

**Indiana University - Purdue University Fort Wayne
Program Reporting Template for Assessment
Assessment Report**

Degree or certificate: Associate

Program: Dental Hygiene Academic year: Fall 2010

| Direct/indirect measure | Program goals | Program outcomes | Assessment measures and criteria | Assessment Results | Use of Results | Effect(s) on the program |
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| Direct/Indirect | GOAL 1: Dental Hygiene students will apply principles from basic sciences, clinical, and social sciences to the delivery of dental hygiene services. | Dental Hygiene students will understand the principles from basic sciences, clinical, and social sciences and successfully apply them to the delivery of dental hygiene services in their clinical experiences. | Daily clinical performance evaluations. Patient satisfaction surveys. Direct observation of case presentations by clinical faculty. Scores on state and regional licensing examinations. | Total patient care is evaluated through the completion of process and end product evaluations, direct observation of competencies in a clinical setting, patient chart audits, and written feedback from dental clinic patients. Students must pass all didactic courses with a grade of 75% or higher and all clinical courses with a grade of 80% or higher to continue in the program. During the 2009-2010 academic year, 97% (or 58/60 students) passed all courses with a grade of C (80%) or higher. One student got a D (78%) in one course, and one student had to withdraw from the program due to medical reasons. Patient satisfaction surveys continue to be very positive. A copy of the results of 2009 surveys is available upon request. Comprehensive clinical case | A marked difference has been noted between the first year students who have completed Microbiology prior to coming in to the dental hygiene program, versus those students who take this course during the summer between the first and second year of the dental hygiene program, so we have altered our prerequisite courses. For the Most recent incoming class (Fall, 2010), we have made Microbiology a co-requisite, that must be completed during the summer prior to entrance into the dental hygiene professional courses. This should provide better preparation of the new 1 st year students for the academically rigorous dental hygiene courses that require a good working basis of bacteriology and asepsis. We hope this will help alleviate any academic concerns the students were experiencing in this area. Case presentations revealed | During the 2009-2010 academic year, dental hygiene faculty have continued to investigate various methods of objective and non-cognitive tests that could be utilized to aid in the selection of the incoming 1 st year dental hygiene class from the large pool of applicants. Selection of the most appropriate students that possess both the manual dexterity skills necessary for dental hygiene, as well as the social and scientific abilities to be successful in the rigorous didactic course work continues to be a challenge that we hope to reduce. This is necessary to achieve 100% pass rates on all licensing examinations each year. Any failures on licensing examinations by our graduates is disappointing, however failures do provide the motivation for the department to assess |

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| | | | | <p>presentations must be 100% accurate or no credit is given for the project. All 60 students completed one or more comprehensive clinical case presentations each semester with 100% accuracy.</p> <p>The Northeast Regional Board (NERB) pass rate for 2010 graduates was 100%. (Of the 29 IPFW graduates who took the exam, 27 passed the exam on the first try with a mean score of 95%. The other two students passed on their second attempts, with scores of 100%).</p> <p>Of the 29 graduates in this year's class, 96% of them passed the written National Board Exam on their first attempt. One student failed her first attempt and has not yet retaken the exam, and one student has not taken the exam at all yet due to personal reasons. By successfully completing the dental hygiene program, as well as the national and regional board examinations, 96% of the 2010 graduates are eligible to apply for licensure in 41 states.</p> <p>Graduates also scored well</p> | <p>enthusiastic and competent patient education information was being provided by the students. All 29 second year dental hygiene students completed three or more in-depth case presentations. All were directly observed by clinical faculty and were completed with 100% accuracy.</p> <p>Since the May, 2009 NERB results, in which an unprecedented six graduates failed Northeast Regional Board Exams on their first attempt due to skill difficulties in detecting/removing calculus deposits on their patients, the clinical faculty revised the Clinic II and Clinic III curricula to allow more chairside instructor evaluation time, as well as adding another Objective Structured Clinical Exam (OSCE) to the Clinic II course, to evaluate competency in the basic scaling and polishing techniques. The more satisfactory results in 2010 licensing exams appear to reinforce these changes.