

# **Commission on Dental Accreditation**

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## **Self-Study Guide for the Evaluation of a Dental Hygiene Education Program**

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

## Document Revision History

<i>Date</i>	<i>Item</i>	<i>Action</i>
<i>December 1, 2013</i>	<i>Revised All Components of Self-Study Guide</i>	<i>Implemented</i>
<i>August 1, 2014</i>	<i>Renumbered Standards 2-9 through 2-12 to be subsection a, b, c and d of 2-8</i>	<i>Adopted and Implemented</i>
<i>February 6, 2015</i>	<i>Revised Standards 2-4, 3-6, 3-7,b</i>	<i>Adopted and Implemented</i>
<i>February 6, 2015</i>	<i>Revised Standard 2-1</i>	<i>Adopted</i>
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## INTRODUCTION TO THE SELF-STUDY GUIDE

The Self-Study Guide is designed to help an institution succinctly present information about its dental hygiene program in preparation for an evaluation visit by the Commission on Dental Accreditation. It is suggested that the institution initiate the self-study process approximately 12 months prior to completion of the Self-Study Report. The primary focus of the self-study process should be to assess the effectiveness of the educational program in meeting (1) the program's stated goals and objectives and (2) the Commission's Accreditation Standards for Dental Hygiene Education Programs.

The Self-Study Report should reflect the current program as it will be reviewed by the visiting committee at the time of the site visit. It should be a concise, yet thorough summary of the findings of the entire self-study process. The Commission hopes the self-study will be a catalyst for program improvement that continues long after the site visit. Objective program assessment is a more likely result when students, faculty and administrators participate in the planning and development of the self-study. Development of the self-study is not merely an effort to demonstrate minimal compliance with the standards, but an opportunity to self-assess the program relative to its stated goals and objectives. It is the hope of the Commission that conclusions resulting from the self-study process not be limited to a summary of compliance demonstration, but serves as a catalyst for continued program growth and improvement.

Programs **must** respond to all questions included in the Self-Study Guide. The responses should be clear, and provide succinct information to demonstrate compliance with the standard.

For the educational program, the self-study provides an opportunity to:

1. Clarify its objectives as they relate to:
  - a. Preparation of dental hygienists;
  - b. Expectations of the profession and the public in relation to dental hygiene education; and
  - c. The program's stated educational objectives.
2. Candidly and realistically assess its own strengths and weaknesses relative to program objectives.
3. Internalize the process and engage in the kind of self-analysis essential to effective planning and change.
4. Provide the basis for a more informed and helpful site visit.

For the Commission and visiting committee, the self-study should:

1. depict the extent to which the program has reviewed and analyzed its objectives, strengths and weaknesses.

2. present a realistic view of the program enabling site visitors to effectively conduct the visit and verify program compliance with accreditation standards and Commission policies.

The Self-Study process and completed document are **NOT**:

1. just compilations of quantitative data. Data may be a necessary component of the self-study but self-study responses and conclusions must not be limited to presentations of data.
2. simply providing answers to a questionnaire or check-off sheet. Exhibits may be helpful in supporting narrative responses; however, exhibits alone do not provide an analysis of the conditions or the rationale for the response -- again the critical analysis component is missing.

## **COMMISSION POLICIES AND PROCEDURES RELATED TO THE ALLIED DENTAL EDUCATION PROGRAM SITE VISITS**

The Commission has established a seven-year site visit cycle for accreditation review. The Commission can accommodate simultaneous review of the dental and allied dental programs on the same review cycle, within the same institution.

The purpose of the site evaluation is to verify and supplement the information contained in the comprehensive self-study document completed by the institution prior to the site visit.

Site Visitor Requests for Additional Information: Visiting committee members carefully review the completed self-study document and note any questions or concerns about the information provided. To answer questions that may arise, Commission staff or the site visit chair may request clarification in the form of supplemental documentation prior to, or during the site visit. The team may request information be provided prior to the visit, upon arrival to the program and/or at a specified time during the visit.

Site Visit Committee Composition: A visiting committee is comprised, as appropriate, of a Commission staff or site visit chair; allied dentist; and curriculum discipline -specific site visitors. All members have expertise in their respective areas.

At the institution's request, the Commission will invite a representative from the appropriate licensing board of the state to participate on the committee. State board representatives advise and consult with members of the site visit committee and participate fully in committee activities as non-voting members. The state licensing board representative is required to sign the Commission's "Agreement of Confidentiality Statement" prior to the site visit.

After the Site Visit: The written site visit report is a representation of the visiting committee's findings and conclusions relative to the program, **at the time of the site visit**, and serves as the basis for the Commission's accreditation decisions. It also informs institutional officials and administrators of the extent to which the program complies with accreditation standards and Commission policies. The report clearly documents any deficiencies and serves to guide decisions when making appropriate changes toward compliance with accreditation standards or policy.

Site visit committee members prepare components of the Preliminary Draft Site Visit Report (PDSVR), which Commission staff consolidates for final team approval. After the approved draft report is transmitted to institutional administrators, the institution has 30 days to report any factual inaccuracies and/or differences in perception to the Commission. In addition, the institution may report any changes made since the site visit relative to deficiencies until the deadline provided (either December 1 or June 1). The Commission considers both the PDSVR and any institutional response before taking accreditation action.

The PDSVR reflects the findings and conclusions of the visiting committee relative to the program at the time of the visit. Any improvements or changes made subsequent to a site visit toward meeting recommendations may be described and documented in the program's response

to the PDSVR. The final Site Visit Report (SVR), however, is not revised to reflect these changes. Although the SVR is not revised, the Commission considers improvements or changes when determining accreditation status. Following assignment of accreditation status, the final SVR is prepared and transmitted to the institution. It is the prerogative of institutional and program administrators to distribute the SVR to faculty and others directly concerned with program quality so they may continue to work toward meeting any recommendations contained in the report.

Commission members, visiting committee members, and staff are not authorized, under any circumstances, to disclose any information obtained during site visits or Commission meetings. Decisions to publicize reports, in part or in full, are at the discretion of the educational institution officials, rather than the Commission. However, if the institution elects to release sections of the report to the public, the Commission reserves the right to make the entire site visit report public.

Commission Review of Site Visit Reports: The Commission and its review committees meet twice each year to consider site visit reports, progress reports, applications for accreditation and policies related to accreditation. These meetings are usually in January and July. Reports from site visits conducted less than 90 days prior to a Commission meeting are usually deferred and considered at the next Commission meeting.

Notification of Accreditation Action: An institution will receive the formal site visit report, including the accreditation status, within 30 days following the official meeting of the Commission. The Commission's definitions of accreditation classifications are published in its Accreditation Standards documents.

Additional Information: Additional information regarding the procedures followed during the site visit is contained in the Commission's publication, Evaluation and Operational Policies and Procedures manual (EOPP). The Commission uses the Accreditation Standards for Dental Hygiene Education Programs as the basis for its evaluation of dental hygiene programs; therefore, it is essential that institutions be thoroughly familiar with this document.

Policies and Procedures for Site Visits: "Protocol for Conducting a Site Visit" is attached at the end of this Self-Study Guide.

## PLANNING THE SELF-STUDY

The self-study should be comprehensive and should involve appropriate faculty and staff throughout the institution.

When feasible, it is suggested that a committee, with appropriate faculty representation, be selected to assist the program administrator with the self-study process. This committee should be responsible for developing and implementing the self-study process and coordinating sections into a coherent self-study document. For a consistent document, it may be helpful to establish a form or pattern to be used when preparing sections of the report.

The committee should have assistance with preparing and editing the final self-study report. Appropriate faculty and other institutional representatives (e.g., learning resources staff, financial/budget officers, counselors, admissions officers, instructional design staff) should be involved in the process to ensure accuracy in the self-study document. Institutional administrators must verify all information contained within the self-study document is accurate and complete.

### Suggested Timetable for Self-Study:

#### Months Prior to Visit

- 12 Appoint committee and resource persons; Assign sections of self-study to appropriate faculty-resource persons; Develop action plan and determine report format
- 10 Assigned areas are reviewed and report sections developed.
- 7 Faculty and program administrator review drafted report sections
- 6 Committee prepares draft of self-study document
- 5 Draft document is reviewed institution-wide
- 4 Self-study document finalized and duplicated
- 3 Solicit comments in accordance with the Commission's Policy on Third Party Comments (found in EOPP).
- 2 Forward final self-study document to members of the visiting committee and Commission 60 days prior to date of the scheduled visit.

Staff Assistance/Consultation: The Commission on Dental Accreditation staff provides consultation to educational programs within the Commission's accreditation purview. Programs may obtain staff counsel and guidance at any time; however, the Commission expects to be reimbursed if substantial cost is incurred.

# Instructions for Completing the Self-Study

The link to this Self-Study Guide is sent electronically to the institution two years prior to a site visit. The following general instructions apply to the development of the dental hygiene program's self-study report:

1. The Commission expects the self-study document will follow the sequence of the Self-Study Guide. The sections of the report should culminate in a qualitative analysis of the program's strengths and weaknesses. Keep in mind the program's written responses must succinctly provide the Commission and its visiting committee with information to understand the operation of the programs. *Any significant variations in formatting should be discussed beforehand with CODA staff.*
2. When preparing the report, state the question and then provide the narrative response. Questions should be maintained in the **bold** formatting provided, and responses should be provided in regular type.
3. Address all questions posed in the Self-Study Guide. Information can be cross-referenced within the document. Refer the reader to that section of the report, exhibit or appended documentation that contains the pertinent information. Supportive documentation provided to substantiate the narrative should not exceed what is required to demonstrate compliance with the Standard.
4. If the program uses off-campus sites, as defined in the EOPP, provide separate answers relative to the site(s).
5. ***The program's documentation for CODA (self-study, application, or reports to CODA, for example) must NOT contain any sensitive personally identifiable information ("Sensitive Information" or "PII") as outlined in "Privacy and Data Security Requirements for Institutions" (see below). Similarly, such documentation must not contain any identifiable patient information ("PHI"); therefore, no "patient identifiers" may be included (see below). This applies whether or not the program is required to comply with HIPAA.***

***Before sending documents such as self-studies or faculty CVs to CODA, institutions must fully and appropriately redact all PII and all PII all patient identifiers such that the PII and patient identifiers cannot be read or otherwise reconstructed. Covering information with ink is not an appropriate means of redaction.***

***If the program/institution submits documentation that does not comply with the directives on PHI and PII (noted above), CODA will assess a penalty fee of \$1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional \$1000 fee.***

6. The completed self-study document must include:

- a. Title Page: must include the name of the program, sponsoring institution; street address, city and state, telephone number; and date of the site visit.
- b. Verification Page: the institution's chief executive officer, chief administrator of the academic unit that sponsors the dental hygiene program, program administrator and other appropriate administrators of the institution must complete the Verification Page found in the Self-Study Guide to verify the contents of the completed self-study document are factually correct and contains no PHI or PII. The signed Verification Page must be included in the hard **and** electronic copy of the self-study document.
- c. Table of Contents: The table of contents in the self-study must indicate page numbers for the Verification Page, Summary of Factual Information, previous site visit recommendations, compliance with Commission policies, sections within each of the six (6) Standards, Exhibits and Appendices, and Conclusions and Summary of the Self-Study Report. **Please include a table of contents for each separate binder.**

The separate Curriculum Document must include a Table of Contents with each course number and title listed and corresponding page number.

