



UNIVERSITY of HAWAII®  
**MAUI COLLEGE**

## **Provisional to Established Program Proposal**

### **Associate in Science Degree (AS) in Dental Hygiene**

**Date of Proposal: Fall 2012**

**Proposed Date of Permanent Status: Spring 2013**

# Introduction

On November 15, 2007, the University of Hawai'i Board Of Regents granted Provisional approval to the Associate in Science Degree in Dental Hygiene (DH). The dental hygiene program has a two-year curriculum and is the second step in the Dental Assisting >Dental Hygiene Career Ladder.

In March of 2008, An Initial Accreditation Application for a Dental Hygiene Education Program was filed with the American Dental Association Commission on Dental Accreditation. (ADA CODA.) In 2009, the program in Dental Hygiene was granted the accreditation status of "initial accreditation" by. (ADA CODA). The Commission is a specialized accrediting body recognized by the United States Department of Education.

In Spring 2011, The University of Hawai'i Maui College granted all the nine DH graduates the Associate in Science Degree in Dental Hygiene.

On August 4, 2011, the UHMC DH Program was granted the accreditation status of "approval without reporting requirements." The next site visit for the program is scheduled for 2018. This approval is only granted after the first graduating class successfully completes the program (Appendix A).

***1. Is the program organized to meet its objective? (Discussion of curriculum, requirements, admissions, advising, and counseling, and other aspects of the program, with reference to its objectives.)***

The Dental Hygiene Program functions within the structure of the Allied Health Programs at UH Maui College and the general philosophy of the program and the University of Hawaii. The program is designed to help meet the education needs of oral health providers in Maui County and the neighbor islands. The following statements are from the UHMC DH Program philosophy and goals:

*"We believe that dental hygiene is an essential health discipline whose practitioners provide quality care within a patient/client system framework that encompasses client, family, and community. At UH Maui College the Dental Hygiene Program is committed to prepare students from a variety of backgrounds to serve the community and society by meeting their oral health care needs in a changing environment. This challenge is to facilitate the variety of opportunities necessary for students with diverse abilities and learning styles to demonstrate the knowledge, skills, and attitudes that are basic to the practice of dental hygiene.*

*Dental hygiene education is a structured process through which students acquire knowledge and skills, examine attitudes, and develop a philosophy of dental hygiene.*

*Expansion and changes within the scope of dental hygiene practice have resulted in a variety of dental hygiene roles and educational programs. Although the educational preparation may differ in the context of these variables, we believe that there is a common core of knowledge, skills, and attitudes, which provide a foundation for dental hygiene practice. The faculty strongly believes that collaborative action by all aspects of dentistry and other members of the health team is important in order to meet today's oral health care needs."*

The curriculum is organized in accordance with requirements of ADA CODA for a DH program (Appendix B). These requirements are reflected in the am curriculum map, admission requirements and resources regarding advising and counseling services.

A formal assessment schedule, or plan is utilized to include how, when and by whom the program goals are reviewed, evaluated and revised. The review, evaluation, and necessary revisions of the program goals is an ongoing process administered by Dental Hygiene Program coordinator and other involved DH faculty members utilizing the Curriculum Management Plan (CMP), the Program Competencies and Outcomes Assessment (Appendix C).

The following is a list of the DH Program Learning Outcomes (PLO):

## **1. Program Learning Outcomes**

### **A. Program Learning Outcomes List**

Upon graduation the dental hygiene students will be able to:

- a) Demonstrate their cumulative knowledge and skill by successfully passing both written and clinical dental hygiene board examinations.
- b) Provide comprehensive dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidence-based practice.
- c) Provide accurate, consistent, and complete documentation for assessment, and evaluation of dental hygiene services.

Through UHMC's annual program review process, DH faculty, objectives, and outcomes of the Program are continuously reviewed and assessed. The summary of strengths and weakness from the 2011 Program Review is outlined below:

UH Maui College DH Program Strengths and Weaknesses Report	
STRENGTHS	WEAKNESSES
Maintain high level of qualified faculty	Limited clinical faculty which is shared by two other dental programs; MOHC & the DA Program
Access to AS degree in Dental Hygiene at UHMC	Current facility is out dated Program will move to newly renovated facility on UHMC campus in 2014
Meeting the demands of local dental health providers who need hygienists	
Support from strong active community Advisory Committee	

A copy of the 2011 Program Review can be viewed in Appendix D.

***2. Is the program meeting its learning objectives for students? (An assessment of the quality of student learning as indicated by systemic analysis of student performance with reference to standard expectations, surveys of student satisfaction with instructional aspects of the program, etc.)***

Student performance is evaluated at the course level, program level, and through national and state licensure. The students' course Pass/Fail Rates are included in Appendix E. All DH Students successfully passed the National Board Dental Hygiene Examination (written) portion in March 2011. During Central Regional Dental Testing Service (clinical) Examination, two out of nine students were unsuccessful on their first attempt to pass the clinical dental hygiene board exam due to improper patient selection. Although these two students were unsuccessful on their first attempt, they successfully earned a 96% and 100% on the first retake. Therefore, in academic year 2011 all nine students successfully passed both written and clinical dental hygiene board examinations (Appendix E).

The 2011 Annual Review illustrates in Part II, Analysis of the Program; the Timetable of Program Learning Outcomes and Review Cycle of each DH Course.

Assessment Plan  
Timetable of Program Learning Outcome-Program Review Cycle

PLO	2010	2011	2012	2013	2014
1		DH 263 Spring		DH 263 Spring	
2	DH 153 Spring	DH 261 Fall	DH 155 Spring		DH 258 Fall
3	DH 260 Fall		DH 262 Fall	DH 257 Fall	DH 156 Spring

The curriculum is structured to demonstrate higher-order knowledge and application. Content increases in depth and complexity as the program progresses. Case studies and discussion of evidenced- based dental hygiene care with emphasize current dental hygiene practice will increase higher order application of knowledge. All skills are taught to maximize clinical competency.

Methods to assess Student Learning Outcomes (SLOs) for all DH courses are included in course syllabus and outlines. Rubrics and or other scoring instruments are utilized within the courses to ensure that students know the expectations. See Appendix F for a sample of evaluation methods.

Results of the Final Student Performance Evaluation/Graduate Survey completed by faculty can be viewed in Appendix G. All graduating students either met or exceeded expectations of the DH Program in 2011.

After 1 year of DH practice, an online survey was sent to the DH graduates (Appendix H). Under the category of Assessment, Diagnosis and Planning, Evaluation and Additional Competencies, all respondents agreed or strongly agreed that they are competent. Under the category of Implementation, all respondents agreed or strongly agreed except in the areas of care of oral prosthesis and the care and maintenance of restorations.

***3. Are program resources adequate? (Analysis of number and distribution of faculty, faculty areas of expertise, budget and sources of funds, and facilities and equipment.)***

**Human Resources**

Although budgeted in the Provisional Program approved in 2007, the Program deferred hiring the second 1.0 FTE DH faculty member for fall 2010 based on limited clinical facility availability. The decision was made to admit a new class every other academic year due to the limited available clinical space. Therefore only one full time DH faculty member is required until the new dental facility is complete. The second 1.0 FTE and lecturers will be required in fall 2014, the anticipated occupancy date of the new dental facility on the UHMC campus.

Currently, one full-time faculty position is funded. In addition, there are six part-time lecturers. There is a full-time Allied Health Counselor who serves the whole AH Program including the DH Program. We satisfy the ADA CODA mandate that the faculty to student ratio for clinical courses remain at 1:5. This standard provides individualized instruction. Patient safety is a strength of the UHMC DH program.

The UHMC DH Faculty consists of dental hygienists, general dentists, and a Periodontist. They bring practical skills and experience to the program. To augment their classroom efficacy, each DH Instructor is mentored by the DH Program Coordinator. All faculty and

lecturers have attended workshops in Education Theory and Methodology, an expectation of the ADACODA. See Appendix I for a list of DH Program Faculty.

Dental and other health professionals in the community act as a valuable resource for the Dental Hygiene Program. Professionals support the program in a variety of ways: members of the advisory committee, adjunct clinical and didactic faculty, resource speakers on topics such as dental implants, tobacco-cessation programs, what to expect in the "real world", which offers practical clinical training.

Dental health professionals also mentor new graduates, serve as role models for students, refer patients to Maui Oral Health Center, which serves as our clinical training site and donates money to the UHMC Foundation, and assist with funding for out of State Dental meetings.

The Maui dental and dental hygiene communities are collaborative and well represented on the UH Maui College Dental Advisory Committee. Many of the Dental Advisory Members serve as Guest Lecturers in the dental programs.

The strong Advisory Committee is clearly a strength of the UH Maui College Hygiene Program. Members actively engage in promoting employment opportunities.

#### **2012-2013 UHMC Dental Advisory Committee Members Dental Assisting and Hygiene**

Michael Clarke, DDS, MS, Oral Surgeon, Private Practice  
Mickey Damerall, DDS, MS, Orthodontist, Private Practice  
Matt Dodson, DDS, Private Practice  
Rowena Estayo, consumer  
Andrea Hetherington, CDA, DH Student  
Scott Kanamori, DDS, Private Practice  
Frank Kihara, DDS, MS, Periodontist, Private Practice  
Jonathan Lau, DDS, Private Practice  
Daniel Mayeda, DDS, Cosmetic and Implant Dentistry, Private Practice  
James Merrett, DDS, Private Practice  
Neil C. Nunokawa, DDS, Private Practice  
Joyce O'Hanlon, RDH, BA, Private Practice  
Fumio Tsuji, DDS, Private Practice, Retired  
Jeannette Vences, CDA, Private Practice

## **Campus Facilities**

The Maui Oral Health Center (MOHC) serves as the clinical teaching facility for all dental programs. There are 7 functional treatment areas in the MOHC. All treatment rooms have radiology/digital components that are used for preclinical and clinical instruction in patient care.

The new dental programs facility is expected to be completed in 2014. The new clinic will be located on the main campus of UHMC. The new dental facility will have 18 state of the art operatories, laboratory, conference room, faculty and staff office. The new facility will allow UHMC to serve additional uninsured or Medicaid-eligible students and the community at large. It is anticipated that the dental facility will increase the numbers of patients currently served by approximately 30%. See Appendix J for schematic and floor plan of the new facility.

## **Class Facilities**

In addition to using the classroom at the MOHC, many of the DH courses utilize classrooms on campus. On the UHMC campus, classroom space is shared with rooms assigned to the Allied Health Department. A room-scheduling meeting is held each semester prior to scheduling. Supply cabinets are available for program-specific supplies and equipment.

Most campus rooms have a 30-student capacity. Equipment available in each room includes:

- Computer with CD-Rom and DVD drive
- Large projection screen
- ELMO
- VCR and monitor
- Media work table
- Instructor desk and chair

The Library and Learning center are essentials resources for student success in this rigorous curriculum/program (Appendix K).

## **Financial Resources**

Funding for the Dental Hygiene Program includes needs for faculty, facilities, equipment, and supplies. The funding needed for program development and implementation during the first three years of the Dental Program was provided through grants from the Federal, State, County, and private donations. Reimbursements for services provided by the Maui Oral Health Initiative fund supplies and equipment which support student learning.

Tuitions and Professional Fees (\$500/student/semester) provide on-going resources for the program. <http://www.hawaii.edu/finaid/tuition.html>

### External Funds Supporting University of Hawaii Maui College Dental Programs

Source	Year	Amount
Hawaii DHS		
Dental Support Budget	2012	\$100,000
MOHI Taskorder	2011	\$232,426
MOHI Taskorder	2010	\$232,507
MOHI Taskorder	2009	\$276,236
MOHI Taskorder	2008	\$250,008
MOHI Taskorder	2007	\$221,315
County of Maui -AH ( Nsg & Dental)		Dental Portion = (clerical, IT, & TLC @ 50% of award)
Expansion of Allied Health	2012	\$ 33,841 ( clerical & IT)
Expansion of Allied Health	2011	\$ 62,906 (clerical, IT & facility)
Expansion of Allied Health	2010	\$171,504 (clerical, IT, facility & supplies)
Expansion of Allied Health	2009	\$223,122 (clerical, IT, facility, TLC & supplies)
Expansion of Allied Health	2008	\$199,104 (clerical, IT, facility, TLC & supplies)
Expansion of Allied Health	2007	\$203,788 (clerical, IT, facility, supplies)
US Department of Labor-RDP	2010	\$ 50,169
University of Hawaii Foundation	2002-2010	\$475,000
Carl Perkins Vocational Fund		
Dental Program	2004	\$ 59,000
	2003	\$ 55,000
Dental Residency Program	2004	\$45,000
Lutheran Medical Center, NY		
<b>TOTAL</b>		<b>\$2,890,926</b>

The major costs for the Dental Hygiene Program are positions for 1.0 FTE registered dental hygienists and lecturers per academic year. The Program deferred hiring a second 1.0 FTE faculty for fall 2010 based on limited clinical facility availability. The Program reported a Major Change to Commission in December 2009 to admit one class every two years versus one class every academic year (Appendix L). The second 1.0 FTE and 4-6 part-time lecturers will be required in fall 2014, the anticipated occupancy of the new dental facility on the UHMC campus (See Cost Revenues Template).

**4. Is the program efficient? (An assessment of productivity and cost/ benefit considerations within the overall context of campus and University "mission" and planning priorities. Include quantitative measures comparing, for example, SSH/faculty, average class size, cost per SSH, cost per major with other programs in the college, on the campus and, as appropriate, similar programs on other UH campuses.)**

The Institutional Data summarizes the program outcomes. The program demand and effectiveness indicators were evaluated as "Healthy." The efficiency indicator was incorrectly evaluated as "Cautionary." Under the Efficiency Indicators, the Average Class

size is listed as 8.8 in 10-11, the class size was actually 9. The ADACODA mandates clinical groups of 5 or less. Therefore the program admits only 10 students per cohort. Given this mandate, the enrollment of the 9 students met the efficiency indicators.

**University of Hawaii Maui College**  
**2011 Instructional Annual Report of Program Data**

**Dental Hygiene**

**Part I: Program Quantitative Indicators**

**Overall Program Health: Healthy**

Majors Included: DH

Demand Indicators		Program Year			Demand Health Call
		08-09	09-10	10-11	
1	New & Replacement Positions (State)	0	27	33	Healthy
2	New & Replacement Positions (County Prorated)	0	2	3	
3	Number of Majors	0	11	10	
4	SSH Program Majors in Program Classes	0	190	185	
5	SSH Non-Majors in Program Classes	0	14	0	
6	SSH in All Program Classes	0	204	185	
7	FTE Enrollment in Program Classes	0	7	6	
8	Total Number of Classes Taught	0	10	9	

Efficiency Indicators		Program Year			Efficiency Health Call
		08-09	09-10	10-11	
9	Average Class Size	0	10.4	8.8	Cautionary
10	Fill Rate	0%	99%	88%	
11	FTE BOR Appointed Faculty	0	0	0	
12	Majors to FTE BOR Appointed Faculty	0	0	0	
13	Majors to Analytic FTE Faculty	0	14.2	12.2	
13a	Analytic FTE Faculty	0	0.7	0.8	
14	Overall Program Budget Allocation	Not Yet Reported	\$78,547	\$90,786	
14a	General Funded Budget Allocation	Not Yet Reported	\$84,047	\$81,786	
14b	Special/Federal Budget Allocation	Not Yet Reported	\$0	\$0	
15	Cost per SSH	Not Yet Reported	\$385	\$491	
16	Number of Low-Enrolled (<10) Classes	0	0	9	

Effectiveness Indicators		Program Year			Effectiveness Health Call
		08-09	09-10	10-11	
17	Successful Completion (Equivalent C or Higher)	0%	96%	100%	Healthy
18	Withdrawals (Grade = W)	0	0	0	
19	Persistence (Fall to Spring)	0%	100%	100%	
20	Unduplicated Degrees/Certificates Awarded	0	0	9	
20a	Degrees Awarded	0	0	9	
20b	Certificates of Achievement Awarded	0	0	0	
20c	Academic Subject Certificates Awarded	0	0	0	
20d	Other Certificates Awarded	0	0	0	
21	Transfers to UH 4-yr	0	0	0	
21a	Transfers with credential from program	0	0	0	
21b	Transfers without credential from program	0	0	0	

**5. Evidence of Program Quality.** (A qualitative assessment of the program in relation to competing demands for resources by new programs and continuing programs. Accreditation or other external evaluation, student performance [e.g., on external exams], satisfaction, placement and employer satisfaction, awards to faculty and student faculty publication record, evaluation of faculty, etc.)

On August 4, 2011, the UHMC DH Program was granted the accreditation status of "approval without reporting requirements." The next site visit for the program is

scheduled for 2018. This is the highest level of accreditation that can be obtained and clearly illustrates the many strengths and quality of the DH Program (Appendix A).

The quality of the curriculum and instruction in the UHMC DH Program is highlighted by the 100% pass rate of both the written and clinical DH Boards by all DH students. In the written or National Board Dental Hygiene Examination, UHMC DH students scored above the National average. In addition, 70% of the UHMC DH students scored 91% and above and 40% achieved a perfect score of 100% (Appendix E DH Board Results).

Student evaluations of faculty are preformed after each DH course has been taught. These evaluations give faculty members important input and suggestions on how they may become more effective instructors. A sample of these evaluations can be found in Appendix M.

Since the inception of the DH Program in 2009, the continuity of highly qualified DH faculty has been a strength of the program. In addition to student evaluations, peer evaluations are also preformed once a semester. The information obtained is valuable for faculty development.

Dental Hygiene is established as a high demand career choice due to the community need for providers and the competitive salary for an Associate Degree graduate.

The Employment Outlook according to the American Dental Association states:

“According to the Bureau of Labor Statistics (BLS), “employment of dental hygienists is expected to grow 36 percent through 2018, much faster than average for all occupations, ranking dental hygiene among the fastest growing occupations. This is in response to increasing demands for dental care and the greater utilization of hygienists to perform services previously performed by dentists. Job prospects are expected to be favorable in most areas, but will vary by geographical location. Because graduates are permitted to practice only in the State in which they are licensed, hygienists wishing to practice in areas that have an abundance of dental hygiene programs may experience strong competition for jobs.”  
(<http://www.bls.gov/oco/ocos097.htm>).”

Hawaii has a baccalaureate degree in DH at UHM which graduates approximately 20 students per year. UMHC has the only Associate Science DH degree in the State of Hawaii. All 2011 UHMC DH graduates are currently employed in Maui County.

New UHMC DH Graduates are currently earning 30.00 to 40.00 per hour which is twice the Maui County Per Capita Salary.

<http://www.metasalary.com/statedata.php?id=Maui%20County.%20HI>

“Median annual wages of dental hygienists were \$66,570 in May 2008. The middle 50 percent earned between \$55,220 and \$78,990. The lowest 10 percent earned less than \$44,180, and the highest 10 percent earned more than \$91,470. Benefits vary substantially by practice setting and may be contingent upon full time employment.” (<http://www.bls.gov/oco/ocos097.htm>). See Appendix N for the full articles.

Employer Surveys and Patient Satisfaction Surveys provide additional evidence of Program Quality (Appendix O).

***6. Are program outcomes compatible with the objectives? (Analysis of numbers of majors, graduates, SSHs offered, service to non-majors, employment of graduates, etc., in relationship to objectives.)***

The data analysis as discussed in item number four validates the majors and graduates. Upon graduation, all DH graduates are industry-ready. All 2011 graduates are currently employed full time on Maui & Lanai.

The alignment of program outcomes and industry need is monitored and by evaluated by the college through the Program Review Process, the Dental Advisory Committee, Maui County Dental Society, and ADA CODA.

In academic year 2012-2013, Allied Health Counselor, Maggie Bruck and DH Program Coordinator, Rosie Vierra will actively recruit students from neighboring islands with the goal of having these students receive their DH education at UHMC and return to serve their community.

**7. Are program objectives still appropriate functions of the college and University? (Relationship to University mission and development plans, evidence of continuing need for the program, projections of employment opportunities for graduates, etc.)**

The table below compares the University of Hawaii System, UH Maui College and the Dental Hygiene Program goals and philosophy.

University of Hawaii System	UH Maui College	UHMC Dental Hygiene Program
<p><b>Mission:</b> The primary mission of the University is to provide environments in which faculty, staff and students can discover, examine critically, preserve and transmit the knowledge, wisdom, and values that will help ensure the survival of present and future generations with improvement in the quality of life.</p> <p><b>Core values:</b> To position the University of Hawaii as one of the world's foremost indigenous-serving universities by supporting the access and success of Native Hawaiians.</p> <p>To increase the educational capital of the state by increasing the participation and completion of students, particularly Native Hawaiians, low-income students, and those from underserved regions.</p> <p>To contribute to the state's economy and provide a solid return on its investment in higher education through research and training.</p> <p>To address critical workforce shortages and prepare students (undergraduate, graduate, and professional) for effective engagement and leadership in a global environment.</p> <p>To acquire, allocate, and manage public and private revenue streams and exercise exemplary stewardship over all of the University's resources for a sustainable future.</p>	<p><b>Mission:</b> UHMC is a learning-centered institution that provides affordable, high quality credit and non-credit educational opportunities to a diverse community of lifelong learners.</p> <p><b>Vision:</b> We envision a world-class college that meets current &amp; emerging Maui County education &amp; training needs through innovative, high-quality programs offered in stimulating learning environments &amp; guided by the Native Hawaiian reverence for ahupua'a, a practice of sustaining &amp; sharing diverse but finite resources for the benefit of all.</p> <p>UHMC believes it is equally important that students develop an appreciation of ethical principles, interpersonal skills, arts and humanities, and an awareness of civic and social responsibilities. Respect and appreciation of cultural diversity will be fostered through an understanding of historical, global, regional, and local perspectives.</p> <p>Through distance learning technology, interactive television, and the internet UHMC provides educational opportunities for all who live in Maui County.</p>	<p><b>Excerpts from UHMC Dental Hygiene Goals and Philosophy:</b> Goals of the dental hygiene program are to prepare the dental hygiene student to competently:</p> <p>Provide comprehensive dental hygiene care to clients of diverse social, economic and cultural backgrounds.</p> <p>Demonstrate the academic and clinical knowledge and skills required for the profession of dental hygiene.</p> <p>The program is designed to help meet the oral health provider and education needs in Maui County and the neighbor islands. We believe that dental hygiene is an essential health discipline whose practitioners provide quality care within a patient/client system framework that encompasses client, family, and community.</p> <p>Dental hygiene education is a structured process through which students acquire knowledge and skills, examine attitudes, and develop a philosophy of dental hygiene. Expansion and changes within the scope of dental hygiene practice have resulted in a variety of dental hygiene roles and educational programs. The faculty strongly believes that collaborative action by all aspects of dentistry and other members of the health team is important in order to meet today's oral health care needs.</p> <p>Learning is a life-long process that is influenced by the learner's development, motivation, and involvement. Learning has occurred when there has been a change in perception, attitude, or conceptual thought. The faculty foster knowledge of the various roles within the dental profession and an awareness of the need for lifelong learning and advancing competency over a lifetime of clinical practice</p>

The high demand, graduate success and benefit to the community of the Dental Hygiene program at UHMC validates its cost to the University. The qualified student applicant pool exceeds the available spaces 4 to 1. The selection process is competitive, the graduation rate, licensure success and employment opportunities demonstrate the exceptional quality and need for the program. Student testimonials written for The Board of Regents illustrated how the Program meets the mission, goals and philosophy of the University of Hawaii and UHMC DH Program.

