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Administrator Verification
Self-Study Guide for the Evaluation of a Dental Hygiene Education Program

I have reviewed this document and verify that the information it is accurate and complete, and that it complies with the Commission on Dental Accreditation’s Privacy and Data Security Requirements for Institutions.

<table>
<thead>
<tr>
<th>SPONSORING INSTITUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Rio Salado College</td>
</tr>
<tr>
<td>Street Address: 2323 W. 14th Street</td>
</tr>
<tr>
<td>City, State, Zip: Tempe, AZ 85281</td>
</tr>
<tr>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Name: Kate Smith</td>
</tr>
<tr>
<td>Title: Interim President</td>
</tr>
<tr>
<td>Phone: 480.517.8270</td>
</tr>
<tr>
<td>Email: <a href="mailto:kate.smith@riosalado.edu">kate.smith@riosalado.edu</a></td>
</tr>
<tr>
<td>Signature: [Signature]</td>
</tr>
<tr>
<td>Date: 2/27/2020</td>
</tr>
</tbody>
</table>

Chief Administrative Officer
Name: Corey Pruitt
Title: Interim Vice President of Academic Affairs
Phone: 480.517.8536
Fax: n/a
Email: corey.pruitt@riosalado.edu
Signature: [Signature]
Date: 2/27/2020

Program director/administrator or Co-Program director/administrator
Name: Holly Harper
Title: Faculty Chair
Phone: 480.517.8288
Fax: n/a
Email: holly.harper@riosalado.edu
Signature: [Signature]
Date: 2/27/2020

*If the program is co-sponsored by more than one institution, the appropriate administrators of both institutions must verify the contents of the application. This page may be expanded to include all verifications.
SUMMARY OF FACTUAL INFORMATION

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

Admissions
a. Number of classes admitted annually: 1
b. Enrollment pattern (month and number): August, 22

c. Current total enrollment:
   1st year students 17
   2nd year students 0
   3rd year students* _______________
   4th year students* _______________

(*To be completed if applicable)

Facilities
a. Identify program(s) that share dental hygiene facilities, e.g., dental assisting, dental laboratory technology, nursing:
   The dental hygiene program does not share facilities with other programs.

b. Number of treatment areas used for preclinical/clinical instruction: 21

c. Number of laboratory stations: 21
   6 wall mounted units, 2 hand-held units, and 1 panelipse

d. Number of radiography units: __________________________

Program Faculty Numbers:
a. Dental hygienists-
   Full-time: 3 Part-time: 31

b. Dentists-


Curriculum
a. Name of term (semester, module, quarter, etc.): Semester
b. Number of terms: 4
c. Number of weeks per term: 15
d. Total number of weeks: 60
e. Award granted at completion: Associates in Applied Science, Dental Hygiene
f. Total number of credits: 58
g. Total program hours: lecture: 570; laboratory: 315; clinic: 630

Setting/Curriculum Delivery
a. Site(s) where dental hygiene instruction occurs (See definitions within EOPP):
   Off-Campus (major and minor activity sites):
   On-Site: Rio Salado College and Rio Salado Dental Clinic
   Enrichment:

b. Describe any curriculum delivered via distance education technologies and/or non-traditional methods (list on-line, hybrid, and blackboard courses):
   Hybrid courses: DHE115, DHE117, DHE127, DHE201, DHE232
   On-line: DHE219

Financial Support
a. Total direct cost budgeted for current fiscal year: $647,914
Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity): List the names and addresses of the off-campus sites, purposes of the site, and the amount of time each student is assigned to the site.

Please do not list sites used for community service and service learning, these are exempt from the policy.

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Owned by Institution (✓)</th>
<th>Purpose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Joseph Hospital &amp; Medical Center 350 W. Thomas Rd Phoenix, AZ 85013</td>
<td></td>
<td>-Develop interprofessional communication skills and experiences -Assist the HCP’s in a hospital setting with providing oral beside screenings and developing interventions</td>
<td>2 - half days 3rd and 4th semesters</td>
</tr>
<tr>
<td>Society of St. Vincent de Paul Virginia G. Piper Dental Clinic 420 W. Watkins Rd. Phoenix, AZ 85002</td>
<td></td>
<td>-Experience diverse patient populations – adults -Develop intraprosfessional communication skills</td>
<td>8-16 hours 3rd and 4th semesters</td>
</tr>
<tr>
<td>Arizona School of Dentistry &amp; Oral Health 5835 E. Still Circle Mesa, AZ 85206</td>
<td></td>
<td>-Experience diverse patient populations – special needs -Develop intraprofessional communication skills</td>
<td>8 hours 4th semester</td>
</tr>
<tr>
<td>Dignity Health Chandler Children’s Dental Clinic Chandler CARE Center 777 E. Galveston Rd. Chandler, AZ 85225</td>
<td></td>
<td>-Experience diverse patient populations – pediatric -Develop inter and intraprofessional communication skills</td>
<td>8-16 hours 3rd semester</td>
</tr>
<tr>
<td>Rio Salado College – Northern 1715 W. Northern Ave. Phoenix, AZ 85021</td>
<td>x</td>
<td>DHE201 Dental Materials Lab</td>
<td>45 hours 2nd semester</td>
</tr>
</tbody>
</table>
PREVIOUS SITE VISIT RECOMMENDATIONS

Using the program’s previous site visit report, please demonstrate how all recommendations cited in the report continue to be in compliance.

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

Please note that if the last site visit was conducted prior to the implementation of the revised Accreditation Standards for Dental Hygiene Education Programs (January 1, 2013), some recommendations may no longer apply. Should further guidance be required, please contact Commission staff.

Standard 1

1. It is recommended that the dental hygiene program assess the outcome measures of student achievement and utilize the results of these outcomes for program improvement. (DH Standard 1-1, c and d)

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

Through review of the self-study document and on-site reviews, the visiting team noted the program has established an active relationship with members of the dental community. The visiting committee did not, however, verify the program has established an active liaison mechanism with allied dental professionals including practicing dental hygienists to provide for an adequate informational exchange regarding program improvements, recruitment of students and employment needs of the community. It is suggested the program review the liaison mechanism between the program and dental and allied dental professionals in the community and revise as needed to ensure an opportunity for an increased exchange of information to benefit the program.

Narrative:
The dental hygiene program has remained in compliance with this recommendation and has held yearly advisory council meetings since the last accreditation site visit. Please see the exhibits for the last two (2) years advisory council meeting minutes. Documentation for the previous meetings can be provided on site.

Standard 2

2. It is recommended that the dental hygiene program have a formal, written curriculum management plan, which includes an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate source and a defined mechanism for coordinating instruction among dental hygiene program faculty. (DH Standard 2-27, a and c)
Narrative:
The dental hygiene program has remained in compliance with this recommendation and has improved upon the last site visits reports. We have used the outcomes assessment plan as in exhibits for Standard 1 and provided the last two (2) years OAP’s with all the supporting documentation. Documentation can be provided for our outcomes assessment prior to the 2 years can be provided on site. Our documentation has improved since our last site visit and continues to remain robust.

Standard 3
3. It is recommended that the number and distribution of faculty and staff be sufficient to meet the dental hygiene program’s stated purpose, goals, and objectives. (DH Standard 3-5)

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

Through review of the self-study document, documents provided on-site and on site interviews, the visiting committee determined the faculty to student ratio for dental materials laboratory sessions is 1:11. The visiting committee noted one student is utilized as a laboratory assistant and not evaluated on the laboratory requirement, however, the visiting committee determined the 1:10 ratio is not met and maximum protection of student partner-patients, faculty and students cannot be ensured.

4. It is recommended laboratory sessions in the dental science courses not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students. (DH Standard 3-6)

Narrative:
The dental hygiene program has remained in compliance with this recommendation. We have added an additional faculty to the dental materials lab which exceeds the 1:10 ratio. The class is split into two sessions for the lab. There are two (2) faculty for every 11 students in dental materials lab. Please see the exhibits in Standard 2 for the spring 2nd semester which includes the faculty staffing. Additionally, the faculty to student ratio in all preclinical, labs and clinic sessions remains at 1:5. We maintain clinical faculty’s schedules and do not adjust the schedule with attrition. This has been consistent since the last site visit.

The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.

Faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program. All dental hygiene program faculty members must have current documented knowledge of the specific subjects they are teaching. All program faculty must have current documented background in educational methodology consistent with teaching assignments. Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.
Through review of the self-study documents, documents provided on-site and on-site interviews, the visiting committee could not verify the faculty who teach the following courses have current knowledge of the specific subjects they are teaching and/or a background in educational methodology consistent with their teaching assignments: DHE 121 Histology and Embryology, DHE 119 Head and Neck Anatomy, DHE 110 Pharmacology, DHE 225 Periodontics, DHE 132 Dental Hygiene Theory I, DHE 133 Dental Hygiene Clinic I, DHE 227 Dental Anesthesia, DHE 112 Oral Pathology, DHE 120 Pre-Clinical Dental Hygiene, DHE 213 Dental Hygiene Clinic II, DHE 201 Dental Materials, DHE 202 Dental Materials Lab, DHE 233 Dental Hygiene Clinic III, DHE 127 Prevention of Dental Disease, DHE 117 Dental Radiography, and DHE 125 Dental Radiography Lab.

5. It is recommended all dental hygiene program faculty members have current documented knowledge of the specific subjects they are teaching. It is further recommended all program faculty have current documented background in educational methodology consistent with teaching assignments. (DH Standard 3-7)

Narrative:
The dental hygiene program has remained in compliance with this recommendation and has improved upon since the last visit. Please see bio sketches for all faculty and the exhibit in Standard 1 which shows all the professional development courses offered to faculty since the last accreditation site visit.
COMPLIANCE WITH COMMISSION POLICIES

Please provide documentation demonstrating the program's compliance with the Commission's "Program Changes," "Third Party Comments," "Complaints" and "Distance Education" policies.

A. Program Changes

Changes have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. Reporting changes in the Annual Survey does not preclude the requirement to report changes directly to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status. Program changes that must be reported by June 1 or December 1 must be reviewed by the appropriate Review Committee and approved by the Commission prior to the implementation to ensure that the program continues to meet the accreditation standards. The Commission recognizes that unexpected changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered an unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

1. Identify all changes that have occurred within the program since the previous site visit, identified within the Commission’s policy on Reporting Program Changes in Accredited Programs.

There have been no changes reported.

B. Third Party Comments

The program must solicit third-party comments through appropriate notification of communities of interest and the public such as faculty, students, program administrators, specialty and dental-related organizations, patients, and consumers that pertain to the standards of policies and procedures used in the Commission's accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site-visit. The notice should indicate that third-party comments are due in the Commission's office no later than 60 days prior to the site visit. Please review the entire policy on "Third Party Comments" in the Commission's Evaluation and Operational Policies and Procedures manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on "Third Party Comments."
Solicitation of third-party comments were posted on January 23, 2020. Here are the areas where they were posted:

Commission on Dental Accreditation's Policy on 3rd party comments. Here is how the program will solicit third-party comments:

- posted in the dental clinic for patients
- posted in the dental clinic for students - this is permanent
- posted in the main reception area of the tower
- posted on our website
- distributed to our advisory council members at our meeting 1/23/20
- distributed to Rio Salado College’s Executive Team

The postings will remain in place until the conclusion of the site visit.

C. Complaints

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

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

A complaint logbook will be available on site.

D. Distance Education

Programs that offer distance education must have processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. In addition, programs must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment. Please read the entire policy on “Distance Education” in the Commission’s EOPP: Evaluation and Operational Policies and Procedures manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission’s policy on “Distance Education.”

Rio Salado College is a participating institution of the National Council for State Authorization Reciprocity Agreements (NC SARA).

Rio Salado College’s protocols for distance education are as follows:
Student identity verification protocols

- Student identification is submitted and verified by third party or technician during the application process
- Students provided secure login and passwords with policies about protecting logins and passwords
- In-person exams are proctored and require identification

Academic Integrity protocols

- Nationally recognized Peer-to-Peer (internal plagiarism detection system) checks submitted work by a Rio student against submissions by other Rio students for originality
- Turn-it-in (external plagiarism detection system) checks submitted work submitted by Rio students against online work for originality
- Course quizzes and exams are frequently revised or randomly selected from a bank of assessments
- Faculty reviews homework sharing sites
- Regular convening of Academic Integrity Council
- Articulated discipline policies for academic integrity violations
PROGRAM EFFECTIVENESS

Program Performance with Respect to Student Achievement:

The site visit team will assess the program’s overall performance through student achievement measures such as national assessment scores, licensure or certification examinations results, program retention, and/or employment rates. Please provide a summary explaining how the program measures its effectiveness relative to student achievement. Additionally, provide examples of program changes made based on collection and analysis of student achievement data.

The Rio Salado College Dental Hygiene Program documents its effectiveness using a formal and ongoing outcomes assessment process that includes measures of dental hygiene student achievement. Based on a review of the program’s outcomes assessment process and student achievement measures, the program uses the following student achievement measures: National Board Dental Hygiene Examination (NBDHE) scores and pass rates, clinical examination scores and pass rates, course competency assessments, student surveys, alumni and employer surveys. The program has demonstrated positive programmatic student achievement outcomes through a 98% first time pass rate on the NBDHE and an increase from 2017 to 2018 in the standard deviation scores to above the national average. Clinical examination pass rates of 100% leading the licensure for graduates. Program graduation and retention rates remained high with 91% and 95% respectively for the years 2017 and 2018. Employment rates remained high with 82% of the alumni reporting they are working as much as they want to. The program recently made enhancements to courses in DHE117 Dental Radiology course, DHE132 DH Theory I, DHE213 DH Clinic II, and DHE233 DH Clinic III based on the student achievement data collected and analyzed in the outcomes assessment plan.
STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

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

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

b) implementing the plan;

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

d) Using the results for program improvement.

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

Narrative Response and Documentation:

1. List the program’s goals that include, but are not limited to, student achievement outcomes.

The goals of the Rio Salado College dental hygiene program are to:

1. Prepare graduates who possess the skills and knowledge to competently, legally, and ethically assess, plan, implement, evaluate, and document dental hygiene services for diverse populations.

2. Provide a curriculum that facilitates instructional strategies that enhance student learning.

3. Provide graduates a learning environment that fosters a commitment to scientific inquiry, life-long learning, community service, and professional development.

(Amended 9/03, 9/05, 3/09, 3/12, 8/19)

2. Explain how these goals are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.

Rio Salado College’s vision, mission and values are:

Our Vision
We reinvent the learning experience to change lives.

Our Mission
We transform the learning through:
• Active community engagement and organizational responsiveness
• Customized, high-quality courses and programs
• Data analytics and institutional accountability
• Flexibility, affordability and innovation
• Personalized service and a commitment to student success

Our Values
As an institution of higher learning, we value:
• Customer Focus
• Diversity
• Inclusiveness
• Innovation
• Professionalism
• Relentless Improvement
• Sustainability
• Teamwork

The dental hygiene program goals fully relate and integrate with the College’s vision and mission. The College’s mission provides an operational blueprint for the dental hygiene program. The dental hygiene program’s first goal to prepare competent individuals to meet the workforce needs of a culturally diverse population aligns with the college’s mission of personalized service and a commitment to student success. Our second goal of providing a curriculum that facilitates instructional strategies that enhance student learning aligns with the College’s mission of customized, high-quality courses and programs. Lastly, the dental hygiene program’s third goal to provide graduates a learning environment that fosters a commitment to scientific inquiry, life-long learning, community service, and professional development is met in the College’s mission statements of active community engagement, institutional accountability, and personalized service and a commitment to student success.

3. Describe how the goals address teaching, patient care, research and service.

The Program goals are designed to address teaching, patient care, research and service. Goal number one focuses on graduating dental hygiene practitioners capable of providing quality treatment and care to diverse populations. The second goal addresses teaching by placing emphasis on instructional strategies designed to improve and enhance student learning. The final goal encompasses both the area of research and service to the community.

4. On what basis are goal revisions made? Using the sample format illustrated in Example Exhibit 1, develop an assessment schedule, timetable or plan.

Exhibit 1.1 outlines the Program Goals assessment schedule. Program goals are reviewed, evaluated and revised by the program faculty, advisory council and administration. Revisions to the goals are reviewed and approved by the Vice President of Academic Affairs.

Exhibit 1-1 Outcomes Assessment Plan
5. Describe the outcomes measures that are utilized to determine the degree to which these stated goals and objectives are being met.

A variety of assessment methods and sources to measure success are used by the program to determine the degree to which the program goals are being met. These measures encompass the performance and opinions of students and faculty in addition to generating input from patients, graduates, employers, and other key stakeholders. External outcome measures that are used include National Dental Hygiene Board Examination (NBDHE) scores and pass rates, regional clinical examination scores and pass rates and state jurisprudence examinations for licensure. The data gathered from these measures provide a broad picture of the program’s success and areas that need additional attention.

6. Document the assessment methods utilized for two (2) years. If appropriate, include examples of completed surveys. Provide the compiled data summary used. Provide an analysis of the data. Relate the findings and conclusions to the program goals.

The Outcomes Assessment Plans for 2017 and 2018 with the corresponding data can be found in the exhibits. The Outcomes Assessment Plan for 2019 is currently in progress as our students graduate in December. This information will be available on site for the visiting team. See the following exhibits:

Exhibit 1-2 2017 OAP  
2018 OAP  
Exhibit 1-3 2017 Annual Profile NBDHE  
2018 Annual Profile NBDHE  
Exhibit 1-4 2017 WREB ANE  
2017 WREB HYG  
Exhibit 1-5 2018 CDCA Exam results  
2018 WREB ANE  
2018 WREB HYG  
Exhibit 1-6 2017 Chart audit report  
2018 Chart audit report  
Exhibit 1-7 2017 Quality Assurance Report  
2018 Quality Assurance Report  
Exhibit 1-8 Overall Course Pass Rate  
Exhibit 1-9 2017 Course Comp Tracking Form  
Exhibit 1-10 Examples of 4th semester course evaluations  
Exhibit 1-11 2018 Course Comp Tracking Form  
Exhibit 1-12 Examples of 3rd semester course evaluations  
Exhibit 1-13 DH Patient Feedback Report 2017 – Clinic I  
DH Patient Feedback Report 2018 – Clinic II  
Exhibit 1-14 DH Exit Survey Report 2017  
DH Exit Survey Report 2018  
Exhibit 1-15 Rio DH Grad Survey Results 2014  
Rio DH Grad Survey Results 2018  
Exhibit 1-16 2017 Schedule for faculty evaluations
2018 Schedule for faculty evaluations

Exhibit 1-17 Joint DH Employer Survey 2017
Exhibit 1-18 Fall 2017 All Faculty Attendance
Fall 2018 All Faculty Attendance
Spring 2017 All Faculty Attendance
Spring 2018 All Faculty Attendance
Exhibit 1-19 RSC continuing education courses offered

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

Detailed in the Outcomes Assessment Plan are program improvements that have been made as a result of our analysis. We continually strived to improve our outcomes in our DHE117 Dental Radiology course. We revised the online course and changed the textbook to utilize a textbook used as a reference book by the National Boards Dental Hygiene Examination (NBDHE). We sent two faculty to the University of North Carolina Concepts and Strategies for the Radiology Educator course. Other course revisions that have been made to improve our instructional strategies that enhance student learning and prepare graduates for taking the NBDHE and the regional dental clinical exams have been in our theory and clinic courses. We have incorporated case studies and communication strategies in DHE132 DH Theory I Lab and a mini-mock board in DHE213 DH Clinic II. We have revised the mock board to reflect which clinical examination the students will be taking. We have revised our schedule to incorporate laser training earlier in the program and rotations, so the students have more experience with technologies such as the piezo and intraoral camera. We continue to respond to employer, alumni, and exit surveys as well as our external outcomes in the National Board Dental Hygiene Examination scores and the clinical dental hygiene examinations.

See previous exhibitT
Financial Support

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

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

Narrative Response and Documentation:

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

Each fall the fiscal director solicits the college’s departments for feedback and budget requests through a budget request template. The program director works with the fiscal director, Dean of Instruction and Vice President of Academic Affairs on requests for the dental hygiene program. They are submitted to the fiscal director who complies all the requests and submits them on behalf of the departments. Requests for budgetary increases and additional line items are submitted and considered by the College and due in October. The MCCCD Governing Board approves the budget for each college in late spring. In addition, course fee requests and changes are submitted on a biannual basis. Rio Salado College’s fiscal director sends out course fee templates and timelines according to the district’s process. The MCCCD Governing Board approves all course fees.

Exhibit 1-18 2016-2020-Strategic Plan

2. Using the Example Exhibit 2 format, identify the sources of fiscal support for the dental hygiene program and the percentage of the total budget that each source constitutes.

Exhibit 1-19 Fiscal Support (Example 2)

3. If financial resources include grant monies, specify the type, amount and termination date of the grant. What is the primary use of these funds? Upon termination of the grant(s), how will these funds be replaced?
ARS 15-1472, also known as Proposition 301, provides funds for community college districts in Arizona broadly targeted to assist in funding workforce development priorities. Rio Salado College has historically applied a portion of Proposition 301 funds toward the purchase of technology and equipment utilized in the instructional delivery of the dental hygiene program. In the Maricopa County Community College District, funds are primarily dispersed based on percentage of occupational Full Time Student Equivalency (FTSE). Rio Salado College generates the largest percentage of occupational FTSE in the district and uses a priority process each year to determine the programs and amounts to be funded. Although a valuable funding source, the dental hygiene program is not dependent on Proposition 301 funds in the operation of the program or facility.

