FERRIS STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE AND MEDICAL IMAGING

ACADEMIC PROGRAM REVIEW REPORT 2017

ASSOCIATE DEGREE DENTAL HYGIENE PROGRAM

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Date: 2017.08.16 17:00:47 -04'00'

Program Information:

Program: Associates of Applied Science of Dental Hygiene
Accrediting Body: Commission on Dental Accreditation
Next Accreditation cycle is 2019

Evidence of Accreditation in Good Standing:

See Appendix A. Final approval letter of full accreditation, 8.12.13

The program in dental hygiene is accredited by the Commission on Dental Accreditation *and has been granted the accreditation status of "approval without reporting requirements"*. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. The Commission's web address is: http://www.ada.org/100.aspx.

Enrollment Trends:

Qualified applications submitted for the professional sequence:

DHYG students	2012	2013	2014	2015	2016	2017
Qualified Applications	97	96	95	108	110	107

Professional sequence admitted students:

Firs year DHYG students	2009	2010	2011	2012	2013	2014	2015	2016
Admission	40	44	44	40	44	44	44	42
Retention	37	42	42	39	42	39	42	39
Attrition	3	2	2	1	2	5	2	3

Graduation Rates of second year dental hygiene students:

Graduation year	2012	2013	2014	2015	2016
Percentage	100%	100%	100%	100%	100%

National Board Exam and Clinical Exam Pass Rates:

Year:	First time pass rate results: (Written National Board Dental Hygiene Exam, must pass at a 75%)	First time pass rate results: (Commission on Dental Competency Exam, patient clinical exam, must pass at a 75%)
2007	96%	91%
2008	82%	98%
2009	82%	91%
2010	93%	95%
2011	74%	95%
2012	91%	100%
2013	95%	92%
2014	97%	89%
2015	91%	93%
2016	92%	92%

Strategic Plan:

The programs plan is to continually meet and exceed accreditation standards. In addition, the program has a plan to assist students with time to degree completion as well as financial aid status. In congruency with the College of Health Professions Strategic Plan (Appendix B), and the DHMI department strategic plan (Appendix C) the Dental Hygiene Program will be admitting the last associate degree cohort in 2018 with a graduation in May of 2020. The associate degree will then be discontinued. The dental hygiene program will launch the on campus Bachelor in Dental Hygiene degree's first cohort in May of 2019. The new curriculum will utilize two summer sessions to complete the degree.

Program-level Student Learning Outcomes:

Program-level student learning 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.

Assessment methods designed to measure program outcomes;

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: • CSCE • Local • Nitrous Employment Rate Employer Surveys: • Cognitive Success • Psychomotor Success Graduate Exit Surveys Alumni Survey(Graduate after one year) Quality Assurance Plan: • Patient Satisfaction Survey Portfolio	90% of students will pass the exam within 6 months of graduation. 90% of graduates will pass NERB exams within 6 months of graduation. 90% of graduates will be employed as dental hygienists within 1 year of graduation. 90% 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.	
2. Graduates of the Dental Hygiene Program will communicate effectively to acquire, develop and convey ideas and information to diverse populations.	Employer Surveys: • Affective Success Writing Portfolios Graduate Exit Surveys Alumni Survey(Graduate after one year)	90% of graduates will be rated as average or above by their employers. 90% of graduates will score average or above on the written portfolio. 90% of graduates will rate the program average or above average in communication skill preparation. 90% of graduates will rate the program average or above average in	

	Quality Assurance Plan: • Patient Satisfaction Survey	communication skill preparation. 90% of students will be rated as average or above in communication skills by the patients treated at the dental hygiene clinic.	
3. Graduates of the Dental Hygiene Program will adhere to the ethical, legal and professional conduct expected of the dental hygiene profession.	Alumni Survey(Graduate after one year): • Professional Development Activities • Advanced Degree completion • Professional Involvement Roles Graduate Exit Surveys Employer Surveys • Affective Success Quality Assurance Plan: • Patient Satisfaction Survey	90% of graduates will meet the CE requirements for licensure. 50% of graduates will be working on an advanced degree 50% of graduates will hold membership in the professional organization. 90% of graduates will rate the program average or above average in ethical, legal and professional skill preparation. 90% of graduates will be rated as average or above by their employers. 90% of patients will rate the professional conduct of graduates as average or above average.	

Didactic courses consist of quizzes, worksheets, exams, student presentations, evidence based research critique, peer to peer discussion, case studies, role playing, medication review, radiographic interpretation, culturally diverse meal plan, resume writing, and a community program plan.

See Appendix D and E, American Dental Educators Association Dental Hygiene Competencies and assessment methods for 1st year dental hygiene courses and 2nd year dental courses.

Procedures for establishing, implementing and monitoring learning outcomes

These goals/outcomes provide the foundation for all program specific assessment and are at the core to be considered and addressed even at the University planning process level. The Dental Hygiene Goals/Assessment Plan and Assessment Results developed from the university required assessment database reflects when and how the program outcomes are assessed, evaluated and revised. This plan is reviewed each year by the faculty and staff to determine the currency and relevance of the planned assessment activities for the program. Modifications are made as appropriate in response to changes within the discipline or identified trends within the program outcomes. The outcomes for each goal are designed to be empirically measurable for the purpose of ongoing assessment. Some of the outcomes are measured each semester, whereas some are measured annually or on an "as appropriate" basis, depending on the nature of the outcome.

This assessment plan was revised, in order to achieve reasonable and measurable outcomes. The most common area for program assessment is the ongoing curriculum evaluation process. Other curricular changes have been made to address the need to redistribute content areas without adding more credits to the program. In 2010-2011 academic year, the faculty revised the curriculum to address the need to assure that the curriculum is logically organized and internally consistent making the student more accountable for their success in learning. The net result was a slight decrease in program credits from 83 to 81.

As mentioned earlier in this document, the faculty body have agreed to move the dental hygiene program to an on-campus bachelor degree for several reasons. First, CODA, the program's accrediting body, requires one year of pre-requisite courses, prior to the professional sequence of coursework. The courses at FSU equate to 33 credits. These courses are in addition to the 53 professional sequence dental hygiene credits. Second, this degree is not a true associate's degree and time to degree completion is excessive. Therefore, it makes sense to make this degree a 120 credit bachelor degree.

Perceptions of Overall Quality

See Appendix F

Appendix A

CODA
Commission on Dental Accreditation

August 12, 2013

Dr. David Eisler
President
Ferris State University
1201 S. State Street, CSS 310
Big Rapids, MI 49307-2737

Re: Dental Hygiene Program

Dear President Eisler:

At its August 8, 2013 meeting, the Commission on Dental Accreditation (CODA) considered the progress report on the dental hygiene program sponsored by the Ferris State University.

Following careful review of the information provided, the Commission determined that the recommendations cited in the February 2013 site visit report have been met and adopted a resolution to change the program's accreditation status to "approval <u>without</u> reporting requirements." The definitions of accreditation classifications are enclosed. No additional information is requested at this time from the program. The next site visit for the program is scheduled for **2019**.

In taking this action, the Commission stipulated that it will expect the institution to keep the Commission informed as soon as possible of anticipated major changes in any approved educational program offered, particularly in the areas of administration, enrollment, faculty, facilities and curriculum. The Commission's policy and guidelines for reporting major program changes are being sent with the electronic copy of this letter.

Note: The program's documentation for CODA (self-study, application, or reports to CODA, for example) must NOT contain any patient protected health information. If an institution nevertheless provides the Commission and/or Commission site visitors with materials containing patient protected health information (PHI), such materials must be in electronic form and <u>encrypted</u> as outlined by the most recent breach notification regulations related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

In addition, most states have enacted laws to protect sensitive personally identifiable information ("PII") such as social security numbers, drivers' license numbers, credit card numbers, account numbers, etc. Before sending documents such as faculty CVs to CODA, institutions must fully redact the following PII: social security numbers, credit or debit card numbers, driver's license numbers or government-issued ID numbers, account numbers, health information, taxpayer ID, and date of birth.

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific programmatic accreditation <u>status</u> granted by the Commission may include that information as indicated in italics below (see text inside square brackets); that portion of the statement is optional but, if used, must be complete and current.

> The program in dental hygiene is accredited by the Commission on Dental Accreditation *[and has been granted the accreditation status of "approval <u>without</u> reporting requirements"]*. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. The Commission's web address is: http://www.ada.org/100.aspx.

If this office can be of any assistance to you or members of your staff, please contact me at l-800-621-8099, extension 2695 or by e-mail, at renfrowp@ada.org.