The following are some examples of the current students' comments regarding what it means to them for UHMC to have a DH Program:

*"I love the convenience of having the Dental Hygiene Program on Maui. It makes the tuition more affordable, not having to pay out of state tuition." Krystal*

*"The University of Hawaii Maui College Dental Hygiene Program is conveniently located for students who live on Maui. It's affordable and an excellent program because its giving students hand on experience to prepare us (the students) for our career out in the field." Andrea*

*"Having the dental hygiene program on Maui meant I did not have to leave my home and uproot my family. It is also a much more affordable option and allows Maui students to remain surrounded by their support groups." Mary*

*"The program is important to me because it gave me an amazing opportunity to get a professional profession without leaving Maui." Kamilla*

*"I feel that it is important that we have the dental hygiene program here on Maui for many of reasons.... To start off with how fortunate I am that I was able to stay on the island, and still conquer my dreams of becoming a dental hygienist. Second, is how lucky we are to get a instate tuition, that is always very helpful. And most importantly is that we have teachers that are very helpful, stern, and supportive with all of us so we can all succeed." Chantel*

*I was very excited when I found that UH Maui College was offering a dental hygiene program. The program has allowed me to stay on the island with my family while pursuing my degree. The program benefits the community by offering free dental exams and cleanings through our clinic as well as preparing students to work in the community as dental professionals. Susan*

*"I am grateful for the opportunity the Dental Hygiene Program at UH Maui College has given me by allowing me to pursue my goal of becoming a dental hygienist. Offering the Dental Hygiene Program on Maui has made going to school more affordable, by allowing me to attend school while continuing to live at home. The program has been very rewarding and I feel confident that my instructors have the knowledge to help me succeed in the career I have chosen." Keri*

*"As a single parent, I am very grateful to attend UHMC Dental Hygiene program. It has given me an opportunity to advance my career in dental field without having to leave the island and still be able to provide for my son and study at the same time. I know that it will be the best and most rewarding thing that I could do for myself and my son." Maricel*

*"UHMC Dental Hygiene Program means everything to me. It is an affordable and local way to gain my education." Teal*

The PEW Foundation states, "Hawaii meets only one of the eight policy benchmarks aimed at improving children's dental health, making it the worst overall performer among the 50 states and the District of Columbia" (Appendix P). The UHMC Dental Hygiene Program contributes highly qualified, motivated practitioners of dental hygiene to the Hawaii community. They are ideally oriented to address the unique challenges to oral health in Hawaii because their training takes place in the community in which they live and which they serve.



**UH Maui College  
Dental Hygiene Program**

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August 5, 2011

Dr. Clyde Sakamoto  
Chancellor  
Maui Community College  
310 Kaahumanu Avenue  
Kahului, HI 96732

**RE: Dental Hygiene Program**

Dear President Sakamoto:

At its August 4, 2011 meeting, the Commission on Dental Accreditation (CODA) considered the site visit report on the dental hygiene program sponsored by Maui Community College.

On the basis of this review, the Commission adopted a resolution to grant the program the accreditation status of "approval without reporting requirements." The definitions of accreditation classifications are enclosed. No additional information is requested from the program at this time. The next site visit for the program is scheduled for **2018**.

A copy of the Commission's site visit report is enclosed. One copy of this report and the related enclosures have also been sent to the chief administrative officer and program director copied on this letter. The Commission requests that a copy of this report and the related enclosures be forwarded to appropriate individuals.

In taking this action, the Commission stipulated that it will expect the institution to keep the Commission informed as soon as possible of anticipated major changes in any approved educational program offered, particularly in the areas of administration, faculty, facilities and curriculum. The Commission's policy and guidelines for reporting major program changes can be found on the web at the following link:  
<http://www.ada.org/314.aspx>.

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

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


President Sakamoto

August 5, 2011

Page 2

The Commission wishes to thank you and the faculty and staff for their cooperation during the site visit. If this office can be of any assistance to you, please contact me at (800) 621-8099, extension 2695 or e-mail me at [wellingg@ada.org](mailto:wellingg@ada.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Gwen Welling". The signature is fluid and cursive, with a large initial "G" and a long horizontal stroke extending to the right.

Gwen Welling, RDH, MS  
Manager, Dental Hygiene Education  
Commission on Dental Accreditation

GW/sz

Enclosures: CODA Accreditation Status Definitions  
Formal Report of the Site Visit

Enclosures sent to the program director via email:

Reporting Major Changes in Accredited Programs  
Electronic Submission Guidelines for General Correspondence  
Evaluation and Operational Policies and Procedures  
Accreditation Standards for Dental Hygiene Programs

cc: Ms. Nancy Johnson, dean, Allied Health Chair  
Ms. Rosemarry Vierra, program coordinator, Dental Hygiene  
Dr. Donald R. Joondeph, chair, Commission on Dental Accreditation (CODA)  
Dr. Anthony J. Ziebert, director, CODA

## **ASSOCIATE OF SCIENCE DEGREE DENTAL HYGIENE PROGRAM UHMC**

### **First Semester (Fall)**

Number	Course Title	Units
DH 150	Oral Histology and Embryology	2
DH 153	Assessment Procedures in DH	2
DH 155	Dental Emergencies	1
DH 156	Pre-clinical Dental Hygiene	3
*DH 158	Anatomical Sciences	2
DH 173	Dental Health Education	1
DH 267	Dental Radiography	1
Total	Total varies depending on Liberal Arts courses	12

### **Second Semester (Spring)**

Number	Course Title	Units
DH 254	Pathology for DH & Special Patient Populations	3
DH 255	Oral Pathology	2
DH 257	Periodontics	2
DH 260	Clinical DH 1	4
DH 269	Dental Radiography & Interpretation	1
Total	Total varies depending on Liberal Arts courses	12

### **Summer session (8 weeks)**

*DH 256	Applied Pharmacology in Dentistry	2
DH 261	Clinical DH 2	2
DH 266	Local Anesthesia & Pain Control	2
Total		6

### **Third Semester (Fall)**

Number	Course Title	Units
DH 258	Periodontics & Advanced Clinical Techniques in DH	2
DH 262	Clinical DH 3	5
DH 264	Community Dental Health	2
Total	Total varies depending on Liberal Arts courses	11

### **Fourth Semester (SPRING)**

Number	Course Title	Units
DH 263	Clinical Dental Hygiene 4	5
DH 265	Law & Ethics in DH	1
Total	Total varies depending on Liberal Arts courses	7

\*Curriculum Change-Fall 2013

# **UNIVERSITY OF HAWAII MAUI COLLEGE**

## **PREREQUISITES-REQUIRED FOR ADMISSION TO DENTAL (DH) PROGRAM**

Admission to the UHMC **does not** guarantee admission to the Dental Hygiene Program.

These courses need to be completed with a "C" or better before admission to the Dental Hygiene Program:

English 100

Math 100 or 115

Zool 141 & 142

Micr 130/140

Dent\* 154\*\*, 164, 165, 176\*\* and 177\*\*

\*Dental Assisting

\*\*Process for obtaining Testing Out (demonstrating competency) available

### Required Liberal Arts Courses:

These liberal arts courses need to be completed with a "C" or better to provide the student with a well-rounded education:

PHRM 203

Humanities Elective

PSY 100

SP 151 or COM 145

SOC 100 or ANTH 200

FSHN 285

BIOC 241

\*Most students complete these courses prior to admission to the DH Program due to the competitive admission process. Admission criteria also include: CDA, UHMC Dental Assisting Certificate of Achievement, and work experience in the dental field.

**Per the UH Board of Regents policy, priority for admission to the high demand Dental Hygiene program is given first to fully qualified State of Hawaii residents as determined by the registrar for tuition purposes.**

**Qualified non-residents are considered after qualified Hawaii residents have filled all available openings. Admission to UHMC does not guarantee admission to the Dental Hygiene program.**

## **REPEAT POLICY**

- Effective with courses taken in the Fall 2012 semester, courses may be repeated once to raise a grade. Of the two times that the course has been taken, the higher grade will be utilized. Only grades in the first two attempts will be considered.
- The science courses (i.e., Zoology 141 and 142 (4 credits-lecture and lab) and Microbiology 130(3 credit lecture) have a ten-year time limit, which must be completed within the last ten years prior to the application deadline. (Note: students do not have to repeat the lab course, i.e. Zool 141 and 142 may be repeated in the UH system online as 3 credit lecture classes only)

## **APPROVED COURSES FOR HUMANITIES:**

- Art
- Communication 130
- Dance
- Drama East Asian Languages
- English 106, 209, 210, 250-257
- Hawaiian
- Filipino
- Hawaiian Studies (except 211)
- History
- Humanities
- Ilokano
- Japanese
- Linguistics
- Music
- Philosophy
- Religion
- Spanish
- Speech

**UNIVERSITY OF HAWAII MAUI COLLEGE  
DENTAL HYGIENE APPLICATION**

(Please print clearly)

UH ID # \_\_\_\_\_ Date: \_\_\_\_\_ email \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ cell \_\_\_\_\_

REQUIRED PREREQ COURSES (or equivalent):	Semester/Year Taken & Grade	Semester/Year Will take	Name of College Course Taken
English 100			
Math 100/115			
Zool 141			
Zool 142			
Micro 130			
Micro 140			
DENT 154			
DENT 164			
DENT 165			
DENT 176			
DENT 177			
<b>GENERAL EDUCATION COURSES COMPLETED</b>			
Pharm 203			
Psy 100			
Sp 151/Com 145			
Soc 100 or Anth 200			
Humanities*			
Fshn 285			
Bioc 241			

DENTAL EXPERIENCE From month \_\_\_\_\_ Year \_\_\_\_\_ To \_\_\_\_\_ month \_\_\_\_\_ Year \_\_\_\_\_

List name, address and phone number of Dental Office to verify employment: Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Proposed year for admission based on application information: \_\_\_\_\_

CDA: \_\_\_\_ Yes \_\_\_\_ No License #: \_\_\_\_\_ Please provide copy.

Graduated from UHMC DA Program with Certificate of Completion: \_\_\_\_ Yes \_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Humanities electives include: Art, Communication 130, Dance, Drama, East Asian Languages, English 106, 209, 210, 250-257, Hawaiian, Filipino, Hawaiian Studies (except 211), History, Humanities, Ilokano, Japanese, Linguistics, Music, Philosophy, Religion, Spanish, Speech.

**Note New Rules:** Effective with courses taken in the Fall 2012 semester, courses may be repeated once to raise a grade. Of the two times that the course has been taken, the higher grade will be utilized. Only grades in the first two attempts will be considered.

**APPLICATION DEAD LINE MAY 1<sup>st</sup>**

Criteria Points	A=4, B=3, C=1	A=4 B=3 C=2
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6m, 1y, 2y		
.5, 1, 1.5	5	3

ID#	
	Zool 141*
	Zool 142*
	Bloc 241
	Dent 164*
	Dent 165*
	Dent 176*
	Dent 177*
	Dent 154*
	Eng 100*
	Mth 100/115*
	Micro 130*
	Micro 140*
	Phrm 203
	Psy 100
	Sp 151/Com 145
	Soc 100/Anth 200
	Humanities
	Fshn 285
	Work Exp.
	CDA
	grad. Fr. UHMC DA Prog.
	DH 153
	DH 173
	TOTAL

CDA	
grad. Fr. UHMC-DA Prog.	
DH 153	
DH 173	
TOTAL	

-Required prior to admission to the Dental Program - Required for Certified Dental Assistants (Dental Assisting National Board-DANB) who demonstrate competency for DENT 164, 165, 176, 177 & 154

Students who select Credit by Exam-DENT (154, 176 & 177) will be awarded points based on Testing Scores. The transcript grade will be CR.

**Effective with courses taken in the Fall 2012 semester, courses may be repeated once to raise a grade.**

Of the two times that the course has been taken, the higher grade will be utilized.

**Only grades in the first two attempts will be considered.**

## **Academic Counseling**

### **Office Hours**

Mon - Fri 8:00am - 4:30pm

Sat/Sun/Holidays: CLOSED

808.984.3306

### **Mission Statement:**

**The UH Maui College Counseling Department provides services that assist students to realize their educational and career goals.**

Aloha from UH Maui College Counseling Department. The college offers counseling services throughout the academic year and summer months. A comprehensive program of individual and group counseling is provided for students to enable each individual to develop to his or her fullest potential while realizing educational and career goals. Our counselors are available to assist students in the following:

- Academic Advising
  - Transfer Information
  - Assistance/Personal Counseling
  - Transcript Evaluation
- 
- ✓ Manage Your Degree Goals with Star
  - ✓ Help keep yourself on track for graduation with online monitoring.
  - ✓ Track your credits
  - ✓ View unofficial transcripts
  - ✓ View all courses you have taken within the UH System
  - ✓ See how your courses fill into other academic programs

**CURRICULUM MANAGEMENT PLAN**  
**UH-MAUI COLLEGE**  
**DENTAL HYGIENE OUTCOMES ASSESSMENT**  
**OBJECTIVE ANALYSIS**  
**2009-2012**

PROGRAM MANAGEMENT		
GOAL	OBJECTIVE	OUTCOME MEASURES
<p><u>Mission/Vision, Goals, Values</u></p> <p>The goals of the dental hygiene program are to prepare the dental hygiene student to competently: 1) provide comprehensive dental hygiene care to clients of diverse social, economic, and cultural backgrounds, and 2) demonstrate the academic and clinical knowledge and skills required for the profession of dental hygiene.</p> <p>Method:</p> <p>Assessment:</p> <p>Suggestion:</p> <p>Implementation:</p>	<p>Program mission, vision, goals, and values consistent with institutional mission, vision, goals, and values. Informed parties of interest will accept mission and stated mission, vision, goals and values.</p> <p>UHMC catalog, Dental Hygiene Program Handbook</p> <p>Mission, vision, goals, and values are disseminated to parties of interest (i.e., Advisory Committee, students, faculty, employers, and patients) and feedback is solicited.</p> <p>(Ongoing)</p>	<p>The program has a clear and publicly stated mission, vision, goals, and values that are appropriate to a dental hygiene program and widely accepted by parties of interest.</p>
<p><b>Program Competencies</b></p> <p>Demonstrate program competencies No. 1-20</p> <p>Method:</p> <p>Assessment:</p> <p>Suggestion:</p> <p>Implementation:</p>	<p>Program competencies reflect local and national trends in healthcare delivery.</p> <p>Survey results, personal and professional accountability, examination results, graduation rates, placement results etc.</p> <p>Competencies No. 1-20 are met with reported data of 70% or above.</p> <p>R.Vierra, ongoing</p>	<p>See programs competencies' measures</p>

PROGRAM MANAGEMENT		
GOAL	OBJECTIVE	OUTCOME MEASURES
<b>Program Policies</b> Adhere to program policies, on addendum to and consistent with college policies	Provide direction for students in relation to established college and program standards	See UHMC catalog and Dental Hygiene Program Handbook.
Method:	UHMC catalog, Dental Hygiene Program Handbook,	
Assessment:	Verification of Students' receipt of UHMC catalog and Dental Hygiene Program handbook	
Suggestion:		
Implementation:	Dental Hygiene Faculty	
<b>Admission Criteria</b>		Entering students meet program entry requirements.
Follow admission process	Disseminate program entry requirements to applicants through the UHMC catalog or PIB.	
<ul style="list-style-type: none"> <li>• Complete application</li> <li>• Attend Informational Session</li> <li>• Complete Gen. Ed. Courses</li> <li>• Complete DA Courses</li> <li>• Student advancement on Wait List is dependent on completion of Gen. Ed. Courses.</li> </ul>	Admit incoming students that meet program requirements.	
Method:	UHMC's Allied Health Academic Counselor monitors admission requirements for incoming students.	
Assessment:	Dental Hygiene Information Session held each semester.	
	Admission data confirm that all students meet program entry requirements.	
Suggestion:		
Implementation:	R.Vierra, Dental Hygiene Faculty, Allied Health Academic Counselor & Allied Health Chair	

CURRICULUM		GOAL	OBJECTIVE	OUTCOME MEASURES
Dental Hygiene Science			See course competencies	See course competencies' measures
Demonstrate knowledge of course competencies in DH156 Pre-clinical DH		Method:	Competencies taught and evaluated using a variety of methods. Faculty voluntarily shares summary of students' faculty evaluations Process evaluations- tooth brushing & flossing, patient interview, infection control, vital signs, oral cancer examinations.	
Assessment:			Percentage of students who complete the process evaluations @ mastery level (80%) Students' faculty evaluations reflect effectiveness of instruction. Grades earned by students	
Suggestion:				
Implementation:			Faculty, Fall 2009	
Demonstrates knowledge of course competencies in DH260 Dental Hygiene 1			See course competencies	See course competencies' measures.
Method:			Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluations. Maxillary & mandibular explorer, universal curets, gracey curets, sickle, instrument sharpening.	
Assessment:			Percentage of students who complete course. Students' faculty evaluations reflect effectiveness of instruction. Grades earned by students.	
Suggestion:				
Implementation:			Faculty, Spring 2010	

PROGRAM MANAGEMENT			OUTCOME MEASURES	
GOAL		OBJECTIVE		
<b>Advisory Committee</b> Act as liaison between program and dental/dental hygiene professionals		Assist in providing input concerning aptitudes, education and experience desirable for entry level positions.	Minutes of meetings, twice a year employer survey. Balance in membership to reflect all parties of interest.	
Method:		Minutes of meetings on file with program.		
Assessment:		Membership is representative of parties of interest. Employer survey reflects effectiveness of instruction.		
Suggestion:				
Implementation:		R. Vierra, Fall 2009		
<b>Staff Development</b> Reflected in full-time faculty teaching improvement units and curriculum vitae.		Faculty will seek out and participate in opportunities for continuous improvement. Active participation is staff development encouraged by college.	A.D.H.A. Professional Membership Current licensure requires 20 hours of Cont. Ed. Biannually. Dental Hygiene budget reflects funding for staff development. Release time given to full-time faculty for staff development.	
Method:		Dental Hygiene license & ADHA membership displayed. Approved leave request for full-time faculty staff development on file. Budget reflects paid expenses and release time.		
Assessment:		Educational experience reflected on faculty curriculum vitae. All faculty participate in staff development activities.		
Suggestion:				
Implementation:		R. Vierra, ongoing		

<b>CURRICULUM</b>		
<b>GOAL</b>	<b>OBJECTIVE</b>	<b>OUTCOME MEASURES</b>
<b>Demonstrates knowledge of course competencies in DH261 Clinical DH 2</b>	See course competencies.	See course competencies' measures.
<b>Method:</b>	<p>Competencies taught and evaluated using a variety of reliable methods.</p> <p>Faculty voluntarily shares summary of students' faculty evaluations.</p> <p>Process evaluations-sonic &amp; ultrasonic scaling, explorer, sickle scalers, sealant, H.V.E., instrument transfer, instrument processing, processing &amp; mounting of radiographs. Some requirements may be met in term III &amp; IV.</p> <p>Product evaluation- record of student proficiency for all measurers of clinical competence.</p> <p>Radiographic Summary Form- record of student proficiency for all exposed &amp; evaluated radiographs.</p>	
<b>Assessment:</b>	<p>Percentage of students who successfully complete process &amp; product evaluations at mastery level (80%)</p> <p>Students' faculty evaluations reflect effectiveness of instruction.</p> <p>Grades earned by students.</p>	
<b>Suggestion:</b>		
<b>Implementation:</b>	Faculty, Spring 2010	
<b>Demonstrates knowledge of course competencies in DH262 Clinical DH 3</b>	See course competencies.	See course competencies' measures.
<b>Method:</b>	<p>Competencies taught and evaluated using a variety of reliable methods.</p> <p>Faculty voluntarily shares summary of students' faculty evaluations.</p> <p>Process evaluations- Gracey curets, radiography, local anesthesia, coronal polishing, special needs clients &amp; clinic rotations.</p> <p>Product evaluation- record of student proficiency for all measurers of clinical competence.</p> <p>Radiographic Summary Form- record of student proficiency for all exposed &amp; evaluated radiographs</p>	

Assessment:	Percentage of students who successfully complete process & product evaluations at mastery level (80%) Students' faculty evaluations reflect effectiveness of instruction. Grades earned by students.
Suggestion:	
Implementation:	Faculty, Fall 2010

CURRICULUM		OUTCOME MEASURES	
GOAL	OBJECTIVE		
Demonstrates knowledge of course competencies in DH263 Clinical DH 4	See course competencies.	See course competencies' measures.	
Method:	Process evaluations- nutritional counseling with caries risk, treatment plans, gracey curets, impressions for study models, medical emergencies, instrument processing & processing & mounting radiographs.		
	Product evaluation- record of student proficiency for all measurers of clinical competence.		
	Radiographic Summary Form- record of student proficiency for all exposed & evaluated radiographs		
Assessment:	Percentage of students who successfully complete process & product evaluations at mastery level (80%)		
	Students' faculty evaluations reflect effectiveness of instruction.		
Suggestion:	Grades earned by students.		
Implementation:	Faculty, Spring 2011		
Demonstrates knowledge of course competencies in DH153 Assessment Procedures in DH.	See course competencies.	See course competencies' measurers.	
Method:	Competencies taught and evaluated using a variety of reliable methods.		
	Faculty voluntarily shares summary of students' faculty evaluations.		
Assessment:	Percentage of students who successfully complete course.		
	Students' faculty evaluations reflect effectiveness of instruction.		
Suggestion:			
Implementation:	R. Vierra Summer 2009		

CURRICULUM		OUTCOME MEASURES	
GOAL	OBJECTIVE		
<b>Demonstrate knowledge of course competencies in DH173 Dental Health Ed.</b>	See course competencies.	See course competencies' measurers.	
Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluations.		
Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.		
Suggestion:			
Implementation:	R. Vierra Summer 2009		
<b>Demonstrate knowledge of course competencies in DH155 Dental Emerg.</b>	See course competencies	See course competencies' measurers.	
Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluations.		
Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.		
Suggestion:			
Implementation:	Faculty, Fall 2009		

CURRICULUM		OBJECTIVE	OUTCOME MEASURES
<b>GOAL</b>			
<b>Demonstrate knowledge of course competencies in DH250Oral Histology &amp; Embryology</b>		See course competencies.	See course competencies outcomes measures.
Method:		Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.	
Assessment:		Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.	
Suggestion:			
Implementation:		Qualified DDS/Faculty, Fall 2009	
<b>Demonstrate knowledge of course competencies in DH256 Applied Pharmacology in Dentistry</b>		See course competencies.	See course competencies outcomes measures.
Method:		Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.	
Assessment:		Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.	
Suggestion:		Increase course credit from 1 to 2 credits. More lecture time is needed to facilitate learning of all systems. Change is currently in the process of Curriculum Central.	
Implementation:		Qualified DDS/Faculty, Fall 2013	

CURRICULUM		OBJECTIVE	OUTCOME MEASURES
	GOAL		
Demonstrate knowledge of course competencies in DH254 Pathology for DH & Special Patient Populations		See course competencies.	See course competencies outcomes measurers.
Method:		Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.	
Assessment:		Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.	
Suggestion:			
Implementation:		Qualified DDS/Faculty Fall 2010	
Demonstrate knowledge of course competencies in DH264 Community Dental Health		See course competencies.	See course competencies outcomes measurers.
Method:		Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.	
Assessment:		Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.	
Suggestion:			
Implementation:		R.Vierra, Spring 2010	