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

Funding sources are a combination of local property taxes, student tuition and fees, grants, and the reallocation of existing resources, all of which are stable and adequate. Maricopa County Community College District (MCCCD) and Rio Salado College Adopted Budget FY2019-20 can be viewed on the district’s website at:

5. Using the Example Exhibit 3 format, provide information on the program’s budget for the previous, current (year of the site visit) and ensuing fiscal years.

Exhibit 1-20 3 years budgets (Example 3)

6. Using the Example Exhibit 4 format, provide the actual expenditures for the previous academic year.

Exhibit 1-21 FY18-19 Actual expenditures (Example 4)

7. Using the format shown in Example Exhibit 5, provide information on the salary schedules for full- and part-time faculty for the current academic year, include the program administrator.

Exhibit 1-22 Faculty salary schedule 19-20

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

Rio Salado College is subject to the policies on salary and professional development set forth by Maricopa Community College District (MCCD). Salary and professional development funds have been determined to be adequate in recruiting and retaining faculty. Faculty and staff within MCCD are provided professional development funding on an annual basis. The dental hygiene program faculty salary schedule is in alignment with the rest of the College and the District. The Faculty Chair/Program Director position is classified as Faculty and the other full-time positions in the Program are classified as Staff, Non-Faculty.
9. As an exhibit, include a list of individuals involved in the budgetary process, including their name and title.

Exhibit 1-23 RSC budgetary process

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

Narrative Response:

1. Describe the structure of the relationship between any entities outside the sponsoring institution that provides financial support for the program and the sponsoring institution itself. How are decisions made within the sponsoring institution regarding teaching, clinical, and research, affected by outside financial contributions? Note: sponsoring institution is defined as the entity that carries institutional accreditation and physically houses the program.

Rio Salado College is the institutional accreditation and houses the dental hygiene program. There are no outside financial contributions that affect how decisions are made.

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

Documentation:

Rio Salado College retains authority and final responsibility for all activities related to program operation.

Institutional Accreditation

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

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

Intent:

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

Narrative Response and Documentation:
1. Which of the following best describes the program’s educational setting: dental school, four-year college/university, community/junior college, technical college/institute, vocational school or federal service training center? Indicate whether the institution is public, private (not-for-profit) or private (for profit).

Rio Salado College is one of 10 colleges in the Maricopa Community College District. It is a public community college.

2. By what agency recognized by the United States Department of Education or officially recognized state accrediting agency, is the institution accredited? Briefly describe the institution’s accreditation history, including its current status and date of last evaluation.

Rio Salado College is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.

Accreditation History
- 1981: Rio Salado Community College received accreditation for five years, following a request from the College for an evaluation for accreditation at the Associate Degree level.
- 1986: Rio Salado Community College was approved for continued accreditation for a six-year period.
- 1992: Rio Salado Community College was approved for continued accreditation for a 10-year period.
- 2002: Rio Salado Community College was approved for continued accreditation for a 10-year period.
- 2012: Reaffirmation of Accreditation

3. Include an exhibit indicating the most current accreditation report status

Exhibit: 1-24 RSC_HCL Verification of Accreditation Letter

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

Narrative Response and Documentation:

The program is solely sponsored by Rio Salado College.

Note: off-campus sites (including enrichment sites) are addressed in Standard 4-4. Co-sponsoring or affiliated institutions allow dental hygiene program students to utilize resources available to their regularly enrolled students, e.g., bookstore, library, health center fitness facility, etc. as defined in an affiliation agreement.
1. Does the program have an arrangement with another institution for sharing resources as described above? N/A

2. Is the additional institution considered to be a co-sponsor of the program? N/A

3. If yes, describe the arrangement, including a brief history and date of the initial agreement. Include a copy of co-sponsor/affiliation written agreement. N/A

Community Resources

1-7 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

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

Narrative Response and Documentation:

1. Briefly describe the interaction between the program and professionals in the community, such as dental hygienists, general and specialty dentists, and other health care specialists? How do community liaison members provide resources and/or help support the program?

The Greater Phoenix metropolitan area provides the program ample access to dental and health care specialists. With a population approximately 4.7 million people, the area offers abundant educational resources including hospitals, care facilities, nursing homes, and dental schools.

The Program uses a variety of guest speakers to help enrich and expand the student’s academic experience. The program has had dental hygienists, specialty dentists, and individuals representing dental products and companies address the students. The Program also schedules student observation experiences in hospitals, special needs clinics, and public health settings.

2. Describe the structure, function, and responsibilities of the liaison mechanism(s).

Rio Salado College, School of Dental Hygiene utilizes an advisory council as the liaison between the program and the local dental hygiene and dental community. The Council consists of community dentists, dental assistants, dental hygienists, representatives from the AZ State Dental Foundation. The program directors from Phoenix College and Mesa Community College serve on the advisory committee in accordance with the shared curriculum policies. In accordance with MCCCD policy, the program’s Council meets at least once per year and as need arises.
What does the Occupational Program Advisory Council do?
- Assists in developing/evaluation Rio Salado College programs
- Informs the college of changes in the labor market, specific industry needs, etc.
- Helps promote occupational programs to the community
- Serves as a community channel between the college and the specific occupational community

3. List the names, affiliation, role/title, committee term, disciplines and appointment dates of individuals currently involved in the program’s liaison activities. If applicable, provide the names and positions of individuals representing separate liaison mechanisms for any off-campus sites.

Exhibit 1-25 RSC Advisory Council Members 19-20

4. Provide meeting minutes from the last two liaison activities.

Exhibit 1-26 Dental Programs Advisory Council Minutes 18-19
Dental Programs Advisory Council Minutes 19-20

5. Describe recent liaison activities.

The Rio Salado College’s Dental Programs Advisory Committee just recently met for our annual meeting on Thursday, January 23, 2020. The minutes for that meeting have been included in the exhibit. The outcomes of the dental hygiene program are reviewed and discussed with the committee. Recommendations from our meeting on January 24, 2019 were noted such as preparing the student and what to expect in private practice. As a result, we have implemented rotations in clinic in which students have to utilize the intraoral camera on every patient. Experiences that mimic private practice such as private practice day in clinic III will continue to be implemented. Discussion and recommendations from our meeting on January 23, 2020 resulted from our exit surveys and students being competent or prepared in the use of lasers. As a result, we will be incorporating lasers in theory and clinic II. Students will utilize lasers in both clinic II and III. There was discussion on having more lasers available in clinic. We put in for funding and will know more as the budgets become available. The advisory council supported the program improvement of incorporating lasers earlier on in the curriculum.

6. Provide a copy of by-laws and/or description of duties and responsibilities of individuals involved in liaison activities.

The duties and responsibilities of advisory committee members are detailed in the Occupational Program Advisory Committee Brochure.

Rio Salado College’s Occupational Program Advisory Committee is designed to link the college’s occupational programs to the community and is a vital component of Rio Salado’s program review process.

The committee helps the college meet the workforce related needs of the local community. The committee advises the college on continuous improvement for its occupational programs by ensuring
that the instructional offerings are consistent with the knowledge and skills practice by successful employees of local business and industry.

Committee Member Responsibilities:
- Establish occupational work requirements and competencies
- Recommend equipment purchases/donations
- Identify new technologies
- Assist with internships and job placements
- Project labor market demand
- Identify potential adjunct faculty
- Recommend candidates for committee membership
- Advocate the program

Exhibit 1-27  RSC Occupational Advisory Council Brochure
STANDARD 2 - EDUCATIONAL PROGRAM

Instruction

2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.

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

Intent:
The dental hygiene curriculum is comprehensive in scope and depth and requires a minimum of two years of academic preparation. The curriculum should include additional coursework and experiences, as appropriate, to develop competent oral health care providers who can deliver optimal patient care within a variety of practice settings and meet the needs of the evolving healthcare environment.

In a four-year college setting that awards a certificate, admissions criteria should require a minimum of an associate degree. Institutions should provide students with opportunities to continue their formal education through affiliations with institutions of higher education that allow for transfer of course work. Affiliations should include safeguards to maximize credit transfer with minimal loss of time and/or duplication of learning experiences.

General education, social science and biomedical science courses included in associate degree dental hygiene curricula should parallel those offered in four-year colleges and universities. In baccalaureate degree curricula, attention is given to requirements for admission to graduate programs to establish a balance between professional and nonprofessional credit allocations.

Narrative Response and Documentation:

1. Describe how the scope and depth of the curriculum reflect the objectives and philosophy of higher education and facilitates opportunities for students to continue their formal education through transfer of course work

The dental hygiene curriculum has been designed to reflect the necessary depth and scope required of institutions of higher learning. The program’s overall curriculum is sequenced in a manner that requires students to complete all general education and basic science courses prior to entering the dental hygiene program.

These university transferable courses are adequate in scope and depth to prepare students for the written and verbal requirements of a dental hygiene educational program. The Maricopa
County Community College District (MCCCD) has established curriculum and transfer articulation as a key factor in development of general education programs. Rio Salado College’s course and programs align with the district.

Rio Salado College along with Phoenix College and Mesa Community College are a part of the Maricopa County Community College District (MCCCD). The MCCCD has established curriculum and transfer articulation agreements with all Arizona state universities. In addition, Northern Arizona University and MCCCD have an articulation plan to their Dental Hygiene Degree Completion Program. This plan allows for maximum transfer of associate degree credits in pursuing a baccalaureate degree.

2. Describe how the curriculum is structured to allow individual students to meet required program competencies.

The MCCCD dental hygiene programs completed a guided pathways curriculum review. The basic design principles of guided pathways are to begin with the end in mind and develop the skills, knowledge and habits of mind required of a dental hygienist. This comprehensive review included the three district dental hygiene programs, faculty, general education faculty, The dental hygiene program is designed so that it provides a logical progression of skill and knowledge, builds upon previously learned content and facilitates overall integration of the basic sciences, dental sciences, and general education courses into the dental hygiene program. The program curriculum’s pacing of courses is appropriate and consistent with the developing psychomotor abilities of the student. Clinical requirements and competency levels increase as the student progresses through the program. Requirements for each clinical course build on the students learning and are appropriately linked to the program competencies.

Exhibit 2-1 MCCCD Dental Hygiene Program

3. As an exhibit, include pages of the college catalog relevant to the dental hygiene program. If the college catalog is online, download and provide the appropriate pages.

Exhibit 2-2 2019-20 RSC DH Catalog Pages

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

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

Narrative Response and Documentation:
1. Describe processes used to ensure students meet published academic, professional and/or clinical criteria. How is this information distributed?

The program complies with MCCCD guidelines regarding academic standards and institutional due process. These specific policies are outlined on the MCCCD’s website, the RSC College Catalog, the program’s policy and procedures manual. Students are provided a copy of the RSC Dental Hygiene Program’s Policy and Procedures Manual at the beginning of the program. They are required to sign a contract affirming they have read and understand the manual. The RSC Dental Hygiene Policy and Procedures Manual include district policies as well as programmatic policies such as attendance, academic misconduct, and promotion. In addition, policies are included within the course syllabi.

To assure that students meet published didactic, behavioral and clinical criteria, the program uses a “Letter of Concern” as a formal communication mechanism from faculty to student. The letter can be issued at any time during the semester and requires the student to contact the faculty for discussion of the issue and options for remediation. Policies related to remediation and or dismissal from the program are outlined in the Policy and Procedures manual. Additionally, students are required to submit a signed statement to the program verifying that they have read the Policy and Procedures manual and had the opportunity for clarification and to have questions answered.

2. As an exhibit, include pages from the appropriate document(s) listing institutional and program due process policies and procedures.

Exhibit 2-3 MCCCD Instructional Grievance Process
RSC Policy and Procedures Manual

3. What standards of achievement/competence are required for dental hygiene students to continue in each component of the program? How and when are program expectations conveyed to students?

The dental hygiene courses are sequential, and the successful completion of each course is a prerequisite for promotion to the next level. Students wishing retention in the program must satisfy the requirements of scholarship, academic integrity, health, conduct, and dress outlined in this manual, clinic manual, and the Rio Salado College Catalog.

Dental hygiene students may progress through the subsequent semesters of the program if the following have been achieved:

- Attendance at all class and clinical sessions to meet the criteria of the course.
- Achievement of grades no lower than a “C” (75%) in any Dental Hygiene course. Students are responsible for their own learning; however, mechanisms exist to assist the student. When a student has a grade average of 75% or below, the instructor will notify the student through a Letter of Concern and/or during mid-semester conferences. If the student receives such a letter, he/she must make an appointment with the instructor to discuss the problem and identify methods of resolution.
- Should the final grade for the course result in 74% or less, the student will be dismissed from the program. Students are eligible to reapply to the program. Refer to the reapplication policy found in this manual.
• Completion of all written assignments and clinical competencies.
• Program policy states that students will be allowed 2 attempts to pass competency/process evaluations. Remediation will be required following the failure of the second attempt. Students will be allowed a 3rd attempt at a competency/process evaluation. Students failing their 3rd attempt may be dismissed from the program, and a withdrawal/failing will be recorded on their transcript for that course.
• A grade of “I” (Incomplete) may be used in courses only due to extreme or unusual circumstances. An incomplete contract must be completed and removed according to the contractual agreement. Changes to this policy are at the discretion of each course instructor/clinic coordinator and Faculty Chair.
• Attendance at individual advisement conferences as scheduled.
• Strict adherence to Rio Salado College Dental Hygiene Safe Practice Policy.
• All program equipment must be returned in good working order or replaced for cost by the student prior to the final day of clinic. Any outstanding fees will be placed on the students account and the student will be placed on the MCCCD debt master.
• Completion of and adherence to Rio Salado College Dental Hygiene and MCCCD Allied Health policies.

Students are provided this information at the beginning of the program with the RSC Dental Hygiene Policy & Procedures Manual and with each course syllabus.

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

Course instructors review dental hygiene students’ academic performance and provide reports and feedback on their learning throughout the semester. The instructor for the clinical course is responsible for reviewing and tracking student’s clinical performance. Students who fail a process two times are required to meet with the instructor and complete remediation. Students are provided performance reports throughout the semester and at mid-term conferences. Students are responsible for their own learning; however, mechanisms exist to assist the student. When a student has a grade average of 75% or below, the instructor will notify the student through a Letter of Concern and/or during mid-semester conferences. If the student receives such a letter, he/she must make an appointment with the instructor to discuss the problem and identify methods of resolution.

5. **Describe procedures for assisting students who are having academic difficulties in didactic, laboratory, preclinical, and clinical classes.**

Students unable to progress through the clinical experience at a rate necessary to complete all requirements within the usual time frame may be encouraged to seek the assistance of a tutor or skill remediation. Students who are unwilling to participate in a tutorial will risk an extension of their clinical experience or dismissal from the Dental Hygiene Program.

Students having academic difficulty are encouraged to take advantage of the Counseling Services department.
Remediation Procedures
Written documentation of prescribed remediation will be provided to the student and filed in
the student’s permanent record. Students may be required, at the discretion of the clinic
coordinator and/or lead instructor, to secure additional clinical and/or laboratory experiences
for continued promotion within the program. Students must perform all competency/processes
to the specified level of competency as noted in the course syllabus. Students unable to achieve
competency will not be allowed to advance to the next term.

1. Conditions which warrant remediation.
   a. Two unsuccessful attempts at performing a competency/process examination.
      Remediation is required prior to a 3rd attempt at the competency/process.
   b. The student is deemed unsafe in their practice with themselves, students,
      patients, and or staff.

2. Remediation sessions are available under the following conditions.
   a. Remediation is necessary to complete clinical requirements.
   b. Remediation procedures are necessary to improve one’s skill/technique to the
      specified level of competency.
   c. Students may contact the clinic coordinator to discuss the need for remediation
      sessions or instructors may recommend remediation sessions.
   d. Students will work with the clinic coordinator or a faculty to develop a
      remediation plan/report outlining their goals, timelines and measures for
      improvement.

Exhibit RSC DH Policy & Procedures Manual

Admissions

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

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

Narrative Response and Documentation:

1. Provide the specific written criteria, procedure and policies for admission to
   the dental hygiene program. Provide evidence that previous academic
performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability have been utilized as criteria in selecting students.

The criteria, procedure and policies for admission to the dental hygiene program are provided in the application. Prerequisite course work is required to be completed prior to applying. Students must meet the following science prerequisites with a 3.5 GPA BIO201 Anatomy and Physiology I, BIO202 Anatomy and Physiology II, BIO205 Microbiology, and CHM130LL General Chemistry. The general education prerequisite course work must be met with a 3.25 GPA. These courses include English Composition, Math, Sociology, Psychology, Oral Communications and Humanities. MCCCD policies prohibit students from repeating a course more than three times to improve their GPA.

**REQUIREMENTS FOR ADMISSION**

1. Advisement: The first step for applicants seeking admission to the Dental Hygiene Program is to meet with an Academic Advisor.
   *Please see section regarding Reapplication if you have attended but did not complete a previous dental hygiene or other healthcare program.

2. Student Information Form: Complete this form at the college of first choice if you are a new student to the campus. The form is necessary for your transcript evaluation and registration for courses.

3. High School graduation or GED: High school graduation or GED is required for the Associate in Applied Science degree in Dental Hygiene. Applicants must signify that they meet this requirement by signing the Dental Hygiene application page containing the Declaration of High School Graduation or GED.

4. Transcripts: Request that ALL official colleges/universities transcripts be sent to the Admissions Office at the college of first choice. Please request that the institution include a current name and student identification number. It is the students' responsibility to confirm the receipt and evaluation of all transcripts with the Academic Advisor. Please note each college has their own evaluation processing times, which can vary. Transcripts sent to the Dental Hygiene Office at the Maricopa Community Colleges District address cannot be accepted and will be returned to the college of origin. All transcripts must be sent to the Admissions Office at one of the college locations.

5. Fingerprint Requirement: A level one Fingerprint Clearance Card is required as part of the application. You can apply for a level one Fingerprint Clearance Card through the Arizona Department of Public Safety by going to the following website: https://www.azdps.gov/services/public/fingerprint. Allow a minimum of 4 to 8 weeks to receive the card.

When submitting your completed application, bring your current, level one Fingerprint Clearance Card to an academic advisor. The advisor will photocopy both the front and back side of the card for submission along with your completed application.

6. Dental Experience/Verification Form: In order to meet the dental experience requirements one of the following must have been met within the last 5 years:

7. General Education Course GPA Requirements:

   GPA for Pre-requisite Basic Sciences is 3.50
   GPA for Pre-requisite General Education Courses is 3.25

   Prerequisite General Education Courses Required for Application:
### BASIC SCIENCES: Minimum GPA 3.5 (Basic Science courses must have been completed within the last 5 years or as determined by the Program Director)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
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<tr>
<td>*CHM130+130LL</td>
<td>Fundamental Chemistry</td>
<td>4</td>
</tr>
<tr>
<td>BIO201</td>
<td>Human Anatomy &amp; Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>BIO202</td>
<td>Human Anatomy &amp; Physiology II</td>
<td>4</td>
</tr>
<tr>
<td>BIO205</td>
<td>Microbiology</td>
<td>4</td>
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</tbody>
</table>

### GENERAL EDUCATION: Minimum GPA 3.25

<table>
<thead>
<tr>
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<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
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<td>First-Year Composition</td>
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</tr>
<tr>
<td>ENG102 OR ENG108</td>
<td>First-Year Composition</td>
<td>3</td>
</tr>
<tr>
<td>COM (100, 110, 225, or 230)</td>
<td>Communication</td>
<td>3</td>
</tr>
<tr>
<td>MAT112 or MAT140, 141, or 142</td>
<td>Mathematical Concepts and Applications OR higher level. College Mathematics (MAT140, 141, or 142) required for CEP or Baccalaureate Degree. MAT 206 Elements of Statistics required for CEP or Baccalaureate Degree.</td>
<td>3</td>
</tr>
<tr>
<td>SOC+++</td>
<td>Any Sociology course meeting the Social Behavioral (SB) designation</td>
<td>3</td>
</tr>
<tr>
<td>PSY+++</td>
<td>Any Psychology course meeting the Social Behavioral (SB) designation. If pursuing a CEP or baccalaureate and plan to select PSY230 for the CS value, then select PSY101 for the SB value as it is a prerequisite for PSY230</td>
<td>3</td>
</tr>
<tr>
<td>CRE101</td>
<td>Critical &amp; Evaluative Reading I OR Test exempt</td>
<td>0-3 credits</td>
</tr>
<tr>
<td>HU or HUM  ^MHL155 ^PHI213</td>
<td>Any approved general education course from the Humanities, Arts and Design area. ^MHL155 Survey of American Music and PHI213 Medical and Bio Ethics are both required for CEP or Baccalaureate Degree.</td>
<td>3</td>
</tr>
</tbody>
</table>

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**Exhibit 2-4 MCCCD Dental Hygiene Program Application Packet**

2. **Describe the process for selecting dental hygiene students. List names and titles of individuals participating in the selection process. As an exhibit, provide a sample rating sheet for students selection.**

The three dental hygiene programs in MCCCD (Phoenix College, Mesa Community College and Rio Salado College) participate in a centralized admission process. The format is a high standard for admission and waitlist. Once candidates have met the criteria for admission, they
submit their application and are placed on a waitlist. Applicants rank their preference for each program. MCCCD Healthcare Education Department runs placement for the programs in February for a Fall start.

3. **To what extent do the program administrator and faculty participate determining admission criteria and procedures?**

The three program directors meet as part of the Oral Health Instructional Council on a monthly basis during faculty accountability. Program admission criteria are reviewed changes can be made and submitted through the district’s curriculum process. The program directors have the final decision on admission criteria.

4. **How are applicants informed of the dental hygiene program’s (address each component):**

- criteria and procedures for selection,
- program goals,
- curricular content,
- transferability of the dental hygiene program courses,
- scope of practice of dental hygienists, and
- current employment opportunities for dental hygienists?

As an exhibit, provide a program application packet and/or forms that address each item previously listed.

