	6.3
	Adequately prepared	4	23.5	25.0	31.3
	Well prepared	11	64.7	68.8	100.0
	Total	16	94.1	100.0	
Missing	System	1	5.9		
Total		17	100.0		

q3b Polishing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	2	11.8	11.8	17.6
	Well prepared	14	82.4	82.4	100.0
	Total	17	100.0	100.0	

q3c Ultrasonic scaling/debridement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	3	17.6	17.6	17.6
	Adequately prepared	2	11.8	11.8	29.4
	Well prepared	12	70.6	70.6	100.0
	Total	17	100.0	100.0	

q3d Sealant placement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	6.3	6.3
	Adequately prepared	6	35.3	37.5	43.8
	Well prepared	9	52.9	56.3	100.0
	Total	16	94.1	100.0	
Missing	System	1	5.9		
Total		17	100.0		

q3e Oral irrigation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	11	64.7	64.7	70.6
	Well prepared	5	29.4	29.4	100.0
	Total	17	100.0	100.0	

q3f Probing/periodontal charting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	4	23.5	23.5	29.4
	Well prepared	12	70.6	70.6	100.0
	Total	17	100.0	100.0	

q3g Tooth desensitizing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	2	11.8	11.8	11.8
	Adequately prepared	7	41.2	41.2	52.9
	Well prepared	8	47.1	47.1	100.0
	Total	17	100.0	100.0	

q3h Topical fluoride application

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately prepared	2	11.8	11.8	11.8
	Well prepared	15	88.2	88.2	100.0
	Total	17	100.0	100.0	

q3i Take diagnostically acceptable radiographs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	7	41.2	41.2	47.1
	Well prepared	9	52.9	52.9	100.0
	Total	17	100.0	100.0	

q3j Place temporary restorations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	8	47.1	47.1	47.1
	Adequately prepared	7	41.2	41.2	88.2
	Well prepared	1	5.9	5.9	94.1
	Need not include	1	5.9	5.9	100.0
	Total	17	100.0	100.0	

q3k Take alginate impressions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	6	35.3	35.3	35.3
	Adequately prepared	6	35.3	35.3	70.6
	Well prepared	5	29.4	29.4	100.0
	Total	17	100.0	100.0	

q3l Pour study models

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	6	35.3	35.3	35.3
	Adequately prepared	5	29.4	29.4	64.7
	Well prepared	6	35.3	35.3	100.0

	Total	17	100.0	100.0	
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q3m Trim study models

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	7	41.2	41.2	41.2
	Adequately prepared	4	23.5	23.5	64.7
	Well prepared	6	35.3	35.3	100.0
	Total	17	100.0	100.0	

q3n Mix cements

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	6	35.3	35.3	35.3
	Adequately prepared	8	47.1	47.1	82.4
	Well prepared	3	17.6	17.6	100.0
	Total	17	100.0	100.0	

q3o Mix and place periodontal dressings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	8	47.1	47.1	47.1
	Adequately prepared	9	52.9	52.9	100.0
	Total	17	100.0	100.0	

q3p Create custom bleaching trays

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	4	23.5	23.5	23.5
	Adequately prepared	6	35.3	35.3	58.8
	Well prepared	7	41.2	41.2	100.0
	Total	17	100.0	100.0	

q4a Promptness, organization, and neatness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately prepared	2	11.8	11.8	11.8
	Well prepared	15	88.2	88.2	100.0
	Total	17	100.0	100.0	

q4b Maintain equipment and supplies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately prepared	3	17.6	17.6	17.6
	Well prepared	14	82.4	82.4	100.0
	Total	17	100.0	100.0	

q4c Autoclave and asepsis equipment use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	1	5.9	5.9	5.9
	Adequately prepared	6	35.3	35.3	41.2
	Well prepared	10	58.8	58.8	100.0
	Total	17	100.0	100.0	

q4d Aseptic technique

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately prepared	4	23.5	23.5	23.5
	Well prepared	13	76.5	76.5	100.0
	Total	17	100.0	100.0	

q4e Assists in improving overall office performance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately prepared	7	41.2	41.2	41.2
	Well prepared	10	58.8	58.8	100.0
	Total	17	100.0	100.0	

q5a Basic computer skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	5	29.4	29.4	29.4
	Adequately prepared	3	17.6	17.6	47.1
	Well prepared	9	52.9	52.9	100.0
	Total	17	100.0	100.0	

q5b Access evidence based research

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	4	23.5	23.5	23.5
	Adequately prepared	6	35.3	35.3	58.8
	Well prepared	7	41.2	41.2	100.0
	Total	17	100.0	100.0	

q5c Digital radiography

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l prep	13	76.5	76.5	76.5
	Well prepared	1	5.9	5.9	82.4
	Need not include	3	17.6	17.6	100.0
	Total	17	100.0	100.0	

q6 Were the facilities adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	100.0	100.0	100.0

q7 Was the clinic/lab equipment adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	94.1	94.1	94.1
	No	1	5.9	5.9	100.0
	Total	17	100.0	100.0	

q8 Why was equipment not adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	equipment in the lab is	16	94.1	94.1	94.1

	old and needs to be updated	1	5.9	5.9	100.0
	Total	17	100.0	100.0	

q9 Lab stu to fac ratio adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	94.1	94.1	94.1
	No	1	5.9	5.9	100.0
	Total	17	100.0	100.0	

q10 Year of graduation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2000	1	5.9	5.9	5.9
	2002	1	5.9	5.9	11.8
	2003	6	35.3	35.3	47.1
	2004	1	5.9	5.9	52.9
	2005	2	11.8	11.8	64.7
	2006	2	11.8	11.8	76.5
	2007	3	17.6	17.6	94.1
	2208	1	5.9	5.9	100.0
	Total	17	100.0	100.0	

q11 Type of practice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A Dental Spa (general dds)	1	5.9	5.9	5.9
	Cosmetic	1	5.9	5.9	11.8
	general--one day a week	1	5.9	5.9	17.6
	General	7	41.2	41.2	58.8
	general practice	2	11.8	11.8	70.6
	Have yet to find a job	1	5.9	5.9	76.5
	Orthodontic	1	5.9	5.9	82.4
	perio and general	1	5.9	5.9	88.2
	Public health	1	5.9	5.9	94.1
	Sub for a general practice	1	5.9	5.9	100.0
	Total	17	100.0	100.0	

q12 Additional comments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		13	76.5	76.5	76.5
	Great program!!! Ferris gave me the best education!!	1	5.9	5.9	82.4
	I have been meaning to contact FSU since graduation. When I started into practice I didn't really know much about codes or SCRp-ing needs. We did plenty of SCRp in clinic but the professors didn't inform us as to classifying it into SCRp they put it into Class Types. So, even though I was doing SCRp in clinic I thought I was just cleaning teeth. Students should be more prepared as to how in a practice they would handle SCRp	1	5.9	5.9	88.2
	It would have been nice to know that it would take 2 months to get papers signed and returned to you when filling out licensure papers. It would have been nice if Ferris would have helped me find a job other than telling me to move out of state.	1	5.9	5.9	94.1

Still haven't been able to find a job, my x-ray skills where low and took a long time to bring up to pace and I did fine in class. More just frustrated about not having a job and new graduates are more advanced then I. They now have LA cert. and we did not graduate with that, all other hygiene schools did that year. I can't afford to take the class.	1	5.9	5.9	100.0
Total	17	100.0	100.0	

q13 Employer

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9	52.9	52.9	52.9
Allcare Dental	1	5.9	5.9	58.8
Dr. Sagall	1	5.9	5.9	64.7
Dr. Bruce Hagelthorn, DDS	1	5.9	5.9	70.6
Dr. Jason Swelstad	1	5.9	5.9	76.5
Fountain View Family Dental	1	5.9	5.9	
Greenville Family Dental	1	5.9	5.9	88.2
John A. Ostrowski	1	5.9	5.9	94.1
The Dental Spa, Ypsilanti MI	1	5.9	5.9	100.0
Total	17	100.0	100.0	

Results of Alumni surveys:

- 93% of the alumni felt that they were adequately or well prepared in their clinical and performance skills.
- 93% of the alumni felt that they were adequately or well prepared in their professional qualities.
- 61% of the alumni felt that they were adequately or well prepared in their restorative dental skills.
- 38% of the alumni felt that they needed additional training in their restorative dental skills.
- 77% of the alumni felt that they were adequately or well prepared in their skills of accessing evidenced based research for entry level clinical patient treatment.
- Only 23% of the alumni felt that they were adequately or well prepared in their digital radiography skills.
- 77% of the alumni felt that they needed additional training in their digital radiography skills.
- 100% of the alumni felt the facilities and lab equipment was adequate.
- 59% of the alumni are employed in a general dental practice.
- 24% of the alumni are employed in a specialty dental practice.
- 12% are working part-time.
- 6% are unemployed.

Discussion:

The chart summarizes the main concerns identified by the alumni survey and the action plan that has been implemented to fix the problem:

Problem Identified	Action Taken
1. Restorative dental skills	Even though this was identified by 38% of graduate alumni as an area where additional preparation is needed, 51% of the employers felt it was not needed

	in the curriculum. These skills are not always required of hygienists in the dental office but are required by CODA to be part of the curriculum. Restorative skills are taught to laboratory competency not clinical competency so it is not surprising that alumni may feel they need additional preparation to be competent clinically. The dental materials course was moved from the third semester of the program to the second semester of the program to allow more time to reinforce concepts and demonstrate competency. Program will continue to monitor these results and demands of the profession.
2. Digital radiography skills	Digital radiographic equipment was purchased in 2008 through a faculty generated grant. Graduates in 2009 have become clinically competent in digital radiography. Also the radiography course was moved from the second semester of the program to the first semester of the program. This provides an additional semester of clinical practice to become competent.

B. Employer Surveys

Surveys were sent to over one hundred employers who were identified from the 2007 survey that they employ a Ferris Dental Hygiene graduate. Out of the 100 surveys that were sent only 23 were returned for a 23% return rate.

1= Needs additional preparation, 2=adequately prepared, 3=well prepared, NA= need not be included in the curriculum.

<i>Q1 Interpersonal/professional skills</i>	1	2	3	NA
A. Personal Appearance	0	4	19	0
B. Interpersonal Skills	2	3	18	0
C. Ability to be part of the dental office team	0	5	18	0
D. Professional presence/ attitude	0	4	19	0
E. Ability to inform and educate patient	1	3	19	0
F. Ability to relate to a culturally diverse pop.	0	5	18	0
G. Professionalism	2	4	17	0

<i>Q2 Assessment/ diagnostic/planning/implement/evaluation skills</i>	1	2	3	NA
A. Analyze all patient assessment data	0	7	15	0
B. Determine dental hygiene diagnosis	1	5	17	0
C. Determine dental hygiene and patient interventions	1	7	15	0
D. Interpret radiographs	1	8	13	1
E. Assess oral pathologies	3	8	10	2
F. Re-evaluate patient treatment	1	7	13	2

<i>Q3 Performance Skills</i>	1	2	3	NA
A. Debridement (hand scaling and deplaquing)	1	6	16	0
B. Polishing	1	7	15	0
C. Ultrasonic scaling/ debridement	1	6	14	3
D. Sealant placement	1	8	10	4
E. Oral Irrigation	0	8	13	3

F. Probing and complete periodontal charting	0	5	15	2
G. Tooth desensitizing agents/topical anesthetics	1	5	13	3
H. Topical fluoride application	0	7	14	1
I. Take diagnostically acceptable radiographs	1	6	11	5
J. Place temporary restorations	2	4	5	12
K. Take alginate impressions	4	3	5	11
L. Pour study models	4	3	5	11
M. Trim study models	4	2	4	12
N. Mix cement	4	2	5	11
O. Mix and place periodontal dressings	1	4	5	13
P. Create custom bleaching trays	3	1	7	12

Q4 Management/systems skills	1	2	3	NA
A. Promptness, organization, and neatness	0	7	16	0
B. Maintain equipment and supplies	0	8	15	0
C. Autoclave and asepsis equipment use	0	8	15	0
D. Aseptic technique	0	8	15	0
E. Assists in improving overall office performance	1	6	16	0

Q5 Use of current technology	1	2	3	NA
A. Basic computer skills	3	7	9	5
B. Access evidence based research	3	5	8	7
Digital radiography	3	2	10	8

Q6 Have you ever hired a dental hygienist who had graduated from Ferris?

Yes: 21
No: 2

Q7 If so, were you satisfied with this employee?

Yes: 21
No: 0

Q8 When you are making a dental hygienist hiring decision would you chose a Ferris graduate over a graduate from another program?

Yes: 6
No: 1
Doesn't Matter: 17

9 Your year of graduation from dental school:

1962	1	1983	1
1971	1	1985	2
1973	1	1987	1
1974	1	1988	2
1975	1	1991	1
1976	1	1994	1
1978	2	1995	1
1979	1	1996	1

1980	1	2000	1
1982	2		

Q10 Type of Practice?

General:	18	
Specialty:	3	<i>Pub. Hlth Pediatrics</i>

Q11 Please use this space to provide any additional comments

Our experience with the interns was wonderful. I would recommend orientation for the students on what to do in case of an accident exposure when they are out in the field.

I do not generally look at where a hygienist has graduated from. I judge her by how she performs once out in the field without any type of biased attitude regarding schooling

The Ferris RDH was a good employee- until she left. She gave "notice" on her last day after she cashed her annual bonus. "This is my last day" UNPROFESSIONAL!!

I have two hygienists in my office from Ferris. They are superior to the hygienists from other programs across the state.

My dental hygienist found an irregular looking spot on our patient's nose. She advised him to get it looked at by a specialist. It turned out to be Malignant Melanoma. The family was very grateful for her concern and immediate actions.

Individual personality is as important as schooling-i.e can teach them areas they may be lacking in- personality is impossible to train.

Keep challenging while in school so they are productive, confident team members right away.

I find who the person is- is the true determining factor for a successful staff person. Someone who takes pride in their appearance and work- make great staff. I hire the person then I teach them the finer skills of practice. The personality comes first.

It's a fine program-keep up the good work!

This is the best hygienist I have ever hired! Her knowledge and work ethic are off the charts!

My hygienist began working in my office directly after graduating from your program. I cannot speak highly enough about her clinical and social skills. When educating your students, please have them consider locating in the Upper Peninsula.

It seems we are always in need of qualified hygienists.

Our hygienist has been with us for 10 years. She came right out of the dental hygiene program. She has developed many of the skills mentioned on this survey to the level indicated but she had adequate skills when she came to work for us.

Results of Employer survey:

- 90% of the employers felt that our graduates were adequately or well prepared in their clinical and performance skills.
- 97% of the employers felt that our graduates were adequately or well prepared in their professional qualities.

- Only 32% of the employers felt that our graduates were adequately or well prepared in their restorative dental skills.
- 94% of the employers felt that our graduated needed additional preparation in their restorative dental skills.
- 51% of the employers felt that restorative dental skills are not needed in the curriculum.
- 52% of the employers felt that our graduates were adequately or well prepared in their digital radiography skills.
- Personal comments indicate employers are very satisfied with Ferris State University dental hygienists.

Discussion:

The chart summarizes the main concerns identified by the employer survey and the action plan that has been implemented to fix the problem:

Problem Identified	Action Taken
1. Restorative dental skills	Even though this was identified by 32% of employers as area where additional preparation is needed, 51% of the employers felt it was not needed in the curriculum. These skills are not always required of hygienists in the dental office but are required by CODA to be part of the curriculum. Restorative skills are taught to laboratory competency not clinical competency so it is not surprising that employers may feel graduates need additional preparation to be competent clinically. The dental materials course was moved from the third semester of the program to the second semester of the program to allow more time to reinforce concepts and demonstrate competency. Program will continue to monitor these results and demands of the profession.
2. Digital radiography skills	Digital radiographic equipment was purchased in 2008 through a faculty generated grant. Graduates in 2009 have become clinically competent in digital radiography. Also the radiography course was moved from the second semester of the program to the first semester of the program. This provides an additional semester of clinical practice to become competent.

C. Graduating Student Exit Survey

56 of 57 current second year students completed the graduate student exit survey for response rate of 98%.

**Second Year STUDENT SATISFACTION SURVEY
ASSOCIATES DENTAL HYGIENE PROGRAM**

Please rate each statement as it pertains to the Associates Dental Hygiene Program at Ferris State University. The ranking of 1-5 will be used, 1 indicates the least satisfaction and 5 indicates completely satisfied. The response NA pertains to not applicable and you are not able to provide an appropriate rating.

	1	2	3	4	5	NA
Your coursework in the dental hygiene program is meaningful to your profession	0	0	5	11	39	0
Your clinical experiences give you adequate opportunities to practice your hygiene skills	0	0	0	13	42	0

Teaching and instructional methods used in the classroom are current	0	0	1	17	37	0
Faculty and staff are available for question and answer as needed pertaining to the Dental Hygiene Program	0	1	3	18	32	1
You gained valuable experience and knowledge through your community service experiences	0	3	9	22	18	3
The classroom and clinical setting are adequate for instruction and patient treatment	0	0	1	13	41	0
You feel competent in the dental hygiene skills you have learned	0	0	1	38	16	0
The Dental Hygiene program is receptive to student comments	0	1	11	17	25	1
Extracurricular events associated with the dental hygiene program prove useful, i.e.; SADHA day, Wellness Programs, Volunteer opportunities	0	0	7	25	19	4
The academic advising you receive as a student, from faculty, staff and administration fulfills your needs	0	1	13	19	21	1

Please provide additional comments in which you feel could improve the overall quality of the Dental Hygiene program at Ferris State University, use the back of paper if necessary:

- Instructors should calibrate more so that information will make sense
- Less Homework
- Front desk personnel should inform patient of free cleaning (if they are receiving one)
- Lectures should not be directly from the book
- More organization
- More time with instructors in clinic
- More community service
- Need course packs in all classes
- Have more instructors in Radiology Room
- Instructors need to be more qualified in oral sciences and periodontics
- Evaluate teachers
- Learn more in community dental

Results of Graduate student exit or second year student surveys:

- 100% of the graduates felt their clinical experiences gave them adequate opportunities to practice their hygiene skills.
- 98% of the graduates felt competent in the dental hygiene skills they have learned.
- 73% of the graduates felt they gained valuable experience and knowledge through your community service experiences.
- Personal comments indicate graduates are very satisfied with the dental hygiene program.

Discussion:

The chart summarizes the main concerns identified by the graduate survey and the action plan that has been implemented to fix the problem:

Problem Identified	Action Taken
1. Community service experiences	An optional dental hygiene internship was added to the fourth and final semester of the professional sequence to enhance the community service and clinical experiences. In Spring 2009, 50% of the students chose to participate and gain valuable experiences that they may not have received in the on campus clinic.
2. Calibration of Faculty	Regularly scheduled calibration sessions are scheduled with faculty and clinical staff.

D. Student Program Evaluation

55 first year students answered the first year student survey out of 57 for a response rate of 96%.

First Year DHYG STUDENT SATISFACTION SURVEY ASSOCIATES DENTAL HYGIENE PROGRAM

Please rate each statement as it pertains to the Associates Dental Hygiene Program at Ferris State University. The ranking of 1-5 will be used, 1 indicates the least satisfaction and 5 indicates completely satisfied. The response NA pertains to not applicable and you are not able to provide an appropriate rating.

	1	2	3	4	5	NA
Your coursework in the dental hygiene program is meaningful to your profession	0	0	0	11	45	0
Your clinical experiences give you adequate opportunities to practice your hygiene skills	0	1	10	16	29	0
Teaching and instructional methods used in the classroom are current	0	0	2	15	38	1
Faculty and staff are available for question and answer as needed pertaining to the Dental Hygiene Program	0	0	2	17	36	1
You gained valuable experience and knowledge through your community service experiences	1	1	3	5	6	40
The classroom and clinical setting are adequate for instruction and patient treatment	0	1	6	5	44	0
You feel competent in the dental hygiene skills you have learned	1	1	12	25	17	0
The Dental Hygiene program is receptive to student comments	0	2	4	19	30	1
Extracurricular events associated with the dental hygiene program prove useful, i.e.; SADHA day, Wellness Programs, Volunteer opportunities	2	0	12	15	20	7
The academic advising you receive as a student, from faculty, staff and administration fulfills your needs	1	6	5	18	26	0

Please provide additional comments in which you feel could improve the overall quality of the Dental Hygiene program at Ferris State University, use the back of paper if necessary:

1. More “get together” time with your BIGS. An arranged meeting time or activity that is planned and organized by the program.
2. My advisor is not available as often as she should be. Even during office hours, it is hard to make contact.
3. More time in clinic/spending more time on instrumentation.
4. Instructors should review what we are being taught (ie. They tell us one thing and on an exam it would be wrong).
5. The SLA for DHGY 111 seems to be a lot of wasted time. When your GPA is below 80% you have to go, but you do worksheets on new material when you needed help on older material. I feel it would be more benefiting to have previous information as well as new information since everything is important to the profession.
6. In clinic spending more time with operator. Operator feels rushed and if there was more one on one it would help tremendously.
7. Need more time with instruments in clinic. Would like more help from my advisor.
8. I think all instructors need to communicate a little more – as far as clinicals go. I feel like sometimes everyone is not on the same page. Everyone is very helpful though!
9. We need more practice time (maybe optional clinic with typodonts or something).
10. I think the FSU dental hygiene professors are the best professors I have had at Ferris. It’s evident by how they act and connect with students that they truly want you to succeed.
11. Academic Advising could be better. It’s hard to get my questions answered. Also in clinic, I don’t feel as though I have learned the tools well enough for patient care.
12. Would like more time to practice clinical skills with an instructor watching/helping.
13. Extra one-on-one time to practice instrumentation – “voluntary study time”. Clinic is so stressful so one-on-one time could be helpful for extra practice with instruments.
14. I think this is a great program!
15. I feel that professors in clinic sometimes just glance to make sure we’re doing it alright and if it looks fine, they’ll walk away before they can fully tell if it’s satisfactory. The first day was too overwhelming. There should be a different way that we can get all our supplies and learn unit disinfection on different days.
16. I think we need more time to practice instruments in clinic and have more one-on-one instruction in clinic with the instructors.
17. I just think that all instructors (classroom and clinic) need to be on the same page instead of each teaching something different on a topic, forcing us to have to relearn many things when the academic workload is already stressful. I think this would help out the students a lot!
18. Provide more information about BA program.
19. I’d just like more time to practice instrumentation. I go to tutoring on occasion when I can and think it should be highly encouraged.
20. At times it is hard to find an instructor to question because they are in other clinics or busy with other classes.
21. Staff office hours are usually during other DHYG classes, so I can’t see my teachers unless I have an appointment.

22. I would have wanted to choose my lab time that way my schedule could have fulfilled my personal needs.
23. My advisor doesn't fulfill my advising needs; but all the other instructors are more than willing to pick up the slack.

Results of First Year student surveys:

- 100% of the first year students felt the coursework in the program was meaningful to their profession.
- 80% of the first year students felt their clinical experiences gave them adequate opportunities to practice their hygiene skills.
- 95% of the first year students felt teaching and instructional methods were current.
- 95% of the first year student felt that faculty and staff were available for questions and answers.
- 88% of the first year students felt the program is receptive to student comments.
- 79% of the first year students felt that the academic advising met their needs.
- Personal comments indicate first year students are very satisfied with the dental hygiene program.

Discussion:

Overall, first year students are satisfied with the program. The chart summarizes the main concerns identified by the first year student survey and the action plan that has been implemented to fix the problem:

Problem Identified	Action Taken
1. Students commented that they would like their advisors to be more accessible.	The enrollment was reduced from 60 students to 40 students starting Fall 2009. This reduced enrollment will decrease the number of advisees that faculty see thus allowing them more time for individual appointments. Also the CAHS hired a pre-professional advisor in 2008 that has increased the availability and quality of pre-professional advising
2. Students commented that they would like more individualized instruction in the clinic.	The reduced enrollment starting in Fall 2009 will allow more individualized instruction.

E. Faculty Perceptions

Full-time Faculty and Clinical Staff

All 9 faculty and clinical staff members completed the survey for a response rate of 100%.

Ratings are as follows: 5=excellent and 1= unacceptable. N/A = not applicable

FACILITIES

Classrooms	5	4	3	2	1	N/A
adequate size	5	3	1	0	0	0
adequate light	4	4	1	0	0	0
adequate seating	5	3	1	0	0	0
adequate ventilation	3	3	3	0	0	0

appropriate equipment	5	4	0	0	0	0
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COMMENTS: Too many students

LAB EQUIPMENT

amount of equip sufficient	0	3	5	0	1	0
variety of equip sufficient	1	3	3	1	1	0
supplies are sufficient	2	5	2	0	0	0
activities prepare student	2	6	0	1	0	0

COMMENTS: If student purchased.
diagnodent
digital rad.
rad & digital.
need more.

LEARNING RESOURCES

Libraries

assign use library	4	4	0	0	0	1
library provides material	6	1	1	0	0	1
Computer resources adequate	5	2	1	0	0	1
Learning resources avail out class	5	3	0	0	0	1

COMMENTS: They don't always have current D.H. journals.
Oral sciences supplies need updated: real and wax teeth, over head proxima/Elmo needed for lab.

PROGRAM SUPPORT STAFF

secretarial staff is adequate	0	5	1	2	0	1
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COMMENTS: Shared with other programs.
Many clerical duties are being done by the teaching staff-CPR, ins, etc could be done by someone else.

FINANCIAL RESOURCES

Institutional budget

provides program with financial resources avail to all other programs	0	3	4	1	0	1
---	---	---	---	---	---	---

COMMENTS:

Program budget

functioning up to date equip	0	3	4	2	0	0
supply purchases necessary	1	7	1	0	0	0
sufficient classroom staff	2	3	2	2	0	0
sufficient lab staff	2	3	3	1	0	0
Continued PD for staff	2	5	2	0	0	0

COMMENTS: Slow to merge.
if \$ in budget.
DXXTR's for Radi need replacement. Several "heads" have mouths that will not close adequately.
This will be changing soon.
Too many students.

CLINICAL RESOURCES

Clinical Rotations

Facilities

adequate # of procedures	2	5	1	1	0	0
adequate variety of procedures	0	6	2	1	0	0
adequate exposure to equip	2	2	4	1	0	0

COMMENTS: need more pt experiences.
we need to go into the technological direction.

Experiences

clinical sessions are adequate	3	5	2	0	0	0
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COMMENTS: Zero technology.
1st yr. pre-clinic- can an hour be added to their rotation? 3-4?
need more time- clinics to become effective.

Clinical Instruction

students adequately prepared for clinical	1	7	1	0	0	0
clinical, classroom, lab are sequential	5	3	1	0	0	0
students behave in professional manner	5	2	2	0	0	0
clinical instructors are prepared for students	1	6	1	1	0	0
sufficient number of instructors	2	3	2	2	0	0
students oriente to clinical setting	4	5	0	0	0	0

COMMENTS: Calibration.
Daily huddles are very helpful for instructors. Also monthly and/or semester "briefings" with all instructors very helpful.
Radiology is an area we can/could calibrate together.
Part-time instructors are not always consistent with full-time.
Some not always.
There are so many clinical instructors that calibration is very difficult-not enough sessions to meet with all clinical staff to discuss problems.

DENTIST INTERACTION

dentist/student interaction develops comm	1	4	4	0	0	0
dentist contact provide student with perspective	0	6	2	1	0	0
overall student exposure to dentist is adequate	0	5	2	2	0	0

COMMENTS: Depends on the dentist.
Depends on who it is.
Exposure to DDS is limited.
Some dentists are natural teachers and approachable. They are always wanting to help. We have one that tends to wait until the student comes to him/her for assistance.
"A" Some docs are much more involved /eager to help: ie-Dr. Margaret.

ADDITIONAL COMMENTS

what position do you hold

CDH:	3
Asst. Prof:	1

Faculty:	3
Supervisor:	1

overall rating

	5	4	3	2	1
	0	3	2	0	0

QUESTION 1:

Radiology=fair, out of room. Clinic=fair, each student should have their own computer at each operatory, or have a room with a completely computerized/paperless operatory for students to rotate through. Have an operatory room that they would actually see out in industry/private practice. SLA courses, Hands-on, on-on-one instruction in clinic, Community needs (service learning) Unsure.

Our experienced staff that have been teaching for many years. Very few "rookie" staff persons. Faculty and staff. Classrooms and clinical setting. Faculty.

Overall the resources in this program are very good. We have new ultrasonic units in the clinic, new computers in clinic, for students to access patient schedules. Digital radiography is also a bonus for the students. They are very lucky to be a part of our program. full time teaching staff.

QUESTION 2:

making sure every student has the same type of clinical experience.

Biomaterials lab needs updating. It is on the list, I am not sure where. Maybe T.V. and computers in small clinic for didactic purposes.

Computers in clinic/lab setting update.

Integrated technology-specifically dental technologies.

1. sterilization room-not efficient. 2. VFS 206 looks sad. 3. clinic technology and radiology technology. We have the capability, but students only received 1 day of instruction with the technology. We need state of the art similar to LCC & KVCC.

Unsure

Number of faculty members, more time for meetings/calibration.

technology in the classrooms; webcam conferencing with international, national, local Organizations /associations. Computer room availability increased and copying capabilities made easier and less expensive. Lounge on 2nd floor gutted and redone, with laptop accessibilities, phones, food, etc.

QUESTION 3:

Increase budget and get everyone writing grants. CE class on grant writing. Expansion or reduce the size of the program, we're out of room.

More technology, more full-time faculty/staff, less students.

unsure

Alumni \$ recruiting. We used to pull staff together and make calls to alumnus requesting donations.

Results of faculty survey:

- All areas of the faculty survey indicated a good to excellent rating except for the use of the Allied Health Sciences Library. This was rated fair.

Discussion:

Faculty have concerns with supporting equipment for the clinic. New monitors are needed for students to visualize educational material. In addition, more digital radiography equipment is needed for multiple student experiences. Faculty are appreciative of the compliment of full-time faculty and staff which have been consistent over the years. Nonetheless, full-time faculty indicate it is difficult to calibrate with multiple adjunct faculty for consistency of clinical instruction. This will improve as less adjunct faculty will be utilized starting in Fall 2009 because of the reduced student enrollment in the program. Overall, faculty are satisfied with the structure and content of the program.

Part-time Clinical Faculty Perceptions

6 of 15 clinical faculty completed the survey for a 40% response rate

Frequency Table

q1a Personal appearance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Well trained	6	100.0	100.0	100.0

q1b Interpersonal skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Well trained	6	100.0	100.0	100.0

q1c Ability to be part of office "team"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	2	33.3	33.3	33.3
	Well trained	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

q1d Professional presence/attitude

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

q1e Ability to inform/educate patient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Well trained	6	100.0	100.0	100.0

q1f Ability to relate diverse population

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	4	66.7	66.7	83.3
	Need not include	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

q1g Professionalism

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

q2a Analyze all pt assessment data

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

q2b Determine diagnosis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	2	33.3	33.3	33.3
	Well trained	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

q2c Determine pt interventions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

q2d Interpret radiographs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	4	66.7	66.7	66.7
	Well trained	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

q2e Assess oral pathologies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	16.7	16.7	16.7
	Adequately trained	3	50.0	50.0	66.7
	Well trained	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

q2f Re-evaluate patient treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

q3a Debridement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	4	66.7	66.7	66.7
	Well trained	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

q3b Polishing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

q3c Ultrasonic scaling/debridement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	3	50.0	50.0	50.0
	Well trained	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

q3d Sealant placement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	16.7	16.7	16.7
	Adequately trained	3	50.0	50.0	66.7
	Well trained	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

q3e Oral irrigation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	3	50.0	50.0	50.0
	Well trained	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

q3f Probing/complete periodontal charting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	3	50.0	50.0	50.0
	Well trained	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

q3g Tooth desensitizing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	3	50.0	50.0	50.0
	Well trained	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

q3h Topical fluoride application

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	20.0	20.0
	Well trained	4	66.7	80.0	100.0
	Total	5	83.3	100.0	
Missing	System	1	16.7		
Total		6	100.0		

q3i Take diagnostically acceptable radiographs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	2	33.3	40.0	40.0
	Well trained	3	50.0	60.0	100.0
	Total	5	83.3	100.0	
Missing	System	1	16.7		
Total		6	100.0		

q3j Place temporary restorations

		Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	Need add'l training	1	16.7	16.7	16.7
	Adequately trained	1	16.7	16.7	33.3
	Well trained	1	16.7	16.7	50.0
	Need not include	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

q3k Take alginate impressions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	2	33.3	33.3	33.3
	Well trained	3	50.0	50.0	83.3
	Need not include	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

q3l Pour study models

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	3	50.0	50.0	66.7
	Need not include	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

q3m Trim study models

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	2	33.3	33.3	33.3
	Well trained	2	33.3	33.3	66.7
	Need not include	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

q3n Mix cements

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	1	16.7	16.7	33.3
	Need not include	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

q3o Mix and place periodontal dressings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	16.7	16.7	16.7
	Well trained	1	16.7	16.7	33.3
	Need not include	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

q3p Create custom bleaching trays

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	16.7	16.7	16.7
	Adequately trained	1	16.7	16.7	33.3
	Well trained	2	33.3	33.3	66.7
	Need not include	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

q4a Promptness, organization & neatness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

q4b Maintain equipment and supplies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	3	50.0	50.0	50.0
	Well trained	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

q4c Autoclave & asepsis equipment use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	4	66.7	66.7	83.3
	Need not include	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

q4d Aseptic technique

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

q4e Assists in improving office performance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	16.7	16.7	16.7
	Well trained	4	66.7	66.7	83.3
	Need not include	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

q5a Basic computer skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	2	33.3	33.3	33.3
	Well trained	3	50.0	50.0	83.3
	Need not include	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

q5b Access evidence based research

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	5	83.3	83.3	83.3
	Well trained	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

q5c Digital radiography

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	16.7	16.7	16.7
	Adequately trained	2	33.3	33.3	50.0

	Need not include	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

q6 Additional comments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		5	83.3	83.3	83.3
	I am not sure if there is instruction already in place, but I would like to see training and set up of subbing in an office. What would make their day run the smoothest if they were just filling in for a day? Like setting up all paper products on tray covers or bibs ahead of time...etc.	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Results of Part-time Clinical Instructor surveys:

- 83% of the part-time clinical instructors felt the students were adequately or well prepared in their clinical and performance skills.
- 98% of the part-time clinical instructors felt the students were adequately or well prepared in their professional qualities.
- 50% of the part-time clinical instructors felt the students were adequately or well prepared in their restorative dental skills.
- 43% of the part-time clinical instructors felt restorative dental skills are not needed in the curriculum.
- Only 33% of the part-time clinical instructors felt that students were adequately or well prepared in their digital radiography skills.
- 17% of the part time clinical instructors felt that students needed additional training in their digital radiography skills.

Discussion:

Part-time clinical instructors agree that students in the dental hygiene program are adequately and/or well trained with the selected functions as listed in the survey. The chart summarizes the main concerns identified by the part-time clinical instructor survey and the action plan that has been implemented to fix the problem:

Problem Identified	Action Taken
1. Restorative dental skills	Even though this was identified by 43% of clinical faculty as an area where additional preparation is needed, 51% of the employers felt it was not needed in the curriculum. These skills are not always required of hygienists in the dental office but are required by CODA to be part of the curriculum. Restorative skills are taught to laboratory competency not clinical competency so it is not surprising that clinical faculty may feel students need additional preparation to be competent clinically. The dental materials course was moved from the third semester of the program to the second semester of the program to allow more time to reinforce concepts and demonstrate competency. Program will continue to monitor these results and demands of the profession.
2. Digital radiography skills	Digital radiographic equipment was purchased in 2008 through a faculty generated grant. Graduates in 2009 have become clinically competent in digital radiography. Also the radiography course was moved from the second semester of the program to the first semester of the program.

	This provides an additional semester of clinical practice to become competent.
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F. Advisory Board Perceptions

4 of the 8 surveys were returned for a response rate of 50%.

2008 DHYG APR...Advisory Board

Frequencies

Prepared by: Institutional Research & Testing, 01/09

Statistics

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q1a Personal appearance	4	0	2.75	3.00	.500
q1b Interpersonal skills	4	0	2.75	3.00	.500
q1c Ability to be part of the office "team"	4	0	2.50	2.50	.577
q1d Professional presence/attitude	4	0	2.75	3.00	.500
q1e Ability to inform/educate patient	4	0	2.75	3.00	.500
q1f Ability to relate to diverse population	4	0	2.75	3.00	.500
q1g Professionalism	4	0	2.75	3.00	.500
q2a Analyze pt assessmt data	4	0	2.00	2.00	1.155
q2b Determine diagnosis	4	0	2.00	2.00	1.155
q2c Determine pt interventions	4	0	2.00	2.00	1.155
q2d Interpret radiographs	4	0	1.75	1.50	.957
q2e Assess oral pathologies	4	0	1.50	1.50	.577
q2f Re-evaluate pt treatment	4	0	2.00	2.00	1.155
q3a Debridement	4	0	2.00	2.00	1.155
q3b Polishing	4	0	2.25	2.50	.957
q3c Ultrasonic scaling/debridement	4	0	2.00	2.00	.816
q3d Sealant placement	4	0	2.25	2.50	.957
q3e Oral irrigation	4	0	2.25	2.50	.957
q3f Probing/complete periodontal charting	4	0	2.25	2.50	.957
q3g Tooth desensitizing agents	4	0	2.00	2.00	1.155
q3h Topical fluoride application	4	0	2.25	2.50	.957
q3i Take diagnostically acceptable radiographs	4	0	2.75	3.00	1.258
q3j Place temporary restorations	4	0	3.25	4.00	1.500
q3k Take alginate impressions	4	0	2.50	2.50	1.732
q3l Pour study models	4	0	3.25	4.00	1.500
q3m Trim study models	4	0	3.25	4.00	1.500
q3n Mix cements	4	0	3.25	4.00	1.500
q3o Mix and place periodontal dressings	4	0	3.25	4.00	1.500
q3p Create custom bleaching trays	4	0	3.25	4.00	1.500
q4a Promptness, organization, and neatness	4	0	2.25	2.50	.957
q4b Maintain equipment/supplies	4	0	2.25	2.50	.957
q4c Autoclave/asepsis equipment use	4	0	2.25	2.50	.957
q4d Aseptic technique	4	0	2.25	2.50	.957
q4e Assists in improving office performance	4	0	2.25	2.50	.957
q5a Basic computer skills	4	0	2.50	2.50	.577
q5b Access evidence based research	4	0	2.00	2.00	1.155
q5c Digital radiography	4	0	1.50	1.00	1.000
q6 Additional comments	4	0			

Frequency Table

q1a Personal appearance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	25.0	25.0	25.0
	Well trained	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q1b Interpersonal skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	25.0	25.0	25.0
	Well trained	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q1c Ability to be part of the office "team"

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	2	50.0	50.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q1d Professional presence/attitude

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	25.0	25.0	25.0
	Well trained	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q1e Ability to inform/educate patient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	25.0	25.0	25.0
	Well trained	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q1f Ability to relate to diverse population

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	25.0	25.0	25.0
	Well trained	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q1g Professionalism

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	1	25.0	25.0	25.0
	Well trained	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q2a Analyze pt assessment data

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q2b Determine diagnosis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q2c Determine pt interventions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q2d Interpret radiographs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Adequately trained	1	25.0	25.0	75.0
	Well trained	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

q2e Assess oral pathologies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Adequately trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q2f Re-evaluate pt treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q3a Debridement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q3b Polishing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q3c Ultrasonic scaling/debridement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0

	Adequately trained	2	50.0	50.0	75.0
	Well trained	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

q3d Sealant placement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q3e Oral irrigation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q3f Probing/complete periodontal charting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q3g Tooth desensitizing agents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q3h Topical fluoride application

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q3i Take diagnostically acceptable radiographs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Well trained	2	50.0	50.0	75.0
	Need not include	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

q3j Place temporary restorations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Need not include	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q3k Take alginate impressions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Need not include	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q3l Pour study models

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Need not include	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q3m Trim study models

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Need not include	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q3n Mix cements

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Need not include	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q3o Mix and place periodontal dressings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Need not include	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q3p Create custom bleaching trays

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Need not include	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

4a Promptness, organization, and neatness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q4b Maintain equipment/supplies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q4c Autoclave/asepsis equipment use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q4d Aseptic technique

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q4e Assists in improving office performance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	1	25.0	25.0	25.0
	Adequately trained	1	25.0	25.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q5a Basic computer skills

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequately trained	2	50.0	50.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q5b Access evidence based research

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	2	50.0	50.0	50.0
	Well trained	2	50.0	50.0	100.0
	Total	4	100.0	100.0	

q5c Digital radiography

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Need add'l training	3	75.0	75.0	75.0
	Well trained	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

q6 Additional comments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	50.0	50.0	50.0
	Confidence in all areas needs some work	1	25.0	25.0	75.0
	I feel that FSU and staff adequately prepared me for my chosen profession, however, I also feel that the majority of what you learn and take with you is learned with experience, on the job, everyday. although, it may not be this way for every professional, it has been for me in my personal experiences. GO BULLDOGS!!!	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

Results of Advisory Board Members survey:

- 63% of the advisory board members felt that our graduates were adequately or well prepared in their clinical and performance skills.
- 36% of the advisory board members felt that our graduates needed additional preparation in their clinical and performance skills.
- 97% of the advisory board members felt that our graduates were adequately or well prepared in their professional qualities.
- 29% of the advisory board members felt that our graduates needed additional preparation in their restorative dental skills.
- 71% of the advisory board members felt that restorative dental skills are not needed in the curriculum.
- 75% of the advisory board members felt that students needed additional training in their digital radiography skills.

Discussion:

Overall, the advisory board members who responded to the survey indicate Ferris Dental Hygiene students are adequately prepared for entry level clinical dental hygiene. Some comments revealed that dental hygiene students need less training in certain areas. The dentist feels that these functions should be completed by the dental assistant or the dentist even though these functions are under the scope of practice by dental hygienists in the State of Michigan.

As a follow-up to the survey, an advisory board meeting was held May 27, 2009 to discuss the APR and survey results. The board felt these duties are the primary responsibility of the dental assistant in the office not the dental hygienist. The board now has a better understanding of how and why restorative skills are taught in the program.

The chart summarizes the main concerns identified by the employer survey and the action plan that has been implemented to fix the problem:

Problem Identified	Action Taken
1. Restorative dental skills	Even though this was identified by 29% of advisory board members as an area where additional preparation is needed, 71% of the advisory board members felt it was not needed in the curriculum. These skills are not always required of hygienists in the dental office but are required by CODA to be part of the curriculum. Restorative skills are taught to laboratory competency not clinical competency so it is not surprising that the advisory board felt students need additional preparation to be competent clinically. The dental materials course was moved from the third semester of the program to the second semester of the program to allow more time to reinforce concepts and demonstrate competency. Program will continue to monitor these results and demands of the profession.
2. Digital radiography skills	Digital radiographic equipment was purchased in 2008 through a faculty generated grant. Graduates in 2009 have become clinically competent in digital radiography. Also the radiography course was moved from the second semester of the program to the first semester of the program. This provides an additional semester of clinical practice to become competent.

Section 3: Program Profile

A. PROFILE STUDENTS

1. Student demographic profile

a. Gender, race/ethnicity and age.

Pre-DHYG Average Age:		DHYG Average Age:	
<i>Year in Program</i>	<i>Average Age</i>	<i>Year in Program</i>	<i>Average Age</i>
2004	19	2004	22
2005	20	2005	23
2006	19	2006	21
2007	20	2007	22
2008	20	2008	21
Average age past Five Years:	20	Average age past Five Years:	22

Pre-DHYG Gender:			
<i>Academic Year</i>	<i>Male</i>	<i>Female</i>	<i>Total number enrolled</i>
2004	3	109	112
2005	3	125	128
2006	0	95	95
2007	2	129	131
2008	3	124	127
Average past Five Years:	2	116	119

DHYG Gender:			
<i>Academic Year</i>	<i>Male</i>	<i>Female</i>	<i>Total number enrolled</i>
2004	4	109	113
2005	2	107	109
2006	2	100	102
2007	2	102	104
2008	2	99	101
Average past Five Years:	2	103	106

Pre DHYG: Race/ethnicity								
<i>Year</i>	<i>Black</i>	<i>Hispanic</i>	<i>Indian/ Alaskan</i>	<i>Asian/Pac Island</i>	<i>White</i>	<i>Foreign</i>	<i>Unknown</i>	<i>Total number enrolled</i>
2004	4	3	1	2	99	1	2	112
2005	11	2	1	3	110	1	0	128
2006	2	4	0	0	89	0	0	95
2007	5	7	2	1	114	2	0	131
2008	7	7	1	1	110	0	1	127
Average over past 5 years:	6	5	1	1	104	1	1	119

DHYG: Race/ethnicity								
<i>Year</i>	<i>Black</i>	<i>Hispanic</i>	<i>Indian/ Alaskan</i>	<i>Asian/Pac Island</i>	<i>White</i>	<i>Foreign</i>	<i>Unknown</i>	<i>Total number enrolled</i>
<i>2004</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>2</i>	<i>106</i>	<i>1</i>	<i>3</i>	<i>113</i>
<i>2005</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>3</i>	<i>102</i>	<i>1</i>	<i>0</i>	<i>109</i>
<i>2006</i>	<i>1</i>	<i>1</i>	<i>0</i>	<i>3</i>	<i>96</i>	<i>1</i>	<i>0</i>	<i>102</i>
<i>2007</i>	<i>2</i>	<i>1</i>	<i>0</i>	<i>2</i>	<i>98</i>	<i>1</i>	<i>0</i>	<i>104</i>
<i>2008</i>	<i>2</i>	<i>4</i>	<i>0</i>	<i>3</i>	<i>91</i>	<i>1</i>	<i>0</i>	<i>101</i>
<i>Average over past 5 years:</i>	<i>1</i>	<i>1</i>	<i>0</i>	<i>3</i>	<i>99</i>	<i>1</i>	<i>1</i>	<i>106</i>

b. In-state/out-of-state.

Pre-DHYG Residency:				DHYG Residency:			
<i>Academic Year</i>	<i>Resident</i>	<i>Midwest Compact</i>	<i>Non- Resident</i>	<i>Academic Year</i>	<i>Resident</i>	<i>Midwest Compact</i>	<i>Non- Resident</i>
<i>2004</i>	<i>110</i>	<i>1</i>	<i>1</i>	<i>2004</i>	<i>109</i>	<i>4</i>	<i>0</i>
<i>2005</i>	<i>124</i>	<i>2</i>	<i>1</i>	<i>2005</i>	<i>106</i>	<i>3</i>	<i>0</i>
<i>2006</i>	<i>95</i>	<i>0</i>	<i>0</i>	<i>2006</i>	<i>100</i>	<i>2</i>	<i>0</i>
<i>2007</i>	<i>128</i>	<i>3</i>	<i>0</i>	<i>2007</i>	<i>103</i>	<i>1</i>	<i>0</i>
<i>2008</i>	<i>126</i>	<i>1</i>	<i>0</i>	<i>2008</i>	<i>99</i>	<i>2</i>	<i>0</i>
<i>Average past Five Years:</i>	<i>116.6</i>	<i>1.4</i>	<i>0.4</i>	<i>Average past Five Years:</i>	<i>103.4</i>	<i>2.4</i>	<i>0</i>

According to the data provided, the program averages approximately 109 in-state students in both the pre-dental hygiene and professional sequence. This is not surprising due to the longstanding history of the program within the State of Michigan. Whether students are in-state or out-of-state does not impact the curriculum, scheduling or delivery of the program due to the use of FerrisConnect and newly renovated large classrooms in the College of Allied Health Sciences building.

c. Full-time and part-time

Pre DHYG: Full-time vs. Part-time				DHYG: Full-time vs. Part-time			
<i>Academic Year</i>	<i>Full- time</i>	<i>Part- time</i>	<i>Total number enrolled</i>	<i>Academic Year</i>	<i>Full- time</i>	<i>Part- time</i>	<i>Total number enrolled</i>
<i>2004</i>	<i>100</i>	<i>12</i>	<i>112</i>	<i>2004</i>	<i>102</i>	<i>11</i>	<i>94</i>
<i>2005</i>	<i>115</i>	<i>13</i>	<i>128</i>	<i>2005</i>	<i>100</i>	<i>9</i>	<i>80</i>
<i>2006</i>	<i>82</i>	<i>13</i>	<i>95</i>	<i>2006</i>	<i>96</i>	<i>6</i>	<i>70</i>
<i>2007</i>	<i>118</i>	<i>13</i>	<i>131</i>	<i>2007</i>	<i>91</i>	<i>13</i>	<i>79</i>
<i>2008</i>	<i>117</i>	<i>10</i>	<i>127</i>	<i>2008</i>	<i>91</i>	<i>10</i>	<i>68</i>
<i>Average past Five Years:</i>	<i>106.4</i>	<i>12.2</i>	<i>211.8</i>	<i>Average past Five Years:</i>	<i>96</i>	<i>9.8</i>	<i>78.2</i>

The dental hygiene program does not offer a part time curriculum for the professional sequence of the curriculum. Students must be full-time during the professional sequence of the dental hygiene program in order to complete all requirements and graduate within the three year time frame.

d. What percentage of students attend classes in the day, evenings, and weekends?

Currently there is no data provided on pre-dental hygiene students. One hundred percent of professional sequence dental hygiene students attend day classes and evening labs/clinics.

e. Enrolled in classes on and off campus.

One hundred percent of the full-time dental hygiene students are enrolled in classes on campus. Second year dental hygiene students do have the opportunity to enroll in an optional “internship” during the last semester. They may select an off-campus site within the State of Michigan or out-of-state, such as Tennessee, Arizona, etc. At times, this number has been equivalent to 50% of the class leaving campus for the optional internship experience.

Pre-dental hygiene students and professional sequence dental hygiene students have a choice to enroll in core curriculum courses of CCHS 101, CCHS 102, and MRIS 102 either on-line, in person, or at an off campus location. General education courses may also be completed at another location. Dental hygiene courses are only offered on campus due to the clinical component.

f. Enrolled in 100% on-line and/or mixed delivery courses.

DHYG 218 is the only mixed-delivery course offered in the associate degree. The majority of classes are offered as enhanced coursework with use of FerrisConnect.

Pre-dental hygiene students and professional sequence dental hygiene students have a choice to enroll in core curriculum courses (CCHS 101, CCHS 102, and MRIS 102) either on-line, in person or at an off campus location. Pre-dental hygiene students and professional sequence dental hygiene students may also take general education courses as mixed delivery or on-line. Once in the dental hygiene program, students will take courses enhanced with FerrisConnect (DHYG 111, 114, 115, 121, 122, 123, 124, 125, 209, 213, 214, 215, 217, 224, 225, and 227) and mixed delivery (DHYG 218). The Dental Hygiene program has been able to cover material more thoroughly using FerrisConnect enhancement and students are able to receive immediate remediation of difficult material. Additionally, a course has been created for radiography review and board preparation.

g. Discuss how the information present in (a) through (f) impacts the curriculum, scheduling, and/or delivery methods of the program.

a. Gender, race/ethnicity, age: According to the data provided the average age of the pre-dental hygiene student is 19 and the average age of the student entering the professional sequence of the program is 21. Female pre-dental hygiene students made up an average of 99% of the students compared to 1% of male students. The pre-dental hygiene students are represented by 95% Caucasian and 5% minorities.

The dental hygiene profession has traditionally been comprised of females. The trend in the current student population simply reflects that trend. The male to female ratio does not impact the curriculum, delivery or scheduling of the program. The programs ratio of ethnic students enrolled in the program are also not a concern to the program. The average age of the student is also adequate. The entrance requirements and pre-requisite courses prevent true freshman from entering the program from high school. The prerequisite courses have been implemented not to discourage first year students but to assure a better prepared student for the program and minimize attrition rates. The prerequisite courses are also mandatory for programmatic accreditation.

b. In State, Out-of State:

Whether a student is instate or out of state does not affect the curriculum, scheduling and or delivery methods of the program.

c. Full-time and part-time

As previously stated, the program is only offered in a full-time sequence.

d. What percentage of students attend classes in the day, evenings and weekends?

Currently there is no data provided on pre-dental hygiene students. One hundred percent of professional sequence dental hygiene students attend day classes and evening labs/clinics. Evening clinics are offered so students can gain access to quality patients and patients can gain access to clinical services.

e. Enrolled in classes on and off campus.

The only off campus class offered is the optional internship during the last semester of the program. This internship allows students to gain additional clinical and community experiences.

f. Enrolled in 100% on-line and /or mixed delivery courses.