<b>CURRICULUM</b>		<b>OUTCOME MEASURES</b>	
<b>GOAL</b>	<b>OBJECTIVE</b>		
<b>Demonstrate knowledge of course competencies in DH257 Periodontics</b>	See course competencies.	See course competencies outcomes measurers.	
Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.		
Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.		
Suggestion:			
Implementation:	R. Vierra, Spring 2010	See course competencies outcomes measurers.	
<b>Demonstrate knowledge of course competencies in DH267 Dental Radiology &amp; Interpretation</b>	See course competencies.		
Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation. Process evaluations-Radiography lab assistant, evaluation of equipment, evaluation of film Product evaluation-Exposed radiographs, examination		
Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction. Students' not achieving a grade of "C" are remediated in open lab		
Suggestion:			
Implementation:	Qualified DH/DDS, Spring 2010		

<b>CURRICULUM</b>		<b>OUTCOME MEASURES</b>	
<b>GOAL</b>	<b>OBJECTIVE</b>		
<b>Demonstrate knowledge of course competencies in DH255 Oral Pathology</b>	See course competencies.	See course competencies outcomes measures.	
Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.		
Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.		
Suggestion:			
Implementation:	Qualified DDS, Fall 2010		
<b>Demonstrate knowledge of course competencies in DH268 Advanced Dental Radiography &amp; Interpretation</b>	See course competencies.	See course competencies outcomes measures.	
Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation. Process evaluations-Radiography lab assistant, evaluation of equipment, evaluation of film Product evaluation-Exposed radiographs, examination		
Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction. Remediation required in open lab if mastery is not achieved. Radiographic summary form is a record of student proficiency for all exposed & evaluated images.		
Suggestion:	Delete this course, repetitive, keep two other radiology courses; DH 267 & 269. No content will be eliminated; instead content from the course being eliminated incorporated into the two existing radiology courses. Currently under review with ADACODA and UHMC Curriculum Central		
Implementation:	Qualified DH/DDS, Fall 2013		

<b>CURRICULUM</b>		<b>GOAL</b>	<b>OBJECTIVE</b>	<b>OUTCOME MEASURES</b>
			See course competencies.	See course competencies outcomes measurers.
		<b>Demonstrate knowledge of course competencies in DH266 Local Anesthesia &amp; Pain Control</b>		
		Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.	
		Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.	
		Suggestion:		
		Implementation:	R.Vierra & Qualified DDS, Fall 2010	
		<b>Demonstrate knowledge of course competencies in DH258 Periodontics &amp; Advanced Clinical Techniques in DH</b>	See course competencies.	See course competencies outcomes measurers.
		Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.	
		Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.	
		Suggestion:		
		Implementation:	R.Vierra & Qualified DDS, Fall 2010	

<b>CURRICULUM</b>		<b>OUTCOME MEASURES</b>	
<b>GOAL</b>	<b>OBJECTIVE</b>		
<b>Demonstrate knowledge of course competencies in DH269 Advanced Dental Radiography &amp; Interpretation</b>	See course competencies.	See course competencies outcomes measurers.	
Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation. Process evaluations-Radiography lab assistant, evaluation of equipment, evaluation of film Product evaluation-Exposed radiographs, examination		
Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction. Remediation required in open lab if mastery is not achieved. Radiographic summary form is a record of student proficiency for all exposed & evaluated images		
Suggestion:			
Implementation:	Qualified/DDS, Spring 2011	See course competencies outcomes measurers.	
<b>Demonstrate knowledge of course competencies in DH265 Law &amp; Ethics in DH</b>	See course competencies.		
Method:	Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.		
Assessment:	Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.		
Suggestion:			
Implementation:	R. Vierra, Spring 2011		

<p><b>Demonstrate knowledge of course competencies in DH158 Anatomical Sciences</b></p>	<p>See course competencies.</p>	<p>See course competencies outcomes measurers.</p>
<p><b>Method:</b></p>	<p>Competencies taught and evaluated using a variety of reliable methods. Faculty voluntarily shares summary of students' faculty evaluation.</p>	
<p><b>Assessment:</b></p>	<p>Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.</p>	
<p><b>Suggestion:</b></p>	<p>Create new DH course. Faculty suggests a new course be developed which focus on the development, morphology, and functions of the teeth, dental charting and the anatomy and physiology of the head and neck including mastication. Change is currently in the process of Curriculum Central.</p>	
<p><b>Implementation:</b></p>	<p>R.Vierra, Fall 2013</p>	

CURRICULUM		OBJECTIVE	OUTCOME MEASURES
GOAL			
Demonstrate knowledge of course competencies in PHRM 203		See course competencies.	See course competencies outcomes measurers.
Method:		Competencies taught and evaluated using a variety of reliable methods.	
Assessment:		Percentage of students who successfully complete course.	
		Course competencies and outcome assessment on file.	
Suggestion:			
Implementation:		R. Vierra, Summer 2009	
Demonstrate knowledge of course competencies in PSY 100		See course competencies.	See course competencies outcomes measurers.
Method:		Competencies taught and evaluated using a variety of reliable methods.	
Assessment:		Percentage of students who successfully complete course.	
		Course competencies and outcome assessment on file.	
Suggestion:			
Implementation:		R. Vierra, Summer 2009	

<b>CURRICULUM</b>		<b>OBJECTIVE</b>		<b>OUTCOME MEASURES</b>
<b>GOAL</b>				
<b>Demonstrate knowledge of course competencies in BIOC 241</b>		See course competencies.		See course competencies outcomes measurers.
Method:		Competencies taught and evaluated using a variety of reliable methods.		
Assessment:		Percentage of students who successfully complete course. Course competencies and outcome assessment of file.		
Suggestion:				
Implementation:		R. Vierra, Summer 2009		
<b>Demonstrate knowledge of course competencies in FSHN 285</b>		See course competencies.		See course competencies outcomes measurers.
Method:		Competencies taught and evaluated using a variety of reliable methods.		
Assessment:		Percentage of students who successfully complete course. Course competencies and outcome assessment on file.		
Suggestion:				
Implementation:		R. Vierra, Spring 2010		

<b>CURRICULUM</b>		<b>OUTCOME MEASURES</b>	
<b>GOAL</b>		<b>OBJECTIVE</b>	
<b>Demonstrate knowledge of course competencies in Sp 151/COM 145</b>		See course competencies.	See course competencies outcomes measurers.
Method:		Competencies taught and evaluated using a variety of reliable methods.	
Assessment:		Percentage of students who successfully complete course. Course competencies and outcome assessment on file.	
Suggestion:		Include as COM 145 as an alternative. Course provides a student to be a competent communicator in a one-to-one setting. Change currently in curriculum central.	
Implementation:		R. Vierra, Fall 2013	
<b>Demonstrate knowledge of course competencies in SOC 100 or ANTH 200</b>		See course competencies.	See course competencies outcomes measurers.
Method:		Competencies taught and evaluated using a variety of reliable methods	
Assessment:		Percentage of students who successfully complete course. Course competencies and outcome assessment on file.	
Suggestion:			
Implementation:		R. Vierra, Spring 2011	

CURRICULUM		GOAL	OBJECTIVE	OUTCOME MEASURES
<b>Demonstrate knowledge in course competencies in BIO 100</b>			See course competencies.	See course competencies outcomes measurers.
Method:			Competencies taught and evaluated using a variety of reliable methods.	
Assessment:			Percentage of students who successfully complete course. Course competencies and outcome assessment of file	
Suggestion:				
Implementation:			R. Vierra, ongoing	
<b>Demonstrate knowledge in course competencies in ENG 100</b>			See course competencies.	See course competencies outcomes measurers.
Method:			Competencies taught and evaluated using a variety of reliable methods	
Assessment:			Percentage of students who successfully complete course. Course competencies and outcome assessment of file	
Suggestion:				
Implementation:			R. Vierra, ongoing	

CURRICULUM		OUTCOME MEASURES	
GOAL	OBJECTIVE		
Demonstrate knowledge of course competencies in MATH 100/115	See course competencies.	See course competencies outcomes measurers.	
Method:	Competencies taught and evaluated using a variety of reliable methods.		
Assessment:	Percentage of students who successfully complete course. Course competencies and outcome assessment on file		
Suggestion:	R. Vierra, ongoing		
Implementation:	See course competencies.		
Demonstrate knowledge of course competencies in ZOOL 141/142	See course competencies.	See course competencies outcomes measurers	
Method:	Competencies taught and evaluated using a variety of reliable methods.		
Assessment:	Percentage of students who successfully complete course. Course competencies and outcome assessment on file		
Suggestion:	R. Vierra, ongoing		
Implementation:	R. Vierra, ongoing		

CURRICULUM		GOAL	OBJECTIVE	OUTCOME MEASURES
<b>Demonstrate knowledge of course competencies in MICRO 130/140</b>			See course competencies.	See course competencies outcomes measurers.
Method:			Competencies taught and evaluated using a variety of reliable methods.	
Assessment:			Percentage of students who successfully complete course. Course competencies and outcome assessment on file..	
Suggestion:				
Implementation:			R. Vierra, ongoing	
<b>Demonstrate knowledge of course competencies in DENT164/DENT165</b>			See course competencies.	See course competencies outcomes measurers.
Method:			Competencies taught and evaluated using a variety of reliable methods	
Assessment:			Percentage of students who successfully complete course. Course competencies and outcome assessment on file..	
Suggestion:				
Implementation:			R. Vierra, ongoing	

CURRICULUM		OUTCOME MEASURES	
GOAL	OBJECTIVE		
Demonstrate knowledge of course competencies in DENT176/DENT177	See course competencies.	See course competencies outcomes measurers.	
Method:	Competencies taught and evaluated using a variety of reliable methods.		
Assessment:	Percentage of students who successfully complete course. Course competencies and outcome assessment on file.		
Suggestion:			
Implementation:	R. Vierra, ongoing		
Demonstrate knowledge of course competencies in DENT154	See course competencies	See course competencies outcomes measurers	
Method:	Competencies taught and evaluated using a variety of reliable methods		
Assessment:	Percentage of students who successfully complete course. Course competencies and outcome assessment on file.		
Suggestion:			
Implementation:	R. Vierra, ongoing		

CLINICAL MANAGEMENT SYSTEMS			OUTCOME MEASURES
GOAL	OBJECTIVE		
Prepare a diverse student population to successfully provide oral health care services and education to dynamic communities and society.	Provide direction for students regarding protocols and procedures to be followed in the practicum courses (DH156, DH260, DH261, DH262, DH263) to ensure health & safety.	Students demonstrate knowledge of protocols & procedures in clinical setting including compliance with institutional, local, state and federal regulations regarding infectious disease/radiation management and current standards of practice.	
Method:	Process evaluation - DH260, DH261, DH262, DH263 (Lecture) Product evaluation - DH260, DH261, DH262, DH263 (Practicum/clinical)		
Assessment:	Percentage of students who complete process & product evaluation at mastery level (80%.) Students' faculty evaluations reflect effectiveness of instruction & availability of work related experiences.		
Suggestion:			
Implementation:	Full-time faculty		
<b>Patient Care Services</b>		Establish standards of care with measurable criteria. Ongoing review of all patient charts & OPSCAN to assess appropriateness, necessity and quality of care provided. Patient survey to assess patients' perception of quality. Availability of policies on bloodborne & infectious diseases available to patients.	
Assure quality in delivery of patient care services.	Provide direction for delivery of care utilizing a quality assurance system, which identifies problems. Design activities to overcome the problems including follow-up monitoring to assure corrective steps have been effective.		
Method:	Process & product evaluations in assessment, planning, implementation and reassessment. Open labs for remediation as needed.		
Assessment:	Percentage of students who complete process & product evaluation at mastery level (80%.) Patients' survey reflects opinions of patients regarding their satisfaction with treatment and student and faculty conduct. Review of all patient chart & OPSCANS.		
Suggestion:			
Implementation:	Ongoing chart audit		

MATERIAL RESOURCES			OUTCOME MEASURES	
GOAL	OBJECTIVE			
<b>Physical Facilities</b> Provide a learning environment that promotes the fulfillment of program competencies.	Provide adequate classroom & clinical facilities that contain essential accommodations for instruction.		Capacity of classroom & clinic sufficient for enrollment. Clinical facility meets OSHA & radiation standards. Patient & student records are kept safe & confidential.	
Method:	Compliance with testing regulations for radiation emitting equipment. Compliance with OSHA standards for bloodborne pathogens & hazardous materials.			
Assessment:	Meet accreditation standard for clinical & classroom facility. Periodic review of protocols to confirm compliance with standards.			
Implementation:	R. Viera, MOHC Clinical Director, Allied Health Department Chair & Faculty & Staff - ongoing			
<b>Equipment</b>	Select & maintain equipment that is compliant with standards adopted by the program.		Equipment is safe & adequate for instructional needs.	
Provide equipment that is state-of-art, diverse & safe to promote the fulfillment of program competencies.				
Method:	Collect & evaluate information to facilitate selection of equipment. Identify equipment problems & schedule needed repair – ongoing.			
Assessment:	Periodic assessment occurs on an ongoing basis.			
Suggestion:				
Implementation:	Maintenance/Equipment list– MOHC Clinical Director, Allied Health Department Chair, Faculty & R.Vierra- ongoing			

GOAL		OBJECTIVE	OUTCOME MEASURES
<b>Supplies</b> Provide adequate & varied supplies that promote the fulfillment of program competencies.		Select products that are compliant with standards adopted by the program.	Data collected through the inventory management system. Budget review for supplies.
Method:		Utilize inventory control system to monitor utilization & quantity of supplies.	
Assessment:		Adequate budget to make necessary supply purchases.	
Suggestion:		Review the inventory data & budget.	
Implementation:		R. Vierra, MOHC Clinical Director, & Allied Health Department Chair	
<b>HUMAN RESOURCES</b>			
<b>Number, Type, Qualification, Credentials</b>		Contract & retain qualified licensed personnel to demonstrate the DH program's philosophy, mission, & competencies.	Students' faculty evaluations. Evaluations of faculty performed by Allied Health Chair. Informal peer review in clinical setting.
Method:		Faculty voluntarily shares summary of students' faculty evaluations. Screening committee assures credentials of personnel at time of employment contract.	
Assessment:		Students' faculty evaluations & the Allied Health Chair evaluations reflect effectiveness of instruction.	
Suggestion:			
Implementation:		Faculty & Allied Health Chair- Spring 2009	

Written Job Descriptions		OBJECTIVE		OUTCOME MEASURES	
Provide a current & accurate description of the authority & responsibilities for program positions.		Provide a clear understanding of job requirements to perspective employees.		Job descriptions on file for the DH program positions.	
Method:		Review job descriptions for accuracy.			
Assessment:		Percentage of students who successfully complete course. Students' faculty evaluations reflect effectiveness of instruction.			
Suggestion:					
Implementation:		Faculty & Staff- Spring 2009			

# UH Maui College

## Dental Hygiene Program

### Program Competencies, Expected Experiences, and Competency Evaluations by Patient Category

<i>Clinical DH Services Required Under Standard 2</i>	<i>Laboratory/Preclinical Course No. &amp; Title</i>	<i>Clinical Course No. &amp; Title</i>	<i>Program Requirements</i>	<i>Pat. Category</i>
<b>Assessment</b> Medical and dental histories	DH 156 Pre-Clin. DH DH 260 Clin. DH I	DH 261 Clin. DH 2 DH 262 Clin. DH 3 DH 263 Clin. DH 4	Performed on all patients	All Patients
Vital signs	Same as above	Same as above	New patients & recalls once year	All Patients
Extra/intra-oral examination	Same as above	Same as above	New & recall patients	All Patients
Periodontal and dental examination	Same as above	Same as above	Same as above	All Patients
Indices	Same as above	Same as above	Same as above	All Patients
Radiographs	DENT. 176 Dent. Radio. I DENT. 177 Dent. Radio. II.	DH 267 Dent. Radio. & Inter. DH 268 Adv. Dent. Radio	4 FMS 2 Pano 2 Vert BW	Patients requiring x- rays
Risk assessments (i.e., tobacco systemic, caries)	DH 156 Pre-Clin.	DH 260 Clin. DH1 DH 262 Clin. DH2 DH 263 Clin. DH4	Performed on new and recall patients	All Patients with risk assessments
<b>Planning</b> Dental hygiene diagnosis	Same as above	Same as above	Performed on new and recall patients	All Patients
Dental hygiene treatment plan	DH 260 Clin. DH I	Same as above	Performed on new and recall patients	All Patients
Informed consent	Same as above	Same as above	Performed for all patients	All Patients
Dental Hygiene case presentation	DH 262 Clin. DH3 DH 263 Clin. DH4	Same as above	4	4 Patients
Implementation Infection control	DH 156 Pre-Clin. DH DH 260 Clin. DH1	DH 261 Clin. DH2 DH 262 Clin. DH3 DH 263 Clin. DH4	Performed for all patients	All Patients
Periodontal debridement and scaling	DH 156 Pre-Clin. DH DH 260 Clin. DH1 DH 261 Clin. DH2	DH 262 Clin. DH3 DH 263 Clin. DH4	Performed as patients as needed	20-Dep. Class. III & IV
Pain management	DH 266 Loc. Anest. & Pn. Control	Same as above	2 N20-02 25 Blocks 25 Infiltrations	To Patients requiring pain management (60)
Application of chemotherapeutic agents	Same as above	Same as above	2	5 Patients requiring chem.. agents
Fluoride therapy	DH 156 Pre-Clin. DH DH 263 Clin. DH4	DH 260 Clin. DH1	4	8
Application of pits and fissure sealants	Same as above	Same as above	8	16
Coronal polishing	Same as above	Same as above	Performed on patients as needed	100 patients- deposit Class, 1-V
Care of oral prostheses	Same as above	Same as above	Performed on patients as needed	5 patients
Care and maintenance of restorations	DENT. 154 Dental Materials	DH 263 Clin. DH	8 Class I or V 6 Class II	14
Health education and preventive counseling	DH 173 Dental Health Ed. DH 260 Clin DH1	DH 261 Clin. DH2 DH262 Clin DH3 DH263 Clin DH4	Performed on all patients	100
Nutritional counseling	FSHN 285 Sci Human	DH 262 Clin DH3	3	3

	Nutrition	DH 263 Clin. DH4		
<b>Evaluation Indices</b>	DH 156 Pre-Clin DH DH 260 Clin DH1	DH 261 Clin DH2 DH 262 Clin DH3 DH 263 Clin DH4	Performed on all recall patients	TBD
Reevaluation or oral & periodontal health status	Same as above	Same as above	Performed on patients reappointed	TBD
Subsequent treatment needs	Same as above	Same as above	Performed on patients reappointed	TBD
Continuing care (recall)	Same as above	Same as above	Performed on patients reappointed	TBD
Patient satisfaction	Same as above	Same as above	Patients returning surveys	TBD
Additional DH services not defined under Standard 2-19 that students provide clinically in the program.				
Study Models	DENT 154 Dent Materials	DH 262 Clin. DH3	2	2
Impressions	DENT 154 Dent Materials	DH 262 Clin DH3	2	2
Suture removal	DH 261	DH 262 Clin DH3 DH 263 Clin DH4	1	1

**UH MAUI COLLEGE  
DENTAL HYGIENE  
OUTCOMES ASSESSMENT**

**Key: Competencies Measure For Students**

1. National Board Examination scores.	11. Reports from school/other institutions evaluating student presentations.
2. Scores on state/regional licensing exams.	12. Leadership activities that are dental hygiene related.
3. Percentage of students passing the jurisprudence exam.	13. Rating of the availability of work related experiences.
4. Student portfolios to demonstrate learning.	14. Rating of the effectiveness of instruction received.
5. Communication with supervisors, peers and patients.	15. Rating of preparedness to work in the field.
6. Grade point average in DH curriculum.	16. Personal and professional accountability.
7. Grades for practicum courses.	17. Awards/honors in dental hygiene.
8. Faculty assessment of ethical conduct during patient care.	18. Graduation completion rates.
9. Opinion of patients regarding student conduct.	19. Employer Survey
10. Opinions of patients regarding their satisfaction with treatment.	20. Graduate Survey

Upon fulfilling graduation requirements of the dental hygiene program, the graduate will be able to:

1. Determine appropriateness of prescribed dental hygiene care by reviewing data in patient dental and medical records: 1, 2, 4-10, 13-16
2. Recommend appropriate diagnostic procedures to obtain additional patient data: 1, 2, 4-10, 13-16
3. Participate in development and modification of dental hygiene care plans by collecting and evaluating pertinent patient information: 1, 2, 4-10, 13-16
4. Implement dental hygiene care plans by selecting, obtaining, assembling, and applying appropriate equipment: 1, 2, 4-10, 13-16
5. Conduct preventive and therapeutic procedures to facilitate optimum oral health for each individual patient: 1, 2, 4-10, 13-16
6. Evaluate patient responses to dental hygiene care: 4-10, 13-16
7. Make necessary modifications to preventive and therapeutic procedures and dental hygiene care plans based on patient response: 1, 2, 4-10, 13-16
8. Explain techniques and goals of therapies to patients to promote optimum oral health: 1, 2, 4-10, 13-16
9. Maintain complete records of consent and care provided to patients: 1, 2, 4-10, 13-15
10. Communicate clearly and completely with patients, family members, and other healthcare workers: 1, 2, 4-10, 13-16
11. Protect patients and self from transmissions of infectious disease: 1, 2, 4-10, 13-16
12. Respond to medical emergencies which may occur in the dental setting: 1, 2, 4-10, 13-16
13. Assess, plan, implement and evaluate dental health education programs for the community: 1, 4, 6, 11-16
14. Demonstrate basic skills of problem-solving, interpersonal relations, leadership, time management and acceptance of responsibilities: 1-18
15. Provide comprehensive dental hygiene care for all patients without discrimination: 1-3, 5, 7-10, 13-16
16. Recognize and uphold the laws and regulations governing the profession in the state of Hawaii: 3, 7, 8, 14, 16
17. Demonstrate professionalism as stated in the code of Professional Ethics for the dental hygienist: 1-3, 7-9, 13-16
18. Graduation completion rates will be compiled and analyzed annually.
19. Employee satisfaction survey will be compiled and analyzed.
20. Graduate surveys will be compiled and analyzed. Summary data will be used to assess students experience, feeling and attitudes about the program.
21. Demonstrate the ability to research current literature and exhibit evidence-based learning: 19, 20

# University of Hawaii Maui College

## 2011 Annual Report of Instructional Program Data

### Dental Hygiene

#### Program Mission:

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##### Mission

The Dental Hygiene Associate in Science Program is a two year program (upon submission to the Dental Hygiene Program) that prepares students to become oral health care professionals whose work will positively impact the oral health status of the Maui County and the neighbor islands.