</p> <p>We have continued to train and calibrate clinical faculty and clinical instructors have been encouraged to assist students with their patient assessment skills, and calculus detection/removal</p> | <p>current clinical policies and to encourage more guidance in areas identified as deficient or incomplete.</p> <p>In an effort to increase the amount of time the clinical faculty has to offer individual guidance and instrumentation skills development during the clinical sessions, we have added one more dental hygienist to each clinical session. The clinical instructor ratios are now 5 students to 1 dental hygiene instructor.</p> <p>We now keep an advisor's notebook for clinical faculty use. Entries in the notebook track what type of assistance/chairside guidance has been received by each student through notes made by the faculty after these sessions. This allows for part-time faculty communication about the students' skills and more consistent advising.</p> <p>In 2009, the program continued the use of ICI (Individual Competency Instruction) for students. The student competencies were altered during the last two semesters to reinforce the fundamental skills of calculus detection with the dental explorer. Any deficiencies noted during</p> |
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| | | | | <p>on the 2010 Indiana and Ohio dental law examinations taken in June. Of the graduates completing the Indiana or Ohio dental law examination, 100% percent (28/28) passed on their first attempt.</p> | <p>skills. We have added peer assessment and self assessment processes to the initial clinical courses to help students master the skills of self assessment. Other methods of evaluating self-assessment and patient assessment skills are being investigated.</p> | <p>these competency exams require that the student seek individualized assistance and mentoring by program faculty during this ICI time. This final evaluation and mentoring process is designed to reinforce the need to continue to master and implement the “basic” skills, and help prepare the students for their clinical NERB Board Exams.</p> |
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| Direct/Indirect | <p>GOAL 2</p> <p>Dental Hygiene students will develop competence in assessing, planning, treating, and evaluating oral conditions and diseases.</p> | <p>Dental Hygiene students will practice and develop competence in assessing, planning, treating, and evaluating oral conditions and diseases.</p> | <p>Direct observation of patient assessment, evaluation of oral conditions, dental hygiene treatment planning, treatment of oral conditions and diseases, and re-evaluation of dental procedures completed via process and product performance competencies and end-product evaluations of total patient care in the clinical settings in DHYG H219, 301 and 302. All students must pass with a grade of "C" (80%) or better.</p> <p>Group project reports in DHYG H344 Senior Hygiene Seminar, a case-based course created to develop and improve critical thinking and patient assessment skills. Students must pass with a grade of "C" or better.</p> <p>National, state and regional licensing examination scores</p> | <p>A thorough evaluation of students' clinical skills by clinical faculty is vital to the success of the graduates of the IPFW Dental Hygiene Program. Graduates' failures on licensing exams, especially one that requires accurate patient assessment and critical thinking skills, demonstrate the need for continuing faculty calibration workshops and re-evaluation of clinical competency instruments and grading criteria. However, students also share responsibility for developing and practicing accurate self-assessment and critical thinking skills. 100% of students met or exceeded these criteria.</p> <p>All of the DHYG H344 Senior Hygiene Seminar students in 2010 passed this course (100%). This provides structured opportunities for students to practice assessing oral conditions/diseases and evaluating comprehensive cases using medical histories, periodontal charts, radiographs, and intra-oral photographs. Each case requires them to identify pertinent data, assess oral conditions, define learning outcomes, prepare appropriate treatment plans, and describe post-treatment assessment measures.</p> | <p>Faculty will continue to challenge students to carefully assess their patients' needs, evaluate the thoroughness of services performed, seek answers to questions themselves, and learn to rely on their own knowledge and judgment, especially as they near graduation. For graduates to become competent health care providers, self-assessment and critical thinking skills are vital.</p> <p>In 2010, the Indiana State Dental Code is in the final steps of the process of revision by the Indiana State Board of Dental Examiners to allow dental hygienists to administer local anesthesia. Our curriculum has been revised to meet the additional educational requirements necessary to pass the NERB exam on local anesthesia. We have instituted those curriculum changes, and hope to offer the local anesthesia portion of the NERB licensing exam here at IPFW next spring.</p> <p>The 2010 dental hygiene graduates scored above the national average in all sections of the National Board, including categories related to patient assessment, treatment planning, and post-treatment evaluation.