Applicants are informed of the dental hygiene program’s components

- Criteria and procedures for selection: through academic advisors, information sessions, the program website and the district website.
- Program goals: through the Rio Salado College Dental Hygiene Program website.
- Curricular content: through the Rio Salado College Dental Hygiene Program website.
- Transferability of the dental hygiene program courses: through academic advisors, information sessions, the program website and the district website.
- Scope of practice of dental hygienists: through the program’s website, information sessions and program application.
- Current employment opportunities for dental hygienists: through information sessions, the program website and the district website

Exhibit 2-4  MCCCD Dental Hygiene Program Application Packet

Website Links:  [Rio Salado College Dental Hygiene Program](#)
[MCCCD Healthcare Education Dental Hygiene](#)

5. **Provide the institution’s policies on discrimination.**

Exhibit 2-5  MCCCD Non-Discrimination Policy
6. How does the program make policies on infectious diseases made available to applicants?

The program’s policies on infectious diseases are made available to applicants in the application packet and on the Rio Salado College’s Dental Hygiene Program website.

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

Intent:
Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program’s approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.

Narrative Response and Documentation:

1. Does the dental hygiene program admit students with advanced standing? If yes, describe the policies and methods for awarding advanced standing credit.

Yes, the RSC dental hygiene program may consider applicants requesting advanced standing. The policies and methods for awarding advanced standing credit are listed below.

1. The program has vacancy.
2. Application is submitted.
3. Official transcripts are submitted demonstrating course completion of a letter grade of “C” or better. NOTE: Dental hygiene/assisting courses that were taken 3 or more years ago will not qualify for advanced standing.
4. Applicant meets MCCCD Dental Hygiene Program minimum application criteria.
5. Letter from director of previous program, if applicable, stating academic status while in the program, noting any remediation, tutoring or counseling that may have occurred. Letter is to be mailed directly to: Healthcare Education Department, Maricopa Community Colleges, 2411 W. 14th Street, Tempe, Arizona 85281.
6. Letter from applicant explaining the request for advanced standing including how they will be successful.
7. Completion of skills assessment and competency achievement to ensure correct placement.
8. Purchase current texts, manuals and instruments as required by the program.
9. Adherence to all other admission and promotion and retention policies.

2. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

Advanced standing status must be approved by the MCCC Oral Health Instructional Council and Faculty Chair.

3. Who reviews transcripts and determines course equivalency? Describe the process for evaluating courses taken at another institution and used as a basis of credit award?

Advanced standing status must be approved by the MCCC Oral Health Instructional Council and Faculty Chair. Transcripts are reviewed and course equivalency would be determined by the Council on a case by case basis. Per the process above, courses taken over three years are not accepted.

4. If a formal policy has been developed, please provide.

Exhibit RSC DH Policy & Procedures Manual – page 21

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-4 in the Accreditation Standards for Dental Hygiene Education Programs.

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

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

Narrative Response and Documentation:

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

The Greater Phoenix population is over 4.4 million according to the US Census Bureau. This provides ample supply of patients. Rio Salado College’s dental hygiene program has been seeing patients for over the past 20 years and has developed a patient database. We are located about 3 miles from Arizona State University’s main campus in Tempe, AZ. There are two dental schools in the greater Phoenix area. Midwestern University in Glendale, AZ and A.T. Stills University School of Dentistry and Oral Health in Mesa, AZ. Neither dental school has a
dental hygiene program. There are 56 hospitals in the greater Phoenix area with 13 named the best regional hospitals by U.S. News & World Report. In addition, there is the Veterans Hospital, many public health clinics and other short and long-term care facilities. Rio Salado College has its own dental hygiene clinic where the primary clinical learning takes place. However, student’s complete experiences to enhance their learning throughout the program. These include the following:

- St. Vincent de Paul Dental Clinic – Students provide care under the supervision of a faculty in their dental clinic. These rotations take place during DHE213 Dental Hygiene Clinic II and DHE233 Dental Hygiene Clinic III.
- St. Joseph’s Hospital and Medical Center – Dignity Health – Students complete bedside oral exams and interventions based on the hospital’s protocol under the supervision of a dental hygiene faculty. The primary focus is on the neurology floor. Students interact with other healthcare professionals, patients and their families.
- Dignity Health Chandler Children’s Dental Clinic Chandler CARE Center – Students provide care to children in a public health setting working with Affiliated Practice dental hygienists. This provides students the opportunity to experience a public health setting.
- A.T. Still University School of Dentistry and Oral Health – Students complete a rotation during their last semester in the school’s special needs clinic. They provide care to patients with special needs. This connects the learning from their theory course which focuses on special needs.

Previous student experiences have included the Veterans Hospital Dental Clinic, Maricopa County Office of Oral Health sealant rotation, and the Boys & Girls Club Dental Clinic.

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

Rio Salado College admits one class per year. The students begin their course of study in September.

3. Using the format illustrated in Example Exhibit 6, provide enrollment and attrition data for the program during the current and four preceding years. Note: Programs with multiple enrollment starts each calendar year, please complete Example Exhibit 7.

Exhibit 2-6 RSC Enrollment Data

4. For each term of the dental hygiene curriculum, provide a class schedule as illustrated in Example Exhibit 11. Include course number and name; faculty, setting (clinic, lab, classroom number); and number of students. Modify the exhibit as needed to account for multiple sections. Note: Programs with multiple enrollment starts must modify the exhibit to provide the requested information.
Curriculum

2-6 The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

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

Narrative Response and Documentation:

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

1. Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care. (DHE117, DHE120, DHE125, DHE132, DHE133, DHE201, DHE202, DHE212, DHE213, DHE219, DHE227, DHE232, DHE233, HCC/RES109, [HU]).
2. Systematically assess comprehensive data on the general and oral health needs of patients from diverse populations. (DHE110, DHE112, DHE115, DHE119, DHE120, DHE121, DHE125, DHE127, DHE132, DHE133, DHE201, DHE202, DHE212, DHE213, DHE225, DHE227, DHE232, DHE233, BIO156, BIO181, BIO201, BIO202, BIO205, CHM130, CHM130LL, [CS], [FYC], [MA], [SB], [CRE]).
3. Use critical decision making to interpret data and create a dental hygiene diagnosis. (DHE110, DHE112, DHE115, DHE117, DHE119, DHE121, DHE125, DHE127, DHE132, DHE133, DHE201, DHE202, DHE212, DHE213, DHE225, DHE227, DHE232, DHE233, BIO156, BIO181, BIO201, BIO202, BIO205, CHM130, CHM130LL, [CS], [HU], [MA], [SB], [CRE]).
4. Design and present a patient-centered dental hygiene care plan utilizing evidence-based research and professional standards. (DHE132, DHE133, DHE212, DHE213, DHE232, DHE233, BIO156, BIO181, BIO201, BIO202, BIO205, CHM130, CHM130LL, [FYC], [HU], [CRE]).
5. Implement comprehensive dental hygiene services to achieve and maintain patient’s optimal health. (DHE133, DHE213, DHE233).
6. Evaluate the outcome of dental hygiene care during active and maintenance treatment phases and refer to appropriate healthcare providers if indicated. (DHE213, DHE233, BIO201, BIO202, BIO205, CHM130, CHM130LL, [FYC], [CRE]).
7. Record accurate, consistent, and complete documentation throughout the process of care. (DHE120, DHE133, DHE213, DHE233, BIO156, BIO181, BIO201, BIO202, BIO205, CHM130, CHM130LL, [FYC], [HU]).

8. Employ effective interpersonal communication with patients, families, and the healthcare team in a culturally competent, ethical, and professional manner. (DHE133, DHE213, DHE229, DHE233, [FYC], [HU], [SB], (COM)).

9. Practice professional and ethical behaviors as accepted by healthcare professionals. (DHE110, DHE112, DHE115, DHE117, DHE119, DHE120, DHE121, DHE125, DHE127, DHE132, DHE133, DHE201, DHE202, DHE212, DHE213, DHE219, DHE225, DHE227, DHE229, DHE232, DHE233, BIO156, BIO181, BIO201, BIO202, BIO205, CHM130LL, [HU], [SB], (COM), (CRE)).

10. Demonstrate self-assessment and self-regulation strategies for lifelong learning. (DHE110, DHE112, DHE115, DHE117, DHE119, DHE120, DHE121, DHE125, DHE127, DHE132, DHE133, DHE201, DHE202, DHE212, DHE213, DHE219, DHE225, DHE227, DHE229, DHE232, DHE233, BIO156, BIO181, BIO201, BIO202, BIO205, [HU], [SB], (COM), (CRE)).

11. Advocate for healthy communities through the provision of community-based preventive and therapeutic oral healthcare services. (DHE229, [SB], (COM)).

Students are informed of the program competencies and intended outcomes of instruction at a mandatory orientation session prior to matriculation. The competencies are also included in the Policy and Procedures Manual and individual course syllabi.

Exhibit RSC DH Policy & Procedures Manual

2. List the various evaluation methods used to measure each stated program competency. Modify Example Exhibit 9 as appropriate.

Exhibit 2-8 RSC Evaluation Methods for Program Competencies

3. How are students informed of the manner(s) in which each program competency will be evaluated?

Students are informed of the program competencies and intended outcomes of instruction at a mandatory orientation session prior to matriculation and throughout the program. Students are informed with each course syllabi how they will be evaluated.

4. Discuss how evaluation methods for didactic instruction effectively:
   a. Allow both students and faculty to periodically assess student progress in relation to stated objectives?

The didactic evaluation format of quizzes, case studies, projects, and examinations are correlated to the course competencies of each course in the curriculum. Course competencies are further correlated to program competencies. This interrelationship allows students and faculty to assess student progress in relation to stated objectives. Students are highly encouraged to use course and topical objectives as guides in preparation for quizzes and examinations. Students are provided feedback routinely and periodically meet with faculty to review their standing in each course.
b. Require students to demonstrate higher-order knowledge and application?

Evaluation methods evolve from a format of simple recall on an introductory level to analysis and application. Case studies, used with greater frequency and intellectual depth through the progression of the curriculum, allow for integration of material from various courses and in unique ways.

c. Lend themselves to consistent application by faculty?

Evaluation methods are objective-based and applied throughout all courses. This facilitates consistent evaluation formats and procedures. Faculty review grading and evaluation techniques during the mid-semester course review and amongst one another as needed. A program grading scale is used for every dental hygiene course. This provides consistency to students on letter grades.

d. Evaluate student’s responsibility for ethical and professional conduct?

The student’s responsibility for ethical and professional judgment conduct in the classroom is generally assessed by means of attendance, adherence to the academic integrity and the student code of conduct. In class group discussions, review of case studies, and dental hygiene practice situations are incorporated in didactic courses. Topics and issues that explore controversy and ethical dilemmas, an emphasis of DHE219 Practice Management, are used to facilitate critical thinking and problem-solving skills.

5. Discuss how evaluation methods for laboratory, preclinical and clinical instruction effectively:

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

The evaluation system for labs, preclinic, and clinic are continuous throughout the curriculum and allow for student self-evaluation and instructor feedback on student progress. Performance is assessed through competency evaluations that are directly observed by the instructor and graded immediately in order to provide more effective feedback. Students meet with the course instructor periodically and at mid-term conferences to review their progress in labs, preclinic and clinic course.

b. Reflect the process as well as the end result?

Evaluation mechanisms include and emphasize the process and the product of numerous tasks. Delineation as to which type of evaluation is used is based on the specific task and its sequence in client care.

c. Monitor each student’s progress through time?
The evaluation system effectively allows the faculty to objectively track the student’s progress as related to course objectives. Student progress is a standing agenda item for weekly clinical calibration. Students are provided course grades throughout the semester.

**d. Define performance standards in clear, specific terms?**

The evaluation system is designed so that performance is related to an objective that clearly and concisely states the required task behavior, the criterion under which the performance must occur, and the competency level that must be achieved. The clinic manual states the specific criteria for clinical evaluation.

When students are evaluated using acceptable (A), improvable (I), or unacceptable (U) assessment the following definition for evaluation is used.

- **A = Acceptable competency level:** All levels of the task were completed well with no errors. Treatment procedures/evaluation criteria in the clinic manual or process evaluation forms were followed. Clinic protocol was followed.
- **I = Improvable competency level:** Minor errors were made while completing the task. Feedback is provided to enhance skills in the areas noted. Process evaluation or clinic protocol not followed completely.
- **U = Unacceptable competency level:** Major errors were made while completing the task or evaluation. Clinic protocol was not followed with blatant errors possibly leading to infection control breaches and unsafe practices. Unacceptable competency level may include information that was learned in prior clinic levels that is not being maintained in the current clinic or lab.

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

Following an instructor demonstration and explanation, students initially work with and through an evaluation system by themselves. They next obtain student peer feedback on their performance. This allows the student to critically evaluate themselves in a non-threatening manner while also developing a sense of confidence and trust in their skills. Students are required to self-reflect on a Professional Characteristics based on their learning for that lab or clinical experience. This assists students with meaningfully evaluating their performance.

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

As students’ progress through the Program, the level of competency required to successfully complete a process or skill evaluation increases. Evaluation procedures evolve from being primarily process evaluations in the first and second semester to end-product evaluations in the third, and fourth semester. Clinical performance evaluations for patient care become more rigorous as the student progresses through clinics with each section being weighted according to the skill level for each clinic.

**g. Lend themselves to consistent application by faculty?**

As a result of implementing an objective, competency-based curriculum, the evaluation system is consistent with the objectives. The format used is a checklist with opportunity for comments. In addition to positive comments, instructors must provide feedback in any areas
that the student does not attain minimum competency. The Program holds weekly faculty calibration meetings to ensure that faculty apply evaluation criteria in a fair and consistent manner with each student.

h. Evaluate student’s responsibility for ethical and professional conduct?

The Program has incorporated the affective behaviors evaluation in an analysis format, the Professional Characteristics form. This assessment, used in every lab and clinic in the program, includes statements that address professional conduct and judgment, communication skills, and clinic productivity. Students must self-evaluate their behavior before instructors add their comments and evaluation.

Exhibit 2-9  Clinical Performance Evaluation (CPE)
Professional Characteristics Assessment
Preclinical and Clinic Process Evaluation Forms
Equipment Processes Experiences
Radiographic Evaluation Criteria

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

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

Narrative Response and Documentation:

1. Explain the grading process for each course. How is the final course grade determined? What factors are included? (e.g., exams, homework, skill evaluations, projects, participation?) Include the specifics for each category (number or type, weight, etc.) and explain how points are awarded, a grade is determined, and then combined to arrive at final course grade.

2. In a separate curriculum document, for each course provided by the dental hygiene program, include the course documentation/syllabus that is provided to students. Documentation for each course should be grouped together, in term sequence, and include the following:
   a. course title and number;
   b. course description;
   c. course outline, with topics to be presented;
   d. specific instructional objectives;
   e. learning experiences;
f. evaluation criteria and procedures;
g. example of exam, quiz, and/or rubric as appropriate; and
h. all skill evaluations

Note: For courses required by the dental hygiene program to meet accreditation standards (including pre-requisite courses, or courses presented within other academic departments), please include example syllabi. The site visit team will review the level and scope of content and will determine if a faculty interview is necessary.

Please do **not** include syllabi for courses/content NOT required within the standards such as Medical Terminology, Billing and Coding, Algebra, etc. The Commission will not review these courses.

Complete checklist in Example Exhibit 10 to ensure all components are included (optional).

The curriculum document must include a table of contents with course number and title, and corresponding continuous page numbers. The document should begin with page 1 and be sequentially and continuously paginated to the end of the document. Present course documentation in sequence of presentation and include tabbed dividers between courses with labels within hard copy.

**Exhibit   Curriculum Document**

2-8  The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies. A curriculum document must be submitted for each course included in the dental hygiene program for all four content areas.

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

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

2-8a  General education content must include oral and written communications, psychology, and sociology.
Intent:
These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.

2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.

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

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

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

2-8c Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.

Intent:
These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for assessing, planning and implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.

2-8d Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.

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

2-9 The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.

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

Documentation for Standards 2-8 to 2-9:

1. Outline the sequence of the dental hygiene curriculum as illustrated in Example Exhibit 8

Exhibit 2-10 RSC Sequence of Dental Hygiene Curriculum

2. Using the format illustrated in Example Exhibit 12, list the courses which provide the major instruction in each required content area and specify the number of clock hours of instruction devoted to instruction in that area.

Exhibit 2-11 RSC Major Instruction in Content Areas

Again, please note: For courses required by the dental hygiene program to meet accreditation standards (including pre-requisite courses, or courses presented within other academic departments), please include example syllabi. The site visit team will review the level and scope of content and will determine if a faculty interview is necessary.

Please do not include syllabi for courses/content NOT required within the standards such as Medical Terminology, Billing and Coding, Algebra, etc. The Commission will not review these courses.

2-10 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.

Intent:
Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. The number of
hours devoted to clinical practice time should increase as the students progress toward the attainment of clinical competence.

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

2-11 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

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

Patient Care Competencies

2-12 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.

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

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

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

2-13 Graduates must be competent in providing the dental hygiene process of care which includes:

a) comprehensive collection of patient data to identify the physical and oral health status;

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

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

**Narrative Response and Documentation for 2-13:**

1. List the dental hygiene services students are required to provide clinically in the program. Using the format in Example Exhibit 13, provide a list of the preclinical and/or clinical courses that include major instruction in providing the dental hygiene process of care. If there are no program requirements, describe minimum performance levels for completing the preclinical and clinical courses.

Exhibit 2-12 Pre-Clinical/Clinical Dental Hygiene Services (Example 13)

2. Describe how, and at what intervals, students’ laboratory, preclinical and clinical performance/competency is evaluated.

Students competency is evaluated using various pedagogical methods throughout the laboratory, preclinical and clinical settings. In preclinic students are primarily evaluated using objective detailed process evaluations. Please refer to the process check for preclinic and process evaluations. In DHE132 Dental Hygiene Theory I Lab students are evaluated on a pass/fail basis with 75% as the passing mark. In clinic students are evaluated individual procedures and instrumentation using process evaluations. The competency for each clinic has been established. Students are also evaluated on patient care provided in the clinic using a Clinical Performance Evaluation form. The performance is weighted differently for each clinic.

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

The RSC DH Policy and Procedures Manual outlines retention and promotion in the program. This is presented to the students at a mandatory orientation for the program. Every course syllabus outlines the requirements for that course. Instructors thoroughly review the syllabus and requirements. Students sign a syllabus acknowledgement for each course.
• Achievement of grades no lower than a “C” (75%) in any Dental Hygiene course. Students are responsible for their own learning; however, mechanisms exist to assist the student. When a student has a grade average of 75% or below, the instructor will notify the student through a Letter of Concern and/or during mid-semester conferences. If the student receives such a letter, he/she must make an appointment with the instructor to discuss the problem and identify methods of resolution.

• Should the final grade for the course result in 74% or less, the student will be dismissed from the program. Students are eligible to reapply to the program. Refer to the reapplication policy found in this manual.

• Completion of all written assignments and clinical competencies.

• Program policy states that students will be allowed 2 attempts to pass competency/process evaluations. Remediation will be required following a failure on the second attempt.

Process evaluations and competencies align with the theoretical courses. Evaluations are based on a progression of the students’ skills. Dental hygiene curriculum and skills are introduced to the student and they have an opportunity to practice. A minimum of 75-77% competency is established in the preclinical course. In subsequent courses progression of the student’s skills are evaluated based on them obtaining a higher competency level such as an 85% or 93%. See Exhibit 2.10.1 RSC Clinic Competency and Tracking. Students are required to successfully complete all process/skill evaluations and patient requirements in order to proceed to the next semester.

4. What is the minimum number of acceptable radiographic surveys that each student is required to expose process and mount during the dental hygiene program to demonstrate competence? If the program does not have radiographic requirements, describe how student competence is measured.

Students are required to complete the following number of radiographic surveys while enrolled in the dental hygiene program.

<table>
<thead>
<tr>
<th>Type of Survey</th>
<th>Number of Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Manikin</td>
</tr>
<tr>
<td>FMS</td>
<td>1</td>
</tr>
<tr>
<td>BW – Permanent Dentition</td>
<td>3</td>
</tr>
<tr>
<td>BW – Primary Dentition</td>
<td>1</td>
</tr>
<tr>
<td>Panoramic Exposure Competency</td>
<td>1</td>
</tr>
<tr>
<td>Occlusal Images</td>
<td>1</td>
</tr>
</tbody>
</table>

5. Describe how faculty instruction and evaluation are provided to students throughout all radiographic experiences.

Every radiographic image acquired in lab and during clinical sessions is first self-evaluated by the student and then evaluated and graded by an instructor. During clinic sessions and using the Radiographic Requisition Form, students assess the patient’s medical and radiographic history, confirm the planned exposures with the dentist and acquire images. Students must have the radiographic images evaluated for retakes. If retakes are determined necessary for diagnostic evaluation faculty must be present when students retake radiographs. The student then self-
evaluates exposures noting all errors and appropriate corrections and submits the form for instructor grading. Students receive copies of all their Radiographic Requisition Forms for their records and to assist in determining areas of weakness and growth.

During radiology lab faculty sit individually with the student to review radiographs and evaluation with the radiographic requisition form.

Additionally, a designated faculty member is assigned to the radiography area for all clinic sessions. This individual is available exclusively to assist those students making radiographic exposures, evaluate student self-assessment of images, and make a final grade determination of exposures.