## Part I: Program Quantitative Indicators

### Overall Program Health: Healthy

Majors Included: DH

Demand Indicators		Program Year			Demand Health Call
		08-09	09-10	10-11	
1	New & Replacement Positions (State)	0	27	33	Healthy
2	New & Replacement Positions (County Prorated)	0	2	3	
3	Number of Majors	0	11	10	
4	SSH Program Majors in Program Classes	0	190	185	
5	SSH Non-Majors in Program Classes	0	14	0	
6	SSH in All Program Classes	0	204	185	
7	FTE Enrollment in Program Classes	0	7	6	
8	Total Number of Classes Taught	0	10	9	

Efficiency Indicators		Program Year			Efficiency Health Call
		08-09	09-10	10-11	
9	Average Class Size	0	10.4	8.8	Cautionary
10	Fill Rate	0%	99%	88%	
11	FTE BOR Appointed Faculty	0	0	0	
12	Majors to FTE BOR Appointed Faculty	0	0	0	
13	Majors to Analytic FTE Faculty	0	14.2	12.2	
13a	Analytic FTE Faculty	0	0.7	0.8	
14	Overall Program Budget Allocation	Not Yet Reported	\$78,547	\$90,786	
14a	General Funded Budget Allocation	Not Yet Reported	\$84,047	\$81,786	
14b	Special/Federal Budget Allocation	Not Yet Reported	\$0	\$0	
15	Cost per SSH	Not Yet Reported	\$385	\$491	
16	Number of Low-Enrolled (<10) Classes	0	0	9	

Effectiveness Indicators		Program Year			Effectiveness Health Call
		08-09	09-10	10-11	
17	Successful Completion (Equivalent C or Higher)	0%	96%	100%	Healthy
18	Withdrawals (Grade = W)	0	0	0	
19	Persistence (Fall to Spring)	0%	100%	100%	
20	Unduplicated Degrees/Certificates Awarded	0	0	9	
20a	Degrees Awarded	0	0	9	
20b	Certificates of Achievement Awarded	0	0	0	
20c	Academic Subject Certificates Awarded	0	0	0	
20d	Other Certificates Awarded	0	0	0	
21	Transfers to UH 4-yr	0	0	0	
21a	Transfers with credential from program	0	0	0	
21b	Transfers without credential from program	0	0	0	

Distance Education: Completely On-line Classes		Program Year			
		08-09	09-10	10-11	
22	Number of Distance Education Classes Taught	0	0	0	
23	Enrollment Distance Education Classes	0	0	0	
24	Fill Rate	0%	0%	0%	
25	Successful Completion (Equivalent C or Higher)	0%	0%	0%	
26	Withdrawals (Grade = W)	0	0	0	
27	Persistence (Fall to Spring Not Limited to Distance Education)	0%	0%	0%	

Perkins IV Core Indicators 2009-2010		Goal	Actual	Met	
28	1P1 Technical Skills Attainment	90.05	100.00	Met	
29	2P1 Completion	44.50	0.00	Not Met	
30	3P1 Student Retention or Transfer	55.50	90.00	Met	
31	4P1 Student Placement	50.50	0	Not Met	
32	5P1 Nontraditional Participation	16.00	0	Not Met	
33	5P2 Nontraditional Completion	15.10	0	Not Met	

Last Updated: September 22nd, 2011

## Part II: Analysis of the Program

### Institutional Data

In Spring 2011, the University of Hawai'i Maui College granted all the nine students the Associate in Science Degree in Dental Hygiene. The demand indicators state that there are only 3 new or replacement positions in dental hygiene in 2010-11. However, the dentists on Maui have requested this program to fulfill their urgent needs. In addition, all nine students are currently employed as dental hygienist either full/part time here on Maui.

Under the Efficiency Indicators, the Average Class size is listed as 8.8 in 10-11. The class size was 9. The American Dental Association Commission on Dental Accreditation (ADACODA) mandates clinical groups of 5 or less. Therefore the program admits only 10 students per cohort.

Under the Majors to Analytic FTE Faculty data indicates there are only 12.2 DH majors in 10-11. However this data is misleading because of the Career Ladder DA/DH program. Students eligible for admission to the DH program are either Dental Assisting (DENT) majors or Liberal Arts (LA) prior to admission to the program.

### Perkins

Under the Perkins IV Core Indicators 2009-2010, 2P1 and 4P1 have not been measured because students did not graduate. Regarding to 5P1 and 5P2, DH Students are customarily female. To date, no male students have applied to the UH Maui College DH program but I am hoping that would change in the future!

### A. PLO being assessed and courses being used to assess

- Evidence was collected in DH 261 in the Fall 2011 to assess PLO 2.
- Evidence was collected in DH 263 during the Spring 2011 to assess PLO 1.

#### Assessment Plan

#### Timetable of Program Learning Outcome

#### Program Review Cycle

PLO	2010	2011	2012	2013	2014
1		DH 263 Spring		DH 263 Spring	
2	DH 153 Spring	DH 261 Fall	DH 155 Spring		DH 258 Fall
3	DH 260 Fall		DH 262 Fall	DH 257 Fall	DH 156 Spring

### B. Assessment tools or methods used to analyze the outcome

#### DH 261 Clinical Dental Hygiene 2

The student learning outcomes for DH 261 is to recognize and value the need for consistently performing all dental hygiene procedures to acceptable standards of care. The students demonstrate the correct procedures for proper use of the mouth mirror, probes, explorers, curets and other instruments. As well as performing preventive and therapeutic dental hygiene procedures including: complete removal of calculus, soft deposits, plaque, stains, and smoothing of the unattached surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient. In addition to the dental hygiene program outcome, the student was assessed on his or her knowledge of the following general education standards: written and oral communication, information retrieval, and critical thinking and quantitative reasoning.

Only dental hygiene majors were enrolled in this course. Evidence was reported on the nine students who completed the course. For PLO 2, 100% (9 of the 9 students) showed exemplary understanding.

In DH 261, there were three quizzes; a midterm exam, a final exam and class participation were assigned to assess students' performance. Only the final exam score was used as evidence to assess PLO#2. All of the exams and quizzes including class participation assessed their understanding of this clinical course of dental hygiene. Proficiency in oral communication was assessed utilizing an oral communication rubric. All of the students were proficient in these general education standards at a level necessary for their intended role.

#### **DH 263 Clinical Dental Hygiene 4**

The student learning outcomes for DH 263 focuses on assessing, planning, implementing, and evaluating dental hygiene care on clinic clients by systematically collecting, analyzing, and recording information from a client's personal, dental, and health history according to clinic guidelines and determining conditions which require special appointment planning, antibiotic premedication, medical consultation, and/or physician referral. Students then will interpret information gathered from the client assessment and formulate an appropriate dental hygiene treatment plan for clients seen in the clinic. They identify patients in need of fluoride treatment and determine the best type of fluoride for the client. The students also demonstrate the correct technique for coronal polishing on a client by selecting the appropriate polishing agent, adapting the rubber cup to all tooth surfaces, and effectively removing all stains. Furthermore, they administer local anesthesia injections using the proper procedures on the following injections: infiltrations, nasopalatine, anterior palatine, posterior superior alveolar, middle superior alveolar, inferior alveolar/lingual blocks, and long buccal.

Only dental hygiene majors were enrolled in this course. Evidence was reported on the nine students who completed the course. For PLO 1, 100% (9 of the 9 students) showed exemplary understanding and successfully passed both written and clinical hygiene board examinations.

All of the students were proficient in these general education standards at a level necessary for their intended role.

Two out of nine students were unsuccessful on their first attempt to pass the clinical dental hygiene board exam due to improper patient selection. In the future, patients will be selected at least one semester prior to the scheduled clinical dental hygiene board examination. In addition, all potential patients will be screened by two or more faculty members.

Although these two students were unsuccessful on their first attempt, they successfully earned a 96% and 100% on the first retake. Therefore, in academic year 2011 all nine students successfully passed both written and clinical dental hygiene board examinations.

#### **CRDTS Dental Hygiene Examination Results (Clinical Examination)**

##### **UNIV OF HAWAII MAUI COLLEGE Exam at Hawaii, Univ of – Manoa**

##### **Dental Hygiene Test Summary 4/29/2011**

ID #	School	Date	Year	Total
1187632560	213	April	2011	86.00
1185677443	213	April	2011	100.00
1164671254	213	April	2011	100.00
1134212080	213	April	2011	100.00
1151868554	213	April	2011	96.00
1184527606	213	April	2011	81.00
1172410011	213	April	2011	91.00
1147233747	213	July	2011	96.00
1108325510	213	July	2011	100.00

<b>Oral Communication</b>	<b>100%</b>				
<b>Written Communication</b>	<b>100%</b>				
<b>Information Retrieval</b>	<b>100%</b>				
<b>Quantitative Reasoning</b>	<b>100%</b>				
<b>Creativity</b>					

#### D. Result of assessment evidence

- In DH 261 Clinical Dental Hygiene 2, one hundred percent of the dental hygiene students were proficient in PLO 2, as well as meeting the general education requirements in critical thinking, oral and written communication, information retrieval, and quantitative reasoning
- In DH 263 Clinical Dental Hygiene 4, one hundred percent of the dental hygiene students were proficient in PLO 1 as well as meeting the general education requirements in critical thinking, oral and written communication, information retrieval, and quantitative reasoning.

#### E. Discovered about student learning

It is part of my educational philosophy that students can attain the course standards when I let them know clearly what is expected of them. I believe that they must be accountable for all of their words and actions, and I emphasize that learning occurs when they are active participants in the process. I want them to feel like the outcome of their education is a large part their responsibility. I believe setting high standards, not only in the classroom, but also in how each student behaves and functions as a professional. I take the responsibility of educating our future dental hygiene professionals seriously. I want my students to feel respected and honored by me and understand that these principles have been earned and not given freely.

Students are all unique, and each of them brings special talents to share. The value of working hard, practicing discipline, loving to learn, and the desire to keep learning are some of the gifts I strive to give my students.

F. Recommendations from the Dental Advisory Board regarding Program/Student Learning Outcomes will be implemented.

#### G. Changes made to curriculum

No changes have currently been made in the Dental Hygiene curriculum or pedagogy to improve student learning. Additional evidence will be collected and analyzed as the program continues to evolve. The program began instruction in 2009.

#### H. Programs strengths and weaknesses

UH Maui College DH Program Strengths and Weaknesses Report	
STRENGTHS	WEAKNESSES
Maintain high level of qualified faculty	Limited clinical facility which is shared by other dental programs
Access to AS degree in Dental Hygiene at UHMC	
Meeting the demands of local DDS who need hygienists	
Support from strong active community Advisory Committee	

	Exceeds	Meets	Needs Improvement	Insufficient Progress	N/A
<b>DH 261 Clinical DH 2</b> PLO 2 - Provide comprehensive dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidence-based practice.	9				
<b>Average PLO Score for the course</b>	9				
<b>General Education Standards:</b>					
<b>Critical Thinking</b>	100%				
<b>Oral Communication</b>	100%				
<b>Written Communication</b>	100%				
<b>Information Retrieval</b>	100%				
<b>Quantitative Reasoning</b>	100%				
<b>Creativity</b>					
<b>DH 263 Clinical DH 4</b> PLO 1- Demonstrate their cumulative knowledge and skill by successfully passing both written and clinical dental hygiene board examinations.	9				
<b>Average PLO Score for the course</b>	9				
<b>General Education Standards:</b>					
<b>Critical Thinking</b>	100%				

## Part III: Action Plan

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### A. Planned changes

- Two out of nine students were unsuccessful on their first attempt to pass the clinical dental hygiene board exam due to improper patient selection. In the future, patients will be selected at least one semester prior to the scheduled clinical dental hygiene board examination. In addition, all potential patients will be screened by two or more faculty members.
- As the Dental Hygiene Program projects toward future needs, at least one full time faculty member will be required to meet the mandate from the Commission on Dental Accreditation that the student to instructor ratio be maintained at 5:1. This faculty position will be an 11 month assignment. As the renovation of Noi'i is completed, the College plans to admit one Dental Hygiene class each academic year versus one class every two years. The approximate cost of additional faculty and lecturers (1.0 FT 11 month faculty and 2 0.5 FTE Lecturers) is 130,000. These funds will be requested in the biennium budget.
- Recommendations from the Dental Advisory Board regarding Program/Student Learning Outcomes will be implemented.

### B. Assessment of Program Goals and Future Planning

The goals of the dental program are to prepare the dental hygiene students to competently:

- Demonstrate their cumulative knowledge and skill by successfully passing both written and clinical dental hygiene board examinations. In the future, the DH program will strive for 100% success rate on the first attempt for clinical board exam.
- Provide affordable and accessible oral/dental health care to the underserved, low-income, uninsured families of Maui. The new Noi'i dental program facility will allow for accepting one DH class each academic year, thereby increasing the number of dental hygienist serving this urgent sector of the population.

## Part IV: Resource Implications

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DESCRIPTION	ITEMIZED COSTS
FT 11 month faculty	80,000
2 0.5 FTE Lectures	52,000
Secretarial support	9,473
Benefits	84,000
Professional development	1,600
Travel for student supervision	5,000
Instructional materials	1,010
Clinic supplies	10,000
Laboratory supplies	8,500
Office supplies	1,800

# Program Student Learning Outcomes

## A. Program Learning Outcomes List

Upon graduation the dental hygiene students will be able to:

- Demonstrate their cumulative knowledge and skill by successfully passing both written and clinical dental hygiene board examinations.
- Provide comprehensive dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidence-based practice.
- Provide accurate, consistent, and complete documentation for assessment, and evaluation of dental hygiene services.

## B. Program Map

PLO	1	2	3
DH 150	3	2	2
DH 153	3	3	2
DH 155	3	2	3
DH 156	3	3	3
DH 173	3	2	2
DH 254	3	3	2
DH 255	3	2	3
DH 256	3	2	2
DH 257	3	2	2
DH 258	3	3	2
DH 260	3	3	3
DH 261	3	3	3
DH 262	3	3	3
DH 263	3	3	3
DH 264	3	3	2
DH 265	3	3	1
DH 266	3	3	3
DH 267	3	3	2

DH 268	3	3	2
DH 269	3	3	2

### C. Assessment Plan

#### Assessment Plan

#### Timetable of Program Learning Outcome

#### Program Review Cycle

PLO	2010	2011	2012	2013	2014
1		DH 263 Spring		DH 263 Spring	
2	DH 153 Spring	DH 261 Fall	DH 155 Spring		DH 258 Fall
3	DH 260 Fall		DH 262 Fall	DH 257 Fall	DH 156 Spring

**Appendix E-Board and DH  
course pass/fail rate results**

**UH Maui College  
Dental Hygiene Courses  
Pass/Fail**

	2009-2011		2011-2013	
	Students Pass	Students Fail	Students Pass	Students Fail
DH 153 Assessment Procedures in Dental Hygiene	14	0	10	0
DH 173 Dental Health Education	14	0	10	0
DH 150 Oral Histology and Embryology	10	0	10	0
DH 155 Dental Emergencies	10	0	10	0
DH 156 Pre- Clinical Dental Hygiene	10	0	10	0
DH 260 Clinical Dental Hygiene I	10	0	10	0
DH 256 Applied Pharmacology in Dentistry	10	0	10	0
DH 254 Pathology for DH & Special Patient Populations	9	1	10	0
DH 257 Periodontics	9	1	10	0
DH 267 Dental Radiology & Interpretation	10	0	10	0
DH 261 Dental Hygiene 2	9	0	10	0
DH 255 Oral Pathology	9	1	10	0
DH 266 Local Anesthesia & Pain Control	9	0	10	0
DH 268 Advanced Dental Radiology & Interpretation	9	0		
DH 262 Clinical Dental Hygiene 3	9	0		
DH 258 Periodontics & Advanced Clinical Techniques in DH	9	0		
DH 264 Community Dental Health	9	0		
DH 269 Advanced Dental Radiology & Interpretation	9	0		
DH 263 Clinical Dental Hygiene 4	9	0		
DH 265 Law & Ethics in Dental Hygiene	9	0		

# PASSING SCORE

75% and above

## National Board Dental Hygiene Examination (Written Examination)

213 – MAUI COM COLL-HI

		Test															Case
DENTPIN	Grad	Date	Score	A	B	C	D	E	F	G	H	I	J	K	L	M	Based
53161644	2011	03/11	82	12	5	5	8	4	61	39	35	18	10	9	16	14	105
69868284	2011	03/11	86	14	6	7	9	9	59	36	51	18	11	5	15	15	119
38627836	2011	03/11	87	11	10	7	7	5	61	44	52	18	10	7	17	15	115
96048023	2011	03/11	84	10	9	6	10	6	60	43	49	14	9	8	16	11	107
27708839	2011	03/11	84	11	7	6	8	7	53	42	42	14	10	11	16	19	110
78576850	2011	03/11	86	11	6	9	8	4	60	47	35	19	11	12	15	17	114
56278907	2011	03/11	84	11	4	7	8	5	61	39	36	19	11	11	17	16	112
81123579	2011	03/11	89	13	8	5	10	6	53	49	49	20	12	6	17	21	120
29220221	2011	03/11	77	9	5	4	5	5	53	33	30	14	13	11	18	13	108
Summary for 213 – MAUI COM COLL-HI																	
Number of candidates: 9																	
School Averages:			84.3	11.3	6.7	6.2	8.1	5.7	57.9	41.3	42.1	17.1	10.8	8.9	16.3	15.7	112.2
National Averages:			82.7	9.7	6.5	5.8	7.9	5.6	51.5	37.3	40.2	16.4	10.4	7.9	13.2	14.6	99.7

### C. Summative evidence

#### SUMMATIVE EVIDENCE

**CRDTS Dental Hygiene Examination Results**  
**UNIV OF HAWAII MAUI COLLEGE Exam at Hawaii, Univ of – Manoa**  
**Dental Hygiene Test Summary 4/29/2011**

<b>ID #</b>	<b>Sch</b>	<b>Year</b>	<b>Total</b>
<b>1187632560</b>	<b>213</b>	<b>2011</b>	<b>86.00</b>
<b>1185677443</b>	<b>213</b>	<b>2011</b>	<b>100.00</b>
<b>1164671254</b>	<b>213</b>	<b>2011</b>	<b>100.00</b>
<b>1134212080</b>	<b>213</b>	<b>2011</b>	<b>100.00</b>
<b>1151868554</b>	<b>213</b>	<b>2011</b>	<b>96.00</b>
<b>1184527606</b>	<b>213</b>	<b>2011</b>	<b>81.00</b>
<b>1172410011</b>	<b>213</b>	<b>2011</b>	<b>91.00</b>
<b>1147233747</b>	<b>213</b>	<b>2011</b>	<b>96.00</b>
<b>1108325510</b>	<b>213</b>	<b>2011</b>	<b>100.00</b>

**PASSING SCORE**  
**75% and above**

National Board Dental Hygiene Examination  
213 -- MAUI COM COLL-HI

213 MAUI COM COLL-HI

DENTPIN	Grad	Test		Case												
		Date	Score	A	B	C	D	E	F	G	H	I	J	K	L	M
53161644	2011	03/11	82	12	5	5	8	4	61	39	35	18	10	9	16	14
69868284	2011	03/11	86	14	6	7	9	9	59	36	51	18	11	5	15	15
38627836	2011	03/11	87	11	10	7	7	5	61	44	52	18	10	7	17	15
96048023	2011	03/11	84	10	9	6	10	6	60	43	49	14	9	8	16	11
27708839	2011	03/11	84	11	7	6	8	7	53	42	42	14	10	11	16	19
78576850	2011	03/11	86	11	6	9	8	4	60	47	35	19	11	12	15	17
56278907	2011	03/11	84	11	4	7	8	5	61	39	36	19	11	11	17	16
81123579	2011	03/11	89	13	8	5	10	6	53	49	49	20	12	6	17	21
29220221	2011	03/11	77	9	5	4	5	5	53	33	30	14	13	11	18	13
Summary for 213 - MAUI COM COLL-HI																
Number of candidates:			9													
School Averages:			84.3	11.3	6.7	6.2	8.1	5.7	57.9	41.3	42.1	17.1	10.8	8.9	16.3	15.7
National Averages:			82.7	9.7	6.5	5.8	7.9	5.6	51.5	37.3	40.2	16.4	10.4	7.9	13.2	14.6
																99.7

## Appendix 1 - Sample of Evaluation Methods

Practice ethical and responsible oral communications appropriately to a variety of audiences and purposes. Clinical Courses: Client Case Presentations-100 Points  
Scoring Guide for Oral Communication

Quality	High Proficiency Expert, Mastery,	Proficiency Accomplished	Some Proficiency, Developing, Marginal	No Proficiency, Beginner, Novice
Criteria				
4.1 Identify and analyze the audience and purpose of any intended communication.	The student consistently and accurately analyses and identifies an audience and has a clear idea of the purpose of the communication.	The student can accurately analyze and identify an audience and has a clear idea of the purpose of the intended communication.	The student is inconsistent in analysis and identification of an audience and has a clouded idea of the purpose of the intended communication	The student cannot identify nor analyze the audience and does not grasp the purpose of the intended communication.
4.2 Gather, evaluate, select and organize information for the communication.	The presentation is thoroughly focused, carefully organized, and logically supported.	The presentation has focus is organized, and provides supporting evidence for conclusions.	The presentation has inconsistent focus, and has gaps in the organization and supporting evidence for conclusions.	There is no apparent organization and the presentation lacks supporting evidence.
4.3 Use language, techniques, and strategies appropriate to the audience and occasion.	The student is accurate and consistent in their use of verbal techniques and strategies.	The student is mostly accurate in their use of verbal techniques and strategies.	The student is inconsistent in their use of verbal techniques and strategies	The student is not accurate and is inconsistent in their use of verbal techniques and strategies.
4.4 Speak clearly and confidently, using the voice, volume, tone, and articulation appropriate to the audience and occasion.	The speaker is relaxed, comfortable, engaging and consistently interacts effectively with the listeners.	The student can speak clearly and confidently, and appropriately to the audience and occasion.	Student has difficulty engaging audience and speaking clearly. Delivery is inconsistent and at times awkward.	Speaker appears anxious, uncomfortable, and detached. Listeners are ignored.
4.5 Summarize, analyze and evaluate oral communications and ask coherent questions as needed	The student is consistently accurate and thorough in their evaluations. Questions are well focused and relevant to the topic.	The student is usually accurate and thorough in their evaluations. Questions are usually focused and relevant to the topic.	The student is inconsistent in their evaluations. Some of their questions lack focus or are irrelevant to the topic.	The student is inaccurate in their evaluations. Questions lack focus and/ or are irrelevant to the topic.
4.6 Use competent oral communication to initiate and sustain discussions.	The student is comfortable, competent and consistent in the use of oral communication to initiate and sustain discussions.	The student can use oral communication to initiate and sustain discussions.	The student is inconsistent in the use of oral communication to initiate and sustain discussions.	The student shows a lack of competency in initiating and sustaining a discussion.