- d. Continuous Pagination: Each volume within the self-study document must have its own continuous pagination. Exhibits can be included directly following each standard or in a separate Exhibit volume with its own Table of Contents. The exhibits numbers in the completed document do not have to correspond with the Example Exhibits provided in the Self-Study Guide. Exhibits must be labeled with the first standard they support. Exhibits may be cross-referenced.
- e. Formatting: Hard copy pages must be double-sided, using a standard 12-point font, with 1" page margins.
- f. Tabs For the hard-copy: labeled **Tabs** should be used to divide sections within each volume. As an example, the self-study should have six (6) tabs (one for each standard), the curriculum document should have a tab for each course, and each exhibit should have a tab.
- g. Conclusion and Summary: At the end of the document, include a standard by standard qualitative analysis of the program's strengths and weaknesses. Describe actions planned to correct any identified weaknesses.

**Note:** The electronic copy must be an **exact** replica of the hard copy. While the electronic copy may not include Tabs, page numbers must correspond with hard copy pagination.

7. Sending the Self-Study Report:

- a. Volumes should be spiral bound or in soft, pliable plastic binders. Do not use hard covered binders/notebooks. They are heavy and difficult to transport.
  - b. Send: **One (1) hard** copy and **one electronic copy** of the completed self-study document and a preliminary Schedule of Conferences to each member of the site visit committee. The self-study must be received no later than **60 days** prior to the site visit date. Names and addresses of the members of the team will be provided to the institution approximately two to three months before the visit.
  - c. **One (1) electronic copy** of the self-study report must be sent to the Commission office at least 60 days prior to the date of the visit. The Commission requests the one electronic copy as per the Electronic Submission Guidelines.
  - d. The Commission has moved to an electronic document storage system and requests that all self-study guides and related materials submitted to the Commission for a program's permanent file be submitted in electronic form. The "Electronic Submission of Self-Study Guide" has been developed to assist you in this process and has been emailed to the program director. If the program is unable to provide a comprehensive electronic document, the Commission will assess a fee for converting the document to an electronic version.
  - e. Policy on Established Deadlines: Programs/institutions must meet established deadlines for submission of requested information. If an institution fails to comply with the Commission's request, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.
8. As programs are working on completion of the self-study document, questions often arise regarding interpretation of the standards, appropriate documentation to include or how to assemble the document. These questions should be directed to Commission staff for allied dental education. The protocol for conducting a site visit is enclosed at the end of this document.

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

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

<b>SPONSORING INSTITUTION</b>
Name: Street Address (do not list P.O. Boxes) City, State, Zip:
Chief Executive Officer (Univ. Pres., Chancellor, Hospital President) Name: Title: Phone: Email: Signature: Date:
Chief Administrative Officer (Dean/Chief of Dental Service) Name: Title: Phone: Fax: Email: Signature: Date:
Program director/administrator or Co-Program director/administrator Name: Title: Phone: Fax: Email: Signature: Date:

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

**INSTITUTION:** \_\_\_\_\_

**SUMMARY OF FACTUAL INFORMATION  
ON THE DENTAL HYGIENE PROGRAM**

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

Admissions

- a. Number of classes admitted annually: \_\_\_\_\_
  
- b. Enrollment pattern (month and number): \_\_\_\_\_
  
- c. Current total enrollment:
  - 1st year students \_\_\_\_\_
  - 2nd year students \_\_\_\_\_
  - 3<sup>rd</sup> year students\* \_\_\_\_\_
  - 4<sup>th</sup> year students\* \_\_\_\_\_

(\*To be completed if applicable)

Facilities

- a. Identify program(s) that share dental hygiene facilities, e.g., dental assisting, dental laboratory technology, nursing:

\_\_\_\_\_

- b. Number of treatment areas used for preclinical/clinical instruction: \_\_\_\_\_
  
- c. Number of laboratory stations: \_\_\_\_\_
  
- d. Number of radiography units: \_\_\_\_\_

Program Faculty Numbers:

- a. Dental hygienists-  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

- b. Dentists-  
 Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
 Supervising: \_\_\_\_\_
- c. Dental assistants-  
 Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
- d. Non-Program faculty-  
 Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Curriculum

- a. Name of term (semester, module, quarter, etc.): \_\_\_\_\_
- b. Number of terms: \_\_\_\_\_
- c. Number of weeks per term: \_\_\_\_\_
- d. Total number of weeks: \_\_\_\_\_
- e. Award granted at completion: \_\_\_\_\_
- f. Total number of credits: \_\_\_\_\_
- g. Total program hours: \_\_\_\_\_
- lecture: \_\_\_\_\_ ; laboratory: \_\_\_\_\_ ; clinic: \_\_\_\_\_

Setting/Curriculum Delivery

- a. Site(s) where dental hygiene instruction occurs (See definitions within EOPP):  
 Off-Campus:  
 On-Site:  
 Enrichment:
- b. Describe any curriculum delivered via distance education technologies and/or non-traditional methods (list on-line, hybrid, and blackboard courses):

Financial Support

- a. Total direct cost budgeted for current fiscal year:

## **PREVIOUS SITE VISIT RECOMMENDATIONS**

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

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

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

## **COMPLIANCE WITH COMMISSION POLICIES**

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

### **A. Program Changes**

Changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. Failure to report in advance any increase in enrollment or other change, using the Guidelines for Reporting Program Changes, may result in review by the Commission, a special site visit, and may jeopardize the program's accreditation status. The program must report changes to the Commission in writing at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. The Commission recognizes that unexpected changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted. For the addition of off-campus sites, the program must report in writing to the Commission at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting.

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

B. Third Party Comments

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

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

C. Complaints

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

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

D. Distance Education

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

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

## **PROGRAM EFFECTIVENESS**

### Program Performance with Respect to Student Achievement:

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

## STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

### Planning and Assessment

- 1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:**
- a) developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.**
  - b) implementing the plan;**
  - c) assessing the outcomes, including measures of student achievement;**
  - d) using the results for program improvement.**

**Intent:**

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

Narrative Response and Documentation:

- 1. List the program's goals that include, but are not limited to, student achievement outcomes.**
- 2. Explain how these goals are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.**
- 3. Describe how the goals address teaching, patient care, research and service.**
- 4. On what basis are goal revisions made? Using the sample format illustrated in Example Exhibit 1, develop an assessment schedule, timetable or plan.**
- 5. Describe the outcomes measures that are utilized to determine the degree to which these stated goals and objectives are being met.**
- 6. Document the assessment methods utilized for two (2) years. If appropriate, include examples of completed surveys. Provide the compiled data summary used. Provide an analysis of the data. Relate the findings and conclusions to the program goals.**

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

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 1-1 in the Accreditation Standards for Dental Hygiene Education Programs.

### **Financial Support**

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Describe/explain the process utilized to develop the program’s budget. Include the timeframe, individuals involved, and final decision making body/individual(s).**
- 2. Using the Example Exhibit 2 format, identify the sources of fiscal support for the dental hygiene program and the percentage of the total budget that each source constitutes.**
- 3. If financial resources include grant monies, specify the type, amount and termination date of the grant. What is the primary use of these funds? Upon termination of the grant(s), how will these funds be replaced?**
- 4. Describe the long-range plan developed to assist the program in acquiring stable and adequate funding. Append a copy of the long-range plan, if available**

5. Using the Example Exhibit 3 format, provide information on the program's budget for the previous, current (year of the site visit) and ensuing fiscal years.
6. Using the Example Exhibit 4 format, provide the actual expenditures for the previous academic year.
7. Using the format shown in Example Exhibit 5, provide information on the salary schedules for full- and part-time faculty for the current academic year, include the program administrator.
8. Assess the allocations for faculty salaries and professional development to ensure the program is in a competitive position to recruit and retain qualified faculty.
9. As an exhibit, include a list of individuals involved in the budgetary process, including their name and title.

For additional guidance you may refer to "Examples of evidence to demonstrate compliance" following Standard 1-2 in the Accreditation Standards for Dental Hygiene Education Programs.

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

Narrative Response:

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

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

Documentation:

You may refer to "Examples of evidence to demonstrate compliance" following Standard 1-4 in the Accreditation Standards for Dental Hygiene Education Programs.

## Institutional Accreditation

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

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Which of the following best describes the program’s educational setting: dental school, four-year college/university, community/junior college, technical college/institute, vocational school or federal service training center? Indicate whether the institution is public, private (not-for-profit) or private (for profit).**
- 2. By what agency recognized by the United States Department of Education or officially recognized state accrediting agency, is the institution accredited? Briefly describe the institution’s accreditation history, including its current status and date of last evaluation.**
- 3. Include an exhibit indicating the most current accreditation report status**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 1-5 in the Accreditation Standards for Dental Hygiene Education Programs.