Sincerely,

Patrice Renfrow

Patrice Renfrow, RDH, BS
Manager, Allied Dental Education
Commission on Dental Accreditation

PR/ap

Sent via e-mail: CODA Accreditation Status Definitions
      Reporting Changes in Accredited Programs
      Electronic Submission Guidelines for General Correspondence

  Link to Evaluation and Operational Policies and Procedures
    http://www.ada.org/314.aspx

  Link to Accreditation Standards for Dental Hygiene Education Programs
    http://www.ada.org/115.aspx

cc: Dr. Matthew Adeyanju, dean, College of Health Professions
  Dr. Kimberly Beistle, program coordinator, Dental Hygiene
  Dr. Kent Knoernschild, chair, Commission on Dental Accreditation (CODA)
  Dr. Anthony J. Ziebert, senior vice president, Education/Professional Affairs, ADA
  Dr. Sherin Tooks, director, Commission on Dental Accreditation (CODA)

United States Department of Education
State Boards of Dentistry
Institutional Accreditors

Appendix B

FERRIS STATE UNIVERSITY

COLLABORATION • DIVERSITY • ETHICAL COMMUNITY • EXCELLENCE • LEARNING • OPPORTUNITY

College of Health Professions Action Plan 2015-2018

Division of Academic Affairs

Mission

The mission of the College of Health Professions is to train and educate future healthcare professional leaders through inter-professional collaboration, practice and academic excellence.

Vision

The College of Health Professions will be a recognized leader in the preparation of healthcare professionals.

Values

We believe and support:
- Active, **Diverse** and Practical Teaching and **Learning** Environment.
- High Quality Education
- Response to Changes & **Opportunities** in Society and the Health Care Environment
- **Collaboration** and Inter-professional Initiatives
- Partnerships for Academic & Professional **Excellence** in Healthcare
- Creativity, Innovation & **Professional Ethics**

Note: The Ferris Values are noted in **BOLD.**

College Slogan

"Strengthen Partnerships for Academic and Professional Excellence in Health".

College Initiatives Supporting Divisional Initiatives

This page summarizes those college strategies that directly support achievement of the divisional initiatives. The plan in its entirety includes additional college-specific strategies.

Divisional Initiatives	College Initiatives	Measures of Success
Online and Virtual Learning	1. CHP Online Programs are competitive	• Establishment of new fully online programs • Enrollment rates reflect growth and/or are sustained within CHP resources • Student satisfaction levels reflect positive perceptions of online support
Academic Leadership	2. CHP global initiatives reflect relevance & collaboration.	• Establishment of and sustained enrollment in study abroad programs within CHP disciplines • Participation in international student and faculty exchanges • Development of Memoranda of Understanding (MOU) for academic and professional program partnerships • Global learning is embedded in all CHP curricula
	3. Interprofessional Education (IPE) is an integral component for all CHP students.	• CHP Core curriculum is redesigned with an IPE focus and approved by UCC • At least one IPE course is designed as a COHP offering that will also meet a general education requirement and is approved by UCC • CHP participates with other health Colleges (COP/MCO/CAS) to establish a collaborative approach to IPE across colleges
	4. CHP is an engaged partner with local health agencies to promote healthy communities.	• Collaborative initiatives with Spectrum Health Big Rapids and Reed City are established and implemented • Partnerships with Hospitals and Public Health Departments are established • Institute for Rural Health is created as a collaborative effort

5. CHP programs reflect value and quality in accordance with external standards.	• Favorable program survey data from stakeholders: students, alumni, advisory boards & employers • Full accreditation attained and maintained for all eligible CHP programs • Positive Academic Program Reviews for all CHP programs
6. CHP programs reflect relevance and value to the health care industry	• Analysis of all current CHP programs completed with recommendations regarding actions or initiatives. • Development & launching of new Programs at the BS, Masters and certificate levels
7. CHP Faculty & Staff engage in professional development that results in professional growth to support the goals of the College.	• CHP faculty and staff participate in regular ongoing professional development activities • CHP faculty demonstrate evidence of active engagement in research, scholarly & innovative /creative activities, grant writing and external presentations. • CHP recognizes faculty & staff for areas of professional excellence
8. CHP strives for Operational Excellence	• Policies are in place to guide college processes in the most efficient manner. • CHP Organizational structure reflects effective workflow and student support • Operational practices support budgetary parameters
9. CHP faculty, staff & students reflect and embrace the diversity desired in the healthcare workforce.	• New CHP faculty and staff hires result in a more diverse workforce. • CHP recruitment & retention efforts result in a student population reflects an increase in diverse and underserved areas. • CHP programs reflect an emphasis on cultural competency.

Continued Focus on Retention, Graduation and Student Debt	10. CHP has an intentional approach to increase student retention & graduation rates and to reduce student debt.	• CHP students are retained at higher rates from year 1 to year 2. • Graduation rates increase by program within the College • CHP Programs reflect total credits within established AAS & BS parameters • Time to degree completion is reduced across CHP programs to decrease student debt.
Grandville Corridor Project	11. CHP is an active & engaged academic health partner in the Grandville Corridor Project.	• New CHP clinical & internship sites emerge for this site • New IPE collaborations result in IPE student experiences • Health care delivery is enhanced for the Grandville Corridor Community

Initiative 1	Measures of Success
CHP Online Programs are competitive	1. Establishment of new fully online programs 2. Online enrollment rates reflect growth and/or are sustained within CHP resources 3. Student satisfaction levels reflect positive perceptions of online support

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Launch new MPH Program fully online	Spring 2016	M. Wan G. Zimmerman	Public Health Faculty EIO	PUBH Courses in development; Admission process established
2. Launch new DNP Program fully online	Summer 2016	K. Niemeyer S. Owens	Grad nursing faculty	PCAF Submitted
3. Launch new MHA Program fully online	Fall 2016	G. Bullard G. Zimmerman	HCSA Faculty EIO	PCAF Submitted
4. Evaluate Advising resources needed to meet the needs of current & future online programs	Ongoing	T. Wolverton	EIO / CHP Department Heads/Chair	In progress
5. Monitor online enrollment for CHP programs	Ongoing	T. Wolverton	EIO / CHP Department Heads/Chair	Ongoing
6. Monitor online survey data from students	Ongoing	Program Coordinators	EIO / EMAT	Ongoing

Initiative 2	Measures of Success
CHP global initiatives reflect relevance & collaboration.	1. Establishment of and sustained enrollment in study abroad programs within CHP disciplines 2. Participation in international student and faculty exchanges 3. Development of Memoranda of Understanding (MOU) for academic and professional program partnerships 4. Global learning is embedded in all CHP curricula

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. MOU's explored with China & Singapore	Spring 2015	Zimmerman	International Office	In Progress

Initiative 2			Measures of Success	
CHP global initiatives reflect relevance & collaboration.			1. Establishment of and sustained enrollment in study abroad programs within CHP disciplines 2. Participation in international student and faculty exchanges 3. Development of Memoranda of Understanding (MOU) for academic and professional program partnerships 4. Global learning is embedded in all CHP curricula	

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
2. Develop at least one global course for the CHP core curriculum	2016-17 AY	CHP IPE Committee	CHP Curriculum Committee / CHP Leadership Council	PUBH 210 is launching Spring 2015; Core course TBA
3. Establish 1 new Study Abroad program for next 3 years	Each Spring	Program Faculty	International Office	In progress

Initiative 3			Measures of Success	
Inter-professional Education (IPE) is an integral component for all CHP students.			1. CHP Core curriculum is redesigned with an IPE focus and approved by UCC 2. At least one IPE course is designed as a COHP offering that will also meet a general education requirement and is approved by UCC 3. CHP participates with other health Colleges (COP/MCO/CAS) to establish a collaborative approach to IPE across colleges	

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Establish an inter-college IPE Task Force to explore IPE issues in common for all health programs ranging from curriculum to faculty development to student experiential learning.	2015-16 AY	Associate Deans from CHP, MCO, COP	Faculty representatives from: Public Health, Nursing, Pharmacy, Optometry & Social Work	In Progress – Task force convened in December 2014
2. Survey all IPE activities in CHP with other CPH programs or with other colleges	2015-16 AY	CHP IPE Committee	CHP Leadership Council	In Progress
3. Redesign the CHP Core Curriculum to reflect an IPE core curriculum.	2016-17 AY	CHP IPE Committee CHP Curriculum Committee	CHP Leadership Council	Not started

Initiative 4	Measures of Success
CHP is an engaged partner with local health agencies to promote healthy communities.	1. Collaborative initiatives with Spectrum Health Big Rapids and Reed City are established and implemented 2. Partnerships with Hospitals and Public Health Departments are established 3. Institute for Rural Health is established