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

Students complete most of their assessments and patient recording data in Dentrix Software. Dentrix will be available on site. This exhibit includes paper documentation that is used in clinic

Exhibit 2-13  Patient Chart forms

2-14 **Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.**

**Intent:**

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

**Narrative Response and Documentation for Standard 2-10, 2-11, 2-12 and 2-14:**

1. **List all courses that include clinical practice hours.**

The following courses have clinical practice hours:
DHE133 Dental Hygiene Clinic I
DHE213 Dental Hygiene Clinic II
DHE233 Dental Hygiene Clinic III

The dental hygiene curriculum incorporates dental hygiene theory, lab and clinical experiences across all four semesters of the program. DHE120 Preclinical dental hygiene is the introductory dental hygiene course the first semester. This course encompasses a total of 12 hours per week in lecture and lab format. The second semester students begin their clinical experiences in DHE133 Dental Hygiene Clinic I. This clinic course encompasses 10 hours of clinic time per week. It is supported by the course DHE132 Dental Hygiene Theory which is a
lecture and lab format. Students meet for two hours of lecture and approximately 3 hours of lab per week. The students matriculating into their senior year begin the third semester of the program with DHE212 Dental Hygiene Theory II a two-hour lecture course and DHE213 Dental Hygiene Clinic II that provides 16 hours of clinical time per week. Advanced periodontics and reevaluation of care is introduced. This clinic involves a higher difficulty of patients, advanced instrumentation concepts and building upon the learning in the prior two semesters. Local anesthesia is incorporated into the clinical experience as they complete competencies in lab for DHE227 Dental Anesthesia. The culmination of the dental hygiene curriculum is in the fourth semester with DHE223 Dental Hygiene Theory III a 3-hour lecture course that covers special needs and diverse patient populations. This is supported by a DHE233 Dental Hygiene Clinic III course in which students prepare for clinical examinations by seeing difficult patients and reevaluate care. They work on time management with light calculus patient requirements and meet requirements to reinforce diverse populations and special needs.

Students must complete clinic requirements in order to matriculate to the next semester. Course instructors may grant an incomplete for clinic requirements however they must be met within an established timeframe the next semester. See exhibit 2-15 for RSC Clinical Experiences.

Exhibit 2-7  Fall 1st Semester
Fall 4th Semester
Spring 2nd Semester
Summer 3rd Semester

Exhibit 2-14  RSC Clinic Competency and Process Evaluations (see exhibit 2-9 for actual evaluation forms)
Exhibit 2-15  RSC Clinical Experiences

2. How does the program track the number of hours each student spends in clinical practice?

Attendance is mandatory for all clinical sessions. Students complete a Clinical Performance Evaluation (CPE) for each patient. At the top of the form students are required to document their hours spent in patient care. Faculty must sign off on the time. Students downtime is also tracked on the Professional Characteristics form. This form is required for each session and downtime is recorded.

3. Describe the mechanisms used to ensure each student achieves clinical competence and develops appropriate judgment. Provide as an exhibit the monitoring mechanism used to track student clinical experiences in all patient care categories.

Students competency is evaluated using various pedagogical methods throughout the laboratory, preclinical and clinical settings. The program uses an integrated approach to assure student clinical competence and appropriate judgment.
All students are monitored throughout their course of study for attainment of clinical competence and use of appropriate judgment. A number of clinical forms are used throughout the curriculum to evaluate the student’s current levels of skill and professionalism.

Professional Characteristics Form: This form allows the student to self-assess and faculty to evaluate behavior on several factors relating to professional responsibility. This form is used for every lab and clinical session in which the student participates.

Clinical Performance Evaluation: This grading form is used during all clinical patient care. The student is evaluated on all factors relating to patient care and assigned a grade at the conclusion of treatment. A minimum grade of 75% must be achieved. The CPE form is weighted per semester to show development of student’s skills.

Competency Evaluations: These step-by-step skill sheets are used to evaluate the student’s attainment of skills relating to patient care. The criteria are evaluated as being Acceptable – 2 points, Improvable – 1 point, or Unacceptable – 0 points. Instructor comments are made for all areas deemed “improvable” or “unacceptable”. Each of the various skills have minimum passing scores, however all skills require increasing competence in subsequent semesters.

Midterm Conferences: The instructor meets with each student for a 15-minute conference at the mid-point of each clinical semester. Student progress, attainment of goals, self-assessment and skill level are discussed. Recommendations for improvement are incorporated into individual and personalized goals. Strengths are identified and utilized to attain set goals.

Clinical Focus Group: At the beginning and end of each clinic session, students and their assigned faculty meet to discuss daily goals and planned activities. Students can share experiences, verbalize areas of concern, and offer peer support under faculty guidance. The focus group allows the clinical faculty member an opportunity to appraise the student’s level of professional judgment as it relates to their expected clinical skill level.

Enriching Clinical Experiences: Through a variety of enriching clinical experiences the student’s skills are expanded and improved upon. Each student participates in a defined number of extramural experiences under the guidance of clinical faculty and calibrated site supervisors.

Exhibit 2-16  DHE Clinic Tracker
   2-9  Clinical Performance Evaluation
       Professional Characteristics Form

4. For patient care procedures taught to clinical competence, describe performance level expectations at the beginning and end of students’ clinical experiences.

At the beginning of the student’s clinical experiences students’ performance level expectations are novice level with the minimum competency set at 75-77%. As they progress the competency level increases to 85%, 93% or 100%.
Students clinical performance for patient care provided in the clinic is evaluated using a Clinical Performance Evaluation form. The performance is weighted differently for each clinic showing a progression of skills.

Exhibit 2-17  CPE Key Clinic I  
CPE Key Clinic II

5. Briefly describe the patient care category systems used by the program?

Established classifications for patients can be found in the clinic manual and clinical course syllabi. Age categories, calculus classifications and special health care needs are all well-defined.

**Age Class**
- Infant/Toddler: 0-3
- Child/Pedo: 4-11
- Adolescent: 12-17
- Adult: 18-61
- Senior/Geriatric: 62+

**Calculus Definitions**
- **Supragingival calculus** – calculus above the free gingival margin is typically not charted BUT may be in required to chart in Clinic I
  - Distinct deposit with significant bulk
  - Fine, granular, grainy
  - Slight vibration felt with explorer
  - Detectable with air
- **Subgingival calculus** – calculus formed below the free gingival margin and IS chartable in the RSC dental clinic
  - Distinct deposit with significant bulk
  - Impedes or “binds” explorer
  - Significant nodular formations
  - Subgingival interproximal deposit that can be detected from the lingual and/or facial

**Patient Calculus Classification**
All supragingival and subgingival calculus, whether charted or not, must be removed at time of scale check.
Calculus classification is determined on subgingival calculus.

- **Child**: If subgingival calculus is present, patient may be placed in an appropriate classification
- **Light**: 18 or fewer clicks of subgingival calculus in 4 quadrants
- **Moderate**: 18 clicks of subgingival in 2 quadrants
- **Heavy**: 18 clicks of subgingival calculus in 1 quadrant

**Periodontal Case Type Classification**
RSC Clinic uses the American Academy of Periodontology’s (AAP) Classification of Periodontal Diseases and Conditions as a system for disease classification. Students will be able to recognize between gingival and periodontal diseases and determine the severity and complexity of periodontal disease. See the RSC Clinic Manual on pages 34-35 for details.

Special Health Care Needs Definition
Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be developmental or acquired and may cause limitations in performing daily self-maintenance activities or substantial limitations in a major life activity. Health care for individuals with special needs requires specialized knowledge, increased awareness and attention, adaptation, and accommodative measures beyond what are considered routine.

Students are responsible for finding their own patients for each clinic session. The dental hygiene program has been well established for the past 20 years. Established procedures and guidelines have been as follows. The Rio Salado Clinic patient base is available to all students. The front office assistant alerts all students of patients interested in making an appointment. Every student completes screening rotations in clinic. See the next exhibit for clinic tracking experiences.

6. **Summarize the program patient care requirements including average, minimum and maximum degrees of difficulty for each patient category. If the program does not have patient category requirements, describe how student competency is measured.**

The dental hygiene program has established patient care requirements for each clinical semester. Patient requirements for Clinic I are pediatric, adolescent, senior and special needs. Both Clinic II and Clinic III have senior and special needs patient requirements. Students must meet patient requirements for each semester. See exhibit 2.10.2 for requirements based on each clinic semester and see exhibits 2.12.1 for the past two years of graduating classes.

Exhibit 2-15  RSC Clinical Experiences
Exhibit 2-18  Clinic Tracking_2018
  Clinic Tracking_2019

7. **If applicable, identify the course(s) in which enriching clinical experiences are scheduled (off-campus). Include the specific learning objectives and a description of the manner in which the experiences are evaluated. Identify the individuals who participate in supervision and evaluation of dental hygiene students at enrichment sites.**

Enriching clinical experiences are scheduled in the following courses:
<table>
<thead>
<tr>
<th></th>
<th>DHE 133 DH Clinic I</th>
<th>DHE213 DH Clinic II</th>
<th>DHE233 DH Clinic III</th>
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</thead>
<tbody>
<tr>
<td>Dignity Health</td>
<td></td>
<td></td>
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<tr>
<td>Chandler CARE</td>
<td></td>
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<tr>
<td>Clinic</td>
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<tr>
<td>Give Kids A Smile</td>
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<tr>
<td>Rio Salado Clinic</td>
<td></td>
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<tr>
<td>St Joseph’s Hospital Rotation</td>
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<tr>
<td>Special Needs</td>
<td>Special Needs</td>
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<tr>
<td>Interprofessional</td>
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<tr>
<td>ASDOH Special</td>
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<tr>
<td>Needs Clinic</td>
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<tr>
<td>St. Vincent de Paul Dental Clinic</td>
<td></td>
<td>Diverse Populations</td>
<td>Diverse Populations</td>
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<td></td>
<td></td>
<td>Interprofessional experience</td>
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</table>

Students complete rotations at Dignity Health CARE Clinic and St. Vincent de Paul are scheduled during clinic times. For the St. Vincent de Paul Dental Clinic faculty attends with four students at a time provide dental hygiene services to an underserved patient population presenting with a broad range of periodontal health. Students work under the supervision of Rio Salado College School of Dental Hygiene faculty who accompany them on every rotation. Students attending the Dignity Health CARE Clinic are supervised by registered dental hygienists at the clinic who are versed in working with students. They are listed as contingent employees with Rio Salado College but are not clinic calibrated faculty.

Students provide dental cleanings, fluorides, sealants, and oral hygiene instructions during our annual Give Kids A Smile event in June. This is an opportunity for the college and students to provide community service. Students provide care under the supervision of RSC clinic faculty but not evaluated at this event.

St. Joseph’s Hospital & Medical Center rotation: Two students attend this rotation two days per semester. This is not scheduled during the student’s clinic time. Students are supervised by an RSC faculty. An evaluation is completed by the supervising faculty.

Arizona School of Dentistry and Oral Health Special Needs Clinic: Two students attend during an off clinic day. Students are supervised by a registered dental hygienist who is employed at ASDOH and is also an adjunct clinical faculty at RSC.

The specific learning objectives for these rotations include:

- Provide dental hygiene therapy for patients from diverse populations.
- Observe and participate in health promotion activities in a community-based setting.
- Develop communication and interprofessional skills with members of the healthcare profession.

Students are evaluated based on the site as an enrichment experience adding to their learning.
Please see exhibit 2-19 for the evaluation forms.

Exhibit 2-19 Clinical External Rotation Enrichment Experience Form
MCCCD Student Evaluation

8. Provide actual clinical rotation schedules for the current classes of dental hygiene students (for each campus site) as an exhibit, including any clinical education provided off-campus and enrichment rotations.

Exhibit 2-20 Clinic Rotation Schedules

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-10, 2-11, 2-12, and 2-14 in the Accreditation Standards for Dental Hygiene Education Programs.

2-15 Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care.

Intent:
The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs). Students should understand the roles of members of the health-care team and have educational experiences that involve working with other health-care professional students and practitioners.

Narrative Response:

1. Describe the ways by which students demonstrate effective interpersonal communication skills during patient interactions and with other members of the health care team.

The ability for students to demonstrate effective interpersonal communication is predicated on the prerequisite communication course. Using this educational experience as a springboard, students can demonstrate effective interpersonal communication skills during patient interactions in several ways.

DHE120 Preclinical Dental Hygiene, DHE127 Prevention of Dental Disease and DHE115 Emergency Medicine are the preclinical courses that lay the foundation for communication skills. By working with fellow classmates as both operator and patient, the student is continually challenged to modify and improve their communication skills. In DHE127 students are introduced to the concepts of patient motivation and communication. This expands individual thinking to include a more diverse and global population. In DHE115 student’s role play scenarios in developing communication skills between operator and patient incorporating open-ended questions. DHE132 Dental Hygiene Theory I lab expands upon the preclinical courses and incorporates rotations in lab to build on the communication skill set.
Daily, the student communicates with peers, faculty, staff and patients in the course of patient care. This interaction is evaluated each time a student is in clinic using the Professional Characteristics form. The quality of their skills in dealing with interpersonal relationships, patient communication, and acceptance of constructive criticism are assessed and discussed.

Faculty also observe the student’s communication skills in a one-on-one situation when the student requests to have specific skills evaluated using designated Process Evaluation Forms. The Medical History, Oral Hygiene Home Care Plan Parts I and II and Case Presentation skills involve extensive communication between student and patient.

By participating in a variety of community activities and enriching clinical experiences throughout the program, the student is challenged to engage in meaningful interpersonal communication while interacting with a broader segment of healthcare providers. An objective of the enrichment experiences is to develop communication and interprofessional skills with members of the healthcare profession. This is evident in the student’s rotations in the hospital.

2. How do students demonstrate competence in communication skills?

Students demonstrate competence in communication skills by successfully completing the process evaluations for Medical History, Oral Hygiene Care Plan Part I and II, and Case Presentation.

Communication is assessed on a continuing basis in clinic and lab sessions through the Professional Characteristics form. See Professional Characteristics form No 2: Interacts in a positive, professional, and accepting manner. Demonstrates tact and sensitivity to others. Patient interaction reflects cultural sensitivity. Accepts feedback in a non-defensive manner.

Students are evaluated during their enrichment experiences on their communication. “Communicated effectively with patients and staff.”

2-16 Graduates must demonstrate competence in:
   a) assessing the oral health needs of community-based programs
   b) planning an oral health program to include health promotion and disease prevention activities
   c) implementing the planned program, and,
   d) evaluating the effectiveness of the implemented program.

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

Narrative Response:

1. Describe the effectiveness of community dental health instruction and learning experiences prepare students to participate in community-based oral health programs.
Program graduates are deemed competent to participate in community-based oral health programs through instruction and evaluation mechanisms presented primarily in DHE229 Community Oral Health. This course provides students with instruction for and examples of assessing, planning, implementing, and evaluating community health programs for various populations. Students participate in a comprehensive project that requires them to apply this knowledge to a real-life situation. Working in groups, students create community-based projects that are designed to meet an identified need. Presentations are made to the class upon completion of the project in order to learn from others. Additionally, students are required to participate in at least 40 hours of community service activities while enrolled in the program. This comprehensive exposure to each facet of community dental health allows students to gain appreciation for the process involved in achieving successful outcomes.

Exhibit  Curriculum Document DHE229 Community Oral Health Syllabus

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-16 in the Accreditation Standards for Dental Hygiene Education Programs.

2-17  Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

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

Narrative Response:

1. Describe how medical emergency training prepares students to provide appropriate life support measures.

Student competency in providing appropriate life support measures for medical emergencies begins with the application process. Applicants are informed that proof of certification in cardiopulmonary resuscitation (CPR) for the healthcare provider is required prior to enrollment and must remain current throughout the duration of the program. The program maintains a record of CPR expiration dates and reminds students to recertify as the date approaches.

In students’ preclinical courses DHE120 Pre Clinic Dental Hygiene and DHE115 Emergency Medicine they are introduced to the program policies and procedures for medical emergencies. Students can practice procedures learned including obtaining a medical history, blood pressure measurement, use of oxygen tanks, and review of the medical kit. In DHE120 Preclinic lab, students demonstrate competency on blood pressure measurement and oxygen administration.

The emergency protocol is reviewed at the beginning of each clinic semester and during the lab portion of DHE227 Dental Anesthesia.
Students are also required to assess oxygen levels in each of the rescue tanks when assigned to clinic assistant duties during clinic sessions thereby maintaining ongoing competency.

Exhibit 2-21  Oxygen Process Form

2-18 Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program’s state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

Intent: Functions allowed by the state dental board or regulatory agency for dental hygienists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the length and scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.

Narrative Response and Documentation:

1. Summarize the additional dental hygiene functions allowed in your state that are included within initial hygiene licensure and do not require additional certification. Please omit any dental assisting or laboratory functions allowed within initial dental hygiene licensure.

Local Anesthesia and Administer Nitrous Oxide Oxygen Analgesia

2. Provide as an exhibit the appropriate pages of the state dental practice act or regulatory code and corresponding administrative code related to dental hygiene.

Exhibit 2-22  AzDPA 32-1281
AzDPA 32-1289
State BODEX – admin code

3. Using the format illustrated in Example Exhibit 16, list the additional dental hygiene functions specified within your state DPA and the courses where content is presented and levels of competence demonstrated.

Exhibit 2-23  RSC Exhibit 16

4. Using the format illustrated in Example Exhibit 17, indicate the additional dental hygiene functions are allowed within your state and whether
instructional level, depth and/or scope is specified within the DPA. Do not include any requirements for post-graduation or optional certifications.

Exhibit 2-24 RSC Exhibit 17

5. Please describe any state-specific situation concerning additional dental hygiene functions that has not been addressed in the exhibits.

Use of emerging scientific technology (laser) and placing interim therapeutic restorations are allowed upon completion of a course of study. There are no specific state certifications required.

Ethics and Professionalism

2-19 Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.

Intent:
*Dental hygienists should understand and practice ethical behavior consistent with the professional code of ethics throughout their educational experiences.*

2-20 Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Intent:
*Dental hygienists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.*

Narrative Response and Documentation for Standard 2-19 and 2-20:

1. Discuss opportunities for students to demonstrate competence in applying knowledge of legal and regulatory concepts.

Professional judgment and ethical conduct are emphasized throughout the curriculum. Students receive ongoing instruction and guidance on expected behaviors and responsibilities beginning with our policy and procedures manual and in DHE120 Preclinical when the ADHA Core Values are introduced. Students assume responsibility for their professional judgment and ethical conduct mainly through the self-assessment portion of the Professional Characteristics (PC) form. This form is utilized in every semester each time a student participates in a preclinical, clinical, or lab activity. The purpose of the PC form is to help the student reflect on their behaviors with patients, peers, faculty, and staff.

The professional characteristics value highlights the importance of the clinician’s behavior as a licensed healthcare professional working on the public.
2. Discuss the effectiveness of ethical concepts presented in allowing students to examine, define, and analyze ethical problems relevant to dental hygiene.

In DHE219 Practice Management students explore the resolution of professional ethical dilemmas. Using case studies, students work through a five-step process to determine a course of action. The Arizona Dental Practice Act is also presented, and students complete an extensive jurisprudence study guide in preparation for the state jurisprudence examination. See separate curriculum document: DHE219 Practice Management Syllabus

Critical Thinking

2-21 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

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

2-22 Graduates must be competent in the evaluation of current scientific literature.

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

Narrative Response for Standard 2-21 and 2-22:

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

Students are exposed to and study current literature throughout the dental hygiene curriculum. Several of the courses require students to compile written reports based on set criteria, which include the most recent literature, while other courses use current dental journal literature to augment material presented in lecture, lab, or clinic. The students undergo formal instruction on critical review of scientific literature in the Prevention Course and statistical analysis in the Community Oral Health course.

Students are deemed competent in scientific literature and life-long learning by successfully completing the planned instructional activities outlined in DHE127 Prevention of Dental Disease and DHE229 Community Oral Health. See separate curriculum document for course syllabi.

2-23 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

Intent:
Critical thinking and decision making skills are necessary to provide effective and efficient dental hygiene services. Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills.

Narrative Response:

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

Competency in the development of problem solving and critical thinking skills related to dental hygiene care and management of patients is gained throughout the entire curriculum. Each dental hygiene course contributes to the development of these skills. The program uses a number of measures to determine competency in problem-solving related to comprehensive patient care including writing papers exploring individual performance on clinical self-assessment, the Clinical Performance Evaluation (CPE) form used during all patient treatment, the case documentation project, case studies, treatment planning, case presentations, partner patient experiences, and off campus enriching clinical experiences. Successful completion of all requirements of each course in the curriculum affirms that students have attained the appropriate level of competency in critical thinking and decision-making.

Curriculum Management

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

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

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

Narrative Response and Documentation:

1. Please provide a copy of the program’s curriculum management plan (CMP) and provide a description of how the CMP is utilized for curriculum review and evaluation.
The mechanisms used for our outcome assessment plan are also used for our curriculum management plan. The dental hygiene program has developed a curriculum management plan designed to include input from students, faculty, administration, advisory council, and the Maricopa Community College District’s instrument for curriculum modifications and evaluation. The Maricopa County Community College has a district policy for management of curriculum that is incorporated into the program’s CMP in order to align with the shared curriculum of Phoenix College and Mesa Community College’s dental hygiene programs.

Mechanisms to review and evaluate the curriculum take place through an ongoing, year-round process. Multiple sources of feedback are used to make modifications and improve teaching and learning. Examples of feedback sources include faculty meetings, course competency evaluations, graduate surveys, patient feedback surveys, and employer and alumni surveys.

Exhibit 2-25 RSC Curriculum Management Plan

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

The faculty has a variety of methodologies as inclusion in the curriculum process through syllabus, course review reports, and the various faculty meetings. Faculty are encouraged to complete a formal end of semester course review. This review is designed to reduce content repetition, review program competencies, assess teaching methodology, and determine mechanisms for course improvement. Results from the course evaluations are evaluated by the program director and then shared to make necessary course modifications or curriculum changes. Adjunct faculty attend weekly clinic calibration meetings and the bi-annual All Faculty Meetings in which student learning and instruction is discussed. Independent faculty meetings are also conducted on an as needed basis. Full time course instructors for first year and second year clinics routinely meet to distribute and evaluate student learning across the curriculum.