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

Narrative Response and Documentation:

**Note:** off-campus sites (including enrichment sites) are addressed in Standard 4-4. Co-sponsoring or affiliated institutions allow dental *hygiene* program students to utilize resources available to their regularly enrolled students, e.g., bookstore, library, health center fitness facility, etc. as defined in an affiliation agreement.

- 1. Does the program have an arrangement with another institution for sharing resources as described above?**
- 2. Is the additional institution considered to be a co-sponsor of the program?**

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

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 1-6 in the Accreditation Standards for Dental Hygiene Education Programs.

### **Community Resources**

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Briefly describe the interaction between the program and professionals in the community, such as dental hygienists, general and specialty dentists, and other health care specialists? How do community liaison members provide resources and/or help support the program?**
- 2. Describe the structure, function, and responsibilities of the liaison mechanism(s).**
- 3. List the names, affiliation, role/title, committee term, disciplines and appointment dates of individuals currently involved in the program’s liaison activities. If applicable, provide the names and positions of individuals representing separate liaison mechanisms for any off-campus sites.**
- 4. Provide meeting minutes from the last two liaison activities.**
- 5. Describe recent liaison activities.**
- 6. Provide a copy of by-laws and/or description of duties and responsibilities of individuals involved in liaison activities**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 1-7 in the Accreditation Standards for Dental Hygiene Education Programs.

## STANDARD 2 - EDUCATIONAL PROGRAM

### Instruction

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

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

**Intent:**

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

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

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

Narrative Response and Documentation:

- 1. Describe how the scope and depth of the curriculum reflect the objectives and philosophy of higher education and facilitates opportunities for students to continue their formal education through transfer of course work**
- 2. Describe how the curriculum is structured to allow individual students to meet required program competencies.**
- 3. As an exhibit, include pages of the college catalog relevant to the dental hygiene program. If the college catalog is online, download and provide the appropriate pages.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-1 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Describe processes used to ensure students meet published academic, professional and/or clinical criteria. How is this information distributed?**
- 2. As an exhibit, include pages from the appropriate document(s) listing institutional and program due process policies and procedures.**
- 3. What standards of achievement/competence are required for dental hygiene students to continue in each component of the program? How and when are program expectations conveyed to students?**
- 4. Who reviews dental hygiene students’ academic and clinical performance? What action is taken when a student’s performance is below minimum standards? How frequently is the student made aware of his/her performance?**
- 5. Describe procedures for assisting students who are having academic difficulties in didactic, laboratory, preclinical, and clinical classes.**

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

### **Admissions**

- 2-3 Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria**

**and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.**

**Intent:**

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

Narrative Response and Documentation:

- 1. Provide the specific written criteria, procedure and policies for admission to the dental hygiene program. Provide evidence that previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability have been utilized as criteria in selecting students.**
- 2. Describe the process for selecting dental hygiene students. List names and titles of individuals participating in the selection process. As an exhibit, provide a sample rating sheet for students selection.**
- 3. To what extent do the program administrator and faculty participate determining admission criteria and procedures?**
- 4. How are applicants informed of the program's criteria and procedures for selection, program goals, curricular content, course transferability, functions performed by dental hygienists and current employment opportunities? As an exhibit, provide a program application packet and/or form.**
- 5. Provide the institution's policies on discrimination.**
- 6. How does the program make policies on infectious diseases made available to applicants?**

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

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

**same standards of competence required by students regularly enrolled in the program.**

**Intent:**

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

Narrative Response and Documentation:

- 1. Does the dental hygiene program admit students with advanced standing? If yes, describe the policies and methods for awarding advanced standing credit.**
- 2. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.**
- 3. Who reviews transcripts and determines course equivalency? Describe the process for evaluating courses taken at another institution and used as a basis of credit award?**
- 4. If a formal policy has been developed, please provide.**

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

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

**Intent:**

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

Narrative Response and Documentation:

1. Describe the potential patient population available from surrounding community resources (at each campus site, if applicable), e.g., hospitals, dental schools, military or public health clinics, nursing homes and other short- or long-term care facilities. How are these resources used for instruction? List the facilities utilized by the program and describe the relationship.
2. How many classes does the dental hygiene program admit each year? In what month(s) of the year do students begin their course of study?
3. Using the format illustrated in Example Exhibit 6, provide enrollment and attrition data for the program during the current and four preceding years. Note: Programs with multiple enrollment starts each calendar year, please complete Example Exhibit 7.
4. For each term of the dental hygiene curriculum, provide a class schedule as illustrated in Example Exhibit 11. Include course number and name; faculty, setting (clinic, lab, classroom number); and number of students. Modify the exhibit as needed to account for multiple sections. Note: Programs with multiple enrollment starts must modify the exhibit to provide the requested information

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-5 in the Accreditation Standards for Dental Hygiene Education Programs.

## Curriculum

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

**Intent:**

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

Narrative Response and Documentation:

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

2. List the various evaluation methods used to measure each stated program competency. Modify Example Exhibit 9 as appropriate.
3. How are students informed of the manner(s) in which each program competency will be evaluated?
4. Discuss how evaluation methods for didactic instruction effectively:
  - a. Allow both students and faculty to periodically assess student progress in relation to stated objectives?
  - b. Require students to demonstrate higher-order knowledge and application?
  - c. Lend themselves to consistent application by faculty?
  - d. Evaluate student's responsibility for ethical and professional conduct?
5. Discuss how evaluation methods for laboratory, preclinical and clinical instruction effectively:
  - a. Allow both students and faculty to periodically assess student progress in relation to stated objectives?
  - b. Reflect the process as well as the end result?
  - c. Monitor each student's progress through time?
  - d. Define performance standards in clear, specific terms?
  - e. Enable the student to meaningfully evaluate his/her own work?
  - f. Become more rigorous as the student's ability increases?
  - g. Lend themselves to consistent application by faculty?
  - h. Evaluate student's responsibility for ethical and professional conduct?

For additional guidance you may refer to "Examples of evidence to demonstrate compliance" following Standard 2-6 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

Narrative Response and Documentation:

1. Explain the grading process for each course. How is the final course grade determined? What factors are included? (e.g., exams, homework, skill

evaluations, projects, participation?) Include the specifics for each category (number or type, weight, etc.) and explain how points are awarded, a grade is determined, and then combined to arrive at final course grade.

2. In a separate curriculum document, for each course provided by the dental hygiene program, include the course documentation/syllabus that is provided to students. Documentation for each course should be grouped together, in term sequence, and include the following:

- a. course title and number;
- b. course description;
- c. course outline, with topics to be presented;
- d. specific instructional objectives;
- e. learning experiences;
- f. evaluation criteria and procedures;
- g. example of exam, quiz, and/or rubric as appropriate; and
- h. all skill evaluations

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

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

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

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

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

**Intent:**

*Foundational knowledge should be established early in the dental hygiene program and of appropriate scope and depth to prepare the student to achieve competence in all components of dental hygiene practice. Content identified in each subject may not*

*necessarily constitute a separate course, but the subject areas are included within the curriculum.*

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

**2-8a General education content must include oral and written communications, psychology, and sociology.**

**Intent:**

*These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.*

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

**Intent:**

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

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

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

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

**Intent:**

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

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

**Intent:**

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

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

**Intent:**

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

Documentation for Standards 2-8 to 2-9:

- 1. Outline the sequence of the dental hygiene curriculum as illustrated in Example Exhibit 8**
- 2. Using the format illustrated in Example Exhibit 12, list the courses which provide the major instruction in each required content area and specify the number of clock hours of instruction devoted to instruction in that area.**

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

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

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

**Intent:**

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

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

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

**Intent:**

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

### **Patient Care Competencies**

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

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

**Intent:**

*An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures in order to provide dental hygiene*

*treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student.*

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

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

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

**Intent:**

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

Narrative Response and Documentation for 2-13:

- 1. List the dental hygiene services students are required to provide clinically in the program. Using the format in Example Exhibit 13, provide a list of the preclinical and/or clinical courses that include major instruction in providing the dental hygiene process of care. If there are no program requirements, describe minimum performance levels for completing the preclinical and clinical courses.**
- 2. Describe how, and at what intervals, students' laboratory, preclinical and clinical performance/competency is evaluated.**
- 3. What standards of achievement/competence are required for dental hygiene students to continue in each portion of the curriculum? How and when are these standards explained to the students?**
- 4. What is the minimum number of acceptable radiographic surveys that each student is required to expose process and mount during the dental hygiene**

**program to demonstrate competence? If the program does not have radiographic requirements, describe how student competence is measured.**

- 5. Describe how faculty instruction and evaluation are provided to students throughout all radiographic experiences.**
- 6. Provide forms used for collecting and recording patient data during clinical sessions as an exhibit.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-13 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

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

- 1. List all courses that include clinical practice hours.**
- 2. How does the program track the number of hours each student spends in clinical practice?**
- 3. Describe the mechanisms used to ensure each student achieves clinical competence and develops appropriate judgment. Provide as an exhibit the monitoring mechanism used to track student clinical experiences in all patient care categories.**
- 4. For patient care procedures taught to clinical competence, describe performance level expectations at the beginning and end of students’ clinical experiences.**
- 5. Briefly describe the patient care category systems used by the program?**
- 6. Summarize the program patient care requirements including average, minimum and maximum degrees of difficulty for each patient category. If the program does not have patient category requirements, describe how student competency is measured.**

- 7. If applicable, identify the course(s) in which enriching clinical experiences are scheduled (off-campus). Include the specific learning objectives and a description of the manner in which the experiences are evaluated. Identify the individuals who participate in supervision and evaluation of dental hygiene students at enrichment sites.**
- 8. Provide actual clinical rotation schedules for the current classes of dental hygiene students (for each campus site) as an exhibit, including any clinical education provided off-campus and enrichment rotations.**

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

**2-15 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups and other members of the health care team.**

**Intent:**

*Dental hygienists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).*

Narrative Response:

- 1. Describe the ways by which students demonstrate effective interpersonal communication skills during patient interactions and with other members of the health care team.**
- 2. How do students demonstrate competence in communication skills?**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-15 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

Narrative Response:

- 1. Describe the effectiveness of community dental health instruction and learning experiences prepare students to participate in community-based oral health programs.**

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

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

**Intent:**

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

Narrative Response:

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

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-17 in the Accreditation Standards for Dental Hygiene Education Programs.