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Spectrum Health BR/RC and FSU health programs collaborative partnership formally established.	2015-16 AY	Dean Adeyanju Assoc. Dean Coon	MCO / COP / CAS / COB	In Progress – 2 meetings in 2014-15
2. CHP Partnership with District Health Dept # 10 in a rural health initiative to include a HRSA grant application.	Sprig 2015	Florence Dood	Dean Adeyanju Assoc. Dean Coon Various other partners	Signed MOU in December 2014 Grant Not Awarded – close this action step for 2015-16
3. CHP Partnership with Central Michigan District Health Dept. in a rural health Planning initiative for a HRSA grant application.	Spring 2015	Assoc. Dean Coon	Dean Adeyanju Various other partners	Signed MOU Jan 2015 Notified that this was funded for June 1, 2015- May 31, 2016.
4. Promotion of Healthy Work environment for CHP with College wide Health Initiative	Ongoing	CHP Health & Safety Committee	Dean Adeyanju	Just started Spring 2015 with the CHP Wellness Challenge!
5. Offer 1st Annual Conference on Aging in collaboration with other FSU Colleges and external stakeholders	Fall 2015	S. Karnes	Other Colleges	Planning phase for Fall 15 launch
6. Exceptional Merit Grants submitted to fund student/faculty research with BSPH and HCSA Programs & District 10 Health Dept.	Spring 16	E. Jadhav G. Bullard	District Health Dept. # 10	Grant in submission phase
7. Explore other prospective partnerships	Ongoing	Dean Adeyanju	CHP Dept. Heads / Chair	In progress

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Initiative 5	Measures of Success			
CHP programs reflect value and quality in accordance with external standards.	1. Favorable program survey data from stakeholders: students, alumni, advisory boards & employers 2. Full accreditation attained and maintained for all eligible CHP programs 3. Positive Academic Program Reviews for all CHP programs			
1. Strategy **a. Action Steps**	**Target Date**	**Responsible**	**Collaboration Needed**	**Status**
1. Annual program assessment data is gathered, analyzed and documented in TracDat	Ongoing	Program Coordinators	Program Faculty / Department Head or Chair	Ongoing

2. Seek initial accreditation for new programs:
   a. BSPH / MPH
   b. MHA
   c. DNP
   d. BSRC Completion
   e. DMOL
   f. HCSA – LTC Concentration (NAB)
	TBD by Program	Program Coordinators
		Wakeel/Wan
		Bullard
		Niemeyer
		Waters
		Peacock
		Bullard
			Program Faculty / Department Head or Chair	In Progress:
				Program design reflects accreditation standards;
				
				New Programs must complete one cohort to apply for accreditation

3. Maintain accreditation standards for all CHP programs currently accredited	Identify for each program	Program Coordinators	Program Faculty / Department Head or Chair	Ongoing
4. Comply with Academic Program Review cycle and standards for all CHP programs; Accredited Programs may now submit accreditation reports	Identify for each program	Program Coordinators	Program Faculty / Department Head or Chair	Ongoing

Initiative 6	Measures of Success

CHP programs reflect relevance and value to the health care industry	1. Analysis of all current CHP programs completed with recommendations regarding future actions or initiatives.
	 2. Development & launching of new Programs at the BS, Masters and Certificate levels:
	    a. Public Health – BSPH & MPH
	    b. BS in Respiratory Care
	    c. BS in Dental Hygiene (pre-licensure)
	    d. Master of Health Administration Leadership
	    e. Doctorate of Nursing Practice
	    f. Certificate in Cancer Registry
	    g. Others to be determined (Health Informatics, Gerontology, Physical Therapy)

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Conduct a full review of all current CHP programs regarding long term viability and/or expansion opportunities.	2015-16 AY	Department Heads/Chair Program Faculty	Admin Council CHP Curriculum Committee	Not started
2. Launch newly developed CHP programs: a. Public Health: BSPH & MPH	2015-16 AY	F. Wakeel M. Wan G. Zimmerman	Public Health Faculty	In progress – first PUBH courses offered SP 15
3. Develop new CHP Programs: • BS in Respiratory Care (BSRC) • BS in Dental Hygiene (pre-licensure) • Master of Health Admin (MHA) • Doctorate of Nursing Practice (DNP) • Cancer Registry Certificate • Lean HC Certificate	2015-16 AY 2015-16 AY 2015-16 AY 2015-16 AY Spring 2016 2014-15 AY	S. Waters K. Beistle G. Bullard K. Niemeyer P. Koning G. Bullard	RC Faculty DHYG Faculty HCSA Faculty Grad Nursing Faculty HIT/HIM Faculty HCSA Faculty	UCC Proposal approved PCAF in Progress UCC Proposal in process PCAF Approved PCAF Approved Approved for F15 start
4. Explore other program options based on review of current programs (# 1)	2016-17 AY	Department Heads / Chair	TBD	Not started

Initiative 7	Measures of Success
CHP Faculty & Staff engage in professional development that results in professional growth to support the goals of the College.	1. CHP faculty and staff participate in regular ongoing professional development activities 2. CHP faculty demonstrate evidence of active engagement in research, scholarly, innovative /creative activities, grant writing and external presentations. 3. CHP recognizes faculty & staff for areas of professional excellence

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Department Heads / Chair are funded to attend at least one leadership conference, workshop or seminar per year.	2014-15 AY to begin	Dean Adeyanju	Dept. Heads / Chair to identify appropriate conferences	In progress; SON Chair attending a spring leadership conference.
2. Establish a more intentional approach to the mentorship of new faculty.	2014-15 AY Ongoing	Assoc. Dean Coon	Dept. Heads / Chair Tenured Faculty	In progress- New faculty transition program established for CHP
3. Revise the CHP Tenure Policy to better reflect changing expectations for terminally degreed new faculty hires.	2014-15 AY	Faculty Affairs Committee	Associate Dean Coon	Policy revision approved by faculty December 2014; Provost Approval Pending for implementation: Fall 2015.
4. Establish funding & a policy to provide allocation guidelines to support CHP faculty & staff to engage in professional development activities.	Fall 2015	Admin Council	CHP Leadership Council	In progress- policy in draft form
5. Revise the CHP Promotion/Merit Policy to align with new expectations of tenure policy.	2015-16 AY	Faculty Affairs Committee	Associate Dean Coon	Discussions to begin March 2015
6. Adoption of Digital Measures to support faculty data compilation and generation of tenure or promotion/merit reports.	2015-16 AY	Assoc. Dean Coon Linda Morris	CHP Faculty Affairs Committee CHP Faculty	In progress – adopted Fall 2014; Full implementation Spring 2015
7. Evaluate and potentially expand the Dean's Awards for Excellence program to consider inclusion of a "Leaders in Training" award.	2015-16 AY	CHP Awards Committee	Dean Adeyanju Assoc. Dean Coon	Not started

Initiative 8	Measures of Success			
CHP faculty, staff & students reflect and embrace the diversity desired in the healthcare workforce.	• New CHP faculty and staff hires result in a more diverse workforce. • CHP recruitment & retention efforts result in a student population reflects an increase in diverse and underserved areas. • CHP programs reflect an emphasis on cultural competency.			
1. Strategy **a. Action Steps**	**Target Date**	**Responsible**	**Collaboration Needed**	**Status**
1. Enhance search process to intentionally recruit more diverse candidates for faculty and staff positions.	Ongoing	Assoc. Dean Coon	Dean Adeyanju for funding for postings in sources that could enhance applicants EEO to assist in identifying sources and posting verbiage	Hires for 2014-15 resulted in the hire of 5 new faculty reflecting diversity; will continue efforts with hires for 2015 and beyond. 2015-16: Two new Tenure Track hires in DMOL. The pool for these positions reflected 50% ethnic diversity among candidates interviewed.
2. Evaluate the faculty emphasis and the student experiences related to diversity in CHP	Ongoing	CHP Diversity & Inclusion Committee	CHP Faculty	Ongoing

3. Develop an intentional plan for recruitment & retention of a more diverse student population
   a. Explore ways to create a dedicated staff position with recruiting as the main focus with Admissions & faculty to cultivate solid recruiting practices.
   b. Continue to develop & work closely with the Perkin's dedicated person in CHP.
	2015-16 AY
	
	Fall 2015
	
	Ongoing
		Wolverton	Admin Council / CHP Diversity Committee	Perkins position was filled & started in January but vacated by April. New search in process with staff person to start in summer 2015.

4. Intentional recruitment plan for international students	2014-15 AY	Zimmerman	Admin Council; CHP Program Faculty	In Progress
5. Provide faculty development opportunities to enhance cultural competency in CHP Programs	Ongoing	CHP Diversity & Inclusion Committee	Dean's Office	Best Practices Day Speaker on April 2, 2015. Topic: Health Disparities. CHP faculty also participated to share research in this area to increase awareness among faculty.

Initiative 9	Measures of Success
CHP has an intentional approach to increase student retention & graduation rates and to reduce student debt.	1. CHP students are retained at higher rates from year 1 to year 2. 2. Graduation rates increase by program within the College 3. CHP Programs reflect total credits within established AAS & BS parameters 4. Time to degree completion is reduced across CHP programs to decrease student debt.