University of Hawaii Maui College-Dental Hygiene Program Scoring Guide for Writing			
Scoring Level	Knowledge of Conventions	Clarity and Coherence	Rhetorical Choices
4 - Accomplished	In addition to meeting the requirements for a -3,II the writing is essentially error-free in terms of mechanics. Models the style and format appropriate to the assignment.	In addition to meeting the requirements for a -3,II writing flows smoothly from one idea to another. The writer has taken pains to assist the reader in following the logic of the ideas expressed.	In addition to meeting the requirements for a -3,II the writer's decisions about focus, organization, style/tone, and content made reading a pleasurable experience. Writing could be used as a model of how to fulfill the assignment.
3 - Competent	While there may be minor errors, the paper follows normal conventions of spelling and grammar throughout and has been carefully proofread. Appropriate conventions for style and format are used consistently throughout the writing sample. Demonstrates thoroughness and competence in documenting sources; the reader would have little difficulty referring back to cited sources.	Sentences are structured and word are chosen to communicate ideas clearly. Sequencing of ideas within paragraphs and transitions between paragraphs make the writer's points easy to follow.	The writer has made good decisions about focus, organization, style/tone, and content to communicate clearly and effectively. The purpose and focus of the writing are clear to the reader and the organization and content achieve the purpose well. Writing follows all requirements for the assignment.
2 - Developing	Frequent errors in spelling, grammar (such as subject/verb agreements and tense), sentence structure and/or other writing conventions distract the reader. Writing does not consistently follow appropriate style and/or format. Source documentation is incomplete. It may be unclear which references are direct quotes and which are paraphrased.	Sentence structure and/or word choice sometimes interfere with clarity. Needs to improve sequencing of ideas within paragraphs and transitions between paragraphs to make the writing easy to follow.	The writer's decisions about focus, organization, style/tone, and/or content sometimes interfere with clear, effective communication. The purpose of the writing is not fully achieved. All requirements of the assignment may not be fulfilled.
1 - Beginning	Writing contains numerous errors in spelling, grammar, and/or sentence structure which interfere with comprehension. Style and/or format are inappropriate for the assignment. Fails to demonstrate thoroughness and competence in documentation.	Sentence structure, word choice, lack of transitions and/or sequencing of ideas make reading and understanding difficult.	The writer's decisions about focus, organization, style/tone, and/or content interfere with communication. The purpose of the writing is not achieved. Requirements of the assignment have not been fulfilled.
<p>June 6, 2002</p> <p><a href="http://www.csufresno.edu/cell/assessment/">http://www.csufresno.edu/cell/assessment/</a> (click on WritingScoring.doc)</p>			

**PROCEDURE SHEET**  
**INFERIOR ALVEOLAR AND LINGUAL NERVE BLOCK INJECTION**

PROCEDURE	Satisfactory	Needs Improvement	Unsatisfactory
1. Assess health history.	S	NI	U
2. Take vital signs.	S	NI	U
3. Confirm treatment plan.	S	NI	U
4. Check armamentarium.	S	NI	U
5. *Load syringe: check window and needle bevel orientation – harpoon engaged.	S	NI	U
6. Check needle for flow.	S	NI	U
7. Place patient in supine position.	S	NI	U
8. Communicate pre-injection instructions to patient.	S	NI	U
9. Clinician positions self	S	NI	U
• 8 or 9 o'clock			
10. Locate the penetration site.	S	NI	U
11. Dry the penetration site with gauze.	S	NI	U
12. Apply topical anesthetic for 1-2 minute.	S	NI	U
13. Dry the penetration site with gauze.	S	NI	U
14. Make the tissue taut and have a firm grasp on retracted tissue with gauze.	S	NI	U
15. Keep syringe and needle out of the patient's line of vision.	S	NI	U
16. *Place the needle at the penetration site.	S	NI	U
• Middle of pterygomandibular triangle, 6-10 mm above the occlusal plane.			
17. *Utilize a handrest.	S	NI	U
18. *Gently insert only the bevel of the needle.	S	NI	U
19. *Deposit a few drops of solution and wait five seconds.	S	NI	U
20. *Advance the needle to the deposition site and deposit solution.	S	NI	U
• 2/3 to ¾ of needle or until bone is contacted (withdraw 1 mm)			

21. *Aspirate.	S	NI	U
22. *Slowly deposit the anesthetic solution • 60 seconds	S	NI	U
23. *Clinician's hand remains in correct position.	S	NI	U
24. Observe patient.	S	NI	U
25. *Depositing the recommended amount • ½ the total cartridge (at least 0.9 ml)	S	NI	U
26. *Withdraw needle to ½ its length to prepare for the lingual injection.	S	NI	U
27. Aspirate.	S	NI	U
28. *Deposit the recommended amount. • ¼ of cartridge (0.4 ml)	S	NI	U
29. Withdraw needle.	S	NI	U
30. Replace needle sheath (scoop).	S	NI	U
31. Observe patient.	S	NI	U
32. Rinse the patient's mouth.	S	NI	U
33. *Test for anesthesia.	S	NI	U
34. Record the injection in the chart.	S	NI	U

\*Critical error

Additional critical errors.	Satisfactory	Unsatisfactory
1. Clinician doesn't injure self or patient.		
2. Clinician communicates actions throughout injection		
3. Clinician is responsive to constructive criticism.		
4. When clinician is the patient, the clinician is cooperative.		

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Completion Date: \_\_\_\_\_

*Meets expectations* = Knowledge and performance satisfactorily met program expectations with normal supervision  
*Exceeds expectations* = Knowledge and performance independently and consistently exceeded program expectations

		Meets Expectation	Exceeds Expectation
1.	Practices the legal and ethical roles and responsibilities of the dental hygienist in a variety of oral health care and community-based settings.	9	9
2.	Provides caring and professional approach with clients and groups using advanced communication techniques.	9	9
3.	Advocates for, and intervenes with, clients and groups to promote oral health.	9	9
4.	Clusters comprehensive assessment data to determine oral health care needs of clients and groups.	9	9
5.	Analyzes assessment data to formulate comprehensive dental hygiene diagnosis and individualize treatment plan for oral health care.	9	9
6.	Involves the client in identifying needs and achieving goals.	9	9
7.	Utilizes critical thinking to provide individualized, comprehensive care for clients and groups in a variety of oral health care settings.	9	9
8.	Provides ongoing comprehensive teaching to clients and groups. Demonstrates ability to research current literature and exhibits evidence-based learning.	9	9
9.	Evaluates response to dental hygiene interventions and revises treatment plan to achieve established goals.	9	9
10.	Effectively prioritizes and manages the implementation of dental hygiene care in a time effective manner.	9	9
11.	Communicates and collaborates with members of the dental or interdisciplinary team in a goal-directed manner.	9	9
12.	Performs dental hygiene skills competently.	3	6
13.	Demonstrates commitment to quality dental hygiene care through accurate self-evaluation and utilization of constructive comments.	2	7

**ATTENDANCE PATTERNS:**

**FACULTY COMMENTS:**

Faculty signatures: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

**GRADUATE COMMENTS:**

I authorize UH Maui College to release this document to prospective employers.  
Release: Yes \_\_\_\_\_ No \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Upgrade rivierra@hawaii.edu Sign Out Help

+ Create Survey

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You have a BASIC account | To remove the limits of a BASIC account and get unlimited questions, upgrade now!

## Dental Hygiene Exit Survey Edit

Design Survey Collect Responses Analyze Results

## View Summary

Default Report + Add Report

Browse Responses

Filter Responses

Crosstab Responses

Download Responses

Share Responses

## Response Summary

Total Started Survey: 9  
Total Finished Survey: 9 (100%)

PAGE: UH MAUI COLLEGE DENTAL HYGIENE EXIT SURVEY

1. At the completion of the program, I felt competent in the following areas:

ASSESSMENT: The systematic collection and analysis of the following data to identify patient needs and oral health problems.

Create Chart Download

	Strongly Disagree	Disagree	No Bias	Agree	Strongly Agree	Not Applicable	Response Count
1. Obtain, review and update a complete medical and dental history, including vital signs.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
2. Perform an extraoral and intraoral examination and identify patient needs.	11.1% (1)	0.0% (0)	0.0% (0)	22.2% (2)	66.7% (6)	0.0% (0)	9
3. Perform a periodontal and dental examination.	11.1% (1)	0.0% (0)	0.0% (0)	22.2% (2)	66.7% (6)	0.0% (0)	9
4. Obtain diagnostic quality radiographs and identify abnormal findings.	11.1% (1)	0.0% (0)	0.0% (0)	22.2% (2)	66.7% (6)	0.0% (0)	9
5. Obtain indices and utilize them in patient communications.	11.1% (1)	0.0% (0)	0.0% (0)	22.2% (2)	66.7% (6)	0.0% (0)	9
6. Perform risk assessments (i.e., tobacco, systemic, caries)	11.1% (1)	0.0% (0)	0.0% (0)	33.3% (3)	55.6% (5)	0.0% (0)	9
7. Assess psychosocial and environmental factors and their influence on patient health	11.1% (1)	0.0% (0)	0.0% (0)	44.4% (4)	44.4% (4)	0.0% (0)	9
answered question							9
skipped question							0

2. At the completion of the program, I felt competent in the following areas:

DIAGNOSIS and PLANNING: Determination of dental hygiene treatment needs and the establishment of realistic goals and treatment strategies to facilitate optimal oral health.

Create Chart Download

	Strongly Disagree	Disagree	No Bias	Agree	Strongly Agree	Not Applicable	Response Count
answered question							9
skipped question							0

2. At the completion of the program, I felt competent in the following areas:  
**DIAGNOSIS and PLANNING:** Determination of dental hygiene treatment needs and the establishment of realistic goals and treatment strategies to facilitate optimal oral health.

Create Chart

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1. Ability to determine dental hygiene needs.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
2. Ability to develop an integrative plan for Dental Hygiene treatment and Health promotion-education.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
3. Ability to obtain informed consent for treatment.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
4. Ability to prepare and present a dental hygiene case presentation.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
answered question							9
skipped question							0

3. At the completion of the program, I felt competent in the following areas:  
**IMPLEMENTATION:** Provision of treatment as identified in the assessment and planning phase.

Create Chart

Download

	Strongly Disagree	Disagree	No Bias	Agree	Strongly Agree	Not Applicable	Response Count
1. Ability to properly implement infection control procedures.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
2. Ability to perform periodontal debridement and scaling on patients with light to moderate periodontal disease.	11.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)	88.9% (8)	0.0% (0)	9
3. Ability to perform periodontal debridement and scaling on patients with severe periodontal disease.	11.1% (1)	0.0% (0)	0.0% (0)	44.4% (4)	44.4% (4)	0.0% (0)	9
4. Ability to utilize pain management techniques.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
5. Ability to utilize chemotherapeutic agents.	11.1% (1)	0.0% (0)	0.0% (0)	22.2% (2)	66.7% (6)	0.0% (0)	9
6. Ability to implement appropriate fluoride therapy.	11.1% (1)	0.0% (0)	0.0% (0)	22.2% (2)	66.7% (6)	0.0% (0)	9
7. Ability to apply a pit and fissure sealants and evaluate their success.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
8. Ability to perform coronal polishing for stain removal.	11.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)	88.9% (8)	0.0% (0)	9
9. Ability to care for oral prostheses.	11.1% (1)	0.0% (0)	11.1% (1)	22.2% (2)	55.6% (5)	0.0% (0)	9
10. Ability to participate in the care and maintenance of restorations.	11.1% (1)	0.0% (0)	11.1% (1)	11.1% (1)	66.7% (6)	0.0% (0)	9
answered question							9
skipped question							0

3. At the completion of the program, I felt competent in the following areas:

[Create Chart](#)[Download](#)

IMPLEMENTATION: Provision of treatment as identified in the assessment and planning phase.

11. Ability to provide integrative health promotion, nutritional counseling, and preventive counseling.

11.1% (1)

0.0% (0)

0.0% (0)

22.2% (2)

66.7% (6)

0.0% (0)

9

12. Ability to provide dental hygiene care for the child, adolescent, adult, geriatric and medically compromised patient.

11.1% (1)

0.0% (0)

0.0% (0)

11.1% (1)

77.8% (7)

0.0% (0)

9

answered question

9

skipped question

0

4. At the completion of the program, I felt competent in the following areas:

[Create Chart](#)[Download](#)

EVALUATION: Measurement of the extent to which goals identified in the treatment plan were achieved.

	Strongly Disagree	Disagree	No Bias	Agree	Strongly Agree	Not Applicable	Response Count
1. Ability to utilize indices for evaluation of patient self-care.	11.1% (1)	0.0% (0)	0.0% (0)	22.2% (2)	66.7% (6)	0.0% (0)	9
2. Ability to reevaluate oral and periodontal health status.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
3. Ability to determine follow-up treatment needs.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
4. Ability to determine appropriate continuing care (recall) needs.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
5. Ability to determine appropriate referral needs.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
6. Ability to determine patient satisfaction with treatment.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
answered question							9
skipped question							0

5. At the completion of the program, I felt competent in the following areas:

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ADDITIONAL COMPETENCIES

	Strongly Disagree	Disagree	No Bias	Agree	Strongly Agree	Not Applicable	Response Count
1. Possesses the interpersonal and communication skills to effectively interact with diverse population groups.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
answered question							9
skipped question							0

5. At the completion of the program, I felt competent in the following areas:  
ADDITIONAL COMPETENCIES

Create Chart

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2. Ability to assess, plan, implement an evaluate community-based oral health programs including, health promotion and disease prevention activities.	11.1% (1)	0.0% (0)	0.0% (0)	22.2% (2)	66.7% (6)	0.0% (0)	9
3. Ability to provide appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.	11.1% (1)	0.0% (0)	0.0% (0)	33.3% (3)	55.6% (5)	0.0% (0)	9
4. Ability to apply ethical, legal, and regulatory concepts to the provision and/or support of oral health care services.	11.1% (1)	0.0% (0)	0.0% (0)	11.1% (1)	77.8% (7)	0.0% (0)	9
5. Ability to evaluate of current scientific literature.	11.1% (1)	0.0% (0)	0.0% (0)	33.3% (3)	55.6% (5)	0.0% (0)	9
6. Ability to utilize critical thinking and problem solving strategies related to comprehensive patient care and management of patients.	11.1% (1)	0.0% (0)	0.0% (0)	33.3% (3)	55.6% (5)	0.0% (0)	9
answered question							9
skipped question							0

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## **Appendix I-List of Faculty members**

### **DH Faculty Members:**

#### **General Dentists:**

Dr. Emi Eno Orikasa

Dr. Melanie Vallejos

Dr. Kevin Omuro

#### **Periodontist:**

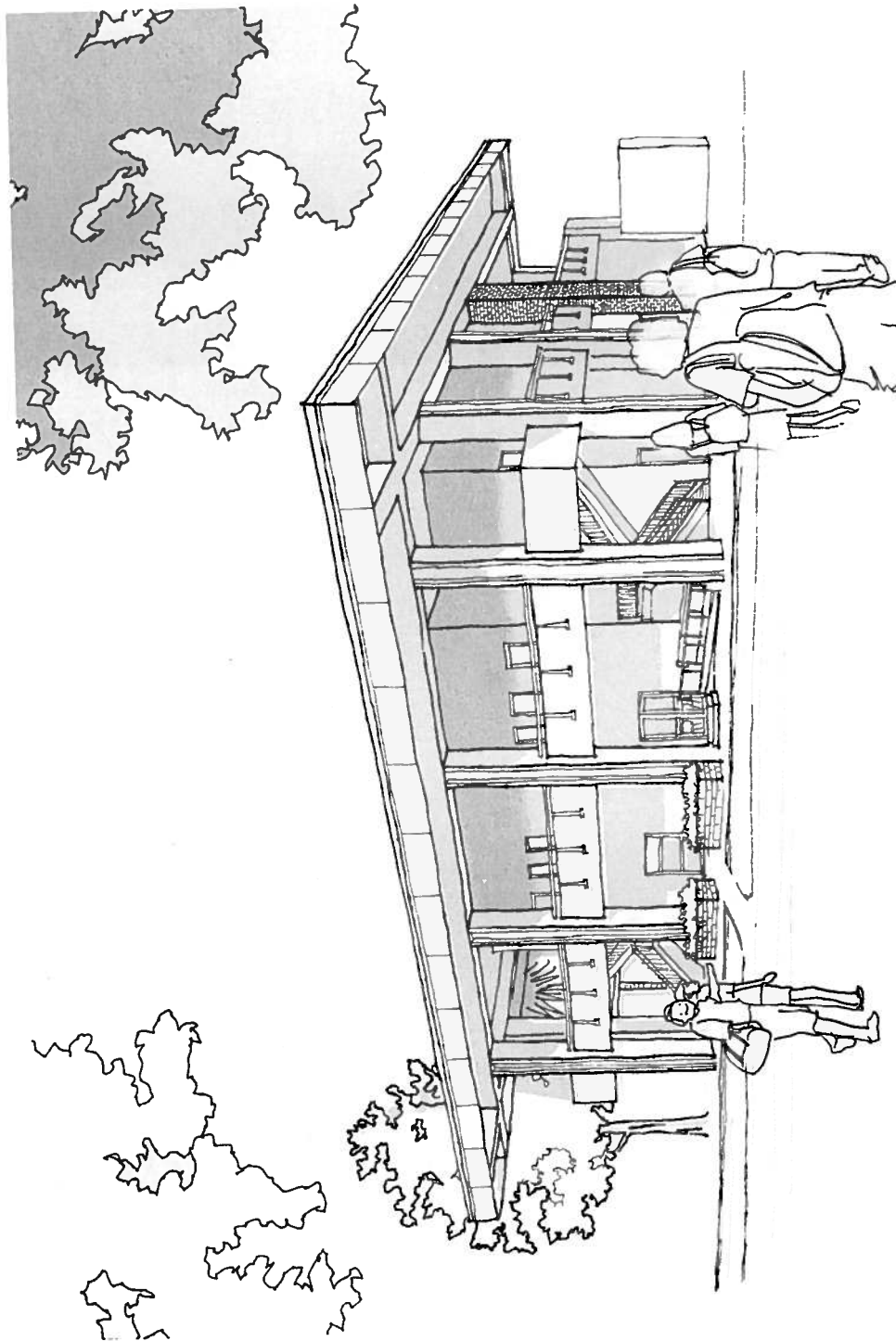
Dr. Frank Kihara

#### **Dental Hygienists:**

Rosie Vierra, RDH, BS, MS

Joyce Yamada, RDH, CDA, BS, MS

Leanne Nadai, RDH, BS

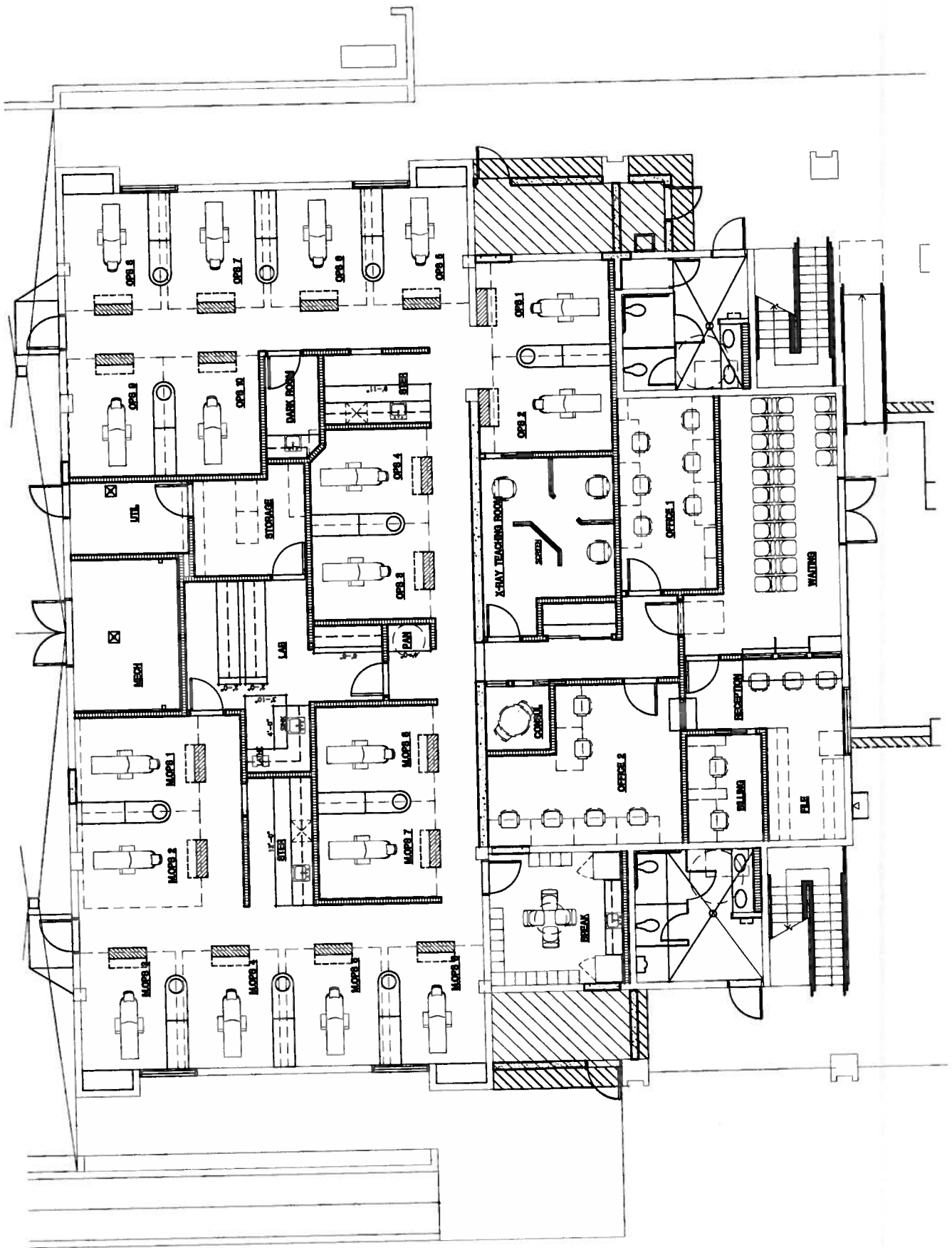


Exterior Conceptual Rendering for Renovate Existing Bldg. 2221 NOI

University of Hawaii Maui College Renovate Existing Science Bldg. 2221  
July 19, 2012



UNIVERSITY OF HAWAII  
**MAUI COLLEGE**



C

D

E

F

## **Student Resources**

### **The Learning Center**

The Learning Center (TLC) is an academic support facility offering a wide variety of services including testing, tutoring, computing services, and study skills information. Our goal is to help students be successful in college.

### **Study-Skills Workshops**

The Learning Center offers a wide range of practical study skills and individual skills that can help you in your classes. All study-skills workshops are free to attend and reservations are not needed, however seating is limited. Students will have an opportunity to develop skills that are essential for academic success. Workshops are held at The Learning Center.

### **Computer Lab**

The TLC Computer Lab allows students to access their E-Mails, study on Lualaba for Distance Education, and access software required for their courses. Printing is also available, 10 cents for black and white pages, \$1.00 for color pages. Print cards are available for purchase at The Learning Center. We also offer access to the UH Maui College WIFI and if you need help configuring your computer please ask anyone one of our staff for assistance.

### **Tutoring Services**

Students may receive help on an appointment or walk-in basis. Tutoring encompasses one-on-one assistance by a professional staff or a peer tutor in English, math, foreign language and other subject areas upon tutor availability. Each session is 25 minutes long and students may sign up **once per day**.

### **Ka Lama Computer Lab**

The Ka Lama Computer Lab is a supervised study area where students use computers and business machines to complete their assignments. Personal assistance is available at all times in the Business Lab. The staff includes a faculty lab coordinator and student lab assistants who are able to provide essential support for a wide range of computer programs.

### **UH Maui College Library**

Monday to Thursday 10 AM to 5 PM  
Closed: Friday, Saturday, Sunday, all [state holidays](#)



UNIVERSITY of HAWAII  
**MAUI COLLEGE**

**Appendix L- Major Change  
Letter to ADA CODA**

Allied Health Unit/Dental Programs

To: Commission on Dental Accreditation  
211 E. Chicago Avenue Suite 1900  
Chicago, IL. 60611-2678

From: Rosie Vierra  
University of Hawaii Maui College  
Dental Hygiene Program Coordinator

Date: 30 June 2012

Dear Commission on Dental Accreditation,

As discussed in the letter dated February 3, the UHMC DH Program will implement a new DH Anatomical Science course in the Fall of 2013. Enclosed, please find a copy of the course.