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

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

Narrative Response and Documentation:

- 1. Summarize the additional dental hygiene functions allowed in your state that are included within initial hygiene licensure and do not require additional certification. Please omit any dental assisting or laboratory functions allowed within initial dental hygiene licensure.**
- 2. Provide as an exhibit the appropriate pages of the state dental practice act or regulatory code and corresponding administrative code related to dental hygiene.**
- 3. Using the format illustrated in Example Exhibit 16, list the additional dental hygiene functions specified within your state DPA and the courses where content is presented and levels of competence demonstrated.**
- 4. Using the format illustrated in Example Exhibit 17, indicate the additional dental assisting functions are allowed within your state and whether instructional level, depth and/or scope is specified within the DPA. Do not include any requirements for post-graduation or optional certifications.**
- 5. Please describe any state-specific situation concerning additional dental hygiene functions that has not been addressed in the exhibits.**

**Ethics and Professionalism**

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

**Intent:**

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

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

**Intent:**

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

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

- 1. Discuss opportunities for students to demonstrate competence in applying knowledge of legal and regulatory concepts.**
- 2. Discuss the effectiveness of ethical concepts presented in allowing students to examine, define, and analyze ethical problems relevant to dental hygiene.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-19 and 2-20 in the Accreditation Standards for Dental Hygiene Education Programs.

### **Critical Thinking**

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

**Intent:**

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

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

**Intent:**

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

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

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

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-21 and 2-22 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

Narrative Response:

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

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-23 in the Accreditation Standards for Dental Hygiene Education Programs.

**Curriculum Management**

**2-24 The dental hygiene program must have a formal, written curriculum management plan, which includes:**

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Please provide a copy of the program’s curriculum management plan (CMP) and provide a description of how the CMP is utilized for curriculum review and evaluation.**
- 2. In what ways do full-time and part-time faculty members participate in the decision-making process in matters relating to the continuous evaluation and development of the dental hygiene program? Include the frequency and purpose of program faculty meetings.**
- 3. Describe how students, administrators and others are included in the CMP.**
- 4. Describe how courses are evaluated in relation to goals and competencies.**
- 5. Describe the mechanism(s) utilized for evaluating and revising the dental hygiene curriculum, including distance site(s), if applicable.**
- 6. Describe the mechanism for coordinating instruction between dental hygiene faculty members and other faculty who teach dental hygiene students and**

**describe how information from faculty meetings is disseminated to all dental hygiene and related faculty, including faculty at distance sites, if applicable.**

- 7. If the program has faculty and students at distance sites, explain how they are incorporated into the CMP.**
  
- 8. As an exhibit, include examples of minutes of meetings held during the past academic year where curriculum was reviewed. The meeting minutes should include names and titles of all present; agenda items covered; outcomes and assignments based on meeting with timelines.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 2-24 in the Accreditation Standards for Dental Hygiene Education Programs.

### STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

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

**Intent:**

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

Narrative Response and Documentation:

- 1. As an Exhibit, provide the most recent organizational chart for the institution indicating the position of the dental hygiene program in the administrative structure.**
- 2. Describe the opportunities for direct communication between the dental hygiene program director and the institutional administrators who are responsible for decisions that directly affect the program.**
- 3. Are there opportunities for the dental hygiene program administrator and faculty to participate in decisions which directly affect the program? Please give examples.**
- 4. Provide minutes from the two most recent faculty meetings.**
- 5. If an institution-wide committee which has significant impact on the dental hygiene program does not include a member of the program faculty, explain the procedure whereby faculty provide consultation when matters directly related to the dental hygiene program are considered.**

For additional guidance you may refer to "Examples of evidence to demonstrate compliance" following Standard 3-1 in the Accreditation Standards for Dental Hygiene Education Programs.

#### **Program Administrator**

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Does the institution have specific policy that governs the amount of teaching responsibility assigned to the program administrator? If so, please state the policy.**
- 2. Describe how the program administrator's teaching contact hours and course responsibilities allow sufficient time to fulfill administrative responsibilities.**
- 3. Compare the program administrator's teaching contact hours and course responsibilities with those of full-time instructors who have no administrative responsibilities.**
- 4. To what extent are institutional policies concerning program administrators applied consistently to the dental hygiene program?**
- 5. Compare the program administrator's teaching contact hours and course responsibilities with administrators of other programs in the institution.**
- 6. If off-campus sites are utilized, identify the distance site coordinator, if different than the program director, and provide documentation describing the job responsibilities of the distance site coordinator.**

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

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

**Intent:**

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

Documentation:

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

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

- a) curriculum development, evaluation and revision;**
- b) faculty recruitment, assignments and supervision;**
- c) input into faculty evaluation;**
- d) initiation of program or department in-service and faculty development;**
- e) assessing, planning and operating program facilities;**
- f) input into budget preparation and fiscal administration;**
- g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.**

Narrative Response and Documentation:

- 1. List the administrative duties and authority of the program administrator. Specify any additional commitments the program administrator has each term, e.g., teaching, administration of other programs, recruitment, committee activity. Include the time devoted to each.**
- 2. Is there a formal arrangement for sharing administrative responsibility? If yes, what is the rationale for this arrangement? Specify the duties and authority of each individual involved.**
- 3. To what extent does the program administrator participate in budget preparation and revision and fiscal administration?**
- 4. If distance education sites are utilized, identify the distance site coordinator, if different than the program director, and indicate the involvement of the distance site coordinator in any/all areas defined in Standard 3-4.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 3-4 in the Accreditation Standards for Dental Hygiene Education Programs.

### **Faculty**

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

**Intent:**

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

Narrative Response and Documentation:

1. **Specify the number of full-time equivalent positions allocated to the dental hygiene program. Are any faculty positions presently vacant? If so, please explain.**
2. **As an exhibit, list full- and part-time faculty and their assigned courses.**
3. **What percentage of full-time equivalent positions assigned to the program are filled by part-time faculty? What is the rationale for hiring part-time faculty?**
4. **Using the format illustrated in Example Exhibit 14, provide information requested for each dental hygiene faculty member for each term of the academic year. Submitted information must be for all part- and full-time faculty members. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term).**
5. **Indicate those individuals who have additional teaching and/or administrative responsibilities within the institution and describe the extent of these responsibilities.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 3-5 in the Accreditation Standards for Dental Hygiene Education Programs.

- 3-6 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not be less than one to six. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to twelve to ensure the development of clinical competence and maximum protection of the patient, faculty and students.**

**Intent:**

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

Narrative Response and Documentation:

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

2. **If the teaching policy for the dental hygiene program is different from the institution's general policy, please explain.**
3. **Describe the institution's policy for release time for activities such as administrative duties, advising and counseling students, supervision of extramural clinical experiences and committee assignments.**

For additional guidance you may refer to "Examples of evidence to demonstrate compliance" following Standard 3-6 in the Accreditation Standards for Dental Hygiene Education Programs.

- 3-7 The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.**

**Part-time faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program.**

**All dental hygiene program faculty members must have:**

- a) **current knowledge of the specific subjects they are teaching.**
- b) **documented background in current educational methodology concepts consistent with teaching assignments.**
- c) **Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.**

**Intent:**

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

Narrative Response and Documentation:

1. **Using the format illustrated in Example Exhibit 15 (Biosketch), provide information requested for all full- and part-time dental hygiene faculty members, supervising dentists, and adjuncts (excluding guest lecturers) for the current academic year including any summer sessions.**
2. **Describe the program's faculty orientation and calibration activities**
3. **As an exhibit, provide a description of the role of the dentist during clinical sessions.**

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

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

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Does the institution offer a planned faculty development program? If so, describe the program including the procedures faculty must follow to participate. Is the plan financially supported by the institution?**
- 2. In what ways are members of the faculty encouraged to attend meetings of professional organizations?**
- 3. Describe the in-service programs that have been presented to full- and part-time dental hygiene faculty during the past two years. Include a list of faculty who participated. If faculty members are located at distance sites, explain how faculty members are provided the same opportunities as faculty at the primary program location.**
- 4. Describe the availability of continuing education courses for faculty in the community.**

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

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

**Intent:**

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

Narrative Response:

- 1. Describe the criteria used in evaluating full- and part-time faculty, including faculty at distance sites. Who determines the criteria and what input do faculty members have in the process?**
- 2. How often and by whom are faculty evaluated and how are the evaluative data used? Does the evaluation include clinical as well as didactic criteria?**
- 3. If the criteria used to evaluate the program administrator is different from that used to evaluate faculty members, please explain.**
- 4. How often and by whom is the program administrator evaluated, and how are the evaluative data used?**
- 5. How are results of faculty members' evaluations communicated to the individual being evaluated?**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 3-9 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

Narrative Response:

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

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 3-10 in the Accreditation Standards for Dental Hygiene Education Programs.

## Support Staff

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Specify the secretarial and clerical support services provided for the dental hygiene program. How many full-time positions are designated solely for the program?**
- 2. Describe any support provided by a centralized clerical/duplicating service? If centralized service is available, describe procedures necessary for faculty to utilize the service?**
- 3. List the support services provided by the institution to the dental hygiene program, e.g., custodial, maintenance, instructional, audiovisual.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 3-11 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

Narrative Response and Documentation:

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

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 3-12 in the Accreditation Standards for Dental Hygiene Education Programs.

## STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

### Facilities

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

### Clinical Facilities

**The dental hygiene facilities must include the following:**

- a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;**
- b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);**
- c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;**
- d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;**
- e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;**
- f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;**
- g) space and furnishings for patient reception and waiting provided adjacent to the clinic;**
- h) patient records kept in an area assuring safety and confidentiality.**

**Intent:**

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

Narrative Response and Documentation:

- 1. In what year was the program facility constructed and/or last remodeled? What provisions exist to accommodate disabled persons?**

2. **What procedures have been established for assessing program facilities and equipment in relation to current concepts of dental and dental hygiene practice? Who is responsible for the assessment and how often does it take place? What is the program's long-range plan for maintaining, replacing and adding equipment?**
3. **How many complete, functional treatment areas are there in the clinic used for preclinical and clinical instruction in patient care? (An exhibit should detail the size and shape of the facilities.)**
4. **List the type and quantity of major equipment provided in each treatment area in the dental hygiene clinic.**
5. **As an exhibit, identify the type and quantity of instruments and small equipment available to each student. Indicate which items are purchased by students.**
6. **Identify the type, quantity and capacity of equipment utilized to sterilize and disinfect instruments, small equipment and supplies.**
7. **If the clinic is shared with other program(s), how many hours per week is it used by the each program? How many treatment areas are used each session? What procedures have been established for scheduling utilization of the clinic?**
8. **Describe how students at each program location(s) receive equivalent clinical experience. Explain the difference between clinic operation at the parent program and the off-campus site(s).**

### **Radiography Facilities**

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

**The radiography facilities must contain the following:**

- a) **an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;**
- b) **modern processing and/or scanning equipment;**
- c) **an area for mounting and viewing radiographs;**
- d) **documentation of compliance with applicable local, state and federal regulations.**

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

**Intent:**

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

**Narrative Response and Documentation:**

- 1. How many radiography units are there for taking intraoral radiographic surveys? Of this number, how many are separate from the general treatment area(s)? How many are accessible to students in clinic? (An exhibit should detail the size and shape of the facilities including the radiographic and laboratory facilities.) If applicable, provide the same information for distance education sites.**
- 2. With respect to equipment used for radiography instruction and practice:**
  - a. Identify the type(s) and date of manufacture of the radiography units.**
  - b. Describe the extension tubes available for each radiography unit.**
  - c. Identify the method utilized to determine whether the units are adequately filtered and collimated.**
  - d. Identify the type(s) and quantity of manikins provided.**
  - e. Identify the type(s) and quantity of mechanical devices utilized as aids in making acceptable radiographs.**
  - f. Specify the type(s) and quantity of devices which provide protection from ionizing radiation.**
  - g. Identify the type(s) and quantity of devices utilized to monitor the emission of ionizing radiation.**
- 3. What specific features in the design of, and equipment in, the exposure rooms provide protection from ionizing radiation.**
- 4. Identify the type(s) and quantity of processing equipment provided.**
- 5. What area is designated for mounting and viewing radiographs? How many students can be accommodated simultaneously? How many viewboxes are provided for use during patient treatment and where are they located?**

**Laboratory Facilities**

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

**Laboratory facilities must contain the following:**

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

**Intent:**

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

Narrative Response:

1. **How many work areas (student stations) are there in the laboratory(s) used for instruction in dental science courses such as dental materials?**
2. **List the type(s) and quantity of equipment provided for each work area.**
3. **List the type(s), number and location of general use equipment and instruments such as lathes, model trimmers and vibrators.**

### **Extended Campus Facilities**

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

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

- h) the policies and procedures of the facility are compatible with the goals of the educational program.**

Narrative Response and Documentation:

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

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

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

### **Classroom Space**

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

**Intent:**

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

Narrative Response:

- 1. Are classrooms assigned exclusively to the dental hygiene program? If not, what arrangements have been made to ensure the availability of a classroom for the programs?**
- 2. Indicate the capacity of the classroom(s) utilized by the programs. Describe the equipment available in each classroom to support instruction.**

### **Office Space**

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

**Intent:**

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

Narrative Response:

1. **Specify the number, capacity and location of faculty and staff offices.**
2. **Describe the space available for securing student and program records.**
3. **Describe the manner in which records of student work in the program are maintained.**
4. **Describe the way in which confidentiality of and access to student records are ensured.**

### Learning Resources

- 4-7 Instructional aids and equipment must be provided for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.**

**Intent:**

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

Narrative Response and Documentation:

1. **Where is the major collection of books and periodicals related to dental hygiene retained? If the major collection is housed in the central library or database, is a separate collection of books and periodicals related to dental hygiene retained in the program's facilities?**
2. **Specify the hours that the library is available to students and faculty.**
3. **Do students and faculty have access to additional libraries and on-line/electronic sources? If so, describe the mechanism or agreement.**

4. List the specialized reference texts available for the dental hygiene program's utilization, e.g., medical and dental dictionaries and indices.
5. As an exhibit, provide a list of periodicals/periodical databases related to dental hygiene and general and specialty dentistry that are available for student and faculty reference. Group the listing into categories, i.e., dentistry, dental hygiene and other related subject areas.
6. Describe the procedure for updating and expanding library holdings. Identify the individuals involved by name and title.
7. Briefly describe the instructional aids used in the program, i.e., skeletal and anatomical models and replicas, slides and videos which depict current techniques.
8. Discuss how and to what extent self-instructional materials are utilized in the dental hygiene program.
9. Describe the accessibility of instructional resources to dental hygiene students, including the hours of availability.
10. Describe the computer lab facility, if applicable.

For additional guidance you may refer to "Examples of evidence to demonstrate compliance" following Standard 4-7 in the Accreditation Standards for Dental Hygiene Education Programs.

### Student Services

- 4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.**

**Intent:**

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

Narrative Response

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

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 4-8 in the Accreditation Standards for Dental Hygiene Education Programs.

## STANDARD 5 - HEALTH AND SAFETY PROVISIONS

### Infectious Disease/Radiation Management

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

**Intent:**

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

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

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

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

Narrative Response and Documentation:

- 1. As an Exhibit, provide policies and procedures related to radiation hygiene and protection and ionizing radiation.**
- 2. As an Exhibit, provide policies and procedures related to infection and hazardous control.**
- 3. As an Exhibit, provide policies and procedures related to bloodborne and infectious disease(s).**
- 4. How does the program monitor policies on radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases for continuous compliance?**

5. **How are these policies on radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases provided to students, faculty and appropriate staff?**
6. **Describe the program's policies on:**
  - a. **Selection criteria for radiographic patients;**
  - b. **Frequency of exposing radiographs on patients;**
  - c. **Retaking radiographs; and**
  - d. **Exposing radiographs for diagnostic purposes.**
7. **Describe how students acquire an understanding of radiation safety prior to exposing radiographs on patients.**
8. **Describe how patient radiographs are used:**
  - a. **While patient services are being provided**
  - b. **For integration of radiography with clinical procedures.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 5-1 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

Narrative Response:

*Note: Do not include Patient Protected Health Information (including any student, faculty, or support staff). Please refer to the EOIPP for additional clarification and penalty fee information.*

1. **Explain how students are encouraged to be immunized against and/or tested for infectious disease(s)?**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 5-2 in the Accreditation Standards for Dental Hygiene Education Programs.

## Emergency Management

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

Narrative Response and Documentation:

- 1. As an exhibit, provide preclinical/clinical/laboratory protocols that have been developed related to the management of emergencies.**
- 2. How and when are these protocols provided to all students, faculty and appropriate staff?**
- 3. Describe how the program ensures faculty, staff and students are prepared to assist with the management of emergencies.**
- 4. Identify and describe the location of the emergency materials and equipment available for use in the dental hygiene clinic.**
- 5. Describe how the emergency equipment is monitored to assure it is functional.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 5-3 in the Accreditation Standards for Dental Hygiene Education Programs.

## STANDARD 6 - PATIENT CARE SERVICES

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Describe procedures used to accept patients for treatment in the program's clinic.**
- 2. Describe the scope of dental hygiene care available at the program's facility. As an exhibit, include the current clinical services form(s).**
- 3. Explain the mechanism by which patients are advised of their treatment needs and referred for procedures that cannot be provided by the program.**
- 4. Describe how the dental hygiene treatment plans are presented and approved by faculty.**
- 5. Explain the program's recall policies and procedures.**
- 6. As an exhibit, include a blank initial patient screening form.**
- 7. As an exhibit, include a blank client consent form, physician's consultation form and dental referral form.**

For additional guidance you may refer to "Examples of evidence to demonstrate compliance" following Standard 6-1 in the Accreditation Standards for Dental Hygiene Education Programs.

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

- a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;**
- b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;**
- c) mechanisms to determine the cause of treatment deficiencies;**

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Describe the program's formal written patient care quality assurance plan.**
- 2. Describe the process to review a representative sample of patients and patient records.**
- 3. As an exhibit, include the patient record audit form.**
- 4. Describe how patient treatment deficiencies are identified and corrected.**
- 5. Identify the policies and procedures used to track completed patients and ensure active patients are completed.**
- 6. Identify any changes made to clinic policies and/or procedures based on quality assurance program outcomes. As an exhibit, include the quality assurance reports.**
- 7. Discuss how the program assesses patients' perceptions of quality of care. Describe the mechanisms to handle patient complaints. As an exhibit, include the patient satisfaction survey instruments and data results.**

For additional guidance you may refer to "Examples of evidence to demonstrate compliance" following Standard 6-2 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Describe policies and procedures relative to patient assignment strategies.**
- 2. Discuss all efforts made to ensure students can complete clinical patient requirements.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 6-3 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

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

Narrative Response and Documentation:

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

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

**Intent:**

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

Narrative Response and Documentation:

- 1. Describe the program’s policy regarding basic life support recognition (certification) for students, faculty and support staff who are involved in the direct provision of patient care. Provide a copy of the policy as an exhibit.**
- 2. How does the program ensure that continuous recognition/certification in CPR with AED for all students, faculty and support staff is maintained**

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

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

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 6-5 in the Accreditation Standards for Dental Hygiene Education Programs.

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

**Intent:**

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

Narrative Response:

**1. Describe how patient confidentiality is maintained.**

# Conclusions and Summary of the Self-Study Report

**Note:** *This summary culminates the self-study report in a qualitative appraisal and analysis of the program's strengths and weaknesses.*

## **STANDARD 1 - INSTITUTIONAL EFFECTIVENESS**

1. Provide an evaluation of the assessment process. Discuss the effectiveness of the program relative to student achievement.
2. Assess the stability of the program's fiscal support as anticipated over the next several years.
3. Assess how financial support affects achievement of program goals.
4. Evaluate the overall effectiveness of the professional community liaison of its interactions with the dental hygiene program in providing information on dental and dental hygiene practice and employment needs, and helping the program meet its objectives.