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status

1. Develop strategies to improve pre-professional student retention rates.
  a. Create First Year Seminar Course to target transfer student population
  b. Increase supplemental advising support for pre-professional area of SAA during peak time
	2015-16 AY
	
	Fall 2015
	
	Fall 2015
		Wolverton	Admin Council	In Progress: CHP Admission Criteria revised in 2013-14; Improvement noted in 2014-15 – continue to monitor

2. Develop programmatic strategies to improve student retention & graduation rates.	2015-16 AY	Program Coordinators	Dept. Heads / Chair	Not started

3. Reduce undergrad CHP program credits needed for graduation:
  a. AAS Degree Programs: 60-72 credits max
  b. BS Degree Programs: 120-130 credits max
	2015-16 AY	Program Coordinators	Program Faculty Dept. Heads / Chair CHP Curriculum Committee	Not started

4. Develop programmatic strategies to address the extensive waiting periods for entry to professional sequences.	2015-16 AY	Program Coordinators	Program Faculty Dept. Heads / Chair	Not Started
5. Develop programmatic strategies to address student debt, i.e., examine program costs for possible areas to reduce.	2015-16 AY	Program Coordinators	Program Faculty Dept. Heads / Chair	Not Started

Initiative 10	Measures of Success			
CHP is an active & engaged academic health partner in the Grandville Corridor Project.	1. New CHP clinical & internship sites emerge for this site 2. New IPE collaborations result in IPE student experiences 3. Health care delivery is enhanced for the Grandville Corridor Community			
1. Strategy a. Action Steps	**Target Date**	**Responsible**	**Collaboration Needed**	**Status**
1. CHP representatives will actively participate in the development of the Grandville Corridor Project.	Ongoing	Dean Adeyanju S. Owens T. Raglin	COP, MCO, Provost, GR Partners: Saint Mary's Hosp. Latino community and Habitat for Humanity	In Progress
2. Design IPE student learning experiences for the Grandville project setting.	TBD	Program Coordinators	Program Faculty	Not started

Use this page to add action steps that are helpful in increasing the effectiveness and efficiency of the department or program and that otherwise do not directly support achievement of the college initiatives.

Initiative 11	Measures of Success			
Operational Excellence	1. Policies are in place to guide college processes in the most efficient manner. 2. CHP Organizational structure reflects effective workflow and student support 3. Operational practices support budgetary parameters			
1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. CHP SAA Structure is reviewed with pending retirement	2014-15 AY	Wolverton	SAA Staff / Dean	In Progress
2. Policies related to operational process are reviewed or created to address current college needs.	2014-15 AY and ongoing	Admin Council & CHP Leadership council	CHP Faculty	Policies Established for 2015-16 Implementation: • Committees • Course Evaluations • Faculty & Staff Professional Development Grants • Multiple CHP Degrees • Scheduling
3. Faculty workload policies are reviewed & revised	2015-16 AY	Dean Adeyanju	Admin Council CHP Faculty	Pending / Not started
4. CHP Academic Departmental Structure is reviewed with new Chair Model.	2015-16 AY	Dean Adeyanju	Admin Council CHP Faculty	Not started
5.				

FERRIS STATE UNIVERSITY

COLLABORATION • DIVERSITY • ETHICAL COMMUNITY • EXCELLENCE • LEARNING • OPPORTUNITY

DHMI Department Action Plan 2015-2017

College of Health Professions

Department of Program Strategies Supporting College Initiatives

College Initiatives	Unit Strategies
1. CHP Online Programs are competitive.	1. Develop marketing plan for the new Vascular Certificate. 2. Increase advertising and recruitment efforts for the degree completion programs in Nuclear Medicine and Dental Hygiene. 3. Monitor online survey data for all students.
2. CHP global initiatives reflect relevance & collaboration.	4. Market Study Aboard opportunity for Nuclear Medicine.
3. Interprofessional Education (IPE) is an integral component for all CHP students.	5. Develop educational opportunities amongst CHP faculty to educate each other about our practice modalities before developing future IPE activities with students. 6. Look for additional opportunities within CHP for Inter-professional activities I.e. Nursing, Respiratory, HIT/HIM 7. Increase exposure and educational opportunities with EMR for the imaging students and nursing. 8. Explore the opportunity to develop an inter-disciplinary CT course for imaging programs
4. CHP is an engaged partner with local health agencies to promote healthy communities.	9. Increase opportunities for participation in the COHP Health Fair 10. Expand community dental health opportunities with local health department.
5. CHP programs reflect relevance and value to the health care industry.	11. Launch new entry level BS degree in Dental Hygiene. 12. Explore viability of MSK certificate SONO 13. Investigate opportunities for additional CT theory and content in Radiography 14. Investigate opportunities for additional PET CT MR theory and content in Nuclear Medicine. 15. Maintain accreditation for all DHMI programs 16. Annual Assessment Data is collected, analyzed and documented in TracDat 17. Comply with Academic Program Review Cycle. 18. Conduct a full review of current DHMI programs regarding long term viability and/or expansion opportunities

6. **CHP Faculty & Staff engage in professional development that results in professional growth to support the goals of the College.**	19. **Increase opportunities for attendance at national meetings**
7. **CHP strives for Operational Excellence.**	
8. **CHP faculty, staff & students reflect and embrace the diversity desired in the healthcare workforce.**	20. **Work collaboratively to recruit and retain a more diverse population.**
9. **CHP has an intentional approach to increase student retention & graduation rates and to reduce student debt.**	21. **Investigate bundling of textbooks or compilation of several textbooks/handouts to reduce expenses to students.** 22. **Investigate reduction in student credit hours and time to degree.** 23. **Develop program strategies to address the extensive waiting periods for admission to the professional sequence ie competitive admission** 24. **Develop strategies to improve student retention and graduation rates.**
10. **CHP is an active & engaged academic health partner in the Roosevelt Park Project.**	25. **Continue to participate in development activities** 26. **Investigate opportunities for involvement with the imaging programs.**

Initiative 1: CHP Online Programs are competitive

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Develop marketing plan for the new Vascular Certificate.	Fall 15	M. Weemaes	Ferris Off-campus/ Online	Development stages
2. Increase advertising and recruitment efforts for the degree completion programs in Nuclear Medicine and Dental Hygiene.	Spring 16	K. Beistle T. VanderLaan T. Raglin	Ferris Off-campus/ Online	In-progress
3. Monitor online survey data for all students.	On-going	K. Beistle T. VanderLaan T. Raglin	Program Faculty	Annually

Initiative 2: CHP global initiatives reflect relevance & collaboration.

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Market Study Aboard opportunity for Nuclear Medicine	Summer 2016	S. MacEachron	Office of International Education	In-progress

Initiative 3: Interprofessional Education (IPE) is an integral component for all CHP students.

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Develop educational opportunities amongst CHP faculty to educate each other about our practice modalities before developing future IPE activities with students.	Fall 2016	Program Coordinators	Other CHP Departments	
2. Look for additional opportunities within CHP for Inter-professional activities I.e. Nursing, Respiratory, HIT/HIM.	Fall 2016	Program Coordinators	Other CHP Departments	
3. Increase exposure and educational opportunities with EMR for the imaging students and nursing.	Fall 2016	Program Coordinators	School of Nursing	
4. Explore the opportunity to develop an inter-disciplinary CT course for imaging programs.	Spring 2016	D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	

Initiative 4: CHP is an engaged partner with local health agencies to promote healthy communities.

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Increase opportunities for participation in the COHP Health Fair.	Spring 2016	D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	
2. Expand community dental health opportunities with local health department.	Spring 2016	K. Beistle C. Archer		

Initiative 5: CHP programs reflect relevance and value to the health care industry.				
1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Launch new entry level BS degree in Dental Hygiene.	Fall 2017	K. Beistle	Program Faculty	Curriculum Template complete
2. Explore viability of MSK certificate SONO	Fall 2017	M. Weemaes	Program Faculty	
3. Investigate opportunities for additional CT theory and content in Radiography	Spring 2016	D. Sleeper	Program Faculty	
4. Investigate opportunities for additional PET CT MR theory and content in Nuclear Medicine	Spring 2016	T.VanderLaan	Program Faculty	
5. Maintain accreditation for all DHMI programs	On-going	K. Beistle D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	
6. Annual Assessment Data is collected, analyzed and documented in TracDat	On-going	K. Beistle D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	
7. Comply with Academic Program Review Cycle	On-going	K. Beistle D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	
8. Conduct a full review of current DHMI programs regarding long term viability and/or expansion opportunities	AY 2015-16	K. Beistle D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	

Initiative 6: CHP Faculty & Staff engage in professional development that results in professional growth to support the goals of the College				
1. Strategy a. Action Steps	**Target Date**	**Responsible**	**Collaboration Needed**	**Status**
1. Increase opportunities for attendance at national meetings	Fall 2016	T. Raglin	Program Faculty	

Initiative 7: CHP strives for Operational Excellence.				
1. Strategy a. Action Steps	**Target Date**	**Responsible**	**Collaboration Needed**	**Status**

Initiative 8: CHP faculty, staff & students reflect and embrace the diversity desired in the healthcare workforce.				
1. Strategy a. Action Steps	**Target Date**	**Responsible**	**Collaboration Needed**	**Status**
1. Work collaboratively to recruit and retain a more diverse population.	AY 2015-16	T. Raglin	Program Faculty	

Initiative 9: CHP has an intentional approach to increase student retention & graduation rates and to reduce student debt.