Faculty teaching courses are involved in the curriculum review process. Faculty from Rio Salado College teaching courses that are on the cycle for review and modifications meet with faculty from Phoenix College and Mesa Community College to review and submit competency and course outline modifications.

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

Students have input via course competency assessments and graduate exit surveys. Students evaluate how well they have met a competency for the course. The course competency evaluations are reviewed by the program director. See the course competency tracking form included as a Standard 1-1 exhibit.

At the college level, administrators involved in the curriculum process include the Dean of Instruction and the Vice President of Academic Affairs. The Dean supports any curricular changes related to workforce development and the VPAA is the overall authority for academic affairs and supports improvements in teaching and instruction. Rio Salado College has a small
cohort of Faculty Chairs who meet bi-monthly where general education and college wide outcomes are discussed input is made. The curriculum department and the institutional research department have been included as agents in the support of curriculum and the review process.

External sources that have input include our alumni through the alumni survey and advisory council members through the annual meetings.

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

The dental hygiene courses are evaluated in relation to program goals through the Outcomes Assessment Plan. Student’s performance is used to measure the extent that the course content meets the stated goals and competencies. Evaluation tools at the course level may include quizzes, exams, case studies, and projects. Course competency evaluations completed at the end of the semester are reviewed by the course instructor and program director.

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

The dental hygiene curriculum’s evaluation is ongoing and begins on at the course level. Utilizing course evaluations, syllabus review, and faculty end of semester reports. The faculty and program director review the efficacy of the courses and their assessments. Review of NBDHE exam results as well as alumni, exit and other surveys occurs in the next phase. Data is gathered, reviewed and analyzed and aligning it to the program competencies and goals. The next step occurs at the district level. The Maricopa Community College Dental Hygiene Program share the same curriculum. Our curriculum review is on a systematic cycle determined by the Oral Health Instructional Council. Faculty who teach dental hygiene courses meet and review the courses scheduled. Curriculum is coordinated and processed at the district by the Center for Curriculum Articulation Transfer. This ensures alignment with state articulation and transfer agreements. Curriculum is approved by faculty, instructional councils, Vice President of Academic Affair’s and the Governing Board. Exhibit 2-26 shows the courses that have been reviewed and the curriculum processed since 2016. The Oral Health Instructional Council is committed to systematic review of the curriculum for the dental hygiene program.

Exhibit 2-26  MCCCD Curriculum Review Cycle

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

Coordination of instruction among dental hygiene faculty members and other faculty who teach dental students is accomplished through a variety of methods. Dissemination of the information occurs through weekly email updates sent to faculty and weekly calibration meetings held every clinic session. Faculty are paid for 30 minutes calibration sessions at a time determined by the course instructor. Biannually all faculty meet during Rio Salado College’s All Faculty Meetings. During the department breakout sessions, a review of
outcomes assessment with time for faculty input is included in the agenda. Open communication between all dental hygiene faculty is reliable and consistent.

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

There are no faculty at distance sites.

8. As an exhibit, include examples of minutes of meetings held during the past academic year where curriculum was reviewed. The meeting minutes should include names and titles of all present; agenda items covered; outcomes and assignments based on meeting with timelines.

Exhibit 2-27 Faculty Meetings

9. Describe the mechanism(s) to ensure calibration of dental hygiene faculty for student clinical evaluation.

Weekly email correspondence is sent to clinical adjunct faculty. Calibration sessions are scheduled each clinic session before, at lunch, or after clinic. Faculty are required to attend and are compensated for the 30 minute calibration session. Please see the exhibits for an example of the weekly emails and calibration session agendas. Attendance is not taken since the weekly calibration meetings occur on clinic days. Please see the clinic schedule for faculty attendance. In exhibit 2-28 are examples of email communication, meeting calibration notes, and instructional information.

10. As an exhibit, provide a list of clinical faculty calibration sessions, including the session dates, faculty in attendance, topics and improvements made to the student clinical evaluation process.

Exhibit 2-28 Clinic Calibration – 1st year
Clinic Calibration – 2nd year
STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

3-1 The program must be a recognized entity within the institution’s administrative structure which supports the attainment of program goals.

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

**Narrative Response and Documentation:**

1. **As an Exhibit, provide the most recent organizational chart for the institution indicating the position of the dental hygiene program in the administrative structure.**

   Exhibit 3-1  
   RSC Organizational Chart 2020  
   RSC Organizational Chart Dental

2. **Describe the opportunities for direct communication between the dental hygiene program director and the institutional administrators who are responsible for decisions that directly affect the program.**

   The college recognizes the importance of the program director’s input and influence on decisions that directly impact the program, its students and our accreditation. As demonstrated on the Rio Salado College Organizational Chart, the program administrator has direct opportunities to communicate with the Dean, Vice President of Academic Affairs and President. Rick Kemp, Dean of Instruction, has a history with the dental programs that began with the start of the dental hygiene program. He is collaborative with the program director in presenting needs of the program to the Vice President of Academic Affairs and President. Communication with institution administration is effective and productive.

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

   The dental hygiene program administrator, instructional coordinators, instructor, and adjunct faculty have many opportunities to participate in decisions that directly affect the program. Examples include weekly faculty calibration meetings where faculty are provided with the opportunity to make recommendations, monthly dental hygiene staff meetings, bi-annually all faculty meeting, and participation in the Maricopa Community College District Oral Health Instructional Council. The dental hygiene program has the autonomy to make curriculum changes in coordination with the other two district dental hygiene programs. The dental hygiene program is also directly involved in any hiring of staff and adjunct faculty. The
director has meetings with Rick Kemp the Dean of Instruction and is involved with the budgetary process.

4. Provide minutes from the two most recent faculty meetings.

Exhibit 3-2 2019 Fall minutes
2019 Spring minutes
2020 Spring minutes

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

The dental hygiene program has membership in college-wide committees that have direct impact on program decisions. Rio Salado College Faculty Chairs hold bi-monthly meetings to establish policy and procedures for instruction and learning. Faculty serve extensively on college committees. Information regarding college policies and procedures are disseminated via faculty chair meetings, Development Team meetings, President’s bulletin, Governing Board meeting minutes, and email.

Program Administrator

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

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

Narrative Response and Documentation:

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

The program administrator has a full-time residential faculty appointment as defined by the college and MCCC that allows time for operation, supervision, evaluation, and revision of the program. The MCCC Residential Faculty Policies (RFP) Manual 2017-18 delineates the amount of teaching responsibility for all faculty members.

5.3.1 A full-time load for an instructional Faculty member will be thirty (30) load hours per fiscal year. Satisfying Residential Faculty minimum instructional load requirements takes priority over instructional load assigned to adjunct faculty, give comparable qualifications. Instructional load will normally be split between two (2) consecutive semesters. Exceptions to this norm will be permitted by mutual agreement between the Faculty member and the
appropriate Vice President. Lecture hours are to be on a one-to-one basis. Laboratory hours are to be counted as 0.7 of a lecture hour. Laboratory hours are those clock hours that exceed the credit hours for a particular course. P.E. activity classes will be given 0.75 instructional load for each instructional period.

While we are governed by the MCCCD RFP, faculty chairs at Rio Salado College are administratively appointed and report directly to the Vice President of Academic Affairs. Faculty Chairs operate systemically, as a community, to provide instruction and leadership. This definition of our roles and responsibilities establishes a framework for Faculty Chair accountability in a culture of flexibility and innovation.

For Rio Salado College faculty core load of 15.0 per semester is comprised of work in one or more of the following categories:

- **Instructional Leadership**
  - Maintain and improve quality instruction
  - Manage departmental affairs

- **Service**
  - Counseling
  - Library

- **Teaching**

- Special assignment by RSC Administration

Faculty may work up to 7.5 additional overload hours. The online Semester Load/Overload Request form is used to determine the 15.0 core load-hour responsibilities, as well as additional duties and compensation for work done beyond the 15.0 load hours.

Exhibit 3-3MCCCDD Residential Faculty Policies 2017-18

2. **Describe how the program administrator’s teaching contact hours and course responsibilities allow sufficient time to fulfill administrative responsibilities.**

3. **Compare the program administrator’s teaching contact hours and course responsibilities with those of full-time instructors who have no administrative responsibilities.**

Full-time instructors in the dental hygiene program are classified as Management, Administrative & Technological (MAT) or Non-exempt employees and subject to the policies established for this group. MAT employees adhere to a forty-hour work week. As Faculty, the program director is subject to the policies developed for that employment group.

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

All institutional policies involving program administrators are fully and consistently applied to the dental hygiene program.
5. Compare the program administrator’s teaching contact hours and course responsibilities with administrators of other programs in the institution.

The program administrator’s teaching load is governed by the MCCCD Residential Faculty Policies. Prior to each semester the program director meets with the Faculty Chair who oversees faculty, or the Vice President of Academic Affairs to review the overload contract. It is at this time that college administrators ensure fair and consistent application of loading as compared to other occupational program administrators.

6. If off-campus sites are utilized, identify the distance site coordinator, if different than the program director, and provide documentation describing the job responsibilities of the distance site coordinator.

Off-campus sites are not utilized.

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 3-2 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

**Documentation:**

1. Using the format illustrated in Example Exhibit 15 (Biosketch), provide information requested for the program administrator.

Exhibit 3-4 Harper Bio sketch

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

a) curriculum development, evaluation and revision;

b) faculty recruitment, assignments and supervision;

c) input into faculty evaluation;

d) initiation of program or department in-service and faculty development;

e) assessing, planning and operating program facilities;

f) input into budget preparation and fiscal administration;

g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
Narrative Response and Documentation:

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

The program administrator is charged with full authority of and administrative duties for the dental hygiene program. Section 5.4.1 in the RFP Manual states that faculty Accountability/Professional Responsibilities include:

Instructional Residential Faculty members are accountable to meet thirty (30) hours of professional responsibilities per week.

- to meet all classes as scheduled;
- to be in residence as defined in Section 1.2.
- to hold a minimum of five (5) scheduled academic support hours reflective of the Faculty member's teaching schedule, and to post the time and location of scheduled support hours so that they are publicly accessible to students;
- to participate in department, division, college, and/or District activities as defined in Section 1.2 and other assignments made pursuant to 5.4.7; and
- to participate in a combination of the areas outlined in Section 3.5 and Section 3.6 as listed below
- Instructional Faculty reassigned to perform work other than teaching classes shall be accountable for two (2) hours per week for each load hour of reassigned time.

The Department/Division Chair and the Faculty member, in consultation with the appropriate administrator, will determine assignments with the final approval of the College President. Faculty members will be permitted to teach hours in the evening/weekend program to make their load.

All Faculty shall meet their hours of accountability/professional responsibilities within the parameters of the day program as defined in Section 1.2 unless initially hired under different circumstances or amended by mutual consent.

Occupational Program Directors: Those Faculty members who are responsible for coordinating approved occupational programs may receive remuneration or reassigned time as determined by the College President. If reassigned time is taken, the Faculty member will not teach on an overload basis during the day program without approval by the appropriate Vice President.

Occupational Program Directors who supervise and evaluate Faculty shall be compensated at the rate of one percent (1%) of the schedule base for each Residential Faculty member teaching within the program. Occupational Program Directors who supervise and evaluate Adjunct Faculty shall be compensated at the rate of one-half percent (1/2%) of the schedule base for each Adjunct Faculty member teaching within the program. Only the Occupational
Program Director or the Department/Division Chair responsible for supervising and evaluating Faculty and/or Adjunct Faculty shall be compensated for those duties, not both.

In situations where Faculty and staff are not supervised by a Department/Division Chair and are supervised by the Occupational Program Director, the Occupational Program Director is accountable for the supervision or management of an academic program within the college including all duties and responsibilities articulated in the College Plan. In no case should both a Chair and an Occupational Program Director perform these duties simultaneously and only one of either the Chair or the Occupational Program Director shall receive remuneration for these duties.

Depending upon the semester, the dental hygiene program administrator teaches approximately 3.0 – 6.0 load hours while the remaining 18 to 24 hours per week is spent performing administrative duties for the dental hygiene program that include curriculum issues, faculty hiring and evaluation, faculty development, operation of facilities, budget process, student admissions, and promotion and retention issues. In addition to program responsibilities and duties the dental hygiene program administrator is active and serves on various college and district committees.

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

There is no formal arrangement for sharing administrative responsibility.

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

Each fall the fiscal director solicits the college’s departments for feedback and budget requests through a budget request template. The program director works with the fiscal director, Dean of Instruction and Vice President of Academic Affairs on requests for the dental hygiene program. They are submitted to the fiscal director who complies all the requests and submits them on behalf of the departments. Requests for budgetary increases and additional line items are submitted and considered by the College and due in October. The MCCCD Governing Board approves the budget for each college in late spring. The program administrator actively participates in all aspects of fiscal administration on behalf of the dental hygiene program.

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

Distance education sites are not utilized.
Faculty

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

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

Narrative Response and Documentation:

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

The dental hygiene program is allocated three (3) FTE instructional positions. There are no vacancies.

2. As an exhibit, list full- and part-time faculty and their assigned courses.

Exhibit 3-5  RSC Faculty Teaching Assignments
MCCCD adjunct_faculty_handbook

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

The program currently fills 59% of its instructional needs with adjunct faculty and 41% with FT employees. Use of adjunct faculty in the dental hygiene program is consistent with Rio Salado College faculty policies.

Since the College’s inception, a small cohort of residential faculty have served as faculty chairs (20-25) and provided instructional leadership for a growing cohort of adjunct faculty (1,605 in 2017-18) who teach most of the College’s courses. As a result, Rio Salado has a very well-developed adjunct faculty hiring, orientation, development, and support model. The College takes the responsibility of Quality Assurance very seriously in this regard and has multiple processes and measures in place to demonstrate the success of this model.

4. Using the format illustrated in Example Exhibit 14, provide information requested for each dental hygiene faculty member for each term of the academic year. Submitted information must be for all part- and full-time faculty members. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member’s total time commitment per term).

Exhibit 3-6  RSC Fall Academic Term Exhibit 14
RSC Spring Academic Term Exhibit 14
5. Indicate those individuals who have additional teaching and/or administrative responsibilities within the institution and describe the extent of these responsibilities.

The faculty chair has additional administrative institutional responsibilities. As part of a small cohort of residential faculty all Rio Salado College faculty serve on college wide committees and district committees.

The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. In preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one faculty for every five students. In laboratory sessions for dental materials courses, there must not be less than one faculty for every ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

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

Narrative Response and Documentation:

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

The MCCCD Residential Faculty Policies (RFP) Manual 2017-2018 details the institutional policy on teaching load:

Faculty Member Load: A full-time load for an instructional Faculty member will be thirty (30) load hours per year. Satisfying Residential Faculty minimum instructional load requirements takes priority over instructional load assigned to adjunct faculty, give comparable qualifications. Instructional load will normally be split between two (2) consecutive semesters. Exceptions to this norm be permitted with mutual agreement between the Faculty member and the appropriate Vice President. Lecture hours are to be on a one-to-one basis. Laboratory hours are to be counted as 0.7 of a lecture hour. Laboratory hours are those clock hours that exceed the credit hours for a particular course. P.E. activity classes will be given 0.75 load for each instructional period.
The RFP includes details faculty load for large classes and specific courses. See the semester schedules for faculty assignments and student ratios

Exhibit 3-7  
Fall 1st Semester  
Fall 4th Semester  
Spring 2nd Semester  
Summer 3rd Semester

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

The teaching policy for the dental hygiene program is in accordance with the institution’s general policy.

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

According to the RFP Occupational Program Directors receive release time. As stipulated in the policy: Those Faculty members who are responsible for coordinating approved occupational programs may receive remuneration or reassigned time as determined by the College President. If reassigned time is taken, the Faculty member will not teach on an overload basis during the day program without approval by the appropriate Vice President.

Occupational Program Directors who supervise and evaluate Faculty shall be compensated at the rate of one percent (1%) of the schedule base for each Residential Faculty member teaching within the program. Occupational Program Directors who supervise and evaluate Adjunct Faculty shall be compensated at the rate of one-half percent (1/2%) of the schedule base for each Adjunct Faculty member teaching within the program. Only the Occupational Program Director or the Department/Division Chair responsible for supervising and evaluating Faculty and/or Adjunct Faculty shall be compensated for those duties, not both.

In situations where Faculty and staff are not supervised by a Department/Division Chair and are supervised by the Occupational Program Director, the Occupational Program Director is accountable for the supervision or management of an academic program within the college including all duties and responsibilities articulated in the College Plan. In no case should both a Chair and an Occupational Program Director perform these duties simultaneously and only one of either the Chair or the Occupational Program Director shall receive remuneration for these duties.

The faculty chair at Rio Salado College receives adequate administrative release time to accomplish all the above activities.

3-7 The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.
Part-time faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program.

All dental hygiene program faculty members must have:

a) current knowledge of the specific subjects they are teaching.

b) documented background in current educational methodology concepts consistent with teaching assignments.

c) Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.

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

Narrative Response and Documentation:

1. Using the format illustrated in Example Exhibit 15 (Bio sketch), provide information requested for all full- and part-time dental hygiene faculty members, supervising dentists, and adjuncts (excluding guest lecturers) for the current academic year including any summer sessions.

Exhibit 3-8 Faculty Bio sketches

2. Describe the program’s faculty orientation and calibration activities

The dental hygiene program strives to ensure that all faculty providing instruction in the clinics are familiar with overall program goals, curriculum, methods of instruction, and clinic evaluation.

The clinical course instructors are responsible for ensuring faculty calibration on an ongoing basis. Clinical course instructors meet weekly with clinical faculty to calibrate on clinical procedures, provide student updates, and discuss any issues related to clinical instruction.

Faculty members are annually provided an updated Clinic Manual and Policy and Procedures Manual that include information related to all clinic procedures and guidelines for practice as well as detailed descriptions of the clinical grading procedures.

An established protocol for new dental hygiene faculty has also been established. See exhibit 3-9.
Biannually all faculty meet during Rio Salado College’s All Faculty Meeting. This occurs in the fall and spring and incorporates college updates and department breakout sessions which allow didactic and clinical instructors the opportunity to calibrate on educational theory and clinic issues. Curriculum updates and/or changes and programmatic issues are presented.

Please see the narrative for in service opportunities Standard 3-8 and exhibits.

Exhibit 3-9 New faculty orientation

3. As an exhibit, provide a description of the role of the dentist during clinical sessions.

Exhibit 3-10 Dentist Job Description

For on-site review at the time of the site visit only, please provide a binder with documentation of all current faculty qualifications to include as applicable: current teaching assignments, credentials, licenses, certificates of completion, evidence of current enrollment, and CPR card.

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 3-7 in the Accreditation Standards for Dental Hygiene Education Programs.

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

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

Narrative Response and Documentation:

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

MCCCD recognizes the value of professional growth as it pertains to the continued development of teaching and learning. The Maricopa Community Colleges offers a wealth of professional and personal development opportunities for all employees. Faculty professional growth programs include salary advancement, sabbatical/professional leaves, registration fees, travel fees, summer projects and educational and leadership activities. In addition, grants and funding opportunities are available through the Maricopa Center for Learning and Innovation. Examples are the Maricopa Institute for Learning and Research Fellowship, Horizons Grants, Innovation of the Year and Visiting Artists Grants to name a few.
The Adjunct Faculty Professional Growth Program provides funding assistance on a reimbursement basis to adjunct faculty employees to attend conferences, seminars, workshops, and professional meetings that are directly related to, and will enhance/update the applicant's teaching skills and will enhance the learning of students for the class taught by the applicant for the Maricopa Community Colleges. In addition, adjunct faculty are supported and have many of the same opportunities as full-time residential faculty which is available through the Maricopa Center for Learning and Innovation (MCLI).

Professional growth for all employee groups is supported financially by the Maricopa County Community College District Office.

Exhibit 3-11 Adjunct Faculty Professional Growth
Classified Staff PG
Faculty Professional Growth

2. **In what ways are members of the faculty encouraged to attend meetings of professional organizations?**

The College and the program encourage all faculty to attend professional meetings. This is evidenced by the fact that the college and district allocate money for travel and provide release time for meeting attendance. The program also encourages attendance by having the office manager assist faculty with the college travel paperwork, registration, and reimbursement. Faculty are continually provided information regarding professional development opportunities available through the College and District via email announcements and flyers.

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

Adjunct Faculty Development Workshops
Rio Salado has developed a comprehensive slate of online Adjunct Faculty Development workshops. Participation in these workshops may be mandated by the faculty chair as an intervention to improve instructor effectiveness, or as a required component of sequential instructor evaluations. Additionally, the workshops that are tied to the College’s student learning outcomes may be required for all adjunct faculty by some departments. All AFD workshops are presented in the College’s customized Course Management System, RioLearn, thereby providing adjunct faculty with an opportunity to experience the system from the student viewpoint.

All Faculty Learning Experiences
These in-person gatherings are held twice a year for adjunct faculty from all departments and disciplines and include a component of formal faculty development. The College holds an *All Faculty Learning Experience* every spring, and an *All Faculty Assessment and Learning Experience* every fall. The fall meeting always includes updates on the College’s work with assessment of student learning, and distribution of an executive summary of the annual Student
Learning Assessment Report. The fall event also includes a “State of the College” keynote by the College President, and an update on the College’s assessment of student learning initiatives by the Vice President of Academic Affairs. Attendance at these events is consistently in the range of 500+ participants.