The DH Program will be offering one less Radiology course. DH 268 currently offered in the Spring Semester of the first academic year will be eliminated. No content area will be eliminated; instead content from the course being eliminated will be incorporated into the two existing Radiology courses. The two existing Radiology courses; DH 267 will be offered in the Fall of the First Academic year and DH 269 will be offered in the Spring of the of the First Academic year. Please note that the DH students have two semesters of Radiology in the Dental Assisting Program which is a first step in the career ladder program. Enclosed are the Radiology Course Outlines and the Program Map illustrating the change in the sequence of courses.

In addition to the above changes, the Program will assign 2 credits instead of one credit to DH 256 Applied Pharmacology In Dentistry to be taught in the Summer Session. Dr. Orikasa who teaches this course needs more time to incorporate all content materials successfully. With the addition of DH 158 and DH 267 in the First Semester, the Program decided that it would benefit the Students to move DH 256 to the summer.

Please contact me if you need additional information or clarification.  
Mahalo for your time and consideration

Sincerely,

Rosie Vierra  
Dental Hygiene Program Coordinator

310 W. Ka'ahumanu Avenue Kahului, HI 96732-1617  
Telephone: 808 984-3313 Fax: 808 249-2175  
Email: rvierra@hawaii.edu www.maui.hawaii.edu  
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# Maui Community College

## Course Outline

1. Alpha	DH	Number	267
----------	----	--------	-----

Course Title                      Dental Radiology & Interpretation

Credits	1
---------	---

Department Allied Health Author

Date of Outline	12/10/09	Effective Date	Spring 2010	5-year Review Date	Spring 2015
-----------------	----------	----------------	-------------	--------------------	-------------

2. Course Description: Reviews the production, characteristics, and biological effects of radiation, and functions, components, and operation of the x-ray unit. Includes radiation protection and monitoring, chemistry and techniques associated with x-ray film and developing solutions. Reviews anatomic landmarks, and intraoral and long-cone radiographic techniques in bitewing, periapical, and occlusal surveys. Introduces radiographic identification and interpretation of radiographic caries, periodontal disease, trauma, and dental anomalies. Includes clinical lab experience of taking & interpreting x-rays on clients.

## Cross-list

Contact Hours/Type	2 hours lecture/lab
--------------------	---------------------

### 3. Pre-requisites

Pre-requisite may be waived by consent ☐ yes ☒ no

### Co-requisites

## Recommended Preparation

4. Function/Designation	☒ AA Category	Additional Category
-------------------------	---------------	---------------------

AS Program	Category	List Additional Programs and Category:

☐ AAS Program      Category      List Additional Programs and Category:

Chancellor

Approval Date

☐ BAS Program      Category      ☐ Developmental/Remedial

☐ Other/Additional: Explain:

See Curriculum Action Request (CAR) form for the college-wide general education and/or program SLOS this course supports.

☐ This course outline is standardized and/or the result of a community college or system-wide agreement.  
Responsible committee:

5. Student Learning Outcomes (SLOs): List one to four inclusive SLOs.

*For assessment, link these to #7. Recommended Course Content, and #9. Recommended Course Requirements & Evaluation. Use roman numerals (I., II. III.) to designate SLOs*

On successful completion of this course, students will be able to:

- I. Obtain full mouth, panoramic, bitewing, and occlusal surveys with diagnostically usable film;
- II. Practice proper infection control, OSHA, and biohazard practices while exposing and processing radiographs.
- III. Describe the process by which x-rays are produced, identifying the physical and electrical factors which alter the density or penetrability of the x-rays produced.
- IV. Identify radiographic landmarks, exposure and processing errors, and perform comprehensive radiographic interpretation.

6. Competencies/Concepts/Issues/Skills

*For assessment, link these to #7. Recommended Course Content, and #9. Recommended Course Requirements & Evaluation. Use lower case letters (a., b., c...n.) to designate competencies/skills/issues*  
On successful completion of this course, students will be able to:

- a. Describe production, characteristics, and biological effects of radiation.
- b. Explain the function, components, and operation of the x-ray unit.
- c. Describe radiation protection and monitoring; chemistry and techniques associated with x-ray film and developing solutions.
- d. Name the anatomic landmarks on radiographs using the precise terminology and proper spelling.
- e. Evaluate radiographs in terms of normal and non-normal structures including: tooth contour, radiographic appearance of teeth and jaws due to anatomic factors, and age of client.
- f. Identify variations of normal, cancellous, cortical, and sclerotic bone, recognizing the variation in bone patterns of mandible and maxilla.
- g. Define the terms: milliamperage, kilovoltage, density, contrast, and exposure time.
- h. Identify the component parts of the x-ray units and explain the adjustments which can be made to affect the quality of the radiograph.
- i. Describe the effects of radiation upon the living cell and identify the tissues of the body as being radiosensitive, radioresponsive, or radioresistant.
- j. Define the terms used to indicate the degree of radiation production or exposure and indicate, where applicable, the allowable, dangerous, or lethal limits for each.
- k. List the protective measures that can or must be taken to minimize radiation exposure for the patient and operator.
- l. Develop an exposed radiograph to a consistent density standard while performing all darkroom procedures in a clean, safe, and organized manner.
- m. Identify each of the developing solutions by name and broad chemical grouping and associate each with the process or chemical activity it initiates, controls, or terminates.

- n. Identify radiopaque and radiolucent landmarks of the maxilla and mandible.
- o. Perform radiographs on clinic clients using intraoral long-cone/radiographic techniques according to clinic guidelines completing four bitewing x-rays series with a maximum of two retakes, two full mouth x-ray series with a maximum of four retakes, and one panoramic x-ray with a maximum of one retake.
- p. Describe prescription procedures and maintenance of radiographic records.
- q. Recognize and identify types of radiographic faults produced in or on the film by improper darkroom procedures, indicating the means of avoiding or eliminating such errors.
- r. Identify the types of dental restorative materials on a dental x-ray.
- s. Recognize dental caries on x-rays and differentiate dental caries from common errors in interpretation of dental caries.
- t. Describe cephalometric and panoramic techniques and list the uses, advantages and limitations of both.
- u. Given a panoramic survey, identify the major landmarks, soft tissue shadows and artifacts.
- v. Identify the results of periodontal disease including alveolar crest height, crestal density, furcation involvements and contributing factors such as calculus, restorations, root proximity, and malpositioning of teeth.
- w. Discuss the use of radiographs in periodontics including benefits and limitations of the radiograph in periodontal diagnosis.
- x. Identify periapical lesions and other radiolucent and radiopaque lesions; identify the size and development of the pulp chambers and canals; recognize root filling materials, pupal calcifications, hypercementosis, root resorption, periapical radiolucency and radiopacity, and internal and external resorption.
- y. Describe and demonstrate the specialized techniques for clients of varying ages and disease states including: the use of small film, occlusal film, modified full mouth survey, and others.
- z. Explain the ethical and legal requirements for: operation of radiographic equipment, performing radiographic service for clients, use and ownership of radiographs, and record keeping relative to dental radiographs.
- aa. Given a client case study, apply the knowledge from this and other dental hygiene courses perform a comprehensive radiographic interpretation of the radiographs; identify radiolucent and radiopaque structures, evaluate for periodontal defects, endodontic lesions, pathology, and dental caries and restorations.
- bb. Explain the value of quality diagnostic x-rays used in the diagnosis of dental diseases such as caries, periodontal disease, and other pathologies.
- cc. Perform a comprehensive radiographic interpretation on each assigned clinic client and consult with an instructor to verify findings.

7. Suggested Course Content and Approximate Time Spent on Each Topic  
*Linked to #5. Student Learning Outcomes and # 6 Competencies/Skills/Issues*

- 1 week History, characteristics, production of radiation, and protective measure.
- 1 week Radiographic film, equipment, image characteristics, darkroom and film processing, and infection control.
- 5 weeks Principles of film placement and beam angulation in various dental radiographic projections.
- 1 week Radiographic structures, landmarks, and normal anatomy.
- 1 week Film mounting, radiographic records and legal considerations.
- 1 week Film exposure, processing, and technique errors.
- 5 weeks Interpretation and film evaluation.

## 8. Text and Materials, Reference Materials, and Auxiliary Materials

Appropriate text(s) and materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

- Howerton, Laura Jansen and Iannucci, Joen M. *Dental Radiography, Principles and Techniques*, Third Edition, W.B. Saunders Co; ISBN: 139780721615752
- Haring, Joen I and Lind, Laura J. *Radiographic Interpretation for the Dental Hygienist*, W> B> Saunders Co.: ISBN-13: 978-0-7216-3704-4, ISBN-10:0-7216-3704-3

Appropriate reference materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

Appropriate auxiliary materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

## 9. Suggested Course Requirements and Evaluation

*Linked to #5. Student Learning Outcomes (SLOs) and #6 Competencies/Skills/Issues*

Specific course requirements are at the discretion of the instructor at the time the course is being offered. Suggested requirements might include, but are not limited to:

- Prompt attendance is required at all class sessions.(I - IV, a - cc)
- Students will be responsible for completing all assigned reading material in text before each class session. (I - IV, a - cc)
- Complete various Learning Skills Exercises. (I - IV,
- Complete various Competency exercises. (I - IV,
- Complete various Laboratory exercises. (I - IV,

Quizzes	10% (III, IV, a, b, c, e, f, h, i, j, n, q, s, v, w)
Final	20% (III, IV, a, b, c, e, f, h, i, j, n, q, s, v, w)
Radiographic Mounting Project	15% (IV, o, p, s)
Lab Practicals	25% (I - IV, c, d, f, g, j, k, l, m, n, o, p, q, r, s, t, u, v, w)
Developmental Disturbance Project	20% (I - IV, e, l, o, p, s)
Attendance and Attitude	10% (I - IV, a - w)

## 10. Methods of Instruction

Instructional methods will vary considerably by instructor. Specific methods are at the discretion of the instructor teaching the course and might include, but are not limited to:

- Participation in class lecture/ discussion.
- Reading assigned portions in textbooks, journal articles, and/ or modules.
- Viewing various audiovisual materials.
- Participation in class exercises such as role-plays and simulations.
- Demonstration and simulation.
- Practicing positioning on student partners.
- Practicing exposure on manikins.
- Discovery learning.

11. Assessment of Intended Student Learning Outcomes Standards Grid attached

## Maui Community College Course Outline

1. Alpha DH Number 269
- Course Title Advanced Radiology & Interpretation
- Credits 1
- Department Allied Health Author Joyce Yamada
- Date of Outline 6/5/12 Effective Date Spring 2013 5-year Review Date Spring 2018
2. Course Description: Expands experience in obtaining and interpreting x-rays on clients. Includes advanced radiographic identification and interpretation utilizing dental x-ray films, panoramic, cephalometric, and other extraoral radiographs. Analyzes future trends in radiographic imaging
- Cross-list
- Contact Hours/Type 2 hours lecture/lab
3. Pre-requisites DH 268 with at least a C
- Pre-requisite may be waived by consent ☐ yes ☒ no
- Co-requisites
- Recommended Preparation
4. Function/Designation ☒ AA Category Additional Category
- ☐ AS Program Category List Additional Programs and Category:
- ☐ AAS Program Category List Additional Programs and Category:
- ☐ BAS Program Category ☐ Developmental/Remedial
- ☐ Other/Additional: Explain:

See Curriculum Action Request (CAR) form for the college-wide general education and/or program SLOS this course supports.

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Chancellor

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Approval Date

- ☐ This course outline is standardized and/or the result of a community college or system-wide agreement. Responsible committee:
5. Student Learning Outcomes (SLOs): List one to four inclusive SLOs.  
*For assessment, link these to #7. Recommended Course Content, and #9. Recommended Course Requirements & Evaluation. Use roman numerals (I., II. III.) to designate SLOs*  
 On successful completion of this course, students will be able to:
- I. Obtain full mouth, panoramic, and bitewing surveys with diagnostically usable film;
  - II. Practice proper infection control, OSHA, and biohazard practices while exposing and processing radiographs.
  - III. Identify radiographic landmarks, exposure and processing errors, and perform comprehensive radiographic interpretation.
  - IV.
6. Competencies/Concepts/Issues/Skills  
*For assessment, link these to #7. Recommended Course Content, and #9. Recommended Course Requirements & Evaluation. Use lower case letters (a., b., c...n.) to designate competencies/skills/issues*  
 On successful completion of this course, students will be able to:
- a. Define the terms of radiographic interpretation and diagnosis.
  - b. Explain the role of the dentist and dental hygienist in interpretation and diagnosis.
  - c. Summarize the importance of educating dental patients concerning dental radiographs.
  - d. Identify basic film exposure and processing faults for periapical, bitewings and panoramic films.
  - e. Discuss the importance of correlating radiographic interpretations with other examination findings.
  - f. Define descriptive terminology and state what should be documented for all radiographic lesions.
  - g. Define the terms unilocular, multilocular, focal opacity, target lesion, multifocal confluent, irregular/ill-defined, ground glass mixed lucent-opaque, and soft tissue opacity.
  - h. Identify on radiographs and define the terms: periapical, inter-radicular edentulous zone, pericoronal, and alveolar bone loss.
  - i. Define the terms: millamperage, kilovoltage, density, contrast, and exposure time.
  - j. Define the buccal object rule, state the uses of the buccal object rule, and take radiographs utilizing the buccal object rule.
  - k. Explain digital radiography versus traditional dental radiography and state the pros and cons of each.
  - l. Identify procedures and equipment used for digital radiography.
  - m. Identify and discuss radiographic interpretation of the following pathologies: paranasal sinuses, salivary gland radiology, jaws lesions, systemic diseases manifested on radiographs, developmental disturbance of the face and jaws, and trauma to the teeth and facial structures.
  - n. Describe and demonstrate cephalometric and panoramic techniques, and list the uses, advantages and limitations of both.
  - o. Explain the future trends in dental radiography: TMJ films and magnetic resonance imaging.
  - p. Perform radiographs on clinic clients using intraoral long-cone radiographic techniques according to clinic guidelines completing 4 bitewing x-ray series with a maximum of 2 retakes, 3 full mouth x-ray series with a maximum of 4 retakes, and one panoramic x-ray with a maximum of 1 retake.
  - q. Perform a comprehensive radiographic interpretation on each assigned clinic client and consult with an instructor to verify your findings.
  - r. Describe and demonstrate the specialized techniques for clients of varying ages and disease states including: the use of small film, occlusal film, modified full mouth survey, and others.

s. Given a client case study, apply the knowledge from this and other dental hygiene courses perform a comprehensive radiographic interpretation of the radiographs; identify radiolucent and radiopaque structures, evaluate for periodontal defects, endodontic lesions, pathology, and dental caries and restorations.

t. Given sample questions on dental radiology from the Dental Hygiene National Board Examination, answer correctly at least 75%.

## 7. Suggested Course Content and Approximate Time Spent on Each Topic

*Linked to #5. Student Learning Outcomes and # 6 Competencies/Skills/Issues*

1 week Importance of Dental Radiographs and Interpretation and Descriptive Terminology (a, b, c, d, e, f, g, q, s, t)

1 week Normal Anatomy of Periapical and Panoramic Radiographs (a, f, g, h, q, s, t)

1 week Identification of Restorations, Dental Materials and Foreign Materials and Dental Caries (a, f, g, h, j, m, n, p, q, r, s, t)

1 week Identification of Periodontal Disease, Trauma, Pulpal and Periapical Lesions (a, f, g, h, j, m, n, p, q, r, s, t)

1 week Identification and assessment of Film Exposure, Processing and Technique Errors (a, d, f, h, m, n, p, q, r, s, t)

4 weeks Comprehensive radiographic interpretation (a-t)

5 weeks Applied Dental Radiology & Interpretation: Client case studies a-t)

1 week National board radiology questions review (a-t)

## 8. Text and Materials, Reference Materials, and Auxiliary Materials

Appropriate text(s) and materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

Haring, Joen I and Lind, Laura J. Radiographic Interpretation for the Dental Hygienist, W. B. Saunders Co.: ISBN-13: 978-0-7216-3704-4, ISBN-10:0-7216-3704-3

Appropriate reference materials will be chosen at the time the course is offered from those currently available in the field. Examples include: Howerton, Laura Jansen and Iannucci, Joen M. Dental Radiography, Principles and Techniques, Third Edition, W.B. Saunders Co; ISBN: 139780721615752

Appropriate auxiliary materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

## 9. Suggested Course Requirements and Evaluation

*Linked to #5. Student Learning Outcomes (SLOs) and #6 Competencies/Skills/Issues*

Specific course requirements are at the discretion of the instructor at the time the course is being offered. Suggested requirements might include, but are not limited to:

- Prompt attendance is required at all class sessions.(I - III, a - t)
- Students will be responsible for completing all assigned reading material in text before each class session. (I - III, a - t)
- Complete various Learning Skills Exercises. (I - III, a-t)
- Complete various Competency exercises. (I - III, a-t)
- Complete various Laboratory exercises. (I - III, a-t)

Quizzes	10% (III, a-t)
Final	20% (III, a-t)
Radiographic Mounting Project	15% (III, a, b, d, e, f, g, h, i, j, m, n, q, s)
Lab Practicals	30% (I - III, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s)
Developmental Disturbance Project	15% (I - III, a-t)
Attendance and Attitude	10% (I - III, a - t)

#### 10. Methods of Instruction

Instructional methods will vary considerably by instructor. Specific methods are at the discretion of the instructor teaching the course and might include, but are not limited to:

- Participation in class lecture/ discussion.
- Reading assigned portions in textbooks, journal articles, and/ or modules.
- Viewing various audiovisual materials.
- Participation in class exercises such as role-plays and simulations.
- Demonstration and simulation.
- Practicing positioning on student partners.
- Practicing exposure on manikins.
- Discovery learning.

#### 11. Assessment of Intended Student Learning Outcomes Standards Grid attached

**Maui Community College  
Course Outline**

*To be eliminated*

1. Alpha                      DH      Number      268  
Course Title                  Advanced Radiology & Interpretation  
Credits                        1  
Department                  Allied Health      Author  
Date of Outline              07/29/10              Effective Date      Fall 2010      5-year Review Date      Fall 2015

2. Course Description:      Expands clinical lab experience taking and interpreting x-rays on clients.  
   Includes advanced radiographic identification and interpretation utilizing  
   dental x-ray films, panoramic, cephalometric, and other extraoral  
   radiographs. Analyzes future trends in radiographic imaging.

Cross-list

Contact Hours/Type      2 hours lecture/lab

3. Pre-requisites              Admission to Dental Hygiene, DH 267 with at least a C

Pre-requisite may be waived by consent   ☐ yes   ☒ no

Co-requisites

Recommended Preparation

4. Function/Designation      ☒ AA Category              Additional Category

☐ AS Program              Category              List Additional Programs and Category:

☐ AAS Program              Category              List Additional Programs and Category:

☐ BAS Program              Category              ☐ Developmental/Remedial

☐ Other/Additional: Explain:

See Curriculum Action Request (CAR) form for the college-wide general education and/or program SLOS this course supports.

\_\_\_\_\_  
Chancellor

\_\_\_\_\_  
Approval Date

- ☐ This course outline is standardized and/or the result of a community college or system-wide agreement.  
Responsible committee:
5. Student Learning Outcomes (SLOs): List one to four inclusive SLOs.  
*For assessment, link these to #7. Recommended Course Content, and #9. Recommended Course Requirements & Evaluation. Use roman numerals (I., II. III.) to designate SLOs*  
On successful completion of this course, students will be able to:
- I. Obtain full mouth, panoramic, and bitewing surveys with diagnostically usable film;
  - II. Practice proper infection control, OSHA, and biohazard practices while exposing and processing radiographs.
  - III. Identify radiographic landmarks, exposure and processing errors, and perform comprehensive radiographic interpretation.
  - IV.
6. Competencies/Concepts/Issues/Skills  
*For assessment, link these to #7. Recommended Course Content, and #9. Recommended Course Requirements & Evaluation. Use lower case letters (a., b., c...n.) to designate competencies/skills/issues*  
On successful completion of this course, students will be able to:
- a. Define the terms of radiographic interpretation and diagnosis.
  - b. Explain the role of the dentist and dental hygienist in interpretation and diagnosis.
  - c. Summarize the importance of educating dental patients concerning dental radiographs.
  - d. Identify basic film exposure and processing faults for periapical, bitewings and panoramic films.
  - e. Discuss the importance of correlating radiographic interpretations with other examination findings.
  - f. Define descriptive terminology and state what should be documented for all radiographic lesions.
  - g. Define the terms unilocular, multilocular, focal opacity, target lesion, multifocal confluent, irregular/ill-defined, ground glass mixed lucent-opaque, and soft tissue opacity.
  - h. Identify on radiographs and define the terms: periapical, inter-radicular edentulous zone, pericoronal, and alveolar bone loss.
  - i. Define the terms: milliamperage, kilovoltage, density, contrast, and exposure time.
  - j. Define the buccal object rule, state the uses of the buccal object rule, and take radiographs utilizing the buccal object rule.
  - k. Explain digital radiography versus traditional dental radiography and state the pros and cons of each.
  - l. Identify procedures and equipment used for digital radiography.
  - m. Identify and discuss radiographic interpretation of the following pathologies: paranasal sinuses, salivary gland radiology, jaws lesions, systemic diseases manifested on radiographs, developmental disturbance of the face and jaws, and trauma to the teeth and facial structures.
  - n. Describe and demonstrate cephalometric and panoramic techniques, and list the uses, advantages and limitations of both.
  - o. Explain the future trends in dental radiography: TMJ films and magnetic resonance imaging.
  - p. Perform radiographs on clinic clients using intraoral long-cone radiographic techniques according to clinic guidelines completing 4 bitewing x-ray series with a maximum of 2 retakes, 3 full mouth x-ray series with a maximum of 4 retakes, and one panoramic x-ray with a maximum of 1 retake.
  - q. Perform a comprehensive radiographic interpretation on each assigned clinic client and consult with an instructor to verify your findings.

- r. Describe and demonstrate the specialized techniques for clients of varying ages and disease states including: the use of small film, occlusal film, modified full mouth survey, and others.
- s. Given a client case study, apply the knowledge from this and other dental hygiene courses perform a comprehensive radiographic interpretation of the radiographs; identify radiolucent and radiopaque structures, evaluate for periodontal defects, endodontic lesions, pathology, and dental caries and restorations.
- t. Given sample questions on dental radiology from the Dental Hygiene National Board Examination, answer correctly at least 75%.