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Investigate bundling of textbooks or compilation of several textbooks/handouts to reduce expenses to students.	Spring 2016	K. Beistle D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	
2. Investigate reduction in student credit hours and time to degree.	Spring 2016	K. Beistle D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	
3. Develop program strategies to address the extensive waiting periods for admission to the professional sequence ie competitive admission.	Spring 2016	K. Beistle D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	
4. Develop strategies to improve student retention and graduation rates.	Spring 2016	K. Beistle D. Sleeper T.VanderLaan M. Weemaes	Program Faculty	

Initiative 10: CHP is an active & engaged academic health partner in the Roosevelt Park Project.

1. Strategy a. Action Steps	Target Date	Responsible	Collaboration Needed	Status
1. Continue to participate in development activities.	On-going	T. Raglin K. Beistle		
2. Investigate opportunities for involvement with the imaging programs.	On-going	T. Raglin		

Appendix D
EXHIBIT 2-6 FIRST YEAR PROGRAM COMPETENCIES AND ASSESSMENT METHODS

Learner level: N=Novice B=Beginner C=Competent

How evaluated: WE=Written exam, CS=Case study, WP= Written project / paper, RI=Radiographic interpretation, CC=Clinical Competency, TP=Tracking Portfolio, PCE=Pre-Clinical Evaluation, SHB=Student Handbook, NSO=New Student Orientation, CM=Clinic Manual, PE=Process Evaluation, SQ= Slide Quiz, LC=Lab Competency, WA=Written Assignments, SA=Skill Assessments, CPro=Community Project, TxP=Treatment Plan, PT=Patient Treatment, RF=Referral form, PS=professional speakers

Course and Level of Competency

Professionalism (SHB, CM, NSO)	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/ Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
1 a Apply the ethical code to behavior in all endeavors.	N, 75% WE, SQ	N, 75%, LC, RI, PT	N, 75%, NE	N, 75%, PCE, SA PE	N, 75%, WE, WP	N, 75%, LC, WA	N, 75%, WE, WP	N, 75%, LC, WA	B 75% WE	N 75% WE	N 75% CC, PE, PT	B 75% WE	B 75% LC, RI	B 75% WE
1.b Adhere to state and federal laws, recommendations and regulations I the provision of dental hygiene care.	N 75% WE	N 75% LC,PT	N 75% WE	N 75% PE, SA						N 75% WE	N 75% CC, PE, PT	B 75% WE	B 75% LC, RI	B 75% WE
1.c Provide dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidence-based practice.	N 75% WE	N 75% PT, CC, RI	N 75% WE	N, 75%, PCE, SA PE						N 75% WE	N 75% PE, PT, CC	B 75% WE	B 75% LC, RI	B 75% WE
1.d Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.	N 75% WE	N 75% PT, CC, RI	N 75% WE	N, 75%, PCE, SA PE						N 75% WE	N 75% CC, PT, PE	B 75% WE	B 75% LC, RI	B 75% WE
1.e Continuously perform self-assessment for life-long learning and professional growth.		N 75% PT, CC, RI		N, 75%, PCE, SA PE							N 75% CC, PT, PE		B 75% LC, RI	
1.f Advance the profession through service activities and affiliations with professional organizations.										N, 75% WA	N, 75% Cpro			
1.g. Provide quality assurance mechanisms for health services	N 75% WE	N 75% LC, PT									N 75% CC, PT, PE	N 75% WE	N 75% LC	
1.h Communicate effectively with individuals and groups from	N 75% WE	N 75% LC, PT	N 75% WE	N, 75%, PCE, SA PE						N 75% WE	N 75% CC, PT, PE			

EXHIBIT 2-6 FIRST YEAR PROGRAM COMPETENCIES AND ASSESSMENT METHODS

diverse populations both in writing and verbally														

Professionalism SHB, NSO, CM	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/ Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
1.i Provide accurate, consistent and complete documentation for assessment, diagnosis, planning, implementation and evaluation of dental hygiene services.		N 75% PT, CC		N 75% PCE							N 75% CC PT			
1.j Provide care to all clients using and individualized approach that is humane, empathetic, and caring.		N 75% PT, CC		N 75% PCE							N 75% CC PT			
1.k Pursue continuing education courses and/or higher education that demonstrate a commitment to lifelong learning.														
II. Patient / Client Care (SHB, CM, NSO)	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/ Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
2.1a Select, obtain, and interpret diagnostic information recognizing its advantages and limitations.	N 75% WE, SQ	N 75% PT, CC	N 75% WE	N 75% PCE, SA	N 75% WE, WP	N 75% LC	B 75% WE	B 75% LC		N 75% WE	N 75% PT, CC, SA		B 75% LC, RI	
2 1b Recognize predisposing and etiologic risk factors that require intervention to prevent disease.	N 75% WE	N 75% PT, CC	N 75% WE	N 75% PCE, SA	N 75% WE	N 75% LC				N 75% WE	N 75% PT, CC, SA		B 75% LC, RI	
2.1c Obtain, review, and update a complete medical, family, social, and dental history.		N 75% PT, CC	N 75% WE	N 75% PCE, SA						N 75% WE	N 75% PT, CC			
2. 1d Perform a comprehensive examination using clinical, radiographic, periodontal, dental		N 75% PT, CC	N 75% WE	N 75% PCE, SA, PE						N 75% WE	N 75% PT, CC, PE			

EXHIBIT 2-6 FIRST YEAR PROGRAM COMPETENCIES AND ASSESSMENT METHODS

	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/ Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
charting, and other data collection procedures to assess the patient's/client's needs.														
II. Patient / Client Care SHB, NSO, CM														
2.1e Recognize health conditions and medications that impact overall patient care.	N 75% WE	N 75% PT, CC	N 75% WE	N 75% PCE, SA, PE						N 75% WE	N 75% PT, CC			B 75% WE
1f. Identify patients at risk for a medical emergency and manage the patient in a manner that prevents and emergency.			N 75% WE	N 75% PCE, SA, PE						N 75% WE	N 75% PT, CC			
Diagnosis														
2..2a Use assessment findings, etiologic factors and clinical data in determining a dental hygiene diagnosis.	N 75% WE	N 75% PT, CC	N 75% WE	N 75% PCE, SA, PE	N 75% WE	N 75% LC, WP	N 75% WE, SQ	N 75% LC, WP	N 75% WE	N 75% WE	N 75% PT, CC		N 75% LC	B 75% WE
2.2b Identify patient/client needs and significant findings that impact the delivery of dental hygiene services.	N 75% WE	N 75% PT, CC		N 75% PCE, SA, PE						N, 75% CS	N 75% PT, CC			
2.2 c Obtain consultations as indicated.		N 75% PT, CC, RI									N 75% PT, CC			
Planning														
2.3a. 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		N 75% PT, CC		N 75% PCE, SA, PE						N, 75% CS	N 75% PT, CC			B 75% WE
2.3b Prioritize the care plan based on the health status and the actual and potential problems of the individual to facilitate optimal		N 75% PT, CC		N 75% PT, CC						N, 75% CS	N 75% PT, CC			

EXHIBIT 2-6 FIRST YEAR PROGRAM COMPETENCIES AND ASSESSMENT METHODS

	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
oral health.		N		N							N			
2.3c Establish a collaborative relationship with the patient/client in the planned care to include etiology, prognosis , and treatment alternatives.		N 75% PT, CC		N 75% PT, CC							N 75% PT, CC			
2.3d Make referrals to other health care professionals.		N 75% PT, CC		N 75% PCE, SA, PE							N 75% PT, CC			
2.3e Obtain the patient's/client's informed consent based on a thorough case presentation.		N 75% PT, CC		N 75% PCE, SA, PE							N 75% PT, CC			
Implementation	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
2.4a Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions.		N 75% PT, CC		N 75% PCE, SA, PE							N 75% PT, CC			
2.4b Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques.		N 75% PT, CC		N 75% PCE, SA, PE							N 75% PT, CC			
2.4c Provide life support measures to manage medical emergencies in the patient/client care environment.				N 75% PCE, SA, PE							N 75% PT, CC			
Evaluation														
2.5a Evaluate the effectiveness of the patient's self-care and the dental hygiene treatment in attaining or maintaining oral health.				N 75% PCE, SA, PE							N 75% PT, CC			
2.5b. Develop a maintenance program that meets the patient needs.				N 75% PCE, SA, PE							N 75% PT, CC			
2.5c Evaluate the patient's satisfaction with		N 75% PT,		N 75% PCE,							N 75% PT,			