In-person Department Meetings
Department meetings follow the All-Faculty Learning Experience meetings, and some of the larger departments have as many as 50-60 attendees. Over 95% of adjunct faculty indicated in post-meeting surveys in fall 2010, spring 2011, and fall 2011 that their department meetings contained valuable information that they could use in the roles as Rio Salado faculty members. In addition to these collective meetings, teleconferences, meetings with smaller groups of adjunct faculty, and one-on-one meetings take place continually.

Adjunct Faculty SharePoint Sites
General site: A comprehensive online community for adjunct faculty is maintained via a SharePoint portal. The general site includes information pertaining to all College adjunct faculty, including:

- Rio Salado’s Academic Freedom Statement
- Rio Salado’s Academic Integrity Statement and Philosophy
- Registration access to the slate of AFD courses described above, and registration
- How Do I? modules
- Information pertaining to All Faculty Learning Experiences and links to content shared at the sessions, including streamed access to keynotes.
- Links to quarterly adjunct faculty newsletters
- Opportunities to provide input or feedback to the Faculty Development Coordinators

Department-specific sites: Each department at Rio Salado maintains a site specific to the programs and/or courses taught within the department. Content varies by department, but may include:

- Detailed department policies and procedures
- Templates, answer keys, FAQs, and student “kudos”
- Opportunities for interaction and feedback with the Faculty Chair

Although the process of working to enhance the adjunct faculty experience in order to make improvements in teaching and student learning is always ongoing, in general, Rio Salado’s adjunct faculty are highly integrated into the College culture and feel well-supported. Specific in-service programs for full and part-time dental hygiene faculty. Since the last accreditation cycle the dental hygiene program has offered and supported approximately 4 programs per year.

Exhibit 3-12 RSC Dental Hygiene In-Service CE
RSC Professional Development Workshops

4. Describe the availability of continuing education courses for faculty in the community.
Phoenix and the surrounding communities boast a total population of over 4 million.
Four dental hygiene schools, two dental schools, and active dental hygiene and dental associations provide a wide range of options for continuing education courses. The dental supply and product industries have a strong presence in the area as well as evidenced by an abundance of professional presentations by national and international dental speakers. Examples include The Western Regional Dental Convention (WDRC) which is a regional dental convention that is held yearly in the Phoenix area. The Arizona Dental Hygienists Association also holds an annual scientific session. There are numerous study clubs available through the dental and dental hygiene communities in the Phoenix and surrounding areas.

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 3-8 in the Accreditation Standards for Dental Hygiene Education Programs.

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

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

**Narrative Response:**

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

The dental hygiene program uses specific evaluation criteria and procedures for each employee group. Representatives from each employee group and college establish the evaluation criteria for employees. Criteria must then receive approval from the Human Resources department at the District level.

Full-time faculty use a self-assessment process which is outlined in the RFP, instructional coordinators and instructors are subject to managerial performance criteria, adjunct faculty use an assessment process designed to evaluate five key areas of instruction, and clinical instructors use an evaluation form that evaluates ability to apply theory during one-on-one instruction and student feedback.

Exhibit 3-13  Adjunct Faculty Evaluation Form
MAT Evaluation Form
MCCCD Residential Faculty Evaluation Plan
RSC Clinical Lab Associate Evaluation Form
2. How often and by whom are faculty evaluated and how are the evaluative data used? Does the evaluation include clinical as well as didactic criteria?

As stated in the Adjunct Faculty Board Policies: The District intends to evaluate Adjunct Faculty at least once during each of the first three semesters employed, excluding the summer terms, and as appropriate thereafter. Course evaluation is critical to maintain accreditation. Relevant faculty leadership determine appropriate evaluation models for their disciplines. The Division/Department Chair or other appropriate staff member will conduct the evaluation. Supervisors of adjunct faculty who are teaching online will be given limited access to observe courses according to their division or college policies. Adjunct Faculty teaching at multiple colleges will be evaluated separately according to each college’s process.

Policies for reviewing anonymous student feedback from anonymous student evaluations vary by college, but student feedback is most often available to instructors after grades are final, often in CANVAS or other modes. Feedback from very small classes may not be available to instructors in order to maintain student confidentiality.

Please see exhibit 3.5.2 MCCCD adjunct_faculty_handbook for additional information.

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

The program administrator position is classified as a Residential Faculty position by the College. This individual is evaluated according to the procedure described in 3.9.1 MCCCD Residential Faculty Evaluation Plan.

The Dental Hygiene Program Director is also subject to evaluation procedures according to these criteria which is not different than that of other faculty members.

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

As stated in the MCCCD Residential Faculty Policies Manual: Although the FEP can begin at any time, the appropriate college Vice President or designee, through the appropriate Department/Division Chair, will be responsible for notifying Residential Faculty early in the fall semester of the evaluation year. The FEP must be completed and submitted to the college Vice President or designee by June 30th of the evaluation year.

Appointive Faculty must complete or review and update a plan every third year (or more often if the faculty member desires).

Please see exhibit 3.2.1 MCCCD RFP for additional information.

5. How are results of faculty members’ evaluations communicated to the individual being evaluated?
The results of each evaluation are communicated to the faculty member in oral and written form. Following an evaluation, the program administrator meets with the faculty to review the findings. Faculty are asked to sign the evaluation form.

3-10 **Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.**

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

**Narrative Response:**

1. **Describe the opportunities for promotion, tenure and development for dental hygiene faculty. Are the opportunities different for other institutional faculty?**

Opportunities for promotion and development are the same for dental hygiene faculty as for all other faculty of the institution. MCCC does not offer tenure.

**Support Staff**

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

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

**Narrative Response and Documentation:**

1. **Specify the secretarial and clerical support services provided for the dental hygiene program. How many full-time positions are designated solely for the program?**

The program is provided three full-time and one part-time (19.5 hours/week) support employees to assist with administrative duties and clinic operations. One full-time individual is classified as office assistant. The second full-time administrative assistant senior functions
as the student and faculty support for the dental hygiene and dental programs. The third full-time individual is employed to facilitate inventory duties, sterilization of clinical equipment, minor equipment repair and maintenance, and oversee clinical safety to remain compliant with OSHA standards. These three individuals work exclusively for the dental hygiene program. The temporary dental assistant supports all staff and faculty as needed.

<table>
<thead>
<tr>
<th>Position</th>
<th>Full or part-time</th>
<th>Duties</th>
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| Office Assistant                | Full-time         | Front office dental receptionan
|                                 |                   | Make dental appointments                                              |
|                                 |                   | Answer phone                                                           |
|                                 |                   | Take payments                                                          |
|                                 |                   | Filing                                                                 |
|                                 |                   | Student support as needed                                              |
| Administrative Assistant Senior | Full-time         | Student support                                                        |
|                                 |                   | Faculty support                                                        |
|                                 |                   | Maintain student records                                               |
|                                 |                   | Maintain student health and safety records                             |
|                                 |                   | Purchase orders                                                        |
|                                 |                   | Registering students                                                   |
|                                 |                   | Give Kids A Smile Chair                                                |
|                                 |                   | Dental programs support – Community Dental Health Coordination Program |
|                                 |                   | and non-credit courses                                                 |
| Instructional Coordinator Senior| Full-time         | Operation and clinic maintenance including sterilization and monitoring |
|                                 |                   | OSHA officer                                                           |
|                                 |                   | Maintain exposure control plan                                          |
|                                 |                   | All clinic supplies and ordering                                        |
| Temporary Dental Assistant      | Part-time         | Supports the staff above and any additional duties as needed           |

2. Describe any support provided by a centralized clerical/duplicating service? If centralized service is available, describe procedures necessary for faculty to utilize the service?

The college has a centralized word processing and print center that the program can access for production of large projects. When needed, the adjunct faculty or program administrative assistant contacts the printing department to schedule services.

3. List the support services provided by the institution to the dental hygiene program, e.g., custodial, maintenance, instructional, audiovisual.

The college provides all the necessary support services. A maintenance and operations (M&O) department is on site that provides the following comprehensive services: daily specialized custodial services, building and grounds maintenance, and any additional services.
required for a dental clinic such as specialized electrical outlets/panels, plumbing, etc. The college provides technology support through our on-site technology department. They provide server maintenance, computer support, Dentrix support as it relates to our clinic computers, as well as online technology issues. We have a facilities department that handles scheduling and audiovisual support for the classrooms. Rio Salado College also has an instructional helpdesk which supports the adjunct faculty and students with any instructional issues related to our learning management system RioLearn.

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

**Intent:**

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

**Narrative Response and Documentation:**

1. **Describe clerical and dental assisting responsibilities that students assume during clinical sessions, to include distance sites.**

The program schedules two students as clinic assistants during preclinical lab and each clinic session. Duties for these rotations include infection control duties, preparation and maintenance of the radiography area, dispensary chores, and general clinic support. Students serve as a clinic assistant approximately two to three times per semester. Clinic assistant duties and objectives are listed in the RSC Clinic Manual.
STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

Facilities

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

Clinical Facilities

The dental hygiene facilities must include the following:

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

b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);

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

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

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

f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;

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

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

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

Narrative Response and Documentation:

1. In what year was the program facility constructed and/or last remodeled?
   What provisions exist to accommodate disabled persons?
The College purchased the building that currently houses the program clinic and offices in 2012. Construction on the new space commenced in late 2012 and the program relocated to its present space in February 2013. The facility is outfitted with a blend of new and refurbished equipment and supplies. The building is fully ADA compliant allowing disabled persons to be accommodated throughout the clinic and for all treatment procedures. The Rio Salado College Northern site was established as a lab for our dental assisting program. It has lab space, individual student lab drawers, model trimmers, lathes, a separate room that can be set up as an operatory. In the classroom are three ceiling mounted dental lights to be used with portable equipment and simulation units.

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

The program director in coordination with the instructional coordinator (clinic coordinator) and the lab manager is responsible for overseeing and managing equipment needs and issues for the dental hygiene facility. The program administrator works closely with the advisory council, instructional coordinators, adjunct faculty, and staff to determine facility and equipment needs in relationship to current concepts of dental hygiene practice. Recommendations for equipment and facilities updating are reviewed at the beginning of each fiscal year (July).

Equipment replacement is placed on a three-year cycle and is consistent with college policy. The schedule is submitted to the Vice President of Administrative Services. The need for additional equipment is presented to the Dean and Vice President of Academic Affairs by the program director during the budget formulation process each fall. It is through this mechanism that capital equipment is purchased.

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

The clinic contains 21 complete, functional treatment units for use during preclinical and clinical instruction.

Exhibit 4-1 RSC Dental Clinic Floor Plan

4. List the type and quantity of major equipment provided in each treatment area in the dental hygiene clinic.

The clinic houses 21 operatory areas that include A-DEC dental chairs, an adjustable, over-the-top delivery arm, a rear delivery system, and a mounted computer. Hand washing sinks are wall-mounted and positioned between every two units. The program provides operator and assistant stools to be used where and when needed. All units are easily modifiable for left- or right-handed operators.
Each cubicle is equipped with:

- A-DEC dental chair with rear delivery system
- Cabinetry includes: lower pullout ultrasonic shelf, 3 lower supply cabinets, 1 three-shelf lower side cabinet, and 3 closed upper cabinets with adjustable shelving
- ICV system for maintenance of vacuum lines
- A-DEC 12 o’clock assistants’ tray
- Rear mounted computer monitors with keyboard, mouse and recessed CPU
- Two auxiliary power outlets
- Fluorescent lighting
- A-DEC LED light with cure-safe mode
- Contained water system, one for ultrasonic and assistant arm, one for chair
- Programmable chair positioning and touch pad chair controls
- High and low speed handpiece connections with air/water syringe
- Fully adjustable operators’ stool

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

Exhibit 4-2  
RSC Clinic and lab small equipment list  
RSC Clinic instrument list  
RSC Student instrument purchase

6. Identify the type, quantity and capacity of equipment utilized to sterilize and disinfect instruments, small equipment and supplies.

The program’s instrument processing and sterilization equipment includes:

- One Miele Dental Washer-Disinfector PG8581
- One countertop ultrasonic bath with lid
- Two Assistina’s for cleaning and oiling handpieces
- One Tuttnauer 3870EA Autoclave – Capacity for 15 full size cassettes
- One Statim 7000 – Capacity for approximately 2 cassettes
- One Midmark M11 Autoclave – Capacity for approximately 8-10 cassettes
- One Midmark M3 Ultrafast Autoclave – can accommodate 1 cassette up to 6.5” x 10.5” x 1.25” or 3 pouches
- One countertop ultrasonic bath with lid

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

The clinic is not shared with other programs.
8. Describe how students at each program location(s) receive equivalent clinical experience. Explain the difference between clinic operation at the parent program and the off-campus site(s).

The program does not use equivalent clinical experience sites.

Radiography Facilities

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence.

The radiography facilities must contain the following:

a) an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;

b) modern processing and/or scanning equipment;

c) an area for mounting and viewing radiographs;

d) documentation of compliance with applicable local, state and federal regulations.

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

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

Narrative Response and Documentation:

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

The facility has six wall mounted intraoral radiography units, one panoramic machine, and two Nomad Pro 2 handheld portable units. The radiography exposure and viewing area is directly adjacent to the clinic allowing for ease in moving between clinic and radiography. It contains five separate room areas and one panoramic machine (see RSC Clinic Floor Plan). One oversize patient treatment unit is in the clinic that allows for easy wheelchair access and contains the sixth wall mounted tube head to minimize patient transport issues. The two
Nomad units are available for use in the clinic. All units are accessible to students during clinic and radiography labs.

Exhibit 4-1  RSC Clinic Floor Plan

2. With respect to equipment used for radiography instruction and practice:
   a. Identify the type(s) and date of manufacture of the radiography units.

       6 Preva Dental Progeny wall mounted units – Manufactured date October 2012 for all units
       1 Sirona Orthophos XG3 – Manufactured date May 2008
       2 Nomad Pro 2 handheld – Manufactured date May 2015

       Sensors:
       4 Sirona, Schick Size 1 sensors
       6 Sirona, Schick Size 2 sensors
       2 Gendex, Size 1 sensors
       2 Gendex Size 2 sensors
       5 Dexis Size1/2 sensors

   b. Describe the extension tubes available for each radiography unit.

       Each of the 6 Preva Dental Progeny tube heads have an 8-inch recessed extension tube. The two Nomad Pro 2 units have a 20cm source to skin distance.

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

       After the initial installation by Patterson Dental of the new tube heads in the dental hygiene clinic in January 2013. The Arizona Radiation Regulatory Agency (ARRA) requirements have been met. ARRA has conducted routine inspections per the state regulatory guidelines of every 3 years. The program filed the appropriate registration paperwork when the Nomad Pro 2 units were obtained in June 2015. No additional testing of radiation equipment is required at this time.

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

       The program has six adult DXTTR manikins that are operational and two mounted pediatric dentoforms.

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

       The program provides students with various XCP paralleling kits, Snap-A-Ray holders, specific Nomad XCP kits, paper tabs, foam tabs, and various patient comfort devices.

   f. Specify the type(s) and quantity of devices which provide protection from ionizing radiation.
Each of the six radiography treatment areas is equipped with an adult-size lead apron with attached thyroid collar. Two pediatric size aprons with attached thyroid collar are also available. One cap style lead apron without a thyroid collar is provided for panoramic exposures. One full-body apron without a thyroid collar is available for pregnant students or faculty to wear while exposing images or working in the radiography area. The Nomad units have a backscatter shield and collimator cone.

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

The RSC Dental Clinic follows the Arizona Statute and is monitored by the Arizona Radiation Regulatory Agency (ARRA). ARRA inspects and calibrates tube heads on a triennial basis. The ARRA inspection expires July 31, 2023 and is posted in the radiograph area of the clinic.

3. What specific features in the design of, and equipment in, the exposure rooms provide protection from ionizing radiation.

Rio Salado College Dental Clinic is completely sensor-based radiography. The walls between and in front of radiography treatment rooms are at least 2.5 inches thickness of drywall. A minimum of 6 feet from the radiation source can be maintained during exposures. Preva Progeny external exposure touchpads located outside each treatment cubicle require the operator to stand the minimum safe distance for all exposures.

4. Identify the type(s) and quantity of processing equipment provided.

The program has transitioned exclusively to sensor-based digital radiography. As a learning unit in DHE125 Dental Radiography, students expose a limited number of traditional films on DXTTR manikins. These images are processed in a Perio-Pro processor with Daylight Loader.

5. What area is designated for mounting and viewing radiographs? How many students can be accommodated simultaneously? How many view boxes are provided for use during patient treatment and where are they located?

The radiography exposure and viewing area contains 5 separate exposure rooms, 1 panoramic machine area, and a 23 ft countertop with six rolling chairs for seated viewing of images. Six wall-mounted computer monitors are located outside each exposure room for immediate viewing of digital images. Six computer monitors and keyboards are provided on the countertop for more comprehensive image interpretation and instructional purposes.

Laboratory Facilities

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

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

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

Narrative Response:

1. How many work areas (student stations) are there in the laboratory(s) used for instruction in dental science courses such as dental materials?

The dental hygiene program utilizes the lab area in the clinic and our dental materials lab at Northern for the student’s dental materials lab course. In the RSC Clinic Floor plan, the general use laboratory work area includes two 24-foot countertops that can accommodate 12 laboratory workspaces. Overhead fluorescent lighting with occupancy sensors (mandated by the District) provides adequate illumination of the work area. Ample storage is provided and includes 8 locking overhead double door cabinets, 12 lower drawers, and 40 open cubbies.

The RSC Northern site was originally designed for the accredited dental assisting program as a training site. It includes a classroom that can accommodate 12-22 students. The classroom is set up for the dental materials course in a pod style. Each station has a chair and work area. There is a separate dental materials lab with ample counter space for use as a work area, 36 individual lab drawers for students, and sinks with plaster traps. In addition, a separate operatory can be set up with a full-sized dental chair and operational unit.

Exhibit 4-3 RSC Northern DM Floor Plan

2. List the type(s) and quantity of equipment provided for each work area.

Each work area is equipped with counter/desk space and a stool. Students are assigned a typodont, stand and kit for their dental materials course. At RSC Northern there are 3 complete simulation units, 3 ceiling mounted overhead lights, 3 portable dental chairs, and 3 self-contained units. There is a full-sized dental chair, with a unit and overhead light. Operator and assistant stools are available.

Exhibit 4-4 RSC Northern DM Lab equipment and instrument list

3. List the type(s), number and location of general use equipment and instruments such as lathes, model trimmers and vibrators.
Students are assigned a typodont, stand and kit for their dental materials course. The RSC clinic has 2 model trimmers, a lathe, vibrators, and various instruments for use. The Northern site is equipped with 3 model trimmers, 2 lathes and various instruments for use. Each student has a vibrator in the kit that is checked out to them for the course. See exhibit 4.3.2 which includes a list of equipment and instruments that are available and checked out the to the student.

**Extended Campus Facilities**

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

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

**Narrative Response and Documentation:**

*Note:* this standard applies to off-campus sites as defined in the EOPP.

1. If the program depends on an off-campus site (as defined in the EOPP) for the provision of basic preclinical and/or clinical education:
   a. Identify the facilities and their distance from the programs;
   b. State the extent to which the program is dependent upon the off-campus site to meet program requirements and/or accreditation standards.
   c. Provide a signed copy of the formal agreements between the educational institution and the facilities.
   d. Describe the procedures and process for student supervision, instruction and evaluation.

2. As an Exhibit, provide a signed copy of the formal agreement between the educational institution and the agency or institution providing the facility.

The program does not use an extended campus facility.
Classroom Space

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

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

Narrative Response:

1. Are classrooms assigned exclusively to the dental hygiene program? If not, what arrangements have been made to ensure the availability of a classroom for the programs?

A designated dental hygiene classroom is located on campus on the second floor of the conference center, south classroom directly across from the dental clinic. We reserve the room prior to each semester according to the classroom course schedule. If an additional classroom or space is required, the dental hygiene program has priority scheduling.

2. Indicate the capacity of the classroom(s) utilized by the programs. Describe the equipment available in each classroom to support instruction.

The classroom is equipped with a computer, keyboard and mouse; two projectors; two screens; a document camera; and speakers. Wireless internet access is available throughout the campus. Within the classroom are designated file cabinets in which we house our instructional materials. The classroom’s maximum capacity is 49 people.

Office Space

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

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

Narrative Response:

1. Specify the number, capacity and location of faculty and staff offices.

The clinic facility houses a private office for use by the program director, instructional coordinator, and instructors. Three semi-private office areas are designated for use by the instructional coordinators and instructors. The business/front office is centrally located in the facility with the clinic on one side and offices and locker rooms on the other. The faculty chair has an additional private office located on campus.
2. **Describe the space available for securing student and program records.**

Digital student records are stored on the secure Rio Salado College computer server. Paper records are maintained in locked cabinets located behind the front desk and in faculty offices.

3. **Describe the manner in which records of student work in the program are maintained.**

Daily paperwork is stored in rolling file cabinets in the faculty office area. Records of student work are maintained in a locked and secure storage area in the business/front office for a period of one year after graduation. After that time, records are destroyed.

4. **Describe the way in which confidentiality of and access to student records are ensured.**

The college is in full compliance with the FERPA Act of 1974. The facility was designed with features to facilitate confidentiality and restricted access to records. Offices are in low traffic areas; private offices and a conference room are adequate to meet the needs for student/instructor privacy.

### Learning Resources

4-7 **Instructional aids and equipment must be provided for student learning.**

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

**Intent:**

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

**Narrative Response and Documentation:**

1. **Where is the major collection of books and periodicals related to dental hygiene retained?** If the major collection is housed in the central library or database, is a separate collection of books and periodicals related to dental hygiene retained in the program’s facilities?
The major collection of books related to dental hygiene is provided via the subscribed EBSCO eBooks and Gale Virtual Reference Library (GVRL) collections, which are made available to students from the Rio Salado College Online Library website. A smaller core collection of physical books is housed in the Library, located on the 5th floor of the Rio Tower building, across the street from the Dental Hygiene Clinic and thus easily accessible to students. The periodical collection is entirely online and is described under question 5.