</p> | <p>National, state, and regional board scores are discussed with students and faculty throughout each year. The anonymity of individual scores is always protected. Failures on licensing examinations identify a need for continued commitment for achieving consistency in clinical teaching and evaluating students' clinical skills. The dental hygiene program employs between 25-27 clinical faculty members each year, so achieving objective consistency among all of them will be an ongoing process. We held two faculty calibration sessions which targeted dental explorer and probe use. There are more scheduled next semester.</p> <p>To fine tune/focus students' abilities to connect the relationship between didactic knowledge and practical patient care, we have adapted the OSCE (Objective Structured Clinical Examinations) to include local anesthesia administration, accuracy in patient recordkeeping and radiograph evaluation. Monitoring and adaptation of these systems will continue this year.</p> |
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| Direct/Indirect | <p>GOAL 3</p> <p>Dental Hygiene students will develop effective communication skills.</p> | <p>Dental hygiene students will develop effective communication skills with their patients, classmates, instructors, and local community members.</p> | <p>In-depth case presentations must be completed with 100% accuracy.</p> <p>Service learning and community dental hygiene presentation evaluations are completed as part of DHYG H347 Dental Public Health and DHYG H309 Practice of Community Dental Hygiene. These classes must be passed with a grade of “C” (80%) or better.</p> <p>Partnerships with community agencies and organizations to provide diverse opportunities for community health presentations. Student presentations are evaluated by the course instructor and representatives of each agency/organization.</p> <p>Tobacco cessation intervention case presentations. Due to the alarming national</p> | <p>Students are required to achieve 100% accuracy on case presentations before they receive credit for clinical course requirements. In 2009-2010 students achieved this goal by completing three or more acceptable case presentations during each of their last two semesters of clinic.</p> <p>All students (100% or 29/29) successfully met this goal. Community dental hygiene and service learning evaluations were exceptional again this year. Written evaluations for community service learning activities and presentations are kept by Prof. Nancy Mann and are available for review upon request.</p> <p>All of the 2nd year dental hygiene students experience dental hygiene procedures with patients from diverse cultural, ethnic and socio-economic backgrounds at the required extramural clinical sites at Matthew 25 Dental Clinic and IPFW Lafayette Street Dental Clinic</p> <p>The students passed this requirement at 100%. Feedback from faculty and patients indicated this</p> | <p>Since 2005, when the clinical case presentation format was changed from a one-appointment competency to a two-appointment format, this has allowed students more time for patient assessment and the development of focused, individualized presentations. Also, this past year, the faculty evaluation forms used for the case presentations was revised to give more specific feedback to the student’s on their communication/patient education skills. Students are also utilizing the access to the internet available on the chairside computers in clinic to provide educational videos, etc. during their patient’s individualized presentations. Prof. Mann, in conjunction with Prof. Mary Cooper, the course instructor for DHYG H219, Clinical Practice I, are developing comprehensive cases studies involving tobacco users and incorporating them into this first year hygiene course. This will provide a structured environment for the course instructor to evaluate students’ tobacco intervention skills prior to presenting cases to patients in the dental clinic setting.</p> | <p>According to clinical faculty, changes to the case presentation format resulted in improvements in the quality of cases presented to clinic patients in 2009. At the biannual dental hygiene faculty meeting, clinical faculty continued to provide positive verbal feedback for these changes. At their suggestion, the quality of case presentations and tobacco cessation counseling will continue to be monitored every semester.</p> <p>Community dental hygiene presentations and service learning assignments for 2010 were a huge success. Those set for 2011 are scheduled to begin in January and will be reported next November. Prof. Mann continues to select service learning opportunities that will greatly enhance the cultural diversity awareness of the students.</p> |
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| | | | <p>statistics that rank Indiana 2nd in the country for tobacco use and the associated illnesses, a minimum of two tobacco presentations are required on dental clinic patients during second year clinical courses. Students' presentations are evaluated by clinical faculty on a pass/fail basis.</p> | <p>patient education process has been successful. For example, many patients indicated they wanted to quit smoking or using other forms of tobacco products as a direct result of students' presentations. Prof. Mann retains records of this feedback.</p> | | |