EXHIBIT 2-6 FIRST YEAR PROGRAM COMPETENCIES AND ASSESSMENT METHODS

	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
the oral health care received and the oral health status achieved.		CC		SA, PE							CC			
2.5d Provide referrals for subsequent treatment based on the evaluation findings.		N 75% PT, CC		N 75% PCE, SA, PE							N 75% PT, CC			
2.5d Develop and maintain a health maintenance program.		N 75% PT, CC		N 75% PCE, SA, PE							N 75% PT, CC			
III. Health Promotion and Community-First year SHB, NSO, CM	**101 Oral Imag**	**102 Oral Imag Lab**	**104 Dhyg Thry 1**	**105 Pre-Clin 1**	**107 Oral Scie A**	**108 Oral Scie A lab**	**117 Oral Scie B**	**118 Oral Scie B lab**	**123 Gen/Oral Path**	**124 Dhyg Thry 2**	**126 Dhyg Prac 2**	**127 Dent Mat**	**129 Dent Mat Lab**	**213 Perio**
3.a Promote preventive health behaviors by personally striving to maintain oral and general health.				N 75% PCE, SA, PE							N 75% PT, CC			
Respect the goals, values, beliefs and preferences of the patient while promoting optimal oral and general health.				N 75% PCE, SA, PE							N 75% PT, CC			
3.c Refer patients who may have a physiologic, psychological and/or social problem for comprehensive patient evaluation. clients to access the resources of the health care system.				N 75% PCE, SA, PE							N 75% PT, CC			
3.d Identify individual and population risk factors and develop strategies that promote health-related quality of life.				N 75% PCE, SA, PE						N, 75% CS WE WA	N 75% PT, CC			
3.e Evaluate factors that can be used to promote patient adherence to disease prevention and/or health maintenance strategies.				N 75% PCE, SA, PE						N, 75% CS	N 75% PT, CC			
3.f Evaluate and utilize methods to ensure the health and safety of the	N 75% WE	N 75% PT, CC		N 75% PCE, SA,						N 75% WE	N 75% PT, CC			

EXHIBIT 2-6 FIRST YEAR PROGRAM COMPETENCIES AND ASSESSMENT METHODS

	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/ Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
patient and the dental hygienist in the delivery of dental hygiene.				PE										
3.g Provide educational methods using appropriate communication skills and educational strategies to promote optimal health.		N 75% PT, CC		N 75% PCE, SA, PE							N 75% PT, CC			
IV. Community Involvement SHB, NSO	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/ Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
4.a Assess the oral health needs of the community and the quality and availability of resources and services.														
4.b.Provide screening, referral, and educational services that allow clients to access the resources of the health care system.														
4.c Provide community oral health services in a variety of settings.														
4.d Facilitate client access to oral health services by influencing individuals and/or organizations for the provision of oral health care.										N, 75% CPro	N, 75% CPro			
4.e evaluate reimbursement mechanisms and their impact on the patient's access or oral health care.														
4.f Evaluate the outcomes of community –based programs and plan for their future activities.														
V. Professional Growth and Development SHB, NSO	101 Oral Imag	102 Oral Imag Lab	104 Dhyg Thry 1	105 Pre-Clin 1	107 Oral Scie A	108 Oral Scie A lab	117 Oral Scie B	118 Oral Scie B lab	123 Gen/ Oral Path	124 Dhyg Thry 2	126 Dhyg Prac 2	127 Dent Mat	129 Dent Mat Lab	213 Perio
5.a Identify career options within health care, industry,														

EXHIBIT 2-6 FIRST YEAR PROGRAM COMPETENCIES AND ASSESSMENT METHODS

education, and research and evaluate the feasibility of pursuing dental hygiene opportunities.													
5.b Develop practice management and marketing strategies to be used in the delivery of oral health care.													
5.c . Access professional and social networks to pursue professional goals.									N, 75% PS WA				

Exhibit 2-6a FSU Second Year Dental Hygiene Program Competencies and Assessment Methods

Learner level: N=Novice   B=Beginner   C=Competent

How evaluated: WE=Written exam, CS=Case study, WP= Written project / paper, RI=Radiographic interpretation, CC=Clinical Competency, TP=Tracking Portfolio, PCE=Pre-Clinical Evaluation, SHB=Student Handbook, NSO=New Student Orientation, CM=Clinic Manual, PE=Process Evaluation, SQ= Slide Quiz, LC=Lab Competency, WA=Written Assignments, SA=Skill Assessments, CPro=Community Project, TxP=Treatment Plan, PT=Patient Treatment, RF=Referral form, PS=professional speakers

Course and Level of Competency

Professionalism (SHB, CM)	208 Per/ Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
1 a Apply the ethical code to behavior in all endeavors.	B, 85% WE	B, 85% WE WP	B, 85% WE	B, 85% WE	B 85% PT, TP, CC, RF	B, 85% CPRO	B, 85% WE	B 85% LC,CC	C, 85% WE	C, 95% CC, PT, TP, TXP, RI	C, 85% WE	C 95% CPRO	C 95% CS, WE	C 95% CPRO
1.b Adhere to state and federal laws, recommendations and regulations I the provision of dental hygiene care.		B, 85% WE	B, 85% WE	B, 85% WE	B 85% PT, TP, CC, RF, RI	B 85% CPRO, WP	B, 85% WE	B 85% LC, PT, CC WE	B 85% WE, WP	C, RI CM TxP PT RF			C, CS	
1.c Provide dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidence-based practice.		B 85% WE, WP	B 85% WE, WP	B 85% CS, WE, WA	B 85% PT, CC, TP, TXP, RF, RI LC	B 85% CPRO, WP	B, 85% WE	B 85% LC, PT, CC	C, 85% WE	C, 95% CC, PT, TP, TXP, RI, RF	C 95% WP, WE	C 95% CPRO, WP	C 95% CS, WE	C 95% CPRO
1.d Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.		B 85% WE, WP PS			B 85% PT, CC LC TxP			B 85% PT, CC, LC	C WE WA	C, 95% PTX, CC, TP, TXP, RF, RI			C 95% CS, WE, WA WP	C 95%
1.e Continuously perform self-assessment for life-long learning and professional growth.									B, WE, PS, WA	B PS, TP				
1.f Advance the profession through service activities and affiliations with professional organizations.				B, CPRO PT					C 95% PS, WE, WA	C 95% CC, TP, PT, TXP, RF, CPRO		C 95% CPRO, PS, WP		C 95% CPRO
1.g. Provide quality assurance mechanisms for health services					B 85% PT, CC			B 85% PT, LC, CC		C 95% CC, TP, PT, RF				
1.h Communicate		B WE	B	B 85%	B CM	B 85%			C WE	C 95%				C

	208	212	217	218	222	227	229	231	232	233	237	239	280	291
effectively with individuals and groups from diverse populations both in writing and verbally.		WP	85% WE, WE, WP	WE, WP	PT TXP CPRO	CC, PT, TXP, TP			WA	CC, TP, PT, RF CPRO TXP CM				95% CPRO
1.i Provide accurate, consistent and complete documentation for assessment, diagnosis, planning, implementation and evaluation of dental hygiene services.	B 85% WE, CS	B WE WP			B 85% CC, PT, TXP, TP, RI, RF		WE	LC CC	WE WA	C 85% CC, PT, TXP, TP, RI, RF				
1.j Provide care to all clients using and individualized approach that is humane, empathetic, and caring.		B WE WP			B 85% CC, PT, TXP, TP, RI, RF		B WE	B LC CC	C WE	C 85% CC, PT, TXP, TP, RI, RF				
1.k Pursue continuing education courses and/or higher education that demonstrate a commitment to lifelong learning.									C 95% PS WE					C 95% CPRO

II. Patient / Client care (SHB, CM)	208 Per/ Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
2.1a Select, obtain, and interpret diagnostic information recognizing its advantages and limitations.	B 85% WE, CS, WA	B 85% WE			B 85% CC, PT, TXP, TP, RI, RF				C 95% WE, WA	C 95% CC, PT, TXP, TP, RI, RF				
2 1b Recognize predisposing and etiologic risk factors that require intervention to prevent disease.	B 85% WE, CS, WA	B 85% WE, WA			B 85% CC, PT, TXP, TP, RI, RF				C 95% WE, WA	C 95% CC, PT, TXP, TP, RI, RF				
2.1c Obtain, review, and update a complete medical, family, social, and dental history.		B 85% WE, WA			B 85% CC, PT, TXP, TP, RI, RF					C 95% CC, PT, TXP, TP, RI, RF				
2. 1d Perform a comprehensive examination using		B 85% WE,			B 85% CC,					C 95% CC,			C WE CS	