All courses have enhanced online experiences and one course is offered in a mixed delivery format.

2. Quality of students

a. What is the range and average GPA of all students currently enrolled in the program? ACT? Comment on this data.

The range of GPA for the **pre-dental hygiene student** is .55 to 2.66 with an average GPA of 2.7. The range of ACT scores for the **pre-dental hygiene student** is 15-29 with an average ACT score of 19.9. The range of GPA for the **professional sequence dental hygiene student** is 2.5 to 4.0 with an average GPA of 3.3. The range of ACT scores for the **professional sequence dental hygiene student** is 14-32 with an average ACT score of 21.

Based on the averages and ranges listed above, the program is attracting and accepting a high quality student with the necessary academic foundation and skills to ensure progression in the professional sequence of the program.

b. What are the range and average GPA and ACT score of students graduating from the program?

The range of GPA for the **dental hygiene graduate** is 2.81 to 3.87 with an average GPA of 3.4. The range of ACT scores for the **dental hygiene graduate** is 15-29 with an average ACT score of 21.

Based on the averages and ranges listed above, the program maintains a qualified student throughout the professional sequence through graduation from the program.

c. In addition to ACT and GPA, identify and evaluate measures that are used to assess the quality of students entering the program.

In addition to ACT and GPA scores, students entering the program must pass two semesters (28 credits) of general education courses with a "C" or better as prerequisites courses before entering the professional sequence. These courses better prepare students for program courses, as well as fulfill requirements set forth by CODA for programmatic accreditation standards.

See Appendix C: Admission and Progression Policy

d. Identify academic awards students in the program have earned.

- Upper Peninsula Dental Hygiene District Society Scholarship
- Northern Michigan Dental Hygiene District Society Scholarship
- American Dental Hygiene Association Scholarship
- Michigan Dental Association Scholarship
- Honor’s program at FSU

Students also earn awards for poster and case study presentations on campus and are encouraged to present them at professional competitions upon completion of the program.

e. What scholarly activities do RDH students participate in?

The Dental Hygiene faculty highly recommend that students attend the Michigan Dental Hygiene Association meetings as student delegates as well as represent the Student American Dental Hygiene Association at National meetings. Students provide poster presentations at the Diabetes Head –to-Toe Conference, Children’s Dental Health Fair and other university events.

f. What are other accomplishments of students in the program?

Students in the Dental Hygiene program are routinely on the honor roll / dean’s list. Students are also encouraged to participate in community service projects for a charity such as Relay for Life, Salvation Army Adopt a Family and the Children’s Dental Health Fair. Students volunteer their time in helping with lab activities for tour groups and pre-dental hygiene students. In addition, students attend the Michigan Legislative Luncheon to learn about dental hygiene issues addressed at the state level. Students also attend the Student American Dental Hygiene Association Day held annually every October and several second year students participate in a Guyana Mission Trip held during spring break.

3. Employability of students

a. How many graduates have become employed full time in the field within 1 year of receiving their degree?

Based upon graduate surveys, 75% of dental hygiene graduates are employed *full time* within one year of receiving their degree. A unique characteristic of the employment practice of dental hygienist is that over 95% of graduating dental hygienists are employed with two or more part time positions equaling full time equivalent hours.

b. What is the average starting salary of graduates who become employed full-time in the field since the inception of the program?

Average starting salary of an entry level dental hygienist is \$24-27 an hour. An increased hourly wage can be found in larger cities (source: Registered Dental Hygienist (RDH) Magazine salary survey 2008).

	25th%ile	Median	75th%ile
the United States	\$57,140	\$65,370	\$72,519

IMPORTANT: Your pay can be dramatically affected by compensable factors such as employer size, industry, employee credentials, years of experience and others.

Salary.com 4-13-09

\$31.12 hourly, \$64,740 annual

Employment (2006) 167,000 employees

Projected growth (2006-2016) ■■■■Much faster than average (21% or higher)

Projected need (2006-2016) 82,000 additional employees

www.onenetoneline.com 4-13-09

c. How many graduates have become employed as part time or temporary workers in the field within one year of graduating from the program?

Currently, as a result of difficult economic times nationwide, only 75% of students graduating from the dental hygiene program are working in a full time position. The majority of dental hygiene graduates are working in two or more part time positions equivalent to full-time. Some graduates choose to work part-time only to pursue additional degrees or other pursuits while others did not have choice and are working part-time due to the economy.

d. Describe the career assistance available to students?

What is the perception of career assistance?

Career assistance is provided by the Dental Hygiene Program in the form of personal references and resume review. Faculty members have many ties within the local and surrounding communities that keep students apprised of job openings. In addition, Ferris students attend university sponsored career fairs and use the employment office for resources as well as interviewing and resume writing training. Dentists who are seeking dental hygienists also request employment from soon-to-be FSU graduates by posting employment opportunities with the program.

e. How many graduates continue to be employed in the field?

Ninety-seven percent of graduates continue to be employed in the field of dental hygiene either full-time or part-time. Only three percent of the respondents from the 2008 graduate survey stated they are no longer working in the field of dental hygiene as they are stay at home moms with families and or are continuing their education toward a bachelor degree.

f. Describe and comment on the geographical distribution of the employed Graduates.

Ferris State University Dental Hygiene graduates are employed throughout the State of Michigan and across the United States. Many students have relocated to states that have an increased need for dental hygienists such as the Washington D.C. area. The Dental Hygiene Program has partnered with Team Placement Services from Virginia who have recruited our graduates to join their team because Team Placement has had numerous favorable experiences with the Ferris dental hygiene graduate. In addition, many students have relocated to areas such as Arizona, Hawaii, Florida, North, Illinois, Indiana and Wisconsin.

g. How many students and /or graduates go on for additional training?

Three percent of the respondents from the graduate survey indicated they were continuing their educational training.

h. Where do most dental hygiene graduates obtain their additional educational training?

The Ferris State University Dental Hygiene program sponsors multiple continuing education courses per academic year for working professionals in the community that target the dental hygiene alumni.

Students also continue their education by receiving a Bachelors Degree in Dental Hygiene, Health Care Systems Administration and or Applied Biology at Ferris and other institutions.

B. ENROLLMENT

1. What is the anticipated fall enrollment in the program?

We anticipate 40 first year and 57 second year dental hygiene students enrolled in the associate degree program. The charts below reflect previous enrollment numbers for the program.

			2006	2007	2008
DENTAL HYGIENE & MEDICAL IMAGING					
Dental Hygiene AAS	0	0	101	104	101
Diagnostic Medical Sonography AAS	0	0	26	26	19
Radiography AAS	0	0	70	79	68
Pre-Dental Hygiene AAS	0	0	95	131	127
Pre-Diagnostic Medical Sonography AAS	0	0	36	66	70
Pre-Radiography AAS	0	0	111	113	147
On-Campus Total	0	0	439	519	532

ENROLLMENT BY PROGRAM FALL SEMESTER

COLLEGE	2004/05	2005/06	2006/07	2007/08	2008/09
ALLIED HEALTH SCIENCES					
PRE-ALLIED HEALTH*					
Pre-Dental Hygiene	112	128	0	0	0
Pre-Diagnostic Medical Sonography	25	35	0	0	0
Pre-Health Care Systems Administration	8	9	0	0	0
Pre-Medical Laboratory Technology	2	9	0	0	0
Pre-Medical Record Technology	6	11	0	0	0
Pre-Medical Record Administration	1	4	0	0	0
Pre-Medical Technology	3	10	0	0	0
Pre-Nuclear Medicine 2-Yr	51	67	0	0	0
Pre-Nuclear Medicine 4-Yr	2	0	0	0	0
Pre-Nursing	179	218	0	0	0
Pre-Radiography	114	114	0	0	0
Pre-Respiratory Care	12	21	0	0	0
DEPARTMENT TOTAL	515	626	0	0	0

2. Have enrollment and student hour production increased or decreased since program inception?

It will decrease for the first time in Fall 2009. Due to economic budget constraints, faculty demand issues and faculty to student ratio required by CODA, the incoming fall 2009 class will be reduced by 20 students from 60 in previous years to 40 for the Fall of 2009.

3. Since the inception of the program how many students apply to the program annually?

Year	Students Applying to Program	Number Qualified	Number Accepted	% accepted
2008	93	91	60	66%
2009	80	73	40	50%

*Wait list kept prior to Fall of 2008

4. Of those students who apply to the program what percentage are being admitted?

On average, 50% to 66% percent of the students who apply to the professional sequence will be admitted to the program.

5. Of those who are admitted how many and what percentage enroll?

For 2009, 1 student did not accept their seat and 7 students failed to meet final qualifications so an additional 8 students were accepted to complete the class.

6. What are the programs current program enrollment goals, strategy, and efforts to maintain, increase, decrease the number of students in the program?

Historically, the program has maintained student “wait lists.” On these lists were students who wanted to enter the program and who are working on their prerequisite courses in order to begin the professional sequence. These lists were cumbersome to manage and students often took several years to complete the necessary prerequisite courses required to begin the professional sequence. Since the College of Allied Health has adopted the new yearly application process in 2008, students apply for the professional sequence once they have completed the necessary prerequisite courses or if they will complete the pre-requisite courses by Spring semester in order to be considered for the professional sequence in the following Fall. The program consistently maintains an adequate number of pre-dental hygiene students ranging from 95-128 over the last 5 years. The application process has brought forth students who are academically prepared to start the professional sequence in a timely manner.

C. PROGRAM CAPACITY

1. What is the appropriate program enrollment capacity, given the availability of faculty, physical resources, funding accreditation requirements, state and federal regulations, and other factors? Which of these items limits program enrollment capacity?

The new accreditation student to faculty ratio limits the enrollment to 40 students. Student to faculty ratios are 5:1 for radiography and clinical courses and 10:1 for lab courses. Forty students is preferred for quality instruction, calibration of adjunct clinical faculty and fiscal resources available.

The program employs five full-time tenure track professors along with four full-time clinical dental hygienists. The five full-time tenure track faculty members are a satisfactory number to teach the didactic courses by accreditation educational requirements. The four clinical dental hygienists are a necessity to the program as they teach 100% of the clinical and laboratory courses.

D. RETENTION AND GRADUATION

1. Give the annual attrition rate in the program.

2 to 8 percent of the entering freshman dental hygiene class will not progress during the program and graduate. This attrition may occur for various reasons; academic difficulties in traditionally rigorous didactic courses, lack of competency and progression in pre-clinic courses or personal issues.

class starting year	2004	2005	2006	2007
Admission #	60	60	60	60
Retention	59	55	55	57
Attrition	1	5	5	3

2. What are the current goals, strategy and efforts to retain students in the program?

As of Fall 2009, the program will reduce the number of students in the professional sequence of the program from 60 to 40 in order to meet market demand, ensure that the dental hygiene graduates are employed upon graduation and maintain the faculty to student ratio required by the CODA. The quality of individualized instruction will be strengthened and enhanced further with this smaller co-hort.

3. Describe and assess trends in number of degrees awarded in the program.

Traditionally, students who enter the program as first year professional sequence candidates will graduate unless they do not progress due to poor clinical competency or poor academic performance. The trend has been to graduate 92-98% of the students that start the program.

4. How many students who enroll in the program graduate from it within the prescribed amount of time?

The trend has been to graduate 92 to 98 percent of the students within the prescribed amount of time.

5. On average how long does it take for a student to graduate from the program?

Three years: a year of pre-requisite courses, and two years of the professional sequence.

E. ACCESS

1. Describe and assess the programs actions to make itself accessible to students.

The program is accessible for the following reasons:

Ferris State University is a very transfer friendly institution. Many students in the dental hygiene program are transfer students who take their prerequisite courses at the community college. Transfer students appreciate the amount of courses which are transferrable to Ferris from community colleges.

The program is structured so that students must complete lab, clinical and didactic classes on the Big Rapids campus during the two years of the professional sequence of the program. Students practice pre clinical skills in a fully operational dental hygiene clinic on typodonts and partner pairs. During the second semester of the first year of the program, the students begin to treat patients from the community. As second year students, they treat patients on a regular basis and their requirements increase as do the competencies required by accreditation standards.

All courses within the associate degree dental hygiene program are enhanced by Ferris Connect. One course (DHYG 218) is offered as a mixed delivery course because it is an excellent format to enhance their case based discussions plus it allows students some flexibility with their scheduling

2. Discuss what effects the actions described in 1 has on the program.

It has allowed us to recruit students non-traditional students often from community colleges,

3. How do the actions described in #1 advance or hinder program goals and priorities?

The on-line resources and classes have enhanced the communication with the program and student. This has been an asset to the program that is very competitive across the nation. Newer technology has allowed the program to be more available to our students in a timelier manner.

F. CURRICULUM

Program requirements

1. Program requirements. Describe and assess the program-related courses for graduation.

The program currently requires 82 credit hours for graduation. 46 out of the 82 credits are dental hygiene specific courses. 36 credits are program related courses that are required either by the Commission on Dental Accreditation (CODA) or Ferris State University. Students complete the program in two semesters of prerequisites courses followed by four semesters in the professional sequence. The program related courses required in the degree program are listed in the table below.

See Appendix D: Curriculum and Sample Syllabi.

Program Related Courses in the DHYG Program	Rationale for courses
ENGL 150 *prerequisite to enter the DHYG professional sequence	Communication Competence Requirement * accreditation standard
ENGL 250	Communication Competence Requirement *accreditation standard
COMM. 105 or 221 *prerequisite to enter the DHYG professional sequence	CAHS Core Requirement *accreditation standard
BIOL 108 *prerequisite to enter the DHYG professional sequence	Scientific Understanding Requirement *accreditation standard
BIOL 205 * prerequisite to enter the DHYG professional sequence	*accreditation standard
CHEM 114 * prerequisite to enter the DHYG professional sequence	*accreditation standard
PSYC 150 *prerequisite to enter the DHYG professional sequence	Social Awareness Requirement *accreditation standard
SOCY 121 *prerequisite to enter the DHYG professional sequence	*accreditation standard
Cultural Enrichment Elective * program does not prescribe which cultural enrichment class to be taken *prerequisite to enter the DHYG professional sequence	Cultural Enrichment Requirement
CCHS 101 Orientation to Healthcare	CAHS Core Requirement
CCHS 102 Safety Issues in Healthcare *prerequisite to enter the DHYG professional sequence	CAHS Core Requirement
CCHS 103 Clinical skills	CAHS Core Requirement
MRIS 102 Medical Terminology *prerequisite to enter the DHYG professional sequence	CAHS Core Requirement
Math 110 or competency * students must take the course or have a MATH ACT score of 19 or higher	Quantitative Skills Requirement

a. As part of the graduation requirements of the current program, list directed electives and directed general education courses. Provide rationale for these selections.

General Education courses required by the program are: ENGL 150, ENGL 250, Core Curriculum courses (CCHS 101, 102 and 103, MRIS 102, COMM 105 or 221), PSYC 150, SOCY 121, BIOL 108, BIOL 205, CHEM 114, Cultural Enrichment Elective Course and MATH 110 or competency. All of these courses are required by the CODA, FSU or the CAHS curriculum guidelines. Rationale is provided in chart above.

b. Indicate any hidden prerequisites (instances where, in order to take a program-required course, the student has to take an additional course. Do not include extra courses taken for remedial purposes).

There are no hidden prerequisite courses in the program.

2. Has the program significantly revised its curriculum since last review, if so how?

The Program has undergone a recent curriculum change to meet the demands of CODA (Commission on Dental Accreditation). New curriculum requirements were established for the 2009 academic school year. In order to meet and ensure adequate reinforcement of student competencies established by CODA, the program needed to revise their sequence of courses offered. All courses and the new sequence of instruction meet the requirements established so students can graduate and be eligible to sit for the licensure exams.

3. Are there any program changes currently in the review process?

No.

4. What are the plans to revise the program in the next 3-5 years?

Upon continual review of accreditation requirements, the program will make necessary revisions as required. It is possible, within the 5-8 yrs that the CODA will adopt the bachelor degree as the entry level degree for dental hygienists.

G. QUALITY OF INSTRUCTION

1. Discuss student and alumni perception about quality of instruction.

The majority of the alumni rated the quality of the Ferris Dental Hygiene Program as good to excellent. Overall, students were pleased with the quality of education they received. Many felt the instructors were available to help them and answer their questions. They felt the classes and instructors were tough but fair.

2. Discuss advisory board and employer perceptions of the quality of instruction.

Of those who responded to the advisory board survey, 100% of the advisory committee felt the dental hygiene curriculum met the needs of the graduating students. One hundred percent of the advisory committee felt the program met the needs of students entering the job market. One hundred percent of the advisory committee felt that faculty are meeting the needs of the student.

3. What departmental and individual efforts have been made to improve the learning environment, add and use additional appropriate technology, train and increase the number of undergraduate assistants?

Faculty have undergone the following training to ensure advancement in student learning:

- Learner Centered Environment: Faculty have attended several training sessions on how to incorporate this practice into present curriculum.
- In service training in EagleSoft Dental Management Software and digital radiography to ensure faculty skills are mastered when teaching the new technology to the students.
- Assessment training to meet requirements for CODA, CAHS and HLC which include measuring student outcomes in the program and courses.
- Ferris Connect Training: All courses offered by the Dental Hygiene Program use Ferris Connect.
- Structured Learning Assistance instructor training
- FSU 100 – Ferris State University Seminar training

4. Describe the types of professional development faculty have participated in, in efforts to enhance the learning environment.

Faculty have participated in the following activities in order to enhance the learning environment:

Clinical Educators Workshop in Dental Hygiene, San Antonio, TX, May 2005, 2006, 2007.

Chicago Dental Society Mid-Winter Meeting, February 2006.

Adult Learner and Effective Clinical Teaching, Ferris State University, August 4, 2006.

Faculty Development Activities, Ferris State University, August 23, 2006

Lilly North Conference, Traverse City, MI, Sept. 13-17, 2006.

Learner Centered Teaching, Ferris State University, Jan. 3-5, 2007.

Ferris Connect Pilot Program, Ferris State University, Summer 2007.

Book Discussion Group, "Art of Changing the Brain", Ferris State University, Jan. to April 2007.

Creating the Learning-Centered University, Ferris State University, Jan. 26th, 2007

Lilly North Conference, Traverse City, MI, Oct. 4-8th, 2007

Faculty Developmental Activities, Spring Session: Faculty Center for Learning, Ferris State University, March 2008

Lilly North Conference, Traverse City, MI, Sept. 18-21st, 2008

5. What efforts have been made to increase the interaction of students with faculty and peers? Include such items as developmental activities, seminars, workshops, guest lectures, special events, and student participation in the Honors Program Symposium.

The program has numerous opportunities for interaction of students with faculty and peers.

- Active RSO or professional student organization with faculty advisors.
- Faculty and students participate in dental hygiene oral health presentations at local K-12 schools.
- Faculty and students participate in a variety of oral health presentations and screenings to a variety of cognitively, physically and emotionally impaired children on a semester basis at the Mecosta Osceola Intermediate School District.
- Faculty and students participate in Health Fairs on the campus of Ferris State University.
- Faculty and students participate in the Annual Children's Dental Health Fair held at the FSU dental hygiene campus clinic providing free dental screenings, sealants, x-rays, orthodontic screenings, table clinic presentations and networking with professional community.

- Faculty and students participate and treat patients from Hope Network. This is a free health clinic housed in the Trinity Fellowship Evangelical Free Church of Big Rapids.
- Faculty and students participate in Mecosta and Osceola County Early Headstart and Headstart Programs to provide oral health screenings and fluoride varnish treatments. This program reaches close to 500 children.
- Students are treat patients at the Veterans Home, Baxter Clinic and Homeless Event in Grand Rapids.
- Students treat multiple family members at one time in the large clinic facility on campus.

6. Discuss the extent to which current research and practice regarding inclusive pedagogy and curriculum infuse teaching and learning in this program.

The program has moved toward a learner centered environment. The classes have been restructured to include case based and problem based learning as well as critical thinking activities.

7. What effects have actions described in (5) and (6) had on the quality of the teaching and learning in the program?

The dynamics between the faculty, clinical staff and students is more engaged. Communication is stronger between the faculty, clinical staff and students due to the increased activities.

H. COMPOSITION AND QUALITY OF FACULTY

1. List the names of all tenured track faculty by rank

a. Rank and Qualifications

Catherine Archer RDH, MS	Assistant Professor	Tenure Track
Kimberly Beistle, RDH, PhD(c)	Assistant Professor Program Coordinator	Tenured
Sandra Burns, RDH, RN, MS	Associate Professor	Tenured
Kathleen Harlan RDH, MS	Assistant Professor	Tenured
Susan Wancour, RDH, MPH	Assistant Professor	Tenured

b. Indicate the number of promotions or merit awards received by program faculty since the last program review.

Sandra Burns	Merit 2008
Kathleen Harlan	Merit 2009
Susan Wancour	Merit 2009

c. Summarize the professional activities of program faculty since inception or the last program review (attendance of professional meetings, poster or platform presentations, responsibilities in professional organizations, etc.).

Faculty have participated in the following activities in order to enhance the learning environment:

Clinical Educators Workshop in Dental Hygiene, San Antonio, TX, May 2005, 2006, 2007.
Chicago Dental Society Mid-Winter Meeting, February 2006.

Adult Learner and Effective Clinical Teaching, Ferris State University, August 4, 2006.

Faculty Development Activities, Ferris State University, August 23, 2006

Lilly North Conference, Traverse City, MI, Sept. 13-17, 2006.

Learner Centered Teaching, Ferris State University, Jan. 3-5, 2007.

Ferris Connect Pilot Program, Ferris State University, Summer 2007.

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Faculty Developmental Activities, Spring Session: Faculty Center for Learning, Ferris State University, March 2008

Lilly North Conference, Traverse City, MI, Sept. 18-21st, 2008

See Appendix E: Faculty and Staff Vitas

2. Workload

a. What is the normal, annualized teaching load in the program or department? Indicate the basis of what determines a "normal load". On a semester-by-semester basis, how many faculty have accepted an overload assignment?

Tenure track faculty in the dental hygiene program must teach a minimum of 18 contact hours per semester. All five faculty have requested overload.

The four additional full time clinical faculty teach the equivalent of 34-36 hours of clinic and lab assignments with 4-6 hours for program meetings and other calibration.

b. List the activities for which faculty receive release time.

Program faculty receive release time each semester for the following activities:

Program Coordination: .25 release time

Clinical Coordination: .19 - .38 release time

Other projects are evaluated by the dean and release time is given when appropriate. For example, coordinators will receive an additional .12 RT the two semesters of APR document preparation.

3. Recruitment

a. What is the normal recruiting process?

Advertisements are placed in professional journals, on professional websites and in the Grand Rapids Press. Requests for application letters are sent out nationally to all Dental Hygiene Programs.

b. What qualifications are typically required for new faculty?

New tenure track faculty must have a Master of Science degree in order to comply with CODA standards to teach didactic courses for the associate degree program.

c. What are the programs diversity goals for both gender and ethnicity in the faculty?

The Dental Hygiene program strives to be diverse in the population of the program as well as the faculty and staff who represent the program. The program does not have a goal for gender or mix of ethnic backgrounds. The best qualified applicant who meets the hiring standard will be employed.

d. Describe and assess the efforts being made to attain goals in C.

The Dental Hygiene program is currently fully staffed and not seeking a faculty member at this time. The best qualified applicants will be sought out regardless of gender or ethnic background

4. Orientation

New faculty attend the New Faculty Orientation program hosted by the Faculty Center for Teaching and Learning. This is intensive program introduces new faculty to the University as well as teaching and education. It also includes such topics as diverse populations of students and diverse culture of faculty. Mentoring support for both the tenure track faculty and the administrative clinical faculty occurs by tenured faculty and the clinical operations supervisor. In addition, new faculty are required to attend new faculty orientation session conducted by CAHS.

5. Reward structure

a. Describe the reward structure in the program / department / college as it relates to program faculty:

The College of Allied Health maintains a Promotion / Merit and Tenure policy outlining the advancement procedures within the college for tenure track faculty. All faculty within the dental hygiene program work toward accomplishing requirements in the areas of teaching, scholarship and service.

In addition to salary, the faculty are rewarded with departmental and college funds to offset travel to professional meetings. Faculty are encouraged to apply through the Dean's Office for CAHS funding. The reward is limited to \$500 for faculty member per year. Faculty members are also encouraged to apply for Timme Grant funding. Departmental incentive funds have been available on a limited basis to offset the cost of travel for professional development.

b. Does the existing salary structure have an impact on the programs ability to attract and retain faculty?

Yes. The existing salary structure hinders the attraction of well qualified faculty to the program. Upon investigation from annual salary reports of other Allied Health program faculty as well as faculty from the College of Technology, these programs consistently report higher salaries than dental hygiene faculty even though the programs are all technical in nature.

c. Is the reward structure currently in place adequate to support faculty productivity in teaching research, and service?

The College of Allied Health maintains a Promotion / Merit and Tenure policy outlining the advancement procedures within the college for tenure track faculty. All faculty within the dental hygiene program work toward accomplishing requirements in the areas of teaching, scholarship and service.

d. Is enhancing diversity and inclusion part of the reward structure?

The dental hygiene faculty are encouraged to participate in campus wide diversity projects as well as political engagement projects but enhancing diversity is not part of the reward structure.

6. Is there graduate instruction in the program?

There is no graduate instruction in the dental hygiene program at the present time. However, the dental hygiene program firmly believes in advancing the profession and supports discussions of a future master's level degree program. As a university, all programs should investigate masters programs.

7. Non-Tenure Track and Adjunct Faculty

a. Please provide a list for the last academic year of full-time non-tenure track and adjunct faculty who taught in the program:

Nancy Baar, RDH
Denise Byrnes, RDH
Annette Jackson, RDH
Linda St. Clair, RDH
Beverly Haney, RDH
Diane White, RDH
Melanie Robertson, RDH
Audrey Jarabek, RDH
Joyce Bittner, RDH
Connie Edwards, RDH
Jodi Carney, RDH
Lori Cox, RDH
Valerie Foos, RDH
Tonya Hall, RDH
Trina Hull, RDH
Debra Foster, RDH
Ben Seymour, DDS
Margaret Gingrich, DDS
Donald Longfield, DDS
Jennifer White, DDS

Full-time support staff:

Danette Boyd - Dental Hygiene Facilities Coordinator
Cameo McGowen - Clinic Clerk

Part-time:

Brytani Griner- Part-time clinic clerk

b. What % of program courses is taught by the faculty in (a)? What courses are they teaching?

Tenure track faculty teach all of the theory or didactic courses in the dental hygiene program. Non-tenure track or adjunct faculty only teach laboratory or clinical courses.

Non tenure track or adjunct faculty teach 50% of the lab sections and 84% of the clinical sections.

DHYG 111 Oral Science 1Lab

DHYG 115 Clinical Dental Hygiene Practice 1

DHYG 121 Oral Science 2 Lab
DHYG 122 Dental Radiography Lab
DHYG 125 Clinical Dental Hygiene Practice 2
DHYG 209 Dental Materials Lab
DHYG 215 Clinical Dental Hygiene Practice 3
DHYG 219 Pain Management
DHYG 225 Clinical Dental Hygiene Practice 4

- c. Describe the required qualifications for faculty listed above. Indicate if faculty have met the criteria set forth.**

Faculty who teach didactic courses in the DHYG curriculum must have a master's degree. All faculty who teach didactic courses in the Dental Hygiene Program possess master of science degrees. Clinical full-time staff that teach the lab or clinical courses possess or are in pursuit of their bachelor of science degrees as required by the CODA.

- d. Does the program consider the current use of non tenured track faculty appropriate?**

Yes, the dental hygiene program employs four full-time clinical dental hygienists, non-tenure track, who teach in the laboratory and clinical setting.

- e. If the program is accredited, what position if any does it have on the use of non-tenured track and adjunct faculty?**

The Commission on Dental Accreditation considers the clinical dental hygienists at Ferris State University as complementary to the tenure track faculty but does not specifically address the adjunct faculty members.

I. SERVICE TO NON MAJORS

- a. Identify and describe the General Education service courses provided by the program faculty for other departments at FSU.**

The Dental Hygiene program does not provide service courses to other majors.

- b. Identify and describe any non-General Education service courses or courses required for other programs. Comment on your interaction with the departments or programs for which the courses are provided.**

The Dental Hygiene program does not provide service courses to other majors.

- c. Discuss the impact of the provision of General Education and non-General Education courses has on the program.**

The Dental Hygiene program does not provide service courses to other majors.

- d. Does the program plan to increase, decrease, or keep constant the level of service courses?**

The Dental Hygiene program does not provide service courses to other majors.

J. DEGREE PROGRAM COST AND PRODUCTIVITY

Semester	Credits	Cost per Credit	Cost for Semester	Total Cost for year:
Fall-1 st year	14	\$300	\$4,200	
Spring-1 st year	14	\$300	\$4,200	
Summer -1 st year	0	0	0	\$8,400
Fall-2 nd year	14	\$300	\$4,200	
Spring- 2 nd year	13	\$300	\$3,900	
Summer-2 nd year	0	0	0	\$8,100
Fall 3 rd year	15	300	\$4,500	
Spring 3 rd year	13	\$300	\$3,900	\$8,400
Total Tuition Cost for 3 years:				\$24,900

Fact Book 2008:

GENERAL INFORMATION

STUDENT COSTS

The average annual cost for a Michigan resident to attend Ferris (based upon 2008-09 rates) including tuition, room and board, fees, estimated academic and personal expenses, is \$20,208.

2008-09 Costs	Semester	Year
Undergraduate (Michigan resident)		
Tuition (15 credit hours)	\$4,500	\$9,000
Room and Board (19 meal plan)	\$3,972	\$7,944
Sub Total	\$8,472	\$16,944
Books and Supplies (estimate)	\$550	\$1,100
Personal Expenses (estimate)	\$1,001	\$2,002
Refundable Fees*	\$81	\$162
Total Expenses (estimated)	\$10,104	\$20,208

*If requested, the Racquet Facility fee, Student Activity fee and Health Center fee will be deleted from the student's account. Cash refunds will only be granted for the Racquet Facility fee and the Student Activity fee if the student's account is paid in full.

Undergraduate (non-resident)		
Tuition	\$7,950	\$15,900
Undergraduate (non-resident MSEP)*		
Tuition	\$6,750	\$13,500

Part-time Student	
Michigan Resident	\$300 per credit hour
Non-Resident	\$530 per credit hour
Non-Resident MSEP*	\$450 per credit hour

Graduate Student	
Michigan Resident	\$403 per credit hour
Non-Resident	\$604 per credit hour
Non-Resident MSEP*	\$604 per credit hour

Professional Tuition	Resident	Non-Resident
Pharmacy Tuition	\$478 per credit hour	\$718 per credit hour
Optometry Tuition	\$488 per credit hour	\$732 per credit hour

Family Apartments	12 month contract
One Bedroom	\$8,254
Two Bedroom	\$9,202
Two Bedroom (townhouse)	\$10,050
Three Bedroom (townhouse)	\$10,972

Optional Meal Plan
 Room and Board (12-meal plan) \$7,570
 Other meal plans available for non-traditional and deluxe halls.

*Students are eligible for the MSEP (Midwest Student Exchange Program) rate if they live in one of the following states: Illinois, Indiana, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota & Wisconsin. This tuition-reduction program is not available for students enrolled in Doctor of Optometry, and Doctor of Pharmacy programs.

Response to Tuition Cost: The degree program costing is relative to the equipment intensive labs, required instructor to student ratio and required lab/class size.

Student Credit Hours (SCH), Full Time Equated Faculty, Productivity Report 2008:

Student Credit Hours:				
Year	Summer	Fall	Spring	F +W(a)
2007-08	00.00	1,358.00	1,344.00	2,702.00
2006-07	00.00	1,373.00	1,274.00	2,647.00
2005-06	00.00	00.00	1388.00	1,388.00
2004-05	0	1,467	1248.00	2,715.00

Full Time Equated Faculty:				
Year	Summer	Fall	Spring	Average F+W(b)
2007-08	0	5.17	5.00	5.08
2006-07	0	4.02	4.62	4.32
2005-06	0	3.07	3.14	1.57
2004-05	1.0	4.52	5.05	4.78

SCH/FTEF:				
Year	Summer	Fall	Spring	Average F+W(a/b)
2007-08	0.0	262.67	268.80	531.37
2006-07	0.0	341.83	275.76	612.97
2005-06	0.0	383.61	0.0	767.21
2004-05	68.0	329.45	276.63	603.16

SCH/FTEF University wide top ten 2007-2008:	
Course Des.	SCH/FTEF
Business	631.88
Computer Info Sys.	549.13
German	545.00
Music	542.32
Photography	540.00
Political Science	533.93
Nuclear Medicine	532.16
Dental Hygiene	531.37

Response: SCH/FTEF will change slightly for the Dental Hygiene program with the reduction of class size. For Fall 2009, 40 professional sequence students will be admitted instead of 60 students. Dental Hygiene is one of the top 10 SCH/FTEF earnings University wide.

None the less, as a whole the Dental Hygiene program has more FTEF(531.37) for the fall / winters of 2007-2008 than the College of Allied Health average of 512.68.

K. ASSESSMENT AND EVALUATION

- 1. List and describe what variables are tracked and why when assessing the effectiveness of the program (e.g. mastery of essentials of subject area, graduation rates, employment rates, pass rates on professional exams).**

See Appendix F: Assessment Plan

Tool	Date of Data Measurement
Program Completion Rates	Annually: June
Employment Rates	Annually : December
NERB Scores	Annually: August
National Board Scores	Annually: June

2. Provide trend data for the variables listed in (1). Compare the data to accreditation benchmark standards if applicable, or provide some other type of assessment data.

FERRIS STATE UNIVERSITY
DENTAL HYGIENE
FIRST TIME PASS RATE
5 YEAR PERFORMANCE SUMMARY
NORTH EAST REGIONAL BOARD CLINICAL DENTAL HYGIENE EXAMINATION

YEAR	NUMBER OF CANDIDATES	FSU SCHOOL AVG SCORE	FSU PERCENT FAIL
2004	49	86. %	25%
2005	47	80%	34%
2006	57	84%	21%
2007	55	93%	9%
2008	56	92 %	10%

Data demonstrates students have increased the mean score on the NERB Clinical Dental Hygiene Exam from 86% in 2004 to 92% in 2008. The number of students passing the NERB Clinical Exam on the first attempt has risen significantly from a 75% in 2004 to 90% in 2008. Students that need to repeat the exam are successful on their second attempt.

FERRIS STATE UNIVERSITY
DENTAL HYGIENE
FIRST TIME PASS RATE
5 YEAR PERFORMANCE SUMMARY
NATIONAL BOARD DENTAL HYGIENE EXAMINATION

YEAR	NUMBER OF CANDIDATES	FSU SCHOOL AVG	NAT'L AVG	PERCENT FAIL
2005	61	80. %	83.3%	16%
2006	59	80.4%	82.9%	15%
2007	55	82.8%	84.2%	3.6%
2008	55	79.3%	83.2%	18.2%
2009	55	81.7 %	84.5%	18.2%

Data demonstrates students have only slightly increased the mean score on the National Board Dental Hygiene Exam from 80% in 2005 to 81.7% in 2009. The number of students passing the exam on the first attempt has not changed significantly except for the 96.4% pass rate on the first attempt in 2007. Students that need to repeat the exam are successful on their second attempt.

The program continues to score slightly below the national average. Other programs in CAHS have addressed this by raising their admission and GPA requirements but the Dental Hygiene Program with only a 5% attrition rate prefers to wait and assess the impact of reduced enrollment prior to raising admission standards. Program will continue to monitor, assess and look for trends with the National Board results especially as enrollment is reduced starting Fall 2009.

In addition to board pass rates the Dental Hygiene Program also tracks:

- Attrition rates – Attrition rate of 5%
- Survey results (first year student, student exit, alumni, employer, adjunct clinical instructor and advisory board) – survey results have shown increases in effectiveness of the program.

3. Describe how trend data in (2) is used to assess the rigor, breadth, and currency of the degree requirements and curriculum.

Activity	How trend is used
Graduation rate (ability to learn and use material)	Rigor and Breadth- If graduation rates fall; the program will update the curriculum to meet the student's needs. Currency – What worth is the DHYG program to the community and employers?
Survey graduates (are graduates successful)	Rigor and breadth – Did we provide correct skill level and curriculum needed for graduates to be successful? If graduates are not successful, the program will change the curriculum to meet the graduate's needs. Currency – Are graduates demonstrating programmatic outcomes? Are graduates entry level Dental Hygienists?
Survey employers (are graduates employable)	Rigor and breadth – Did we provide correct skill level and curriculum needed for graduates to be successful? If we are not meeting the employers need, the program will change the curriculum to be more relevant for the community. Currency – Are graduates demonstrating programmatic outcomes? Are graduates entry level dental hygienists?
Clinical faculty evaluate student's preparation (are graduates employable)	Rigor and breadth – Did we provide correct skill level and curriculum needed for graduates to be successful in the clinical? Currency – Are graduates demonstrating programmatic outcomes? Are graduates entry level dental hygienists?
Alumni evaluate clinical experience (are alumni effective dental hygienists)	Rigor and Breadth- We can assess if the equipment and resources provided were satisfactory for teaching. The program will change the curriculum to meet the need if the students demonstrate the clinical experience is not effective. Currency – Are students learning course stated outcomes? Do students recognize they are learning the outcomes? Can they demonstrate the skills?
Certification and licensing exam evaluation (are students able to use the information taught)	Rigor – How accurately can our student demonstrate skills? Breadth – How many skills can the students demonstrate? How much material can be used critically by the student? Currency – We can measure if the program is providing the skills necessary to fulfill programmatic outcomes and goals.
Survey first year students (are students needs being met)	Currency – Are students learning course stated outcomes? Do they recognize they are learning the outcomes? Can they demonstrate the skills?
Adjunct instructor survey	Rigor and breadth – Did we provide correct skills level and curriculum?

(are students developing the skills they need)	Currency – Are students demonstrating outcomes? Do students demonstrate professional and ethical behaviors? Are graduates entry level dental hygienists?
Advisory committee meeting (is the program meeting the need of the community)	Rigor and breadth – Did we provide correct skills level and curriculum needed for graduates to be successful? Currency – are graduates demonstrating programmatic outcomes? Are graduates entry level dental hygienists?
Monitor program attrition (leavers) (Is the program meeting the needs of the students)	Is the program serving the needs of the student population?

4. Describe how the data in 2 is being used to assess the extent to which program goals are being met.

Based on the results of the data above, the following changes have been made to the curriculum and teaching pedagogy in the Dental Hygiene Program:

- Re-sequencing of courses to enhance delivery and timeliness.
- Addition of optional internship to enhance clinical and professional skills.
- Addition of Critical Thinking and Problem Based Learning
- Increase clinical requirements to increase competency.
- Clinical Calibration amongst clinical faculty and staff.
- Summative testing evaluated by 2 faculty instead of 5 for added consistency.

L. ADMINISTRATION EFFECTIVENESS

1. Discuss the adequacy of administrative and clerical support for the program.

The administrative and clerical support for the dental hygiene program is adequate. The program has a dedicated department head and secretary for the Dental Hygiene and Imaging Programs. The dean has been open to many ideas and demonstrates a willingness to work with the department on meeting its needs.

2. How does the condition of the current facilities impact program delivery.

The CAHS recently renovated the classrooms used for didactic lectures. The remodeling includes conference style tables which may be utilized for group learning and peer to peer evaluation. The lighting in the classroom is conducive to the learning methodologies employed. In addition, each classroom houses a smart station, equipped with a document enhancement camera, dual LCD projectors in large classrooms, DVD equipment, appropriate sound systems and internet capabilities.

The DHYG clinic needs upgrades in the areas of digital / plasma televisions which display didactic/clinical content. A few of the monitors work appropriately but others are failing.

In addition, the sterilizing room adjoining the main clinic needs remodeling in order to operate according to the Occupational Safety and Health Administration Standards.

3. Are the teaching and class schedules effectively and efficiently prepared?

Comment.

The class schedules are effectively and efficiently prepared in accordance with accreditation standards and University scheduling policies.

4. Are students able to take the courses they need in a timely manner?

Students are able to take their courses in a timely manner as dictated by the DHYG program.

Section 4: Facilities and Equipment

A. INSTRUCTIONAL ENVIRONMENT

1. Are current classrooms, labs, and technology (both on-campus and at off-site locations) adequate?

Classrooms are adequate. Recently, the College of Allied Health underwent building renovations. Classrooms have been updated necessary technology of “smart stations”. This new equipment has enhanced the teaching capabilities in the classroom.

The Dental Hygiene clinic recently acquired five computers which are networked to the front office / dental management software. Each clinic section includes a smart chair for students to enter clinical data via the computer. The monitors in the clinic used for instruction need to be replaced. Some operate appropriately and some do not.

The all purpose lab in VFS 206 needs updating. The lab needs to be remodeled with new dental lab benches and manikins for simulation. In addition, a mobile smart station would be ideal to enhance laboratory instruction.

The Dental Radiography lab area is in need of additional digital radiography equipment for more student experiences and practice.

2. How does the condition of current facilities impact program delivery?

Recent renovations in the classrooms have improved delivery instruction for the program.

Nonetheless, the condition of the dental hygiene clinic could be improved for pre-clinical instruction and clinical workshops.

3. Describe the program’s projected needs with respect to instructional facilities.

Instructional facilities improvement for the dental hygiene program would include:

- New display monitors for the dental hygiene clinic
- Additional digital radiography equipment
- Remodeling of the all-purpose VFS 206 lab

4. Describe current plans for facilities improvements and indicate their status.

- Currently the program is preparing estimates for new monitors in the clinic.
- Discussions are occurring within the department as how to acquire additional digital radiography equipment
- According to University constraints, no new room renovation projects will be occurring anytime soon

5. Describe how proposed changes or improvements to facilities would enhance program delivery.

- New monitors in the dental hygiene clinic would allow all students to remain in their sections to visually see the content without clustering together
- Additionally, digital radiography equipment would allow students to engage in more manikin and patient experiences. Additional equipment would provide more experience and allow students to become competent at taking digital radiographs instead of just familiar with the procedure.

- A newly remodeled dental lab would bring forth appropriate technology and equipment needed to simulate additional dental processes.

B. COMPUTER ACCESS AND AVAILABILITY

1. Outside of computers in faculty and staff offices, identify the computing resources (hardware and software) that are allocated to the program.

The following are all the computing resources for the Dental Hygiene Program:

- Dental Clinic Management Software (EagleSoft)
- 1 Computer station in the Dental Radiography Lab
- 1 Computer station in the Dental Hygiene Small Clinic
- 1 printer in the Dental Hygiene Small Clinic for Radiography letters and envelopes
- 1 printer in the Dental Hygiene Small Clinic for printing digital films
- 1 mobile cart with outdated lap top computer Proxima projector in VFS 206
- 7 computers in room VFS 205, which are networked to the Clinic Reception office, allow students to check their patient schedules for clinic
- 5 computer Smart Stations in the Dental Hygiene Clinic, networked to Clinic reception office
- 1 computer for loading Power Point presentations to be displayed on clinic monitors
- 1 Server
- 2 computers in the front clinic reception office networked with Smart Stations in clinic
- 2 printers in clinic reception office

2. Discuss how these resources are used.

In the dental hygiene program computer access and technology is used to:

- Present didactic information in the classroom
- Present theory and clinical information in the dental hygiene clinic
- Gives students digital radiography experiences
- Allows students prepare and print letters and envelopes for outgoing radiographs from the clinic
- Clinic reception offices utilizes computers to make appointments and print appropriate documents
- Students use computers in VFS 205 to check the status of their clinic schedules to see if they have a patient to treat and update their appointment book.
- Smart stations in the clinic are used to enter patient clinical data in an electronic format, modeling what systems may be used in private practice

In the dental hygiene courses, Ferris Connect is used to:

- Track grades and attendance
- Post weekly lectures and assignments
- E-mail, chat or use discussion board with the instructor or other students
- Take quizzes and exams.

- Post supplemental material

3. Discuss the adequacy of these resources and identify needed additional resources.

- New monitors in the dental hygiene clinic would allow all students to remain in their sections to visually see the content without clustering together
- Additionally digital radiography equipment would allow students to engage in more manikin and patient experiences. More practice would allow to student to become more competent at taking digital radiographs.
- A newly remodeled dental lab would bring forth appropriate technology and equipment needed to simulate additional dental processes.
- Infection control more efficient-sterilizing room

4. Does an acquisition plan to address the needs currently exist? Describe the plan. Has it been included in the department or college's planning document?

Currently, there is no written acquisition plan for these equipment needs. However, the program is eligible for vocational funding and annually updates their request for equipment. Program funds may be requested to purchase new monitors for clinic. Room renovations within the College of Allied Health would need to be approved through the University.

5. Discuss the efficiency of on-line services (including Ferris Connect) available to the program.

On-line services for the program are a necessity. The program uses Ferris Connect in most all dental hygiene courses. The program would like to see on-line capabilities for billing all insurance companies and sending digital radiographs electronically.

6. Discuss the adequacy of computer support, including the support for on-line instruction if applicable.

The program has experienced challenges with effectively and efficiently utilizing EagleSoft Dental Management software into the dental hygiene clinic for regular use.

The FCTL offers courses on a regular basis for online support. In addition, dental hygiene faculty who are experienced with utilizing on-line instruction have mentored faculty who have asked for support.

C. OTHER INSTRUCTIONAL TECHNOLOGY

1. Identify other types of instructional technology resources that are allocated or available to the program.

In the Dental Hygiene clinic, the program has:

- 30 new CaviJet units (ultrasonic scaler and air polishing) for patient treatment.
- Digital Radiography
- EagleSoft Software
- Wireless Microphone

2. Discuss how these resources are used.

The program uses the above units to train students on equipment they will be using on patients in dental offices.

3. Discuss the adequacy of these resources and identify needed additional resources.

The needs for additional technology and resources have been discussed in previous sections such as digital radiography and computers at each dental unit.

4. Does an acquisition plan to address these needs currently exist? Has it been included in the department or colleges planning documents?

The program is continuously looking for donations from alumni and external donors to secure additional equipment needed for the program.

5. Discuss the impact of adequacy of other types of instructional technology resources and support of these resources on the program.

Several dental hygiene programs within the State of Michigan have newly constructed or renovated clinics which include state of the art technology. For example, computers and intraoral cameras are in each operatory do all students have access to computers at all times during patient treatment. Several programs only use digital radiography during patient treatment and not traditional film based x-rays.

D. LIBRARY RESOURCES

1. Discuss the adequacy of the print and electronic and other resources available through FLITE for the program.

The Allied Health librarian is always researching new dental hygiene books for the program to add to the library collection. Due to many changes of healthcare programs, resources are slowly being collected. The dental hygiene program has an appropriate collection of resource materials at the library. The ability to access professional journals on the database is a necessary asset to the program.

2. Discuss the service and instruction availability provided by the Library faculty and staff with respect to the needs of the program.

The services of the FLITE library on the Big Rapids Campus are wonderful. Library staff provide in-services for 1st year students in both FSUS 100 and as requested in DHYG 111, 114, 121, 123 and 227 courses.

The staff members explain the services, resources and interlibrary loan periodicals that are available at no cost to students.

3. Discuss the impact of the budget allocation provided by FLITE to your program. Is the budget allocation adequate? Explain.

The budget and resources at FLITE have been excellent for the DHYG program.

Section 5: Conclusions

A. RELATIONSHIP TO MISSION

The Dental Hygiene program makes every effort to uphold the Ferris State University and Program Mission Statement. The Program uses the most innovative teaching and learning techniques available based on programmatic funding in order to remain competitive in the field. The program continually assesses and makes improvements upon the current curriculum and program structure based upon accreditation standards as well as external constituent suggestions.

B. PROGRAM VISIBILITY AND DISTINCTIVNESS

The Dental Hygiene program is competitive in the respect that the program is the largest in the State of Michigan and has held a promising reputation since 1967. Students may also complete a bachelor of science degree at Ferris which is appealing to themselves and employers. Ferris graduates are sought after because of their demonstrated skill level upon graduation as compared to other program graduates in the state. The program has a very good reputation nationally and Ferris Dental Hygiene students are recognized nationwide.

C. PROGRAM VALUE

The value of the Ferris Dental Hygiene Associate Degree Program is to provide high quality entry level dental hygienists to meet the national shortage of health care employees. Employer surveys and patient satisfaction surveys reflect that Ferris Dental Hygiene graduates are filling the needs of their community and beyond. For example:

- Faculty and students participate in dental hygiene oral health presentations at local K-12 schools.
- Faculty and students participate in a variety of oral health presentations and screenings to a variety of cognitively, physically and emotionally impaired children on a semester basis at the Mecosta Osceola Intermediate School District.
- Faculty and students participate in Health Fairs on the campus of Ferris State University.
- Faculty and students participate in the Annual Children's Dental Health Fair held at the FSU dental hygiene campus clinic providing free dental screenings, sealants, x-rays, orthodontic screenings, table clinic presentations and networking with professional community.
- Faculty and students participate and treat patients from Hope Network. This is a free health clinic housed in the Trinity Fellowship Evangelical Free Church of Big Rapids.
- Faculty and students participate in Mecosta and Osceola County Early Headstart and Headstart Programs to provide oral health screenings and fluoride varnish treatments. This program reaches close to 500 children.
- Students are treat patients at the Veterans Home, Baxter Clinic and Homeless Event in Grand Rapids.

D. ENROLLMENT

Enrollment in the Dental Hygiene program remains very competitive. The number of pre-dental hygiene students has remained steady over the past several years. Even though the application process has changed for the professional sequence, the average applicant pool has been 85 plus students for a 40-60 seat quota.

E. CHARACTERISTICS, QUALITY AND EMPLOYMENT OF STUDENTS

Ferris graduates are very well prepared. Dental Hygiene students also have a high job placement rate. Employers rate Ferris Dental Hygiene students as very well prepared for the job market. Over 98% of employers responding are very happy with the FSU graduate they have employed. Graduates are also scoring higher on the Northeast Regional Board Examination.

The FSU Dental Hygiene students and graduates:

- Display ethical and professional behavior
- Demonstrate strong clinical and psychomotor skills
- Demonstrate strong critical thinking skills
- Employed in various states around the country

F. QUALITY OF CURRICULUM AND INSTRUCTION

The quality of curriculum instruction follows the CODA guidelines. As reported in the most recent 2005 CODA Accreditation site visit, the Dental Hygiene program earned accreditation without reporting until 2012. The program continuously assesses the program goals, outcomes and curriculum and makes the necessary changes based on various program measurements.

In addition, the program convenes monthly to continually assess the program's strengths and weaknesses. Upon discovery, the department head, faculty and staff will make recommendations and changes to the curriculum, policies and procedures.

As noted earlier, the recent program revisions made will help to retain students in the program, help increase pass rates on the National Dental Hygiene Board Exam and the North East Regional Board Clinical Exam.

G. COMPOSITION AND QUALITY OF THE FACULTY

The Ferris State University Dental Hygiene program employs five tenure track faculty and four full-time clinical staff dental hygienists in addition to adjunct faculty. The faculty and full-time clinical dental hygienists have dedicated the majority of their professional life to teaching dental hygiene students. In addition to their teaching experience, they bring a wide variety of clinical dental hygiene experience to the program and students. The faculty members are determined to make the dental hygiene program a continued national leader in dental hygiene education. Each faculty member has advanced degrees and is appropriately credentialed to hold faculty positions.

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Administration of Nitrous Oxide

September 2008

Administration of Local Anesthesia

September 2008

Dental Hygiene Implant Certification Program (DHICP)

October 2008

Advanced Modalities in Dental Hygiene

November 2008

Digital Radiography for Dental Professionals

February 2009

Pharmacology Update: Bisphosphonates

Pain Research & Management

April 2009



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Administration of Nitrous Oxide

September 12, 2008 ■ 8 a.m. - 5 p.m.

Successful completion earns 8 CEUs

This course will introduce the knowledge and skills required to administer nitrous oxide/oxygen sedation in a clinical setting, and fulfills the 8-hour requirement for dental hygienists to become certified in nitrous oxide administration in the State of Michigan. However, participants must additionally pass a computerized state examination for certification. **The lecture content will include:** Chemistry/pharmacology of nitrous oxide; Physiology - stages of nitrous oxide anesthesia; Patient assessment – indications and contraindications of nitrous oxide use; signs and symptoms of nitrous oxide sedation; and potential complications. The hands-on lab* portion will include nitrous oxide/oxygen delivery systems and techniques of administration and monitoring.