## **STANDARD 2 - EDUCATIONAL PROGRAM**

1. Evaluate the admissions criteria relative to student achievement and program completion rates.
2. Assess the effectiveness of policies and methods used for the award of advanced standing credit. Do they effectively result in equivalent student competence?
3. Describe any concerns related to enrollment trends.
4. Evaluate the extent to which the program goals and objectives provide for the ongoing inclusion of scientific advancement and innovations in dental hygiene practice and health care systems.
5. Explain the rationale for the overall curriculum structure and sequence.
6. Appraise students' ability to evaluate the outcome of dental hygiene care through experience with maintenance or continuing care appointments for clinic patients.

## **STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF**

1. To what extent does the program administrator have authority commensurate with his/her responsibilities to support the goals and objectives of the dental hygiene program?

2. Summarize and provide examples of the program director's authority to make decisions regarding continuous coordination, evaluation and development of the dental hygiene program.
3. Evaluate the adequacy of the number of program faculty, and scheduling flexibility to achieve program goals.
4. Assess the extent to which provisions for faculty appointments ensure that faculty will have non-teaching time to evaluate the program and institute changes on a continuing basis.
5. To what extent do laboratory, preclinical and clinical faculty/student ratios enable the program to achieve its objectives?
6. To what degree do faculty workloads allow for effective supervision of exceptional and/or slow students?
7. Assess the effectiveness of the current arrangements for the dentist(s) who provide(s) supervisory, diagnostic, consultative and referral services for the dental hygiene clinic.
8. Assess the effectiveness of the faculty evaluation system.
9. Explain the extent to which the institution/program support the endeavors of faculty to meet and maintain qualifications listed within the standards.
10. Evaluate the adequacy of support services available to the program.

#### **STANDARD 4 - EDUCATIONAL SUPPORT SERVICES**

1. Assess the advantages and disadvantages of the capacity, design, and scheduling of clinical, laboratory and classroom facilities and equipment.
2. Evaluate the adequacy of the facilities and scheduling flexibility to achieve program goals and objectives.
3. Assess the advantages and disadvantages of the capacity, design and scheduling of the clinical facility and equipment in relation to the attainment of program goals and provision of adequate clinical practice experiences for all dental hygiene students.
4. Evaluate the comprehensiveness, diversity, currency and quality of the texts and periodicals pertaining to dentistry and dental hygiene that are available for use.
5. Assess the budget available to purchase instructional aids and equipment.
6. Summarize and evaluate the effectiveness of all program support services.

## **STANDARD 5 - HEALTH AND SAFETY PROVISIONS**

1. Assess the effectiveness of the institution's policies and procedures in ensuring a safe environment for patients, students, faculty and staff: a) infectious diseases; b) ionizing radiation; and, c) sterilizing and disinfecting equipment and procedures in relation to practicing current infection and hazard control.
2. Evaluate the adequacy of the emergency equipment and materials in relation to instruction in managing dental emergencies. Assess the effectiveness of the program's policies and resources relative to emergencies.

## **STANDARD 6 - PATIENT CARE SERVICES**

1. Evaluate the extent to which the program provides quality dental hygiene care.
2. Assess the program's effectiveness in ensuring the continuous basic life support recognition of all students, faculty and staff who are involved in the direct provision of patient care.

## **Examples of Selected Exhibits**

All Exhibits included in the completed Self-Study Report should be **numbered** sequentially. Exhibit numbers in the completed document will not correspond to the example exhibit numbers provided in this Self-Study Guide.

### **Standard 1 – Institutional Effectiveness**

**Example Exhibit 1**  
**Example Exhibit 2**  
**Example Exhibit 3**  
**Example Exhibit 4**  
**Example Exhibit 5**

### **Standard 2 – Educational Program**

**Example Exhibit 6**  
**Example Exhibit 7**  
**Example Exhibit 8**  
**Example Exhibit 9**  
**Example Exhibit 10**  
**Example Exhibit 11**  
**Example Exhibit 12**  
**Example Exhibit 13**  
**Example Exhibit 16**  
**Example Exhibit 17**

### **Standard 3 – Administration, Faculty and Staff**

**Example Exhibit 14**  
**Example Exhibit 15**

## Example Exhibit 1

Using the following format or another format that describes similar information, list the program's specific goals and objectives and outline the outcomes assessment process that the program utilizes.

	<b>Objective</b>	<b>Action Step</b>	<b>Monitoring Mechanism</b>	<b>Evaluating Mechanisms</b>	<b>When Evaluated</b>	<b>Who Collects Data</b>	<b>Who Assesses Data</b>	<b>Results</b>	<b>Resulting Action</b>	<b>Program Improvement as a result of data analysis</b>
Goal #1										
Goal #2										
Goal #3										
Goal #4										

## EXAMPLE EXHIBIT 2

Using the following format, identify the sources of fiscal support for the program and the percentage of the program's total budget that each source constitutes:

Current fiscal year: \_\_\_\_\_

A. State support \$ \_\_\_\_\_ %

B. Local support \$ \_\_\_\_\_ %

C. Grant

federal \$ \_\_\_\_\_ %

state \$ \_\_\_\_\_ %

local \$ \_\_\_\_\_ %

private \$ \_\_\_\_\_ %

D. Student tuition \$ \_\_\_\_\_ %

E. Outside Entities \$ \_\_\_\_\_ %

\_\_\_\_\_  
(specify)  
F. Other \$ \_\_\_\_\_ %

\_\_\_\_\_  
(specify)

TOTAL \$ \_\_\_\_\_ 100%

### EXAMPLE EXHIBIT 3

Using the following form, provide information on the dental hygiene program's budget for the previous, current and ensuing fiscal years.

	Previous Year 20__ to 20__	Current Year 20__ to 20__	Ensuing Year 20__ to 20__
I. Capital Expenditures			
A. Construction	\$ _____	\$ _____	\$ _____
B. Equipment			
1. Clinic (dental unit, chair, etc.)	_____	_____	_____
2. Radiography (including darkroom)	_____	_____	_____
3. Laboratory	_____	_____	_____
4. Locker Room	_____	_____	_____
5. Reception Room	_____	_____	_____
6. Faculty & Staff offices	_____	_____	_____
7. Instructional equipment	_____	_____	_____
8. Other (specify) _____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____
II. Non-capital expenditures			
A. Instructional materials, e.g., slides, films	\$ _____	\$ _____	\$ _____
B. Clinic supplies	_____	_____	_____
C. Laboratory supplies	_____	_____	_____
D. Office supplies	_____	_____	_____
E. Program library collection			
1. Institutional	_____	_____	_____
2. Departmental	_____	_____	_____
F. Equipment maintenance and replacement	_____	_____	_____
G. Other (specify) _____	_____	_____	_____
_____	_____	_____	_____
_____	\$ _____	\$ _____	\$ _____
TOTAL			
III. Faculty			
A. Salaries	\$ _____	\$ _____	\$ _____
B. Benefits	_____	_____	_____
C. Professional Development	_____	_____	_____
D. Travel for Student Supervision	_____	_____	_____
E. Other (specify) _____	_____	_____	_____
_____	_____	_____	_____
_____	\$ _____	\$ _____	\$ _____
TOTAL			
IV. Staff			
A. Secretarial Support	\$ _____	\$ _____	\$ _____
B. Other (specify) _____	_____	_____	_____
_____	_____	_____	_____
_____	\$ _____	\$ _____	\$ _____
TOTAL			
V. Other Categories, if any (specify) _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	\$ _____	\$ _____	\$ _____
TOTAL			
GRAND TOTAL	\$ _____	\$ _____	\$ _____

## EXAMPLE EXHIBIT 4

Provide the actual dental hygiene expenditures for the previous year using the following form.

	Previous Year 20__ to 20__
I. Capital Expenditures	
A. Construction	\$ _____
B. Equipment	_____
1. Clinic (dental unit, chair, etc.)	_____
2. Radiography (including darkroom)	_____
3. Laboratory	_____
4. Locker Room	_____
5. Reception Room	_____
6. Faculty & staff offices	_____
7. Instructional equipment	_____
8. Other (specify) _____	_____
_____	\$ _____
TOTAL	
II. Non-capital Expenditures	
A. Instructional materials, e.g., slides, films	\$ _____
B. Clinic Supplies	_____
C. Laboratory supplies	_____
D. Office supplies	_____
E. Program library collection	_____
1. Institutional	_____
2. Departmental	_____
F. Equipment maintenance and replacement	_____
G. Other (specify) _____	_____
_____	\$ _____
TOTAL	
III. Faculty	
A. Salaries	\$ _____
B. Benefits	_____
C. Professional Development	_____
D. Travel for Student Supervision	_____
E. Other (specify) _____	_____
_____	\$ _____
TOTAL	
IV. Staff	
A. Secretarial Support	\$ _____
B. Other (specify) _____	_____
_____	\$ _____
TOTAL	
V. Other Categories, if any (specify) _____	\$ _____
_____	_____
TOTAL	\$ _____
GRAND TOTAL	\$ _____

## EXAMPLE EXHIBIT 5

Provide information in the salary schedule for full-time and part-time faculty for the current year. If appropriate, use the following format.

### FULL-TIME FACULTY

Categories of Faculty Rank	INSTITUTION			DENTAL HYGIENE PROGRAM		
	Minimum	Average	Maximum	Minimum	Average	Maximum

### PART-TIME FACULTY

Categories of Faculty Rank	INSTITUTION			DENTAL HYGIENE PROGRAM		
	Minimum	Average	Maximum	Minimum	Average	Maximum

## EXAMPLE EXHIBIT 6

Using the format illustrated below, provide enrollment data for the program during the current and four preceding years. If classes are admitted more than once a year, indicate admissions by each admission interval.

**Note:** Programs with multiple enrollment starts per year must provide enrollment and attrition data for each group of students enrolled. Please modify the below chart to reflect this information.