7. Suggested Course Content and Approximate Time Spent on Each Topic

*Linked to #5. Student Learning Outcomes and # 6 Competencies/Skills/Issues*

- 1 week Importance of Dental Radiographs and Interpretation and Descriptive Terminology (a, b, c, d, e, f, g, q, s, t)
- 1 week Normal Anatomy of Periapical and Panoramic Radiographs (a, f, g, h, q, s, t)
- 1 week Identification of Restorations, Dental Materials and Foreign Materials and Dental Caries (a, f, g, h, j, m, n, p, q, r, s, t)
- 1 week Identification of Periodontal Disease, Trauma, Pulpal and Periapical Lesions (a, f, g, h, j, m, n, p, q, r, s, t)
- 1 week Identification and assessment of Film Exposure, Processing and Technique Errors (a, d, f, h, m, n, p, q, r, s, t)
- 4 weeks Comprehensive radiographic interpretation (a-t)
- 5 weeks Applied Dental Radiology & Interpretation: Client case studies a-t)
- 1 week National board radiology questions review (a-t)

8. Text and Materials, Reference Materials, and Auxiliary Materials

Appropriate text(s) and materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

Haring, Joen I and Lind, Laura J. Radiographic Interpretation for the Dental Hygienist, W. B. Saunders Co.: ISBN-13: 978-0-7216-3704-4, ISBN-10:0-7216-3704-3

Appropriate reference materials will be chosen at the time the course is offered from those currently available in the field. Examples include: Howerton, Laura Jansen and Iannucci, Joen M. Dental Radiography, Principles and Techniques, Third Edition, W.B. Saunders Co; ISBN: 139780721615752

Appropriate auxiliary materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

9. Suggested Course Requirements and Evaluation

*Linked to #5. Student Learning Outcomes (SLOs) and #6 Competencies/Skills/Issues*

Specific course requirements are at the discretion of the instructor at the time the course is being offered. Suggested requirements might include, but are not limited to:

- Prompt attendance is required at all class sessions.(I - III, a - t)
- Students will be responsible for completing all assigned reading material in text before each class session. (I - III, a - t)
- Complete various Learning Skills Exercises. (I - III, a-t)
- Complete various Competency exercises. (I - III, a-t)

- Complete various Laboratory exercises. (I - III, a-t)

Quizzes	10% (III, a-t)
Final	20% (III, a-t)
Radiographic Mounting Project	15% (III, a, b, d, e, f, g, h, i, j, m, n, q, s)
Lab Practicals	25% (I - III, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s)
Developmental Disturbance Project	20% (I - III, a-t)
Attendance and Attitude	10% (I - III, a - t)

#### 10. Methods of Instruction

Instructional methods will vary considerably by instructor. Specific methods are at the discretion of the instructor teaching the course and might include, but are not limited to:

- Participation in class lecture/ discussion.
- Reading assigned portions in textbooks, journal articles, and/ or modules.
- Viewing various audiovisual materials.
- Participation in class exercises such as role-plays and simulations.
- Demonstration and simulation.
- Practicing positioning on student partners.
- Practicing exposure on manikins.
- Discovery learning.

#### 11. Assessment of Intended Student Learning Outcomes Standards Grid attached

# Maui Community College Course Outline

1. Alpha                                      DH      Number      267  
  
     Course Title                              Dental Radiology & Interpretation  
  
     Credits                                      1  
  
     Department                                Allied Health    Author  
  
     Date of Outline                            12/10/09                      Effective Date    Spring 2010      5-year Review Date Spring 2015
  
2. Course Description:                      Reviews the production, characteristics, and biological effects of radiation, and functions, components, and operation of the x-ray unit. Includes radiation protection and monitoring, chemistry and techniques associated with x-ray film and developing solutions. Reviews anatomic landmarks, and intraoral and long-cone radiographic techniques in bitewing, periapical, and occlusal surveys. Introduces radiographic identification and interpretation of radiographic caries, periodontal disease, trauma, and dental anomalies. Includes clinical lab experience of taking & interpreting x-rays on clients. (Letter grade only.)  
  
     Cross-list  
  
     Contact Hours/Type                      2 hours lecture/lab
  
3. Pre-requisites                              Admission to Dental Hygiene  
  
     Pre-requisite may be waived by consent    ☐ yes    ☒ no  
  
     Co-requisites  
  
     Recommended Preparation
  
4. Function/Designation                      ☒ AA Category                      Additional Category  
  
     ☐ AS Program                      Category                      List Additional Programs and Category:  
  
     ☐ AAS Program                      Category                      List Additional Programs and Category:

\_\_\_\_\_  
Chancellor

\_\_\_\_\_  
Approval Date

☐ BAS Program      Category      ☐ Developmental/Remedial

☐ Other/Additional: Explain:

See Curriculum Action Request (CAR) form for the college-wide general education and/or program SLOS this course supports.

☐ This course outline is standardized and/or the result of a community college or system-wide agreement. Responsible committee:

5. Student Learning Outcomes (SLOs): List one to four inclusive SLOs.

*For assessment, link these to #7. Recommended Course Content, and #9. Recommended Course Requirements & Evaluation. Use roman numerals (I., II. III.) to designate SLOs*

On successful completion of this course, students will be able to:

- I. Obtain full mouth, panoramic, bitewing, and occlusal surveys with diagnostically usable film;
- II. Practice proper infection control, OSHA, and biohazard practices while exposing and processing radiographs.
- III. Describe the process by which x-rays are produced, identifying the physical and electrical factors which alter the density or penetrability of the x-rays produced.
- IV. Identify radiographic landmarks, exposure and processing errors, and perform comprehensive radiographic interpretation.

6. Competencies/Concepts/Issues/Skills

*For assessment, link these to #7. Recommended Course Content, and #9. Recommended Course Requirements & Evaluation. Use lower case letters (a., b., c...n.) to designate competencies/skills/issues*

On successful completion of this course, students will be able to:

- a. Describe production, characteristics, and biological effects of radiation.
- b. Explain the function, components, and operation of the x-ray unit.
- c. Describe radiation protection and monitoring; chemistry and techniques associated with x-ray film and developing solutions.
- d. Name the anatomic landmarks on radiographs using the precise terminology and proper spelling.
- e. Evaluate radiographs in terms of normal and non-normal structures including: tooth contour, radiographic appearance of teeth and jaws due to anatomic factors, and age of client.
- f. Identify variations of normal, cancellous, cortical, and sclerotic bone, recognizing the variation in bone patterns of mandible and maxilla.
- g. Define the terms: milliamperage, kilovoltage, density, contrast, and exposure time.
- h. Identify the component parts of the x-ray units and explain the adjustments which can be made to affect the quality of the radiograph.
- i. Describe the effects of radiation upon the living cell and identify the tissues of the body as being radiosensitive, radioresponsive, or radioresistant.
- j. Define the terms used to indicate the degree of radiation production or exposure and indicate, where applicable, the allowable, dangerous, or lethal limits for each.
- k. List the protective measures that can or must be taken to minimize radiation exposure for the patient and operator.
- l. Develop an exposed radiograph to a consistent density standard while performing all darkroom procedures in a clean, safe, and organized matter.
- m. Identify each of the developing solutions by name and broad chemical grouping and associate each with the process or chemical activity it initiates, controls, or terminates.

- n. Identify radiopaque and radiolucent landmarks of the maxilla and mandible.
- o. Perform radiographs on clinic clients using intraoral long-cone radiographic techniques according to clinic guidelines completing four bitewing x-rays series with a maximum of two retakes, two full mouth x-ray series with a maximum of four retakes, and one panoramic x-ray with a maximum of one retake.
- p. Describe prescription procedures and maintenance of radiographic records.
- q. Recognize and identify types of radiographic faults produced in or on the film by improper darkroom procedures, indicating the means of avoiding or eliminating such errors.
- r. Identify the types of dental restorative materials on a dental x-ray.
- s. Recognize dental caries on x-rays and differentiate dental caries from common errors in interpretation of dental caries.
- t. Describe cephalometric and panoramic techniques and list the uses, advantages and limitations of both.
- u. Given a panoramic survey, identify the major landmarks, soft tissue shadows and artifacts.
- v. Identify the results of periodontal disease including alveolar crest height, crestal density, furcation involvements and contributing factors such as calculus, restorations, root proximity, and malpositioning of teeth.
- w. Discuss the use of radiographs in periodontics including benefits and limitations of the radiograph in periodontal diagnosis.
- x. Identify periapical lesions and other radiolucent and radiopaque lesions; identify the size and development of the pulp chambers and canals; recognize root filling materials, pupal calcifications, hypercementosis, root resorption, periapical radiolucency and radiopacity, and internal and external resorption.
- y. Describe and demonstrate the specialized techniques for clients of varying ages and disease states including: the use of small film, occlusal film, modified full mouth survey, and others.
- z. Explain the ethical and legal requirements for: operation of radiographic equipment, performing radiographic service for clients, use and ownership of radiographs, and record keeping relative to dental radiographs.
- aa. Given a client case study, apply the knowledge from this and other dental hygiene courses perform a comprehensive radiographic interpretation of the radiographs; identify radiolucent and radiopaque structures, evaluate for periodontal defects, endodontic lesions, pathology, and dental caries and restorations.
- bb. Explain the value of quality diagnostic x-rays used in the diagnosis of dental diseases such as caries, periodontal disease, and other pathologies.
- cc. Perform a comprehensive radiographic interpretation on each assigned clinic client and consult with an instructor to verify findings.

7. Suggested Course Content and Approximate Time Spent on Each Topic  
*Linked to #5. Student Learning Outcomes and # 6 Competencies/Skills/Issues*

- 1 week History, characteristics, production of radiation, and protective measure.
- 1 week Radiographic film, equipment, image characteristics, darkroom and film processing, and infection control.
- 5 weeks Principles of film placement and beam angulation in various dental radiographic projections.
- 1 week Radiographic structures, landmarks, and normal anatomy.
- 1 week Film mounting, radiographic records and legal considerations.
- 1 week Film exposure, processing, and technique errors.
- 5 weeks Interpretation and film evaluation.

## 8. Text and Materials, Reference Materials, and Auxiliary Materials

Appropriate text(s) and materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

Howerton, Laura Jansen and Iannucci, Joen M. Dental Radiography, Principles and Techniques, Third Edition, W.B. Saunders Co; ISBN: 139780721615752  
 Haring, Joen I and Lind, Laura J. Radiographic Interpretation for the Dental Hygienist, W> B> Saunders Co.: ISBN-13: 978-0-7216-3704-4, ISBN-10:0-7216-3704-3

Appropriate reference materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

Appropriate auxiliary materials will be chosen at the time the course is offered from those currently available in the field. Examples include:

## 9. Suggested Course Requirements and Evaluation

*Linked to #5. Student Learning Outcomes (SLOs) and #6 Competencies/Skills/Issues*

Specific course requirements are at the discretion of the instructor at the time the course is being offered. Suggested requirements might include, but are not limited to:

- Prompt attendance is required at all class sessions.(I - IV, a - cc)
- Students will be responsible for completing all assigned reading material in text before each class session. (I - IV, a - cc)
- Complete various Learning Skills Exercises. (I - IV,
- Complete various Competency exercises. (I - IV,
- Complete various Laboratory exercises. (I - IV,

Quizzes	10% (III, IV, a, b, c, e, f, h, i, j, n, q, s, v, w)
Final	20% (III, IV, a, b, c, e, f, h, i, j, n, q, s, v, w)
Radiographic Mounting Project	15% (IV, o, p, s)
Lab Practicals	25% (I - IV, c, d, f, g, j, k, l, m, n, o, p, q, r, s, t, u, v, w)
Developmental Disturbance Project	20% (I - IV, e, l, o, p, s)
Attendance and Attitude	10% (I - IV, a - w)

## 10. Methods of Instruction

Instructional methods will vary considerably by instructor. Specific methods are at the discretion of the instructor teaching the course and might include, but are not limited to:

- Participation in class lecture/ discussion.
- Reading assigned portions in textbooks, journal articles, and/ or modules.
- Viewing various audiovisual materials.
- Participation in class exercises such as role-plays and simulations.
- Demonstration and simulation.
- Practicing positioning on student partners.
- Practicing exposure on manikins.
- Discovery learning.

11. Assessment of Intended Student Learning Outcomes Standards Grid attached

University of Hawaii Maui College  
Course Outline

- |                                  |  |
|----------------------------------|--|
| 1. Alpha and Number              | Dental Hygiene 269<br>DH 269   |
| Course Title                     | Advanced Dental Radiology &<br>Interpretation  |
| Number of Credits                | One credit (1)   |
| Date of Outline                  | October 14, 2004   |
| 2. Course Description            | Expands experience in obtaining and<br>interpreting x-rays on clients. Includes<br>advanced radiographic identification and<br>interpretation utilizing dental x-ray<br>films, panoramic, cephalometric, and<br>other extraoral radiographs. |
| 3. Contact Hours Per Week:       | Lect./Lab -Two (2)   |
| 4. Prerequisites<br>Corequisites | DH 268 with at least a C   |
| Recommended Preparation          |  |

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

5. General Course Objectives

Continued clinical with exposure, processing, mounting and interpretation of x-rays on clinic clients. Focuses on refinement of dental radiographic interpretation skills of dental radiographs.

6. Student Learning Outcomes

For assessment purposes, these are linked to #7, *Recommended Course Content*.

Upon successful completion of this course the students will be able to:

- a. Utilize the terms of radiographic interpretation and diagnosis.
- b. Explain the role of the dentist and dental hygienist in interpretation and diagnosis.
- c. Summarize the importance of educating dental patients concerning dental radiographs.
- d. Demonstrate radiation safety and protection for client and operator.
- e. Demonstrate infection and hazard control procedures for dental radiography.
- f. Identify basic film exposure and processing faults for periapical, bitewings and panoramic films.
- g. Discuss the importance of correlating radiographic interpretations with other examination findings.
- h. Define descriptive terminology and state what should be documented for all radiographic lesions.
- i. Define the buccal object rule, state the uses of the buccal object rule, and take radiographs utilizing the buccal object rule.
- j. Expose radiographs on clinic clients using intraoral long cone/radiographic techniques according to clinic guidelines completing 4 bitewing x-rays series with a maximum of 2 retakes, 3 full mouth x-ray series with a maximum of 4 retakes, one panoramic x-ray with a maximum of 1 retake, and demonstrate 1 TMJ projection and 1 cephalometric projection..
- k. Perform a comprehensive radiographic interpretation on each assigned clinic client and consult with an instructor to verify your findings..
- l. Describe and demonstrate the specialized techniques for clients of varying ages and disease states including: the use of small film, occlusal film, modified full mouth survey, and others.
- m. Exhibit attentiveness to the patient's emotions, needs, rights, and comforts with an emphasis on the influence of cultural, psychosocial, and other factors.
- n. Given a client case study, apply the knowledge from this and other dental hygiene courses perform a comprehensive radiographic interpretation of the radiographs; identify radiolucent and radiopaque structures, evaluate for periodontal defects, endodontic lesions, pathology, and dental caries and restorations.
- o. Given sample questions on dental radiology from the Dental Hygiene National Board Examination, answer correctly at least 75%.

7. Recommended Course Content and Approximate Time Spent  
Linked to #6. *Student Learning Outcomes*.

- 1-6 weeks Application of the principles & terminology of radiographic interpretation  
(a, b, c, d, e, f, g, h, I, j, k, l, m, n, o)
- 1-6 weeks Applied Dental Radiology & Interpretation: see client case studies  
(a, b, c, d, e, f, g, h, I, j, k, l, m, n, o)
- 1-3 weeks National board radiology questions review  
(a, b, c, d, e, f, g, h, I, j, k, l, m, n, o)

#### 8. Text And Materials, Reference Materials, Auxiliary Materials and Content

Text materials will be selected from the best and most up-to-date materials available, such as:

Haring & Lind, Oral Radiology -Principles & Interpretation, current edition, Mosby, 2000, ISBN: 032302001

Frommer, Herbert, Radiology for Dental Auxiliaries, current edition Mosby ISBN:0323005209

#### 9. Recommended Course Requirements and Evaluation

10.

One or more midterm examinations, quizzes, and a final examination will be given. These tests may include any of the following types of questions: multiple choice, short answer, short essay, and critical thinking. Exams will cover material from lectures, laboratory exercises, and reading assignments. Satisfactory completion of Final Lab Practical with grade of C or better required.

Attendance	0-5%
Quizzes	10-15%
Midterm	10-15%
Final	20-25%
Client radiographs	30-35%
Radiographic interpretations	30-35%

#### 10. Methods of Instruction

Instructional methods vary with instructors. Techniques may include, but are not limited to, the following.

- Discussion
- Client case studies & interpretation exercises
- Supervised lab practice

Semester – Spring 2012

Course – DH 257L

Instructor – Rosie Vierra

### **CLINICAL EVALUATION OF FACULTY BY STUDENT**

Evaluations are a required procedure of the University of Hawaii/Maui Community College for each instructor in each department. These evaluations are designed to provide faculty with information, which will allow them to improve their teaching. It will be used as a measure of job performance.

**Remember to be professional and objective when making comments.**

Evaluate the individual(s) that taught your clinical experience(s). Review each category and objectively evaluate the person's performance. Constructive feedback will be invaluable in helping the instructor to improve teaching and make necessary revisions. Give specific suggestions or ideas whenever possible.

Evaluations should be placed in an available envelope Please return evaluations in a timely manner. **The forms will be treated in a confidential manner. Instructors do not see individual evaluations.** They are given a type composite copy that is compiled by the office staff.

Scoring process: Read the description and score the instructor. Each student will receive one evaluation for all their clinical instructors. There are three (3) sections per instructor to be scored with an A, B, C, D or E. On the reverse side of the score sheet, please record your comments next to the instructor's name. **Please be sure to comment if you give a score of D or E to a faculty member. Thank you for your help in this important evaluation process.**

#### **1 - PROFESSIONALISM**

- 4\_\_A - 5 Consistently treats students/hospital staff/clients with respect. Promotes positive relationships between all of these groups. Appropriate professional attire for clinical setting.
- 4\_\_B - 4
- 1\_\_C - 3 Usually treats students/hospital staff/clients with respect, but occasionally lacks awareness of own behavior, which results in feelings of tension. Appearance minimally acceptable for clinical setting.
- \_\_\_D - 2
- \_\_\_E - 1 Seldom treats students/hospital staff/clients with respect, resulting in negative attitudes, misunderstandings and frequent tension. Appearance not appropriate for clinical setting.

#### **2 - CLINICAL INSTRUCTION**

- 5\_A - 5 Highly effective clinical instructor. Always comes prepared and on time. Goals are clearly communicated to students. Works to keep student anxiety minimal. Takes time for students and appears to be caring, patient, and flexible.
- 4\_\_B - 4
- \_\_\_C - 3 Usually effective clinical instructor. Occasionally comes unprepared or late. Clarifies goals when unclear to students. Has slight difficulty keeping student anxiety at minimal level. May not always have time for students and occasionally appears uncaring, impatient, or inflexible.
- \_\_\_D - 2
- \_\_\_E - 1 Ineffective clinical instructor. Rarely comes prepared or is frequently late. Goals are unclear to students. Student anxiety frequently high. Does not have time for students or leaves clinical early. Usually appears uncaring, impatient or inflexible.

### 3 - EVALUATION

- 4\_\_A - 5    Able to evaluate students in a therapeutic and objective manner; seen by students as fair and supportive. Gives frequent feedback both verbally and in writing. Uses clinical evaluation forms effectively. Documents student progress and counsels students within the agreed upon time.
- 5\_\_B - 4  
\_\_C - 3    Attempts to evaluate students in a therapeutic and objective manner but occasionally seen by students as not being fair or supportive. More frequent feedback both verbally and in writing requested by students. Documentation of student progress or counseling occasionally late.
- \_\_D - 2  
\_\_E - 1    Does not evaluate students in an objective and therapeutic manner. Seen by students as unfair or nonsupportive. Verbal and written feedback lacking. Poor documentation of student progress. Counseling not done when student problems first apparent.

COMMENTS: How did this instructor facilitate your learning?

**PLEASE PLACE YOUR COMMENTS ON THE REVERSE OF THE SCORE SHEET NEXT TO THE INSTRUCTOR'S NAME**

1. Always there to help student when needed.
2. Thanks for being there to guide us! And your help!
3. Would like more over looking when working on pts.
4. Great job. Always helpful.
5. It would be a little more helpful to have the instructors check on us to see if we need help since it was our first semester working on patients. We would have to go to the classroom to get the instructor for help.

**CLINICAL EVALUATION OF FACULTY BY STUDENT**

Evaluations are a required procedure of the University of Hawaii/Maui Community College for each instructor in each department. These evaluations are designed to provide faculty with information, which will allow them to improve their teaching. It will be used as a measure of job performance.

**Remember to be professional and objective when making comments.**

Evaluate the individual(s) that taught your clinical experience(s). Review each category and objectively evaluate the person's performance. Constructive feedback will be invaluable in helping the instructor to improve teaching and make necessary revisions. Give specific suggestions or ideas whenever possible.

Evaluations should be placed in an available envelope Please return evaluations in a timely manner. **The forms will be treated in a confidential manner. Instructors do not see individual evaluations.** They are given a type composite copy that is compiled by the office staff.

Scoring process: Read the description and score the instructor. Each student will receive one evaluation for all their clinical instructors. There are three (3) sections per instructor to be scored with an A, B, C, D or E. On the reverse side of the score sheet, please record your comments next to the instructor's name. **Please be sure to comment if you give a score of D or E to a faculty member. Thank you for your help in this important evaluation process.**

**1 - PROFESSIONALISM**

- 9\_\_A - 5 Consistently treats students/hospital staff/clients with respect. Promotes positive relationships between all of these groups. Appropriate professional attire for clinical setting.
- 1\_\_B - 4
- \_\_\_C - 3 Usually treats students/hospital staff/clients with respect, but occasionally lacks awareness of own behavior, which results in feelings of tension. Appearance minimally acceptable for clinical setting.
- \_\_\_D - 2
- \_\_\_E - 1 Seldom treats students/hospital staff/clients with respect, resulting in negative attitudes, misunderstandings and frequent tension. Appearance not appropriate for clinical setting.

**2 - CLINICAL INSTRUCTION**

- 7\_\_A - 5 Highly effective clinical instructor. Always comes prepared and on time. Goals are clearly communicated to students. Works to keep student anxiety minimal. Takes time for students and appears to be caring, patient, and flexible.
- 3\_\_B - 4
- \_\_\_C - 3 Usually effective clinical instructor. Occasionally comes unprepared or late. Clarifies goals when unclear to students. Has slight difficulty keeping student anxiety at minimal level. May not always have time for students and occasionally appears uncaring, impatient, or inflexible.
- \_\_\_D - 2
- \_\_\_E - 1 Ineffective clinical instructor. Rarely comes prepared or is frequently late. Goals are unclear to students. Student anxiety frequently high. Does not have time for students or leaves clinical early. Usually appears uncaring, impatient or inflexible.

### 3 - EVALUATION

- 7\_\_A - 5     Able to evaluate students in a therapeutic and objective manner; seen by students as fair and supportive. Gives frequent feedback both verbally and in writing. Uses clinical evaluation forms effectively. Documents student progress and counsels students within the agreed upon time.
- 3\_\_B - 4  
\_\_C - 3     Attempts to evaluate students in a therapeutic and objective manner but occasionally seen by students as not being fair or supportive. More frequent feedback both verbally and in writing requested by students. Documentation of student progress or counseling occasionally late.
- \_\_D - 2  
\_\_E - 1     Does not evaluate students in an objective and therapeutic manner. Seen by students as unfair or nonsupportive. Verbal and written feedback lacking. Poor documentation of student progress. Counseling not done when student problems first apparent.

COMMENTS: How did this instructor facilitate your learning?