Required Text Book Purchase: *Handbook of Nitrous Oxide and Oxygen Sedation*, by Clark and Brunick, second edition, Mosby, 2003, ISBN # 0-323-01977-3 (cost of text book is not included in the course fee) The text book can be ordered through www.amazon.com

Administration of Local Anesthesia

Lecture: September 13, 2008 ■ 9 a.m. - 12 p.m.

Clinic: September 26, 2008 ■ 8 a.m. - 5 p.m. &

September 27, 2008 ■ 8 a.m. - 2 p.m.

Successful completion earns 29 CEUs (Participants must attend on all 3 dates to complete the workshop requirements).

This course will introduce the dental hygienist to the basic skills and knowledge required to administer local anesthesia. A comprehensive review of head and neck anatomy, pharmacology, client assessment, pain management and medical emergencies will be included. This interactive course is comprised of lecture, demonstration, and hands-on laboratory experience. In the laboratory, participants will work in pairs and administer local anesthesia on each other*. Participants will be directed in self-study using CD-ROM between the orientation and laboratory sessions**. This course fulfills the educational requirements for local anesthesia credentialing in Michigan. However, participants must additionally pass a computerized state examination for certification.

Required Text Book Purchase: *Handbook of Local Anesthesia*, Stanley Malamed, DDS, 5th edition, Mosby, 2004, ISBN#0815164238 (cost of text book is not included in the course fee). The text book can be ordered through www.amazon.com or www.bn.com. A limited supply of textbooks is also available at the Ferris bookstore.

Dental Hygiene Implant Certification Program (DHICP)

October 17, 2008 ■ 9 a.m. - 4 p.m.

Sponsored by the Association of Dental Implant Auxiliaries.

Successful completion earns 6 CEUs. Participants will also receive Certificate of Completion, one year ADIA Membership, as well as comprehensive resource materials.

This is a comprehensive program that provides an informative overview of dental implantology. The program covers surgical, prosthetic and maintenance considerations. Additionally, participants are taught treatment planning for implant patients and the verbal and inter-disciplinary skills needed to effectively work with implant patients. **Objectives:** Upon completion of this program, dental auxiliaries have: appreciation for the role of dental implants in the maintenance of oral health; knowledge of the scientific basis of implant-host relations and interactions; a knowledge base related to client assessment, education, diagnosis, treatment planning, treatment, treatment associated complications, evaluation and maintenance procedures, referrals, and appropriate documentation on dental records; competencies to perform hygiene procedures and demonstrate client home care procedures on implant cases; knowledge to delineate the roles of the dental hygienist, office administrator, and clinical assistant in implant therapy; and the skills in dental implantology to earn a certificate of completion and certification with the ADIA & PM.

Advanced Modalities in Dental Hygiene

November 7, 2008 ■ 8:30 a.m. - 3:30 p.m.

Successful completion earns 6 CEUs

This course reviews fundamentals in dental hygiene and introduces new concepts to be a successful practitioner in today's rapidly changing, competitive dental hygiene profession. Content includes current evidence-based research, successful periodontal treatment, and ever-changing dental technology. The course begins with a review of patient / operator seating positions, ergonomics, instrument sharpening techniques, periodontal assessment, root morphology, and the use of basic instruments. Newer practices and theories which can easily be implemented in everyday practice will be introduced. **Topics include:** ADHA recommended dental hygiene diagnosing and treatment planning, non-surgical periodontal therapy (NSPT), alternative fulcrums, explorers, probes, pain control, chemotherapeutics, implant maintenance, and periodontal instrumentation. This course will consist of a classroom and a lab portion. *Please bring a pair of safety glasses and instruments you wish to sharpen.*



Digital Radiography for Dental Professionals

February 13, 2009 ■ 9 a.m. - 3 p.m.

Successful completion earns 5 CEUs

Many dental offices are converting to digital radiography and while the purpose of dental radiographs has remained unchanged, using a digital system requires dental personnel to learn some new skills. Knowing the basics of digital radiography hardware and software will allow dental personnel to use these systems to their potential, including image enhancement functions that can assist with diagnosis. The advantages and disadvantages of digital radiography systems will also be discussed. (*A lab component will accompany this course*). **Objectives:** participants will be able to identify and understand the basics of digital radiography hardware and software; participants will be able to identify and understand what tools can be used with digital radiography to improve diagnosis; participants will be able to discuss the advantages and disadvantages of digital radiography.

Pharmacology Update: Bisphosphonates Pain Research & Management

April 17, 2009 ■ 8 a.m. - 12 p.m.

Successful completion earns 4 CEUs

The Link Between Bisphosphonates and Osteonecrosis of the Jaw:

What the Dental Professional Should Know: *Bisphosphonates* are a family of drugs that are prescribed to inhibit the resorption of bone that is associated with a number of bone diseases, notably osteoporosis and *osteitis deformans (Paget's disease)*. On the "flip side of the coin" bisphosphonates can cause osteonecrosis of the jaw (ONJ), which is a type of bone disease that can be excruciatingly painful and could result in necrosis of alveolar bone tissue and joint collapse if left untreated. A patient suffering from ONJ will likely present with a variety of symptoms, which all dental personnel need to be aware of. This course will summarize the relationship between bisphosphonates and ONJ: pharmacology, etiology, symptoms, diagnosis, prognosis, and treatment.

Pain Research and Management: Many dental hygiene and dental patients experience some level of discomfort or pain during their dental appointments. Thus, it is important for the dental hygienist to recognize the contributing factors causing the discomfort or pain and how to assist in alleviating those factors. Also, the dental hygienist must be cognizant of the plethora of medications used for pain, psychological and social aspects of pain as well as clinical treatments the dental hygienist can provide for their patients to minimize discomfort. This course will satisfy the new Michigan Licensing requirement for at least 1 hour of continuing education in Pain and Symptom Management and will also include an ora-qix demonstration.

Assistance provided by PATTERSON DENTAL SUPPLY, INC.

*If you are pregnant, we recommend that you register for a course after delivery. Please bring a lab coat and safety glasses. All participants must provide a copy of current CPR card, a copy of current Michigan RDH license, and a completed medical history form (mailed to you after registration is received) prior to the start of the workshop.

**Participants must also have access to a computer with CD-ROM drive and at least, the Windows 2000 operating system, and Microsoft PowerPoint.

Use this form to mail your registration and payment OR Register online at <https://ucelcpd.ferris.edu>

Name: _____

Address: _____

City, ST, Zip: _____

Daytime Phone: _____ Home Phone: _____

E-mail: (Please print clearly) _____

Name of Employer: _____

Make check payable to: Ferris State University.

Mail to: Dental Hygiene Workshops, FSU Conference & Professional Services, 410 Oak St., ALU 113, Big Rapids, MI 49307.

If paying by credit card, you must register online.

Registration deadline is 2 weeks prior to each workshop start date.

Cancellation/Refund Policy: Refunds, minus a 10% administrative fee, will be granted when written request for cancellation and refund are received no later than one week preceding your scheduled workshop. Cancellations received less than one week prior will not be refunded. Ferris State University reserves the right to cancel programs due to insufficient enrollment with full refund.

2008 DENTAL HYGIENE PROGRAM APR EMPLOYER SURVEY

The following list describes some of the responsibilities that may be delegated to a dental hygienist in Michigan. If more than one Ferris graduate has been employed in your practice, please reflect an average of their skill levels. *Please answer the following questions only as they relate to the Ferris State University graduates employed within the last five years.*

Please use the following scale to indicate 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 the survey.

	1 - Need additional training	2 - Adequately trained	3 - Well trained	
	NA - Need not be included in the curriculum			
Q1	Interpersonal/professional skills			
	1	2	3	NA
a. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Interpersonal skills (communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to be part of the dental office "team"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Professional presence/attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ability to inform and educate patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability to relate to a culturally diverse population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Professionalism (membership in professional organization, continuing education, volunteerism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2	Assessment/diagnostic/planning/implementation/evaluation skills			
	1	2	3	NA
a. Analyze all patient assessment data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Determine dental hygiene diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Determine dental hygiene and patient interventions (treatment planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Interpret radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assess oral pathologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Re-evaluate patient treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3	Performance skills			
	1	2	3	NA
a. Debridement (hand scaling and deplaquing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Polishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ultrasonic scaling/debridement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sealant placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Oral irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Probing and complete periodontal charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tooth desensitizing agents/topical anesthetics application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Topical fluoride application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Take diagnostically acceptable radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Place temporary restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Take alginate impressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Pour study models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Trim study models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Mix cements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Mix and place periodontal dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Create custom bleaching trays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4	Management/systems skills	1	2	3	NA
	a. Promptness, organization, and neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Maintain equipment and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Autoclave and asepsis equipment use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Assists in improving overall office performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5	Use of current technology	1	2	3	NA
	a. Basic computer skills (word processing, spread sheets, databases, Internet, email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Access evidence based research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Digital radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Have you ever hired a dental hygienist who had graduated from the Ferris State University Dental Hygiene Program?

Yes

No

Q7 If so, were you satisfied with this employee?

Yes

No

Q8 When you are making a dental hygienist hiring decision, would you choose a Ferris graduate over a graduate from another program?

Yes

No

Doesn't matter

Q9 Your year of graduation from Dental School

Q10 Type of practice (general or specialty)?

Q11 Please use this space to provide any additional comments.

Thank you for your time and feedback.

2008 DENTAL HYGIENE PROGRAM APR CLINICAL INSTRUCTORS SURVEY

The following list describes some of the responsibilities that may be delegated to a dental hygienist in Michigan. *Please answer the following questions only as they relate to the Ferris State University graduates employed within the last five years.*

Please use the following scale to indicate 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 the survey.

		1 - Need additional training trained	2 - Adequately trained	3 - Well	
		NA - Need not be included in the curriculum			
Q1	Interpersonal/professional skills	1	2	3	NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Interpersonal skills (communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Ability to be part of the dental office "team"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Professional presence/attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Ability to inform and educate patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Ability to relate to a culturally diverse population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Professionalism (membership in professional organization, continuing education, volunteerism)				
Q2	Assessment/diagnostic/planning/implementation/evaluation skills	1	2	3	NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Analyze all patient assessment data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Determine dental hygiene diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Determine dental hygiene and patient interventions (treatment planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Interpret radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Assess oral pathologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Re-evaluate patient treatment				
Q3	Performance skills	1	2	3	NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Debridement (hand scaling and deplaquing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Polishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Ultrasonic scaling/debridement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Sealant placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Oral irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Probing and complete periodontal charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Tooth desensitizing agents/topical anesthetics application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Topical fluoride application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Take diagnostically acceptable radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Place temporary restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k. Take alginate impressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	l. Pour study models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	m. Trim study models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	n. Mix cements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	o. Mix and place periodontal dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	p. Create custom bleaching trays				
Q4	Management/systems skills	1	2	3	NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Promptness, organization, and neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Maintain equipment and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Autoclave and asepsis equipment use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Assists in improving overall office performance				
Q5	Use of current technology	1	2	3	NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Basic computer skills (word processing, spread sheets, databases, Internet, email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Access evidence based research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Digital radiography				

Q6 Please use this space to provide any additional comments and suggestions which may improve the quality of instruction and student dental hygiene experiences for the program.

Thank you for your time and feedback.

2008 DENTAL HYGIENE PROGRAM APR ALUMNI SURVEY

The following list describes some of the responsibilities that may be delegated to a dental hygienist in Michigan. Please use the following scale to indicate your opinion regarding how adequately you think Ferris State University prepared you for each competency.

1 - Need additional preparation prepared

**2 - Adequately prepared
NA - Need not be included in the curriculum**

3 - Well

Q1 For each of the following responsibilities having to do with *interpersonal/professional skills*, please indicate how adequately you think FSU prepared you.

	1	2	3	NA
a. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Interpersonal skills (communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to be part of the dental office "team"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Professionalism presence/attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ability to inform and educate patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability to relate to a culturally diverse population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Professionalism (membership in professional organization, continuing education, volunteerism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 For each of the following responsibilities having to do with *assessment/diagnostic/planning/implementation/evaluation skills*, please indicate how adequately you think FSU prepared you.

	1	2	3	NA
a. Analyze all patient assessment data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Determine dental hygiene diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Determine dental hygiene and patient interventions (treatment planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Interpret radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assess oral pathologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Re-evaluate patient treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 For each of the following responsibilities having to do with *performance skills*, please indicate how adequately you think FSU prepared you.

	1	2	3	NA
a. Debridement (hand scaling and deplaquing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Polishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ultrasonic scaling/debridement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sealant placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Oral irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Probing and complete periodontal charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tooth desensitizing agents/topical anesthetics application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Topical fluoride application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Take diagnostically acceptable radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j. Place temporary restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Take alginate impressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Pour study models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Trim study models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Mix cements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Mix and place periodontal dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Create custom bleaching trays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 For each of the following responsibilities having to do with *management/systems skills*, please indicate how adequately you think FSU prepared you.

	1	2	3	NA
a. Promptness, organization, and neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintain equipment and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Autoclave and asepsis equipment use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assists in improving overall office performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 For each of the following responsibilities having to do with *use of current technology*, please indicate how adequately you think FSU prepared you.

	1	2	3	NA
a. Basic computer skills (word processing, spread sheets, databases, Internet, email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Access evidence based research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Digital radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Were the teaching/learning facilities at FSU adequate to meet your learning needs?

- Yes
- No

Q7 Was the clinic/laboratory equipment adequate to meet your learning needs?

- Yes
- No

Q8 Please elaborate as to why the equipment was not adequate.

Q9 In the laboratory (not clinic) courses, was the student to faculty ratio adequate to meet your learning needs?

- Yes
- No

Q10 Your year of graduation from FSU's Dental Hygiene Program:

Q11 Type of practice where you are employed (general practice or specialty)?

Q12 Please use this space to provide any additional comments.

Q13 If you are willing, please list your employer.

Thank you for your time and feedback.

2008 DENTAL HYGIENE PROGRAM APR ADVISORY BOARD SURVEY

The following list describes some of the responsibilities that may be delegated to a dental hygienist in Michigan. *Please answer the following questions only as they relate to the Ferris State University graduates employed within the last five years.*

Please use the following scale to indicate 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 the survey.

1 - Need additional training

2 - Adequately trained

3 - Well trained

NA - Need not be included in the curriculum

Q1	Interpersonal/professional skills	1	2	3	NA
	a. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Interpersonal skills (communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Ability to be part of the dental office "team"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Professional presence/attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Ability to inform and educate patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Ability to relate to a culturally diverse population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Professionalism (membership in professional organization, continuing education, volunteerism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2	Assessment/diagnostic/planning/implementation/evaluation skills	1	2	3	NA
	a. Analyze all patient assessment data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Determine dental hygiene diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Determine dental hygiene and patient interventions (treatment planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Interpret radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Assess oral pathologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Re-evaluate patient treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3	Performance skills	1	2	3	NA
	a. Debridement (hand scaling and deplaquing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Polishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Ultrasonic scaling/debridement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Sealant placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Oral irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Probing and complete periodontal charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Tooth desensitizing agents/topical anesthetics application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Topical fluoride application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Take diagnostically acceptable radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Place temporary restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k. Take alginate impressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Pour study models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Trim study models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Mix cements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Mix and place periodontal dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Create custom bleaching trays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 Management/systems skills	1	2	3	NA
a. Promptness, organization, and neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintain equipment and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Autoclave and asepsis equipment use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assists in improving overall office performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 Use of current technology	1	2	3	NA
a. Basic computer skills (word processing, spread sheets, databases, Internet, email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Access evidence based research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Digital radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Please use this space to provide any additional comments and suggestions which may improve the quality of instruction and student dental hygiene experiences for the program.

Thank you for your time and feedback.

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
ASSOCIATE OF APPLIED SCIENCE
DENTAL HYGIENE PROGRAM
ADMISSION AND PROGRESSION POLICY**

ADMISSION PROCEDURE:

For admission to the Professional Dental Hygiene Sequence: Students should officially apply to the professional sequence between January 15th and 30th if they will have their qualifications completed by the end of that semester (Spring) for consideration for the following Fall semester start.

PREREQUISITE COURSES AND REQUIREMENTS:

- MATH 110, equivalency or proficiency (Math ACT subscore of 19 or higher), BIOL 108, BIOL 205, CHEM 114, COMM 105 or 221, ENGL 150, MRIS 102, PSYC 150, SOCY 121 and a cultural enrichment elective must be completed with a C or higher to be eligible for admission to the program.
- Applicants will be considered ineligible for the program with **two unsuccessful** (less than a letter grade of “C”) attempts in any required course.
- A student must maintain a college GPA of 2.5.
- Group Advising will be offered Fall and Spring Semesters. Notices will be posted on campus for the dates and times for group advising. It is the student’s responsibility to attend a group advising session each semester. Updates regarding the program will be announced during these meeting times so it is crucial that the student attend.
- CCHS 101, CCHS 102, CCHS 103 and ENGL 250 may be taken prior to entering the professional sequence. If these course are not taken prior to starting the professional sequence, the courses must be taken during the semester listed on the Dental Hygiene Program checklist.
- Admission to the program is determined by program qualification date (semester prerequisites are completed) and priority date (application date to the university or program change declaring Dental Hygiene as major).

PROGRESSION POLICY:

- A letter grade of “C” or higher is required for all Dental Hygiene Program requirements including core and general education courses.
 - Any student that receives less than a “C” in one course must stop the dental hygiene program sequence. They **must** re-apply to the program to repeat the course the next time it is offered (**if a seat is available**).
 - A student receiving a grade of less than a “C” in any two courses (or two unsuccessful attempts in the same course) will be dismissed from the program.
- If at any time a student’s college GPA falls below a 2.5 they will be dismissed from the Dental Hygiene program.
- *If a student is dismissed from the program, they may not return to dental hygiene program for a minimum of 5 years.*
- *Any student with a conviction record is advised to contact the Michigan Department of Community Health’s Bureau of Health Professions and Health Systems at <http://www.michigan.gov/mdch/> in regards to his/her ability to be eligible for licensure upon completion of the program.*
- *Information in regard to status is mailed to last address provided. It is the student’s responsibility to maintain current contact information with the college. Contact the Timme Center for Student Services to update your records.*

Revised 6/12/08

FERRIS STATE UNIVERSITY
DENTAL HYGIENE PROGRAM – ASSOCIATE DEGREE
Curriculum Guide for Students Entering the Program

Name: _____

Student Number: _____

REQUIRED		COURSE TITLE-PRE-REQUISITES IN ()	CR	GRADE	REQ. MET
MAJOR: 46 CREDITS REQUIRED					
DHYG	111	Oral Science 1 (DHYG students only)	3		
DHYG	114	Clinical Dental Hygiene Theory 1 (DHYG students only)	2		
DHYG	115	Clinical Dental Hygiene Practice 1 (DHYG students only)	3		
DHYG	121	Oral Science 2 (DHYG 111)	2		
DHYG	122	Dental Radiography (DHYG 111)	3		
DHYG	123	General/Oral Pathology (DHYG 111)	3		
DHYG	124	Clinical Dental Hygiene Theory 2 (DHYG 114)	2		
DHYG	125	Clinical Dental Hygiene Practice 2 (DHYG 114 & 115)	3		
DHYG	209	Dental Materials (DHYG 111)	2		
DHYG	213	Periodontics (DHYG 123)	3		
DHYG	214	Clinical Dental Hygiene Theory 3 (DHYG 124 & 125)	2		
DHYG	215	Clinical Dental Hygiene Practice 3 (DHYG 125)	4		
DHYG	217	Community Dentistry 1 (DHYG students only)	2		
DHYG	218	Pharmacology for Dental Hygiene (DHYG 123)	2		
DHYG	219	Pain Management (DHYG 121, DHYG 125, DHYG 218)	2		
DHYG	224	Clinical Dental Hygiene Theory 4 (DHYG 214 & 215)	2		
DHYG	225	Clinical Dental Hygiene Practice 4 (DHYG 209, DHYG 214 & DHYG 115)	4		
DHYG	227	Community Dentistry 2 (DHYG 217)	2		
DHYG	291	Dental Hygiene Practicum (DHYG 215) (optional course)	(1-2)		
COMMUNICATION COMPETENCE – 9 CREDITS REQUIRED					
COMM	105	Interpersonal Communication (none)	3		
	221	or Small Group Decision Making (none)			
ENGL	150	English 1 (ENGL 074 or a minimum score of 14 on ACT or a minimum score of 370 on SAT)	3		
ENGL	250	English 2 (ENGL 150 with a C grade or better)	3		
SCIENTIFIC UNDERSTANDING -12 CREDITS REQUIRED					
BIOL	108	Medical Microbiology (none)	3		
BIOL	205	Anatomy and Physiology (CHEM 114)	5		
CHEM	114	Introduction to Inorganic Chemistry (CHEM 103 or yr of HS Chem + MATH110 w/grade of C-/better or ACT 19 or SAT 460)	4		
QUANTITATIVE SKILLS – PROFICIENCY OR COURSE REQUIRED					
		Math ACT subscore of 19 or higher, or MATH 110			

REQUIRED	COURSE TITLE-PRE-REQUISITES IN ()		CR	GRADE	REQ. MET
SOCIAL AWARENESS – 3 CREDITS REQUIRED					
PSYC	150	Introduction to Psychology (Reading score of 17 ACT or Verbal 430 SAT or READ 106 w/grade of C/better)	3		
SOCY	121	Introduction to Sociology (Reading score of 17 ACT or Verbal 430 SAT or READ 106 w/grade of C/better)	3		
CULTURAL ENRICHMENT – 3 CREDITS REQUIRED					
		Cultural Enrichment Elective Course	3		
CAHS CORE CURRICULUM / OTHER REQUIREMENTS – 6 CREDITS REQUIRED					
CCHS	101	Orientation to Health Care (none)	3		
CCHS	102	Safety Issues in Health Care (none)	1		
CCHS	103	Clinical Skills (none)	1		
MRIS	102	Orientation to Medical Vocabulary	1		
		Computer Competency – course or proficiency demonstrated			
		Total Program Credits required for Graduation	82		
PROGRAM REQUIREMENTS FOR PROGRESSION/GRADUATION					
<ul style="list-style-type: none"> ➤ 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 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. ➤ In order to progress in the professional sequence of the program, a grade of C or better is required in all courses. If a student does not pass a course with a C or better, they may reapply to the professional sequence during the next application period. Students may not retake more than one professional sequence course. ➤ No course in the professional sequence may be taken more than twice. If on the second attempt of the professional sequence course, a student receives a grade lower than a "C", the student will be dismissed from the program. ➤ Students who return to the University after an interrupted enrollment (not including summer semester) must meet the requirements which were in effect when they were originally admitted. 					
Graduation Clearance Form Complete: _____ (date) _____ (advisor)					

_____ **Advisor Signature** **Date** _____

_____ **Student Signature** **Date** _____

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DENTAL HYGIENE CURRICULUM PLAN**

YEAR 1	YEAR 2	YEAR 3
PRE-DENTAL HYGIENE STATUS	CLINICAL YEAR 1	CLINICAL YEAR 2
<i>Eligibility Determined and *Prerequisite Coursework Completed</i>	<i>Dental Hygiene Status *Begin Dental Hygiene Coursework</i>	<i>*Completion of Dental Hygiene Coursework</i>
FALL SEMESTER	FALL SEMESTER	FALL SEMESTER
MATH Competency: ACT 19 or 110 Fund. of Algebra _____	DHYG 111 Oral Science 1 3__	DHYG 213 Periodontics 3__
BIOL 108 Medical Microbiology 3__	DHYG 114 Clinical Dental Hygiene Theory 1 2__	DHYG 214 Clinical Dental Hygiene Theory 3 2__
MRIS 102 Orient. to Medical Vocabulary 1__	DHYG 115 Clinical Dental Hygiene Practice 1 3__	DHYG 215 Clinical Dental Hygiene Practice 3 4__
ENGL 150 English 1 3__	DHYG 122 Dental Radiography 3__	DHYG 217 Comm Dent 1 2__
SOCY 121 Intro. to Sociology 3__	CCHS 103 Clinical Skills for Health Care Providers 1__	DHYG 218 Pharmacology for Dental Hygiene 2__
CHEM 114 Intro. to General Chemistry 4__	ENGL 250 English 2 3__	DHYG 219 Pain Management 2__
TOTAL CREDITS 14	TOTAL CREDITS 15	TOTAL CREDITS 15
SPRING SEMESTER	SPRING SEMESTER	SPRING SEMESTER
BIOL 205 Human Anatomy and Physiology 5__	DHYG 121 Oral Science 2 2__	DHYG 224 Clinical Dental Hygiene Theory 4 2__
CCHS 102 Safety Issues in Health Care 1__	DHYG 123 Gen and Oral Path. 3__	DHYG 225 Clinical Dental Hygiene Practice 4 4__
COMM 105 Fund. of Interpersonal Communication	DHYG 124 Clinical Dental Hygiene Theory 2 2__	DHYG 227 Comm. Dentistry 2 2__
OR	DHYG 125 Clinical Dental Hygiene Practice 2 3__	CCHS 101 Orient. to Health Care 3__
COMM 221 Small Group Decision Making 3__	DHYG 209 Dental Materials 2__	DHYG 291 Dental Hygiene Practicum(optional) (1-2)__
PSYC 150 Intro. to Psychology 3__		
Cultural Enrichment Elective 3__		
TOTAL CREDITS 15	TOTAL CREDITS 12	TOTAL CREDITS (11-13)

Total Program Credits Required: 82

NOTE: A grade of "C" or better must be received for each class listed on the check sheet.

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
Dental Hygiene**

**DHYG 114 CLINICAL DENTAL HYGIENE THEORY 1
Fall Semester**

COURSE DESCRIPTION:

Introduction to dental equipment, patient/operator positioning, aseptic technique, instrumentation skills, patient assessment procedures, dental deposits and the dental hygiene process of care.

Credit Hours: 2 (2 Lecture; 0 Lab)

Prerequisite: Admission to the program's professional sequence

INSTRUCTOR:

Name	Kathleen Harlan, RDH, MS
Campus Address	VFS 313
Phone #	(231) 591-2287
E-mail address	harlank@ferris.edu
Fax #	(231) 591-3788
Office hours	TBA

COURSE SCHEDULE:

This course meets on Monday and Wednesday from 2:00 PM to 2:50 PM in VFS 328.

REQUIRED COURSE MATERIALS:

The following text and manuals are required for this course.

- A. Clinical Practice of the Dental Hygienist by Wilkins, 9th ed. (NOTE: Do not sell this textbook at the end of the semester. This text will be used in DHYG 124, DHYG 214, and DHYG 224.)
- B. DHYG 114 – Clinical Dental Hygiene Theory 1 Course Manual
- C. DHYG 115 – Clinical Dental Hygiene Practice 1 Course Manual
- D. Policy & Procedures Manual (included in your 115 manual)

EVALUATION:

- I. DHYG 114 Final Grade
 - A. Posting of Course Grades
 - 1. All scores will be posted on the DHYG 114 Web CT site as course requirements are completed.
 - 2. Final grades will also be posted on the Ferris intranet, under Student Web Services.
 - B. Grade Calculation: Your final grade in DHYG 114 will be calculated by adding the points you earn as you complete course requirements. The total points earned will be converted to a final grade using the grading scale below.
 - C. Course Requirements: You earn points toward your final grade in DHYG 114 as you complete the following requirements.

<u>Course Requirement</u>	<u>Points Possible</u>
1 Exam 1	50
2 Exam 2	50
3 Exam 3	50
4 Exam 4	50
5 Exam 5	50
6 Quiz 1	10
7 Quiz 2	10

8	Quiz 3	10
9	Quiz 4	10
10	Quiz 5	10
11	Article Summary Papers (2)	10
12	Attendance/Participation Points	30

TOTAL POSSIBLE POINTS = 340

D Grading Scale: After all course requirements have been met, the number of points earned will be totaled and converted to a final grade using the following grading scale.

<u>Total Points</u>	<u>Percentage</u>	<u>Grade</u>
318 - 340	94 - 100	A
306 - 317	90 - 93	A-
295 - 305	87 - 89	B+
285 - 294	84 - 86	B
275 - 284	80 - 83	B-
265 - 274	78 - 79	C+
254 - 264	75 - 77	C
237 - 253	70 - 74	C-
226 - 236	67 - 69	D+
220 - 225	65 - 66	D
213 - 219	63 - 64	D-
212 or below	62 and below	F

II. The "I" (Incomplete) Grade Policy

- A. Failure to complete a course requirement will result in a final course grade of "I" (Incomplete) until such time that all requirements have been completed.
- B. Receiving an "I" grade in DHYG 114 will result in the following:
 - 1. The need to meet with the course instructor during the first day of classes of the following semester to work out a contract that will state the requirement(s) that need to be completed and the date by which they are to be completed. This date will **not be later** than 2 weeks into the second semester.
 - 2. **A grade of "F" in DHYG 114, if the requirement(s) is/are not completed by the date set in the above mentioned contract.**

II. Explanation of Course Requirements

- A. Exams (5) = 250 points possible
 - 1. There will be five exams.
 - 2. Each exam will have 50 questions in a forced choice format.
 - 3. Each exam question will be worth one point, for a total of 250 points possible.
 - 4. See the course calendar for the dates on which exams are scheduled
 - 5. Make-up Exams
 - a. Scheduling: It is the student's responsibility to contact the course instructor to schedule a make-up for an exam he or she missed.
 - b. Time frame: The make-up exam must be taken within 24 hours of the student's return to campus.
 - c. Penalty: There will be a 10 point penalty assessed against the exam score if exam is completed after the 24 hour make-up period.
(The course instructor reserves the right to waiving this penalty.)
- B. Quizzes (5) = 50 possible points

1. There will be five quizzes.
2. Each quiz will have ten questions in multiple choice, T/F, or short answer format.
3. Each question will be worth one point, for a total of 10 points per quiz.
4. Make-up Quiz
 - a. Scheduling: It is the student's responsibility to contact the course instructor to schedule a make-up if a quiz is missed.
 - b. Make-up Quiz: A make-up quiz will be available only under the following circumstances:
 - 1) The original quiz was missed due to an **excused** absence and,
 - 2) The makeup quiz is quiz taken with 24 hours of the student's return to campus following their excused absence.
 - c. Penalty: A student who misses the original quiz due to an unexcused absence, or who fails to do the make-up quiz within 24 hours of their return to campus will have a score of zero entered as a grade for that quiz in their DHYG 114 records.

C. Article Summary Papers (2) = 10 points possible, both summaries must be completed to receive points.

1. Project Description: Summarize the main points of 2 articles from a **professional journal** listed in the resources pagethat pertains to a current topic in dentistry. The article is to have been published within the past five years. Follow the steps described in the article summary paper directions below. You may be asked to present one article to your classmates during seminar beginning week #8.
2. Due Date: _____ No credit will be given for a paper handed in after this date.
3. Requirement Directions: To receive credit for these papers, the following directions must be followed.

a. STEP #1: FIND AN ARTICLE of interest that meets the criteria listed below.

- 1) The article may be on any topic related to dentistry.
- 2) The article must have been published in a PROFESSIONAL JOURNAL. (use list provided)
- 3) The article must be current, i.e., PUBLISHED WITHIN THE PAST 5 YEARS.

b. STEP #2: WRITE YOUR ARTICLE SUMMARY following the steps listed below.

- 1) Length: No more than one page.
- 2) The paper is to be typed/prepared on a word processor.
- 3) The paper is to contain the following information; and is to be presented in the following order.

➤ FIRST: Your NAME should be typed in the upper, right corner.

[FORMAT NOTE: You will have no title for your paper. Your bibliography notation will serve as the heading for your paper, eliminating the need for a title.]

➤ SECOND: You will have a BIBLIOGRAPY NOTATION that will contain the following information organized in the manner shown in the example.

- Name(s) of the author(s)
- Complete title of the article
- Name of the journal in which it was published
- Journal volume number
- Inclusive pages of the article
- Month (or season) and year of publication

EXAMPLE of BIBLIOGRAPHY NOTATION:

- THIRD – You will have an INTRODUCTION. This will consist of a brief statement on the purpose of the article.
- FOURTH – You will have a SUMMARY of the article. If the article is reporting on a study that was conducted, this section will contain a brief discussion of the methods or plan used in the study. Otherwise, this section will contain a summary of the main points presented in the article.
- FIFTH – You will have a CONCLUSION. This should be a **summary statement of the conclusions drawn by the author(s)** at the end of the article.

D. Attendance/Participation Points = 30 points possible

1. Attendance will be taken at each lecture period, participation in class discussions and preparation for lecture are required.
2. Reading assignments may or may not be accompanied by a reading outline

that must be completed prior to lecture period and will be peer-evaluated by your section team members for the following criteria:

- a. degree of participation
- b. contribution to the subject
- c. willingness to cooperate
- c. motivation
3. Attendance points will be awarded (1) per lecture, will be awarded based on: presence, peer evaluation, and participation
4. Failure to come prepared for lecture may result in point deductions

ATTENDANCE:

- A. Attendance at all lectures is mandatory.
- B. Attendance Taking: Attendance will be taken at each lecture period through the use of a sign in sheet and/or reading outline points. To be given credit for being present the student will coming prepared for lecture as outlined in the 'Explanation of Course Requirements' section above
- C. The Excused Absence: Only the following are acceptable as an excused absence; provided you have paper documentation to support this absence:
 1. Acute personal illness (or illness of your child) that requires a physician's attention.
 2. A death in the immediate family.
 3. University sponsored events.
 4. A required court appearance.
 5. Inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters, only).
- D. **Consequences – Negative points:**
 1. One point will be deducted from the 30 points possible for attendance and participation in lecture if you are not present/prepared.
 2. A total of five points will be deducted from your final grade for each unexcused absence, after you have accumulated two un-excused absences.
- E. If you are absent from lecture, it is your responsibility to do the following.
 1. Obtain a copy of any handouts given out during that lecture period from the course instructor.
 2. Check with a classmate to identify announcements and special information presented during that period.

THE FOLLOWING SECTION OUTLINES THE COMPETENCIES SET FORTH BY THE AMERICAN DENTAL HYGIENE SOCIETY AS REQUIRED FOR GRADUATION AND DRIVES THE DENTAL HYGIENE CURRICULUM

COMPETENCIES:

As you complete this course you will start the process of developing the following competencies. Additional work on developing these competencies will take place in other courses throughout the professional sequence. These competencies represent abilities expected of a dental hygienist entering the dental hygiene profession.

- A. **Assessment:** The dental hygiene graduate will 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. You will start competency development in:
1. Obtain, review and record a complete medical and dental history.
 2. Establish and maintain the client record as an accurate and legal document of client interactions.
 3. Recognize health conditions and medications that impact overall client care.
 4. Perform and document 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.
- B. **Diagnosis:** 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. You will start competency development in:
1. Identify client needs and significant findings that impact the delivery of dental hygiene services.
 2. Obtains consultations as needed.
- C. **Implementation:** The dental hygiene graduate will provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. You will start competency development in:
1. 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.
 2. Provide life support measures to manage medical emergencies in the client care environment.
- D. **Evaluation:** The dental hygiene graduate will evaluate the effectiveness of the implemented clinical, preventive, and educational services. You will start competency development in:
1. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and client self-report.
- E. **Professional Growth:** The dental hygiene graduate will participate in ongoing professional development. You will start competency development in:
1. The dental hygiene student will self-evaluate personal and professional well being.

COURSE OBJECTIVES:

1. Describe/discuss appropriate techniques related to the prevention of disease transmission.
2. Describe/discuss equipment use.
3. Describe/discuss appropriate positioning of the patient and the operator.
4. Describe/discuss appropriate instrumentation skills.
5. Describe/discuss instrument sharpening techniques.
6. Describe/discuss patient assessment procedures.
7. Describe/recognize tooth deposits and stains.
8. Describe/discuss the dental hygiene process of care.

UNIT OBJECTIVES:

See the objectives that appear at the front of each lecture outline in the DHYG 114 course manual.

TENTATIVE SCHEDULE:

*The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.

See the combined DHYG 114/DHYG 115 course calendar for lecture topic dates and dates of exams, quizzes, other assignments; as well as, lab activities and lab requirement due dates.

GENERAL POLICIES:

Religious Holidays:

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Disabilities Services:

Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039.

Americans with Disabilities Act:

Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testing, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

Student Dignity:

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment:

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap,

etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment:

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns:

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships between University Employees and Students:

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship

would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional

Consensual Relationships Between University Employees and Students (cont.)

association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement:

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy:

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. **Plagiarism** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. **However, cheating on quizzes or examinations means failure in the course.** The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
Dental Hygiene

DHYG 115 CLINICAL DENTAL HYGIENE PRACTICE 1
Fall Semester

COURSE DESCRIPTION:

Pre-clinic application of procedures introduced in DHYG 114.
Credit Hours: 3 (1 Lecture; 6 Lab)
Prerequisite: Admission to the program's professional sequence

INSTRUCTOR:

Name	Kathleen Harlan
Campus Address	VFS 313
Phone #	(231) 591-2287
E-mail address	harlank@ferris.edu
Fax #	(231) 591-3788
Office hours	TBA

COURSE SCHEDULE:

This course meets on Monday in VFS 328 (seminar) and on Tuesday and Thursdays in the dental hygiene clinic, VFS 203.
See combined DHYG 114/115 calendar for dates of activities and assignments.

REQUIRED COURSE MATERIALS:

- I. The following text and manuals are required for this course.
 - A. Clinical Practice of the Dental Hygienist by Wilkins, 9th ed. (NOTE: Do not sell this textbook at the end of the semester. This text will be used in DHYG 124, DHYG 214, and DHYG 224.)
 - B. DHYG 114 – Clinical Dental Hygiene Theory 1 Course Manual
 - C. DHYG 115 – Clinical Dental Hygiene Practice 1 Course Manual
 - D. Policy & Procedures Manual (included in your 115 manual)
 - E. Mosby's Dental Drug Reference Book,
- II. The following materials are required.
 - A. DHYG 115 Instrument Kit and Nitrile utility gloves (*purchased from HuFreidy on the first day of clinic*)
 - B. Clinic Jacket / Scrubs - *to be purchased through program provider*
 - C. Clinic Shoes
 - D. Clinician Safety Glasses: must have side shields; look for the Z87 code imprinted on the temple designating OSHA approval. (Included in your lab kit)
 - E. DHYG 115 Lab kit (pre-packaged & purchased through the DH department)

EVALUATION:

- I. DHYG 115 Final Grade
 - A. Posting of Course Grades: Midterm and final grades will be posted on the Ferris intranet, under Student Web Services.
 - B. Grade Calculation: Your final grade in DHYG 115 will be calculated by adding the points you earn as you complete course requirements. The total points earned will be converted to a final grade using the grading scale that follows.
- C. Course Requirements: You earn points toward your final grade in DHYG 115 as you complete the following requirements.

<u>Course Requirement</u>	<u>Points Possible</u>
1 Grade Tracking Assignment	0
2 Written Clinic Exam	50

3	Clinical Skills Exit Exam	100
4	Process Evaluations/Clinical Check-sheets/Case Study Activities	0
TOTAL POSSIBLE POINTS =		150

D. Grading Scale: After all course requirements have been met, the number of points earned will be totaled and converted to a final grade using the following grading scale.

<u>Total Points</u>	<u>Percentage</u>	<u>Grade</u>
141 - 150	94 - 100	A
135 - 140	90 - 93	A-
131 - 134	87 - 89	B+
126 - 130	84 - 86	B
120 - 125	80 - 83	B-
117 - 119	78 - 79	C+
113 - 116	75 - 77	C
105 - 112	70 - 74	C-
101 - 104	67 - 69	D+
98 - 100	65 - 66	D
95 - 97	63 - 64	D-
94 or below	62 and below	F

II. Incomplete Grade Policy

- A. **Failure to complete a course requirement will result in a final course grade of “F” . No incomplete grades will be issued in DHYG 115.**

III. Explanation of Course Requirements

A. **Grade Tracking Exercise**

- Each student will be required to complete an exercise using Excel to track and calculate grades.
- This assignment will require you to use an excel program compatible with the FSU programs. This assignment will be submitted on Web-CT as an attachment to your course instructor.
- You will receive more information on this assignment in class.

B. **Written Clinic Exit Exam (1) = 50 points possible**

- This will be a comprehensive (written) exam **covering all clinic skills** covered from week one through week twelve.
- This exam will be schedule in week 13, during the Monday seminar session.
- This exam will have 50 questions in a forced choice format.
- Each exam question will be worth one point, for a total of 50 points.
- See the course calendar for the date on which this exam is scheduled.
- Make-up Exam
 - Exam make-up will be allowed only if the student has a **documented** excused absence. (see list of excused absences)
 - Scheduling: It is the student’s responsibility to contact the course instructor to schedule a make-up of this exam, if missed.
 - Time frame: The make-up exam must be taken within 24 hours of the student’s return campus.
 - Penalty: There will be a 10 point penalty assessed against the exam score the if the examis completed after the 24 hour make-up period. (The course instructor reserves the right to waiving this penalty.)

to

***** NOTE: All Performance Observations must be successfully completed in order to participate in the Final Clinical Skills Exit Examination.*****

C. Final Clinical Skills Exit Exam - 100 points

1. **Grade:** The Final Clinical Skills Exit Exam is a graded, practical exam. A maximum of 100 points can be earned on this exam if all criteria for each task is performed correctly. To pass this exam, a minimum score of 75 points (75%) must be achieved. **If minimum competency of 75% is not demonstrated on this clinical exit exam, the student will receive a grade of "0" for the clinical exam.**

*****Scoring below 75 points (75%) will require remediation and re-evaluation during*** week #15. **If minimum competency of 75% is not demonstrated on this clinical exit exam retake, the student will receive a grade of "0" for the clinical exam and be denied progression into the second semester.****

2. This exercise serves as a tool to identify readiness to enter into your first patient treatment semester.
4. **Format:** This exercise consists of meeting, during your regularly scheduled lab time, week #13, with an assigned clinic instructor. You will be asked to perform instrumentation **and** clinically related skills. Performance level and other appropriate comments will be recorded on an exercise sheet. Your performance results will be reviewed with you at a future lab; allowing time to make minor refinements in your skills, if needed.
5. **Skill Refinement/Remediation:** The course coordinator will determine whether weaknesses identified on this exam can be remediated during the clinic time set aside for that purpose; or whether outside tutorial time is needed to remediate these deficiencies.
6. Failure to successfully pass this clinical exit exam on the first attempt at 75% proficiency will require the student to attend mandatory tutoring sessions. The student will then be allowed to re-test one time during week 15. **Failure to successfully pass the second attempt at a minimum of 75% will demonstrate the student's lack of preparation and/or clinical skill abilities to enter into the patient treatment semester and will deny the student progression in the Dental Hygiene Program. The student will receive a final grade of "0" for the clinical portion of the course grade.**

D. Performance Observations - 0 points possible

1. **What:** Being observed by an instructor while you perform a specific clinical skill.
2. **Purpose:** The observation provides an instructor the opportunity to:
 - a. assess a student's progress in mastering a particular skill.
 - b. give feedback & guide tutoring recommendations needed to refine areas of weakness.
3. **Learning Scheme:** When learning most clinic skills, you will go through the following steps.
 - #1. Observe a demonstration of a procedure or skill.
 - #2. Practice procedure or skill.
 - #3. Pass skill performance observation.Patient-related procedures or skills will be practiced on a classmate/partner.

D. Performance observations (cont')

4. Required performance observations listed below:
Instrumentation Observations:
Grasp/Fulcrum (patient/operator positioning)*
Adaptation/Stroke (use of mouth mirror)*
Universal Curet
Anterior sickle scaler
Posterior sickle scaler
Gracey 1/ 2
Explorer ODU 11/12
Probe

Procedure Observations/Check-sheets:
Unit Sanitization, Set-up and Closedown
Medical/Dental History
Extra and Intra Oral examinations
Polishing/Fluoride

5. ***Completion Sequence: Before other performance observations can be attempted, the following **must** be passed:**

- a. Grasp/Fulcrum
- b. Adaptation/Stroke

****Failure to successfully demonstrate these two basic instrumentation skills in a timely fashion** will preclude the student from advancing with the class and may result in failure of the course due to time constraints.*****

6. Performance Observation Due Dates: Evaluations not completed by the due date may require that time be scheduled outside of DHYG 115 lab for additional practice and eventual completion of the past-due evaluation(s). All instrumentation evaluations must be completed on a student-partner. At no time will a person not associated as student/instructor within the program be allowed to sit as patient partner for tutoring or process observations.

7. Grading of Performance Observations

- a. Pass/Repeat: Evaluations will be scored on a "pass/repeat" basis.
 - 1) PASS means you have successfully completed that evaluation.
 - 2) REPEAT means you need to be re-evaluated after remediating the area(s) of weakness.
- 1) Performance criteria: The form lists or describes the steps or actions that must be demonstrated in performing a particular skill.

*****All clinic instructors will refer a student to mandatory tutoring after two unsuccessful attempts at any performance observations. The tutoring time will occur outside the student's regular class schedule and may include a weekday not normally scheduled for dental hygiene classes.*****

All students required to attend tutoring must honor the time commitment agreed upon or they may be denied further remediation opportunities needed to be successful in this course.

*** Remember, this is not punitive, we all want you to succeed!**

All Performance Observations must be completed successfully for the student to advance to the Final Clinical Skills Exit Examination.

E. Case Study Activities/Lab Application Activities - 0 Points Possible

During the course of the semester the student will complete various case studies and lab activities. These will include but are not limited to the following:

- 1) Medical History Case Study Questions
- 2) Tooth Anatomy and Calculus Detection
- 3) Lateral Pressure and the Removal of Calculus
- 4) Hard Tissue Charting

Students are required to complete all activities assigned to advance to the second semester.

ATTENDANCE:

I. Seminar Sessions

E. Attendance at all seminars is mandatory.

1. Attendance Taking: Attendance will be taken at each seminar period through the use of a sign in sheet.

F. The Excused Absence: Only the following are acceptable as an excused absence; provided you have paper documentation to support this absence:

1. **Acute** personal illness (or illness of your child) that requires a physician's attention.

2. A death in the immediate family.
3. University sponsored events.
4. A required court appearance.
5. Inclement weather that, in the opinion of the local law enforcement, makes it to dangerous to drive (for commuters, only).

D. If you are absent from seminar, it is your responsibility to do the following.

1. Obtain a copy of any handouts given out during that lecture period from the course instructor.
2. Check with a classmate to identify announcements and special information presented during that

period.

II. Laboratory Attendance

- A. Laboratory attendance is mandatory. Two important activities take place during lab sessions: instructor introduction of information related to clinical skills, and student application of this information (or skill practice). These activities are designed to insure student preparedness to advance to the next level of clinical experience. Because of the number of intricate skills that must be developed during the limited lab time available in DHYG 115, it is critical that each student be present at all lab sessions.
- B. Consequence of Absence: Absence from lab denies a student the benefit of the practice time and skill development that would have been realized by being present in lab. This is likely to result in a lower score on the written and practical clinical exams, which will mean a lower final grade in DHYG 115; and possibly the need for additional remediation outside normal lab time to bring skill performance to the appropriate level.
- C. Mandatory Make-up Lab: You are required to make up a missed lab session during which new information was presented. All course requirements will not be considered met until this has occurred.
- D. If you must be absent, what should you do?
 1. Contact the course instructor as soon as you know you will be missing lab. (Please make this contact prior to the start of the lab you expect to miss, if possible.)
 2. Discuss making up that lab with the course instructor. The course instructor will schedule a time outside your regularly scheduled clinic time for you to receive the new information you missed during your absence from lab.

THE FOLLOWING SECTION OUTLINES THE COMPETENCIES SET FORTH BY THE AMERICAN DENTAL HYGIENE SOCIETY AS REQUIRED FOR GRADUATION AND DRIVES THE DENTAL HYGIENE CURRICULUM

COMPETENCIES:

As you complete this course you will start the process of developing the following competencies. Additional work on developing these competencies will take place in other courses throughout the professional sequence. These competencies represent abilities expected of a dental hygienist entering the dental hygiene profession.

- A. **Assessment:** The dental hygiene graduate will 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. You will start competency development in:
 1. Obtain, review and record a complete medical and dental history.
 2. Establish and maintain the client record as an accurate and legal document of client interactions.
 3. Recognize health conditions and medications that impact overall client care.
 4. Perform and document 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.
- B. **Diagnosis:** 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. You will start competency development in:

1. Identify client needs and significant findings that impact the delivery of dental hygiene services.
2. Obtains consultations as needed.

C. **Implementation:** The dental hygiene graduate will provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. You will start competency development in:

1. 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.
2. Provide life support measures to manage medical emergencies in the client care environment.

D. **Evaluation:** The dental hygiene graduate will evaluate the effectiveness of the implemented clinical, preventive, and educational services. You will start competency development in:

1. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and client self-report.

E. **Professional Growth:** The dental hygiene graduate will participate in ongoing professional development. You will start competency development in:

1. The dental hygiene student will self-evaluate personal and professional well being.

COURSE OBJECTIVES:

1. Describe and demonstrate use of the dental equipment.
2. Describe and demonstrate patient/operator positioning.
3. Describe and demonstrate techniques in prevention of disease transmission.
4. Describe and demonstrate patient assessment procedures.
5. Describe and demonstrate instrumentation skills.
6. Describe and demonstrate polishing skills
7. Describe and demonstrate instrument sharpening skills

UNIT OBJECTIVES:

See the objectives that appear in the Unit Objectives section of the DHYG 115 course manual.

TENTATIVE SCHEDULE:

*The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.

See the combined DHYG 114 - DHYG 115 course calendar for activities scheduled for each lab date and due dates of exams and process evaluations.

FSU GENERAL POLICIES:

Religious Holidays:

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Lab Safety/Health:

Consumption of food or drink is not allowed in any lab or clinic session.

Chewing gum is not allowed in any lab or clinic session.

Students will wear appropriate personal protective clothing/equipment to prevent skin and mucous-membrane exposure when contact with blood, body fluid, mucous membranes, or non-intact skin of any patient is anticipated. (For specifics see: Dental Clinic Policy and Procedure Manual – Section III-B - Bloodborne Pathogen Exposure Control Plan)

Disabilities Services:

Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039.

Americans with Disabilities Act:

Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process.

These services include educational, counseling, adaptive equipment, extended and/or alternative testing, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

Student Dignity:

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment:

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment:

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns:

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships Between University Employees and Students:

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement:

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following disciplinary administrative review by the Allied Health Sciences Dean's Office, and/or University proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy:

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. **Plagiarism** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DENTAL HYGIENE PROGRAM**

ORAL SCIENCES 2

DHYG 121

509



COURSE MANUAL

Course Instructor:

Catherine WJ Archer, RDH, BS, MSCTE

COURSE TITLE: DHYG 121 – Oral Science 2

CREDIT HOURS: 2 Credits (1 + 2)

PREREQUISITES: Successful completion of BIOL 205 or equivalent and DHYG 111 Oral Science 1; Enrolled in Winter Semester of the second year of the Dental Hygiene sequence.

COURSE DESCRIPTION: A continuation of the comprehensive study of the histology and anatomical structures of the head and neck, including muscles, vascular system, and the nervous system. This course will include embryonic development of the face, oral cavity, and dental tissues. Anatomical considerations and armamentarium associated with local anesthesia will also be introduced.

TIME AND LOCATION: Lecture: Monday 1:30 – 2:20pm, VFS 328
Lab: T & R: 8:00–9:50am, 1:00–2:50 pm, 3-4:50 pm, VFS 206
SLA: Mondays, 2:30–4:50

INSTRUCTOR: Catherine WJ Archer: Office VFS 315, 591-2282, arch4@ferris.edu
OFFICE HOURS: M: 2:30-3:30, W: 1-3:00 & R: 10-11:00

REQUIRED TEXTBOOKS: Bath-Balogh & Fehrenbach. Illustrated Dental Embryology, Histology, and Anatomy, 2nd edition, El Sevier/ Saunders,2006.
Fehrenbach & Herring. Illustrated Anatomy of the Head and Neck, 3rd edition, El Sevier/Saunders, 2007.

RECOMMENDED TEXTBOOKS: Fehrenbach. Dental Anatomy Coloring Book. Saunders, El Sevier. ISBN 978-1-4160-4789-6

TEACHING METHODS: Lectures, labs, demonstrations, audiovisuals, and individual instruction. **Reading assignments are to be completed prior to lecture/labs. *Pre-tests and quizzes will be announced or unannounced, so it is very important to come to class prepared.***

WEB Delivery: Students will be required to log on to FC for DHYG 121 on a regular basis. Quizzes will be online. The course syllabus, announcements, private messages, and GPA will be posted on FC. Specifics will be announced in class.