	Preceding Years				Current Year (recently admitted class)
	20__	20__	20__	20__	20__
Number of Applicants (submitted required credentials)					
Met the Minimum Admission Criteria					
Number Offered Admission					
Total Number Enrolled					
Number Enrolled with Advanced Standing					
Number Completed					
Percentage Completed	%	%	%	%	%

Using the format illustrated below, indicate the number of students who withdrew or were dismissed from the program during the current and four preceding years.

Program Non-Completion Reasons	REASON FOR WITHDRAWAL			
	ACADEMIC PROBLEMS	LACK OF INTEREST	PERSONAL/ FINANCIAL ISSUES	OTHER (SPECIFY)
1. Academic Year Enrollment (20__)				
2. Academic Year Enrollment (20__)				
TOTAL				

## Example Exhibit 7

For programs that have multiple enrollment starts **only**: Please complete Example Exhibit 7 for each requested calendar year. Identify the class, number of students and the start and end dates. This is an example. Modify the Exhibit as appropriate.

**As an example:**

Previous Year: 2012\_\_

January	February	March	April	May	June	July	August	September	October	November	December
Class 1 (20 students): start February 2, 2012 and graduates November 31, 2013											
						Class 2 (22 students): start June 2, 2012 and graduate April 30, 2014					
									Class 3 (15 students): starts October 31, 2012 and graduates September 1, 2014		

Current Year: 2013\_\_

January	February	March	April	May	June	July	August	September	October	November	December
Class 1 (20 students): start February 2, 2012 and graduates December 1, 2013											
Class 2 (22 students): start June 2, 2012 and graduate April 30, 2014											
Class 3 (15 students): starts October 31, 2012 and graduates September 1, 2014											
Class 4 (20 students): start February 2, 2013 and graduates December 1, 2014											
						Class 5 (22 students): start June 2, 2013 and graduate April 30, 2015					
									Class 6 (15 students): starts October 31, 2013 and graduates September 1, 2015		

Following Year: 2014\_\_

January	February	March	April	May	June	July	August	September	October	November	December
Class 2 (22 students): start June 2, 2012 and graduate April 30, 2014											
Class 3 (15 students): starts October 31, 2012 and graduates September 1, 2014											
Class 4 (20 students): start February 2, 2013 and graduates December 1, 2014											
Class 5 (22 students): start June 2, 2013 and graduate April 30, 2015											
Class 6 (15 students): starts October 31, 2013 and graduates September 1, 2015											

## EXAMPLE EXHIBIT 8

Outline the sequence of the dental hygiene curriculum as illustrated below. This is an EXAMPLE. If the program delivery structure is different, please modify to demonstrate the same information.

<u>Course Number</u>	<u>Course Title</u>	<u>Credit* Hours</u>	<u>Clock Hours/Week</u>			<u>Faculty/Student Ratio</u>			<u>Faculty Person Responsible</u>
			<u>Lec.</u>	<u>Lab.</u>	<u>Clinical</u>	<u>Lec.</u>	<u>Lab.</u>	<u>Clinic</u>	
<u>First Term:</u>									
BIO-105	Anatomy & Physiol. I	4	3	3	0	1:30	1:30	-----	Dr. Grey
CHE-105	Chem.-Health Sciences	4	3	3	0	1:30	1:30	-----	Ms. White
DEH-107	Dental	3	2	3	0	1:30	1:15	-----	Ms. Doe
DEH-117	Anatomy:Histol.	4	2	6	0	1:30	1:6	-----	Ms. Black
DEH-128	Preclinical DH I	2	3	2	0	1:30	1:6	-----	Ms. Doe
IDH-140	Dental Radiology	1	1	0	0	1:30	-----	-----	Ms. Nelson
	First Aid	18	14	17	0				
<u>Second Term:</u>									
BIO-106	Anatomy & Physiol. II	4	3	2	0	1:30	1:30	-----	Dr. Olson
BIO-108	Microbiology	4	3	3	0	1:30	1:30	-----	Ms. White
DEA-113	Radiology II	2	1	3	0	1:30	1:6	-----	Ms. Green
DEH-105	Dental Materials	2	1	3	0	1:30	1:15	-----	Ms. Doe
DEH-106	Elements of Nutrition	1	1	0	0	1:30	-----	-----	Ms. Adams
DEH-119	Preventive OHS II	4	2	0	8	1:30	-----	1:6	Ms. Doe
DEH-205	Head & Neck Anatomy	1	1	0	0	1:30	-----	-----	Dr. Allen
		18	12	11	8				
<u>Third Term:</u>									
<u>Fourth Term:</u>									
Total Number of Credit Hours		_____							

\*If the institution does not assign credit hours, do not complete this column.

## EXAMPLE EXHIBIT 9

List the various evaluation methods (paper/project, clinical evaluation, skills assessment, exam, etc.) used to measure **each** stated program competency. Please list all program competencies and identify all courses where the competency is addressed.

<b>Program Competency #1:</b>	
<b>Course Number Where Addressed</b>	<b>List Competency Measurement Method(s)</b>

<b>Program Competency #2:</b>	
<b>Course Number Where Addressed</b>	<b>List Competency Measurement Method(s)</b>

<b>Program Competency #3:</b>	
<b>Course Number Where Addressed</b>	<b>List Competency Measurement Method(s)</b>

<b>Program Competency #4:</b>	
<b>Course Number Where Addressed</b>	<b>List Competency Measurement Method(s)</b>



## EXAMPLE EXHIBIT 11

For each term provide a schedule of the dental hygiene courses as illustrated below. Include course number and name; faculty, setting (clinic, lab, classroom number); and number of students. Modify the exhibit as needed to account for multiple sections.

This is an **EXAMPLE**. Programs with multiple enrollment starts must modify the exhibit to provide the requested information. If there are multiple classes running concurrently, please modify the exhibit to clearly demonstrate the requested information below.

TERM: \_\_\_\_\_ 20\_\_  
(specify)

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00	A&P I 105 Lec. Dr. Grey Room 200 20 Students	Chem I 105 Lec. Ms. White Room 200 20 Students	A&P I 105 Lec. Dr. Grey Room 200 20 Students	Preclinical DH I 117 Lec. Ms. Black Room 201 20 Students	A&P 105 Lec. Dr. Grey Room 201 20 Students
10:00	Dent. Anat. 107 Lec. Ms. Doe Room 201 20 Students	↓	Dent. Anat. 107 Lec. Ms. Doe Room 200 20 Students	Ms. Doe Ms. Grey ↓	Dent. Rad. 188 Lab. Ms. Doe & Dr. Grey Clinic 10 Students
11:00	Dental Rad. 128 Lec. Ms. Doe Room 200 20 Students	↓	Dental Rad. 128 Lec. Ms. Doe Room 300 20 Students	↓	Dental Rad. 128 Lec. Ms. Doe Room 201 20 Students
1:00	Dental Rad. 128 Lec. Ms. Doe Room 201 20 Students	A&P 105 Lab. Dr. Grey Clinic 10 students		Dent. Anat. 107 Lec. Ms. Doe Room 201 20 Students	
2:00	Chem. 105 Lec. Ms. White Room 200 20 Students	↓	Chem. 105 Lec. Ms. White Room 300 20 Students	↓	Chem. 105 Lec. Ms. White Room 200 20 Students
3:00	Preclinical DH I 117 Lab. Ms. Black & Ms. Doe Clinic 10 Students	↓	Preclinical DHI I 117 Lab. Ms. Black & Dr. Doe Clinic 10 Students	↓	Preclinical DHI I 117 Lab. Ms. Black & Ms. Doe Clinic 10 Students

4:00	↓	First Aid 140 Lec. Ms. Nelson Room 200 20 Students			↓
5:00	↓	↓			↓

## Example Exhibit 12

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

CONTENT AREA	COURSE NO. & TITLE	CLOCK HRS. OF INSTRUCTION PROVIDED
<u>GENERAL EDUCATION:</u>		
Oral communications		
Written communications		
Psychology		
Sociology		
<u>BIOMEDICAL SCIENCES:</u>		
Anatomy		
Physiology		
Chemistry		
Biochemistry		
Microbiology		
Immunology		
General Pathology		
Nutrition		
Pharmacology		
<u>DENTAL SCIENCES:</u>		
Tooth morphology		
Head, neck and oral anatomy		
Oral embryology and histology		
Oral pathology		
Radiography		
Periodontology		
Pain management		
Dental materials		
<u>DENTAL HYGIENE SCIENCES:</u>		
Oral health education/preventive counseling		
Health Promotion		
Patient management		
Clinical dental hygiene		
Provision of services for and management of patients with special needs		
Community dental/oral health		
Medical and dental emergencies		
Basic life support		
Legal and ethical aspects of dental hygiene practice		
Infection and hazard control management		
Provision of oral health care services to patients with bloodborne infectious diseases		
Other (specify)		
<b>TOTAL CLOCK HOURS IN CURRICULUM:</b>		

## Example Exhibit 13

Using the format illustrated below, list the preclinical and clinical courses which provide the major instruction in the following patient care competencies provided in the program. Provide the program requirements (if defined by the program; i.e. number of times each student must complete each service) and the most recent dental hygiene class's average for performing each area identified. If the program has not defined numerical requirements, describe the minimum number of performances for completing the preclinical and clinical courses.

