AAS Dental Hygiene Program Assessment Plan Chair: Mary-Catherine Dean

Mission, Goals, and Student Learning Outcomes

The mission of the Dental Hygiene department within the Community College of Denver is to achieve excellence in the preparation of dental hygienists for delivering the highest quality of oral health assessments, diagnosis and treatment planning, and clinical care in their professional careers. The program provides superior instruction and curriculum development in all areas of the dental hygiene process of care to develop the student skills necessary for graduates to contribute critical thinking, problem solving, and evidence-based decision making to their respective employers. Graduates are personally responsible, ethical professionals capable of delivering care to all types of patients within diverse community populations necessary in this 21st century workforce.

Program Student Learning Outcomes

- 1. Accurately assess a patient including all aspects from medical history and vital signs to periodontal status in order to provide a comprehensive treatment plan.
 - a. Medical history/patient medications
 - b. ASA Classification
 - c. Radiograph exposure/interpretation
 - d. Extraoral/Intraoral examination variations of normal, hard charting, existing conditions, decay
 - e. Periodontal Charting
 - f. Periodontal Risk Assessment
 - g. Caries Risk Assessment
 - h. Treatment Plan
 - Post-treatment Follow-up and Reassessment
 - i. Correct use of intraoral and extraoral photos
 - k. Patient ethnic/cultural considerations
 - Patient motivation factors
 - m. Patient ability to understand and perform oral hygiene self-care
- 2. Based on the knowledge gathered in the patient assessment, provide a comprehensive treatment plan that takes into account all relevant factors
 - a. Treatment Plan that is concise
 - b. Treatment Plan that is culturally sensitive
 - c. Treatment plan that takes into account patient motivation
 - d. Treatment plan that takes into account patient's ability to perform the requisite recommendations
 - e. Post-treatment Follow-up and Reassessment

Curriculum Map

Key:

I-Introduced

R-Reinforced

M-Mastery

W-Written

IN-Internship

EX-Examination

Courses	Assessment of Patient
DEH 101	I, EX
DEH 102	I, EX
DEH 103	I, W, EX
DEH 104	I, EX
DEH 111	I, EX
DEH 116	I, EX
DEH 123	I, EX
DEH 122	I, W, EX
DEH 126	I, EX
DEH 132	I, EX
DEH 153	I, EX
DEH 170	I, EX
DEH 171	R, EX
DEH 133	R, EX
DEH 138	R, EX
DEH 150	R, EX
DEH 202	R, W, EX
DEH 204	E, EX
DEH 224	R, W, EX
DEH 213	R, W, EX
DEH 268	R, EX
DEH 270	R, EX
DEH 271	M, EX
DEH 221	M, W
DEH 225	M, IN
DEH 285	M, W, EX
DEH 282	M, W

Assessment Schedule

Students are given an assignment called the "Complex Patient." This assignment is a compilation and assimilation of all skills learned throughout the Dental Hygiene program. The assignment is introduced in the summer semester with full details of the assignment given in the first semester of the students' second year during clinic theory with the assumption that students will search for and start an assessment on a suitable patient as soon as possible. The final presentation is given at the end of clinic theory class in the second year, spring semester shortly before graduation.

Benchmark & Use of Results

Overall results of all students will be compared and checked for consistencies in errors by the instructor of record while compiling grading rubrics from the three examiners. Errors generated in particular categories that arise in 30% of the class or more will be investigated on the program level for student and instructor performance. These issues will be brought to the Program Director for examination and discussion during the quarterly curriculum management meetings with all faculty. For example, student errors in the periodontal examination part affecting more than 30% of students will be tracked among the assessment matrix to improve outcomes in those particular courses delivering that information. The errors will be charted in a matrix format to determine which classes are providing introductory instruction and reinforcement in the particular area where the error occurred. A plan to redevelop or boost the curriculum in those areas will be determined which could include the addition of an Objective Simulated Clinical Examination (OSCE), a process evaluation, or a project addressing the particular deficiency. The type of addition will be dependent upon the area where the error occurred and what would be the most appropriate way to fix the deficiency. Other student errors will be likewise tracked and assessed. These errors will also be matched against incoming NBDHE scores in that particular category as well for confirmation or disagreement.