COURSE SCHEDULE:
See course calendar.

NOTE: The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.

Dental Hygiene Competencies:
PC.1-a: select, obtain and interpret diagnostic information recognizing its advantages and limitations at the introductory level.
PC.1-d: recognize health conditions and medications that impact overall patient / client care at the developmental level.
PC.1-f: perform a comprehensive examination using clinical, radiographic, periodontal, dental charting and other data collection procedures to assess the patient's / client's needs at the developmental level.

EVALUATION
A point system is utilized and students are assigned a grade which is based on a percentage of total points allocated for quizzes, examinations, and lab projects during the semester.

A. Program Grading Scale:

94 – 100% = A	75 – 77 = C
90 – 93 = A-	70 – 74 = C-

87 – 89 = B+	67 – 69 = D+
84 – 86 = B	65 – 66 = D
80 – 83 = B-	63 – 64 = D-
78 – 79 = C+	62 – 0 = F

B. Methods of Evaluation:

✓ Examinations	3 @ 50 points = 150
✓ Quizzes	5 @ 10 points = 50
✓ Lab Assignments	10 @ 5 points = 50
✓ Pre-Tests	5 @ 5 points = 25
✓ Identification Exams	2 @ 25 points = 50
✓ Final Exam	1 @ 50 points = <u>50</u>

TOTAL POINTS: 375

STRUCTURED LEARNING ASSISTANCE (SLA) POLICY:

DHYG 121 has been designated a structured learning assistance (SLA) course. It is mandatory to attend the first two SLA sessions during the first two weeks of class. Mandatory attendance will then be based on the student's overall grade point average (GPA) for DHYG 121. Any time the student's GPA falls below 80%, that student will be required to attend SLA until their class GPA increases to 80% or higher. If a student receives below 75% on an exam (quizzes not included) and their GPA remains 80% or above, that student will be required to attend **one** SLA session directly after the exam. All other rules and regulations that are provided in the first SLA session apply to DHYG 121. Students are encouraged to attend SLA regardless of their GPA. Class GPA's will be posted weekly on FC.

PROGRESSION POLICY:

In order to progress in the Dental Hygiene Program, the student must pass each dental hygiene course with a 2.0 (C) grade.

COURSE POLICIES:

Academic Dishonesty

Cheating will ***not*** be tolerated. A student will be referred to the FSU Judicial Services for dishonesty. (See *Honesty Policy* below under General Policies).

Attendance

Attendance will be taken at every class and lab. Each student is allowed ***one unexcused absence for the lecture portion of DHYG 121 during the course of the semester, and then one point will be deducted for each unexcused absence in lecture.*** No unexcused absences are allowed for the lab portion of DHYG 121 and will result in a ***five points deduction for each unexcused absence in lab.*** A student may alternate into another lab section with pre-approval from that lab section instructor.

Acceptable excused absences are: personal illness (or your child's illness) that require a physician's attention (written documentation); a death in the immediate family or significant other (with documentation); University sponsored events (ex. athletics, debate, etc. with authorized form); subpoena requiring you to be in court; inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only). Unacceptable reasons for absence include: day care coverage; employment, incarceration or court appearances related to violations of the law; illness not requiring a physician's attention.

Class Participation

Class participation is expected, i.e. be attentive, ask questions, participate in group discussions, log on to FC regularly, etc.

Missed Assignments, Quizzes, and Tests

Documented excused absences will be the only reason for make-up of an assignment, quiz, or exam. *You must arrange a time with the instructor to make-up an assignment, quiz, or exam, WITH-IN 24 hrs. return to school.*

Tardiness

Arrive to class/lab on time. Arriving late disrupts the learning process for the class and yourself. *Excessive tardiness will not be tolerated and may result in a loss of points.*

Disruptive Behavior

Any student behavior that interferes with student learning will be unacceptable. The following are behaviors that clearly cause disruption:

- ✓ Coming into the classroom late.
- ✓ Talking with other students during lecture.
- ✓ **Personal communication devices (beepers or cell phones)--must be turned to vibrate or another silent feature during class. If you must take a call, you will be required to leave the classroom.**
- ✓ Headphones and other listening devices are not allowed in the classroom.
- ✓ Failure to follow instructions related to learning activities (groups, presentations, etc.)
- ✓ Failure to respond to an instructor's request to speak with them.
- ✓ Other yet undefined behaviors that interfere with the learning process of the students.
- ✓ **ZERO tolerance for viewing ANY type of electronic device/other while taking a quiz &/or test.**

*A student may be referred to the FSU Judicial Services for behavioral violations.

GENERAL POLICIES:

Religious Holidays

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Lab Safety/Health

Per Nuclear Regulatory Commission Regulations and Guidelines, radiation film badges must be worn at collar level and on the finger while in the Nuclear Medicine lab. Lab coats must be worn during all labs. Lab coats may not be worn outside of the lab per OSHA guidelines. Shorts, skorts, or skirts may not be worn in the lab unless tights or nylons are also worn. Open-toed shoes, sandals, etc. may not be worn. Latex or vinyl gloves must be worn when handling blood or body fluids, as well as radioactive materials. Other protective gear (i.e., lead aprons, safety glasses, etc.) will be provided as necessary. No food or drinks are allowed in the lab. Chewing gum, cough drops, etc. are not allowed. Students may not enter the hot lab (VFS 100A) at any time without the permission of the course instructor. Non-compliance of any of the above guidelines will result in no credit for that lab session. Further non-compliance could result in suspension and/or expulsion from the program.

Disabilities Services

Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039.

Americans with Disabilities Act

Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testings, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

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employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people,

anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships Between University Employees and Students

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. **Plagiarism** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

SPECIFIC COURSE OBJECTIVES: After completion of this course, the student will be able to:

I. Muscles of Facial Expression

- A. Name the various groupings or location of the muscles of facial expression and their nerve supply.
- B. Name all the muscles surrounding the mouth.
- C. Discuss the role of the buccinator muscle in mastication.
- D. Describe the other muscles of facial expression.

II. Muscles of Mastication, Hyoid Muscles, Sternocleidomastoid, Trapezius Muscles, Soft Palate and Pharynx

- A. Locate and identify the muscles of the head and neck on a diagram, a skull, and a patient.
- B. Describe the origin, insertion, action, nerve, and blood supply of the muscles of mastication.
- C. Categorize the muscles according to their functions (elevation, depression, protrusion, retrusion, and lateral excursion).
- D. Describe the functions of the sternocleidomastoid and trapezius muscles.
- E. Name the suprahyoid and infrahyoid muscles and their role in mandibular movement, swallowing, and phonation.
- F. Soft Palate and Pharynx
- G. Name the muscles of the soft palate and pharynx.
- H. Describe the interrelationship of all these muscles in chewing, swallowing, and speech.

III. Arterial Supply

- A. Identify and trace the blood supply from the heart to all areas of the oral cavity, including the teeth.

IV. Venous Drainage

- A. Trace the venous drainage from the teeth and oral cavity back to the heart.

V. Nervous System

- A. Locate and identify the basic components of the nervous system.
- B. Locate and identify the 12 cranial nerves and their general function.
- C. Name the specific branches of the trigeminal nerve, and which areas of the face, teeth, and oral cavity each supplies.
- D. Describe the nerves and areas involved in general and special sensations of the tongue.
- E. Understand the importance of Nutrition relating to healthy nerve function.

VI. Anatomy of Local Anesthesia

- A. List the tissues anesthetized by each type of injection, and describe the target areas.
- B. Locate and identify the anatomical structures used to determine the local anesthetic needle's penetration site for each type of injection on a skull and a patient.

VII. Overview of Prenatal Development

- A. Discuss the periods of prenatal development, especially the major events that occur during the early weeks.
- B. List the embryonic structures that form the face, and discuss the approximate age of formation.
- C. Integrate a background on prenatal development into the development of the face, neck, and oral structures, and developmental disturbances related to these structures
- D. Understand the relationship of Nutritional requirements during prenatal development

VIII. Development of the Face and Neck

- A. Discuss the events that occur during the development of the face and neck.
- B. Integrate the knowledge of the development of the face and neck into understanding the orofacial structures and any developmental disturbances of these structures.

IX. Palate/Tongue Development

- A. Discuss the events that occur during the development of the orofacial structures.
- B. Name the structures involved in the formation of the palate and lip.
- C. Discuss the development of nasal cavity and the septum.
- D. Describe the formation of the tongue.
- E. Describe the papillae of the tongue and their function.

X. Tooth Development and Eruption

- A. Discuss the events that occur during the development of the teeth and associated structures, and during tooth eruption.
- B. Integrate the knowledge of the development of the teeth and associated structures and tooth eruption into understanding the present anatomy of these structures, and any developmental disturbances.

XI. Enamel

- A. Describe the properties of enamel.
- B. Discuss the apposition and maturation of enamel.
- C. Discuss the changes in the inner enamel epithelial cells that allow them to produce enamel.
- D. Define the terms Striae of Retzius, hypoplastic enamel, hypocalcified enamel, enamel lamellae, enamel tuft, and enamel spindle.
- E. Demonstrate and discuss the microscopic features of enamel.
- F. Integrate the knowledge of the histology of enamel with the clinical considerations involved with this dental tissue.

XII. Dentin and Pulp

- A. Discuss the dentin-pulp complex and describe the properties of dentin and pulp.
- B. Discuss the apposition and maturation of dentin.
- C. Outline the types of dentin.
- D. Label the anatomical components of pulp.
- E. Demonstrate and discuss the microscopic features of dentin and pulp.
- F. Describe the age changes in pulp and dentin.
- G. Integrate the knowledge of the histology of dentin and pulp with the clinical considerations involved in these dental tissues.

XIII. Periodontium, Cementum, Alveolar Bone, Periodontal Ligament

- A. Discuss the periodontium and describe the properties of the cementum, alveolar bone, and periodontal ligament.
- B. Discuss the development of the periodontium.
- C. Outline the types of cementum and alveolar bone.
- D. Label the fiber groups of the periodontal ligament and discuss their functions.
- E. Demonstrate and discuss the microscopic features of cementum, alveolar bone, and periodontal ligament.
- F. Describe the age changes in the periodontal ligament.
- G. Integrate the knowledge of the histology of the periodontium with the clinical considerations involved with this dental structure.

121 ORAL SCIENCE 2

COURSE SYLLABUS SIGNATURE SHEET

Please review and sign. To be collected by instructor.

I have read the DHYG 121 course syllabus and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Date

Printed name

Student's signature

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
Dental Hygiene**

DHYG 122 DENTAL RADIOGRAPHY

COURSE DESCRIPTION:

X-ray production, properties, and safety, laboratory experience with film production and processing; intraoral and extraoral film placement; and recognition of radiographic landmarks and pathology.
Credit Hours: 3 (2 Lecture; 2 Lab)
Prerequisite: DHYG 111

INSTRUCTOR:

Name Kimberly S. Beistle, BA, RDH, MSA, PhD (c)
Campus Address VFS 416
Phone # (231) 591-2224
E-mail address beistlk@ferris.edu
Office hours To be announced

COURSE SCHEDULE:

Lecture: Monday (2:00 PM – 2:50 PM) and Wednesday (2:00 – 2:50 PM) in VFS 328.
Lab: Monday-Friday (Varied Times) in VFS 203. (Adjacent to patient treatment clinic)

REQUIRED COURSE MATERIALS:

- A. The following text and manuals are required for this course.
1. Dental Radiography – Principles and Techniques, by Haring and Jansen, 2nd edition.
 2. Radiographic Interpretation for the Dental Hygienist, by Haring and Lind, 1993.

NOTE: Both texts by Haring, et al, will be used in future clinic courses. Do not sell these texts at the end of the semester.

3. DHYG 122 Dental Radiography Course Manual – Bring to each lecture and lab.

REQUIRED COURSE MATERIALS (con't)

- B. The following materials are required for lab.
1. Clipboard – Bring to each DHYG 122 lab session
 2. Coupon – Proof of Purchase for radiographic supplies (i.e., film and film holders) - Give to course instructor at the first lecture period.
 3. Silver Lead Pencil – Bring to lab.
 4. Safety Glasses –

NOTE: Items #2, #3, and #4 were purchased as part of your DHYG 125 Clinic Instrument Kit.

EVALUATION:

COURSE GRADING SYSTEM:

- I. DHYG 122 Final Grade Calculation: The following areas will determine your final course grade.
- A. Course Requirement Points: Your final grade in DHYG 122 will be based on the following.

Course Requirements	Possible Points
1. Exams (2)	
Midterm	50
Final.	50
2. Quizzes (5)	50
3. Lecture Attendance	30
4. Laboratory Attendance	-5 / lab missed

Negative points: -5 points / lab missed	
5. DXTTR Full Mouth Radiographic Surveys (4)	20
6. Radiographic Technique Experiences (8)	15
7. Patient Radiographic Surveys (2 = 1 FMX, 2 BWX)	15
TOTAL POSSIBLE POINTS = 230*	
(*Minus points lost for missing lab.)	

DHYG 122 Final Grade Calculation (con't)

- B. Determining the Final Grade: The final grade in DHYG 122 will be based on the number of points earned through completion of course requirements. After all course requirements have been met, the number of points earned will be added and negative points will be subtracted for any lab missed. This will provide the total number of points on which the final grade will be based.
- C. Grading Scale: The total points earned will be converted to a letter grade using the grading scale below.

<u>Total Points</u>	<u>Percentage</u>	<u>Grade</u>
216 - 230	94 - 100	A
207 - 215	90 - 93	A-
200 - 206	87 - 89	B+
193 - 199	84 - 86	B
184 - 192	80 - 83	B-
179 - 183	79 - 78	C+
172 - 178	77 - 75	C
161 - 171	74 - 70	C-
154 - 160	67 - 69	D+
149 - 153	65 - 66	D
144 - 148	63 - 64	D-
142 and below	62 and below =	F

Please keep all assignments, exams, quizzes, attendance/participation slips, etc. until your final grade for the course has been assigned. This will be the only means of disputing your points if there should be a discrepancy.

EXPLANATION OF COURSE REQUIREMENTS:

- I. Exams (2) = 100 points possible
- A. There will be two exams (a midterm and a final).
 - B. Each exam will have 50 questions in a forced choice format.
 - C. Each exam question will be worth one point, for a total of 100 points possible in this area.
 - D. See the DHYG 122 calendar to determine when these exams are scheduled.
 - E. Make-up Exams
 - 1. A documented excused absence will be the only reason for allowing a make-up exam.
 - 2. Time frame: The make-up exams must be taken within 24 hours of your return to campus.
 - 3. Scheduling: It is the student's responsibility to contact the course instructor to schedule a make-up for the exam missed.

EXPLANATION OF COURSE REQUIREMENTS (con't)

- II. Quizzes (5) = 50 points possible
- A. There will be five quizzes.
 - B. Each quiz will have 10 questions in a forced choice format.
 - C. Each question will be worth one point, for a total of 50 points possible in this area.
 - D. Quizzes will be taken during lecture sessions. See the DHYG 122 calendar to determine when quizzes are scheduled.
 - E. Make-up Quizzes
 - 1. A documented excused absence will be the only reason for allowing a make-up quiz.
 - 2. Time frame: The make-up quiz must be taken within 24 hours of returning to campus.
 - 3. It is the student's responsibility to contact the course instructor to schedule a make-up for the quiz missed.

III. Lecture Attendance = 30 points

- A. Attendance is mandatory at all lectures.
- B. Attendance Taking: Attendance will be taken at each lecture through the use of a sign in sheet. For a student to be given credit for being present, it is required that:
 - 1. Each student signs his or her own name.
 - 2. The first and last name is signed.
 - 3. The student's name is signed in a legible manner.
- C. A block of thirty points will be awarded at the end of the semester to a student who has been present for 26 of the 28 lecture sessions. This means you may have two un-excused absences over the course of the semester and still earn this block of points. If you have more than two un-excused absences, you will earn zero points in this area.
- D. The Excused Absences: Below is a list of circumstances that can result in an excused absence. An absence will **only** be considered excused when you have appropriate paper documentation. An excused absence will not result in loss of attendance points.
 - 1. Personal illness (or illness of your child) that requires a physician's attention.
 - 2. A death in the immediate family.
 - 3. A university sponsored event.(athletics,Band,etc)
 - 4. A required court appearance
 - 5. Inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters, only).

EXPLANATION OF COURSE REQUIREMENTS (con't)

IV. Laboratory Attendance = negative 5 points per lab missed

- A. Attendance is mandatory at all laboratory sessions. Two important activities take place during lab sessions: instructor introduction of information related to radiographic skills, and student application of this information (or skill practice). These activities are designed to insure student preparedness to advance to the next level of clinical experience. Because of the intricate skills that must be developed during the limited lab time in DHYG 122, each student must be present at all lab sessions if the required skill level is to be achieved.
- B. Attendance will be taken at each lab session by your laboratory instructor.
- C. Negative points: Five points will be subtracted from your earned points for each lab missed. (NOTE: No points will be deducted if you have a documented excused absence.)
- D. In case you must be absent, what should you do?
 - 1. Inform your course instructor as soon as you know you will be absent.
 - 2. Arrange a method for the new learning material presented in lab during your absence.

V. DXTTR Full Mouth Radiographic Surveys = 20 points

- A. You will be required to complete four "full mouth" sets of radiographs on a mannequin called "DXTTR".
- B. Each DXTTR full mouth set of radiographs (DXTTR FMX) is worth 5 points.
- C. Each DXTTR FMX is to be completed to competency level, to ensure safety on a patient.

VI. Radiographic Techniques Exercises = 15 points

- A. You will receive a block of 15 points when you have completed the following exercises related to exposing dental radiographs.
- B. These exercises include the following:
 - 1. Radiology pretest (Completed in lecture session #1)
 - 2. Film mounting exercise (To be completed at home)
 - 3. Bisecting technique film exposure (on DXTTR FMX #3 – 5 films)
 - 4. Partner film placement (4 films)

5. Distal oblique technique
6. Occlusal film exposure
7. Panelipse experience, video
8. Rinn XCP System (video)

EXPLANATION OF COURSE REQUIREMENTS (con't)

VII. Patient Radiographic Surveys

- A. You are required to complete two (3) patient radiographic surveys. These will consist of the following:
 - One Complete Radiographic Survey (18 films)
 - Two Caries Detection (Bitewing) Survey (4 films)
- B. Patient Selection: The patients on whom these radiographs are exposed must be 16 years of age or older. It will be the responsibility of the student to find an appropriate patient.
- C. Fifteen (15) points will be awarded upon completion of both radiographic surveys.
- D. Each patient radiographic survey is to be completed to competency level.

DHYG 122 - LABORATORY GUIDELINES:

1. Attire
 - a. Non-patient labs: Wear clinic shoes with slacks or dress jeans, **AND RADIATION MONITORING BADGE.**
 - b. Patient treatment labs: Wear scrubs, disposable clinic jacket, clinic shoes **AND RADIATION MONITORING BADGE.**
 - c. Make-up labs scheduled during second year clinics: Wear scrubs, disposable clinic jacket, clinic shoes, **AND RADIATION MONITORING BADGE.**
 - d. Special considerations: Scrubs and clinic shoes may be worn when you are coming to radiology lab from clinic, or will be going to clinic after radiology lab.
2. Hair is to be fastened back away from your face.
Males: Facial hair is to be trimmed, short and neat.
3. Jewelry is to be limited to a plain watch and a plain wedding band if married.
4. Fingernails must be clean, short, and free of nail polish.

COURSE OBJECTIVES:

See lecture modules

TENTATIVE SCHEDULE:

(Disclaimer) *The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.

See DHYG 122 course calendar for lecture topic dates and dates of exams, quizzes, and other assignments.

GENERAL POLICIES:

(ADA, Harassment, Religious holidays, Disruptive Student, Plagiarism, and other College/ University standardized policies will be attached to your syllabus.)

Religious Holidays:

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of

the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Lab Safety/Health: During DHYG 122 Lab, the following safety rules are to be observed.

- Students are to wear their radiation monitoring badge while in lab.
- Consumption of food or drink is not allowed in any lab session.
- Chewing gum is not allowed in any lab session.
- Students will wear appropriate personal protective clothing/equipment to prevent skin and mucous membrane exposure when contact with blood, body fluid, mucous membranes, or non-intact skin of any patient is anticipated. (For specifics, see: Dental Clinic Policy and Procedure Manual – Section III-B - Bloodborne Pathogen Exposure Control Plan.)

Disabilities Services: Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039.

Americans with Disabilities Act: Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testings, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

Student Dignity:

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment:

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

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Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
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Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

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would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

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The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.

Disruptive Behavior...(con't)

4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy:

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. **Plagiarism** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

File: 122 SYLLABUS 2007

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DENTAL HYGIENE PROGRAM**

**DHYG 123 – GENERAL AND ORAL PATHOLOGY
S09**

COURSE DESCRIPTION: This course is an examination of the nature of both systemic and oral diseases. There will be discussion of significant diseases of the systems of the body. Special emphasis will be on oral pathology, including developmental disturbances, infections, lesions, and physical injuries to the oral and paraoral structures.

DHYG 123 is taught by lecture with homework assignments, FC, internet and self study textbook assignments. Students are expected to have completed reading assignments prior to the scheduled lecture topic. The student will create a weekly semester review **Power Point project** to use for review when studying for the Board examinations. A **pathology journal** is intended to help the student correlate lecture topics with clinical application. Three (3) credit hours (3 + 0)
Prerequisites: Admission to the Dental Hygiene program, and completion of DHYG 111 with a grade of “C” or better.

INSTRUCTOR: Catherine WJ Archer, RDH, BS, MSCTE/Instructor option
Office: VFS 315
Phone: (231) 591-2282
E-mail: arch4@ferris.edu
Office hours: M: 2:30-3:30, W : 1-3 :00 & **R : 10-11 :00**

CLASS SCHEDULE: M & W: 10-11:15

REQUIRED TEXTS: Oral Pathology for the Dental Hygienist, 4th edition, Olga A.C. Ibsen, RDH, MS, and Joan Anderson Phelan, DDS, W. B. Saunders Co. ISBN #0-7216-9946-4 ****This book has a CD... you need it!****

Color Atlas of Common Oral Diseases, 3rd Edition, Robert P. Langlais and Craig S. Miller, Lea & Febinger, 2003 . ISBN # 0-7817-3385-5

Medical History: Clinical Implications and Emergency Prevention in Dental Settings, 1st Edition, Frieda Picket and JoAnn Gurenlian, Lippincott Williams & Wilkins. 2005. ISBN # 0-7817-4095-9

DHYG 123 – General and Oral Pathology, Course Manual, in the form of weekly postings on FC.

REQUIRED MATERIALS: Additional reading assignments using internet resources, Wilkins, and Darby/ Walsh textbooks are included with the course outline. The use of the College of Allied Health computer laboratory is encouraged.

EVALUATION CRITERIA: The course grade will be determined by performance on six (6) quizzes, P&G Educational Quizzes, three (3) examinations, review power point and the pathology journal. The value of each is listed below:

2 nd year clinical Observation	10 points
Power Point Presentation	25 points
Journal /Case Studies	40 points
Quizzes/P&G	100 points
Exam I	50 points
Exam II	50 points
Final Exam	<u>75 points</u>
Total	350 points

Students are responsible for all assigned readings, lecture materials, internet assignments, review questions found in the texts, and slides shown in class.

Quizzes may be short answer, true and false, or multiple choice. The Exams will be computer graded, and will be in the format of the National Board. The final examination will be a comprehensive examination, covering all course material.

Grading Scale:

A	100 – 94	B-	83 – 80	D+	69 – 67
A-	93 – 90	C+	79 – 78	D	66 – 65
B+	89 – 87	C	75 – 77	D-	64 – 63
B	86 – 84	C-	74 – 70	F	62 and below

COURSE OBJECTIVES: At the completion of this course, the student is expected to:

1. Be familiar with significant disease states of the body systems discussed.
2. Be able to identify, recognize, and describe those disease entities related to the oral and paraoral structures.
3. Appreciate the significance of both systemic and oral/paraoral conditions as they apply to the clinical management of patients.
4. Have maintained a journal of pathological conditions that have been encountered while participating in DHYG 125.

COURSE CALENDAR: See attached lecture schedule.

COURSE POLICIES:

Academic Dishonesty: Refer to the Academic Dishonesty Policy found in the FSU Student Handbook.

Attendance: Attendance is mandatory. Each student is allowed ONE unexcused absence(UEA). More than one UEA will result in the deduction of one point, for each additional UEA, from your final grade.

Class Participation: Effective learning must include your active participation in class. Your participation is expected.

Progression: In order to progress in the Dental Hygiene program, the student must pass each dental hygiene course with a 2.0 (C) grade (75%).

Disabilities Services: Students with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office located in Arts & Sciences Commons 1017 K, ext. 3772, or ASC 1021, ext. 5039.

Disruptive Behavior Policy Statement:

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.

4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, followed by administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Missed Assignments, Quizzes, and Tests:

Documented excused absences will be the only reason for allowing a make-up of an assignment, quiz, or test. It is the student's responsibility to obtain notes and assignments. The assignments, quizzes, and tests must be made up **within 24 hours of returning**. **It is the student's responsibility to contact the instructor to arrange for the make-up of missed assignments, quizzes, or tests.**

The only reasons that may be accepted as excused absences are: Personal illness (or your child's illness) that requires a physician's attention; a death in the immediate family or significant other; University sponsored events (i.e., athletics, debate, etc.); subpoena requiring you to be in court for testimony. (Written documentation must be presented to the instructor to verify validity of excused absence.) Inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only).

Tardiness: Is frowned upon. If excessive it may result in loss of points. Please be prompt/ considerate.

Americans with Disabilities Act:

Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testings, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

Religious Holidays:

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Student Dignity:

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment:

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of

- another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
 3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment:

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns:

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships Between University Employees and Students:

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Date: _____

I have read the Course Syllabus for DHYG 123, and the Instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Print Student's Name

Student's Signature

CLINICAL DENTAL HYGIENE THEORY 2

DHYG 124

SPRING SEMESTER 2008



COURSE SYLLABU

**Kathleen Harlan, RDH, MS
Assistant Professor, Dental Hygiene**

CLINICAL DENTAL HYGIENE THEORY II

DHYG124

Spring 2008

Kathleen Harlan, RDH, MS

Course Instructor

BULLETIN DESCRIPTION:

Clinical dental hygiene theory introducing and applying the ADPIE Dental Hygiene Process of Care to assess, treat, and evaluate the client. 2 credit hours (2 + 0).

PREREQUISITES:

Successful completion of DHYG 114 and DHYG 115 and enrolled in Winter semester of the first year of the professional dental hygiene sequence.

TIME:

Monday and Wednesday 11:30 – 12:20

LOCATION:

VFS 328 classroom

**Contact information for course instructor:****OFFICE HOURS:**

Will be posted

Office: VFS 313, Office phone: 231-591-2287

Email: harlank@ferris.edu

Faculty mailboxes are located in the Dean's office.
Faculty communication folders are located in clinic.

REQUIRED & REFERENCE TEXTBOOKS:

- ✓ **DHYG 124 Manual, DHYG 125 Manual**, Harlan (2007), FSU Rankin Center Bookstore.
- ✓ **FSU DH Clinic Policies and Procedures Manual**, Purchased fall 2007.
- ✓ **Clinical Practice of the Dental Hygienist**, Wilkins (2004), Lippincott Williams & Wilkins.
- ✓ **Dental Hygiene Theory and Practice**, 2nd Edition, Darby & Walsh (2003), W.B. Saunders Co.
- ✓ **Dental Drug Reference** Gage & Pickett (2006), LWW.
- ✓ **The Medical History**, Pickett & Gurenlian (2004) LWW

NOTE: Keep all of the above textbooks, as they are required for all clinic classes in Winter of the first professional year, and Fall and Winter of the second professional year.

COURSE GOALS:

1) To provide a theoretical framework for dental hygiene diagnostic and therapeutic regimens as a basis for evidence-based clinical decision-making.

2) To provide structured activities that increase the knowledge of dental hygiene theory, enhance professionalism, and gain an understanding for evidence-based clinical decision-making.

COURSE OBJECTIVES:

Specific learning objectives for each lecture topic are published as the first page(s) of the outlines in the manual. Mastery of these objectives will be the responsibility of the student. To be successful you will need to read the lecture reading assignments prior to class, be involved in class activities, and take notes during class.

COURSE PHILOSOPHY:

This course will be structured to enable the student to develop higher level thinking skills through a problem-based approach to learning. The diverse group of clients you will care for bring complicated medical histories, management issues, and ethical dilemmas to you on a daily basis during the clinical application in DHYG 125. This course will focus on issues facing the dental hygiene profession and will present the ADPIE--a treatment planning model supported as the national standard of care for dental hygiene by the American Dental Hygienists Association (approved in 1985). Clinical experiences in DHYG 125 will mirror theory and technique learned in DHYG 124 and provide practical application.

As students in DHYG 124 the following is expected of you:

- Attend all classes and be on time.
- Read the assigned reading before each lecture.
- Use the objectives as a study guide by turning each objective into a question, and answering the question.
- Complete and turn in any assignments by class time on the due date (failure to do so will result in a loss of points).
Failure to complete all assignments will result in a grade of Incomplete (I) for the course.
- You are responsible for obtaining any course notes *from another student* if you are not present in class.
- Ask questions when you are not clear on expectations or on any assigned material.
- Demonstrate appropriate behavior in the classroom.
- Demonstrate respect for each other as professional colleagues, even though you have differences. When the instructor, guest speaker, or classmate is speaking, you are expected to be *courteous* and *attentive*. We each bring a different perspective to class that enriches our learning.

GRADED COURSE COMPONENTS:

EXAM 1 (50 questions--1 point each)	50
• MEDICAL EMERGENCIES	
• TOPICAL FLUORIDE	
• TOPICAL ANESTHESIA/DESENSITIZING AGENTS	
EXAM 2 (50 questions--1 point each)	50
• CALCULUS DETECTION	
• CALCULUS REMOVAL	
• MANAGEMENT OF THE CHILD/ADOLESCENT PATIENT	
• NUTRITION ASSESSMENTS/COUNSELING	
EXAM 3 (50 questions--1 point each)	50
1. HUMAN NEEDS CONCEPTUAL MODEL	
2. DENTAL HYGIENE PROCESS OF CARE	
3. ASSESSMENT, PERIODONTAL & RISK ASSESSMENT	
4. DIAGNOSIS	
EXAM 4 (50 questions--1 point each)	50
• PLANNING	
• IMPLEMENTATION--PERSONAL	
• IMPLEMENTATION--PROFESSIONAL	
• EVALUATION	
COMPREHENSIVE FINAL EXAM	100
100 questions, 1 point each	
Will include questions over the case/group presentations	
QUIZZES (five 10-point quizzes)	50
WRITTEN ASSIGNMENT	50
<u>ADDITIONAL ASSIGNMENTS</u>	<u>pass/fail</u>
TOTAL	400

You may calculate your percentage and your grade point average (GPA) at any time by dividing your points by the total possible points to that date. Then, match your percentage up to the percentages and assigned grades below.

You must achieve both a grade of 75% or above through exams, quizzes and graded assignments and, complete all non-graded assignments to successfully pass this course.

PROGRAM GRADING SCALE: (in percentage)

94 -- 100 = A	75 -- 77 = C
90 -- 93 = A-	70 -- 74 = C-
87 -- 89 = B+	67 -- 69 = D+
84 -- 86 = B	65 -- 66 = D
80 -- 83 = B-	63 -- 64 = D-
78 -- 79 = C+	62 and below = F

- ***Please keep all assignments, tests answer sheets, etc. until your final grade for the course has officially been received.***

INFORMATION REGARDING EXAMINATIONS & QUIZZES:

DHYG 124 examinations will be based upon:

- **Published topic behavioral objectives**
- Objectives published in the textbooks at the beginning of each chapter reading assignment
- Reading assignments
- Classroom notes and discussion
- Additional handouts received in class
- Videos viewed in class

- ***Makeup for exams and quizzes can only be done with an excused absence and must be done within 24 hours of returning, otherwise a zero will be assessed for the exam/quiz.***
- ***It is the students' responsibility to contact the course instructor to schedule a time to take a missed exam.***

There will be five 10-point quizzes. Quizzes on current lecture/reading material will be given with or without prior notice.

There will be a **group written assignment/presentation**. Details forthcoming

Throughout the semester there will be group activities related to the current lecture topic, these will include but are not limited to:

- Nutritional counseling
- Chair-side patient education case studies
- Evidenced based patient self-care recommendations
- The ADPIE process of Dental Hygiene Care Case Studies
- Geriatric Patient considerations

All assignments and group activities must be completed to successfully pass this course, failure to do so will result in a grade of "F" and will not allow you to successfully progress into the second year sequence.

COURSE POLICIES:

Academic Dishonesty - Refer to the Academic Dishonesty Policy found in the FSU Student Handbook. ***Cheating will not be tolerated.*** A student will be referred to the FSU Judicial Services for dishonesty. (See *Honesty Policy* below under General Policies).

Attendance Policy – Attendance will be taken at every class. Each student is allowed **one unexcused absence**. One point will be deducted for each **unexcused** absence thereafter. Acceptable excused absences are: personal illness (or your child's illness) that require a physician's attention (written documentation); a death in the immediate family or significant other (with documentation); University sponsored events (ex. athletics, debate, etc. with authorized form); subpoena requiring you to be in court; inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only). Unacceptable reasons for absence include: day care coverage, employment, incarceration or court appearances related to violations of the law, or illness not requiring a physician's attention, and physician's appointments not related to an acute condition.

Tardiness – Arriving to class late can be disruptive, please be on time. Chronic tardiness will be dealt with on an individual basis and may result in professional responsibility deductions.

Class Participation - Class participation is expected, i.e. be attentive, ask questions, participate in group discussions, etc.

Disruptive Behavior – The primary responsibility of all instructors is to maintain the learning environment of the classroom in such a way as to promote the opportunity for all students to learn without unneeded or unwanted disruptions. Any student behaviors that interfere with student learning will be unacceptable. The following are behaviors that clearly cause disruption:

- ✓ Coming into the classroom late.
- ✓ Talking with other students during lecture.
- ✓ Personal communication devices (beepers or cell phones)--must be turned to vibrate or another silent feature during class. If you must take a call, you will be required to leave the classroom.
- ✓ Headphones and other listening devices are not allowed in the classroom.
- ✓ Failure to follow instructions related to learning activities (groups, presentations, etc.)
- ✓ Failure to respond to an instructor's request to speak with them.
- ✓ Other yet undefined behaviors that interfere with the learning process of the students.

A student may be referred to the FSU Judicial Services for behavioral violations (i.e. behavior, cheating, etc.).

PROGRESSION:

In order to progress in the Dental Hygiene Program, the student must pass each dental hygiene course with a 2.0 (C) grade (75% or higher).

DISCLAIMER: *The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.*

GENERAL FSU POLICIES:

Religious Holidays

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Lab Safety/Health

Per Nuclear Regulatory Commission Regulations and Guidelines, radiation film badges must be worn at collar level and on the finger while in the Nuclear Medicine lab. Lab coats must be worn during all labs. Lab coats may not be worn outside of the lab per OSHA guidelines. Shorts, skorts, or skirts may not be worn in the lab unless tights or nylons are also worn. Open-toed shoes, sandals, etc. may not be worn. Latex or vinyl gloves must be worn when handling blood or body fluids, as well as radioactive materials. Other protective gear (i.e., lead aprons, safety glasses, etc.) will be provided as necessary. No food or drinks are allowed in the lab. Chewing gum, cough drops, etc. are not allowed. Students may not enter the hot lab (VFS 100A) at any time without the permission of the course instructor. Non-compliance of any of the above guidelines will result in no credit for that lab session. Further non-compliance could result in suspension and/or expulsion from the program.

Disabilities Services

Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039.

Americans with Disabilities Act

Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testings, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

Student Dignity

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

- 1.The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
- 2.Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
- 3.The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1)submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2)submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3)such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships Between University Employees and Students

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility.

For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.

2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.

3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.

4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.

5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)

6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.

7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. **Plagiarism** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations may mean failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
Dental Hygiene

DHYG 209
Dental Materials
07F



COURSE DESCRIPTION:

The course will examine the physical, chemical, and manipulative properties for the biomaterials used in dentistry today. Dental materials products will be covered for the following general and specialty dental areas: endodontics, oral surgery, orthodontics, periodontics, pediatric, and restorative dentistry. Directed laboratory practice allows students time to understand product properties and skills necessary for manipulation.

CREDIT HOURS:

2

INSTRUCTOR:

Name: Kimberly Beistle, BA, RDH, MSA, CDA,
Campus Address: VFS 416
Phone: 231-591-2224
E-mail address: beistlk@ferris.edu

Name: Nancy Baar, RDA, RDH, BS
Campus Address: VFS 206-B
Phone: 231-591-2296
E-mail address: baarn@ferris.edu

COURSE SCHEDULE:

Lecture: Thursdays, 8-8:50am (first class) VFS 328, mixed deliver includes Web Ct / Ferris Connect instruction, exam days report to classroom VFS 328

Lab: Mondays, 8-9:50am, 10-11:50am, 1-2:50pm, 3-4:50pm

Location: VFS 206

Laboratory

All laboratory sections will be held in VFS 206 unless otherwise noted on the course calendar. See student schedule for assigned laboratory date and time. Labs meet once a week for one hour and fifty minutes.

REQUIRED COURSE MATERIALS:

Gladwin / Bagby	Clinical Aspects of Dental Materials: Theory, Practice and Cases, 2 nd E
Haring/Lind	<u>Radiographic Interpretation for the Dental Hygienist</u>
Wilkins	Clinical Practice of the Dental Hygienist

LABORATORY FEE:

This course will not have a materials usage fee. You will purchase your prepped typodont teeth at the beginning of the semester from second year clinic.

General Course Objectives

Given reading assignments, lecture and laboratory practice the student should be able to:

- Describe basic chemistry and physics concepts involved with manipulation of dental materials.

- Demonstrate laboratory technique for manipulation of each dental material represented
- Explain and describe various restorative therapies that return the dentition to a state of health
- Discuss current technologies and application in today's dentistry
- Prepare and assemble all equipment used within the dental lab according to manufactures directions.
- Identify and chart various restorations and dental materials on radiographs
- Demonstrate appropriate OSHA infection control procedures during manipulation and use of dental materials

Dental Hygiene Competencies:

1. Promote the values of oral and general health and wellness to the public.
2. Respect the goals, values, beliefs and preferences of the client while promoting optimal oral and general health.
3. Use and evaluate methods to ensure the health and safety of the client and the dental hygienist in the delivery of care.

UNIT OBJECTIVES:

Specific objectives will be provided for each module of instruction.

TENTATIVE SCHEDULE:

The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.

EVALUATION: Listed below are the components of, and point value for, DHYG 209

<u>Components</u>	<u>Points</u>	
Exam 1	30	
Exam 2	30	
Exam 3	30	
Final Comprehensive Case Study Examination	50	
Final Laboratory Practical Examination	50	
Laboratory Exercises (10 x 15pts))		150
Writing exercise	20	
Lab attendance / pre-tests		20
Reflection Journal		50
Total		450

To calculate your grade, divide total points you have earned by the total points possible.

Example: $350 \div 410 = 85.3\%$ or 85%

GRADING SCALE:

<u>Percent</u>	<u>Grade</u>
94 – 100	A
90 – 93	A-
87 – 89	B+
84 – 86	B
80 – 83	B-
78 – 79	C+
75 – 77	C
70 – 74	C-
67 – 69	D+
65 – 66	D
63 - 64	D-
62 and below	F

Periodic Examinations

Three examinations will be administered. The exam format may contain multiple choice, matching, short answer or case study. Each exam is worth 50 points.

Pre-Tests

Pre-tests may be administered at any time, unannounced. The pre-tests will be counted toward attendance and participation. Pre-tests are used to identify your preparedness to participate in lab.

Reflection Journal

Students will be required to create a reflection journal on each lab activity. Students can be creative when setting up the journal. Students must turn in their journal prior to the start of each lab. The journal should be a spiral bound notebook, college ruled, name on the front cover with permanent marker. Each entry must identify:

- the previous lab's topic and date
- what the student experienced during lab
- how this exercise will be useful as a dental hygienist
- what the student learned from a fellow classmate

Laboratory Practical Examination

The exam will be comprehensive and based on course objectives. The format will be discussed in advance of the practical examination. The lab practical exam is worth 50 points.

Final Examination

A final exam will be administered during exam week. The exam will be a comprehensive case study exam focusing on patient treatment, restorative procedures and treatment planning. The exam will cover both lecture and lab material. The final examination is worth 50 points. The date and time of the final exam will be announced during lecture.

Lab Competency

Laboratory competency assessments will be administered as application of the content / material is presented. 10 competency assessments will be delivered. Students are expected to attend every lab session on time and arrive prepared and ready to participate.

Professional Responsibility

Professionalism is expected when interacting with patients, staff and peers. Deduction of professional responsibility points for inappropriate behavior will be determined by the course and laboratory instructors. Professional responsibility is defined within the following documents: The Dental Hygiene Policy and Procedure Manual, the American Dental Hygienists' Association (ADHA) Code of Ethics and the Ferris State University Student Handbook (located on the Ferris State University website (www.ferris.edu)).

Responsibility of a dental hygiene student is to be familiar with the rules and regulations that govern the profession. In addition each student must be familiar with the above mentioned documents that will apply to all students while enrolled at Ferris State University. As a professional, our actions, behaviors, and attitudes have consequences based on the response to a given situation. The mentioned documents are provided to influence expected and new behaviors as students continue to learn how to become a dental hygienist.

Violations of the Dental Hygiene Policy and Procedure Manual, the American Dental Hygienists' Association (ADHA) Code of Ethics and the Ferris State University Student Handbook may result in a deduction of five (5) professional responsibility points.

If a professional responsibility violation occurs, the instructor will document the violation on a Professional Responsibility Infraction Form (PRIF). The instructor will discuss the violation with the student, and he/she will receive the yellow copy of the PRIF that documents the violation. The white copy of the PRIF will remain with the course instructor.

A violation may result in a conference with the Program Coordinator, Course Instructor, and or the Ferris State University Judicial Services.

A sample list of potential violations are listed below, this list is by no means complete.

- Late arrival to laboratory sessions
- Leaving the laboratory without permission (which is a safety issue)
- Violation of laboratory attire criteria
- Inappropriate behavior while interacting with course and laboratory instructor
- Unexcused absences from laboratory sessions
- Failure to follow clearly defined directions by the course instructor

Laboratory Participation

150 points will be awarded for successful completion of **all laboratories exercises**. A Laboratory Check sheet will be used to check off lab exercises as listed in the manual. The Laboratory Check Sheet will be left in each students assigned locked lab drawer for use each week. All laboratory exercises must be passed at their stated criterion in order to successfully complete this portion of lab. At the discretion of the lab instructor, additional lab exercises' may be assigned for students that require additional practice to determine proficiency.

ATTENDANCE:

Attendance is mandatory for all laboratory and classroom sessions. Prearranged absence based on an exceptional situation may be counted as an excused absence at the discretion of the course instructor. It is understood that students do at times have personal issues (illness, family emergencies, etc.) that cause them to be away from class. However, since lab attendance is crucial to successful completion of this course, students should be aware that only issues that are clearly beyond their control might be accepted as excused absences. In some cases several excused absences may result in a student not being able to successfully complete this course, because a minimum number of hours to develop and learn clinic skills are required. You must attend lab sessions each week. Due to the Dental Hygiene Course schedule, the lab is committed to other courses beyond our lab times. Missed labs result in 5 pt deduction and student may risk not completing the course.

The only acceptable reasons for excused absences are:

1. Personal illness (or your child's illness) that require a physician's attention (written documentation)
2. A death in the immediate family or significant other (with documentation)
3. University Sponsored Events (with authorized form-athletics, debate etc.)
4. Subpoena requiring you to be in court for testimony
5. Inclement weathers that in the opinion of the local law enforcement makes it too dangerous to drive (for commuters only-greater than 50 miles in one direction).

*Each unexcused absence will result in a 5 point deduction in the final grade.

Religious Holidays:

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Unacceptable reasons for Absence

1. Day Care coverage
2. Employment-having to work
3. Incarceration or court appearances related to violations of the law
4. Illness not requiring a physician's attention

Missed Assignments, lab exercises, and exams:

Documented excused absences will be the only reason for allowing a make-up of an assignment, lab exercise, and examination. See acceptable excused absences. The assignments, lab exercises, and tests must be made up within 24 hours of returning. It is the student's responsibility to contact the instructor to arrange for make up of assignments, lab exercised or tests within the 24-hour time frame.

Late Arrival to Class

"Theater late style" will be used for late student arrivals to class. Theater late style is as follows: The class door is closed (locked) at the beginning of class, at 10 minutes after the hour; the instructor will open the door and let students that arrived late to enter. This is the only time late students can disrupt class.

Disruptive Behavior:

The primary responsibility of all instructors is to maintain the learning environment of the lab or classroom in such a way as to promote opportunity for all students to learn with out unneeded or unwanted disruptions. Any student behaviors that interfere with student learning will be unacceptable. Lists of the behaviors that clearly cause disruption and therefore will be unacceptable include:

1. All personal communication devices must be turned to vibrate or other silent features during class/lab sessions. If you must take a call, you will be required to leave the classroom.
2. Use of headphones or other listening devices
3. Eating any type of food/drinks such as water, soda pop, coffee etc. in lab (food and drink are allowed in lecture)
4. Failure to follow instructions or directions related to learning activities (example forming groups, making presentation)
5. Talking with other students about things unrelated to the learning process of the class
6. Failure to respond to an instructor's request to speak with them (example: make an appointment with me, visit my office, speak with me after class)
7. Other yet undefined behaviors that interfere with the learning process of the students

A violation of the above listed disruptive behaviors may result in a loss of Professionalism

Points. In addition, a student may be referred to FSU Judicial Services for significant behavioral problems as determined by the course instructor. (IE. classroom behavior, cheating, etc.).

GENERAL POLICIES:**Disabilities Services:**

Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039.

Americans with Disabilities Act

Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testing, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

Student Dignity:

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment:

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment:

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns:

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, which may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

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relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement:

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior, which obstruct or disrupt the learning environment of the classroom or other educational facilities, will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. All personal communication devices must be turned to vibrate or other silent features during class/lab sessions. If you must take a call, you will be required to leave the classroom.
4. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class; the instructor may call Public Safety to assist with the student's removal.
5. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
6. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
7. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
8. Failure to follow instructions or directions related to learning activities

Honesty Policy:

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. **Plagiarism** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

**DHYG 214
CLINICAL DENTAL HYGIENE THEORY 3**

FALL SEMESTER 2007



COURSE SYLLABUS

**Course Instructor:
Susan Wancour, RDH, MS
Assistant Professor**

BULLETIN DESCRIPTION:

A continuation of clinic theory: introduces advanced instrumentation techniques, automated instrument devices, management of advanced periodontal patients, maintenance and care of dental implants, chemotherapeutic agents, a more in-depth understanding of the dental hygiene process of care, and management of patients with special needs. 2 credit hrs.

PREREQUISITES:

Successful completion of DHYG 124 and DHYG 125.

TIME:

Tuesday and Thursday, 3-3:50pm

LOCATION:

VFS 328 classroom

Contact information for course instructor:**OFFICE HOURS:**

Posted on office door.

Office: VFS 312, Office phone: 231-591-2398

Email: wancours@ferris.edu

Faculty mailboxes are located in the Dean's office. Faculty communication folders are located in clinic.

If you need to see the instructor, please come during office hours or make an appointment.

REQUIRED TEXTBOOKS:

- ✓ **DHYG 214 Manual, DHYG 215 Manual**, Wancour (2007), FSU Rankin Center Bookstore.
- ✓ **Dental Hygiene Theory and Practice**, 2nd Edition, Darby & Walsh (2003)

GENERAL COURSE OBJECTIVES:

- To provide a theoretical framework of dental hygiene diagnostic and therapeutic regimens that will provide a basis for evidence based clinical decision making.
- To increase knowledge and mastery of the Dental Hygiene Process of Care for a variety of patients.
- To increase knowledge of new instruments, ultrasonic technology, air polishing, comprehensive periodontal assessment, and non-surgical periodontal therapy.
- To increase skills assessment, problem solving, and evaluation of continuing care to a variety of patient case types.

As students in DHYG 214 the following is expected of you:

- Attend all classes and be on time.
- Read the assigned reading before each lecture.
- Use the objectives as a study guide by turning each objective into a question, and answering the question.
- Complete and turn in any assignments by class time on the due date (failure to do so will result in a loss of points).
- You are responsible for obtaining any course notes *from another student* if you are not present in class.
- Ask questions when you are not clear on expectations or on any assigned material.
- Demonstrate appropriate behavior in the classroom.
- Demonstrate respect for each other as professional colleagues, even though you have differences. When the instructor, guest speaker, or classmate is speaking, you are expected to be *courteous* and *attentive*. We each bring a different perspective to class that enriches our learning.

GRADED COURSE COMPONENTS:

EXAM 1 (50 questions--1 point each)	50
EXAM 2 (50 questions--1 point each)	50
EXAM 3 (50 questions--1 point each)	50
EXAM 4 (50 questions--1 point each)	50
COMPREHENSIVE FINAL EXAM (100 questions--1 point each)	100
Team Assignment	50
Professional Journal Assignment	50
TOTAL	400

You may figure your percentage and your grade point average (GPA) at any time by dividing your points by the total possible points to that date. Then, match your percentage up to the percentages and assigned grades below.

PROGRAM GRADING SCALE: (in percentage)

94 -- 100 = A	75 -- 77 = C
90 -- 93 = A-	70 -- 74 = C-
87 -- 89 = B+	67 -- 69 = D+
84 -- 86 = B	65 -- 66 = D
80 -- 83 = B-	63 -- 64 = D-
78 -- 79 = C+	62 and below = F

- ***Please keep all assignments, tests answer sheets, etc. until your final grade for the course has officially been received.***

INFORMATION REGARDING EXAMINATIONS:

DHYG 214 examinations will be based upon:

- **Published topic behavioral objectives**
- Objectives published in the textbooks at the beginning of each chapter reading assignment
- Reading assignments
- Classroom notes and discussion
- Additional handouts received in class
- Videos viewed in class
- ***Makeup for exams can only be done with an excused absence, otherwise a zero will be assessed for the exam.***
- ***It is the students' responsibility to contact the course instructor within 24 hours to schedule a time to take a missed exam.***

There will be a **professional journal assignment** relating to periodontal disease/therapy, see "Assignments" section in the back of the manual.

There will be a **team written assignment/presentation**, see "Assignments" section in the back of the manual—details will be discussed in class.

COURSE POLICIES:

Academic Dishonesty - Refer to the Academic Dishonesty Policy found in the FSU Student Handbook. **Cheating will not be tolerated.** A student will be referred to the FSU Judicial Services for dishonesty. (See *Honesty Policy* below under General Policies).

Attendance Policy – Attendance will be taken at every class. Each student is allowed **one unexcused absence**. One point will be deducted for each **unexcused** absence thereafter. Acceptable excused absences are: personal illness (or your child's illness) that require a physician's attention (written documentation); a death in the immediate family or significant other (with documentation); University sponsored events (ex. athletics, debate, etc. with authorized form); subpoena requiring you to be in court; inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only). Unacceptable reasons for absence include: day care coverage, employment, incarceration or court appearances related to violations of the law, or illness not requiring a physician's attention.

Tardiness – arriving to class late can be disruptive. Please be on time. Chronic tardiness will be dealt with on an individual basis.

Class Participation - Class participation is expected, i.e. be attentive, ask questions, participate in group discussions, etc.

Disruptive Behavior – The primary responsibility of all instructors is to maintain the learning environment of the classroom in such a way as to promote the opportunity for all students to learn without unneeded or unwanted disruptions. Any student behaviors that interfere with student learning will be unacceptable. The following are behaviors that clearly cause disruption:

- ✓ Coming into the classroom late.
- ✓ Talking with other students during lecture.
- ✓ Personal communication devices (beepers or cell phones)--must be turned to vibrate or another silent feature during class. If you must take a call, you will be required to leave the classroom.
- ✓ Headphones and other listening devices are not allowed in the classroom.
- ✓ Failure to follow instructions related to learning activities (groups, presentations, etc.)
- ✓ Failure to respond to an instructor's request to speak with them.
- ✓ Other yet undefined behaviors that interfere with the learning process of the students.