**PLEASE PLACE YOUR COMMENTS ON THE REVERSE OF THE SCORE SHEET NEXT TO THE INSTRUCTOR'S NAME**

1.     Very kind, thoughtful and considerate. Willing to teach and explain and show students & patients what's going on. An educator.
2.     Excellent clinical teacher. Very supportive and thoughtful. Very enthusiastic when we did a good job, which is nice to hear and when something was not OK, he would take time to sit and talk to you about it.
3.     Very nice accessible teacher with positive caring attitude.
4.     Dr. Omuro was very caring and patient. He would show us how to find something if we missed it.
5.     Very great at being helpful when we get things wrong. It really helps a lot when you show me things instead of just saying wrong and then leaving. Very approachable and kind.

**Appendix N-Web Articles  
pertaining to Salary and  
Employment Trends**



[What is metasalary?](#) | [How does metasalary work](#) | [State Salary Reports](#) | [Blog](#) | [Contact Us](#)

Select Your County

Select Your City

Select Your State

## ***Maui County, HI salary statistics***



Maui County, HI household income based on Census Data and other qualifying Data Points

### **Maui County, HI Income Stats**

Maui County, HI Per Capita Salary	\$29,180	
National Per Capita Income	\$27,334	
Maui County, HI Median Household Income	\$63,989	
National Median Household Income	\$51,914	
Per Capita Salary % Over/Under	6.9 %	
Median Salary % Over/Under	19.0 %	

### **Maui County, HI Home Values**

Maui County, HI Median Home Value	\$614,600
Maui County, HI Number of Houses	51,281
Maui County, HI Household Size	2.89
National Median Home Value	\$212,300

### **Population Data**

Maui County, HI Population 154,834  
 Maui County, HI Population Change 20.9%  
 Maui County, HI Median Age  
 Maui County, HI Male Population 50.1%  
 Maui County, HI Female Population 49.9%

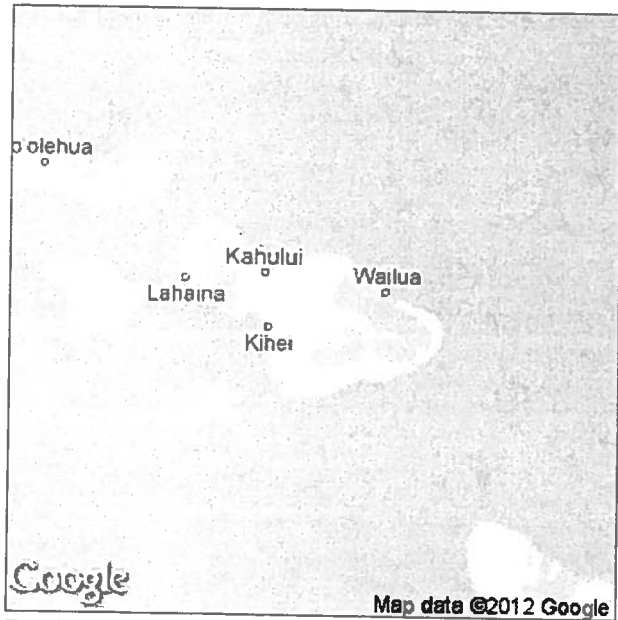
## Education

Education Attainment with Highschool Degree 88.7%  
 Education Attainment with College Degree 25.7%

## Other Statistics

Highest AVG Paying Job Coming Soon  
 Highest Earning City Washington D.C.  
 Highest Earning ZIP Code 20015  
 Lowest Earning City Andover, MA  
 Lowest Earning ZIP Code 05501

[Save Report as PDF](#)



[Back to United States Salary Map](#)

## Top HI Counties By Income

Kalawao County, HI \$43,308  
Honolulu County, HI \$29,516  
Maui County, HI \$29,180  
HAWAII \$28,882

## Employment Trends and Wages



### Employment Outlook

According to the Bureau of Labor Statistics (BLS), "employment of dental hygienists is expected to grow 36 percent through 2018, much faster than average for all occupations, ranking dental hygiene among the fastest growing occupations. This is in response to increasing demands for dental care and the greater utilization of hygienists to perform services previously performed by dentists. Job prospects are expected to be favorable in most areas, but will vary by geographical location. Because graduates are permitted to practice only in the State in which they are licensed, hygienists wishing to practice in areas that have an abundance of dental hygiene programs may experience strong competition for jobs." (<http://www.bls.gov/oco/ocos097.htm>).

While the BLS projection bases future employment trends on "population growth, greater retention of natural teeth and a growing emphasis on preventative dental care", there are additional considerations affecting future employment opportunities for dental hygienists. These include an ongoing economic downturn, the proliferation of dental hygiene education programs and graduates, sluggish graduate rates for dentist-employers, and an already saturated job market in many areas of the country.

### Recent Employment Climate

Over a five year period from 2006-2010, the number of dental hygiene education programs increased almost 13%, producing a proliferation of dental hygiene graduates in many states. While over the same period, the number of dental programs (educating potential dentist employers) increased by only 3.6%. In fact, over a twenty-five year period from 1986-2010, the number of dental hygiene programs has increased over 63%, while the number of dental programs has remained unchanged. This is significant as the vast majority of dental hygienists are employed by dentists in private dental practices. ([http://www.adha.org/downloads/edu/dh\\_ed\\_fact\\_sheet.pdf](http://www.adha.org/downloads/edu/dh_ed_fact_sheet.pdf)).

As early as 2008, the American Dental Hygienists' Association (ADHA) heard from dental hygienists in areas throughout the country struggling to find adequate employment; the 2009 ADHA Dental Hygiene Job Market & Employment Survey data reflects this trend. While 86% of respondents of the survey indicated they were currently employed, almost half were currently looking for a position, indicating both unemployment, as well as underemployment, among hygienists. According to the ADHA survey, reportedly the main reason hygienists were having difficulty finding a position was an overall lack of clinical jobs. Sixty-seven percent

(67%) of respondents indicated there were fewer dental hygiene employment opportunities in their state than in previous years. [http://www.adha.org/downloads/Job\\_employment\\_survey\\_2009\\_exec\\_sum.pdf](http://www.adha.org/downloads/Job_employment_survey_2009_exec_sum.pdf)

Furthermore, hygienists report that the struggling economy has forced employers to decrease hygiene hours and/or eliminate hygiene positions in some areas of the country.

## Earnings and Benefits

According to BLS, dental hygiene earnings vary by geographical location, employment setting, and years of experience. Dental hygienists may be paid on an hourly, daily, salary, or commission basis.

Median annual wages of dental hygienists were \$66,570 in May 2008. The middle 50 percent earned between \$55,220 and \$78,990. The lowest 10 percent earned less than \$44,180, and the highest 10 percent earned more than \$91,470. Benefits vary substantially by practice setting and may be contingent upon full-time employment. (<http://www.bls.gov/oco/ocos097.htm>).

According to the 2009 survey conducted by the American Dental Hygienists' Association, about half of all hygienists reported receiving some form of employment benefits. Of those receiving benefits, paid vacation, sick leave, and retirement plans were the most common.

For specific wage information by geographical area and employment setting, visit the [Bureau of Labor Statistics](#). State dental hygiene associations and local components can also be helpful in accessing employment information in a specific area

*(Source: United States Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-2011 Edition, Dental Hygienists, <http://www.bls.gov/oco/ocos097.htm>).*

## Other helpful links:

[State Dental Hygiene Associations](#)

[America's Career InfoNet](#)

[Employment Benefit Research Institute](#)

[Home](#) | [Site Index](#) | [Contact Us](#)

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UNIVERSITY of HAWAII®  
**MAUI COLLEGE**

**Dental Hygiene Program  
EMPLOYER SURVEY**

The Dental Hygiene program of UH Maui College is interested in your views and opinions concerning the future need for additional students from this program and how the college can better serve those needs. Please take a few moments to complete the following questionnaire. We value your input; all data will be confidential and released only in summary form. If, in your opinion, someone else could better complete this questionnaire, please pass it along.

**Please complete a survey for each new dental hygiene employee.**

Thank you

1. How was this employee referred to you?
- |  |  |
|--|--|
| <input type="checkbox"/> UHMC job placement center | <input type="checkbox"/> Responded to newspaper ad |
| <input type="checkbox"/> Local employment service  | <input type="checkbox"/> Student internship        |
| <input type="checkbox"/> UHMC faculty              | <input type="checkbox"/> Company recruitment       |
- ☐ other (please specify) 1) Assistant before attending school  
2) Dental Representative  
3) Referred by another employee  
4) Acquaintance of current staff  
5) Recommended by another dentist  
6) Worked for office prior to attending school

2. Please rate the performance of the graduate on the following competencies as they apply to the job:

Rating Scale:	Not Applicable	Poor	Average	Good	Excellent
Provide comprehensive dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidence-based practice.					
Provide accurate, consistent, and complete documentation for assessment, and evaluation of dental hygiene services.					
Demonstrate speaking, writing, listening abilities					
Demonstrates basic knowledge of mathematical skills					
Demonstrates basic professional attitude & self confidence					
<b>CONTINUED ON BACK</b>					➡

Rating Scale:	Not Applicable	Poor	Average	Good	Excellent
Dependability					
Quality of work					
Initiative					
Ability to research current literature & exhibits evidence- based learning					
Overall performance					

3. Please specify any skills/competencies that you feel the employee needs improvement:

- a. Overall good
- b. Need to know more about dentistry & procedures.
- c. Improve infection control technique.
- d. Improve instrumentation technique.
- e. Improve anesthesia technique.
- f. Understand team concept; loyalty/trust; realistic attitude; should be more concern about improving their skills than how much they will make & extent of benefits; understand that they aren't really as good & ready as they think they are- the learning starts now
- g. Employees need to leave their personal life at home and their work life at the office.
- h. Work ethic; self confidence; willingness & passion to learn
- i. Other- please specify

4. Overall, do you feel UHMC is successful in the education of its graduates:

\_\_\_\_\_Yes

\_\_\_\_\_No

5. Do you plan on using other UHMC graduates should your organization need similar employees?

\_\_\_\_\_Yes

\_\_\_\_\_No

***Please include additional comments!***



UNIVERSITY of HAWAII  
**MAUI COLLEGE**

**Dental Hygiene Program  
EMPLOYER SURVEY TALLIES**

Rating Scale:	Not Applicable	Poor	Average	Good	Excellent
Provide comprehensive dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidence-based practice.				=3	=8
Provide accurate, consistent, and complete documentation for assessment, and evaluation of dental hygiene services.				=4	=7
Demonstrate speaking, writing, listening abilities				=2	  =9
Demonstrates basic knowledge of mathematical skills				=2	  =9
Demonstrates basic professional attitude & self confidence				=3	=8
Dependability				=2	  =9
Quality of work				=2	  =9
Initiative				=3	=8
Ability to research current literature & exhibits evidence-based learning				=3	=8
Overall performance				=2	  =9

3. Please specify any skills/competencies that you feel the employee needs improvement:
- Overall good/||||||=7**
  - Need to know more about dentistry & procedures.
  - Improve infection control technique.
  - Improve instrumentation technique.
  - Improve anesthesia technique.
  - Understand team concept; loyalty/trust; realistic attitude; should be more concern about improving their skills than how much they will make & extent of benefits; understand that they aren't really as good & ready as they think they are- the learning starts now/||=2**
  - Employees need to leave their personal life at home and their work life at the office.
  - Work ethic; self-confidence; willingness & passion to learn
  - Other- please specify

4. Overall, do you feel UHMC is successful in the education of its graduates:

|||||||=12/Yes

\_\_\_\_\_No

5. Do you plan on using other UHMC graduates should your organization need similar employees?

|||||||=12/Yes

\_\_\_\_\_No

***Please include additional comments!***

Acacia is an amazing individual who fits perfectly into our TEAM mixture. We feel blessed to have such a positive, educated hygienist on board!

Elvie Castillo worked for us as a dental assistant and was excellent then. She has been a wonderful part of our dental team. We've encouraged her to go on to dental school (she's that good).

The Dental Hygiene Program Coordinator did an excellent job!

**MAHALO for helping us enrich the UHMC Dental Hygiene Program!**

UH Maui College  
Dental Hygiene Program

**Patient Satisfaction Survey**

In order to find out how we are meeting your needs, we are asking our patients a few questions about the care they have received. Please be honest in your answers. Your comments will be held in strict confidence and you do not have to sign your name unless you want to. We plan to use your suggestions to make our service to you and your family even better. Thank you for your comments.

**Please complete items 1 - 4 to describe yourself:**

1. Age            ☐ 18-25            ☐ 26-40            ☐ 41-55            ☐ over 55
2. Gender        ☐ Male            ☐ Female
3. The number of visits I have made to the office in the past year is:  
      ☐ 1            ☐ 2            ☐ 3            ☐ 4            ☐ 5 or more
4. ☐ My treatment        or        ☐ My child's treatment was:  
      ☐ completed            ☐ not completed

**The list below includes statements about the care you received at our office.**

Please place a check mark under the column to indicate whether you agree, disagree or are not sure about each one. Please explain the ones you disagree with next to "Comments."

**Appointments**

	Agree	Unsure	Disagree
• It was easy to make my first appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The appointment secretary (coordinator) was polite and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I received a reminder of each of my appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• It was easy to schedule a convenient appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appointment options were given that suited my schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I was seen on time for my appointments; if not, I was given a reason for the delay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Facilities**

	Agree	Unsure	Disagree
• The office location and parking were convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The reception area was neat and clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The temperature in the office was comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The lighting in the office was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The music in the office was pleasant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## Patient Satisfaction Survey (continued)

### Staff

	Agree	Unsure	Disagree
• The dentist was professional and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The dental hygiene student was professional and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The dental hygiene instructor was professional and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The dentist was considerate and sensitive to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The dental hygiene student was considerate and sensitive to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The hygiene instructor was considerate and sensitive to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other office personnel were courteous and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### Treatment

	Agree	Unsure	Disagree
• My proposed dental treatment was clearly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Any questions I had were answered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I was given treatment alternatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• My dental treatment was completed efficiently and in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I was pleased with the quality of my dental treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The dental treatment was completed to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The fees were explained prior to my treatment appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The fees for service were fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I plan to remain a patient at this office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### Additional Comments

What I liked best about the office was: \_\_\_\_\_

What I like least about the office was: \_\_\_\_\_

In what way(s) could we have made your experience better? \_\_\_\_\_

Name (optional) \_\_\_\_\_

UH Maui College  
Dental Hygiene Program Patient Survey-2011-2012

MALE		NUMBER OF VISITS				
	NO. OF PT.	1	2	3	4	5+
18 Under	0	0	0	0	0	0
18 - 25	7	0	3	1	3	0
26 - 40	8	2	4	1	1	0
41 - 55	3	0	1	1	1	0
55 +	0	0	0	0	0	0
<b>TOTAL:</b>		<b>2</b>	<b>8</b>	<b>3</b>	<b>5</b>	<b>0</b>

FEMALE		NUMBER OF VISITS				
	NO. OF PT.	1	2	3	4	5+
18 Under	1	1	0	0	0	0
18 - 25	0	0	0	0	0	0
26 - 40	7	0	5	2	0	0
41 - 55	11	1	2	6	2	0
55 +	4	0	2	2	0	0
<b>TOTAL:</b>		<b>2</b>	<b>9</b>	<b>10</b>	<b>2</b>	<b>0</b>

APPOINTMENTS:	AGREE	UNSURE	DISAGREE
1. It was easy to make first appointment.	38	1	2
2. The appointment secretary was polite and helpful.	41	0	0
3. I received a reminder of each of my appointment.	41	0	0
4. It was easy to schedule a convenient appointment.	40	1	0
5. Appointment options were given that suited my schedule.	40	1	0
6. I was seen on time for my appointments	41	0	0

FACILITIES:	AGREE	UNSURE	DISAGREE
1. The office location and parking were convenient.	32	4	5
2. The reception area was neat and clean.	41	0	0
3. The temperature in the office was comfortable.	39	2	0
4. The lighting in the office was sufficient.	41	0	0
5. The music in the office was pleasant.	36	1	2

STAFF:	AGREE	UNSURE	DISAGREE
1. The dental was professional and courteous.	38	0	0
2. The dental hygiene student was professional and courteous.	38	0	0
3. The dental hygiene instructor was professional and courteous.	38	0	0
4. The dentist was considerate and sensitive to my needs.	38	0	0

5. The dental hygiene student was considerate and sensitive to my needs.	38	0	0
6. The hygiene instructor was considerate and sensitive to my needs.	38	0	0
7. Other office personnel were courteous and helpful.	38	0	0

<b>TREATMENT:</b>	<b>AGREE</b>	<b>UNSURE</b>	<b>DISAGREE</b>
1. My proposed dental treatment was clearly explained.	38	0	0
2. Any questions I had were answered.	38	0	0
3. I was given treatment alternative.	37	1	0
4. My dental treatment was completed efficiently and in a timely manner.	38	0	0
5. I was pleased with the quality of my dental treatment.	38	0	0
6. The dental treatment was completed to my satisfaction.	38	0	0
7. The fees were explained prior to my treatment appointment.	36	2	0
8. The fees for service were fair.	37	1	0
9. I plan to remain a patient at this office.	34	4	0

**Comment:**

Based on the survey that we have collected, patients' from the past few semesters commented about how grateful they are for the free dental cleaning service we are providing for the community. They believe that it's very convenient to have since a lot of people out there don't have insurance. Although, quite a few had stated that parking is the least they liked about the office but because these patients felt comfortable with all of the staff in the DH program, they are willing to come back.

**What I liked best about the office was:**

1. It wasn't crowded.
2. Very thorough cleaning, everyone nice.
3. The positive attitude of all the hygiene students.
4. The staff was excellent!
5. People
6. Students and the instructor
7. Clean, Fast
8. Staff attitude & thoroughness
9. Friendly staff
10. My hygiene student Maria
11. Allynn was very sweet and gentle
12. Everyone very pleasant
13. The kindness
14. So kind and professional
15. Courteous, knowledgeable, quality oriented
16. Everyone really friendly.
17. Late appointments were convenient
18. Politeness, good attitude, and their beautiful smiles.

**What I like least about the office was:**

1. Nothing
2. Waiting room was dark and not cozy, no music or T.V.
3. Cold and no radio. And the oral clinic does not pick up the phone during the day.
4. Parking
5. Phone messaging, scheduling, parking
6. The quick turn off for the parking lot.
7. Sometimes cool
8. Confusing layout – just needed to know way out
9. Had to wait to park
10. Cannot call out of state numbers
11. Needing to be numbed in the mouth.

**In what way(s) could we have made your experience better?**

1. None, it was good.
2. Overall was great. Parking people in could have been clearer, where and how to park. Slightly chilly in building.
3. Dental hygiene program is great. Maui Oral Clinic could improve service.
4. Great
5. Get a dedicated phone. Upgrade dental equipment. Dispense nitrous oxide.
6. It was excellent & my cleaning superb.
7. I had a great experience.
8. If I could continue treatment when the next class come in Allynn said this Dec/ Jan 2012
9. Nothing – very satisfied with cleaning. May remind patients to bring a jacket esp. women.
10. It was great
11. It was fine.
12. One day maybe instead of using a needle for numbing we could suck on a candy or something.

# The State of Children's Dental Health: Making Coverage Matter

## Hawaii

F

2011 GRADE

**Hawaii** meets only one of the eight policy benchmarks aimed at improving children's dental health, making it the worst overall performer among the 50 states and the District of Columbia. Hawaii does not fully use proven preventive strategies: It lacks a school sealant program and has the lowest rate of fluoridation of any state. Residents living on military bases are the only ones who receive fluoridated water.<sup>1</sup>

The Aloha State's silver lining is Medicaid utilization—over 45 percent of enrolled children received dental services in 2009.

### HOW WELL IS HAWAII RESPONDING?

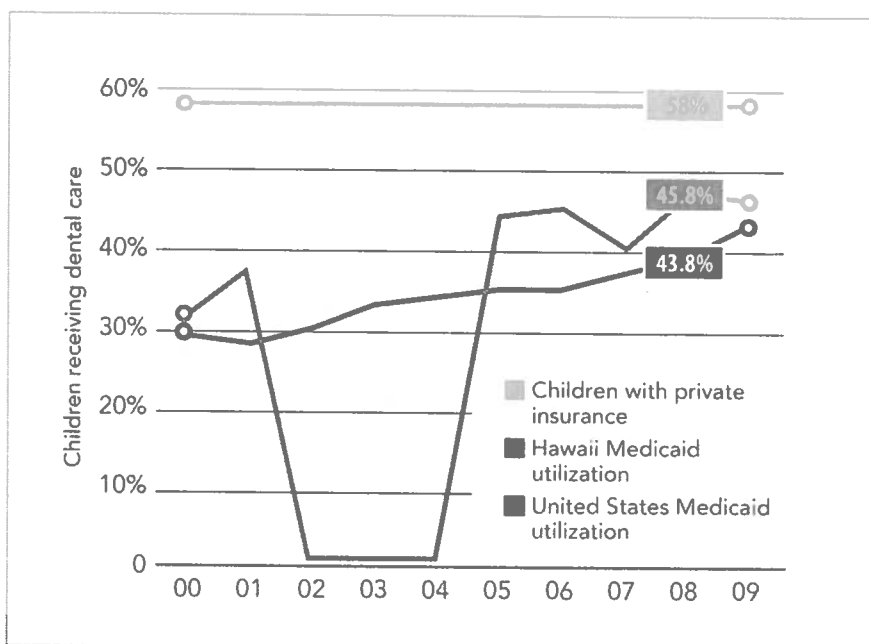
2011: **F**

DATA YEAR	MEASURED AGAINST THE NATIONAL BENCHMARKS FOR EIGHT POLICY APPROACHES	STATE	NATIONAL	MEETS OR EXCEEDS
2010	Share of high-risk schools with sealant programs	0%	25%	
2010	Hygienists can place sealants without dentist's prior exam	NO	YES	
2008	Share of residents on fluoridated community water supplies	10.8%	75%	
2009	Share of Medicaid-enrolled children getting dental care	45.8%	38.1%	✓
2010	Share of dentists' median retail fees reimbursed by Medicaid	37.7%	60.5%	
2010	Pays medical providers for early preventive dental health care	NO	YES	
2010	Authorizes new primary care dental providers	NO	YES	
2010	Tracks data on children's dental health	NO	YES	
Total score				1 of 8

Grading: A = 6-8 points   B = 5 points   C = 4 points   D = 3 points   F = 0-2 points

## HOW BAD IS THE PROBLEM?

**Too many children lack access to dental care, with severe outcomes.** One measure of the problem: more than half of the children on Medicaid received no dental service in 2009.



SOURCE: Centers for Medicare and Medicaid Services, CMS-416. Hawaii submitted data in 2002, 2003 and 2004 that appear to be abnormally low, indicating possible problems with the submission. Please, use caution when interpreting the data in question for these years.

SOURCES FOR BENCHMARKS: (1, 2, 7) Pew Center on the States survey of states; (3) Centers for Disease Control and Prevention; (4) Centers for Medicare and Medicaid Services, CMS-416; (5, 6) Medicaid/SCHIP Dental Association and American Academy of Pediatrics; (8) National Oral Health Surveillance System.

I. D. Easa, et al., "Addressing Oral Health Disparities in Settings Without a Research-Intensive Dental School: Collaborative Strategies." *Ethnicity and Disease* 15, (2005): 187-190. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1371063/>, (accessed February 24, 2011).

For more information, please visit [www.pewcenteronthestates.org/makingcoveragematter](http://www.pewcenteronthestates.org/makingcoveragematter).