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

In-person library hours are:
- Monday-Thursday: 8:00 am – 5:00 pm
- Friday: 8:00 am – 2:00 pm

Online access to eBooks, periodicals, and the Ask a Librarian chat services are available 24 hours a day, seven days a week.

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

Rio Salado College is part of the Maricopa County Community College District (MCCCD), and the libraries serving the 10 MCCCD colleges have a shared library catalog, some shared eBook collections, several shared online databases, and reciprocal borrowing privileges. Circulating books in the collections of any of the 10 college libraries are available for checkout to students attending any of the colleges. Additionally, Rio Salado College subscribes to online resources specific to the needs of the dental hygiene program.

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

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<th>Title</th>
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<th>Year</th>
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<tr>
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<td>Atlas of Neural Therapy with Local Anesthetics. EBSCO eBooks 2012</td>
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<td>Collins Dictionary of Medicine. Credo Reference (online) 2005</td>
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<td>Dental Office Medical Emergencies. RC86.8. D46 2015</td>
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<td>Drug Facts and Comparisons. RM300. F33 2016</td>
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<td>Drug Information Handbook for Dentistry. RK701. D78 2017</td>
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5. As an exhibit, provide a list of periodicals/periodical databases related to dental hygiene and general and specialty dentistry that are available for student and faculty reference. Group the listing into categories, i.e., dentistry, dental hygiene and other related subject areas.

All periodicals related to dental hygiene and dentistry available for student and faculty reference are provided online, at: http://www.riosalado.edu/library/articles/Pages/default.aspx?filter=Dental

Detailed lists of periodical titles are provided as:

Exhibit 4-5 Periodicals Exhibit (Rio Salado College Dental Periodical Database Holdings list)
Exhibit 4-6 EBSCO Dentistry & Oral Sciences Source Exhibit (Full-text periodicals listed by category)

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

The Faculty Chair for Library Services, Hazel Davis, MLS, is responsible for collection development for the Rio Salado library holdings. In cooperation with Holly Harper, Faculty Chair for Dental Programs, the collection is maintained and expanded to ensure currency and relevancy by monitoring the dental literature. Funding for Dental Program needs is a priority in
the library budget. Ms. Davis focuses on the availability of electronic resources since both faculty and students have indicated a preference for online formats vs. print, and she consults with dental faculty as new products become available. Examples of these include EBSCO Dentistry & Oral Sciences Source, Lexicomp for Dentistry, the online Journal of Periodontology, and the online Journal of the American Dental Association.

The Library has created a customized Dental Research Guide as a starting point for Dental Hygiene students to navigate the curated resources available to them. This guide is maintained by Kirstin Thomas, MLIS, the Library Instructional Coordinator, and can be accessed via this link: http://libguides.riosalado.edu/DHE_DAE

7. Briefly describe the instructional aids used in the program, i.e., skeletal and anatomical models and replicas, slides and videos which depict current techniques.

The dental hygiene program uses a variety of instructional aids in both lecture and laboratory courses. Students purchase a subscription at the beginning of the program for Pattison instrumentation videos. Which are utilized in the clinical courses. Other instructional aids include: internet accessed videos, DXTTR manikins, pediatric dentoforms, Hector/Fletcher typodonts with interchangeable periodontal dentitions, color coded skulls, articulated skulls, skulls illustrating nerve, muscle, and artery location, anesthetic injection technique DVDs, patient-based cases, numerous dental models depicting carious and periapical lesions, restorative materials, occlusion study models, crowns, bridges, implants, and removable prosthetics, and sharpening aids. Exhibit 4.7.3 is a list of the major instructional material available for faculty and students.

Exhibit 4-7 RSC Instructional material

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

Self-instructional activities if utilized occur mainly in the online components of various courses. Some self-instructional activities associated with these courses include research, professional journal access, and other assignments. Students have accountability for these activities, and they are often used as a prelude to in-person course activities.

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

Students are permitted to check out instructional materials such as typodont mounts, skulls, and tooth models. One significant advantage to Rio Salado College students is the availability of access to resources. Rio Salado’s Technology Helpdesk is available to help students
work through some of the technological barriers that may come up.

Hours of operation:
Monday - Thursday: 7:00am – 8:00pm
Friday - Saturday: 8:00am – 5:00pm

The Instructional Helpdesk is available to answer questions about courses, help students contact their instructor, help students work through course-related issues that may arise, and provide training for adjunct faculty.
Hours of operation:
Monday - Wednesday: 9:00am – 5:00pm
Thursday - Friday: 9:00am – 4:00pm

Counseling Services at Rio Salado College are an integral part of the total educational process. Counselors assist students to set personal, educational, and career goals. Rio Salado College provides high quality and accessible services to meet the needs of a diverse student population. Counseling is available in-person and by phone.

Rio Salado College provides free in-person and online tutoring services to currently enrolled students. Tutors help students learn by providing them with study skills to help learn a new or confusing subject or better understand course content.

Hours of operation:
Monday – Thursday: 2:00pm – 7:00pm
Friday – Saturday: 9:00am – 2:00pm

10. Describe the computer lab facility, if applicable.

The clinic facility houses computers designated for student use in addition to five computer labs operated by the College throughout the Phoenix area. The computer lab at the main campus is equipped with 26 computers and has a Computer Lab Helpdesk.

Hours of operation:
Monday - Thursday: 9:00am - 7:00pm
Friday Saturday: 9:00am- 2:00pm

Technology available includes:
Adobe Creative Suite
Microsoft Office Professional
Microsoft Visio
Microsoft Visual Studio
Microsoft Windows
MyMathLab Plugins
Other Software/Applications required for Rio Salado courses

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 4-7 in the Accreditation Standards for Dental Hygiene Education Programs.
There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

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

Narrative Response

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

Rio Salado College has established standards and policies that demonstrate the institution’s ethical standards and protect students as consumers. These policies are detailed in the College Catalog and include Administrative Regulations, Instructional Grievance Process, Non-Instructional Complaint Resolution Process, Sexual Harassment Policy, and Discrimination Complaint Procedures for Students. Avenues for appeal and due process related to each policy are delineated in full in the College Catalog.

The College Catalog can be accessed online at:

Rio Salado College provides a quality learning experience to our students. Students who feel they have been treated unfairly or unjustly may use the Student Solution Center webpage to raise issues to our attention. This webpage can be found within each RioLearn course, in the College Catalog, and on the student services webpage.

Student Solution Center can be accessed online at:
http://www.riosalado.edu/current/StudentSolutionCenter/Pages/default.aspx
STANDARD 5 - HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

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

Intent:
The dental hygiene program should establish and enforce a mechanism to ensure sufficient preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.

Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing and retaking radiographs on patients, consistent with current, accepted dental practice. All radiographic exposure should be integrated with clinical patient care procedures.

Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff. The confidentiality of information pertaining to the health status of each individual should be strictly maintained.

This Standard applies to all program sites where laboratory and clinical education is provided.

Narrative Response and Documentation:

1. As an Exhibit, provide policies and procedures related to radiation hygiene and protection and ionizing radiation.

   Exhibit  RSC Radiography Lab Manual -2019
   Exhibit  2019-2020 Exposure Control Plan

2. As an Exhibit, provide policies and procedures related to infection and hazardous control.

   Exhibit  2019-2020 Exposure Control Plan
   Exhibit  2019-2020 Clinic Manual
   Exhibit  MCCCDD Allied Health Student Program Policies_2019
3. As an Exhibit, provide policies and procedures related to bloodborne and infectious disease(s).

Exhibit 2019-2020 Exposure Control Plan
Exhibit 2019-2020 Clinic Manual
Exhibit MCCCD Allied Health Student Program Policies_2019

4. How does the program monitor policies on radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases for continuous compliance?

The institution documents its compliance with applicable state radiation regulations in several ways. Radiation hygiene and protection is a required course competency for DHE 125 Dental Radiography Lab. The Radiography Manual details the requirements for safe exposure of images and adherence to the ALARA principle is strictly enforced. Student compliance with the program’s protocol for radiation safety is evaluated through use of the Professional Characteristics form during every lab and clinic session. Appropriate state registration documentation for radiography equipment is maintained by the program. Associated maintenance and documentation required by the state is maintained by both the clinic coordinator and instructional coordinator.

All asepsis, infection and hazard control protocol are included in the Clinic Manual and Exposure Control Plan, which is distributed to all students, faculty, and appropriate staff. The steps involved in compliance with each of these protocols have been formatted as course competencies. Asepsis, infection and hazard control protocol are discussed and demonstrated during the first lab session of DHE120 Preclinic. Appropriate clinical processes or evaluations include adherence to infection control principles. Student adherence to protocol is monitored through use of the Professional Characteristics form during every lab/clinic session. Faculty are responsible for continuously modeling appropriate behaviors. Faculty and staff compliance with policy is monitored by the instructional coordinators and the program director. Faculty are provided OSHA training yearly.

The full-time instructional (lab coordinator) maintains and updates all program manuals yearly for radiation and exposure control according to the national, state or local guidelines.

5. How are these policies on radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases provided to students, faculty and appropriate staff?
Candidates are provided the information in the application packet, on the Maricopa Community College District’s Healthcare Education website, and Rio Salado College Dental Hygiene Program’s website. Students, faculty and staff are provided written information on bloodborne infectious diseases via the Clinic Manual, Exposure Control Plan, and Annual OSHA Training, available in multiple binders in clinic and on clinic servers.

Patients are alerted to the policies on bloodborne pathogens via the Informed Consent form.

6. Describe the program’s policies on:

   a. Selection criteria for radiographic patients;

The program adheres to the criteria established in Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure developed by the American Dental Association and the U.S. Department of Health and Human Services (2012). The chart for selection criteria is included in the Radiography Manual.

   b. Frequency of exposing radiographs on patients;

The program adheres to the criteria established in Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure. Radiographs are exposed according to patient need and determined through consultation between the student, registered dental hygienist, and the clinic supervising dentist.

   c. Retaking radiographs; and
   d. Exposing radiographs for diagnostic purposes.

The program’s policy regarding retakes is based on the diagnostic quality of the image. Radiographs are retaken only when an area is not visible on another exposure. In the context of a full mouth series, a maximum of 4 retake images is allowed. In the context of a 4-image series of bitewings, a maximum of 2 retake exposures is permitted. A panelipse is retaken only if the area/s of interest is/are of insufficient diagnostic quality. Students are informed of the retake policy both verbally in DHE125 Radiography Lab and in writing in each clinic syllabi. The Radiographic evaluation criteria document and the Radiography Manual include the written retake policy.

Radiographs are exposed based on patient need. Images may not be exposed for the sole purpose of a third-party payment, academic exercise, clinical experience, post-operative treatment, or student requirements.

7. Describe how students acquire an understanding of radiation safety prior to exposing radiographs on patients.
The didactic radiography course covers radiation hygiene to a degree that ensures students are aware of and adhere to appropriate safety measures when working with ionizing radiation. Students gain clinical experience in radiation lab exposing images on manikins (DXTTRs). Safe exposure practices are reinforced throughout all lab sessions. Students are assessed on all aspects of their performance, including adherence to radiation safety, in every lab session via the Professional Characteristics form.

Students are required to pass both radiography lecture and lab with a grade of “C” or better in order to progress in the program and continue on to clinical courses during which patient exposures are made.

8. Describe how patient radiographs are used:

a. While patient services are being provided

During patient treatment, the most recent set of radiographs must be open on the computer screen or illuminated on the view box during the entire length of the procedure to allow for comprehensive assessment and evaluation of oral findings and therapies.

b. For integration of radiography with clinical procedures.

Radiographs are integrated into clinical procedures as evidenced by their use in determining periodontal case type, assessing calculus deposits, determining present/missing teeth, noting and evaluating existing restorations, instrumenting root surfaces, and detecting tooth and surrounding bone pathologies.

Students prescreen all images for potential abnormalities or pathology. Clinic dentists complete a visual and radiographic examination on all patients at which time findings are confirmed.

5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

Intent:
All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.

Narrative Response:
Note: Do not include Patient Protected Health Information (including any student, faculty, or support staff). Please refer to the EOPP for additional clarification and penalty fee information.
1. **Explain how students are encouraged to be immunized against and/or tested for infectious disease(s)?**

Students are required to be immunized against infectious diseases. Upon acceptance/placement into the program students are provided additional information as well as documents for verifying compliance with or declination of specific immunizations and tests. Students upload their documentation in Castlebranch which monitors the student for compliance. The Clinic Manual and Exposure Control Plan further detail the need for immunizations and adherence to certain guidelines to reduce the possibility of disease transmission. The Exposure Control Plan, the Clinic Manual and the MCCCD Allied Health Student Program Policies Manual all contain information for the student should an exposure occur.

Exhibit MCCCD Allied Health Student Program Policies_2019

**Emergency Management**

5-3. **The program must establish, enforce, and instruct students in preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies. These protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies.**

**Narrative Response and Documentation:**

1. **As an exhibit, provide preclinical/clinical/laboratory protocols that have been developed related to the management of emergencies.**

Specific policies and procedures for management of clinical medical emergencies have been developed and are included in the Clinic Manual and Exposure Control Plan. The first lab of preclinical course the students are provided with emergency protocols. Students are instructed on emergency procedures in DHE115 Emergency Medicine and DHE120 Preclinical Dental Hygiene. The emergency protocol is reviewed at the beginning of the semester with students and faculty and during DHE227 Dental Anesthesia Lab. Multiple methods are used such as role-play, testing, and ongoing review to ensure students are prepared to participate in the management of a medical emergency in whatever capacity their assistance may be needed. Emergency evacuation maps posted in the clinic detail the location of exits, fire extinguishers, and the AED.

Exhibit 5-1 Medical Emergency Protocol

2. **How and when are these protocols provided to all students, faculty and appropriate staff?**

The medical emergency protocol is located in the RSC Clinic manual. Every student receives a copy at the beginning of the program. Copies are available for faculty and staff on a yearly basis and all new faculty.
3. **Describe how the program ensures faculty, staff and students are prepared to assist with the management of emergencies.**

At the beginning of each semester the medical emergency protocol is reviewed with faculty and students. All students are BLS or Healthcare provider CPR certified and must remain so while enrolled in the program. All faculty are BLS or Healthcare provider CPCR certified and must remain current in order to renew their dental hygiene or dental licenses.

4. **Identify and describe the location of the emergency materials and equipment available for use in the dental hygiene clinic.**

The clinic facility is equipped with the following emergency equipment:

1. Oxygen Tanks: Located behind instructor station in clinic
   - O₂ tank with cannula; replacements located in red emergency cart
   - O₂ with face mask; replacements for infant, child, and adult sizes located in red emergency cart
2. AED – one unit located in clinic entry hallway
3. 3 Fire Extinguishers: one on east wall of the clinic, one outside of student/faculty restrooms, one outside front office
4. Emergency Kit – one located in labeled drawer of red emergency cart
5. The following equipment and supplies are available to manage laboratory accidents and are located at RSC Northern site:
   - Mercury Spill Kit
   - Flammable Materials Cabinet
   - Fire Extinguishers
   - Kitty Litter

5. **Describe how the emergency equipment is monitored to assure it is functional.**

As part of the daily Clinic Assistant duties, oxygen tanks designated for emergency use are checked for adequate pressure and readings recorded on a log sheet attached to the tank. First aid kits and the AED are monitored by the Rio Salado College Maintenance and Operations (M & O) department. The emergency kit is monitored by an outside agency called ‘Health First,’ ensure adequate levels, and monitor expiration dates.
STANDARD 6 - PATIENT CARE SERVICES

6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

Intent:
All dental hygiene patients should receive appropriate care that assures their right as a patient is protected. Patients should be advised of their treatment needs and the scope of care provided by the program. This Standard applies to all program sites where clinical education is provided.

Narrative Response and Documentation:

1. Describe procedures used to accept patients for treatment in the program’s clinic.

Periodic new patient screening sessions are scheduled in which patients receive a cursory examination and are tentatively classified based on periodontal case type and amount of subgingival calculus. Patients complete a medical history form which is reviewed by the student, faculty, and dentist. The need for medical referrals or clearances are determined at this time so that dental hygiene care can be scheduled appropriately. Patients are accepted for treatment in accordance with the student’s skill level and the dental and/or medical health of the patient. In certain cases, the patient’s presenting conditions are outside the scope of the educational setting or beyond the skill level of a student operator. Patients are informed of this as soon as their individual needs become apparent. Individuals who are unable to be treated in the dental hygiene clinic are advised to seek treatment from a private practice dentist, clinic, or one of two local dental schools.

Students may also recruit family and friends as patients. These patients are not typically scheduled for a screening appointment but appointed directly for care during a clinic session.

All new patients are required to read and sign an Informed Consent form prior to any dental hygiene services being performed. This form explains program protocols and policies regarding care within the facility. Patients must also sign the Care Plan Consent to Treatment document outlining their specific treatment plan and recommendations before any procedures beyond assessment and diagnosis are completed. The program reserves the right to deny care if the patient refuses necessary dental assessments such as radiographs.
2. Describe the scope of dental hygiene care available at the program’s facility. As an exhibit, include the current clinical services form(s).

Services provided
- Blood pressure screening
- Oral cancer screening
- Gum disease screening
- X-rays
- Oral Hygiene Instruction
- Oral Examination
- Teeth cleaning (prophylaxis) all ages including "Happy visits" for children ages 0-3
- Deep Cleaning (periodontal therapy) in combination with local anesthetic (novocaine) and nitrous oxide as needed
- Laser therapy and other adjunctive therapy as needed
- Fluoride application
- Sealants
- Other selective services including tobacco cessation referrals, denture cleaning, implant care, athletic mouthguards and tooth whitening trays

Exhibit 6-1 Dental Clinic Info Sheet

3. Explain the mechanism by which patients are advised of their treatment needs and referred for procedures that cannot be provided by the program.

Procedure – Restorative Charting
Charting is best completed at the patient’s initial assessment appointment. Restorative evaluations by the supervising dentist can be completed at any time however, if patient’s plaque and/or calculus level impedes a restorative evaluation it may need to take place after implementation.

Restorative charting and occlusal analysis are completed in the Dentrix Patient Chart on every new patient and updated yearly.

Most recent radiographs must be displayed for proper examination by the dentist.

Periodontal Case Type may be reviewed and discussed with the dentist at the time of the restorative examination.

Dental referral form must be prepared for the doctor’s review and signature.

Utilize Dentrix chart for all clinical and radiographic findings
- Missing teeth
- Fillings – composite or amalgam
- Crowns and bridges
- Fractured restorations
A patient referral form is given to every patient at the end of their completed appointment. In some cases, a patient referral form is warranted before the end of the appointment. The following guidelines below are for a periodontal patient referral.

Guidelines for Periodontal Patient Referral
The professional judgment and consensus of 1) the supervising dentist and 2) the clinical dental hygiene instructor determines if, and at what point, clinic patients should be referred to a periodontal specialist and/or a more clinically advanced dental hygiene student. Decisions are based on consideration of the following factors:

- Degree and type of periodontal involvement
- Patient is experiencing pain of unknown origin (identification of a source and the treatment of pain is beyond the scope of the dental hygienist).
- Patient elects to have dental hygiene treatment completed under the care of a specialist.

Exhibit 6-2  Treatment Summary & Dental Referral

4. Describe how the dental hygiene treatment plans are presented and approved by faculty.

Dental hygiene care plan requirements are documented in the clinic manual. Any treatment that the student recommends for the patient will be documented in Dentrix in the treatment planner, according to the sequence. Before any treatment is rendered student must:

- Have an instructor review your proposed plan of treatment
- Present the plan to your patient for consent
- Obtain patient signature on informed consent form
- Should a change in the care plan occur the patient must be informed
  - All changes to the care plan must be entered in the clinical notes as the first entry and must be modified in the treatment planner in Dentrix and signed by the patient.

5. Explain the program’s recall policies and procedures.

Upon completion of treatment, each patient is placed on a recare interval in the Dentrix system. The recare interval is individualized and determined by the patient’s level of oral health, the most recent treatment provided, and patient compliance with self-care recommendations. Patient recare intervals are determined by the student and then verified and approved by the clinic instructor. Students follow up with their own recare patients while in the program. Students also have access to the Dentrix patient list throughout the program and may schedule any patient not currently being treated by a fellow student. As they graduate, many students pass their patient lists on to individuals in successive cohorts. Due to the volume of patients that seek care at the dental hygiene clinic however, the program cannot guarantee that all recare patients will be seen.
according to their recare recommendations. Patients are encouraged to seek care from their
dentist for any recommended treatment and routine dental hygiene care as the clinic cannot act as
the primary dental or dental hygiene care provider.

6. As an exhibit, include a blank initial patient screening form.

Exhibit 6-3  Screening Form

7. As an exhibit, include a blank client consent form, physician’s consultation form
   and dental referral form.

Exhibit 6-2  Treatment Summary & Dental Referral
Exhibit 6-4  Medical Consult
Exhibit 6-5  Informed Consent

6-2 The program must have a formal written patient care quality assurance plan that
includes:

a) standards of care that are patient-centered, focused on comprehensive care, and
   written in a format that facilitates assessment with measurable criteria;

b) an ongoing review of a representative sample of patients and patient records to
   assess the appropriateness, necessity and quality of the care provided;

c) mechanisms to determine the cause of treatment deficiencies;

d) patient review policies, procedure, outcomes and corrective measures.