A student may be referred to the FSU Judicial Services for behavioral violations (i.e. behavior, cheating, etc.).

PROGRESSION:

In order to progress in the Dental Hygiene Program, the student must pass each dental hygiene course with a 2.0 (C) grade (75% or higher).

DISCLAIMER: *The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.*

SPECIFIC COURSE OBJECTIVES:

Non-Surgical and Supportive Periodontal Therapies:

1. Define all key terms in the reading assignment.
2. Differentiate between an oral prophylaxis, nonsurgical periodontal therapy, and supportive periodontal therapy.
3. Integrate nonsurgical periodontal therapy into the dental hygiene process of care: professional implementation.
4. Be able to discuss advanced manual instrumentation techniques used in nonsurgical periodontal therapy.

Root Morphology:

1. Define key terms used in this lecture and in the reading assignment.
2. Identify the purpose of why we, as dental hygienists study root morphology (as it related to the dental hygiene process of care and to instrumentation).
3. Identify common characteristics of roots of the permanent dentition.
4. List the one, two, and three rooted teeth and be able to identify the locations of these roots (i.e. mesial, distal, buccal or lingual).
5. Define axial positioning of teeth and the importance in root instrumentation.
6. Compare and contrast the location of the CEJ's of anterior and posterior teeth.
7. Identify the number of roots, location of the roots, and the accessibility of the furcation on all multi-rooted teeth.
8. Explain the significance of root concavities and where they are most likely to occur.
9. Describe the challenges in the instrumentation of multi-rooted teeth.
10. Discuss the different root anomalies that can occur.

Periodontal Assessment:

1. Understand the importance and legal implications for the dental team of providing a complete and accurate periodontal assessment on every patient.
2. Review the components of the periodontium: gingiva, alveolar bone, cementum, periodontal ligaments.
3. Determine what patients will receive PSR and what patients will receive a comprehensive periodontal assessment.
4. List the different types of periodontal assessment.
5. Define, identify and record probing depth measurements and bleeding points clinically

6. Define, measure and record recession/clinical attachment loss clinically
7. Define a pseudo pocket.
8. Define, recognize, and record exudates clinically
9. Identify the number and location of roots on multi-rooted teeth.
10. Name permanent teeth that could have furcation involvement.
11. Define, identify and record the four classes of furcation involvement clinically.
12. Define, recognize, and record the three classes of mobility clinically.
13. Utilize periodontal assessment to determine your patient's case type, the DH diagnosis, treatment planning, DH interventions/implementation, and evaluation clinically.
14. Discuss electronic periodontal charting and its application.

Periodontal Chemotherapy:

1. Define all key terms.
2. Relate the FDA and ADA guidelines for acceptance of chemotherapeutic agents for the control of plaque, gingivitis, and periodontitis to the evaluation of related professional literature.
3. Be able to list and discuss the different chemotherapeutic agents used for the control of plaque and gingivitis.
4. Discuss self-applied oral irrigation and professionally applied subgingival irrigation.
5. List and discuss the chemotherapeutic agents used for the control of periodontitis.
6. Discuss indications for chemotherapeutic intervention as an adjunct to mechanical plaque biofilm control, NSPT, the treatment of gingivitis and periodontitis, and maintenance of periodontal health.

Assessing Patient Risk Factors (periodontal disease and caries):

1. Discuss and list patient risk factors in the assessment of periodontal disease.
2. Discuss and list patient risk factors in the assessment of dental caries.

Mechanized Instrumentation:

1. Define key terms
2. List the three modes of action of mechanized instruments
3. Name the two types of ultrasonic units
4. Discuss manual vs. autotuned ultrasonic units
5. Discuss the different types of inserts for magnetostrictive units
6. List the areas on the insert tip from highest to lowest energy
7. Discuss the health-related outcomes of mechanized instrumentation
8. Discuss advantages and disadvantages of mechanized instrumentation compared to manual instrumentation
9. Discuss indications and precautions for mechanized instrument use
10. Discuss tuning the mechanized unit
11. Discuss the instrumentation technique for mechanized instruments

DH Process of Care (ADPIE) review & clinical application:

1. Review the Dental Hygiene Process of Care learned in DHYG 124 to assess, diagnosis, plan, implement the plan, and evaluate the client in clinic.
2. Review the Dental Hygiene Treatment/Care Plan used in the FSU DH clinic.

DH Diagnosis:

1. Define the dental hygiene (DH) diagnosis.
2. List the three things that must be identified to be able to write a DH diagnosis.
3. Define a preliminary diagnosis.
4. Understand the clear distinction between a DH diagnosis and a dental diagnosis.
5. Be able to write accurate DH diagnostic statements.
6. Apply the human needs theory to the DH diagnosis process.

DH Care Plan:

1. Define key terms.
2. Define the term "planning" as it relates to dental hygiene care.
3. Discuss the difference between a DH care plan and the overall dental plan.
4. List the rationale for developing a formal DH care plan.
5. Discuss how we establish priorities when writing the care plan and what they are influenced by.
6. Define client-centered goal and list the three types of goals.
7. List the four things that must be included when writing a client-centered goal and define them.
8. Discuss the role of the client in developing the DH care plan.

9. Discuss planning appointment time for the client.
10. Define dental hygiene interventions and give an example.
11. Discuss the concept of informed consent and informed refusal.
12. Be able to write a client-centered goals using the DH assessment and diagnosis.

Evaluation of Non-Surgical Periodontal Therapy:

1. Define all key terms.
2. Define evaluation according to its purpose, relationship to other steps in the dental hygiene process, and legal rationale.
3. Evaluate achievement of client goals as established in the plan of care.
4. Discuss the dental hygiene prognosis and its impact on continued dental hygiene care.
5. Discuss the final patient evaluation.
6. Discuss the purpose of reevaluation with a periodontally involved patient and when it should occur.
7. List the elements that a reevaluation visit should include.
8. Discuss what the decision to refer a patient to a periodontist is based on.
9. Discuss when surgical intervention should be considered when treating periodontitis.

Continuing Care Appointments:

1. Define and discuss continuing care as it relates to the DH Process of Care
2. Define research to support clinical decisions regarding appointment time frames for continuing care
3. Discuss appropriate continuing care intervals
4. Discuss structuring a continuing care program
5. Discuss continuing care procedures

Air Polishing:

1. Define all key terms
2. Define air polishing
3. Discuss the benefits of air polishing
4. Discuss air polishing effects on enamel, dentin, cementum, restorations, implants and soft tissue
5. List the medical contraindications to air polishing
6. List air polishing safety issues
7. Describe the air polishing technique

Behavior Modification:

1. Define key terms.
2. Discuss the importance of interpersonal communication to the dental hygiene profession.
3. List the basic components of the communication process.
4. List factors that affect interpersonal communication.
5. Describe the CARE principle.
6. List the types of nonverbal behavior.
7. Discuss therapeutic and nontherapeutic communication techniques.
8. Identify major theories of motivation.
9. Identify communication techniques appropriate throughout the life span.

Tobacco Cessation:

1. Define all key terms in the chapter.
2. Describe the oral and systemic effects of tobacco use.
3. Describe the 5 A's approach to treating tobacco use and dependence.
4. Provide effective interventions to clients in clinic based on their readiness to quit using tobacco products.
5. Describe the seven key elements of tobacco cessation counseling.
6. Describe strategies for coping with the tobacco quitting process and for preventing relapse.
7. Describe available FDA-approved pharmacologic adjuncts to assist with client abstinence.

The Older Adult Patient:

1. Define all key terms.
2. Discuss demographics of the older adult.
3. Discuss social and physiologic aspects of aging.
4. Discuss assessment of health status of the older adult related to ADLs.
5. Discuss the role of the dental hygienist in health promotion and aging.
6. Discuss age-related and pathology-induced physiologic changes that occur with aging.
7. Discuss oral conditions seen in the older adult.
8. Identify oral changes that occur as a result of diseases or medications.

9. Discuss the dental hygiene process of care when treating the older adult.
10. Explain how alterations in dental hygiene care may be necessary when treating an older adult.
11. Discuss community health services for the older adult.

Fixed and Removable Dentures:

1. Define key terms.
2. Discuss factors associated with tooth loss.
3. Identify the types of appliances used in fixed and removable prosthodontic therapy.
4. Discuss the challenges associated with the replacement of missing teeth.
5. Describe dental hygiene care for prosthodontics.
6. Discuss educating the patient in the care of prosthodontics.
7. Plan and evaluate dental hygiene care for patients with prosthodontics.

Dental Implants:

1. Define the key terms.
2. Define the basic components of a dental implant.
3. Define the various types of dental implants and explain the rationale for each
4. List the indications and contraindications for using dental implants.
5. Discuss the benefits of dental implants.
6. Compare and contrast implant and natural tooth supporting structures.
7. List the armamentarium for providing professional dental hygiene care for dental implant clients.
8. Describe peri-implantitis and related dental hygiene interventions.
9. List the home oral hygiene aids for dental implants.
10. Develop an oral hygiene care plan for a client based on the type of dental implant and the client's personal preference and oral hygiene behaviors.
11. Describe the dental hygiene process of care for clients with dental implants.
12. Identify initial and maintenance appointment time frames.
13. List two reasons for implant failure.

Patients with Cancer:

1. **Define all key terms in the chapter**
2. Define the term cancer
3. List cancer risk factors
4. List signs and symptoms of early stages of cancer
5. **Describe psychosocial responses related to cancer**
6. Discuss the different treatments for cancer and the oral complications they can cause
7. Discuss oral cancer and the given statistics
8. **Discuss the dental hygiene process of care as it relates to the cancer patient**
9. **Develop a dental hygiene care plan for clients with cancer**
10. Discuss psychosocial support for the professional caring for cancer patients

Patients with Cardiovascular/Respiratory Disease:

1. Define key terms.
2. Discuss cardiovascular disease risk factors and links to periodontal disease.
3. Identify symptoms of rheumatic heart disease, endocarditis, valvular defects, arrhythmias, hypertension, congestive heart failure, myocardial infarction, congenital heart disease, and angine pectoris.
4. Discuss oral complications associated with coronary diseases.
5. Apply the dental hygiene process of care to a patient with cardiovascular disease.
6. Discuss emergency medical care for the different cardiovascular diseases.
7. Identify risk factors, symptoms, medications, and dental hygiene care implications for patients with respiratory disease.
8. List the different types of respiratory diseases and define them.
9. Explain the relationship between periodontal disease and respiratory conditions.

Patients With Neurological & Sensory Disabilities:

1. Define all key terms in the chapter.
2. Identify and describe characteristics of diseases of the muscles, connective tissues, joints, nervous system, cerebrovascular diseases, and disorders of perception and communication.
3. Describe modifications in dental hygiene appointment planning and clinical

6. procedures with patients having cerebral palsy, hearing impairments, blindness, arthritis, muscular dystrophy, multiple sclerosis, myasthenia gravis,
7. stroke, and Bell's palsy.
8. Describe modifications in oral physiotherapy, and identify specific oral physiotherapy aids for patients with any of the above disabilities.
9. Discuss methods for modifying standard oral physiotherapy aids to be recommended for patients demonstrating poor manual dexterity.
10. Identify basic sign language useful with a hearing impaired patient.

Patients with Disabilities: The Mentally Challenged Patient:

1. Define all key terms in the assigned chapter.
2. Discuss etiologies of mental retardation, Down syndrome, and autism.
3. Describe general characteristics of persons with mental retardation, Down syndrome, or autism.
4. Plan dental hygiene educational interventions for a client who is mentally handicapped.
5. Describe medical conditions that may accompany Down syndrome and their effect on dental hygiene care.
6. Be able to recognize clinically oral manifestations seen in mentally handicapped patients.
7. Discuss how to overcome communication barriers with autistic children.
8. Be able to plan an oral hygiene care plan based on the mentally handicapped client's individual needs.
9. Apply effective communication skills with mentally challenged children at the MOISD Special Education Center in order to complete a dental screening and oral hygiene instructions.

Patients with Diabetes Mellitus:

1. Define key terms.
2. Describe the difference between type 1 and type 2 diabetes.
3. Describe the chronic complications of diabetes, including oral complications.
4. Describe treatment considerations with a diabetic patient.
5. Understand the relationship of diabetes control and oral infections.
6. Be able to apply the dental hygiene process of care to the diabetic patient

GENERAL FSU POLICIES:

Religious Holidays

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Lab Safety/Health

Per Nuclear Regulatory Commission Regulations and Guidelines, radiation film badges must be worn at collar level and on the finger while in the Nuclear Medicine lab. Lab coats must be worn during all labs. Lab coats may not be worn outside of the lab per OSHA guidelines. Shorts, skorts, or skirts may not be worn in the lab unless tights or nylons are also worn. Open-toed shoes, sandals, etc. may not be worn. Latex or vinyl gloves must be worn when handling blood or body fluids, as well as radioactive materials. Other protective gear (i.e., lead aprons, safety glasses, etc.) will be provided as necessary. No food or drinks are allowed in the lab. Chewing gum, cough drops, etc. are not allowed. Students may not enter the hot lab (VFS 100A) at any time without the permission of the course instructor. Non-compliance of any of the above guidelines will result in no credit for that lab session. Further non-compliance could result in suspension and/or expulsion from the program.

Disabilities Services

Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039.

Americans with Disabilities Act

Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testings, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

Student Dignity

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

- 1.The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
- 2.Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
- 3.The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1)submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2)submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3)such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships Between University Employees and Students

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility.

For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive leave the class, the instructor may call Public Safety to assist with the student's removal.

4.If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.

5.Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into he instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)

6.Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.

7.The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. **Plagiarism** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations may mean failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

DHYG 214 CLINICAL DENTAL HYGIENE PRACTICE 3 COURSE SYLLABUS STUDENT SIGNATURE SHEET

Please review and sign. To be collected by instructor. If this form is not turned in within one week, professional responsibility points may be deducted.

I have read the DHYG 214 course syllabus and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Date

Print student's name

Student's signature

DHYG 215
CLINICAL DENTAL HYGIENE PRACTICE 3
COURSE SYLLABUS—FALL 2007

COURSE DESCRIPTION: This course is a continuation of DHYG 125 with students providing oral services to clients in a supervised clinical setting. Students will demonstrate skills in advanced instrumentation client treatment methods and pain management.

PREREQUISITES: DHYG 124 & 125.

COURSE INSTRUCTOR: Susan Wancour, RDH, MS, Assistant Professor, Course Coordinator

Office: VFS 312, office phone: 231-591-2398, e-mail: wancours@ferris.edu

Office hours will be posted on my office door. Please see me during office hours or make an appointment.

Denise Byrnes, RDH, Course Co-coordinator

Office: VFS 206-A, office phone: 231-591-2262, e-mail: byrnesd2@ferris.edu

COURSE SCHEDULE: Seminar--Tuesday, 8:00-8:50am in VFS 328

Clinic Section 211: Monday/Wednesday 1:00-4:50pm and Tuesday 5:00-8:50pm

Clinic Section 212: Monday/Wednesday 8:00-11:50am and Thursday 5:00-8:50pm

REQUIRED COURSE MATERIALS:

DHYG 215 Course Manual, S. Wancour, Fall 2007, Rankin Bookstore

Dental Hygiene Theory and Practice, Darby & Walsh, 2nd Edition (2003)

Clinical Practice of the Dental Hygienist, Wilkins, 9th Edition (2005)

Dental Drug Reference, Gage & Pickett, latest edition

Foundations of Periodontics for the Dental Hygienist, Nield-Gehrig & Willman, (2003)

Radiographic Interpretation for the Dental Hygienist, Haring & Lind (1993)

Required Instrument Kits/Supplies/Materials:

- ✓ Required instrument kit: DHYG 215 Fall 2006 Kit, purchase in clinic on DHYG 215 Clinic Orientation Day.
- ✓ An appointment book
- ✓ Three ring notebook with page dividers for clinic portfolio. **The portfolio is due in clinic on Monday, 8/27/07.** You may use your portfolio from DHYG 125. You are required to keep **all** documents related to clinic in this notebook, including Radiology and Seminar documents, and you must bring it to every clinic. The clinic tracking form must be kept up-to-date – be sure your instructor signs weekly. Failure to present your portfolio during every clinic will result in a deduction of 5 points Professional Responsibility.
- ✓ Appropriate scrubs/lab coats/clinic shoes/safety glasses.
- ✓ Current CPR card—Students must maintain current (not expired) certification at the **professional** level of cardiopulmonary resuscitation throughout their clinical experience. This training should include use of face mask, use of the automated external defibrillator (AED), and 1 and 2 person CPR. See Attachment 1 of the Dental Hygiene Clinic Policy and Procedure Manual for the Dental Hygiene Program's policy on Basic Life Support Training. Students are to provide documentation of professional level CPR certification. A student without current professional CPR certification will be denied access to patient treatment and will receive a deduction of 5 Professional Responsibility points until current certification is presented. Five points will be deducted each day the student is not present to treat a patient. Students

are encouraged to check on CPR card expiration date at the beginning of the semester to allow for recertification prior to expiration date.

- ✓ A completed Immunization and Immunity Form including a negative TB skin test or chest x-ray performed within the last six months. You cannot participate in clinic without these documents.

COURSE OBJECTIVES:

- ✓ Practice the current standard of care as established by the ADHA
- ✓ Continue to gain mastery of the Dental Hygiene Process of Care
- ✓ Apply principles learned in Periodontics and Clinic Theory classes
- ✓ Develop skills in case planning and case presentation
- ✓ Continue to develop critical thinking skills to manage a variety of patients
- ✓ Begin to gain competence in performing a comprehensive periodontal assessment
- ✓ Begin to gain competence in periodontal risk assessment
- ✓ Begin to gain competence in advanced instrumentation on periodontal patients
- ✓ Become competent using an ultrasonic scaler
- ✓ Become competent using an air polisher
- ✓ Become competent applying chemotherapy to periodontally involved sulci
- ✓ Develop skills in tobacco cessation patient counseling
- ✓ Continue to gain proficiency in professional responsibility and demeanor
- ✓ Continue to develop efficiency/time management skills
- ✓ Continue to develop skills to work effectively as a team member
- ✓ Develop skills in self-assessment of clinical procedures

COURSE EVALUATION:

The final course grade will be determined by the following assessments:

- ✓ Midterm Clinical Exam: 100 points
- ✓ Final Clinical Exam: 100 points
- ✓ Student Performance Form scores 100 points *(only 1 pedo patient grade may be used toward final grade)*
- ✓ Radiology Patient Competencies 100 points
- ✓ Process Evaluations (6) 120 points
- ✓ Periodontal Assessment Quiz (Seminar) 10 points
- ✓ Periodontal Workshop Quiz (Seminar) 10 points
- ✓ Medical Emergencies Quiz (Seminar) 10 points
- ✓ Ultrasonic/ProphyJet Quiz (Seminar) 10 points
- ✓ Patient Completions (15) complete/incomplete
- ✓ Sealants (2) complete/incomplete
- ✓ Periodontal Assessment Exercise complete/incomplete
- ✓ MOISD Field Trip complete/incomplete
- ✓ Radiology Non-Patient Requirements complete/incomplete
- ✓ Oral Irrigation Competency pass/retake
- ✓ PerioChip Competency pass/retake
- ✓ Ultrasonic Competency pass/retake
- ✓ Prophy-Jet Competency pass/retake
- ✓ Sealant Competency pass/retake
- ✓ Professional Responsibility 5 or more points may be deducted for infractions of clinic policies or 5 points may be awarded for significant professionalism.

TOTAL POINTS: 560

GRADING SCALE:

<u>Percentage</u>	<u>Grade</u>
94 – 100	A
90 – 93	A-
87 – 89	B+
84 – 86	B
80 – 83	B-
78 – 79	C+
75 – 77	C
70 – 74	C-
67 – 69	D+
65 – 66	D
63 – 64	D-
62 and below	F

ATTENDANCE POLICY:

Attendance is mandatory for **all** clinic and clinic seminar sessions. Prearranged absence based on an exceptional situation may be counted as an excused absence at the discretion of the course coordinator. It is understood that students do at times have personal issues (illness, family emergencies, etc.) that cause them to be away from class. However, since clinic attendance is crucial to successful completion of this course, students should be aware that only issues that are clearly beyond their control may be accepted as excused absences. Also, in some cases even having excused absences (if there are several) may result in a student not being able to successfully complete this course, as too much work will have been missed.

ALL CLINIC ABSENCES, EXCUSED OR UNEXCUSED MUST BE MADE UP. YOU MUST SHOW ANY EXCUSED ABSENCE DOCUMENTATION TO THE COURSE COORDINATOR SO AS NOT TO RECEIVE 5 POINTS PROFESSIONAL RESPONSIBILITY POINT DEDUCTION. THE FRONT DESK INFORMS THE COURSE COORDINATOR OF ALL CLINIC ABSENCES. *Students will receive a 2 point deduction for any unexcused Clinic Seminar absence.* Important clinic management issues are addressed and quizzes are administered during Clinic Seminar time. Any missed quizzes in Seminar can only be made up with an excused absence. It is the student's responsibility to contact the instructor to arrange for make-up quizzes.

The only reasons that may be accepted as excused absences are:

- ✓ Personal illness (or your child's illness) that requires a physician's attention (written documentation),
- ✓ A death in the immediate family or significant other (with documentation).
- ✓ University sponsored events, with authorization form (athletics, debate, etc.)
- ✓ Subpoena requiring you to be in court for testimony
- ✓ Inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only)
- ✓ Attending a Board Review Session – MUST ARRANGE IN ADVANCE

Unacceptable reasons for absence

- ✓ Day Care coverage
- ✓ Employment—having to work
- ✓ Incarceration (jail) or court appearances related to violations of the law
- ✓ Illness not requiring a physician's attention

You MUST notify the front desk if you will be late or absent for your scheduled clinic session. Contact the dental receptionist at extension 2260, or leave a message if a person does not

answer the phone. Failure to do so will result in an automatic deduction of five (5) professional responsibility points.

Late arrivals to clinic sessions will result in a violation of Professional Responsibility, and will result in deduction of (5) points. Leaving clinic *prior to instructor dismissal* will result in (5) point deduction in Professional Responsibility.

NOTE: *When faced with a patient cancellation or no show, you must remain in clinic, however every attempt should be made to locate a patient. For example, call a patient scheduled at a later date to come in early, contact a friend, take a walk-in patient, etc. Instructors will assign duties to be performed when you do not have a patient. No more than two clinic sessions (8 hours) without a patient will be allowed. Students should maintain a list of patients who can come at short notice.*

Assigned Rotations:

Students are expected to be present and on time in proper clinic attire for all assigned rotations. The same rules apply to late arrival, clinic attire infractions, and professionalism during these assigned times. It is expected that students will be prepared for assigned rotations by reviewing the duties required for each assigned rotation in *advance of clinic*. Students are required to be actively involved in assigned duties during their rotations and are not to leave their assigned area. Any infraction of the above is due cause for a deduction in professional (5) responsibility points. If you would like to change an assigned duty, you will need to receive approval from the course instructor. In addition, the radiology instructor will need to approve any changes in the radiology rotation.

Opposite Clinic Rotations:

Students will be allowed to come into an unassigned clinic to make up missed clinic time, or to accommodate patient needs. This will be managed by the front desk on a first come, first serve basis.

Assignment of "No Patient Time":

Clinic instructors will scan 4 hours "no patient time" or absent hours for each clinic session that a student does not have a patient or is absent. The hours scanned will appear on the computer generated student progress report. One patient should be treated per each clinic time. No partial time will be deducted for completion of patient earlier than the dismissal time or for patients arriving late. You also may be office, sterilizing, or clinic assistant (permission from Melissa or Danette) if there is not already an assistant for that clinic time, but you must rotate out of one of your future scheduled rotations. **You must inform your section instructor of your whereabouts at all times!**

What Constitutes "Make Up Time?"

You cannot make up clinic time unless you have a patient in clinic or radiology, or are assigned a clinic rotation (clinic, sterilizing, or office assistant). Clinic make up time is scanned as the amount of hours you spend in an opposite clinic, i.e. you attend an opposite clinic from 5-7:30, you will receive 2 1/2 hours make up time. If your patient is completed early but you need all four hours make up time, you may stay in clinic as long as you check with your section instructor and receive a clinic task to accomplish, such as: assisting another student with a difficult patient or charting, working on radiographic interpretations, practice scaling/lateral pressure on your typodont, etc.

SADHA Day:

Attendance is highly recommended for this annual event. This day is recognized as a valuable learning experience. Students from all the Michigan dental hygiene programs meet for a day of professional development, tours of the hosting school's clinic, lunch, conversation, and fun! You do not need to be a member of SADHA to attend.

Clinic Teams/Team Leader:

Each of the six students in a team (Teams A,B,C,D,E) is responsible for each team member. A team leader will be appointed for each team each clinic. If the team leader is absent, the team must appoint another team leader for that clinic. If two students want to "switch" the responsibility of team leader, the entire team must agree and the instructor must be informed. The team leader is responsible to be sure all students on their team have signed in, have their process evaluations up to date, and to collaborate with team members on patient requirement needs. For example, if Student A has had four pedo patients and no perio patients and Student B has had four perio patients and no pedo patients, it is the team leader's responsibility to communicate with the two students that perhaps they should "switch" patients. It is also the team leader's responsibility to see that each student utilizes the patient types in their team to be able to complete their process evaluation that is due that week. It is recommended that the team leader plan to arrive early to clinic and they must stay until the end of clinic.

The team leader is responsible to delegate responsibilities at the end of clinic, i.e. helping other students clean units, helping in the sterilizing room, etc. The team leader must also initiate the team huddle at the end of clinic to discuss student needs, experiences, feedback, etc. with the observance of the clinic instructor. Each student in the team, as well as the clinic instructor, must evaluate the team leader each clinic. Awards and prizes will be given at the end of the semester to those teams who display efficiency and professionalism, i.e. first team to complete all process evaluations, etc.

Professional Responsibility:

Becoming proficient in the area of professional responsibility is an ongoing process. It includes your professional demeanor and appearance. For in depth information, please refer to the *Professional Responsibility* section of the *Policies and Procedures Manual*. This is what will be expected from you with regard to professional responsibility. Professional Responsibility deductions or additions are determined by the clinical instructors and clinic staff.

CLINIC DRESS POLICY:

The Clinic Dress Policy in the Policy & Procedures Manual, revised 2006, will be used as the Clinic Dress Policy guidelines.

- ~ Remember, you will be treating patients and must look neat, clean, and professional at all times!
- ~ Your socks should cover your ankles—no "footies" allowed.
- ~ Clinic shoes must be all white, and kept clean.
- ~ If you prefer to wear a shirt under your scrub top for warmth, please wear **plain white only**. A white t-shirt or white turtle neck is acceptable.
- ~ If any bangs or other hair is hanging in your face, please use bobby pins or barrettes.
- ~ Remember to check your nail length regularly.
- ~ A reminder on jewelry: plain wedding band only, no necklaces allowed, all facial piercings must be removed or covered, 2 earrings in each ear are allowed, post style only. Tongue rings must be limited to clear or flesh color retainers.
- ~ The smell of smoke is **offensive** to patients and others, so please do not smoke before clinic.
- ~ Any violation of the Clinic Dress Policy will result in a 5 point Professional Responsibility deduction, to the discretion of the section instructor and/or clinic coordinators.

Please attempt to resolve all clinical problems with your section instructor. If you need to see the course coordinator, do so during office hours or make an appointment.

GENERAL FSU POLICIES:

Religious Holidays

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of

religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Lab Safety/Health

Per Nuclear Regulatory Commission Regulations and Guidelines, radiation film badges must be worn at collar level and on the finger while in the Nuclear Medicine lab. Lab coats must be worn during all labs. Lab coats may not be worn outside of the lab per OSHA guidelines. Shorts, skorts, or skirts may not be worn in the lab unless tights or nylons are also worn. Open-toed shoes, sandals, etc. may not be worn. Latex or vinyl gloves must be worn when handling blood or body fluids, as well as radioactive materials. Other protective gear (i.e., lead aprons, safety glasses, etc.) will be provided as necessary. No food or drinks are allowed in the lab. Chewing gum, cough drops, etc. are not allowed. Students may not enter the hot lab (VFS 100A) at any time without the permission of the course instructor. Non-compliance of any of the above guidelines will result in no credit for that lab session. Further non-compliance could result in suspension and/or expulsion from the program.

Disabilities Services

Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039.

Americans with Disabilities Act

Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testings, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

Student Dignity

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the

matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships Between University Employees and Students

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility.

For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.

5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. ***Plagiarism*** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations may mean failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

DHYG 215 CLINICAL DENTAL HYGIENE PRACTICE 3 COURSE SYLLABUS SIGNATURE SHEET

Please review and sign. To be collected by instructor. If this form is not turned in within one week, professional responsibility points may be deducted.

I have read the DHYG 215 course syllabus and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Date

Print student's name

Student's signature

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DENTAL HYGIENE PROGRAM**

**DHYG 217-227 COMMUNITY DENTISTRY I-II
FALL WINTER 2007-2008**

COURSE DESCRIPTION: Introduction to local, state, and national health agencies, epidemiology, research in dentistry, prevention of dental disease, social aspects, financing, the quality of care, and introduction to planning, implementation and evaluation of dental professional programs. Course will include use of WebCt and Internet. 2 Credits – Fall (2 + 0); 2 Credits – Winter (1+2) Prerequisites: Second year dental hygiene student.

INSTRUCTOR: Sandra Burns
VFS 301
(231) 591-2276
burnss@ferris.edu
Office hours:

REQUIRED TEXTBOOK: Voigt Geurink, K. Community Oral Health Practice for the Dental Hygienist, 2nd edition, W. B. Saunders Company, 2005.

REFERENCE TEXTBOOKS: Textbooks: Wilkins and Darby/Walsh will be needed for references during the semester to work on group projects and program plans.

Saunders, Review of Dental Hygiene.
Mosby, Comprehensive Review of Dental Hygiene.

PERIODICALS: FSU Library Periodical Department OR Health Services Library, West Commons – see additional periodicals on p. _____.
"Clinical Preventive Dentistry"
"Journal of Dental Research"
"Journal of Preventive Dentistry"
"Journal of Public Health Dentistry"
"Journal of the American Society of Preventive Dentistry"
"Oral Hygiene"
"Preventive Dental Hygiene"
"Journal of Dental Hygiene"

TEACHING METHODS: Lecture, audiovisuals, guest speakers, discussion, and group projects will be included in the class. Readings and evaluations of scientific literature, Internet assignments, and power point presentations will be required throughout the semester. Projects will include planning and presenting Dental Health Programs and table clinics for the community. Students will participate in visitations to nursing homes, special needs sites, and screening programs. Students will use WebCT to access internet.

EVALUATION: Evaluation in the course for Fall semester will be as follows:

Group Assignments (10 pts. ea. X 5)	=	50 points
Exam 1	=	50 points
Exam 2	=	50 points
Table Clinic Abstract/Research/Preparation	=	25 points
Behavioral Change Project	=	25 points
Community Health Project	=	50 points
Power Point Presentations	=	25 points

Final Notebook (includes all assignments from semester –
Summaries, Internet assignments/Group projects/Handouts) = $\frac{50 \text{ points}}{325 \text{ points}}$
Total

Grading Scale:

94 - 100 = A	80 - 82 = B-	67 - 69 = D+
90 - 93 = A-	76 - 79 = C+	63 - 66 = D
87 - 89 = B+	75 = C	60 - 62 = D-
83 - 86 = B	70 - 74 = C-	59 or below = F

ATTENDANCE: Class attendance is mandatory. It is expected that all students will attend and be prompt for all classes.

GOAL: The goal of this course is to create an awareness in the student of community needs as related to dental health, and the personal and professional responsibilities of dental hygienists to assist in meeting these needs.

Note: All assignments are to be completed prior to class. Group participation is mandatory and will be evaluated. All final projects and notebook will be word processed.

REQUIREMENTS:

- I. and II. Fall and Spring Semester. DHYG 227 Community Field Experience:
Failure to complete will result in an incomplete grade for DHYG 227.
 - A. Nursing Home – Each student is required to visit Metron Nursing Center for patient visitation during the academic year (Fall or Spring semester).
 - B. Changing Behavior Project- Due December
 - C. Community Health Activity
 - 1. Participate in one other community health activity such as a health fair, girl or boy scout dental health activity, dental health career day, etc., will be required during the academic year (Fall or Spring semester).
 - D. MOISD Visit- (Group Visit to Special needs educational classroom will be scheduled by Mrs. Burns)
 - 1. This assignment may be completed at any time during the year (Fall-Spring). Must be completed and submitted by April 15th.
 - E. Diversity Project (Fall semester)
 - 1. Develop a respect for diversity, an understanding of different cultures, and the ability to work constructively and effectively with others who have different backgrounds, goals, and priorities.
 - 2. Describe the different factors that must be considered when providing health services to culturally diverse populations.
 - 3. Paper will contain the following:
 - a. Why is the client considered diverse?
 - b. How did you assess the needs of the client?
 - c. How did you adapt your treatment plan for this client?
 - d. Evaluation of the experience
 - F. Screening Clinic – Fall/Spring
 - 1. Student will participate in a screening assessment clinic to gather data, i.e., MOARC, Early Success, Fluoride Varnish Pre-school or Sealant 2nd grade.
- III. DHYG 217-227 Community Dentistry 2 – Community Health Project

This assignment must be turned in by September 15th. It is for credit for DHYG 217. Ferris State University and the Dental Hygiene Program comply with the Americans for Disability Act. If you have a special need, please let me know at the beginning of the course.

Community Health Project – (Due September 15) See evaluation on page ____.

- A. Health Department directory and services
- B. Fluoridation History
- C. Educational institution dental programs and vending machines
- D. Local cancer society activities
- E. Local dental hygiene society

IV. Dental Table Clinic (Proposal and Research – Abstract) (Table Clinic Presentation Sept – April or Childrens Dental Health Month)

- A. Proposal (Due November 15). Use proposal form in DHYG 217-227 Manual, pp. ____.
 - 1. Statement of purpose of the table clinic.
 - 2. Specific dental health concepts, in sentence form, to be emphasized in exhibit.
 - 3. Learning activities and audiovisual equipment needed for each of the concepts.
 - 4. Each member's responsibility (Chair selected by group).
 - 5. Three abstracts – each member of group
- B. Rehearsal – (Sept. - April)
 - 1. Construction of Props
 - a. Accuracy of information
 - b. Neatness, durability, and artistic quality – all lettering must be word processed
 - c. Complete
 - 2. Accuracy of verbal information
 - 3. Verbal delivery: Reference 3" x 5" cards may be used, but may not be read.
 - 4. Timing of presentation
- C. Presentation -see evaluation form sample.

V. Educational Program Plan – Final written paper due March 20th. Receive assignment in January.

Statistic gathering instrument questionnaire with responses – (15 points)

Grouping of statistics into classes or categories – (5 points)

Concepts – (5 points)

Goals – (10 points)

Objectives – (20 points)

Media – (5 points)

Learning activities – (20 points)

Evaluation instrument for Learners – (15 points)

Program effectiveness summary – dental hygiene student opinion/evaluation – (5 points)

NOTE: After instructor evaluation, students will be given the opportunity to resubmit papers with corrections.

Educational and special programs will be carried out Fall/Winter Semester. Completion by April 15th.

COURSE POLICIES:

**DHYG 217-227
COMMUNITY DENTISTRY PROJECTS**

CHECKOFF LIST

- I. Community Field Experience
 - A. Diversity Project (due December) _____
 - B. Nursing Home (due April 15) _____
 - C. Community Health Activity (due April 15) _____
 - 1. Student's Choice _____
 - D. MOISD Visit (due April 15) _____
 - E. Screen Project (due April 15) _____
- II. Community Health Project (due Sept. 15) _____
- III. Dental Table Clinic _____
 - A. Abstracts – Review of Literature (due Oct. 15) _____
 - B. Proposal (due Nov. 15) _____
 - C. Presentation (due in March) _____
- IV. Educational Program Plan (due April 15) _____
 - A. Form A – Phone _____
 - B. Form B – Appointment _____
 - C. Form B1 – Media _____
 - D. Form C – Program Plan _____
 - E. Form D – Presentation _____
 - F. Evaluation _____
 - G. Self Evaluation _____
 - H. Peer Evaluation _____

Student Signature: _____

Instructor Signature: _____

Signed and Completed by April 15th _____

DHYG 217	COURSE OUTLINE	
TOPIC	LECTURE HOURS	COMMUNITY PROJECT
Course Orientation	1	
WebCT	1	
People's Health	1	
Guest Speaker-Mi Oral Health	1	
Government Programs	2	
Local Community Projects	1	
Wellness/Health Promotions	2	
Michigan Model	1	
School- Age	1	
Epidemiology	2	
Assessment		
Measurement/Indics	2	
Program Plan/Evaluation	2	
Learning Process	2	
Diversity	2	
Table Clinic Proposal/Research	1	
Prevention/Fluoride	2	
Prevention/Sealants & Diet	1	
Prevention/Tobacco	1	
Student Presentations	2	
Examinations	2	

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DENTAL HYGIENE PROGRAM**

DHYG 218 – PHARMACOLOGY FOR DENTAL HYGIENE

COURSE DESCRIPTION: - (2 credits) (2 lecture: 0 lab) DHYG 218 will be a mixed delivery course. Semester will be a mix of lecture and online coursework. This course is concerned with the actions and fate of drugs commonly used in dentistry, as well as their possible interactions with drugs being taken by the patient. WebCT will be used for calendar, course work, quizzes and assignments on the internet. You will be required to post assignments on WebCT such as case studies and PowerPoint's, and participate in discussion groups. Major examinations will be done in class. DHYG 218 will be taught using the SLA format.

INSTRUCTOR: Sandra Burns
Office: VFS 301
Phone: 591-2276
E-mail: burnss@ferris.edu

COURSE SCHEDULE: Tuesday/Thursday 12:00-12:50

REQUIRED TEXT: Core Concepts in Pharmacology
Holland and Adams Copyright @ 2006 Pearson Education Inc. Prentice Hall ISBN 0-13-089329-3

Workbook Core Concepts in Pharmacology
Holland and Adams Copyright @ 2006 Pearson Education, Inc
Prentice Hall ISBN 0-13-089435-4
Health History Textbook
Drug Reference Book (Required DHYG 125/215/225)

Pharmacology – DHYG 218 Course Manual – Burns @ FSU Bookstore

ADDITIONAL REQUIRED READING ASSIGNMENTS:

P & G Dental Resource Net – <http://www.dentalcare.com> (specific sections to be assigned in each module's reading list).

- Continuing education courses
- Case studies
- Learning center

American Dental Hygienists' Association, website www.adha.org, ADHA online.

SUGGESTED SUPPLEMENTAL MATERIAL:

Dental Hygiene Theory and Practice, Michele Darby and Margaret M. Walsh, W. B. Saunders Co., 2005.

Clinical Practice of Dental Hygiene, Lippincott, Williams, & Wilkins, 2005.

Oral Pathology for the Dental Hygienist, Olga Ibsen and Joan Anderson Phelan, W. B. Saunders Co., 3rd edition, 2004.

Comprehensive Care of the Periodontal Patient, An Interactive Study, CD-Rom. Available in College of Allied Health Sciences computer lab.

GRADING:

Exam 1	50 points
Exam 2	50 points
Quizzes	100 points
P&G Certificates*	25 points
Case Studies	50 points
Drug References	50 points
Final Exam	<u>75 points</u>
	400 points

*Internet Continuing Education Courses – found on the Proctor and Gamble Dental Resource Net Web page.

Students will be responsible for all assigned readings, workbook, lecture materials, P&G CE course material, Drug Notebook, web site reading assignments, PowerPoint presentations, slides shown in class and on WebCT, quizzes and examinations. Self-study is a strong component of this class; students are expected to complete all readings and workbook assignments prior to WebCT assignments and SLA.

GRADING SCALE:

A	100 – 94	C	76 – 75
A-	93 – 90	C-	74 – 70
B+	89 – 87	D+	69 – 67
B	86 – 83	D	66 – 63
B-	82 – 80	D-	62 – 60
C+	79 – 77	F	59 and below

ATTENDANCE: Class attendance is mandatory. It is expected that all students will attend and be prompt for all classes. One point will be deducted for each unexcused absence.

STRUCTURE LEARNING ASSISTANCE (SLA): DHYG 218 will be taught using the SLA format. There will be one lecture and one online session per week. In addition there will be two SLA workshop sections. A facilitator will run the SLA workshops. All students will be required to attend the first 2-3 SLA workshops. Thereafter only those with less than a cumulative grade of 80% will be required to attend the workshops. Those students not meeting the attendance policy of the workshops will automatically fail this course. Any student taking DHYG 218 may avail themselves to the SLA workshops. The workshops will be in classroom and online.

DENTAL HYGIENE COMPETENCIES:

FERRIS STATE UNIVERSITY COLLEGE OF ALLIED HEALTH SCIENCES DENTAL HYGIENE COMPETENCIES

According to the “Competencies for Entry into the Profession of Dental Hygiene” American Association of Dental Schools Home of Delegates 1999 Annual Session, the dental hygienist must exhibit competencies in the five following domains:

1. The dental hygienist must possess, first, the **Core competencies (C)**, the ethics, values, skills, and knowledge integral to all aspects of the profession. These core competencies are foundational to all of the roles of the dental hygienist.
2. Second, inasmuch as **Health Promotion (HP)** Disease Prevention is a key component of health care, changes within the health care environment require the dental hygienist to have a general knowledge of wellness, health determinants, and characteristics of various patient/client communities. The hygienist needs to emphasize both prevention of disease and effective health care delivery.
3. Third is the dental hygienist’s complex role in the **Community (CM)**. Dental hygienists must appreciate their role as health professionals at the local, state, and national levels. This role requires the graduate dental hygienist to assess, plan, and implement programs and activities to benefit the general population. In this role, the dental hygienist must be prepared to influence others to facilitate access to care and services.
4. Fourth is **Patient/Client Care (PC)**, requiring competencies described here in ADPIE

format. Because the dental hygienist's role in patient/client care is every changing, yet central to the maintenance of health, dental hygiene graduates must use their skills to assess, diagnose, plan, implement, and evaluate treatment.

5. Fifth, like other health professionals, dental hygienists must be aware of a variety of opportunities for **Professional Growth and Development (PGD)**. Some opportunities may increase clients' access to dental hygiene; others may offer ways to influence the profession and the changing health care environment. A dental hygienist must possess transferable skills (e.g., in communication, problem solving, and critical thinking) to take advantage of these opportunities.

Core Competencies

- C.1 Apply a professional code of ethics in all endeavors.
- C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of dental hygiene care.
- C.3 Provide dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidenced-based practice.
- C.4 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research, as well as the accepted standard of care.
- C.5 Continuously perform self-assessment for life-long learning and professional growth.
- C.6 Advance the profession through service activities and affiliations with professional organizations.
- C.7 Provide quality assurance mechanisms for health services.
- C.8 Communicate effectively with individuals and groups from diverse populations both verbally and in writing.
- C.9 Provide accurate, consistent, and complete documentation for assessment, diagnosis, planning, implementation, and evaluation of dental hygiene services.
- C.10 Provide care to all clients using an individualized approach that is humane, empathetic, and caring.

Health Promotion and Disease Prevention

- HP.1 Promote the values of oral and general health and wellness to the public and organizations within and outside the profession.
- HP.2 Respect the goals, values, beliefs, and preferences of the patient/client while promoting optimal oral and general health.
- HP.3 Refer patients/clients who may have a physiological, psychological, and/or social problem for comprehensive patient/client evaluation.
- HP.4 Identify individual and population risk factors and develop strategies that promote health related quality of life.
- HP.5 Evaluate factors that can be used to promote patient/client adherence to disease prevention and/or health maintenance strategies.
- HP.6 Evaluate and utilize methods to ensure the health and safety of the patient/client and the dental hygienist in the delivery of dental hygiene.

Community Involvement

- CM.1 Asses the oral health needs of the community, and the quality and availability of resources and services.
- CM.2 Provide screening, referral, and educational services that allow clients to access the resources of the health care system.
- CM.3 Provide community oral health services in a variety of settings.
- CM.4 Facilitate client access to oral health services by influencing individuals and/or organizations for the provision of oral health care.
- CM. 5 Evaluate reimbursement mechanisms and their impact on the patient's/client's access to oral health care.
- CM.6 Evaluate the outcomes of community based programs and plan for future activities.

Patient and Client Care

Assessment

PC.1 Systematically collect, analyze, and record data on the general, oral, and psychosocial health status of a variety of patients/clients using methods consistent with medico-legal principles.

This competency includes:

- a. Select, obtain, and interpret diagnostic information recognizing its advantages and limitations.
- b. Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
- c. Obtain, review, and update a complete medical, family, social, and dental history.
- d. Recognize health conditions and medications that impact overall patient/client care.
- e. Identify patients/clients at risk for a medical emergency, and manage the patient/client in a manner that prevents an emergency.
- f. Perform a comprehensive examination using clinical, radiographic, periodontal, dental charting, and other data collection procedures to assess the patient's/client's needs.

Diagnosis

PC.2 Use critical decision making skills to reach conclusions about the patient's/client's dental hygiene needs based on all available assessment data. This competency includes:

- a. Use assessment findings, etiologic factors, and clinical data in determining a dental hygiene diagnosis.
- b. Identify patient/client needs and significant findings that impact the delivery of dental hygiene services.
- c. Obtain consultations as indicated.

Planning

PC.3 Collaborate with the patient/client, and/or other health professionals, to formulate a comprehensive dental hygiene care plan that is patient/client-centered and based on current scientific evidence. This competency includes:

- a. Prioritize the care plan based on the health status, and the actual and potential problems of the individual to facilitate optimal oral health.
- b. Establish a planned sequence of care (educational, clinical, and evaluation) based on the dental hygiene diagnosis; identified oral conditions; potential problems; etiologic and risk factors; and available treatment modalities.
- c. Establish a collaborative relationship with the patient/client in the planned care to include etiology, prognosis, and treatment alternatives.
- d. Make referrals to other health care professionals.
- e. Obtain the patient's/client's informed consent based on a thorough case presentation.

Implementation

PC.4 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. Assist in achieving oral health goals formulated in collaboration with the patient/client. This competency includes:

- a. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions.
- b. Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques.
- c. Provide life support measures to manage medical emergencies in the patient/client care environment.

Evaluation

PC.5 Evaluate the effectiveness of the implemented clinical, preventive, and educational services, and modify as needed. This competency includes:

- a. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient/client self-report.
- b. Evaluate the patient's/client's satisfaction with the oral health care received, and the oral health status achieved.

- c. Provide subsequent treatment or referrals based on evaluation findings.
- d. Develop and maintain a health maintenance program.

Professional Growth and Development

- PGD.1 Identify alternative career options within healthcare, industry, education, and research, and evaluates the feasibility of pursuing dental hygiene opportunities.
- PGD.2 Develop management and marketing strategies to be used in non-traditional health care settings.
- PGD.3 Access professional and social networks and resources to assist entrepreneurial initiatives.

COURSE OBJECTIVES:

Objectives- After reading this chapter, the student should be able to:

Unit I- Basic Concepts in Pharmacology

Chapter 1 - Introduction

1. explain how the disciplines of therapeutics and pharmacology are interconnected.
2. distinguish between therapeutic drugs and agents such as foods, household products, and cosmetics.
3. compare and contrast traditional drugs, biologics, and natural alternative therapies.
4. identify the advantages and disadvantages of prescription and over-the counter (OTC) drugs..
5. discuss the role of U.S. Food and Drug Administration in determining whether or not drugs may be used for therapy.
6. identify four stages of approval for therapeutic and biologic drugs.

Chapter 2 –Drug Classes, Schedules, and Categories

1. Discuss the basis for placing drugs into therapeutic and pharmacological classes.
2. Explain the prototype approach to drug classification.
3. Describe what is meant by a drug's mechanism of action.
4. Distinguish between a drug's chemical name, generic name and trade name.
5. Explain the meaning of the term controlled substance.
6. Identify the five drug schedules and examples of drugs at each level.
7. identify the five pregnancy categories and explain what each category represents.

Chapter 3 - Methods of Drug Administration

1. Compare and contrast the advantages and disadvantages of each route of drug administration.
2. Compare and contrast the three systems of measurement used in pharmacology.
3. Describe the importance of oral, sublingual, and rectal methods of drug delivery.
4. Describe the importance of topical drug delivery and give examples.
5. Explain why topical drug effects may be observed locally or systemically.

Chapter 4 – Pharmacokinetics What Happens After a Drug Has Been Administered

1. Identify the four major processes of pharmacokinetics.
2. Discuss the factors affecting drug absorption.
3. Explain the significance of the blood-brain barrier, blood-placental barrier, and blood-testicular barrier to drug therapy.
4. Explain the importance of the first-pass effect.
5. Explain the major processes by which drugs can be eliminated from the body.

Chapter 5 Herbs and Dietary Supplements

1. Explain the role of complementary and alternative medicine
2. Describe drug interactions and adverse effects that may be caused by herbal preparations.

Chapter 6 – Substance Abuse

1. Discuss the underlying causes of addiction.
2. Compare and contrast psychological and physical dependence
3. Explain the significance of drug tolerance.
4. Explain the major characteristics of abuse, dependence, and tolerance resulting from the following drugs classes.
 - a. Alcohol
 - b. Nicotine

- c. Marijuana
- d. Hallucinogens
- e. CNS stimulants
- f. CNS depressants
- g. Narcotics/opioids

Unit II – Nervous System

Chapter 7. Drugs Autonomic Nervous System Drugs

1. identify the two primary division of the nervous system.
2. identify three primary functions of nervous system.
3. compare and contrast the actions of the sympathetic and parasympathetic nervous systems.
4. describe the three parts of a synapse.
5. Compare and contrast nicotinic and muscarinic receptors.
6. Compare and contrast the types of effects when a drug stimulates alpha 1, alpha 2, beta1 or beta 2, adrenergic receptors.
7. For each of the following classes, explain the mechanism of drug action, primary action, and important adverse effects.
 - a. Parasympathomimetics
 - b. Anticholinergics
 - c. sympathomimetics
 - d. Adrenergic-blockers

Chapter 8 Drugs for Anxiety and Insomnia

1. Identify the major categories of anxiety and explain the differences in how they might be treated pharmacologically.
2. Explain the pharmacological management of anxiety and insomnia.
3. Explain the mechanisms of drug action, primary action and important adverse effects.
 - a. Antidepressants
 - b. Benzodiazepines
 - c. Barbiturates
 - d. Non-barbiturate CNS depressants.

Chapter 9 Drugs for Emotional and Mood Disorders

1. Identify two major types of mood disorders and explain their symptoms.
2. Describe the causes of clinical depression
3. Describe the pharmacological management of patients with depression, bipolar disorder, and attention deficit-hyperactivity disorder (ADHD)
4. Be familiar with the following drugs and their adverse effects.
 - a. Monoamine oxidase inhibitors
 - b. Tricyclic antidepressants
 - c. Selective serotonin reuptake inhibitors
 - d. Atypical antidepressant drug

Chapter 10 Drugs for Psychoses and Degenerative Disease of the Nervous System

1. Explain theories for the cause of schizophrenia
2. Explain the symptoms associated with extrapyramidal side effects of antipsychotic drugs.
3. Identify the most common degenerative diseases of the CNS
4. Describe symptoms of Parkinson's disease, Alzheimer's disease and multiple sclerosis.
5. Identify two main causes dementia and explain the main goal of drug therapy in neurodegenerative disorders.
6. Identify drugs used for treatment of these diseases.

Chapter 11 Seizures Drugs

1. Compare and contrast the terms epilepsy, seizures and convulsions.
2. Identify the two major types of seizures.
3. recognize signs and symptoms of specific types of seizures
4. Name and explain three major pharmacological categories of drugs used to control seizures.
5. be familiar with the following drugs and their adverse effects:
 - a. benzodiazepines
 - b. barbiturates
 - c. phenytoin
 - d. succinimide

Chapter 12 Drugs for Pain Control

1. Relate pain assessment methods.
2. identify the difference classes of analgesics
3. Be familiar with the following drugs or drug classes and know adverse effects.
 - a. Non-narcotic analgesics (NSAIDS) aspirin, ibuprofen and ibuprofen-like drugs and selective COX2 inhibitors.
 - b. Opioid (narcotic) analgesics
 - c. Antimigraine

Chapter 13 Drugs Anesthesia

1. identify two major classes of local anesthetics.
2. explain why epinephrine and sodium hydroxide are sometimes included in local anesthetic cartridges.
3. identify four stages of general anesthesia
4. identify the following drugs and know their adverse effects.
 - a. Local anesthetics/Nitrous Oxide

Unit III Cardiovascular System

Chapter 14 Drugs for Coagulation Disorders

1. explain the importance of hemostasis
2. identify the following drugs and know their adverse effects.
 - a. Anticoagulants
 - b. Antiplatelet agents
 - c. Thrombolytics
 - d. Hemostatics

Chapter 15 Drugs for Hypertension

1. identify the major risk factors associated with hypertension.
2. summarize the long-term consequences of uncontrolled hypertension.
3. explain the effects of cardiac output, peripheral resistance and blood volume on blood pressure.
4. differentiate among mild, moderate, and severe hypertension.
5. describe a method for controlling hypertension without drugs.
6. Identify the following drugs and be familiar with their side effects.
 - a. Diuretics
 - b. Calcium channel blockers
 - c. Renin-angiotensin Modifiers
 - d. Adrenergic-blockers
 - e. Direct-acting vasodilators

Chapter 16 Drugs for Heart Failure

1. identify the major risk factors associated with heart failure.