Exhibit 2-6a FSU Second Year Dental Hygiene Program Competencies and Assessment Methods

	208	212	217	218	222	227	229	231	232	233	237	239	280	291
clinical, radiographic, periodontal, dental charting, and other data collection procedures to assess the patient's/client's needs.		WA			PT, TXP, TP, RI, RF					PT, TXP, TP, RI, RF				
2.1e Recognize health conditions and medications that impact overall patient care.	B 85% WE, WA	B 85% WE, WA		B 85% WE, WA, CS	B 85% CC, PT, TXP, TP, RI, RF		B 85% WE, WA	B 85% CC, PT	C 95% WE, WA, CS	C 95% CC, PT, TXP, TP, RI, RF			C 95% CS, WA	
2.1f Identify patients at risk for a medical emergency and manage the patient in a manner that prevents and emergency.	B 85% WE, WA	B 85% WE, WA, CS		B 85% WE, WA, CS	B 85% CC, PT, TXP, TP, RI, RF		B 85% WE, WA	B 85% CC, PT	C 95% WE, WA, CS	C 95% CC, PT, TXP, TP, RI, RF			C CS WE	

Diagnosis	208 Per/ Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
2 .2a Use assessment findings, etiologic factors and clinical data in determining a dental hygiene diagnosis.		B WE WP			B 85% CC, PT, TP, TXP, RF, RI				C WE	C 95% CC, PT, TP, TXP, RF, RI			C WE CS	
2.2b Identify patient/client needs and significant findings that impact the delivery of dental hygiene services.		B WE WP			B 85% CC, PT, TP, TXP, RF, RI		WE		C WE	C 95% CC, PT, TP, TXP, RF, RI			C WE CS	
2.2 c Obtain consultations as indicated.		B WE WP			B 85% CC, PT, TP, TXP, RF, RI			B 85% CC, PT, TP, TXP, RF, RI	C WE	C 95% CC, PT, TP, TXP, RF, RI				

Exhibit 2-6a FSU Second Year Dental Hygiene Program Competencies and Assessment Methods

Planning	208 Per/ Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
2.3a. 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		B 85% WE, WA, CS			B 85% CC, PT, TP, TXP, RF, RI				C WE	C 95% CC, PT, TP, TXP, RF, RI			C CS WE	
2.3b Prioritize the care plan based on the health status and the actual and potential problems of the individual to facilitate optimal oral health.	B 85% WE, WA, CS	B 85% WE, WA, CS		B 85% WE, WA, CS	B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TP, TXP, RF, RI			C CS WE	
2.3c Establish a collaborative relationship with the patient/client in the planned care to include etiology, prognosis , and treatment alternatives.					B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TP, TXP, RF, RI			C CS WE	

Planning	208 Per/ Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
2.3d Make referrals to other health care professionals.					B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TXP, RF, RI				
2.3e Obtain the patient's/client's informed consent based on a thorough case presentation.		B WE			B 85% CC, PT, TP, TXP, RF, RI				C WE	C 95% CC, PT, TXP, RF, RI				

Exhibit 2-6a FSU Second Year Dental Hygiene Program Competencies and Assessment Methods

Implementation	208 Per/ Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
2.4a Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions.		B WE WP			B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TXP, RF, RI				
2.4b Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques.		B WE		B 85% WE, WA, CS	B 85% CC, PT, TP, TXP, RF, RI		B 85% WE, WA	B 85% CC, LC, PT		C 95% CC, PT, TXP, RF, RI				
2.4c Provide life support measures to manage medical emergencies in the patient/client care environment.		B WE		B 85% WE, WA, CS	B 85% CC, PT, TP, TXP, RF, RI		C WE	C 85% CC, LC, PT		C 95% CC, PT, TXP, RF, RI			C WE CS	

Evaluation	208 Per/ Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
2.5a Evaluate the effectiveness of the patient's self-care and the dental hygiene treatment in attaining or maintaining oral health.		B WE WP			B 85% CC, PT, TP, TXP, RF, RI				B WE	C 95% CC, PT, TXP, RF, RI			C WE CS	
2.5b. Develop a maintenance program that meets the patient needs.	B 85% WE, CS, WA				B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TXP, RF, RI			C WE CS	
2.5c Evaluate the patient's satisfaction with the oral health care received and the oral health status achieved.		B WE WP			B 85% CC, PT, TP, TXP, RF, RI				B WE	C 95% CC, PT, TXP, RF, RI, TP			C WE CS	
2.5d Provide		B			B					C				

Exhibit 2-6a FSU Second Year Dental Hygiene Program Competencies and Assessment Methods

III. Health Promotion and Community-Second year (SHB, CM)	208 Per/Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
referrals for subsequent treatment based on the evaluation findings.		WE			85% CC, PT, TP, TXP, RF, RI					95% CC, PT, TXP, RF, RI, TP				
2.5d Develop and maintain a health maintenance program.	B 85% WE, CS, WA	B 85% WE, WA			B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TXP, RF, RI, TP		C CS WE		
3.a Promote preventive health behaviors by personally striving to maintain oral and general health.			B 85% WE, WA		B 85% CC, PT, TP, TXP, RF, RI	B 85% CPRO				C 95% CC, PT, TXP, TP, RI, RF	C 95% WP, WE	C 95% CPRO		C 95% CPRO
Respect the goals, values, beliefs and preferences of the patient while promoting optimal oral and general health.		B WE			B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TXP, TP, RI, RF				
3.c Refer patients who may have a physiologic, psychological and/or social problem for comprehensive patient evaluation. clients to access the resources of the health care system.		B WE			B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TXP, TP, RI, RF				
3.d Identify individual and population risk factors and develop strategies that promote health-related quality of life.		B WE			B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TXP, TP, RI, RF		C 95% CPRO		
3.e Evaluate factors that can be used to promote patient adherence to disease prevention and/or health maintenance strategies.		B WE	B 85% WE, WP		B 85% CC, PT, TP, TXP, RF, RI					C 95% CC, PT, TXP, TP, RI, RF	C 95% WP, WE			

Exhibit 2-6a FSU Second Year Dental Hygiene Program Competencies and Assessment Methods

III. Health Promotion and Community- Second year (SHB, CM)	208 Per/ Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
3.g Provide educational methods using appropriate communication skills and educational strategies to promote optimal health.		B WE WP	B 85% WE, WP, WA, CS		B 85% CC, PT, TXP, RF, RI	B 85% CPRO				C 95% CC, PT, TXP, RF, RI	C 95% WE, WA, WP, CS	C 95% CPRO		
IV. Community Involvement (SHB, CM)	**208 Per/ Path Rev**	**212 Den Hyg Ther 3**	**217 Com Dent A**	**218 Phar**	**222 Dent Hyg Prac 3**	**227 Com Dent A lab**	**229 Pain Mgm**	**231 Pain Mgm Lab**	**232 Dent Hyg Ther 4**	**233 Dent Hyg Prac 4**	**237 Com Dent B**	**239 Com Dent Lab B**	**280 Comp Pt Asses**	**291 Dent Hyg Prac**
4.a Assess the oral health needs of the community and the quality and availability of resources and services.			B 85% WE, WP, WA		B 85% CPRO				C 95% WE, WA		C 95% WE, WA, WP	C 95% CPRO		
4.b. Provide screening, referral, and educational services that allow clients to access the resources of the health care system.			B 85% WE, WP, WA		B 85% CPRO						C 95% WE, WA, WP	C 95% CPRO		
4.c Provide community oral health services in a variety of settings.			B 85% WE, WP, WA		B 85% CPRO						C 95% WE, WA, WP	C 95% CPRO		
4.d Facilitate client access to oral health services by influencing individuals and/or organizations for the provision of oral health care.		B 85% WE, WA	B 85% WE, WP, WA		B 85% CPRO				C 95% WE, WA		C 95% WE, WA, WP	C 95% CPRO		
4.e evaluate reimbursement mechanisms and their impact on the patient's access or oral health care.		B 85% WE, WA							C 95% WE, WA					
4.f Evaluate the outcomes of community –based programs and plan for their future activities.			B 85% WE, WP, WA								C 95% WE, WA, WP			

Exhibit 2-6a FSU Second Year Dental Hygiene Program Competencies and Assessment Methods

IV. Professional Growth and Development (SHB, CM)	208 Per/ Path Rev	212 Den Hyg Ther 3	217 Com Dent A	218 Phar	222 Dent Hyg Prac 3	227 Com Dent A lab	229 Pain Mgm	231 Pain Mgm Lab	232 Dent Hyg Ther 4	233 Dent Hyg Prac 4	237 Com Dent B	239 Com Dent Lab B	280 Comp Pt Asses	291 Dent Hyg Prac
5.a Identify career options within health care, industry, education, and research and evaluate the feasibility of pursuing dental hygiene opportunities.									B WE WA PS		C 95% WA, PS, WP			
5.b Develop practice management and marketing strategies to be used in the delivery of oral health care.									B WE		C 95% WA, PS, WP			
5.c . Access professional and social networks to pursue professional goals.									B WE PS		C 95% WA, PS, WP			

Appendix F

Perceptions of Overall Quality

Perceptions of Overall Quality – Kathleen Harlan, Faculty and First Year Coordinator

I rate the Dental Hygiene program 95% for overall quality based on the following:

Relationship of Program's Mission to Department, College, and University

The Dental Hygiene program strives to uphold the University and Program Mission Statement. The Program uses the most innovative teaching and learning techniques available to remain competitive in the field. The program continually assesses and makes improvements upon the current curriculum and program structure. The program actively engages in outreach and service learning activities to promote oral health.