<i>Clinical DH Services provided by the program</i>	<i>Laboratory/Preclinical Course No. &amp; Title</i>	<i>Clinical Course No. &amp; Title</i>	<i>Program Requirements</i>	<i>Average</i>
<b><u>Assessment</u></b>				
<b><u>Planning</u></b>				
<b><u>Implementation</u></b>				
<b><u>Evaluation</u></b>				
<b><u>Documentation</u></b>				

## Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member _____ Term _____ 20_____				
Full- or Part-time appointment: _____				
<b>A. <u>Teaching Contact Hours</u></b>			<b>B. <u>Supplemental Responsibilities</u></b>	
Course No. and Title	Clock Hrs./Week Lec. Lab. Clinic			<u>Clock Hrs./Week</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL HRS/WEEK</b>	_____	_____	_____	<b>TOTAL HRS/WEEK</b> _____
Hours per week devoted to Total Effort (A+B)				_____

## EXAMPLE EXHIBIT 15

**Commission on Dental Accreditation  
Allied BioSketch  
Do not attach Curriculum Vitae.  
Print or Type Only**

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

**Current Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**EDUCATIONAL BACKGROUND (Begin with college level)**

Name of School, City and State	Yr of Grad.	Certificate or Degree	Area of Study

**LICENSURE & CREDENTIALING (Do not include license number)**

State License (if applicable)	From (Year)	To (Year)
DDS		
CDA		
RDH		
CDT		
CPR		

**SELECT RELATED CE COURSES (most recent)**

Course Title	Course Content and Provider	Month and Year

**TEACHING APPOINTMENTS (Begin with current)**

Name of Institution, City and State	Appointment Title	Specify Full-Time/ Part-Time/ Adjunct/ Clinical/ Didactic/ Content Areas Taught	From (Year)	To (Year)

**CURRENT TEACHING RESPONSIBILITIES**

Name of Institution, City, State	Course Number and Title	Discipline and Level of Students (Year)	Total Contact Hours Per Year	
			Didactic	Clinic/Laboratory

**SELECT RELATED EDUCATION METHODOLOGY COURSES (most recent)**

Course Title	Course Content and Provider	Month and Year

**PRACTICE EXPERIENCE**

Practice Location and Type (City and State)	Position Title	From (Year)	To (Year)

## EXAMPLE EXHIBIT 16

Using the format illustrated below, list the **state-specific additional dental hygiene functions** that are not otherwise specified in the DH Standards, but are included in the dental hygiene curriculum. For each skill or function indicate the course(s) where content is presented and specify the level of instruction.

<p>STATE-ALLOWED ADDITIONAL DH FUNCTIONS (WITHIN INITIAL LICENSURE)*</p> <p><small>*Do not include any functions that require post-licensure or additional certification. Do not include basic, remediable dental assisting or laboratory functions that are embedded within dental hygiene licensure.</small></p> <p>(Examples below)</p>	<p>Course(s) where didactic content is presented</p>	<p>Course(s) where preclinical competence is demonstrated</p>	<p>Course(s) where clinical competence is demonstrated</p>
<i>Local Anesthesia</i>	<i>DHE 355 Pain Management Concepts</i>	<i>DHE 355L Pain Management Laboratory</i>	<i>DHE 355L Pain Management Laboratory, DHE 320 Clinical Dental Hygiene III</i>
<i>Administer Nitrous Oxide Oxygen Analgesia</i>	<i>DHE 320 Clinical Dental Hygiene III</i>	<i>DHE 325 Clinical Dental Hygiene IV</i>	<i>DHE 325 Clinical Dental Hygiene IV</i>

### EXAMPLE EXHIBIT 17

State-specific additional dental hygiene skills and functions must be presented at the level, depth, and scope specified by the state. (Do not include skills/functions that are *optional* or require additional education and/or additional certification)

	Allowed by DPA? (Yes/No)	Instruction specified in DPA? (Y or N)	(if Yes) DPA Instructional Requirements for:			
			Didactic	Lab	Preclinical	Clinical
<i>Ex: Local Anesthesia-Administer</i>	<i>Ex: Y</i>	<i>Ex: Y</i>	<i>Ex: 20 hours</i>		<i>Ex: 10 hours</i>	<i>5 ea ASA, MSA, PSA, IAN, etc.</i>
Apply Sealants						
Bleaching agents in-office, application						
Bonding agent, apply						
Cavity liners and bases, apply						
Local Anesthesia-Administer						
Nitrous Oxide-Oxygen Analgesia-Administer						
Nitrous Oxide-Oxygen Analgesia-Monitor						
Place/carve/finish amalgam restoration						
Place/finish composite resin silicate restoration						
Place/remove temporary crowns						
Temporary/interim restorations, place						
Temporary/interim restorations, remove						

Other: (Please specify)	Allowed by DPA? (Yes/No)	Instruction specified in DPA? (Y or N)	Time allocated in:			
			Didactic	Lab	Preclinical	Clinical

# Protocol for Conducting a Site Visit

Introduction: The Commission recognizes that there may be considerable latitude in determining procedures and methodology for site visits. Experience has shown that the conference method for conducting a site visit is widely favored and has been found most satisfactory.

Conferences with administrators and faculty should be scheduled in an adequately-sized and well-ventilated meeting room with a conference table which is large enough to accommodate the visiting committee and faculty member participants. It is suggested that all conferences be scheduled for the same room. If more than one program is to be evaluated, an additional conference room for each program (within close proximity) will be required.

Briefing Faculty, Students and the Advisory Committee on the Site Visit: It is presumed that the program's faculty, student body and advisory committee will be apprised of the Commission's visit. The program administrator should inform the faculty that they will be expected to explain course objectives, teaching methods, particular skills and abilities expected of students upon completion of the course and the measures used to evaluate student performance.

Focus of the Accreditation Review: Commission action on accreditation status is based upon the program in operation at the time of the site visit. It is not based upon any proposed changes in the program. The visiting committee will, however, expect to be apprised of any facility, faculty or curricular changes that are contemplated but not yet implemented.

Resources/Materials Available on Site: It is expected that the additional sources of information will be made available to the visiting committee on site. Materials may include:

- Current School Catalog
- Admissions Materials provided to students
- Handbooks, manuals, guides
- Promotional Materials
- Samples of Instructional Aids
- Samples of students'
  - projects
  - text books
  - assignments
- Record of Student Complaints
- Copy of State Practice Act
- Business Associate Agreement
- Minutes of advisory, curriculum and faculty meetings

Visiting Committee Schedule: While it is expected that all arrangements will be determined by the program administrator, experience indicates that administrators welcome suggestions by the Commission for the conduct of site visits. Although a more detailed suggested schedule of conferences will be forwarded to the program administrator prior to the scheduled visit, the Commission expects that an evaluation visit will include the following components:

1. An opening conference with the appropriate institutional administrators and program administrator the morning of the first day of the visit to include an overview and description of the institution and its programs. The purpose of this initial conference is to orient visiting committee members to a school's particular strengths and weaknesses. This session is also intended to orient the administrators and program administrator to the methods and procedures of the visiting committee. Topics frequently covered in this session include: program goals, administration, faculty recruitment and evaluation, finances, facilities, curriculum development, assessment of outcomes, long-term planning and program development.
2. Tours of the program facilities and related learning resources facilities.
3. Conferences with dental hygiene faculty who have teaching or administrative responsibilities for the program.
4. A student conference session in which all students from each class of the current program are invited to meet with the visiting committee. The purpose of these student interviews is to determine general reactions to the program and to learn whether the students understand the objectives of the various courses. Faculty members should not be included.
5. Meeting of the program advisory committee with the visiting committee. It is suggested that a luncheon or breakfast meeting on the first day of the visit be planned. Following the meal function, the visiting committee will wish to meet privately with the advisory committee to learn about the community's involvement with the program. Faculty members should not be included.
6. If the program utilizes an extended campus facility(ies) for clinical experience, the visiting committee will wish to visit this facility. If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission's Policy on Accreditation of Off-Campus Sites found in the Evaluation and Operational Policies and Procedures manual (EOPP).
7. A final conference, with the administrator of the program will be conducted on the last day of the visit. The visiting committee will, at that time, summarize its recommendations relating to the educational program. The program administrator may choose to include other individuals, such as faculty members, in the final conference.
8. Following the final conference with the program administrator, another conference, with the institution's chief executive officer, will be conducted. The visiting committee will report briefly on the findings and recommendations related to the evaluation. Such a meeting also affords the chief executive officer an opportunity to relate plans for the entire institution that will involve the dental program. The administrator of the program is usually present during the conference with the institution's administrator(s).

Guidelines and Protocol for the Site Visit: The Commission has approved the following guidelines for visiting committee members describing their responsibilities during site visits.

1. Committee members cannot accept social invitations from host administrators. The Commission believes firmly that the primary function of a visiting committee is program evaluation and review.
2. Self-study reports are mailed to committee members at least 60 days prior to a site visit. Committee members are expected to review all materials and to be familiar with academic and administrative aspects of the program as described in the self-study report prior to the site visit.
3. Committee members meet in executive sessions to review, evaluate and discuss all aspects of the program. An executive session is generally held in the evening preceding the first day of the site visit and at scheduled intervals during the site visit.
4. Although committee members discuss general findings and recommendations with the administrator during the final conference, a decision regarding the accreditation status of the education program will be made only by the Commission at its regularly scheduled meeting following discussion and in-depth review of the committee's report and the institution's response.



**Does your Self Study have ALL of the following?**

	A <b>Cover Page</b> that identifies the program for <u>each</u> physical book (also included in the digital copy)?
	<b>Sequential Page Numbers</b> throughout <u>each</u> physical book?
	A <b>Table of Contents</b> for <u>each</u> physical book that lists each document and the corresponding page number?
	A <b>Tab</b> for each standard, exhibit section (i.e. “Standard 1 Exhibits, etc.) and course in the curriculum?
	As few physical books as possible? <i>(Please note, for Allied Self Studies <b>ONLY</b>, the 200 page limit no longer applies. However, please make sure that Site Visitors will be able to easily navigate these physical books. Please limit your documents to what is requested to demonstrate compliance.)</i>
	<b>ONE</b> digital file (PDF or Word) per physical book submitted? <i>(Please note, for Allied Self Studies <b>ONLY</b>, the 20 MB file size limit no longer applies.)</i>
	<b>NO</b> active internet links?
	<b>NO</b> patient protected health information (PHI) or HIPAA identifiers as outlined in section 164.514 of the HIPAA Privacy Rule?*
	<b>NO</b> sensitive personally identifiable information (“PII”) such as social security numbers, drivers’ license numbers, credit card numbers, account numbers, etc.?*

\* If the program/institution submits documentation that does not comply with the directives on PHI and PII, CODA will assess a penalty fee of \$1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional \$1000 fee.

**If you have any questions regarding the formatting of your Self Study, please contact Betsey Palmer at [palmerb@ada.org](mailto:palmerb@ada.org) or 312-440-2675.**