2. Relate the classic symptoms associated with heart failure.
3. Identify the following drugs and be familiar with adverse effects.
 - a. Cardiac glycosides
 - b. ACE inhibitors
 - c. Diuretics
 - d. Phosphodiesterase inhibitors
 - e. Vasodilators
 - f. Beta-adrenergic blockers
 - g. Natriuretic peptides

Chapter 17 Drugs for Dysrhythmias

1. Explain how rhythm abnormalities can affect cardiac function.
2. identify the following drugs and be familiar with adverse effects
 - a. sodium channel blockers
 - b. beta-adrenergic blockers
 - c. potassium channel blockers
 - d. Calcium channel blockers
 - e. Miscellaneous antidysrhythmic drugs

Chapter 18 Drug for Angina Pectoris, Myocardial Infarction and Cerebrovascular Accidents

1. identify common diseases that may cause chest pain.
2. explain the pathophysiology of angina pectoris
3. explain lifestyle changes by which a client might control angina
4. identify the following drugs and be familiar with adverse effects.
 - a. Organic nitrites
 - b. Beta-adrenergic blockers
 - c. calcium channel blocker
5. explain the pathophysiology of myocardial infarction
6. identify the following drugs and be familiar with adverse effects.
 - a. Thrombolytics
 - b. Beta-adrenergic blockers
 - c. Anticoagulants and antiplatelet agents
 - d. Analgesics
7. explain the pathophysiology of stroke.
8. categorize drugs used to treat angina, myocardial infarction, and stroke based on their classification and mechanism of action.

Chapter 19 Drugs for Shock and Anaphylaxis

1. compare and contrast the different types of shock
2. relate the general symptoms of shock to their physiological causes.
3. explain the initial treatment of a client with shock
4. identify drugs and adverse effects
 - a. Sympathomimetics and others vasoconstrictors
 - b. Cardiotonic agents
 - c. Fluid replacement agents
 - d. Antihistamines
 - e. Corticosteroids

Chapter 20 Drugs for Lipid Disorders

1. summarize the link between high blood cholesterol, LDL levels and cardiovascular disease.
2. give examples of how cholesterol and LDL levels can be controlled through non-pharmacologic means.
3. identify lipid-lowering agents and know adverse effects
 - a. HMG CoA reductase inhibitors
 - b. Bile acid-binding agents

- c. Nicotinic acid
- d. Fibrin acid agents

Unit IV Immune System

Chapter 21 Drugs for Inflammation, Allergies and Immune Disorders

1. identify common signs and symptoms of inflammation.
2. outline the basic steps in the acute inflammatory response.
3. describe the central role of histamine in inflammation
4. compare and contrast the humoral and cell-mediated immune responses
5. differentiate between H₁ and H₂ histamine receptors.
6. describe some common causes and symptoms of allergic rhinitis
7. identify drugs and know adverse effects
 - a. H₁-receptor antagonists
 - b. Nonsteroidal anti-inflammatory drugs
 - c. Intranasal and systemic glucocorticoids
 - d. Intranasal and oral sympathomimetics
 - e. Immunosuppressants
 - f. Vaccines
 - g. Biologic response modifiers

Chapter 22 Drugs for Bacterial Infections

1. Compare and contrast the terms pathogenicity and virulence
2. Describe how bacteria are classified
3. Compare and contrast the terms bacteriostatic and bacteriocidal
4. Explain culture and sensitivity testing
5. identify drugs and adverse effects
 - a. penicillins
 - b. cephalosporins
 - c. tetracyclines
 - d. macrolides
 - e. aminoglycosides
 - f. Fluoroquinolones
 - g. Sulfonamides

Chapter 23 Drugs for Fungal, Viral and Parasitic Diseases

1. identify the types of clients most likely to acquire serious fungal infections
2. identify viral disease that may benefit from pharmacotherapy
3. define HAART and explain why it is commonly used in the pharmacotherapy of HIV infection.
4. identify protozoan and helminth infection that may benefit from pharmacotherapy
5. identify drugs and know adverse effects
 - a. systemic antifungal agents
 - b. superficial antifungal agents
 - c. antiretroviral and antiviral agents
 - d. antiprotozoan agents
 - e. antihelminthic agents

Chapter 24 Drugs for Neoplasia

1. explain difference between normal cells and cancer cells
2. identify primary causes of cancer
3. differentiate among the terms neoplasm, benign, malignant, carcinoma and sarcoma.
4. identify three primary treatments for cancer.
5. explain why multiple drugs and special dosing schedules increase the effectiveness of chemotherapy.
6. identify drugs and adverse effects
 - a. alkylating agents

- b. antimetabolites
- c. antitumor antibiotics
- d. hormones and hormone antagonists with antineoplastic activity
- e. plant extracts with antineoplastic activity
- f. biologic response modifiers

Unit V Respiratory, Digestive and Renal Systems

Chapter 25 Drugs for Pulmonary Disorders

1. identify basic anatomical structures associated with the respiratory system.
2. explain how the autonomic nervous system controls airflow in the bronchial tree.
3. describe the types of devices used to deliver medication via the inhalation route.
4. describe some common causes and symptoms of asthma, chronic bronchitis, and emphysema.
5. identify drugs and know adverse effects
 - a. beta-adrenergic agonists/sympathomimetics
 - b. glucocorticoids
 - c. anticholinergics
 - d. mast-cell stabilizer
 - e. Leukotriene modifiers
 - f. expectorants
 - g. antitussives
 - h. mucolytics

Chapter 26 Drugs for Gastrointestinal Disorders

1. describe the major anatomical structures of the digestive system.
2. identify the four major classes of drugs used to treat peptic ulcer disease.
3. identify the major classes of drugs used to treat peptic ulcer disease and GERD.
4. Explain why two or more antibiotics are used concurrently to treat H. pylori.
5. recognize drugs used in the treatment of constipation, diarrhea and nausea.
6. describe the types of drugs used in short-term management of obesity.
7. identify drugs and adverse effects
 - a. H₂-receptor antagonists
 - b. Proton pump inhibitors
 - c. Antacids
 - d. Antibiotics for H. pylori
 - e. Laxatives
 - f. Antidiarrheals
 - g. Antiemetics
 - h. Anorexiant
 - i. Pancreatic enzyme replacements

Chapter 27 Vitamins, Minerals, and Nutritional Supplements

1. describe the functions of common vitamins and minerals
2. describe conditions or diseases for which vitamins or mineral therapy may be warranted.
3. identify several drug-vitamin, drug-mineral and drug-herbal interactions.
4. explain why herbal and dietary supplements have increased in popularity in recent years.
5. describe some adverse effects that may be caused by herbal preparations.

Chapter 28 Drugs for Fluid, Acid-Base, and Electrolyte Disorders

1. Describe the general structure and functions of the urinary system.

2. identify drugs and adverse effects
 - a. loop diuretics
 - b. thiazide diuretics
 - c. potassium-sparing diuretics
 - d. acidic agents
 - e. basic agents
 - f. electrolytes
 - g. colloids
 - h. crystalloids

Unit VI The Endocrine and Reproductive Systems

Chapter 29 Drugs for Endocrine System

1. Describe the general structure and function of the endocrine system.
2. compare and contrast the causes, signs, symptoms and treatment of type 1 and type 2 diabetes mellitus.
3. describe the signs and symptoms of insulin overdose and underdose.
4. explain the primary functions of the thyroid gland.
5. identify the signs and symptoms of hypothyroidism and hyperthyroidism.
6. Describe the signs and symptoms of Addison's disease and Cushing's Syndrome.
7. identify drugs and adverse effects.
 - a. Insulin
 - b. Oral hypoglycemics
 - c. Thyroid hormone
 - d. Antithyroid agents
 - e. Glucocorticoids
 - f. Growth hormone
 - g. Antidiuretic hormone

Chapter 30 Drugs for Disorders and Conditions of the Reproductive System

1. Identify and describe the primary functions of the steroid sex hormone.
2. Identify drugs and know adverse effects.
 - a. Oral contraceptive preparation
 - b. Estrogens
 - c. Progestins
 - d. Drugs for erectile dysfunction
 - e. Drugs for BPH

Unit VII Musculoskeletal System, Integumentary System, and Eyes and Ears

Chapter 31 Drugs for Muscle, Bone, and Joint Disorders

1. Identify common musculoskeletal/joint disorders and drugs used to treat them.
2. Identify risk factors for osteoporosis
3. identify drugs and adverse effects
 - a. calcium supplements and vitamin D therapy (Ca Gluconate and calcitriol)
 - b. Bone Resorption Inhibitors (Hormonal agents and Bisphosphonates)
 - c. Disease Modifying Drugs for Rheumatoid Arthritis and Paget's Disease
 - d. slow-release sodium fluoride
 - e. Uric Acid Inhibitors for Gout (colchicine)

Chapter 32 Drugs for Skin Disorders

1. Describe popular treatments used in conjunction with available drug therapies for skin disorders.
 - a. Scabies -scabicides
 - b. Pediculus- pediculicides
 - c. Sunburn, minor irritations and insect bites-topical anesthetics
 - d. Acne and acne-related disorders-antibiotics, retinoids, keratolytic agents

- e. Dermatitis- glucocorticoids, emollients, and psoralens.

Chapter 33 Drugs for Eye and Ear Disorders

1. Describe important eye and ear anatomy.
2. Identify drugs used in treatment of glaucoma.
3. Identify drugs used to treat ear infections and earaches.

Drugs in Dentistry / Review

1. Topicals
2. Local Anesthesia
3. Pain medications
4. Antifungal/Anitbacterial/Antiviral
5. Drugs used in treatment of Periodontal disease
6. Drugs –Gingival Hyperplasia

PLEASE NOTE: Objectives follow the outline of the textbook and workbook. Please consult the Lecture Schedule for specific lecture topics and dates that they will be covered in this course.

HOW TO ACCESS THE P & G DENTAL RESOURCE NET

An excellent resource for dental information and education is the Procter & Gamble Internet web site called the Procter & Gamble Dental Resource Net. This site includes information on patient education, practice management, product information, and continuing education. It has much information that will be valuable to you while you are a student and a practitioner.

For DHYG 218, your assignment is to go to this web site and complete several continuing education courses, and review the case studies found in the Student Corner.

In each of the course modules, there will be at least one of these continuing education courses assigned, and at least one case study for you to review.

The continuing education information is comprehensive and timely while you are taking DHYG 213. When you have completed each course, you should take the examinations for each course. When you have successfully passed each examination, you can print out a continuing education certificate. Proof of completion of the assignment is the certificate, which must contain your name.

The web address is: <http://www.dentalcare.com>

To gain access to the P&G Dental Resource Net, select **United States**. You will have to sign in, and get an ID and password.

To get to the continuing education courses from the Crest Dental Resource Net home page:

Select – **Continuing Education**

Select – **Courses for the Dental Hygienist**

Review all aspects of these continuing education courses - overview, learning objectives, course contents, course test, and additional reading. You should print out your certificates of course completion. (Proof of assignment completion is the certificate with your name on it.) (When asked you license number, type in "student".)

You don't have to complete the courses in one sitting. You can go back to the material as often as you want.

To get to the Student Corner:

Select – **Acaemic Resources**

Select – **Student Corner**

The case studies format includes medical and dental history, as well as clinical and radiographic findings. I will give you worksheets or assignments that are based on the cases.

DHYG 218 PHARMACOLOGY COURSE SYLLABUS STUDENT SIGNATURE SHEET

Please review and sign. To be collected by instructor.

I have read the DHYG 218 course syllabus and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Date

Print student's name

Student's signature

TENTATIVE SCHEDULE:

**DHYG 218 – Pharmacology
LECTURE SCHEDULE
FALL 2007**

<u>CLASS MEETING</u>	<u>LECTURE TOPIC</u>	<u>ASSIGNMENT</u>	<u>INTERNET</u>
August 30	Introduction		
September 1			
September 6			
September 8			
September 13			
September 15			
September 20			
September 22			
September 27			
September 29			
October 4			
October 6			
October 11			
October 13			
October 18			
October 20			
October 25			
October 27			
November 1			
November 3			
November 8			
November 10			
November 15			
November 17			
November 22			
November 24-27			
November 29			
December 1			
December 6			
December 8			
December 12-16	EXAM WEEK	Date and time of final exam	to be announced

DHGY 218 - 2 Credits

Topic	Lecture Hours
General Principles of Pharmacology	2
Drug classes, Schedules & Categories	
Methods of Drug Delivery/Dosage Forms	
Pharmacokinetics	1
Substance Abuse	1
Medical/Dental History -Prescription Writing	1
Nervous System/Drugs	3
Drugs for Anxiety, Daytime Sedation, Insomnia	
Drugs for Seizures	
Drugs for behavioral/Emotional Disorders, Mood Disorders and Psychoses	
Drugs for Parkinson's Disease & Dementia	1

Drugs for Control of Pain and Fever	1
Drugs for Local and General Anesthesia	1
Local anesthesia/Dentistry	1
Cardiovascular System	2
Drugs for Coagulation disorders	
Drugs for Hypertension	
Drugs for Heart Disease	
Drugs for Lipid Disorders	
The Immune System	3
Drugs for Inflammation, Allergies, Immune Disorders	
Drugs /Anti-infective - Bacterial/Fungal/Viral/Parasitic	
Drugs for Neoplasia/Oral Complications	1
Respiratory, Digestive and Renal Systems	2
Drugs for Pulmonary/Gastrointestinal/Kidney Disorders	
Vitamins, Minerals and Herbs	1
Endocrine and Reproductive Systems & Drugs	1
Drugs for Musculoskeletal System, Integumentary System and Eyes and Ears.	1
Dental Chemotherapeutics	2
Oral Conditions and Their Treatment	1
Special Situations-Emergency Drugs	1
Drug Interactions	
Exams	3

DHYG 218 DRUG REFERENCE NOTEBOOK ASSIGNMENT

NAME _____

DATE _____

USING THE DRUG INFORMATION HANDBOOK, COMPLETE THE FOLLOWING FOR YOUR DRUG:

DRUG NAME GENERIC: _____

BRAND NAME: _____

DRUG CLASS _____ IS THIS DRUG A **CONTROLLED SUBSTANCES**: YES NO

Describe the drug's Mechanism of **Action**: _____

What are the **Uses** of this drug? _____

What is the **Usual Dosage** for this drug? _____

What are the Local anesthetic/vasoconstrictor precautions: _____

What are the **adverse reactions/side effects** of this drug? How will this impact your treatment of this client? _____

Pregnancy Category: A B C D X Precautions: _____

What are the Drug interactions of concern to dentistry? _____

What are the Dental considerations for this drug? _____

Is a Medical/Dental consult required to assess disease control? _____

What should the dental hygienist **teach** the client/family about when using this drug? _____

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DENTAL HYGIENE PROGRAM**

**DHYG 219
PAIN MANAGEMENT**

COURSE DESCRIPTION:

Concepts in the administration of local anesthesia and nitrous oxide/oxygen sedation as methods for pain management. Anatomy, physiology, pharmacology, client assessment, indications and contraindications, selection of anesthetic agents, complications and emergency management will be discussed. Clinical application of local anesthesia and nitrous oxide will be practiced in lab.

INSTRUCTOR:

Susan Wancour, RDH, MS, Assistant Professor
Office #: VFS 312
Phone #: (231) 591-2398
E-mail: wancours@ferris.edu
Office hours: posted on office door

COURSE SCHEDULE:

Lecture Dates: Tuesday & Thursday
Time: 3:00 – 3:50pm
Lecture Location: PHAR 201

REQUIRED:

DHYG 219 Pain Management Manual, S. Wancour, 2007
Handbook of Local Anesthesia, 5th Edition, Malamed, 2004
Handbook of Nitrous Oxide and Oxygen Sedation, Clark/Brunick, 2nd Edition Mosby, 2003
Illustrated Anatomy of the Head & Neck, Fehrenbach/Herring, 1996.
Dental Hygiene Theory & Practice, 2nd Edition, Darby/Walsh, 2003

PREREQUISITES:

DHYG 121, DHYG 215 and DHYG 218

CREDIT HOURS:

2

EVALUATION: Four (4) examinations will be administered, see course calendar for published dates. The exams will be multiple choice, true/false, and matching worth 50 points each. There will be four quizzes in lab worth 10 points each given prior to the lab session. One 10 point quiz will also be given the first day of the course as an anatomical review. Laboratory practice for local anesthesia injections and nitrous oxide/oxygen sedation will be completed in pain management lab.

Total points for this course: 250

Grading Scale

94 – 100 = A	80 – 83 = B-	67 – 69 = D+
90 – 93 = A-	78 – 79 = C+	65 – 66 = D
87 – 89 = B+	75 – 77 = C	63 – 64 = D-
84 – 86 = B	70 – 74 = C-	62 and below = F

An (I) Incomplete will be earned if any of the requirements are not completed by the end of Spring semester. Incompletes must be made up by the end of the next registered semester or an “F” will be issued.

Cardiopulmonary Resuscitation: (BLS)

Current course completion or renewal is required prior to taking this course.

Preparedness:

Reading assignments must be studied prior to class and lab sessions to expedite the learning of concepts and procedures.

ATTENDANCE:

Attendance will be taken at every class. Each student is allowed **one unexcused absence**. One point will be deducted for each **unexcused** absence thereafter.

The only acceptable reasons for excused absences are:

1. Personal illness (or your child's illness) that require a physician's attention (written documentation)
2. A death in the immediate family or significant other (with documentation)
3. University Sponsored Events (with authorized form-athletics, debate etc.)
4. Subpoena requiring you to be in court for testimony

5. Inclement weathers that in the opinion of the local law enforcement makes it too dangerous to drive (for commuters only-greater than 50 miles in one direction).

Unacceptable Reasons for Absence

1. Day Care coverage
2. Employment-having to work
3. Incarceration or court appearances related to violations of the law
4. Illness not requiring a physician's attention

*****The student must attend all of their pain management labs. Missed local anesthesia/nitrous oxide practice time cannot be made up during regular patient treatment clinics; they must be made up during other labs where there is a unit available, and the student must find their own patient willing to receive local anesthesia injections.***

Missed Assignments, Quizzes, and Tests:

Documented excused absences will be the only reason for allowing a make-up of an assignment, quiz, and examination. See acceptable excused absences. The assignments, quizzes, and tests must be made up within 24 hours of returning. It is the student's responsibility to contact the instructor to arrange for make up of assignments, quizzes or tests within the 24-hour time frame.

COURSE OBJECTIVES: Upon completion of this course, the student will be able to:

1. Apply the mechanisms of pain perception and reaction to clinical treatment and patient management procedures.
2. Relate the chemical properties of local anesthetics, vasoconstrictors, and nitrous oxide/oxygen with the clinical application of these agents.
3. Name and locate anatomical landmarks associated with local anesthesia administration for single tooth, ASA, MSA, PSA, NP, GP, Incisive/Mental, IA/Li/B, Intraseptal, and PDL injections.
4. List the anatomical areas innervated by the following nerves: anterior superior alveolar, middle superior alveolar, posterior superior alveolar, infraorbital, nasopalatine, greater palatine, mental, incisive, inferior alveolar, lingual, and buccal.
5. Describe anatomy and physiology of respiration and airway management.
6. Demonstrate the proper assembly and care of local anesthesia and nitrous oxide armamentarium.
7. Assess clinical situations which indicate the use of local anesthetic and nitrous oxide/oxygen agents.
8. Assess client conditions which may alter or contraindicate the use of local anesthetic agents or nitrous oxide/oxygen sedation.
9. Administer local anesthesia and nitrous oxide/oxygen in a safe and effective manner to appropriate clients in a clinical setting.
10. Document the administration of pain management methods appropriately in the dental record.
11. Recognize signs and symptoms of local and systemic complications associated with the administration of local anesthetic agents and nitrous oxide/oxygen.
12. Demonstrate the proper technique for managing the local and systemic complications associated with the administration of local anesthesia and nitrous oxide/oxygen.
13. Identify current and future trends in pain management.
14. Identify the legal and ethical issues associated with the administration of pain control.
15. Describe the computer-controlled anesthesia system operation for selected injection techniques.

UNIT OBJECTIVES:

Introduction; Pain Management

1. Identify factors influencing pain perception and response.
2. Discuss principles of pain and stress management.
3. Demonstrate communication and management techniques which alleviate fear and anxiety associated with dental hygiene treatment.

Local Anesthesia Armamentarium and Preparation

1. Identify all components of an aspirating syringe.
2. Discuss the rationale for using an aspirating syringe.
3. List the structural components and usual ingredients of a local anesthetic cartridge and functions of each.
4. Name the parts of a local anesthetic needle and common sizes used for dental local anesthesia.
5. Describe the care and handling of the syringe, cartridges, and needles.
6. Recognize problems associated with improper care and handling of local anesthesia armamentarium.

7. List the steps in loading and unloading the syringe.
8. Demonstrate correct needle capping technique.

Dental Anatomy Review

1. Name and number the three (3) primary divisions of the Trigeminal nerve.
2. Identify points of cranial exit, pathways, and structures innervated for the three divisions of Trigeminal nerve.
3. Locate on a skull the following anatomical structures associated with the maxillary division of the Trigeminal nerve: foramen rotundum, pterygopalatine fossae, greater palatine foramen, lesser palatine foramen, posterior alveolar foramina, incisive foramen, canine eminence, zygomatic arch, apices of maxillary teeth, maxillary tuberosity, and infraorbital foramen.
4. Locate on a skull the following anatomical structures associated with the mandibular division of the Trigeminal nerve: foramen ovale, lingual, mandibular foramen, mental foramen, inferior border of the ramus, ascending border of the ramus, external oblique ridge, internal oblique ridge, coronoid process, coronoid notch, condylar head and neck, pterygoid forera, and mandibular notch.
5. Identify blood vessels associated with local anesthesia target areas.
6. Name muscles of the head which may become involved with the administration of local anesthesia.

Delivering a Successful Injection

1. Provide rationale and discuss each step in giving an atraumatic injection.

Maxillary Injection Techniques: ASA, MSA, PSA, NP, GP

1. Locate on a skull, and on student partners, the penetration and terminal deposition sites for the ASA, MSA, and PSA, NP, and GP.
2. Identify the nerves, teeth, and tissues anesthetized by the ASA, MSA, and PSA, NP, and GP.
3. Demonstrate correct and safe technique for the ASA, MSA, PSA, NP and GP injections.
4. Document correctly, in the dental record, the use of local anesthesia on a student partner.
5. Given a clinical situation requiring local anesthesia, select the appropriate type of injection, armamentarium, and volume.

Mandibular Injection Techniques: M/I, IA, BNB, GG

1. Locate on a skull, and on student partners, the penetration and terminal deposition sites for the M/I, IA, and BNB.
2. Identify the nerves, teeth, and tissues anesthetized by the M/I, IA, and BNB injections.
3. Demonstrate correct and safe technique for the M/I, IA, and BNB.
4. Given a clinical situation requiring local anesthesia, select the appropriate type of injection, armamentarium, and volume of anesthetic.
5. Document correctly, in the dental record, the use of local anesthesia on a patient.

Supplemental Injections: Periodontal Ligament (PDL), Superaperiosteal (local infiltration), Intrasseptal, Intrapulpal.

1. Discuss when each of the supplemental injections should be used.
2. Locate on a skull, and on student partners, the penetration and terminal deposition sites for the PDL, supraperiosteal, intraseptal and intrapulpal injections.
3. Identify the nerves, teeth, and tissue anesthetized by the PDL, supraperiosteal, intraseptal and intrapulpal injections.
4. Demonstrate the correct and safe technique for the PDL and supraperiosteal injections.
5. Document correctly the use of local anesthesia on a patient.

Summary of Local Anesthetics

1. List the local anesthetics available in North America and the duration time of each.
2. Name the generic and brand names of each of the available local anesthetics.
3. Be able to discuss which factors affect the duration of action of local anesthetics.
4. Be able to identify the maximum recommended doses (MRDs) for a patient.
5. Be able to list the factors involved in selecting a local anesthetic for each patient.

Pharmacology of Local Anesthetic Agents, Vasoconstrictors, and Topical Anesthetics

1. Outline the steps in the process of nerve impulse conduction.
2. Describe the levels and permeability of sodium, potassium, and chloride ions in the resting state of a nerve cell, and during depolarization and repolarization.
3. Discuss the role of membrane channels.
4. Define absolute and relative refractory periods.
5. Compare the anatomy and impulse transmission between myelinated and non-myelinated nerve fibers.

6. Describe the effects of local anesthetic agents on membrane permeability, depolarization, and nerve conduction.
7. List the ideal properties of a local anesthetic agent.
8. Discuss the significance of pH and pKa on the clinical action of local anesthetics.
9. Compare the biotransformation and excretion of ester anesthetics with amide types.
10. Describe the systemic actions of local anesthetic agents on the CNS and CVS.
11. Identify commonly used local anesthetic agents according to general chemical name, properties, metabolism, excretion, and maximum safe dosage.
12. Discuss how pH of the tissues, edema, and vascularity influence the effectiveness of a local anesthetic agent.
13. List reasons why vasoconstrictors are important additions to the local anesthetic solution.
14. Discuss the properties and use of benzocaine, lidocaine, and dyclonine hydrochloride as topical anesthetic agents.
15. Describe the properties and use of the lidocaine transoral patch.

Preanesthetic Patient Assessment

1. Identify, discuss, and evaluate essential components of the client data base prior to local anesthesia administration.
2. List relative contraindications to local anesthetic agents, and discuss management of these conditions.
3. List absolute contraindications to local anesthetic agents, and discuss management of these conditions.
4. Define types I-VI of the ASA physical status classification system.
5. List groups of drugs which may influence the selection of the local anesthetic agent, and give examples of these.
6. Identify factors which determine the maximum safe dose for a client.
7. Determine the appropriate local anesthetic agent when given a sample clinical situation.
8. Locate on a skull, and student partners, the penetration and target sites for supraperiosteal injections.
9. Document correctly, in the dental record, the use of local anesthesia on a patient.

Local and Systemic Complications with Local Anesthesia

1. Identify the causes, problems, prevention, and management of the following local complications in the administration of local anesthetic agents: needle breakage, pain on injection, burning on injection, persistent anesthesia or paresthesia, trismus, hematoma, infection, edema, tissue sloughing, lip chewing, facial nerve paralysis, and post-anesthetic intraoral lesions.
2. Discuss overdose reaction to local anesthetic agents describing predisposing factors, causes, prevention, clinical manifestations, and management.
3. Discuss the clinical manifestations and management of epinephrine overdose.
4. Compare an allergic reaction to local anesthetics with an overdose reaction.
5. Identify steps in the prevention, recognition, and management of allergic reaction to local anesthetics.

Nitrous Oxide/Oxygen Sedation

1. Discuss the physical properties and pharmacokinetics of nitrous oxide.
2. Discuss anatomy and physiology of respiration and airway management.
3. Discuss how nitrous oxide interacts with the body.
4. Assess client conditions which may indicate or contraindicate the use of nitrous oxide.
5. Discuss nitrous oxide/oxygen equipment: types, storage, use, maintenance.
6. Administer nitrous oxide/oxygen sedation in a safe and effective manner in a clinical setting.
7. Identify signs and symptoms of nitrous oxide sedation and recovery from sedation.
8. Document the administration of local anesthesia and nitrous oxide appropriately in the dental record.
9. Discuss the potential biohazards for health personnel associated with chronic exposure to nitrous oxide, and nitrous oxide abuse issues.

TENTATIVE SCHEDULE:

The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.

GENERAL FSU POLICIES:

Disruptive Behavior:

The primary responsibility of all instructors is to maintain the learning environment of the lab or classroom in such a way as to promote opportunity for all students to learn with out unneeded or unwanted disruptions. Any student behaviors that interfere with student learning will be unacceptable. Lists of the behaviors that clearly cause disruption and therefore will be unacceptable include:

1. All personal communication devices must be turned to vibrate or other silent features during class/lab sessions. If you must take a call, you will be required to leave the classroom.
2. Use of headphones or other listening devices
3. Eating any type of food/drinks such as water, soda pop, coffee etc. in clinic (food and drink are allowed in seminar)
4. Failure to follow instructions or directions related to learning activities (example forming groups, making presentation)
5. Talking with other students about things unrelated to the learning process of the class
6. Failure to respond to an instructor's request to speak with them (example: make an appointment with me, visit my office, speak with me after class)
7. Other yet undefined behaviors that interfere with the learning process of the students

Disabilities Services:

Any student with a documented disability (physical, learning, mental, emotional) requiring a classroom accommodation should contact the Disabilities Services Office, located in Arts and Sciences Commons, 1017K, extension 3772, or ASC 1021, extension 5039.

Americans with Disabilities Act:

Support services and accommodations are provided for students with documented mobility, learning, hearing, vision, or physical disabilities, which interfere with the learning process. These services include educational, counseling, adaptive equipment, extended and/or alternative testing, and student note takers. The Educational Counselor for Students with Disabilities can be contacted for assistance at ext. 3772 or 5039, and is located in ASC 1017.

Student Dignity:

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment:

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

Sexual Harassment:

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

Harassment Concerns:

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, which may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

Consensual Relationships between University Employees and Students:

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement:

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior, which obstruct or disrupt the learning environment of the classroom or other educational facilities, will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. All personal communication devices must be turned to vibrate or other silent features during class/lab sessions. If you must take a call, you will be required to leave the classroom.
4. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class; the instructor may call Public Safety to assist with the student's removal.
5. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
6. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
7. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
8. Failure to follow instructions or directions related to learning activities

Honesty Policy:

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. **Plagiarism** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

**DHYG 219
PAIN MANAGEMENT
COURSE SYLLABUS STUDENT SIGNATURE SHEET**

Please review and sign. To be collected by instructor. Professional Responsibility points may be deducted if this sheet is not turned in within one week.

I have read the DHYG 219 course syllabus and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Date

Print student's name

Student's signature

**DHYG 224
CLINICAL DENTAL HYGIENE THEORY 4**

SPRING SEMESTER 2008



COURSE SYLLABUS

**Course Instructor:
Susan Wancour, RDH, MS
Assistant Professor**

COURSE DESCRIPTION:

A continuation of DHYG 214 Clinic Theory: Continuation of clinic theory which introduces the student to management of the advanced periodontal patient, legal and ethical issues, OSHA/MIOSHA standards, job-seeking skills, professional organizations, practice management, and case studies. 2 credit hrs.

PREREQUISITES:

Successful completion of DHYG 214 and DHYG 215.

TIME:

Tuesday and Thursday, 2:30 – 3:20pm

LOCATION: VFS 328**Contact information for course instructor:**

OFFICE HOURS: will be posted on office door

Office: VFS 312, **Office phone:** 231-591-2398

Email: wancours@ferris.edu

Faculty mailboxes are located in the Dean's office. Faculty communication folders are located in clinic.

If you need to see the instructor, please come during office hours or make an appointment.

REQUIRED TEXTBOOKS:

- ✓ **DHYG 224 Manual, DHYG 225 Manual,** Wancour (2008), FSU Rankin Center Bookstore.
- ✓ **Dental Hygiene Theory and Practice,** 2nd Edition, Darby & Walsh (2003)

COURSE OBJECTIVES:

At the conclusion of the course the student will be able to:

- Engage in critical thinking to solve ethical dilemmas applying the Problem Solving Model
- Discuss and collaborate on case studies presented by classmates and instructor
- Determine appropriate recall intervals for prophylaxis patients, from pedo to advanced periodontal cases
- Discuss management of periodontal patients on a continuing care program
- Discuss practice management issues faced in a dental office setting
- Discuss various technologies employed in dental offices and used by dental hygienists and staff
- Discuss strategies for team development in a dental office setting
- Identify resources for preparing a job search and the development of an effective resume
- List appropriate questions to be asked during a job interview
- Discuss various alternative dental hygiene career options
- Discuss professional credentialing and the process of applying for licensure
- Discuss and describe the NERB exam, procedures, record keeping, application, patient selection
- Discuss the role of professional ethics in dental hygiene
- Discuss jurisprudence and the state practice act
- Discuss dental hygiene care procedures for patients with eating disorders
- Discuss and describe the PANDA program and the role of dental professionals in reporting abuse

- **As students in DHYG 224 the following is expected of you:**
 - Attend all classes and be on time.
 - Read the assigned reading before each lecture.
 - Use the objectives as a study guide by turning each objective into a question,
 - and answering the question.
 - Complete and turn in any assignments by class time on the due date (failure
 - to do so will result in a loss of points).

- You are responsible for obtaining any course notes *from another student* if
 - you are not present in class.
- Ask questions when you are not clear on expectations or on any assigned
 - material.
- Demonstrate appropriate behavior in the classroom.
- Demonstrate respect for each other as professional colleagues, even though you have differences. When the instructor, guest speaker, or classmate is speaking, you are expected to be *courteous* and *attentive*. We each bring a different perspective to class that enriches our learning.

GRADED COURSE COMPONENTS:

EXAM 1 (50 questions--1 point each)	50
EXAM 2 (50 questions--1 point each)	50
EXAM 3 (50 questions--1 point each)	50
(50 questions--1 point each)	
Practice Management Assignment	50
Research Article Assignment	50
Each student will be expected to bring in a medical or dental current event article (newspaper, magazine, etc.) to discuss it with the class	10

TOTAL **260**

PROGRAM GRADING SCALE: (in percentage)

94 -- 100 = A	75 -- 77 = C
90 -- 93 = A-	70 -- 74 = C-
87 -- 89 = B+	67 -- 69 = D+
84 -- 86 = B	65 -- 66 = D
80 -- 83 = B-	63 -- 64 = D-
78 -- 79 = C+	62 and below = F

- ***Please keep all assignments, tests answer sheets, etc. until your final grade for the course has officially been received.***

INFORMATION REGARDING EXAMINATIONS & QUIZZES:

DHYG 224 examinations will be based upon:

- **Published topic behavioral objectives**
 - Objectives published in the textbooks at the beginning of each chapter reading assignment
 - Reading assignments
 - Classroom notes and discussion
 - Additional handouts received in class
 - Videos viewed in class
 - Guest speakers
- ***Makeup for exams can only be done with an excused absence and must be done within 24 hours of returning, otherwise a zero will be assessed for the exam/quiz.***
- ***It is the students' responsibility to contact the course instructor to schedule a time to take a missed exam.***

There will be a professional journal research article assignment worth 50 points.

There will be a practice management assignment worth 50 points.

COURSE POLICIES:

Academic Dishonesty - Refer to the Academic Dishonesty Policy found in the FSU Student Handbook. **Cheating will not be tolerated.** A student will be referred to the FSU Judicial Services for dishonesty. (See *Honesty Policy* below under General Policies).

Attendance Policy – Attendance will be taken at every class. Each student is allowed **one unexcused absence**. One point will be deducted for each **unexcused** absence thereafter. Acceptable excused absences are: personal illness (or your child's illness) that require a physician's attention (written documentation); a death in the immediate family or significant other (with documentation); University sponsored events (ex. athletics, debate, etc. with authorized form); subpoena requiring you to be in court; inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only). Unacceptable reasons for absence include: day care coverage, employment, incarceration or court appearances related to violations of the law, or illness not requiring a physician's attention.

Tardiness – arriving to class late can be disruptive. Please be on time. Chronic tardiness will be dealt with on an individual basis.

Class Participation - Class participation is expected, i.e. be attentive, ask questions, participate in group discussions, etc.

Disruptive Behavior – The primary responsibility of all instructors is to maintain the learning environment of the classroom in such a way as to promote the opportunity for all students to learn without unneeded or unwanted disruptions. Any student behaviors that interfere with student learning will be unacceptable. The following are behaviors that clearly cause disruption:

- ✓ Coming into the classroom late.
- ✓ Talking with other students during lecture.
- ✓ Personal communication devices (beepers or cell phones)--must be turned to vibrate or another silent feature during class. If you must take a call, you will be required to leave the classroom.
- ✓ Headphones and other listening devices are not allowed in the classroom.
- ✓ Failure to follow instructions related to learning activities (groups, presentations, etc.)
- ✓ Failure to respond to an instructor's request to speak with them.
- ✓ Other yet undefined behaviors that interfere with the learning process of the students.

A student may be referred to the FSU Judicial Services for behavioral violations (i.e. behavior, cheating, etc.).

PROGRESSION:

In order to progress in the Dental Hygiene Program, the student must pass each dental hygiene course with a 2.0 (C) grade (75% or higher).

DISCLAIMER: *The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.*

GENERAL FSU POLICIES:

Religious Holidays

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

Lab Safety/Health

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To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

Racial Harassment

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

- 1.The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
- 2.Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
- 3.The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

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Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

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Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within

their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.

3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected

to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive leave the class, the instructor may call Public Safety to assist with the student's removal.

4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.

5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)

6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.

7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. **Plagiarism** (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations may mean failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

DHYG 224 CLINICAL DENTAL HYGIENE PRACTICE 4 COURSE SYLLABUS STUDENT SIGNATURE SHEET

Please review and sign. To be collected by instructor. If this form is not turned in within one week, professional responsibility points may be deducted.

I have read the DHYG 224 course syllabus and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Date

Print student's name

Student's signature

DHYG 225
CLINICAL DENTAL HYGIENE PRACTICE 4
COURSE SYLLABUS—SPRING 2008

COURSE DESCRIPTION: This course is a continuation of DHYG 215 with students providing oral services to clients in a supervised clinical setting. Students will demonstrate advanced skills in non-surgical periodontal therapy including ultrasonic instrumentation and subgingival chemotherapy, pain management, and utilizing the dental hygiene process of care to focus on client needs.

PREREQUISITES: DHYG 214 & 215

COURSE INSTRUCTOR: Susan Wancour, RDH, MS, Associate Professor, Course Coordinator

Office: VFS 312, office phone: 231-591-2398

Office hours will be posted on my office door. Please see me during office hours or make an appointment.

E-mail: wancours@ferris.edu

Denise Byrnes, RDH—Course Co-coordinator, Office: VFS , 231-591-2262, byrnesd@ferris.edu

COURSE SCHEDULE: Seminar--Tuesday, 1:30–2:30pm in VFS 328

Clinic Section 211: Monday/Wednesday, 1:00-4:50pm, and Tuesday, 5:00-8:50pm

Clinic Section 212: Monday/Wednesday, 8:00-11:50am, and Thursday, 5:00-8:50pm

REQUIRED COURSE MATERIALS:

DHYG 225 Course Manual, S. Wancour, Spring 2007, Rankin Bookstore

Dental Hygiene Theory and Practice, Darby & Walsh, 2nd Edition (2003)

Dental Drug Reference, Gage & Pickett, Seventh Edition (2005)

Foundations of Periodontics for the Dental Hygienist, Nield-Gehrig & Willman (2003)

Handbook of Local Anesthesia, Malamed, Fifth Edition (2004)

Radiographic Interpretation for the Dental Hygienist, Haring & Lind (1993)

Required Instrument Kits/Supplies/Materials:

- ✓ An appointment book
- ✓ Three ring notebook with page dividers for clinic portfolio. **The portfolio is due in the first patient treatment clinic.** You may use your portfolio from DHYG 215. You are required to keep **all** documents related to clinic in this notebook, including Radiology and Seminar documents, and you must bring it to every clinic. The clinic tracking form must be kept up-to-date. Failure to present your portfolio during every clinic will result in a deduction of 5 points Professional Responsibility.
- ✓ Appropriate scrubs/disposable lab coats/clinic shoes/safety glasses.
- ✓ One (1) syringe to perform local anesthesia.
- ✓ Current CPR card—Students must maintain current (not expired) certification at the **professional** level of cardiopulmonary resuscitation throughout their clinical experience. This training should include use of face mask, use of the automated external defibrillator (AED), and 1 and 2 person CPR. See Attachment 1 for of the Dental Hygiene Clinic Policy and Procedure Manual for the Dental Hygiene Program’s policy on Basic Life Support Training. Students are to provide documentation of professional level CPR certification. A student without current professional CPR certification will be denied access to patient treatment and will receive a deduction of 5 Professional Responsibility points until current certification is presented. Five points will be deducted each day the student is not present to treat a patient. Students are encouraged to check on CPR card expiration date at the beginning of the semester to allow for recertification prior to expiration date.
- ✓ A completed Immunization and Immunity Form including a negative TB skin test or chest x-ray performed within the last six months. You cannot participate in clinic without these documents.

LEARNING OBJECTIVES FOR THE DENTAL HYGIENE GRADUATE:

- ✓ Practice the current standard of care as established by the ADHA

- ✓ Continue to develop efficiency/time management skills.
- ✓ To systematically collect, analyze, and document data on the general, oral, and psychosocial health status of a variety of clients using methods consistent with evidence-based principles.
- ✓ To use critical decision making skills to manage a variety of clients and reach conclusions referring to the client's comprehensive dental hygiene needs based on all available assessment data.
- ✓ To collaborate with the client and/or other health professionals to formulate a mutual dental hygiene treatment/care plan.
- ✓ To be able to provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health.
- ✓ To be able to provide effective pain management with topical anesthetic, desensitizers, and local anesthesia.
- ✓ To evaluate the effectiveness of the dental hygiene implementation of clinical, preventive, and educational care.
- ✓ To be able to provide planned educational services using interpersonal communication skills and educational strategies to promote optimal client health.
- ✓ To participate in ongoing professional development.
- ✓ To have community involvement promoting dental and overall health.

COURSE EVALUATION:

The final course grade will be determined by the following assessments (see Clinic Expectations and Course Competencies for details):

- ✓ Mock NERB complete/incomplete
- ✓ Student Performance Form scores 100 points
- ✓ Patient Completions (20) complete/incomplete
- ✓ Process Evaluations (7) 140 points
- ✓ Radiology Patient Experiences 100 points
- ✓ Sealants (4) complete/incomplete
- ✓ Nutritional Counseling complete/incomplete
- ✓ Tobacco Cessation Counseling complete/incomplete
- ✓ Local Anesthesia practice complete/incomplete
- ✓ Clinical Self-Assessment complete/incomplete
- ✓ Professional Responsibility 5 or more points may be deducted for infractions of clinic policies or points may be awarded for exemplary professionalism.

TOTAL POINTS: 440

GRADING SCALE:

<u>Percentage</u>	<u>Grade</u>
94 – 100	A
90 – 93	A-
87 – 89	B+
84 – 86	B
80 – 83	B-
78 – 79	C
75 – 77	C+
70 – 74	C-
67 – 69	D+
65 – 66	D
63 – 64	D-
62 and below	F

ATTENDANCE POLICY:

Attendance is mandatory for **all** clinic and clinic seminar sessions. Prearranged absence based on an exceptional situation may be counted as an excused absence at the discretion of the course instructor. It is understood that students do at times have personal issues (illness, family emergencies, etc.) that cause them to be away from class. However, since lab attendance is crucial to successful completion of this course, students should be aware that only issues that are clearly beyond their control may be accepted as excused absences. Also, in some cases even having

excused absences (if there are several) may result in a student not being able to successfully complete this course, as too much work will have been missed.

ALL CLINIC ABSENCES, EXCUSED OR UNEXCUSED MUST BE MADE UP. YOU MUST SHOW ANY EXCUSED ABSENCE DOCUMENTATION TO THE COURSE COORDINATOR SO AS NOT TO RECEIVE 5 POINTS PROFESSIONAL RESPONSIBILITY POINT DEDUCTION. THE FRONT DESK INFORMS THE COURSE COORDINATOR OF ALL CLINIC ABSENCES. Students will receive a 2 point deduction for any unexcused Clinic Seminar absence. Important clinic management issues are addressed during Clinic Seminar time.

The student must attend all of their local anesthesia rotation clinics. Missed local anesthesia practice time cannot be made up during regular patient treatment clinics.

The only reasons that may be accepted as excused absences are:

- ✓ Personal illness (or your child's illness) that requires a physician's attention (written documentation),
- ✓ A death in the immediate family or significant other (with documentation).
- ✓ University sponsored events, with authorization form (athletics, debate, etc.)
- ✓ Subpoena requiring you to be in court for testimony
- ✓ Inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only)
- ✓ Attending a Board Review Session – MUST ARRANGE IN ADVANCE

Unacceptable reasons for absence

- ✓ Day Care coverage
- ✓ Employment—having to work
- ✓ Incarceration or court appearances related to violations of the law
- ✓ Illness not requiring a physician's attention

You MUST notify the dental receptionist if you will be late or absent for your scheduled clinic session. Contact the dental receptionist at extension 2260, or leave a message if a person does not answer the phone. Failure to do so will result in an automatic deduction of five (5) professional responsibility points.

Late arrivals to clinic sessions **will result in a violation** of Professional Responsibility, and will result in deduction of (5) points per 15-minute increments. Leaving clinic prior to instructor dismissal will result in (5) point deduction in Professional Responsibility.

***NOTE:** When faced with a patient cancellation or no show, you must remain in clinic, however every attempt should be made to locate a patient. For example, call a patient scheduled at a later date to come in early, contact a friend, take a walk-in patient, etc. Instructors will assign duties to be performed when you do not have a patient. No more than two clinic sessions (8 hours) without a patient will be allowed. Students should maintain a list of patients who can come at short notice.*

Assigned Rotations:

Students are expected to be present and on time in proper clinic attire for rotations. The same rules apply to late arrival, clinic attire infractions, and professionalism during these assigned times. Instructors and staff have the discretion to deduct professional responsibility points when violations occur. It is expected that students will be prepared for assigned rotations by reviewing the duties required for each assigned rotation in *advance of clinic*. Students are required to be actively involved in assigned duties during their rotations and are not to leave their assigned area. Any infraction of the above is due cause for a deduction in professional (5) responsibility points. If you would like to change an assigned duty, you will need to receive approval from the lead course instructor.

Opposite Clinic Rotations:

Students may switch clinic times with a student in an opposite clinic to accommodate patient schedules. You will also be allowed to come into an unassigned clinic to make up missed clinic time, or to accommodate patient needs. This will be managed by the front desk on a first come, first serve basis.

Assignment of "No Patient Time":

Clinic instructors will scan 4 hours "no patient time" or absent hours for each clinic session that a student does not have a patient or is absent. The hours scanned will appear on the computer generated student progress report. One patient should be treated per each clinic time. No partial time will be deducted for completion of patient earlier than the dismissal time or for patients arriving late. If you do not have a patient, you may go into Radiology only with permission from the Radiology instructor and if there is room available. If you take radiographs on a patient, you will not receive no patient time. You also may be office/sterilizing/clinic assistant if there is not already an assistant for that clinic time. You must inform your section instructor if you go into Radiology or an assistant duty. **PATIENTS DISMISSED FROM CLINIC BEFORE TREATMENT DUE TO MEDICAL PROBLEMS WILL RESULT IN THE STUDENT GETTING NO PATIENT TIME FOR 3 HOURS. ONE (1) HOUR WILL BE AWARDED FOR UNIT SET UP/BREAK DOWN, MDHX REVIEW, COLLABORATION WITH THE INSTRUCTOR/DDS, ETC. A student will NOT be awarded patient time for completing sealants or other process evaluations/competencies on another student's patient**

What Constitutes "Make Up Time?"

You cannot make up clinic time unless you have a patient in clinic or radiology, or are assigned a clinic rotation (clinic, sterilizing, office assistant). Clinic make up time is documented as the amount of hours you spend in an opposite clinic, i.e. you attend an opposite clinic from 5-7:30, you will receive 2 1/2 hours make up time. If your patient is completed early but you need all four hours make up time, you may stay in clinic as long as you check with your section instructor and receive a clinic task to accomplish, such as: assisting another student with a difficult patient or charting, working on radiographic interpretations, practice scaling/lateral pressure on your typodont, etc.

Professional Responsibility:

Becoming proficient in the area of professional responsibility is an ongoing process. It includes your professional demeanor and appearance. For in depth information, please refer to the *Professional Responsibility* section of the *Policies and Procedures Manual*. This is what will be expected from you with regard to professional responsibility. Professional Responsibilities infractions or awards are determined by the clinical instructors.

Clinic Teams/Team Leader:

Each of the six students in a team (Teams A,B,C,D,E) is responsible for each team member. A team leader will be appointed for each team each clinic. If the team leader is absent, the team must appoint another team leader for that clinic. If two students want to "switch" the responsibility of team leader, the entire team must agree and the instructor must be informed. The team leader is responsible to be sure all students on their team have signed in, have their process evaluations up to date, and to collaborate with team members on patient requirement needs. For example, if Student A has had four pedo patients and no perio patients and Student B has had four perio patients and no pedo patients, it is the team leader's responsibility to communicate with the two students that perhaps they should "switch" patients. It is also the team leader's responsibility to see that each student utilizes the patient types in their team to be able to complete their process evaluation that is due that week. It is recommended that the team leader plan to arrive early to clinic and they must stay until the end of clinic.

The team leader is responsible to delegate responsibilities at the end of clinic, i.e. helping other students clean units, helping in the sterilizing room, etc. The team leader must also initiate the team huddle at the end of clinic to discuss student needs, experiences, feedback, etc. with the observance of the clinic instructor. Each student in the team, as well as the clinic instructor, must evaluate the team leader each clinic. Awards and prizes will be given at the end of the semester to those teams who display efficiency and professionalism, i.e. first team to complete all process evaluations, etc.

NERB Clinical Exam Screening Policies:

Refer to the NERB Screening section of the DHYG 225 Clinic Manual.

CLINIC DRESS POLICY:

The Clinic Dress Policy in the Policy & Procedures Manual, revised Fall 2004, will be used as the Clinic Dress Policy guidelines.

- ~ Remember, you will be treating patients and must look neat, clean, and professional at all times!
- ~ Your socks should cover your ankles—no "footies" allowed.
- ~ Clinic shoes must be all white, and kept clean.

- ~ If you prefer to wear a shirt under your scrub top for warmth, please wear **plain white only**. A white t-shirt or white turtle neck is acceptable.
- ~ If any bangs or other hair is hanging in your face, please use bobby pins or barrettes.
- ~ Remember to check your nail length regularly.
- ~ A reminder on jewelry: plain wedding band only, no necklaces allowed, all facial piercings must be removed or covered, 2 earrings in each ear are allowed, post style only. Tongue rings must be limited to clear or flesh color retainers.
- ~ The smell of smoke is **offensive** to patients and others, so please do not smoke before clinic.
- ~ Any violation of the Clinic Dress Policy will result in a 5 point Professional Responsibility deduction, to the discretion of the section instructor and/or clinic coordinators.

GENERAL FSU POLICIES:

Religious Holidays

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, and/or clinics for the holiday(s) and allow the student to make up missed exams; however, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester, and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the Dean of the student's college. The decision of the Dean is final.

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It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. *Plagiarism* (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations may mean failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

**DHYG 225 CLINICAL DENTAL HYGIENE PRACTICE 4
COURSE SYLLABUS SIGNATURE SHEET**

Please review and sign. To be collected by instructor. If this form is not turned in within one week, professional responsibility points may be deducted.