Program Visibility and Distinctiveness

The Dental Hygiene program is unique in the respect that students operate in a business clinical environment for the three semesters of patient treatment with opportunity in their second year spring semester for an external clinical internship of their choosing. Additionally, students in the pre-clinical semester practice in the oral environment from the first week of clinical lab as opposed to other programs which utilize mannequins until the second semester. This allows students the opportunity to advance their skills at a higher rate than in other similar programs.

Ferris graduates are sought after because of their demonstrated skill level upon graduation as well when compared to other program graduates in the state. The program has a very good reputation nationwide and Ferris Dental Hygiene students are often hired over other programs. "I am looking at a large pile of resumes but the Ferris students are the ones I always put at the top for consideration". Statement made by a dentist in Grand Rapids, MI when calling for a reference on a recent graduate.

Enrollment

Enrollment in the Dental Hygiene program remains strong, there is no difficulty filling the available seats in the program. Due to our location as the northernmost program in the state, Ferris dental hygiene students are drawn from the entire Upper Peninsula as well as the northern part of the Lower Peninsula and Canada.

Characteristics, Quality and Employment of Students

Ferris graduates are very well prepared and are able to compete with other graduates for open positions as noted above. Dental Hygienists also have a high job placement rate with the job outlook positive. Employers rate Ferris Dental Hygiene students as very well prepared for the job market. One hundred percent of employers responding are very happy with the FSU graduate they have employed.

The FSU DHYG students and graduates:
➢ Display ethical and professional behavior
➢ Demonstrate competent patient assessment and communication skills
➢ Demonstrate effective and safe practice in patient care
➢ Demonstrate strong critical thinking skills
➢ Practice in a variety of clinical settings in Michigan and other states
➢ Engage in volunteer activities to promote oral health in a variety of settings within their local communities and at the State level.

Quality of Curriculum and Assessment

The program continuously assesses and makes changes based on review findings. Faculty are confident that the program revisions will help to retain students in the program and keep the program current in regards to industry standards and specialized accreditation. Additionally, the program advisory committee meets on an annual basis to solicit input from external constituents.

Composition and Quality of the Faculty

The Ferris State University Dental Hygiene program employs five dedicated dental hygienists who remain current in their professional practice through on-site clinical activities and externally in private practice. In additionally, the program employs four full-time clinical dental hygienists who work exclusively in the labs and clinics. Together, this team of educators provide consistent and competent education in both the clinic and classroom settings. The faculty members are committed to keep this program a leader in dental hygiene education.

Composition and Quality of Program Administration

The program has a dedicated program coordinator as well as clinical coordinators for both first and second year clinics. Clinic coordinators direct clinical instruction and student management while the program coordinator oversees curriculum and program effectiveness. The College of Health Professions administrative structure provides support via a dean, associate dean, and department head. This ensures appropriate oversight for faculty support.

Overall Value of Program to Stakeholders including Ferris State University

The value of the Ferris Dental Hygiene Program is to provide high quality hygienists to meet the industries need. Employer surveys reflect that Ferris Dental Hygiene graduates are filling the needs of their community.

Perceptions of Overall Quality – Theresa Raglin, Department Head

I rate the Dental Hygiene program 95% for overall quality based on the following:

The Associate of Applied Science degree in Dental Hygiene underwent a site visit from the Commission on Dental Accreditation (CODA) on September 11-12, 2012. The outcome was very positive and the program received accreditation status "approval without reporting requirements" until 2019.

Relationship of Program's Mission to Department, College, and University

The Dental Hygiene program fits both the Ferris State University and the College of Health Professions mission to become a leader in providing opportunities for innovative teaching and learning techniques in a career-oriented, technological, and professional education. The Dental Hygiene program provides a hands-on approach to preparing the students for a skill-oriented career.

Program Visibility and Distinctiveness

The Dental Hygiene program is the largest program in the State of Michigan. The Ferris program is well known for its high quality of graduates.

Unlike our competitors at the community college, our students have the ability to earn a BS degree at Ferris during their time spent on campus qualifying and completing their associate degree. This is very appealing to graduates, parents, and employers alike who support BS education.

Enrollment

There continues to be a demand and interest for Dental Hygiene. There were 109 pre-dental hygiene students enrolled in Spring 2017. Applications to professional sequence or dental hygiene clinical program has risen from 95 students applicants in 2014 to 107 student applicants in 2017.

Characteristics, Quality and Employment of Students

Ferris graduates are very well prepared. Dental hygiene students have a high job placement rate. This summer I experienced a higher than normal volume of calls from employers seeking dental hygiene applicants for their open positions because Ferris graduates are so well prepared for the job market.

Quality of Curriculum and Assessment

The curriculum and methods of instruction is based upon the required educational competences and the accreditation standards of the Commission on Dental Accreditation (CODA). The quality of the curriculum is strong and meets or exceeds the requirements of CODA. Employer, student, and graduate survey results also indicate that the quality of lecture, clinical, and lab instruction is very good.

Composition and Quality of the Faculty

The Dental Hygiene program employs five tenure track faculty who teach in both the AAS and BS degree programs plus four full-time clinical faculty that support the associate degree. The faculty have spent the majority of their professional life teaching, hold advanced degrees, and are appropriately credentialed faculty members.

Composition and Quality of Program Administration

The Dental Hygiene program has a dedicated program coordinator whose main responsibility is oversight of curriculum and assessment. The College of Health Professions administrative structure includes the Dean, Associate Dean, and Department Head who works directly with the faculty and coordinators. This structure has worked well for our college especially because of the large number of programs and multi-disciplinary specialties within our college.

Overall Value of Program to Stakeholders including Ferris State University

The value of the associate degree program is to provide high quality entry-level dental hygienists. Employer surveys reflect that the Ferris graduates are filling that need for the professional community.

FERRIS STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS

August 24, 2017.

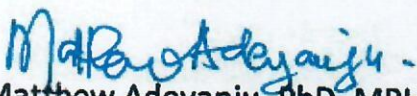## DEAN'S LETTER OF SUPPORT FOR THE DENTAL HYGIENE ASSOCIATE DEGREE PROGRAM.

The fact that the Dental Hygiene Program Accreditation Agency approved the program and awarded continued accreditation for the next maximum circle of years awarded to any program is a testament of the quality, rigor and academic excellence of the Dental Hygiene program in the College of Health Professions at Ferris State University. Based on this fact, I thereby whole-heartedly support this program report as submitted to the Academic Program Review Committee at Ferris State University. I endorse the action plan to address the program's major deficiencies especially the wait time to enter the program. The program's plan is to continue to meet or exceed accreditation standards. Furthermore, I endorse the action plan to address the program's critical issues and the areas for improvement. Program enrollment and retention are very stable as we work to curtail the wait time for the students planning to enter the program. The program meets the six core values of the University and the academic mission of CHP as identified in our college's 2015-2018 Strategic Plan.

My support is based entirely on the comprehensiveness of the program while considering the overall program quality in the areas of:

1. Relationship of program's mission to the Department, College and Ferris State University
2. Program visibility and distinctiveness
3. Enrollment
4. Characteristics, quality and students' employment
5. Quality of curriculum and assessment
6. Composition and quality of the faculty
7. Composition and quality of program administration
8. Overall value of program to stakeholders including Ferris State University

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In conclusion, the Dental Hygiene program in the College of Health Professions now has a capable staff in data management and technical support as well as wireless network updated to support electronic charting in the program. The program is one of the elite programs and most sought after program in the college. I strongly believe in the mission, rigor and core values of the Dental Hygiene program as it contributes to enhance the healthcare professional workforce by providing high quality entry-level professional for the job market. I gave a rating of 94% for the overall program quality while I also commend the program faculty, staff, students, graduates and all stakeholders of CHP for their commitments, collaboration, excellence, and program learning opportunities for all.

Matthew Adeyanju, PhD, MPH, FAAHE, FASHA, FRC.

Dean & Professor

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