Intent:
The program should have a system in place for continuous review of established
standards of patient care. This Standard applies to all program sites where clinical
education is provided.

Narrative Response and Documentation:

1. Describe the program’s formal written patient care quality assurance plan.

The Rio Salado Dental Hygiene Program utilizes Daily Chart Reviews by faculty of patient
charts where faculty verifies and cosigns all chart entries. Students must correct omissions and
errors to the satisfaction of faculty. Faculty & student perform chart audits to assess regular
procedural details as well as the larger scope of dental hygiene care, and Patient Feedback Forms
are utilized to identify treatment deficiencies and correct them.

Exhibit 6-6  Quality Assurance Policy
Exhibit 6-7  Patient Chart Audit Form
Exhibit 6-8  Incomplete Patient Form
Exhibit 6-9  Incomplete Patient Log
Exhibit 6-10 Patient Feedback Form
2. **Describe the process to review a representative sample of patients and patient records.**

Each semester front office personnel creates a list of patients whose treatment was completed the previous semester. A random sample of patient charts are created from this list for students to audit. Each semester’s chart audit list contains patients treated by every student from the previous semester.

3. **As an exhibit, include the patient record audit form.**

Exhibit 6-7 Patient Chart Audit Form

4. **Describe how patient treatment deficiencies are identified and corrected.**

The Rio Salado Dental Hygiene Program utilizes Daily Chart Reviews by faculty of student charts, Faculty & Student Chart Audits, and Patient Feedback Forms to identify treatment deficiencies and correct them. Results of audits and feedback are tallied, and a quality assurance report is created detailing findings. Faculty then to discuss findings and create action plans and/or changes to policy and procedure.

Exhibit 6-6 Quality Assurance Policy

5. **Identify the policies and procedures used to track completed patients and ensure active patients are completed.**

**Incomplete Patient Log**

During the last week of each clinical semester, all students complete and submit an Incomplete Patient Log.

- Students list all patients for whom they were unable to complete planned treatment, note the last date of treatment, efforts made to contact the patient, and the reason treatment is incomplete, if known; this allows us to close the loop and keep track of patients that have been started but not finished.
- Faculty record and monitor data related to incomplete patients.
- Students must notify the Instructional Facilitators if any patients listed on their incomplete log return for treatment within 3 months.
- Patients who return within this timeframe are no longer considered “incomplete”.

Incomplete patients: Every effort should be made to complete the planned treatment on each patient regardless of grade or other circumstances. At the end of the semester, the student will complete the incomplete patient form on the back of the patient tracking form. The student and course instructor will review the chart and any decisions necessary will be made on an individual basis.
Exhibit 6-6 Quality Assurance Policy

6. Identify any changes made to clinic policies and/or procedures based on quality assurance program outcomes. As an exhibit, include the quality assurance reports.

Negative Patient Feedback was extremely rare and resulted in a change to the Patient Feedback Form. During the monthly dental program staff and faculty meeting it was suggested that some of the questions were worded in a way that might be difficult to understand and result in patients being unable to convey their opinions. As a result of this discussion the Patient Feedback Form process was streamlined by simplifying questions, getting rid of redundant questions, and paper forms were replaced with a digital copy that patients can fill out on computers located near the checkout desk. These changes will also make it easier for Rio Salado College’s Institutional Research team to gather and analyze the data and avoid misinterpretation of patient handwriting.

Exhibit 6-11 Chart Audit Report Clinic 1
Exhibit 6-11 Chart Audit Report Clinic 2

7. Discuss how the program assesses patients’ perceptions of quality of care. Describe the mechanisms to handle patient complaints. As an exhibit, include the patient satisfaction survey instruments and data results.

Every patient is asked to complete a patient feedback form at the completion of their treatment. The survey remains anonymous to help produce honest feedback from our patients. The surveys are filed out and submitted electronically where they are stored, reviewed and tallied by the Institutional Research Department with patient comments recorded verbatim. The results are shared with the Program Director who reviews them with the faculty at the end of each semester. Issues of concern are discussed as well as any action deemed appropriate. The results of the patient feedback survey, and plan of action, if needed, are recorded in a quality assurance report for each semester. The Quality Assurance Report is then shared with faculty during a calibration event or mid-semester meeting. Survey results are also shared with students when appropriate by the Clinic Coordinator.

Exhibit 6-10 Patient Feedback Form
Exhibit 6-12 Patient Feedback report Clinic I
Exhibit 6-12 Patient Feedback report Clinic II

6-3 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.

Intent:
The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.
Narrative Response and Documentation:

1. Describe policies and procedures relative to patient assignment strategies.

Students are responsible for finding their own patients who meet the requirements for each clinic. Patients are not assigned to students by faculty or front office unless it is requested by the student. Students can utilize the unscheduled appointment list (recall list) in Dentrix to help them find patients. They must call patients and schedule them into their operatory, in Dentrix schedule, and then remove patient from the unscheduled list. Student are also assigned a screening day that has been filled by the front office, utilizing new patients who call looking for an appointment. Students are then able to find space in their schedule or put patient into unscheduled appointment list, maintained by front office personnel, for their classmates to call on a first come, first serve basis.

Students and faculty understand and abide by the patient bill of rights as stated in the Policy and Procedure Manual and the Informed Consent Form.

Exhibit 6-2 Treatment Summary & Dental Referral
Exhibit 6-3 Screening Form
Exhibit 6-5 Informed Consent Form

2. Discuss all efforts made to ensure students can complete clinical patient requirements.

Screening General Guidelines
- Each student is assigned a screening day and patients seen during this time are the responsibility of the student performing the screening.
- Screening is considered a rotation and working on existing patients is not allowed.
- Student may bring in patients for screening if empty slots are available but must notify front desk to coordinate.
- Screening schedule is in Dentrix; when your patient is ready, they will be marked with a ‘green’ status.
- Screening kits are available in the dispensary for screening appointments.
- Patient will complete a Medical and Dental History in the reception area.
- Medication summaries are NOT required at screening appointments

Process after Screening is Completed
- Confirm the patient’s name and contact information.
- Have the patient sign the patient compliance agreement located on the back of the screening form.
- Scheduling of the patient will transpire one of the following ways:
- Schedule patient on your schedule (have you calendar ready). Screening patient MUST be scheduled within one (1) month from date of the screening appointment. If the patient isn’t appointed within the months’ time, the patient will be placed on the call list for other students to appoint.
- OR explain to patient that they will be placed on a call list and another student may call them to be scheduled.
- Indicate in clinical notes how the patient was scheduled: appointment with student or call list.
  - Return screening kit to dispensary for sterilization
  - Complete clinical chart notes in Dentrix with the appropriate signatures
    - Medical and Dental History note – signed by DDS
    - Clinical notes – signed by instructor and student

**Unscheduled List/Recall List**
- Students utilize this list to assist in finding patients and is located by following this pathway in Dentrix:
  - Dentrix → Appointment Book → ‘Appointment Lists – Unscheduled List’
- It is the student’s responsibility to remove the patient from the unscheduled list once an appointment is made.

**6-4 The program must develop and distribute a written statement of patients’ rights to all patients, appropriate students, faculty, and staff.**

**Intent:**
The primacy of care for the patient should be well-established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:

- a) considerate, respectful and confidential treatment;
- b) continuity and completion of treatment;
- c) access to complete and current information about his/her condition;
- d) advance knowledge of the cost of treatment;
- e) informed consent;
- f) explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;
- g) treatment that meets the standard of care in the profession.

**Narrative Response and Documentation:**

1. **As an exhibit, provide a copy of the written statement of patients’ rights.**
   Describe how the statement is distributed to students, faculty, staff and patients.

The patient bill of rights is included on the informed consent that each new patient is required to sign. Students receive copies in their DH Theory courses. The Patient bill of rights is also part
of the Rio Salado Dental Hygiene Program’s Policy and Procedures Manual. All new faculty and staff are given a copy of the Policy and Procedure Manual upon hire and are told that they are expected to be familiar with the contents. Students are also given a copy at their orientation and are expected to be familiar with the information.

Exhibit 6-5 Informed Consent

6-5 All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

Intent:
The need for students to be able to provide basic life support procedures is essential in the delivery of health care.

Narrative Response and Documentation:

1. Describe the program’s policy regarding basic life support recognition (certification) for students, faculty and support staff who are involved in the direct provision of patient care. Provide a copy of the policy as an exhibit.

CPR-Healthcare Certification
Students must present a valid CPR card indicating Healthcare Provider Certification which includes infant, child, adult, 1- and 2-man rescuer and AED techniques. The certification must remain current throughout the program. Students must monitor the recertification dates and submit a copy of the recertification card, prior to expiration, to the clinic coordinator.

This information is on syllabi for Clinics DHE133, DHE213, DHE 233, and Local Anesthesia DHE227.

Faculty: To maintain current dental hygiene license Arizona Administrative Code R4-11-301 A.6 states: An applicant for licensure in the State of Arizona must provide: A copy showing the expiration date of the applicant’s current cardiopulmonary resuscitation healthcare provider level certificate from the American Red Cross, the American Heart Association, or another certifying agency that follows the same procedures, standards, and techniques for CPR training and certification as the American Red Cross or American Heart Association

Arizona Administrative Code R4-11-1204 A.5 states that A dental hygienist shall complete 54 credit hours of recognized continuing dental education in each license renewal period and:

At least 3 credit hours in CPR healthcare provider and a current CPR Health Care Provider Level must be turned into the Arizona Board of Dental Examiners upon each triennial licensure renewal period.
2. How does the program ensure that continuous recognition/certification in CPR with AED for all students, faculty and support staff is maintained? 
Copies of all faculty and students involved in direct patient care must provide a current copy of their CPR with AED cards. These copies are kept in binders and monitored by the clinic coordinator.

3. Are exceptions to this policy made for persons who are medically or physically unable to perform such services? If so, how are these records maintained by the program?

Exceptions are not made to the policy. All Faculty and students are in compliance.

Note: Please include copies of all student, faculty and staff CPR cards in binder referenced in the Self-Study Guide under Standard 3-7 will be available on site.

6-6 The program’s policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

Intent:
The program should have a system in place to ensure patient confidentiality. The use of student employees as secretarial staff does not preclude the essential need for patient confidentiality.

Narrative Response:

1. Describe how patient confidentiality is maintained.

Patient Confidentiality Policy For Students, Staff, and Faculty
1. All information in patient’s records is confidential and is not to be printed, copied or revealed to others, except for specific course assignments as approved by an instructor.
2. Patient information used in the context of a learning experience, case presentation, or research will be anonymous, avoiding the use of protected health information and following HIPAA guidelines of patient privacy.
3. A breach of confidentiality will result in disciplinary action, up to and including possible termination of employment or suspension from the dental hygiene program.
4. Oral communication in the clinic setting will be conducted in a discreet and confidential manner.
5. Electronic communication (e.g., fax transmittals) of patient information will be conducted in a discreet and confidential manner, utilizing cover sheets during fax transmissions.
6. To ensure that MCCCD students, faculty, and staff involved in clinical training of students understand the patient privacy requirements of those clinical sites and of
applicable law, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996, all faculty, staff, and students will sign a confidentiality agreement for MCCCD Health Care Integrated Educational System and complete the MCCCD HIPAA Assessment Tutorial at the beginning of clinical training and then on an annual basis.

Confidentiality policies are documented in the Policy and Procedures Manual

Exhibit Policy and Procedure Manual
CONCLUSIONS AND SUMMARY OF THE SELF-STUDY REPORT

Note: This summary culminates the self-study report in a qualitative appraisal and analysis of the program’s strengths and weaknesses.

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

1. Provide an evaluation of the assessment process. Discuss the effectiveness of the program relative to student achievement.

The assessment process is effective and ongoing. It has contributed to the consistency and improvement of the program. The information gained through the variety of assessment tools creates a data driven foundation for making appropriate changes in the program. The use of licensure examination results, graduation, alumni and employer survey data provides information on student outcomes and meeting the current workforce needs of the community. The curriculum management process provides the ability of the faculty to make necessary changes to integrate current knowledge to meet the program’s goals. All the pieces of the assessment process work together to achieve student outcomes. Student achievement remains high and the program continues to meet our goals.

2. Assess the stability of the program’s fiscal support as anticipated over the next several years.

The college is committed to the dental hygiene program. Fiscal support of the program is adequate and stable as it has been since the start of the program 20 years ago. The dental hygiene program remains a part of the college’s strategic plan and contributes to the college’s key performance indicators.

3. Assess how financial support affects achievement of program goals.

There is adequate financial support to meet the program goals. The dental hygiene program continues to remain current in the latest technology trends in dentistry.

4. Evaluate the overall effectiveness of the professional community liaison of its interactions with the dental hygiene program in providing information on dental and dental hygiene practice and employment needs, and helping the program meet its objectives.

The dental community has been supportive of the program since it’s inception. The advisory council and employer surveys provide valuable information regarding the current state of the local private practice community as well as employment trends and status. Rio Salado College’s Dental Hygiene Program continues to support the workforce needs of the dental community.
STANDARD 2 - EDUCATIONAL PROGRAM

1. Evaluate the admissions criteria relative to student achievement and program completion rates.

The admission criteria have been successful in identifying students with potential for completing the curriculum. The science GPA of 3.5 and general education GPA of 3.25 provide a measure of academic rigor to support student achievement in the dental hygiene program.

2. Assess the effectiveness of policies and methods used for the award of advanced standing credit. Do they effectively result in equivalent student competence?

The Rio Salado College Dental Hygiene Program maintains an advanced standing policy it has not accepted any students on an advanced standing basis. The policy created ensures that all incoming students will have met the same admission requirements of our dental hygiene students.

3. Describe any concerns related to enrollment trends.

The enrollment trends remain consistent with a constant increase in applications per year over the last 3 years. The Maricopa Dental Hygiene Programs have approximately a two year waiting list to enter one of the three programs. The Maricopa Oral Health Leadership Council is working to address the wait list.

4. Evaluate the extent to which the program goals and objectives provide for the ongoing inclusion of scientific advancement and innovations in dental hygiene practice and health care systems.

Program goal number three articulates a commitment to provide graduates a learning environment that fosters a commitment to scientific inquiry, life-long learning, community service and professional development. The clinical experiences provided to the students support them to function competently within changing health care delivery systems. Didactic and clinical curriculum supports evidenced based decision making.

5. Explain the rationale for the overall curriculum structure and sequence.

The prerequisite requirements for entrance into the dental hygiene program provide the student with foundational knowledge in general education and sciences. The dental hygiene curriculum is sequenced to provide foundational knowledge and gradually guide students toward greater depth of understanding and application according to Bloom’s Taxonomy. Expectations for student performance increase as they matriculate through the program.

6. Appraise students’ ability to evaluate the outcome of dental hygiene care through experience with maintenance or continuing care appointments for clinic patients.
Students are required to fully complete patient’s care and treat each person. Periodontal recare and reevaluation is included with each Nonsurgical Periodontal Therapy provided allowing the student to evaluate and assess the outcomes of dental hygiene care. Students gradually develop the ability to make more discerning observations and evaluations of health versus disease and corresponding recommendations for care.

**STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF**

1. To what extent does the program administrator have authority commensurate with his/her responsibilities to support the goals and objectives of the dental hygiene program?

The program director has full authority commensurate with her responsibilities to support the goals and objectives of the dental hygiene program.

2. Summarize and provide examples of the program director’s authority to make decisions regarding continuous coordination, evaluation and development of the dental hygiene program.

The program director has the authority to make decisions regarding continuous coordination, evaluation and development of the dental hygiene program. The program director attends monthly meetings with the Maricopa Oral Health Leadership and Instructional Councils. It is through these meetings that courses are placed in the curriculum cycle for review, updates and changes. The program director also places courses in the life cycle for RioLearn. The past year the following courses have been updated in RioLearn: DHE117 Dental Radiology, DHE127 Prevention, DHE219 Practice Management, and DHE232 Dental Hygiene Theory II. The program director updates and revises the program policy and procedures and clinic manuals. The program director makes and places budgetary requests during the annual budgetary process. The program director is a part of the larger faculty chair cohort model at Rio Salado College and attends bimonthly meetings with group. Faculty chairs serve in all areas of the college and have direct input in the learning management system.

3. Evaluate the adequacy of the number of program faculty, and scheduling flexibility to achieve program goals.

The program is staffed with an adequate number of faculty to achieve program goals. The schedule is developed to meet the students needs with adequate adjunct faculty to allow for significant scheduling flexibility.

4. Assess the extent to which provisions for faculty appointments ensure that faculty will have non-teaching time to evaluate the program and institute changes on a continuing basis.

The provisions for faculty appointments at Rio Salado College allow adequate non-teaching time to evaluate the program and implement changes on a continuing basis. The core load is
compromised of instructional leadership to maintain and improve quality instruction and manage departmental affairs.

5. To what extent do laboratory, preclinical and clinical faculty/student ratios enable the program to achieve its objectives?

Faculty/student ratios during laboratories, preclinical and clinical sessions are adequate to provide individualized instruction, protection of patients and evaluation of students to meet the program goals.

6. To what degree do faculty workloads allow for effective supervision of exceptional and/or slow students?

The program schedules an appropriate number of faculty to effectively supervise all student experiences. Students requiring remediation or additional attention beyond the normal regularly scheduled clinic sessions are offered or required to participate in one-on-one remediation sessions. Adjunct faculty who supervise these sessions are compensated at their usual hourly rate.

7. Assess the effectiveness of the current arrangements for the dentist(s) who provide(s) supervisory, diagnostic, consultative and referral services for the dental hygiene clinic.

The supervising dentist is part of the adjunct faculty staff and subject to the same standards and evaluation of all adjunct faculty.

8. Assess the effectiveness of the faculty evaluation system.

The program uses the faculty evaluation system developed by the college and used by all other programs. Specific evaluation forms and criteria have been developed for clinical faculty to provide more job specific feedback. These evaluation systems are effective and allow for feedback and improvement.

9. Explain the extent to which the institution/program support the endeavors of faculty to meet and maintain qualifications listed within the standards.

The opportunities for faculty to continue their professional development are excellent. Professional development is across all employee groups including residential faculty, exempt and non-exempt, and adjunct faculty. The college supports the professional development of all faculty.

10. Evaluate the adequacy of support services available to the program.

Support services are adequate and wide-ranging. The college recognizes that every program has unique needs and has been successful at providing the services necessary to run an effective program.
STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

1. Assess the advantages and disadvantages of the capacity, design, and scheduling of clinical, laboratory and classroom facilities and equipment.

The on-campus clinical facility has adequate clinical, laboratory and radiography facilities. The classroom facilities and equipment are convenient and adequate. The necessary safety equipment is available, and procedures are in place to provide students with appropriate learning experiences. There are no disadvantages to the capacity of the clinic.

2. Evaluate the adequacy of the facilities and scheduling flexibility to achieve program goals and objectives.

The clinical facilities and equipment are adequate to provide all dental hygiene students with sufficient clinical practice experience to meet the programs goals and objectives.

3. Assess the advantages and disadvantages of the capacity, design and scheduling of the clinical facility and equipment in relation to the attainment of program goals and provision of adequate clinical practice experiences for all dental hygiene students.

The clinic facility and equipment were planned for the exclusive use of the dental hygiene program. The program director prepares the clinical and classroom schedules. Scheduling is for classroom space is completed through the facilities department with adequate availability for the dental hygiene program to meet the program goals. Clinic schedules meet the needs of the students and provide an appropriate number of hours and experiences to meet program goals. The design of the clinic facilities requires faculty stand within their assigned group area to facilitate student learning.

4. Evaluate the comprehensiveness, diversity, currency and quality of the texts and periodicals pertaining to dentistry and dental hygiene that are available for use.

The Rio Salado College Library provides a number of quality, diverse and comprehensive periodicals and databases in dentistry and dental hygiene. Resources that are not available can be obtained through the district inter-library loan or by request.

5. Assess the budget available to purchase instructional aids and equipment.

The dental hygiene budget is adequate and funding available for the purchase of instructional aids and equipment.

6. Summarize and evaluate the effectiveness of all program support services.
The college provides exceptional support services for the program and dental hygiene students. Counseling, tutoring and other academic support services are available in person and online. The disability resources and services provide support and accommodations for students. The library services are online with faculty available in person at Rio Salado Tempe.

**STANDARD 5 - HEALTH AND SAFETY PROVISIONS**

1. Assess the effectiveness of the institution’s policies and procedures in ensuring a safe environment for patients, students, faculty and staff: a) infectious diseases; b) ionizing radiation; and, c) sterilizing and disinfecting equipment and procedures in relation to practicing current infection and hazard control.

The program and institution have established current, comprehensive policies related to management of infectious diseases, ionizing radiation, and sterilization and disinfecting equipment and procedures for ensuring a safe environment for patients, students, faculty and staff. Student instruction in each of these areas is a priority and policies are strongly enforced.

2. Evaluate the adequacy of the emergency equipment and materials in relation to instruction in managing dental emergencies. Assess the effectiveness of the program’s policies and resources relative to emergencies.

The emergency equipment and materials are adequate and monitored regularly. The emergency management policies are well developed and reviewed on a regular basis.

**STANDARD 6 - PATIENT CARE SERVICES**

1. Evaluate the extent to which the program provides quality dental hygiene care.

The dental hygiene program provides quality dental hygiene care that is monitored by dental hygiene faculty, supervising dentist and quality assurance plan. Comprehensive clinical assessments and various checks and balances demonstrate the commitment of faculty to the development of competent dental hygienists. The clinic follows the accepted Standards of Clinical Practice and the ADPIED process of care.

2. Assess the program’s effectiveness in ensuring the continuous basic life support recognition of all students, faculty and staff who are involved in the direct provision of patient care.

The program’s policies, procedures and tracking CPR certification are effective in ensuring continuous basic life support certification.