I have read the DHYG 225 course syllabus and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Date

Print student's name

Student's signature

Curriculum Vitae

Full Name: Catherine W.J. Archer
Initial Rank or Title: R.D.H.
Date of Initial Appointment: 1/03
Rank or Title Currently Held: R.D.H., Faculty
Date of Appointment to Rank or Title: 8/08
Nature of Appointment: Assistant Professor

Licensure: Michigan Dental Hygienist: Expires 8/09
Lic. # 2902008113
NERB Local Anesthesia passed 5/04
N2O Certification passed 8/05
AHA CPR: Expires 11/10

Educational Background: FSU MS in Career & Technical
Ed. /Instructor Option I.P.
Highest Distinction
August, 2008

FSU: B.S. in Allied Health Ed.
Cum Laude
Outstanding Student Award
May, 2006

FSU: A.A.S. in Dental hygiene
Distinction
Outstanding Clinician award
May, 1987

Course Work in Content Area: (S09) Developed & co-presented a CE course titled
"Digital Radiography for Dental Professionals" n=11
(S09) Children's Dental Health Fair: participating
dental hygiene instructor (6hrs) n=30+/-
(S09) Community Health Fair facilitator for 2nd yr.
DHYG students (6hrs.) n=25+/-
(F08) New Faculty Transition Weekly Classes
(F08) FCTL: Evidenced Based Teaching: Journal
Club (\$150 PDI)
(F08) Evidenced Based Approach to Nonsurgical
Periodoantal Therapy (3CE)
(F08) Dental Hygiene Implant Certification Program
(6CE)
(F08) Lilly Conference "Teaching in the 21st Century"
(F08) SADHA Day (3CE)
(F08) New Faculty Development Week:
Demographic Profiling of FSU Students, the Classroom
Environment, Context & Principles of Learner-Centered
teaching, Assessment of Student Learning, Adapting to an
Existing Syllabus, Working Session on the 1st Week of Classes,
etc.
(Su08) Creation of DHYG 300 "Dental Hygiene Role Transtions" for use
in the FSU OL BS completion degree
(Su08) "Beyond Migration" 6Wk/18 Hr. workshop
(F07) SADHA Day (3CE)
(F07) Faculty Development Day:
1) How Can I Help Students Get the Most From Reading
Assignments?
2) How Do You Know What Your Students Want to Learn?

3) Teaching so Your Students Will Remember
 4) Best Practices in Online Teaching
 (F06) SADHA Day CE
 (F06) Ultrasonic & Prophyjet Seminar clinical support
 (F06) LA Seminar clinical support
 (F06) Faculty Development Day:
 1) Using a learner-centered approach to classroom teaching
 2) Teaching so your students will remember
 3) Successful implementation of WebCT as a teaching tool
 (F06) Pain Mgmt. & ID of Meth-Mouth
 (F06) DHYG Perio Update/ Case Study & Clinic Calibration
 May 06: 3-day seminar: Student Centered
 Learning: U of T, San Antonio, TX
 (W06) Collaboration w classroom instructor
 designing Web CT quizzes for Dhyg 121
 Summer 06 Volunteer facilitator for Educators Academy n=8-12
 (W04) (F04-W05) & (F05-W06) Lab
 Instructor for DHYG 111 & DHYG 121n=60
 (W06) Lab Inst. for DHYG 122 n=12
 (F04, F05 & F06) DHYG 115 & 125:
 Clinical & didactic instruction teaching new instrument skills n=30
 (W06) MI State Core Curriculum seminar: St. Ives, Stanwood, MI
 (W05) OSHA/Hazcom update seminar w/ Mike McKay
 8/05: Nitrous Oxide/Pain Mngt Seminar GRCC Certification
 10/05: Best Practices Seminar, Career Tech. Ed.
 Cadillac Career Tech. Center
 3/05: WCCTP 7th Annual Comp. Guidance Program "Connect & Reach"
 10/04: Evidenced-Based Dentistry by Mosby
 F04: Adult Learner seminar w/ Terry Doyle
 2003, 2004 & 2005: SLA facilitator DHYG 111 & 121:

Work Experience in Dentistry:

1982-84: Dental assistant & receptionist:
 Whitefish Bay Medical & Dental Center
 Bay Mills, MI
 Daniel J. Hickey, DDS

 1984-87: FSU Dental Hygiene program

 6-9/87: RDH for Dr.s' Hosking & Beattie,
 Mecosta, MI (full-time)

 1987-1994: RDH for John Schondelmayer, DDS
 White Cloud, MI (part-time)

 1987-1994: RDH for Baldwin Family Health Care
 Baldwin, MI
 (Full-time)

 1987-1989: RDH for Shelby Migrant Health Clinic
 Shelby, MI
 (Seasonal)
 1994-2002: RDH for David D. Grear, DDS
 (28-32 hrs/wk)
 Big Rapids & McBain, MI

 2002-present: Clinical Dental Hygienist FSU
 Full-time, 9 month, Temporary, FT
 Faculty Teaching Position(07-09 DHYG 111, 121, 123, 213,
 Clinical DHYG 125, 215 & 225

Nancy Louise Baar
13930 Delta Dr.
Big Rapids, MI 49307
Phone (231) 796-7504
E-mail: baarn@ferris.edu

EMPLOYMENT:

Ferris State University, Big Rapids MI. Clinical Dental Hygienist, full-time, salaried, 1st and 2nd year clinic, 2nd year 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.

John Garlick DDS, Big Rapids, MI 2004-present

John Shondelmayer DDS, White Cloud, MI 2008

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. 1977.

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

LICENSURE/CERTIFICATION and EDUCATIONAL SEMINARS

Registered Dental Hygienist. 1984. Registered in the State of Michigan License #2902007053 expires 08-31-2010

Registered Dental Assistant. 1980.

CPR Certification-Current thru 12/20/10

Local Anesthesia Course, license received 2004.

Faculty Center for Teaching and Learning "Understanding the Student Audience" Ferris State University, August 2004

Kellog Community College "Integrating Technology with Conventional Educational Strategies: When to Weave and When to Web" November 2005

Dental Hygiene Educators Workshop "Balancing Clinical Teaching and Evaluation" and Balancing Faculty Calibration with Clinical Challenges" University of Texas Health Science Center at San Antonio May 2005

Nitrous Oxide Course, license received 05/2006

Dental Hygiene Clinical Educators Workshop "The Nature of Student Centered Learning" and "Student-centered Calibration for Clinical Faculty" University of Texas Health Science Center at San Antonio May 2006

Lansing Community College "The Interrupted Lecture...Moving from Passive to Active Learning" and "Images to Teach Diversity" November 2006

Ferris State University "Clinic Calibration: Manual overview Perio Update and Case Study" September 2006

Ferris State Faculty Center for Teaching and Learning "Assessing Student Learning" developed an instrumentation instructional DVD May 2008

Ferris State University "Implant Certification Program" October 2008

CURRICULUM VITAE

NAME: Kimberly Rajski Beistle, BA, RDH, MSA, CDA, PhD(c)
Assistant Professor / Program Coordinator
College of Allied Health Sciences
Dental Hygiene
15920 16 Mile Rd
Rodney, MI 49342
Phone: 231-796-4944 H, (231) 591-2224 W
E-mail: beistlk@ferris.edu

EDUCATION:

- 2006 PhD Program: Doctorate in Higher Education Leadership
Western Michigan University, expected graduation 2010
Kalamazoo, MI
Major: PhD in Higher Education Leadership
- 1998 Masters Degree in the Science of Administration
University of Notre Dame
Notre Dame, IN
Major: Administration for Non-for-Profit Institutions
- 1995 Associates of Science in Dental Hygiene
Indiana University South Bend
South Bend, IN
Major: Dental Hygiene
- 1991 Bachelor of Arts
Saint Mary's College
Notre Dame, IN
Major: Communications

PROFESSIONAL / CLINICAL PRACTICAL EXPERIENCE

- 2004 – Coordinator of Ferris State University Dental Hygiene Continuing present Education Program
- 2004 – Assistant Professor / Program Coordinator
present Ferris State University
Dental Hygiene Program
50% Teaching, Clinical and Didactic, 50% Administrative
- 2001- 2004 Clinical Lecturer, Radiology Coordinator
Indiana University South Bend
Dental Assisting and Dental Hygiene Programs
100% Teaching, Clinical and Didactic responsibilities
- 2004 Spring Coordinator, Continuing Education Program
Indiana University South Bend
Title: Expanded Functions for Dental Assistants
Planned activities, secured instructors and dentists to lead program, assembled armamentarium for course, confirmed orders of supplies
- 2002 Spring Instructor, Continuing Education Program,
Indiana University South Bend
Title: Expanded Functions for Dental Assistants
Assisted lead instructors with expanded functions lab exercises
- 2000-
2004 Instructor, Continuing Education Program
Indiana University South Bend

Title: Radiology Review for Dental Assistants

- 2001-2004 Dental Hygienist
Family Dental Health Corporation
South Bend, IN
Dental Hygienist for general practice

- 1998-
Present Dental Hygienist
Dr. Terrance Mahoney, DDS
South Bend, IN
Permanent Part –time Dental Hygienist for a general practice
Summers and Holiday breaks

- 2000-2002 Dental Hygienist
Dr. David Porter, DDS
LaPorte, IN
Dental Hygienist for a general practice

- 1998-
2005 Dental Hygienist
Dr. Joyce Jilek, DDS, Buchanan, MI
Dental Hygienist for a general practice

- 2001-Aug Dental Consultant
Senate Management
Chicago, IL
Observed and evaluated dental office daily operations followed by written reports

- 1993-1998 Dental Assistant
Dental Hygienist, Clinical Manager, Dental Assistant
Cassopolis Dental
Cassopolis, MI
Dental Hygienist and Clinical manager for general practice

LICENSURE AND CERTIFICATION

- State of Michigan Dental Hygiene License #2902010579
- State of Indiana Dental Hygiene License #13003850A
- University of Kentucky: Expanded Functions for Dental Assistants, Certificate
- Certified Dental Assistant, Dental Assisting National Board Exam, 2004, #181408
- Certified in delivery of Local Anesthesia, Michigan, April 2004
- Certified in delivery of Nitrous Oxide, Michigan, August 2005

PROFESSIONAL ORGANIZATIONS

- 1995-present Member of the American Dental Hygiene Association

- 1995-present Member of the Michigan Dental Hygiene Association

- 2002-2004 President of the Lakeland Valley Dental Hygiene Association

- 2002-2003 Vice Chairperson Indiana Dental Hygiene Educator’s Association

- 2003-2004 Chairperson Indiana Dental Hygiene Educator’s Association

- 2004-present American Dental Educator’s Association

- 2004-present Michigan Dental Hygiene Educator’s Association

AWARDS / HONORS

- 1995 Community Service Award, Indiana University South Bend
- 1995 Honor’s Clinic, Indiana University South Bend

1993-1995	President of Dental Hygiene Class of 1995
2000-2001	Assessment Grant, "Development of Computerized Mock Dental Assisting National Board Exam", co-written with Barbara MacMillan
2004	Faculty Development Grant, Ferris State University, workshop funding for "Balancing Clinical Teaching and Evaluation", San Antonio Texas, co-written with Kathleen Harlan
2004	Fast Track Grant, matched with funds from Faculty Center for Teaching and Learning
2005	Ferris Foundation Grant, "Advancing Educational Technology in the Clinical Setting", co-written with Kathleen Harlan
2005	Faculty Development Grant, Ferris State University, workshop funding for "The Nature of Student Centered Learning", San Antonio Texas, co-written with Kathleen Harlan (registration fees, 1 st grant)
2006	Faculty Development Grant, Ferris State University, workshop lodging and airfare, "The Nature of Student Centered Learning", San Antonio, Texas, co-written with Kathleen Harlan (lodging and airfare, 2 nd grant)
2009	Distinguished Alumni Award for outstanding achievement from Indiana University South Bend

TEACHING AND ACADEMIC RESPONSIBILITIES

DHYG 320	Dental Informatics, (fully on-line, Su2009, N=)
CCHS 101	Introduction to Health Care (didactic, face to face, N=16, S2005, fully on-line, N=20, F2006, SU2007, N=22, Su2008, N=24)
DHYG 109	Introduction to Dentistry, (didactic=60) mixed delivery
DHYG 122	Radiology (didactic N=60, lab 12), mixed delivery
DHYG 209	Dental Materials II didactic and lab (didactic N=60, lab N=30)
DHYG 121	Oral Science 2 (didactic 1 credit, Winter, N=60)
DHYG 121	Oral Science lab (lab, 1 credit, Winter 2004, N=15)
DHYG 221	NERB Preparation Course (didactic 1 credit, Winter 2004, N=60)
DHYG 111	Oral Sciences (Didactic, 2 Credits, Fall 2004, N=60)
DHYG 111	Oral Sciences Lab (lab, 1 credit, Fall 2004, N=15)
DHYG 109	Biomaterials (Didactic, 3 credits, Fall 2004, N=60)
DHYG 215	Dental Hygiene Clinical Practice (4 credits, N=30)
A112	Medical and Dental Emergencies (Didactic, 1 credit, Spring 2002, N=18, Spring 2003, N=23)
A132	Dental Materials II (lab 1 credit, Spring 2002, N=18)
A114	Oral Anatomy, Histology, and Embryology (Didactic, 3 credits, Fall 2001, N=26, Fall 2002, N=24)
H205	Medical and Dental Emergencies (Didactic, 1 credit, Spring 2002, N=34)
H214	Oral Anatomy, Histology and Embryology (Didactic, 3 credits, Fall 2001, N=34, Fall 2002, N=36)
H218	Fundamentals of Dental Hygiene (Didactic and lab, 4 credits, 2 sessions of lab, Fall 2003, N=18)
H242	Introduction to Dentistry (Didactic, 1 credit, Fall 2003, N=42)
H302	Clinical Practice III (clinical lab, 4 credits, Spring 2002, N=34, Spring 2003 N=34)
H302	Clinical Practice III Lecture (Didactic, Spring 2004, N=35)
H303	Radiology Lecture (Didactic, 1 credit, Fall 2001, N=18, Spring 2002, N=34, Fall 2002, N=20, Spring 2003, N=33, Fall 2003, N=22)
H305	Radiology Lab (clinical Lab, 1 credit, Fall 2001, N=18, Spring 2002, N=34, Fall 2002, N=20, Spring 2003, N=33, Fall 2003, N=22)
H306	Radiology Lab (clinical lab, 1 credit, Fall 2001, N=18, Fall 2002, N=30)
H307	Radiology Lab (clinical lab, 1 credit, Spring 2002, N=18, Spring 2003, N=18)
H308	Dental Materials (Didactic 2 credits, Spring 2003, N=35)

SERVICE TO UNIVERSITY

February 2008-10, Ferris State University Higher Learning Commission Criterion #3 Committee member, Co-Chairs, Christine Vonder Haar and Ron McKean,

September 2007, University Assessment Plan, discussion panel, invited by

Roberta Teehan, Vice President's office.

August 2007, CAHS Assessment Task Force, 1 year appointment

August 2007, "New Faculty Transition Week", panel member round table discussion for the FCTL. Topics: What works well in class, classroom strategies, etc.

2007, June, Ferris State University Educator's Academy Dental Hygiene Representative, Dental Hygiene Presentation and hands on activities.

Co-Chair for Radiography Tenure-Track faculty search, summer 2007

Search committee member for the Camps and Corporate Development Coordinator, UCEL, summer 2007

9 month full-time temporary clinical dental hygienist committee chair, May 2007

9 month full-time temporary faculty committee chair, February 2007

Dental Clerk Selection Committee member, November –December 2006

Ferris State University VPAA appointed Assessment and Accreditation University Faculty resource for clinical evaluation and licensing exams, 2006

FCTL Advisory Group member, 2006-2008

Ferris State University Athletic Advisory Committee, 2006-2009

FCTL Critical Thinking Workshop Presenter, Back to Faculty Week, August 23, 2006

College of Allied Health Curriculum Committee, 2006

Ferris State University CAHS Summer Camps Workshop, Dental Hygiene Presenter, July 2006

Ferris State University Academic Senate, Senator, Representing the College of Allied Health, 2006-2008

WEB Ct Designer Group, Winter 2006, Ferris State University

2005-2006 Search Committee, Medical Records Program, College of Allied Health

2005 Ferris State University College of Allied Health Strategic Planning Committee

2004-2005, 2005-2006 Mentor Teacher for Ferris State University Education Course, EDUC 439, Student Jerie Maike

2005-2006 Ferris State University, Automotive Engineering Technology, Bachelor of Science, Program Review Panel member

Ferris State University, Leadership Council, College of Allied Health, 2005-2006, 2006-2007

New Faculty Transition Program Lunch Forum, August 18, 2005, Ferris State University, New faculty converse with returning new faculty

Ferris State University Summer Camp Workshops, July 2005, Presenter of Dental Hygiene Program and hands on activities for high school seniors interested in

Health careers

Ferris State University, CAHS Summer Orientation Representative for the Dental Hygiene Program, June 2005

Ferris State University Educator's Academy, June 2005, Presenter of Dental Hygiene Program and the Profession to High School Educators

Ferris State University, Clinical Instructor for Local Anesthesia Continuing Education Program, May 2005

Ferris State University, College of Allied Health, Search Committee member, 3 positions, 2005

Ferris State University, College of Allied Health, Alumni Return Day, April 15, 2005 Dental Hygiene Event and Continuing Education Coordinator

Ferris State University College of Allied Health Alumni and Development Committee, 2004-2005

Ferris State University College of Allied Health Recruitment and Retention Committee, 2004-2005

Ferris State University, Dawg Days CAHS representative for student recruitment, November 2004

Ferris State University Honor's Invitational, Dental Hygiene Representative, February 2005

Indiana University South Bend Campus Safety Committee, Spring 2004

Chairperson for Search and Screen Committee, IUSB, Programs in Dental Education, Clinical Lecturer Position, Spring 2004

Accreditation Report for Dental Assisting and Dental Hygiene Programs, IUSB, Fall 2003

Search and Screen Committee Member, Programs in Dental Education, Clinical Lecturer Position, IUSB, Summer 2003

Mission Statement Committee, Division of Nursing and Health Professions, IUSB October 2002

Campus Directions Committee (Group Visioning Exercise), October 2002

New Faculty Forum, Back to School Week, (UCET), August 2002

PROFESSIONAL COMMUNITY SERVICE

2009 February, 2nd-3rd grade Dental Health Presentation, Saint Mary's School

2009 February, Kindergarten Dental Health Presentation, Saint Mary's School

2009 Coordinated Meceola Middle School League 4th-5th-6th Grade Girl's Basketball Tournament

2008 Fall, Volunteered at Community Children's Carnival, Saint Mary's Parish grounds.

2007, summer / fall, Saint Mary Fall Festival Chair person, major fund raising event for Saint Mary School

2007 “Meth-Mouth Identification”, Ferris State University Dental Hygiene Program, April 27th, 2006, 25 licensed professionals from the surrounding communities

NERB 2007 Consultant / Examiner for Dental Hygiene Series, State of Indiana.

2006 “Meth-Mouth Identification”, Ferris State University Dental Hygiene Program, September 29th, 2006, 48 licensed professionals from the surrounding communities

2006 St. Mary School Search Committee, Principal position, May – July 2006

2006 St. Mary School Academic Program Review Committee

2005-2007 Development and Marketing Committee Chair, Saint Mary School, Big Rapids, MI

2005-2007 School Board Representative, Saint Mary’s School, Big Rapids, MI

2005 Saint Mary’s School SCRIP Committee

2005-2007 School Parent Association, Secretary, Saint Mary’s School, Big Rapids, MI

February 16th, 2005, Children’s Dental Health Presentation, St. Mary’s School, Big Rapids, MI, kindergarten class

Volunteer Teacher’s Luncheon at St. Mary’s School, Big Rapids, MI, February 2005

Volunteer Snuggle Down and Read, St. Mary’s School, Big Rapids, MI, February, 2005

Dental Assisting Advisory Committee, Spring 2004

March 2004, Product Review Team, OralCare

March 30th 2004, Learning Tree Preschool, Niles, MI, Dental Health Education Presentation to preschool children

March 15, 2004, Learning Tree Preschool, Niles, MI, Dental Health Education Presentation to preschool children

February 2003, November 2002, Early Childhood Development Center, Saint Mary’s College, Dental Health Presentation

February 2003, Holy Family School, Dental Health Presentation to kindergarten class

December 2002, Salvation Army, Family selected for Christmas gifts and food basket

PUBLICATIONS

Publication with an acknowledgement of reviewer recognition in the Dental textbook “Evidence-Based Decision Making for Dental Professionals”, author Forrest, publisher: Lippincott Williams & Wilkins, Spring 2008.

“The Low Down on Slow Speed Handpieces”, Journal of Practical Hygiene, National Publication, Peer Reviewed, January 2008

“Critical Thinking Underlies Evidence Based Decision Making”, RDH (National Registered Dental Hygiene Publication, June 2006, Interdisciplinary co-authors Donna Smith and George Nagel

“Recognizing and Treating “Meth-Mouth””, Journal of Practical Hygiene, National Publication, Peer Reviewed, March 2006

“Coffee Companions: The Other Silent Demineralizer”, RDH (National Registered Dental Hygienist Publication) February 2006 Issue

“Resurgence of Childhood Diseases: Educate yourself and your patients”, RDH (National Registered Dental Hygienist Publication), July 2005 Issue

SCHOLARSHIP

March 28, 2009, “Career Advancement” presentation, Indiana University South Bend, South Bend, Indiana

March 20, 2009, Doctoral in Educational Leadership Core Comprehensive Exam, Western Michigan University, Kalamazoo, MI.

Summer 2008, development of DHYG 320 Dental Informatics, 4 credits, fully on-line course for the Bachelor in Dental Hygiene degree completion, implementation January 2009.

EMR 6550 Research Design, Western Michigan University PhD course, January 2008-May 2008, earned grade BA, 3 credits.

EMR 6450 Applied Statistics, Western Michigan University PhD course, September 2007-December 2007, earned grade of B, 3 credits.

October 2007, Michigan Speech and Communication Conference, Hillsdale, MI., Interdisciplinary short course presentation and panel presentation on Critical Thinking Across Disciplines: A Time for Change., Donna Smith, George Nagel, Mark DeKoster (FSU faculty)

August 2007, Appointed by the Michigan State Board of Dentistry to serve a one year term as a NERB consultant for the state of Michigan.

2007, summer, Faculty Learning Community, “Scholarship of Teaching and Learning.” Ferris State University Faculty Center for Teaching and Learning.

Systems Thinking, PhD course, Western Michigan University, May-June 2007, 3 credits

North East Regional Board Annual Meeting, New NERB examiner training, Orlando, FL., June 13-16th, 2007.

College of Allied Health summer orientation training, June 4th, 2007, 10am-12pm

FerrisConnect on-line training, Jonathon Taylor, Web Designer / Instructional Strategist, May 23, 2007

“Writing Great Questions”, “CAHS Brown Bag Luncheon, Terry Doyle, FCTL Facilitator, 4-11-07

2007 Central States Communication Conference, Minneapolis, Minnesota, March 28th-March 31st, interdisciplinary short course presentation and panel presentation on Critical Thinking Across Disciplines. Donna Smith, George Nagel, Mark DeKoster (FSU faculty)

“Meth-Mouth Identification”, “Traverse City, Michigan. March 13th, 2007. Presentation to 200 Dentists and Dental Hygienists

2008 Michigan Career and Technical Education Conference, Detroit, Michigan, February 12, 2007, presenter, “Critical Thinking Skills”

Accountability in Higher Education: Community Colleges and Universities, PhD course, Western Michigan University, January-May 2007, 3 credits

Professional Fieldwork Seminar, Western Michigan University, January – May 2007, 3 credits

“The Biology of Learning,” Semester Faculty Learning Community, September-December, 2006, Terry Doyle, Facilitator

“The Key to Successful Online Instruction: Universal Design,” Online Demonstration to universal online instruction, FLITE, December 6, 2006

“Meth-Mouth Identification,” Local Presentation, forty-eight participants, Ferris State University Dental Hygiene Program, September 29th, 2006 (presenter)

Governance and Finance in Higher Education, PhD course, Western Michigan University, September – December 2006, 3 credits

Doctoral Dissertation Seminar, PhD course, Western Michigan University, September – December 2006, 3 credits

“Potentiating Powerful Learning Through Critical Thinking,” Regional Presentation, Lily North 2006 Conference on College Teaching and Learning, Traverse City, MI, November 2006

Qualitative Research, PhD course, Western Michigan University, May-June 2006, 3 credits

National Presentation, American Dental Educator’s Association Annual Allied Dental Health Director’s Conference, Chicago, IL, June 12-13th, 2006

“Student Centered Learning and Critical Thinking in the Classroom and Clinic,” National Presentation at Dental Hygiene Educators Workshop, San Antonio, Texas, co-presenter, Kathleen Harlan, May 19th, 2006

Higher Ed; The New Technological Frontier, PhD course, Western Michigan University, January – May 2006, 3 credits

Reviewer / reader for dental hygiene textbook proposal, Fundamentals of Periodontal Instrumentation, Nield-Gehrig, publisher Lippincott Williams and Wilkins, March 2006

Reviewer / Reader for proposed Dental Hygiene Review Textbook, Dental Hygiene Examination Prep, Prentice Hall Associates, March 2006

“Critical Thinking in the Classroom” Presentation to Ferris Faculty in Critical Thinking Faculty Learning Community, Ferris State University, March 2nd, 2006

Grant Workshop Luncheon, Ferris State University, January 30, 2006

Web CT Faculty Learning Community, Ferris State University, January 06-April 06

November 19th, 2005, “Head –to-Toe” Inter-Professional Diabetes Education for Tomorrow’s Providers, presenter, Dental Hygiene and Oral Health for the Prevention of Diabetes, Holiday Inn, Big Rapids, MI

Reviewer / reader for dental hygiene textbook proposal, Evidence Decision Making In Action, publisher Lippincott Williams and Wilkins, July 2005

Critical Thinking Workshop, September-December 2005, Ferris State University

Self-paced Web CT on-line program, August – November 2005

Web CT Faculty Learning Community Luncheon Discussions, October-November 2005, FSU

August 2004-May 2005, New Faculty Transition Program, Terry Doyle, Faculty Center for Teaching and Learning, Ferris State University, topic

“Assessment of the Ten Principles of Learning”, “Current Brain Research and its Impact on Learning”, “Eight Steps to Effective Lecture”, “Top Ten Test Writing Tips”, “Classroom Discussions: How to Engage Students in Meaningful and Productive Discussions”, “Tapping into What Motivates College Students to Learn”, “Plagiarism for Students and Copyright Laws for Educators

RESEARCH

Critical Thinking in Undergraduate Education

Critical Thinking in Higher Education, Allied Health Programs

Determining Clinical Competency through Online Education

Methamphetamine use and the effects on the oral cavity

Coffee Companions as demineralizers of the oral cavity

Student Centered Learning through Critical Thinking Practices in Dental Hygiene Curriculum

Reviewed literature on Student Centered Instruction (SCI) and Learner Centered activities and teaching methods for higher education.

Investigated the parental choice and requirements for childhood vaccines in the United States, for publication of article.

Investigated and researched computer technology and software opportunities for The Ferris State University Dental Hygiene Clinic, 2004- current.

PROFESSIONAL DEVELOPMENT

- 1) March 14, 2001, Program on “Implants”, Dr. John Kim, D.D.S., St. Joseph, Michigan
- 2) October 3, 2001, Program on “Making Our Curriculum Competency Based”, Terry Demmon, EdD, South Bend, Indiana
- 3) October 9, 2001, Program on “Diabetes and Periodontal Disease”, Cheryl Perry, RD, RN, St. Joseph, Michigan
- 4) October 15, 2001, Program on “Calibration and Collaboration in the Clinical Setting: Assessment / Instrumentation / Evaluation”, Jennifer Klein, RDH, MSA, Judith Schafer, RDH, BS, South Bend, Indiana
- 5) November 14, 2001, Program “Periodontal Update”, Dr. Paul Sergio, D.D.S, St. Joseph, Michigan
- 6) November 2001, “OSHA Update”, IUSB
- 7) February 8, 2002, CPR Training and Renewal, Mary Jane Messmer, South Bend, Indiana
- 8) February 22, 2002, “A Paradigm Shift for Caries Treatment”, Steven C. Steinberg, DDS, Chicago Midwinter Meeting
- 9) March 12, 2002, program “Ergonomics”, Bryan Strother, Chiropractor, St. Joseph, Michigan
- 10) March 16, 2002, program “Family Violence –Workplace Violence, Challenges and Solutions for the Dental Professional”, Kathleen Newell, RDH, Ph.D, Jamie Tiedmann, M.S., Indiana Univ. South Bend
- 11) April 13, 2002, program “Non-surgical Periodontal Therapy and Management” Changing Concepts and Current Status: 2002, S. N. Bhaskar D.D.S., M.S., Ph.D., Holiday Inn, South Bend, Indiana University South Bend
- 12) April 24, 2002, program “Student Assessment”, Terri Demmon, EdD, Instructional Strategies Consultant, University Center for Excellence in Teaching, Indiana University South Bend

- 13) August 21, 2002, program " G.A.M.E.S." Getting your Participants Motivated, Enthusiastic and Satisfied, Michele L. Deck, RN, BSN, Med, LCCE, Indiana University South Bend
- 14) September 4th, 2002, program "Assessment for our Clinical Teaching", Full Time Faculty of the Dental Programs, Kim Beistle, Barbara MacMillan, Jennifer Klein, Judy Schafer, Indiana Univ. South Bend
- 15) September 20th, 2002, program "Points on Oral Piercing" and "Fluoride Needs Assessment", Elizabeth Reynolds, RDH, MS, and Amelia Hazelwood, RDH, BS, Lake Michigan College, Mendel Center, Benton Harbor, Michigan
- 16) October 9th, 2002, program "Violence in the Healthcare Workplace", Sanya Applegate, YMCA, Giovanni Leonore, Secure Counseling Services, St. Joseph, Michigan
- 17) October 11-13, 2002, program, "Michigan Dental Hygiene Association, Annual House of Delegates Meeting", Mackinaw Island, Michigan
- 18) November, 2002, "OSHA UPDATE", Indiana University South Bend
- 19) November 14, 2002, program "Oral Lesions Update", Dr. David Douglas, DDS, St. Joseph, Michigan
- 20) December 4th, 2002, service, assembled Christmas gifts and food for a family selected by the Salvation Army of Benton Harbor, Michigan. Sponsored by the Lakeland Valley Dental Hygiene Society.
- 21) December 12th, 2002, program, in service, " Expert Course Pack Development Services", Brett Costello, Account Executive, Xanadu, Indiana University South Bend
- 22) January 8th, 2003, "Clinical Forms as Tools for Risk Assessment", Jennifer Klein, Barbara MacMillan, Judith Schafer, Indiana University South Bend
- 23) March 13, 2003, "Magnet Therapy", Sherri Lane, PT., St. Joseph, MI
- 24) August 12, 2003, "Classroom Strategies; How to Improve Student Learning, What's going on in your course", Jennifer Klein, Director, University Center for Excellence in Teaching, Indiana Univ. South Bend
- 25) October 1st, 2003, OSHA Update, Indiana University South Bend
- 26) October 15th, 2003, "Dental Materials, Sealant Update", Terri Blatchford, GC America, Chicago, IL, St. Joseph, MI
- 27) November 7th, 2003, "Learning to Ask Questions and Using Questions to Learn: Two Essential Skills for Promoting Active Learning", Jim Eison, Ph.D., University of South Florida, Indiana University South Bend
- 28) November 10, 2003, CPR recertification, Fire Marshall Dave Cherrone, Clay Territory Fire Department
- 29) March 18 – April 3, 2004, "Local Anesthetic for Dental Hygienists", Dr. David Murphy, D.D.S., Department of Dental Hygiene, Kalamazoo Valley Community College, Kalamazoo, MI
- 30) March 20, 2004, "Critical Thinking / Evidence Based Decision Making: Managing Information: Improving Patient Care", Amelia Hazelwood, RDH, BSGS, Barbara Keith, RN, MSN, Indiana University South Bend, South Bend, IN
- 31) March 26, 2004, "The Triad System and Denture Teeth Selection", Steve Kirchheimer, Dentsply / Trubyte, Indiana University South Bend
- 32) April 1, 2004, "Implants", Patty Harney, Nobel Biocare, Indiana University South Bend

- 33) April 20, 2004, "Digital Panoramic Radiography", Jim Pientkowski, District Sales Manager, Planmeca, Inc., Roselle, Illinois
- 34) April 21, 2004, "Orthodontic Update", Dr. Shawn Long, D.D.S., Board Certified Orthodontist, Mishawaka, IN
- 35) May 11th-13th, 2004 "5th Annual Dental Hygiene Clinical Teaching Workshop", San Antonio, Texas, "Seeing The Big Picture", Kathy Geurink, MA, RDH, "Creating Community Partnerships", Nita Wallace, PhD, RDH, "Funding Sources", Janna Lawrence, MLIS, AHIP, Sherry Jenkins, BS, RDH, "Snapshots of Community Based Programs", University of Oklahoma, Louisiana State University, "Framing Service Learning to Enhance Student's Critical Thinking Workshop", Magda de la Torre, MPH, RDH, "Pre-Workshop Calibration", Mary Jacks, MS, RDH
- 36) August 2004-May 2005, New Faculty Transition Program, Terry Doyle, Faculty Center for Teaching and Learning, Ferris State University, topics:
"Student Learner Centered Classroom", "Dealing with Disruptive Students", "Assessment of the Ten Principles of Learning", "Current Brain Research and its Impact on Learning", "Eight Steps to Effective Lecture", "Top Ten Test Writing Tips", "Classroom Discussions: How to Engage Students in Meaningful and Productive Discussions", "Tapping into What Motivates College Students to Learn", "Plagiarism for Students and Copyright Laws for Educators"
- 37) October 23, 2004, "Mosby's Evidence Based Dentistry Workshop", Mosby (CED), Chicago, IL
- 38) October 2004-May 2005, "Topics in Teaching Luncheon Discussions", Terry Doyle, Faculty Center for Teaching and Learning, Ferris State University
- 39) November 5, 2004, "Diverse Ways to Stimulate Learning and Assessment", Betty Rickey, RN, MSN, Delta College
- 40) November 5, 2004, "Understanding The Communication Styles of Individuals", Luan Jackson, MS, RN, CS
- 41) March 17-20, 2005, "Lily West Educational Leadership Conference: Teaching so Everyone Learns", Cal Poly Institute of Technology, Pomona, California
- 42) April 13th, 2005, "Guyana Mission Trip Service Learning Presentation", Mission Trip attendees, FSU
- 43) April 15th, 2005, "Creating the Best Practice", Mary Scott, Benco Dental, Ferris State University
- 44) April 15th, 2005, "Digital Panoramic X-ray and Patient Positioning", Jim Pienkowski, Planmeca, Inc., Ferris State University
- 45) April 15th, 2005, "Evidence Based Research Student Poster Presentations", Second Year Dental Hygiene Students, Ferris State University
- 46) April 20, 2005, "Advanced Directives, Living Wills", Lunch and learn, Ferris State University, Peter Jordan, Attorney Jordan Law Office, and Janet Richmond, Mecosta County General Hospital
- 47) April 26th, 2005, "Health care Professional Liability: Insurance Coverage and Exposure Workshop", Ferris State University, Marsh USA, Inc., Arch Specialty Insurance Company
- 48) April 28, 2005, "Future Trends in Managed Care", Michael Wambach, Health Systems Management Program, Ferris State University
- 49) May 11, 2005, "Balancing Faculty Calibration with Clinical Challenges", 3 ceu's, University of Texas Health Science Center at San Antonio, San Antonio, Texas, UTHSC Dental Hygiene Faculty
- 50) May 12-13, 2005, "6th Annual Dental Hygiene Clinical Workshop Balancing Clinical Teaching and Evaluation", University of Texas Health Science Center Dental Hygiene Faculty, Menger Hotel, San Antonio, Texas, "Balancing Teaching and Evaluation", "Making the Change – How other programs have

met the Challenge”, “A Day in the Life of Clinical Faculty”, “Working Productively with Difficult Students”, “Best Practices for Teaching and Evaluation”

- 51) May 18th, 2005, Michigan Dental Hygiene Program Directors Meeting, Bi-Annual meeting, Lansing Community College, Michigan
- 52) August 12th, 2005, Nitrous Oxide for Dental Hygienists, Grand Rapids Community College, Grand Rapids, MI
- 53) August, 2005, CDA CE's (3), Radiation Health and Safety, Dental Assisting National Board
- 54) September 23, 2005, Recertification of CPR for Health Care Providers
- 55) November 2005, MDHEA Annual Meeting, Kellogg Community College, lunch and learn, “Integrating Technology with Conventional Educational Strategies: When to Weave and When to Web”, Jim Middleton, “Mirror, Explorer, Probe”, Pamela Zarkowski
- 56) January 11, 2006, “OSHA / HAZCOM” annual training, Mike McKay, Safety Coordinator, FSU
- 57) “Safety in Academic Laboratories”, March 2, 2006, Ferris State University
- 58) “Vislite: Luminescent Oral Cancer Screening”, Guy Gismondi, Kerr Manufacturing, Ferris State University, April 7th, 2006
- 59) “Traumatic Brain Injury and Considerations for Health Professionals”, Linda St. Amant, Jane Reagan, Ferris State University, April 7th, 2006
- 60) “Diagnodent: Electronic Caries Detection for the Dental Office”, Matt Murphy, KaVo Company, Ferris State University, April 7th, 2006
- 61) “Service Learning; Dental Mission Trip to Guyana”, Ferris State University, April 17th, 2006, Dental Hygiene students and Dentists from mission trip
- 62) May 17-19th, 2006, San Antonio, Texas, The University of Texas Health Science Center, “7th Annual Dental Hygiene Clinical Educators Workshop, The Nature of Student Centered Learning”, “White Hose to Flip Flops”, Developing Critical Thinking Skills”, “Student Centered Best Practices”.
- 63) June 10th-13th, 2006, Itasca, Illinois, ADEA (American Dental Educators Association) 39th Annual National Allied Dental Program Director's Conference: A Summit on Allied Dental Education
- 64) October 12th, 2006, “On-line Banner Advising and Navigating,” Brown Bag Luncheon Series, CAHS.
- 65) October 19th, 2006, “Academic Policies, Student Progress, MACRAO Agreements in Banner,” CAHS.
- 66) NERB 2007 Consultant / Examiner for Dental Hygiene Series, State of Indiana.
- 67) NERB 2007 Exam Series Calibration session, June 13-16, 2007, Orlando, FL.
- 68) “The Interrupted Lecture...Moving from Passive to Active Learning,” Pam Bergeron, RDH, MA. Lansing Community College, November 17th, 2006
- 69) “Images to Teach Diversity,” Sandra Burns, RDH, BS, RN, RDA, CDA. Lansing Community College, November 17th, 2006
- 70) Annual OSHA and Hazcom Update, Dental Hygiene Program, Mike McKay, January 31, 2007, 1 ceu
- 71) North East Regional Board Annual General Assembly Meeting, New NERB examiner training, Orlando, FL., June 13-16th.
- 72) Health Care Provider CPR recertification, August 2007, Gwen Dennis, RN, Mecosta County M.C.

SANDRA GEORGE BURNS

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

EDUCATION:

August, 2005

Grand Rapids Community College

Administration and Monitoring of Nitrous Oxide &
Oxygen Sedation /NERB Examination
License State of Michigan

January, 2004

University of Minnesota

Local Anesthesia/NERB Examination
License State of Michigan 2004

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

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
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

TEACHING EXPERIENCE: (con't)

1978 – 1982	LANSING COMMUNITY COLLEGE Lansing, Michigan Instructor – Oral Pathology, Radiology
1977 – 1978	UNIVERSITY OF MICHIGAN Ann Arbor, Michigan Graduate Teaching – Dental Anatomy, Head and Neck Anatomy, Pre-Clinic and Clinic
1975-1976	FERRIS STATE UNIVERSITY Full-time Instructor – Radiology, Dental Materials, Clinic
1974-1975	Part-time Instructor – Clinic/Pre-Clinic

DENTAL HYGIENE EXPERIENCE:

2008, March	Baxter Clinic Grand Rapids, Mi
2007-2008	Special Olympics OH Screener Lansing/Mt. Pleasant
2007, March	Guyana Mission Guyana, South America
1986 - Present	JOHN GARLICK Big Rapids, Michigan 49307 Substitute – Dental Hygiene
2003	Migrant Health Care Shelby Mi-Dental Hygiene Summer Program
2002	David Greer D.D.S. Big Rapids, Mi. 49307
1986	RONALD LEYDER, D.D.S. Newaygo, Michigan 49337 Substitute - Dental Hygiene
1985 – 1986	ROBERT POWELL, D.D.S. Asheville, North Carolina 28801 Dental Hygiene and Assistant
1978 – 1980	DANIEL AND OLIN COX, D.D.S.'s Ypsilanti, Michigan Dental Hygiene
1977	DOUGLAS GRAY, D.D.S. Mason, Michigan 48854 Dental Hygiene
1973 – 1974	BARRY D. HILLIGAN, D.D.S.

Portland, Michigan

Dental Hygiene

DENTAL HYGIENE EXPERIENCE:

1972 – 1974 **R. R. DEMARTIN, D.D.S.**
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 MEDICAL CENTER**
Medical/Surgical Nurse

January 1998 -2004 **METRON – BIG RAPIDS**
Charge Nurse/ Registered Nurse

PROFESSIONAL:

Current Licenses and Certificates

2008 Dental Implant Certification AADI
2006 – Present WebCT Vista Faculty Trainer Certification
2004 – Present License in Local Anesthesia
State of Michigan (Required C.E Pain Control)
2005 – Present License in Nitrous Oxide & Oxygen
State of Michigan
1971 – Present Registered Dental Hygienist
State of Michigan – Licensure #2902002544
(Required 12 C.E. hours/year)
1982 – Present Registered Dental Assistant
State of Michigan – Licensure #2903000650
(Required 12 C.E. hours/year)
1976 – Present Certified Dental Assistant
Dental Assisting National Board (Required 12 C.E. hours/year)
1984 - Present 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
(Required 12 C.E. hours/year)
1998 – 1999 Dental Implant Certification – AADI & PM
1996 Certification in Human Sexuality – State of Michigan
Big Rapids Public Schools Health Committee

PROFESSIONAL ACTIVITIES:
University Level

FERRIS STATE UNIVERSITY

2008-2009 University Diversity Advisory Committee
2008-2009 Ferris Connect Advisory Board
2008 Search Committee Instructional Designer
2007-2009 Advancing Online Task Force
2006-2009 Ferris Faculty Association Representative CAHS
2007 Campus Compact Faculty Advisory Committee (Listening Tour)
2007 Bright Futures Grant – MCC Lead Instructor

2002 – 2009 Jim Crow Museum Facilitator
2006 Take Back the Night Planning Committee/Reader
2006-2007 Structure Learning Assistance SLA Advisory Committee
Faculty Panel for SLA Institute Training
2006-2007 Center for Faculty Teaching and Learning Advisory Committee
2004-2009 University Sabbatical Committee
2004-2006 Online Learning Committee - Higher Learning Commission
2003 – 2006 Student Life Committee- Chairperson 2005-6
2005 Career Center Articulation Advisory Committee
2004 Program Review Committee – Accounting/Finance COB
2005 Program Review Committee – Advertising COB
2001-2002 Strategic Planning Dean’s Advisory Committee-Frazer
1999 – 2002 Senate Diversity Committee - Chairperson 1999-2001
1995 – 2006 Presenter: Monday Night Technology Program
Program won "Education Excellence Award" from Michigan
Association of School Boards

College Level

2002- 2009 Faculty Affairs Committee- Tenure/Promotion/Merit
2008 Dental Hygiene BS Curriculum Proposal/Clinical Revisions
2007-2008 DH/MI Search Committee Chair – Radiology Faculty
2006 -2007 WebCT CAHS Committee
2006 – 2007 Dental Hygiene Search Committee Faculty/ Staff
2006 Grant Workshop Conference, Ferris State University CFTL
2005 WebCT Faculty Learning Community Discussions
2004-2005 Dental Hygiene Accreditation Report Writing/Visit
2006 Dental Hygiene Curriculum Revision
2002 – 2008 Dental Hygiene Student Advisory Committee
1987 - 2008 Dental Hygiene Advisory Committee
2000 – 2006 Strategic Planning Committee CAHS
2001-2002 Dean’s Advisory Committee-Frazer
2003 – 2005 Clinical Internship Committee
2004 – Summer Dental Hygiene Faculty Search Committees
Chair for Beistle, Harlan, and Wancour
Clinical Dental Hygienist Search Committees/Archer and Byrnes

2001 – 2009 Tenure Committees for Faculty
Marietta Bell-Schiber 2002-2006
Kathleen Poindexter 2005-6
Kimberly Beistle 2004-8 (Chair)
Kathleen Harlan 2004 -8 (Chair)

Susan Wancour 2004 -8 (Chair)
Omar Baker 2006-8
Sharon Colley 2007-9
Marilyn Skrocki 2006-9

1997 – 2004 Curriculum Assessment and Planning Committee,
College of Allied Health Sciences
1991 Semester Conversion Committee
1990 – 1994 Planner - Radiation Certification Workshops
1990 Program Review Chairman – Dental Assisting
1987 – 1996 Recruitment and Retention Committee, College of
Allied Health Sciences

1987 – 1996 Recruiting Committee – Various open house activities,
Autumn Adventure, and site visits

Profession /Community Level

2008-2009 Hope House Medical Dental Clinic Coordinator
2007-2009 Coordinator Headstart Varnish Program Mecosta/Oseola
March 2007 Careers in Science Panel participant and presenter. MOISD
Math/Science/Technology Center
March 2005-2007 Math Science Technology Center West Michigan Region Science and
Engineering Fair. Judge for Table Clinic participants.
Nov. 2006 Advisor and Consultant for District Health Dept. # 10 WIC program
and dental grant.
2001-2004 Mecosta County Health Assessment Committee
Annually Coordinated Guyana Mission Trip/Fund Raisers
Organized and presented at Alumni continuing education
programs offered by Dental Hygiene Department.

Advisor to 1st year Dental Hygiene Class
Advisor to 2nd year Dental Hygiene Class
Children’s Dental Health Day/Community Service Learning

Coordinate over sites for Student American Dental Hygiene
Association to volunteer in Community and on Campus
(WISE, Mecosta Health Dept., MCMC, Campus Events)

Coordinator for Shadowing MOISD Program – Mecosta-Osceola
Intermediate School District
Coordinate Screening and Educational Visit to MOISD Educational
Center
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
Headstart and Pre-School/Daycare Programs
Area Nursing Homes and Hospitals
Area AIS Home for Handicapped

Senior Meal Sites/Mecosta Senior Center
 Alternative School
 Hearing and Emotionally Impaired
 Community Mental Health
 Eagle Village
 Mecosta County Health Department WIC
 Mecosta County Medical Center Support /EducationGroups

STATE/NATIONAL

1987 - 2009 American/Michigan Dental Hygiene Association
 Coordinate visits from State Components to FSU

2003-2009 Michigan Oral Health Coalition- Member

2000-2009 American Dental Educators Association –Member
 2001 Co Coordinator for State of Michigan
 Equity in the Classroom XI: Graduating Minority Students Ferris State
 University
 1998 – 1999 State of Michigan Department of
 Community Health
 Michigan Osteoporosis Planning Group Member
 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/Coordination
 Research Symposium on Nutrition and Dental Health

1980 – 1984 Consultant to American Dental Association Commission on
 Dental Education - Accreditation Site Visitor

1980 Consultant to Lansing Community College
 Curriculum Review for Accreditation

PROFESSIONAL DEVELOPMENT:

Teaching:

Oct.2007 Lilly North Conference on College and University Teaching, Traverse City
 Timme Center Travel Grant

Sept. 2007 MDCH Oral Health Varnish /Sealant Training Program, Grand Rapids, Mi.

Sept. 2007 Quality Early Education, Millett @ MOISD Career Center Big Rapids.

Sept. 2007 Clinical Skill Deficiencies Review – Harlan @ FSU

Aug. 2007 Smart Classroom Training, Microsoft Office 2007 Training FSU

Jan. 2007 Creating the Learning Centered University, Dr. J. Tagg @ FSU

Aug. 2006 Faculty Development Workshop @ FSU

June 2006 WebCT Vista Trainer Certification, Green, WebCT Inc.

May 2006 Clinical Teaching Workshop, Univ. of Texas, San Antonio
 Balancing Clinical Teaching and Evaluation

Mar. 2006 “Equity in the Classroom: A Global Perspective-A Local Mandate, Lansing, Mi.
 \ Timme Development Funds

Jan. 2006 Grant Writing Workshop, Blackmer @ FSU

Sept. 2005 Lilly North Conference, Traverse City, Mi. Reality in OnLine Teaching
 Timme Travel Funds

May 2005 Balancing Faculty Calibration with Clinical Challenges, Univ Texas,
 3 Hours C.E.

April 2005	Creating the Best Practice, Scott, Benco Dental, FSU
June, 2003	WebCT Conference –Impact 2003
May, 2003	Critical Thinking Institute – Ferris State University Current Memory/Brain Research
Aug., 2002	WebCT – Enhanced Learning with Communication Tools -FSU
May, 2002	Cultivating Clinical Competence, University of Texas, San Antonio, Texas
March, 2002	Spring Learning Institute – Ferris State University Robert Sylwester/Maturation of Adolescent Brain
Feb., 2002	Teaching and Assessing for Critical Thinking and Deep Learning Texas CC Teachers Association
Aug., 2001	FSU Summer University Leadership Development Program
July, 2000	Critical Thinking Workshop Ferris State University

DENTAL HYGIENE

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

Oct. 2008	Michigan Oral Health Coalition Meeting, Lansing, Mi. Tobacco
Oct. 2008	Amedco Understanding Personality Disorders, Traverse City, Mi.
Oct. 2008	FSU/ ADIA Dental Implant Certification Program
Sept. 2008	FSU Densply Evidence Based Approach to NSPD.
June 2008	Michigan Oral Health Conference, Lansing Michigan
May 2008	Special Olympics Special Smiles Dental Screening Initiative, Mt. Pleasant
May 2008	3 rd International Conference on Evidence-Based Dentistry ADA, Chicago.
April 2008	Michigan Dental /Dental Hygiene Association Annual Meeting Grand Rapids, Mi Infant Oral Health.
April 2008	Spectrum Health Natural Born Toxins Conference, Grand Rapids, Mi.
Jan. 2008	FSU OSHA/HAZCOM Update
Sept. 2007	Oral Health Interventions for Infants, Children and Teens McCauley Muskegon County Health Department 4 hours C.E.
Sept. 2007	Oral Programs Sealant and Varnish Training School-based/linked Programs Mi Dept. of Community Health 8 Hours C.E. Grand Rapids, Mi
Sept. 2007	Clinical Skills Deficiencies Review Harlan Ferris State University 1 hour C.E.
June 2007	Oral Health Conference, Mi. Primary Care and MDCH 12 Hours C.E
May 2007	SEALS Software Training for SEAL, Mi Dept. of Community Health Grand Rapids, Mi. 3 hours of C.E.
April 2007	Drugs, Herbal Supplements, Nutraceuticals and Dentistry Wynn, Kalamazoo. 7 hours C.E.
March 2007	Administration of Nitrous Oxide Ferris State University Seminars 8 hours C.E.
Jan. 2007	OSHA/HAZCON Update Ferris State University Seminar 1 hour C.E.
Nov. 2006	Michigan Dental Hygiene Educators Association/SADHA 6 Hours C.E. Images of Diversity/Moving from Passive to Active Learning
Sept. 2006	Pain Management/Meth Mouth Harlan / Beistle Ferris State University 3 Hours C.E.

Sept. 2006 "Clinic Calibration" Harlan @ FSU
 June 2006 Michigan Oral Health Conference, Mi. Dept. of Community Health, East Lansing,
 Mi.
 10 Hours of C.E.
 May 2006 Perio/Systemic Links @ Dental Economics ADA 1 C.E.
 May 2006 Nature of Student Centered Learning – Univ. of Texas
 24 hours C.E "Student Centered Calibrations for Clinical Faculty"
 April 2006 "Traumatic Brain Injury and Considerations for Health Professionals",
 "Visilite: Oral Cancer Screening." @ Alumni Day, FSU. 2 C.E.
 Mar. 2006 American Association for Dental Research and ADEA Annual Meeting,
 Orlando, Fla. 12 hours C.E.
 Feb. 2006 Aging Body/Aging Mind Institute for Natural Resources INR, Grand Rapids, Mi. 6
 hours. C.E.
 Nov. 2005 "Integrating Technology with Conventional Educational Strategies" Michigan
 Dental Hygiene Educator/SADHA Meeting @ Kellogg Community College

 June 2005 Oral Health Conference, Mi. Primary Care, Lansing, Mi.
 Oct. 2004 Evidence-Based Dentistry Workshop by Elsevier/Mosby @ Chicago, Ill.
 June 2004 Oral Health Conference, Mi. Primary Care, Lansing, Mi.
 Oct., 2003 Maximizing Your Practice Longevity Lecture
 Ferris State University
 Oct., 2003 Emergency Nursing: The Critical Link
 West Mi ENA
 June, 2003 Pro-Dentec "A Step by Step System for Implementation
 Steve Giagini DDS/Jane Jones RDH, Grand Rapids, Mi
 June, 2003 Global Health Through Women's Leadership
 American Dental Educators Association, Goteburg, Sweden
 March, 2003 Emerging Concepts in Adult and Pediatric Cardiovascular Care
 Cardiovascular Effects of Street Drugs
 Spectrum Health/DeVos Children's Hospital
 Nov., 2002 Instrumentation for Root Debridement, Ferris State University
 Nov., 2002 Pregnancy & Beyond: Current Issues in Perinatal & Pediatric Nursing
 Spectrum Health/DeVos Children's Hospital, Grand Rapids, Mi.
 June, 2002 Annual Oral Health Conference 2002, Mi Department of Community Health/Mi
 Primary Care Association, East Lansing, Mi
 April, 2002 Infant Monitoring-Challenges & Pitfalls
 DeVos Children's Hospital Mi Association of Apnea Professionals, Grand Rapids, Mi.
 Oct., 2002 Emergency Nursing Conference/Moving into the Next Generation
 West Michigan Chapter Emergency Nurses Association, Grand Rapids, Mi.
 Jan., 2002 Diabetes Mellitus: Comprehensive Care
 PESI Healthcare, Grand Rapids, Mi.
 Nov., 2001 Pain Management
 Mecosta County General Hospital
 Oct., 2001 Technology and Dental Hygiene
 Kalamazoo Community College
 June, 2000 Annual Oral Health Conference, Mi Department of Community Health /Mi Primary
 Care Association, East Lansing, Mi
 Dec. 1999 Legal Issues in Nursing
 Nov., 1999 Advanced Root Debridement and Ultrasonics, Ferris State University
 Oct., 1999 Pharmacology for Nursing, PESI HealthCare, Grand Rapids, Mi

- March, 1999 Oral Pathology and Cardiovascular Drugs
Management of Uncontrolled Diabetic Patients
- March 1999 Practical Head and Neck Anatomy, Anderson, Mid-Mi District Dental Hygiene
Mt. Pleasant, Mi. 2 hours C.E.
- Nov., 1998 Advances in Prevention and Control of Periodontal Diseases
Michigan Dental Association, Lansing, Mi
- Oct., 1998 Faculty Calibration, Michigan Association of Dental Hygiene Educators-Baker
College, Port Huron, MI., Basic Computer Literacy
Dental Hygiene Implant Certification
Maximizing Your Dental Hygiene Practice
- May, 1998 Improving Team Performance; Understanding the Dimensions of
Leadership
Ferris State University, Big Rapids, Mi.
- April, 1998 Effective Clinical Teaching, University of Texas Health Science
Ferris State University, Big Rapids, Mi.
- March, 1998 Comprehensive Management of Oral Cancer, University of Michigan
- Jan., 1998 Computerized Probe, Intraoral Camera, Internet Lab Session, Ultra sonic
Debridement Therapies, Ferris State University
- 1997 Evaluating Student Achievement, J. H. Kleffner, Ferris State University
Big Rapids, Mi.
Practical Head and Neck Anatomy, Larry Anderson, Ph.D., Mid- Michigan
District Dental Hygiene Society, Mt. Pleasant, Mi.
Drugs Patients Take – Implications for Dentistry, Ferris State University
A.A.S. Degree Program in Nursing, Ferris State University
- 1996 Symposium International Fluoride, University of Michigan, Ann Arbor, Mi.
- 1995 Symposium Primary Care Models; Developing Employee Based Guidelines for
Dental Hygiene, American Association of Public Health Dentistry, Las Vegas, Nevada
Radiology Workshop – University of Michigan, Ann Arbor, Mi.
University of Kentucky, Louisville, Kentucky
Special Needs Patients – Academy of Dentistry for the Handicapped Ann Arbor, Mi.
Pathology – University of Michigan, Ann Arbor, Mi
Geriatric – Participated in a National Workshop sponsored by the American
Association of Dental Schools, Michigan Academy of Dentistry, Cleveland, Ohio
AIDS – Michigan Dental Hygiene Association, Detroit, Mi
- 1995 Asepsis – Molinari – University of Detroit, Detroit, Mi.
Latex Allergies, Forensic Dentistry, Preventive Therapy
- 1995 Nutrition Workshop– Central Michigan University, Mt. Pleasant, Mi.
Occupation Hazards Update – Michigan Dental Association, Lansing, Mi.
- 1994 Mood, Mind, and Appetite, Institute for Natural Resource, Grand Rapids, Mi.
Pharmacology – Periodontal Study Club, Detroit, Mi
Midwest Radiology Instructor Course, Indiana University
Periodontology – Periodontal Study Club, Detroit, Mi.
Antimicrobial Therapy – Consulting Concepts and
Implants Update – Periodontal Study Club, Detroit, Mi

NURSING

- Oct. 2008 Understanding Personality Disorders, Traverse City Mi. 6 Credits
- April 2008 Spectrum Health Natural Born Toxins Conference, Grand Rapids, Mi. 6 Credits

- May 2007 The Addicted Brain , Colman, Institute for Natural Resources INR,. Grand Rapids, MI, 6 Hours C.E.
- Sept. 2007 Mi Diabetes Outreach Network, MI Dept. of Community Health, Big Rapids, Mi. 2.2 hours C.E.
- Aug. 2007 “Indoor environmental Asthma Triggers”, American Respiratory Care Foundation and EPA at Grand Rapids. 4.2 hours C.E.
- May 2006 “Pediatric Trauma- When Band-aids Aren’t Enough” Nursing Education & Development, Cook Institute, Grand Rapids, Mi. 7 Hours C.E.
- April 2002 Infant Monitoring Challenges & Pitfalls, DeVos Children’s Hospital and MAAP, Grand Rapids, Mi. 7 Hours C.E

SCHOLARSHIP PRESENTATIONS:

- Oct. 2007 Dental Hygiene Service-Learning in Guyana, Lilly North Conference, Traverse City, Mi
Timme Center Travel Grant
- Sept. 2007 Community Dentistry Update, Ferris State University Faculty, DDS and Staff
- July 2007 Dental Hygiene Clinical Update, Ferris State University Seminar
- April 2007 Guyana Mission Trip, Ferris State University
- May 2007 Guyana Mission Trip, St. Mary’s Church, Big Rapids, Mi.
- March 2007 Nitrous Oxide Administration, Ferris State University Seminar
- March 2007 Children’s Oral Health @ Great Start Family Fun Day at MOISD
- Nov. 2006 Images in Diversity, Keynote Speaker for Michigan Dental Hygiene Educators Association & SADHA Conference, Lansing, Mi
- Oct. 2006 Jim Crow Presentation and Tour to Cornerstone University @ FSU
- Oct. 2006 Local Anesthesia Administration, Ferris State University Seminar
- Sept. 2006 Periodontal Update for Educators-Faculty and Staff RDH and DDS @ FSU
- Mar. 2006 Dental Hygiene Oral Health / Women’s History Month Sister Stroll @FSU
- Feb. 2006 Oral Health and Diabetes @ Mecosta County Medical Center, Big Rapids, Mi.
- Sept. 2005 Mentor New Faculty, It takes a Whole University For DH/MI Department @ FSU
- Fall 2005 Nutrition and Health @ FSU Chemical Society Meeting
- Sept. 2005 Oral Health in Infants @Breastfeeding Connections Conference sponsored by District Health Dept. #10 and the WIC program, Big Rapids, Michigan
- Aug. 2005 Mentoring New Faculty, It takes a Whole University, International Women’s Leadership Conference, American Dental Educators Association, Montreal, Canada
- July 2005 Anti-Racist Pedagogy via the Jim Crow Museum, Accepted @ Educating All of One Nation Conference at Phoenix , AZ. Berghoef, Burns, Middleton, and Palazzolo-Miller.
- Nov. 2004 Computers in Health Care for HCSA 205 M. Parry’s Class Scan/Bar Coding
- Oct. 2004 Nutrition and Health @ FSU Chemical Society Meeting. FSU Faculty and Students
- Sept. 2004 “Technology and Teaching” @ Lilly North, Traverse City, Mi. Burns and Lukusa.
- Mar. 2004 “From Teaching to Advising...Maximizing the use of technology inside and outside of the Classroom:Berghoef, Burns, Hastings-Bishop, and Lukusa @ 2004 Innovations in Higher Education Conference . Orlando, Fla.
- July 2003 Jim Crow Museum, Presentation and Tour, Jeanette Fleury’s Masters of Education Class, FSU.
- June 2003 Osteoporosis, State of Michigan Strategic Plan , International Women’s Leadership Conference, American Dental Educators Association, Global Health Through Women’s Leadership Conference, Goteborg, Sweden.

April 2002 Local Anesthesia and Head and Neck Anatomy, Mid Michigan District Dental Hygiene Association

REVIEWER:

Jan. 2006 Laura Webb's Text by Lippincott Williams & Wilkins
Oct. 2004 "Reinforced Periodontal Instrumentation and Ergonomics for Dental Care Providers" by Millar, Lippincott Williams & Wilkins
May 2005 "The Medical History: Clinical Implications and Emergency Prevention in the Dental Settings" by Pickett, Lippincott Williams & Wilkins
May 2004 "Dental Public Health" by Christine Nathe for Prentice Hall. Textbook Review
May 2004-7 Product Review Board for OralCare Products

MENTOR:

2003 -2008 **Dental Hygiene Tenure Track Faculty - Chairperson**
Kimberly Beistle
Kathleen Harlan
Susan Wancour
2007 Temporary Faculty – Cathy Archer
2007 Michelle Weemaes Capstone Project Committee Member for M.S. Degree
2006 Pharmacy/Dental Hygiene Health Fair – Pharmacy Students Phi Lambda Sigma
2005 School of Education , FSU - Supervising Teacher for Linda Sacket
2005 Chemical Society Students Poster Board Presentation-Jennifer Adams & Carolyn Dienes
2003 Biology 460 Student Caroline Hong - Senior Capstone Project

RESEARCH

2003-7 Mecosta County – 2nd Grade Screening and Educational Program in Elementary Schools Coordination of sites and volunteer DDS's along with data collection and supervision of students.
2005 Michigan Department of Community Health, "Count Your Smiles" Data Collection in multiple counties for oral health survey.

GRANTS:

2008 Hope House Medical/Dental Clinic - \$13,000
Clinical /Service Learning
2007 **Ferris Foundation Exceptional Merit Grant-\$7,500**
Service Learning for Dental Hygiene Students
Fluoride Varnish and Sealant Program for Mecosta County
2006 2007 **Guyana Mission Trip**
Grant Money – Michigan Dental Hygiene Association - \$500
Grant Money – St. Mary's Parish Council of Catholic Women
2003-2006 **Mecosta County Dental Health Assessment Project**
Research Assessment of Oral Health in Mecosta County 2nd and 6th Graders -
Lead Researcher and Organization of Project
Project continues to be part of DHYG 217 Research Course each Year.
Grant From ADA for materials
2000-2007 **Timme Center for Faculty Teaching and Learning**
Received Grants for Travel
Lilly North, San Antonio, Texas, Sweden, Canada
1998-2007 **Big Rapids Dental Study Club Grant**
Funds yearly to support Children's' Dental Health Day

1992 – 1997	BIG RAPIDS DENTAL STUDY CLUB GRANT Funds to transport and treat clients from the Mecosta-Osceola Area Rehabilitation Center to FSU Dental Hygiene Clinic
1992 – 1993	WEST MICHIGAN DENTAL FUND GRANT Funds to set up on-site clinic Mecosta-Osceola Area Rehabilitation Center
1990	TIMME GRANT Incorporation Geriatrics into Dental Hygiene Curriculum
1989	TIMME GRANT 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 Professional Organizations:

American Association of Public Health Dentistry
 American Dental Hygiene Association
 Michigan Dental Hygiene Association
 Mid Michigan Dental Hygiene Association
 Michigan Oral Health Coalition
 American Association of Dental Schools
 Periodontal Study Club
 Sigma Phi Alpha – Alpha Nu Chapter

Curriculum Vitae

Full Name: Denise K. Byrnes
Initial Rank or Title: Clinical Dental Hygienist
Date of Initial Appointment: part time 1999/full time 2004
Rank or Title Currently Held: Clinical Dental Hygienist
Date of Appointment to Rank or Title: September 2004
Nature of Appointment: Full-time salaried employee

Licensure:

Registered Dental Hygienist, License #2902010248 8/31/10
Certified for Local Anesthesia, January 2005 to present
Certified CPR/BLS thru December 2010

Educational Background:

1994 Associates in Applied Science/Dental Hygiene Ferris State University.

2005 Educ 289 Principles of Teaching and Learning

2006 Psyc 310 Educational Psychology

2007 Intermediate Algebra Math 115

2007 Engl 321 Advanced Composition

2008 EHSM 315 Epidemiology and Stats.

2008 MKTG 321 Principles of Marketing

Course Work in Content Area:

January 2005, March 2006, Local Anesthesia lab for DHYG 219 all sections.

December 2004, January 2005, "Local Anesthesia Practice Workshop", Ferris State University, Dr. Margaret Gingrich DDS, consulting dentist.

Local Anesthesia Continuing Education course: 30 Hours September/October 2004

SLA Training Workshop: January 5, 6, 7, 2004

SLA Facilitator for Pharmacology 218. Fall 2004, 2005, 2006, 2007, 2008.

Fall 2004 Workshop "Understanding the Student Audience"

Fall 2003 Workshop "Understanding the College Students and in particular Women in College."

Fall 2002 Workshop "Understanding the Student Audience."

November 2004 "Understanding the Communication styles of Individuals" Delta College, Midland, MI

November 2004 "Diverse Ways to Simulate Learning and Assessment." Delta College, Midland, MI

May 2005 "Balancing Clinical Teaching and Evaluation." San Antonio, Texas

May 2005 “Balancing Faculty Calibration with Clinical Challenges.” San Antonio, Texas.

August 2005, Administration and Monitoring of Nitrous Oxide and Oxygen Sedation.

September 10, 2005, Instructed “ Administration of Local Anesthesia Administration for the Dental Hygienist” (Lab.) FSU Dental Hygiene Program and The University Center for Extended Learning.

November 4, 2005, “ Integrating Technology with Conventional Education strategies: When to Weave, When to Web.” MADHE (Michigan Association of Dental Hygiene Educators). Kellogg Community College.

November 4, 2005, Mirror, Explorer, Probe, MADHE Kellogg Community College.

January 2006, DHYG 219 Instructed Local Anesthesia labs for 6 weeks to dental hygiene students.

Januar 3-5 2007, Student Centered Learning Terry Doyle Faculty Advancement, Ferris State University.

January 2007, DHYG 219 Instructed Local Anesthesia labs and Nitrous Oxide labs for 6 weeks to dental hygiene students.

February 23-24 2007, “Jewels and Gems of Oral Pathology” American Dental Association McCormick Center, Chicago IL.

March 16, 2007, Instructed “Administration of Nitrous Oxide for the Dental Hygienist” (labs).

April 13-14, 2007, Instructed “ Administration of Local Anesthesia Administration for the Dental Hygienist) (lab). FSU Dental Hygiene Program and The University Center for Extended Learning.

November 10, 2007, Instructed “Ultrasonic/Prophy Jet Techniques”, FSU Dental Hygiene Program and The University Center for Extended Learning.

Work Experience in Dentistry:

Ferris State University, Big Rapids, MI Clinical Dental Hygiene Co-coordinator for second year students, Radiology Labs for first year students, clinical teaching for Local Anesthesia Lab second year students. 2004 to present.

Preference Dental, Dr. David Hosking, Mecosta, MI Clinical Dental Hygiene in private office, summer 2005 part-time to present.

James Draper DDS, Lakeview, MI Clinical Dental Hygiene in private office, summer 2005 part-time to present.

Dr. Richard Stern DDS, Big Rapids MI., Clinical Dental Hygiene in private office, August 1994 until August 2004.

Drs Karen and Guerin Pierre, Muskegon, MI, August 1989 to March 1991. Dental assisting and in charge of all insurance billing.

Dr. Edward J Aamodt DDS, Muskegon, MI, April 1983 to August 1989. Dental assistant and receptionist.

**Kathleen Marie Harlan
13395 Donna Drive
Big Rapids, MI 49307**

Full Name: Kathleen Harlan
Initial Rank or Title: Clinical Dental Hygienist
Date of Initial Appointment: August 1999
Rank or Title Currently Held: Assistant Professor
Date of Appointment to Rank or Title: August 2004
Nature of Appointment: Full-time, tenure track faculty

Licensure & Certifications:

- Michigan Dental Hygiene License # 2902010233
- Anesthesia Certified, 2004
- Nitrous Oxide Certified 2005
- CPR Certification-current
- NIH Research Ethics Certification 2008

Educational Background:

Associate of Applied Science – Dental Hygiene; Highest Honors
Ferris State University, May 1994
Bachelor of Science – Allied Health Education; Highest Honors
Ferris State University, August 1998

Masters of Education – Career and Technical Education; Honors
Ferris State University, May, 2004

Dental Hygiene Experience

Clinical Dental Hygienist Ferris State University	8/99 – 8/04
John Schondelmayer, D.D.S White Cloud, MI	9/94 – 8/95
Donald French, D.D.S. Big Rapids, MI	8/95 – 12/97
Charles Backer, D.D.S. Remus, MI	9/95 – 5/97
Erick Perroud, D.D.S. Big Rapids, MI	12/97 – 8/99
Various offices as a Dental Hygienist Sub.	Summer breaks 2000 – current

Professional Societies

Michigan Dental Hygiene Assoc. Member 1992 – present

American Dental Hygiene Assoc. Member 1992 – present

Sigma Phi Alpha, Dental Hygiene Honor Society. Member 1994 – present

Michigan Dental Educators Assoc. Member 2004 – present

American Dental Educators Assoc Member 2006 - present

Awards

University Upper Division Scholarship Award Full tuition/BS degree

Teaching Experience

Dental Hygiene Clinical Educator 1999 – present

Structured Learning Assistance Facilitator (SLA) FSU Dental Radiography 1/98 – 5/99

Oral Sciences I & II 2002-2004
Adjunct Faculty, Lab Coordinator

Dental Hygiene Theory I 2004-present

Dental Hygiene Clinical Practice I 2004-present
Clinic Coordinator

Dental Hygiene Theory II 2005-present

Dental Hygiene Clinical Practice II 2005-present
Clinic Coordinator

Pain Management Laboratory Instructor 2006-present

Dental Radiography 1999-2003
Adjunct Faculty, Laboratory Instructor

Dental Hygiene Clinical Practice III 1999-2004
Clinical Instructor

Dental Hygiene Clinical Practice IV 1999-2004
Clinical Instructor and Co-Coordinator (2003-2004)

FSUS 100 2004-2007

Dental Hygiene Research Methods 2008
Fully On-line course delivery

Administrative:

Interim Dental Hygiene Program Coordinator, 2004

Oral Science Lab Coordinator

First Year Dental Hygiene Clinic Coordinator

 Dental Hygiene Pre-Clinical Practice

 Dental Hygiene Clinical Practice 1

Service

University

Library/Historical/Archival Committee

Committee Chair 2007-2008

Member: 2006 - current

Student Life Committee 2005-2006

Presidents Task Force; Student Engagement 2005

Faculty Center for Teaching and Learning's Advisory Group 2007-2008

College:

CAHS Core Curriculum Task Force 07/08AY

CAHS Curriculum Committee 2004-2008

CAHS Strategic Planning Committee 2005-2006

Search Committees: Dental Hygiene and Medical Imaging:

Department Head, 2005

CAHS Open Lab Presentations 2004 - 2006

Program:

Dental Hygiene Advisory Committee 2004-current

Student Advisory Committee, Member and **Committee Chair** 2004-present

Dental Hygiene Faculty and Clinical Instructor Search Committees 2004 – 08 Open Labs:

Dental Hygiene 2004 – 2007

Public/Community

-Facilitator: FSU SADHA Free Child Prophy Days, April 2007, 2008

-Facilitator/Participant: FSU SADHA Children's Dental Health Fair, 2006,2007,2008

-Michigan Department of Community Health, "Give Kids a Smile" program

Oral screenings of elementary students in the Grand Traverse area public and
private school system, 2008

-Michigan Department of Community Health Oral Health Program "Count Your
Smiles"oral assessment survey of 3rd graders in the State of Michigan, 2005

-Michigan Special Olympics, oral health screenings of participating athletes; 2006

-MOISD Dental Educator

-MDHA Legislative Luncheon, 2006, 2008

-Michigan Association of Dental Hygiene Educators Annual Business
Meetings; 2004,2005,2006,2007

-Michigan Dental Hygienists Association, (MDHA) House of Delegates meeting,
10/13 – 10/15 2006

-Trinity Fellowship; Roof-Top Friends; Supervise & assist special needs adults 8-
06 - present

Grants & Awards

Ferris Foundation Exceptional Merit Grant award 2002 \$5000.00

Vocation Education Fast Track Grant award 2004 \$1000.00

Ferris Professional Development Grant	award	2004	\$2284.00
Ferris Foundation Exceptional Merit Grant	award	2005	\$5000.00
Faculty Professional Development Grant	award	2005	\$1780.00
Faculty Professional Development Grant	award	2006	\$3636.48
Ferris Foundation Exceptional Merit Grant	award	2007	\$7500.00

Publications

“Resurgence of childhood diseases: Educate yourself and your Patients”,
RDH journal, July 2005, Vol 25, no.7, Pgs.49-50

“Magnificent Obsession, When tooth whitening becomes an obsession”,
RDH journal Sept 2006 Vol 26, no.9, Pgs. 60-63,96

“An Overview of Pain Management, RDH Journal, September 2008,
Vol , no. , Pgs

Scholarly Presentations and Continuing Education Seminars

"Using Technology to Facilitate Clinical Instruction", Peer, Blind Review Selection of Poster Presentation,
Lilly North Conference, Traverse City, MI 9-08

Nitrous Oxide Sedation for the Dental Professional, FSU Continuing Education Seminars; 9-08, 2-08, 3-07,
4-06 (2),

“Sitting Fit”, Ergonomics for the Dental Hygienist and “Instrument Sharpening”
Muskegon Community College, Continuing Education Department, 11-07

Radiography Review: Integrating Technology into Dental Hygiene Education through Web-CT, University
of Texas at San Antonio, 5-07

Administration of Local Anesthesia: Lab Instruction, FSU Continuing Education Seminars, 4-13/14-07 and 5-
05

Pain Research and Management Alternatives, Kalamazoo Valley Dental Hygiene Society, Battle Creek, MI
3-24-07 and FSU C.E. Seminars 9-29-06 & 4-27-07

Dental Hygiene Process of Care, Poster Presentation; Chicago Dental Society, Midwinter Meeting,
Chicago, IL 2-23-07

Student Learning Through the Use of Peer Accountability, Collaboration and Empowerment in the
Classroom, Lily North Conference, Traverse City 9-14-06

Student Centered Instruction Through Critical Thinking Practices, University of Texas Health Science
Center, San Antonio, TX 5-19-06

Course Work in Content Area:

Conference: Evidence-Based Dentistry; American Dental Assoc., Chicago, IL

- EBD Champion Conference 5/2-3/2008

-3rd International Conf. 5/4/2008

Conference: MDA/MDHA Annual Meeting, Grand Rapids, MI 4-08

-“Give Me Fever” Inflammation and the Oral - Systemic Link

-Emerging Infectious Diseases,

Conference: Michigan Dental Hygiene Educators

Meeting;

Oakland Community College, 11/07 Grand Rapids, MI 4-08

-Oral Health & Whole Body Wellness

- Periodontal Prescription for Success

Seminar: Mackinac Island Continuing Education Seminars 10-07

-Stress Strategies for the Dental Hygienist

-The Systemic Epidemic in Oral Health

Training: Michigan Department of Community Health; Oral Health Program, ---“SMILE! Michigan Dental Sealant -Program

Conference: Using Technology to Enhance Clinical Teaching, Univ. of Texas 5-07

Service Learning: Student Mission Trip to Guyana, FSU 4-07, 4-08

Workshop: “Oraqix, Pain Management Alternatives, FSU 3-07

Chicago Dental Society Midwinter Meeting, Chicago, IL 2-07

“The Interrupted Lecture...Moving from Passive to Active Learning” and
“Images to Teach Diversity”, Lansing Community College, 11-07

Conference: Pain Management & Identification of Meth Mouth, FSU 9-07

Conference: Learning so Everyone Teaches, Lily North, Traverse City, MI 9-06

Teaching Projects & SoTL

Motivate Your Students...

10 Ways to us Multimedia

Creating a Motivational Classroom

Peer Evaluation Within Team Project

Conference: The Nature of Student Centered Learning, University of Texas Health Science Center, San Antonio, TX 5-06

Taming the Calibration Cats

Dental Hygiene Education Challenges and Opportunities

Faculty to Faculty Communication

Developing Critical Thinking Skills

Student-Centered Best Practice – Showcase Panel

Critical Thinking Faculty Workshop; Ferris State University 1-06 – 4-06

Systematic Approach to Support Part Time Faculty; Audio Conference,
Johnson County Community College, Overland Park, KS 4-13-06

Service Learning Presentation: Dental Mission Trip to Guyana 4-17-06

Traumatic Brain Injury and Considerations for Health Professionals
FSU Cont. Education Seminar 4-7-06

OSHA HAZCOM update, FSU 2005, 2006, 2007

Building Student Engagement in the Community; FSU Faculty Center for Teaching and Learning, 2-27-06

Grant Writing Workshop, FSU Division of Academic Affairs, Office of Scholarship and Sponsored Projects, 1-30-06

Kellogg Community College, Dept. of Dental Hygiene Education & Michigan Association of Dental Hygiene Educators, Kalamazoo, MI 11-4-06

-“Mirror, Explorer, Probe”

-“Integrating Technology with Conventional Educational Strategies: “When to Weave and When to Web”

Workshop Training: State of Michigan “Count Your Smiles” screener training, Michigan Dental Hygiene Association, Gaylord, MI 8-05 – 12-05

Administration and Monitoring of Nitrous Oxide & Oxygen Sedation
Grand Rapids Community College Training and Certification; 8-12-05

Balancing Faculty Calibration with Clinical Challenges, Univ. of Texas, Health Science Center 5-11-2005

Balancing Clinical Teaching and Evaluation, Univ. of Texas, Health Science Center San Antonio, TX 5-12/5-13-2005

Ferris State University, Alumni Return Day, Ferris State University, 2005: 2006
Guyana Mission Trip Service Learning Creating the Best Dental Practice
Evidence Based Research: Student Poster Presentations
Digital Panoramic X-Ray and Patient Positioning

New Trends in Periodontal Therapy; Pascoe, DDS, Big Rapids Mi, 4-6-2005

LILLY West Conference, International Assoc of Teaching Scholars
Pamona, CA, 3-18/3-19-2005:

Transforming Our Classrooms for Authentic Intercultural Education
An Active Learning Approach to Teaching Multicultural Skills
Training Peer Mentors with Active Learning Strategies
Wringing the Best out of PowerPoint
So...How Well do you Handle Conflict?
Making the CONNECTION: A Service Learning Partnership

Assessment of “Ten Principles of Learning” Using Bloom’s Taxonomy
Teacher Ways of Knowing

Michigan Association of Dental Hygiene Educators Meeting:

-Understanding the Communication Styles of Individuals

-Diverse Ways to Stimulate Learning & Assessment, Delta College, 11-5-2004

Evidenced Based Dentistry Workshop; University of California Los Angeles

School of Dentistry, Chicago, IL 10-30-2004

TRENDS In Occupational Studies Conference, Grand Rapids Community College, October, 2004:

Understanding Dementia

Child/Adult Sleep Disorders

How to Help Students Work with Multicultural Populations

Copyright Law

Effectively Using Disability Services

New Directions In Nutrition

Review of the National Dental Hygiene Board Exam, ADHA, Chicago, IL 12-05

Understanding the Student Audience Faculty Center for Teaching & Learning

Ferris State University, 8-31-2004

New Faculty Transition Program, FSU, 8/04 – 4/05

Forensics in Dentistry, Dr Jack Kenney Grand Rapids Community College 11-14-2003

Bringing More Energy, Fun, and Harmony to the Workplace, Lynne Scheible, 9-26-2003

Biofilm Control in the Oral Environment Dr. John William Costerton, 9-27, 2003

Certification: Anesthesia for the Dental Hygienist University of Milwaukee, 1-7/1-9-2003

Oral Health Products for Home Use: “What Should I Recommend”, Baker, MS, 4-14-2000

Oral Pathology from A to Z, Differential Diagnosis, Ferris State University, 3-12-1999

Advances in Root Debridement & Ultrasonic Debridement, FSU, 11-12-1999

Nutrition/Fitness/Healthy Lifestyles FSU, 10-2-1999

Time Mastery FSU, 10-1-1999

Advances in the Prevention and Control of Periodontal Disease FSU, 11-13-1999

ANNETTE URSULA JACKSON, R.D.H., B.S., M.S. (c)
229 Mill Street
Big Rapids, MI 49307
Home Phone 231-796-4568
Work Phone 231 591-2284
E-mail: jacksona@ferris.edu

ADHA MEMBERSHIP: Member Number: 110661

EDUCATION:

- 2009 Candidate for **Master of Science Career and Technical Education**. Have completed 30+ credit hours of coursework towards degree.
- 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 2002 – Present DENTAL HYGIENE CLINIC OPERATIONS SUPERVISOR,
Ferris State University, Big Rapids, MI 49307

MAJOR RESPONSIBILITIES:

Provide oversight of all dental clinic operations to include all relevant clinic policies and procedures. Hire, train, and evaluate part-time instructional staff. Supervise and evaluate clinic staff as assigned. Perform duties described as Essential.

Those duties include:

Develop, implement, and coordinate operational activities of the dental hygiene clinic. Direct clinic activities, coordinate and direct the flow of work and service. Interview, select, train, direct, evaluate, and discipline assigned clinic staff. Maintain a harmonious and supportive working relationship with all staff and students. Establish clinic work schedules and assignment for faculty and instructional staff in accordance with workload and clinic hour availability. Gather, compile and evaluate data regarding the clinic instructional experience. Supervise students in laboratory and clinical work. Evaluate student progress and maintain records of student clinical experiences. Represent the dental clinic on Program, College, and University committees as assigned. Update and maintain a current Policies and Procedures manual. Answer inquiries from a variety of internal and external sources and provide explanation and interpretation of the policies, requirements, practices, and procedures of the dental hygiene clinic, the College, and the University. Maintain report writing function of clinic office software, Oversee the financial activities of the clinic. Review and analyze the clinic budget; prepare financial reports as appropriate. Assure compliance of OSHA/MIOSHA regulations in the clinic setting. Develop/oversee correct policies and training the staff in issues relating to patient and student confidentiality and patient/client record keeping. These duties are **in addition** to teaching and supervising students in radiology labs and patient treatment clinics. 40+ hours per week.

1991 – Fall 2002 CLINICAL LABORATORY COORDINATOR,
Ferris State University, Big Rapids, MI 49307

Supervise dental hygiene students, clinically, 28-32 hours per week. Work closely with the course coordinators of first year dental hygiene clinic, second year dental hygiene clinic, and the radiology

instructor. Responsible for minor equipment maintenance, and reporting equipment malfunctions within the clinical setting (36 dental chairs and corresponding equipment). Provide **tutorial assistance** to students regarding clinical weaknesses 4 hours per week. 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. 40+ hours per week.

Summer 1999 – 2002 DENTAL HYGIENIST, Family Health Care, Baldwin, Mi 49304

Permanent part-time dental hygienist. Hours vary depending on the needs of the dental clinic

Summer 2002 DENTAL HYGIENIST, Family Health Care White Cloud, Mi

New dental clinic was opened to the public. I worked a total of five (5) weeks (approx.30 hours per week) in this office as a permanent part-time dental hygienist.

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 - 1:6. The hours 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. (40 hours per week) In 1982, requested part-time employment and became a part-time Clinical Instructor.

MEMBERSHIPS, ACTIVITIES, INTERESTS:

- Licensed by the State of Michigan Board of Dentistry as a Dental Hygienist
- Member of the American Dental Hygiene Association
- Member of the Michigan Dental Hygiene Association
- Member of the Michigan Dental Hygiene Educator's Association
- Member of OSAP (Office Sterilization and Procedures)
- CPR certified, Healthcare 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 2 separate radiographic courses for the Dental Hygiene educator at University of Indiana and at University of North Carolina. All of these courses were for 30+ continuing education credits.
- Attended Equipment Maintenance seminar held by ADEC in Portland, Oregon. This week long course was taught by ADEC at the site of their factory.
- January 2003 Attended 29 hour continuing education course on Local Anesthesia taught by University of Minnesota.

- OSAP conference, July 2004 Miami Florida
- 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 and granddaughters.
- 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 several foster girls (teenagers) live in our home over the last 10 years.

COMPUTER SKILLS:

- Am comfortable with most aspects of Microsoft Word, PowerPoint, and have had some training in Excel. I am knowledgeable with Professional Practice Manager software for dental offices, along with some of the report writing capabilities and most recently have become acquainted with Eagle Soft software.

LANGUAGES:

- Semi-fluent in German

PROFESSIONAL REFERENCES:

1. Sandra Burns, RDH, RDA, MS
Faculty
Ferris State University
200 Ferris Drive, VFS 301
Big Rapids, Mi 49307
(231) 591-2276 (WORK)
2. Judy Schoettle, RDH, MS
128 Heritage Pl.
Reed City, Mi 49677
(231) 832-4234 (HOME)
3. Eve Sidney, RDH, MS
475 E. Roosevelt Ave.
Battle Creek, Mi 49017
(269) 968-2271, ext. 287 (WORK)
4. Julie Coon, RN, EdD
Director, School of Nursing
Ferris State University
200 Ferris Drive, VFS 400A
Big Rapids, Mi 49307
(231) 591-2267 (WORK)

Objective

To gain knowledge and experience, in the design, implementation, delivery, and evaluation of evidence based and best practiced curriculum, as a dental hygiene educator at Ferris State University.

Experience

Part-time Dental Hygiene Instructor

2005-2007 Ferris State University, Big Rapids, MI

- Supervising student progress of clinical competencies
- Evaluating student clinical skills
- Collaborating with co-workers on clinical requirements

SLA Facilitator

2006-2007 Ferris State University, Big Rapids, MI

- Facilitating student comprehension of DHYG 121
- Preparing & developing study materials
- Maintaining classroom hours & attending all SLA facilitator meetings

Full-time Clinical Dental Hygienist

2007-current Ferris State University, Big Rapids, MI

- Supervising student progress of clinical competencies
- Leading co-workers & clinical operations regularly
- Developing & evaluating instructional materials for lab sessions
- Teaching multiple labs criteria & facilitating student comprehension

Ferris State University Seminar Instructor

Fall 2008 Ferris State University, Big Rapids, MI

- Designing, implementing, and evaluating assignments & assessments
- Developing & maintaining student attendance & grade records
- Scheduling guest speakers & student tours
- Maintaining office hours for student feedback
- Facilitating student acclimation to campus life

Education

Ferris State University, Big Rapids, MI

1998-2000

Associate in Applied Sciences, Dental Hygiene, AS, RDH

- Ferris Honors – High Distinction
- Golden Key International Honour Society Member

University of Michigan, Ann Arbor, MI

2003

Local Anesthetic Administration Certification

Grand Rapids Community College, Grand Rapids, MI

2005

Nitrous Oxide Administration Certification

Ferris State University, Big Rapids, MI

2005-2006

Bachelor of Science, Allied Health Education, BS

- Ferris Honors – Cum Laude
- College of Education & Human Services Outstanding Student Award

Ferris State University, Big Rapids, MI

2006-2009

Masters in Career and Technical Education, MSCTE

- Ferris Honors

Activities

Legislature Luncheons, Lansing, MI

Ferris Connect Online Training & Course Design

Member of Association of Dental Implant Auxiliaries, ADIA

Member of American Dental Hygienist Association, ADHA

Member of Michigan Dental Hygienist Association, MDHA

Member of Grand Rapids Dental Hygiene Association, GRDHA

2003-2006 Elementary dental hygiene speaker, Stanwood, MI

Head Start dental screenings, Mecosta/Osceola counties

2008 ADHA Annual Educators Symposium, Albuquerque, NM

Hope House community ministries service, Big Rapids, MI

Private practice dental hygiene sub work references available upon request

Continuing Education seminars & courses attended available upon request

References are available on request.

References

Curriculum Vitae

Full Name and Credentials: Susan Diane Wancour, RDH, MS

Rank or Title Currently Held: Assistant Professor

Nature of Appointment: Full-time faculty

Licensure: (Dental Hygiene licensure) Michigan 2902006858 and Florida DH8943

Educational Background:

University of Central Florida, Master of Science in Health Services Administration, 1999 (received Outstanding Graduate Student Award).

University of Central Florida, Bachelor of Science in Health Services Administration, 1997.

Manatee Community College, accounting course, 1994.

Macomb Community College, Associate of General Studies, 1993.

Ferris State University, Associate of Applied Science in Dental Hygiene, 1983 (graduated with distinction).

Teaching Experience:

Ferris State University, Big Rapids, MI, 8/04 - present.

Full-time faculty member, title of assistant professor. Current teaching responsibilities include: Clinical Dental Hygiene Practice III & IV, Dental Hygiene Clinic Coordinator at the second year level, Clinical Dental Hygiene Seminar III & IV, Clinical Dental Hygiene Theory III & IV, Pain Management (local anesthesia and nitrous oxide/oxygen sedation) lecture and lab, and Freshman Seminar (pre-dental hygiene students). Other responsibilities: academic advisor to dental hygiene students in the professional sequence, Chair of the Allied Health Sciences Strategic Planning Committee, member of the Academic Senate Distinguished Teacher Award Committee, member of the Ferris Foundation Gifts and Grants committee, member of the Ferris State University Strategic Planning Committee, member of the Ferris State University Dental Advisory Board, member of the Faculty Center for Learning & Teaching Advisory Group, and North East Regional Board (NERB) Coordinator. Tenured in 2009.

Ferris State University Big Rapids, MI, 6/04 - present.

Adjunct faculty for the Department of Health Management Programs: CCHS 101 Orientation to Health Care and CCHS 102 Safety Issues in Health Care.

Ferris State University, Big Rapids, MI, 8/03 - 5/04.

Full-time temporary faculty member in the Dental Hygiene Program. Teaching responsibilities included: Clinical Dental Hygiene Practice II, Dental Hygiene Clinic Coordinator at the first year level, Clinical Dental Hygiene Seminar II, Clinical Dental Hygiene Theory II, Oral Science I lecture and lab, Oral Science 2 lecture and lab. Additional responsibilities included: member of the Clinic Management Team; NERB Coordinator.

Ferris State University, Big Rapids, MI, 9/00 - 8/03.

Full-time Clinical Dental Hygienist, guiding and instructing students with clinical and radiology skills in both the first and second year dental hygiene clinics. Didactic courses taught: Oral Science I during Fall semester 2002, which included lecture and lab and Clinical Dental Hygiene Theory II during the Winter semesters of 2002 and 2003.

Other Scholarly Activities:

Continuing Education Courses - created and taught the following courses (2005 - present): Local Anesthesia (lecture and lab), Nitrous Oxide (lecture and lab), Ultrasonic & Prophy-Jet Techniques (lecture

and lab), Bisphosphonates and Osteonecrosis of the Jaw (lecture), Advanced Instrumentation (lecture and lab), and Pain Management: An Overview (lecture).

Professional Presentations: “Advanced Modalities in Dental Hygiene,” Muskegon Community College November 2007; “The Dental Hygiene Diagnosis,” the Chicago Dental Society Midwinter Meeting February 2007; “Impacting Student Learning Through the Use of Accountability, Collaboration, and Empowerment in the Classroom,” the Lilly North Teaching Conference 2006.

Published Article: “An Overview of Pain Management,” RDH - The National Magazine for Dental Hygiene Professionals, December 2008 Issue.

Grants: Was awarded a grant in 2007 to purchase new digital radiography equipment for the Ferris State University Dental Hygiene Clinic from the Exceptional Merit Grants Program for Faculty and Staff; was awarded a Timme Grant to pay for expenses to travel to the Chicago Dental Society Midwinter Meeting for professional presentation in 2007; was awarded funds from the Faculty Center for Teaching and Learning to travel to the Lilly North Teaching Conference for professional presentation in 2006; attended a grant writing workshop in 2006.

University and College Service: served on the Allied Health Sciences Core Curriculum Committee for 2 years; served on the Faculty Search Committee for the Radiology department, the Dental Hygiene Clinic Clerk Hiring Committee, and the Dental Hygiene Temporary Faculty Hiring Committee; acted as supervising faculty for a student teacher from the Ferris State University School of Education for the entire Winter 2006 semester.

Public & Community Service: Student supervisor annually for the Student American Dental Hygienists Association (SADHA) sponsored Children’s Dental Health Fair to honor Children’s Dental Health Month (supervise students placing pit and fissure sealants free of charge for the community); volunteer at Mel Trotter Ministries for the MDHA grant - perform local anesthesia, prophylaxis, and patient education to indigent patients at the ministry’s dental clinic in Grand Rapids during the summer.

Other: Completed WebCT and FerrisConnect courses at FSU; 12 week Learner-Centered Teaching course for faculty in 2006; numerous dental seminars attended to fulfill the minimum 12 hours a year continuing education to maintain dental hygiene licensure in both Michigan and Florida; numerous education seminars attended; annual OSHA and HIPAA updates; current CPR/Basic Life Support Certification; attend Michigan Association of Dental Hygiene Educators Meeting (MADHE/SADHA Day) annually; annually attend the NERB Dental Hygiene Educator’s Conference in Washington, D.C. as FSU’s NERB Coordinator to learn about new clinical board issues and format.

Dental Work Experience:

Substitute dental hygienist during the summer months in Michigan and Florida for numerous dentists from 2000 - present.

F. Allen Bryan, DDS, Mt. Pleasant, MI, 2003 - present (intermittently). Substitute dental hygienist.

RDH Health Services, Troy, MI, 1985 - present (intermittently). Dental hygienist, temporary positions.

Mark Brown, DDS, Madison Heights, MI, 1/00 - 1/01. Part-time dental hygienist.

Pirkle & Gill, DDS, Orlando, FL, 10/95 - 5/99. Dental hygienist; focused on soft tissue management; was proficient with the office computer program (EagleSoft) and assisted with scheduling, confirming, and recall.

Richard Tschida, DDS, Longboat Key, FL, 1/91 - 5/95. Dental hygienist, focused on geriatric dentistry.

Richard Feasley, DDS, Bradenton, FL, 10/89 - 10/94. Dental hygienist; assisted in the management of the office, including OSHA compliance and front desk duties.

Henry Hirsch, DDS, Roseville, MI, 9/87 - 12/88. Dental hygienist; established hygiene recall system and assisted in the management of the office.

Charles Milonas, DDS, Mt. Clemens, MI, 1/84 - 9/87. Dental hygienist.

Member: Michigan Dental Hygienists Association, Michigan Association of Dental Hygiene Educators, Ferris State University Alumni Association, University of Central Florida Alumni Association.

References:

Linda Meeuwenberg, RDH, MA, MA
Professional Development Association, Inc.
231-972-4489

F. Allen Bryan, DDS
Bryan Dental
989-773-9051

Gregory H. Frazer, Ph.D.
Dean and Acting Chair of the School of Health Sciences, Duquesne University
412-396-5303

Ferris State University

Dental Hygiene Program Framework

Mission:

Building upon the mission, vision and values of the College of Allied Health Sciences, the Dental Hygiene Program will be a leader in providing opportunities for innovative teaching and learning in career-oriented technologies for the professional education of entry level dental hygienists.

Vision:

The vision of the Dental Hygiene Program is to be recognized as the premier education program that maintains a student centered environment and fosters life-long learning and leadership.

Program Outcomes:

1. Graduates of the Dental Hygiene Program will utilize evidenced-based knowledge and clinical competencies required to provide current, comprehensive dental hygiene services.
2. Graduates of the Dental Hygiene Program will communicate effectively to acquire, develop and convey ideas and information to diverse populations.
3. Graduates of the Dental Hygiene Program will adhere to the ethical, legal and professional conduct expected of the dental hygiene profession.

Dental Hygiene Program Assessment Plan

Program Outcome	Assessment Method(s)	Criteria	Results
1. Graduates of the Dental Hygiene Program will utilize evidenced-based knowledge and clinical competencies to provide current, comprehensive dental hygiene services.	ADA DH National Board Exam NERB Examinations: <ul style="list-style-type: none"> • CSCE • Local • Nitrous Employment Rate Employer Surveys: <ul style="list-style-type: none"> • Cognitive Success • Psychomotor Success Graduate Exit Surveys Alumni Survey(Graduate after one year) Quality Assurance Plan: <ul style="list-style-type: none"> • Patient Satisfaction Survey Portfolio	80% of students will pass the exam on the first attempt. 90% of graduates will pass NERB exams on the first attempt. 80% of graduates will be employed as dental hygienists within 1 year of graduation. 80% of graduates will be rated as average or above by their employers. 90% of graduates will rate the program average or above in skill preparation. 90% of graduates will rate the program average or above in skill preparation. 90% of patients will rate the program average or above in providing comprehensive dental hygiene care. 90% of graduates will meet the required clinical competencies.	

<p>2. Graduates of the Dental Hygiene Program will communicate effectively to acquire, develop and convey ideas and information to diverse populations.</p>	<p>Employer Surveys:</p> <ul style="list-style-type: none"> Affective Success <p>Writing Portfolios</p> <p>Graduate Exit Surveys</p> <p>Alumni Survey(Graduate after one year)</p> <p>Quality Assurance Plan:</p> <ul style="list-style-type: none"> Patient Satisfaction Survey 	<p>90% of graduates will be rated as average or above by their employers.</p> <p>90% of graduates will score average or above on the written portfolio.</p> <p>90% of graduates will rate the program average or above average in communication skill preparation.</p> <p>90% of graduates will rate the program average or above average in communication skill preparation.</p> <p>90% of students will be rated as average or above in communication skills by the patients treated at the dental hygiene clinic.</p>	
<p>3. Graduates of the Dental Hygiene Program will adhere to the ethical, legal and professional conduct expected of the dental hygiene profession.</p>	<p>Alumni Survey(Graduate after one year):</p> <ul style="list-style-type: none"> Professional Development Activities Advanced Degree completion Professional Involvement Roles <p>Graduate Exit Surveys</p> <p>Employer Surveys</p> <ul style="list-style-type: none"> Affective Success <p>Quality Assurance Plan:</p> <ul style="list-style-type: none"> Patient Satisfaction Survey 	<p>90% of graduates will meet the CE requirements for licensure.</p> <p>50% of graduates will be working on an advanced degree</p> <p>50% of graduates will hold membership in the professional organization.</p> <p>90% of graduates will rate the program average or above average in ethical, legal and professional skill preparation.</p> <p>90% of graduates will be rated as average or above by their employers.</p> <p>90% of patients will rate the professional conduct of graduates as average or above average.</p>	

To: Members of Program Review Committee

From: Theresa A. Raglin, Department Head

Date: July 20, 2009

Re: Dental Hygiene Program

Health of the Program

The Dental Hygiene Program is a vital program within the College of Allied Health Sciences. It continues to meet the Mission of Ferris State University by providing an innovative career-oriented educational experience. Students spend four semesters on campus refining their clinical skills in the on-campus dental hygiene clinic. Employer surveys reflect the high level of clinical skills achieved by the graduates. Graduates are in demand but must be willing to relocate during this current economic crisis in Michigan. Job prospects remain excellent as the Bureau of Labor Statistics has projected an increased consumer demand for dental hygienists. The growth is expected to increase by about 30 percent from 2006 to 2016.

There continues to be a demand and interest for enrollment in the Dental Hygiene Program. The number of pre-dental hygiene students has remained steady over the past several years. The program received 80 applications for the 40 seats available in the professional sequence courses for Fall 2009. Students are also attracted to Ferris because of their ability to receive a BS degree in Dental Hygiene after completion of their associate degree. Ferris Dental Hygiene students and faculty are active in the community. Faculty and students participate in dental hygiene oral health presentations and dental hygiene screenings at local K-12 schools, the Mecosta Osceola Intermediate School District, Ferris State University, Hope Network, Headstart programs and other public health outreach programs.

The program assesses their program goals, outcomes and curriculum and has made minor revisions based on various program measurements. The program was also proactive in reducing the enrollment for Fall 2009 to accommodate new increased faculty to student ratios mandated by specialized accreditation thus providing more individualized instruction to increase retention and increase programmatic outcome results. Recent program revisions have increased the pass rates on the North East Regional Board(NERB) Clinical Exam. The number of students passing the NERB Clinical Exam on the first attempt has risen significantly from 75% in 2004 to 90% in 2008.

The Ferris State University Dental Hygiene program employs five tenure track faculty and four full-time clinical staff dental hygienists in addition to adjunct faculty. The faculty and full-time clinical dental hygienists have dedicated the majority of their professional life to teaching dental hygiene students. In addition to their teaching experience, they bring a wide variety of clinical dental hygiene experience to the program and students. The faculty members are determined to make the dental hygiene program a continued leader in dental hygiene education. Each faculty member has advanced degrees and is appropriately credentialed to hold faculty positions.

Adequacy of Resources

As previously mentioned, the program reduced enrollment for Fall 2009 to accommodate new increased faculty to student ratios mandated by specialized accreditation and maintain a fiscally responsible program. Resources are adequate to support and meet the needs of the existing program, faculty and students.

Future Goals

Even though changes have been made to the curriculum and teaching pedagogy during the past few years to improve the outcomes of the graduates, additional revisions are still necessary based on a major programmatic assessment measure; the National Dental Hygiene Board Exam scores. Data demonstrates students have only slightly increased the mean score on the National Board Exam from 80% in 2005 to 81.7% in 2009. These results still fall below the national average. The number of students passing the exam on the first attempt has also not changed significantly during the previous five years with an 82-85% pass rate except for a 96% pass rate that occurred in 2007.

The dental hygiene program will complete an analysis of their curriculum based on their outcome assessment results including curriculum mapping for content and separating the lab and lecture courses similar to other programs within the College of Allied Health Sciences.

The dental hygiene program will also continue to monitor and assess the strength of their program and enhance their curriculum as necessary to meet the needs of specialized accreditation, students, graduates and the dental hygiene profession.



July 24, 2009

TO: Members of the Academic Program Review Committee

FROM: Ellen J. Haneline, Ph.D. Dean-College of Allied Health Sciences

RE: Dental Hygiene Program

Health of the program

The mission of the dental hygiene program is in congruence with the university mission. Both espouse dedication to the preparation of students for successful careers and cite the importance of life-long learning. Graduates demonstrate the adherence of the program to its mission as evidenced by comments from employers and graduates. Graduates are perceived as being competent practitioners.

There are approximately 2 applicants for each available seat in the program's professional sequence, demonstrating the visibility of the program among prospective students. With the implementation of the bachelor's degree, the program has gained increased visibility among both the prospective student and alumni population. Many of the entering students in the past two years have noted that the ability to attain a bachelor's degree was a deciding factor in their decision to enroll in the program at Ferris State University. Employment rate for graduates is 100% attesting in part to the visibility of the program and the demand for graduates.

All faculty members within the program are credentialed as dental hygienists and all possess masters degrees. In addition to the program faculty, instruction and supervision of students within the dental hygiene clinic is assigned to clinical dental hygienists. The dental clinic is staffed by four full-time and multiple clinical dental hygienists. Faculty members are dedicated to student success and program quality. Evidence of the faculty's dedication to program quality is provided by the use of assessment data to recommend reduction in the numbers of students enrolled to increase the number of patient contact hours available to each student.

Future Goals

Programmatic faculty will continue to enhance their efforts in demonstration of student learning through programmatic and course level assessment. It is critical that a thorough review of the curricular content and teaching techniques be undertaken to improve the pass rate on the National Dental Hygiene Board Exam. It is expected that a curriculum revision will be completed during the upcoming academic year for implementation in 2010.

Adequacy of Resources

Laboratory space is sufficient to meet the demands of the currently enrolled students. Throughout the past several academic years, the program has added digital radiography

capability to allow students to utilize state of the art imaging devices. In addition, the clinic has installed a new computerized record keeping system and other equipment to assure student exposure to current technology.

Increased enrollment in the pre-dental hygiene program, along with others in the CAHS has resulted in additional stressors placed on courses in the College of Arts and Sciences, especially in the Biology and Physical Sciences department. The end result is that students have difficulty fulfilling their qualification requirements.