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| Direct/Indirect | <p>GOAL 4 The Dental Hygiene student will recognize good health practices and promote these ideals to others.</p> | Students must evaluate the health practices of their patients, recognize good health practices and promote these ideals to others. | <p>Tobacco cessation case presentations</p> <p>In-depth clinical case presentations</p> <p>Participation in community health fairs</p> <p>Completion of 3-day nutrition assessments and follow-up presentations for clinic patients who are at moderate or high risk for dental caries.</p> | <p>Students are required to complete at least one tobacco cessation case presentation each semester. Students are required to ask all patients who use tobacco products if they would like information about quitting. 100% of the students successfully completed this clinical requirement. Documentation of these presentations is included on clinical grade sheets each semester.</p> <p>All students participated in the community health fairs. Community presentation evaluations are maintained by the course instructor, Prof. Nancy Mann, and are available upon request.</p> <p>During nutrition assessment, students identified cariogenic foods, both obvious and hidden, in a patient's diet and discussed healthier, yet equally appealing alternatives. This requirement was completed by 100% of the students and their recommendations were very well received by their patients.</p> | <p>Prof. Nancy Mann developed the dental tobacco cessation intervention program, complete with an easy to follow check-list and a credit card size Quit Tobacco patient information tool to make this presentation easier for students to accomplish. Students and clinical faculty continue to indicate that these instructional aids are a tremendous help. These chairside materials can be disinfected and are designed to be kept in a clinical setting.</p> <p>Our 2010 graduates participated in community activities that reached about 5,000 people during the past academic year. Feedback from community partners continues to be very positive. Prof. Mann evaluates the quality of service learning experiences each year and makes changes to sites that were not as accommodating to students' schedules as others. She also monitors the quality of each presentation and provides feedback to students weekly.</p> <p>We continue to try to expand the service learning opportunities that our students engage in as part of their dental hygiene education.</p> | <p>Students enthusiastically represented the dental hygiene department at many community health events throughout the academic year. Both students and the program benefit from their active participation in community healthcare events.</p> <p>Nutritional information and tobacco cessation programs are very positive additions to oral healthcare information our dental clinic patients receive.</p> <p>Service learning opportunities and the promotion of good health practices will continue to be a primary goal of this department.</p> <p>As the evidence connecting good oral health with good general health continues to grow, the efforts of our students are that much more beneficial for our patients and our community. We will continue to have the students evaluate their patient's health, both orally and periodontally, and</p> |
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| | | | <p>Completion of one periodontal re-evaluation procedure on a Class III or IV patient after their periodontal treatment is completed to assess the patient's oral healing, and evaluate the student's clinical skills and patient education efficacy. Must be completed with 100% accuracy.</p> | <p>All of the students successfully completed this periodontal evaluation procedure with their patients.</p> | <p>The periodontal re-evaluation procedures have been very successful in tying together the clinical procedures that the students perform for their patients who have advanced periodontal disease with the outcomes of restored periodontal health that those procedures are prescribed to provide. It is a very valuable learning tool for both the student and the patient involved to see the patient's health return as a result of the clinical procedures performed by the student.</p> | <p>make recommendations for good health practices. We will continue to refine our techniques to evaluate the students in these assessment activities.</p> |
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| Direct/Indirect | <p>GOAL 5 The Dental Hygiene student will design, implement, and evaluate community dental health programs.</p> | Students will master the skills needed to design, implement, and evaluate community dental health programs. | <p>Course assignments in DHYG H347 Dental Public Health and DHYG H309 Community Dental Hygiene must be completed with a grade of "C: (80%) or better.</p> <p>Community dental health presentations must be completed as part of the dental hygiene program and are required to successfully complete DHYG H347 and DHYG H309.</p> <p>Clinical assignments at the area Matthew 25 Clinic and our own IPFW - Lafayette Street Dental Clinic.</p> | <p>All second year students passed the Dental Public Health and Community Dental Hygiene courses with grades of 80% mastery or higher. As in past years, dental hygiene graduates ranked above average on all of the dental hygiene national board examination questions, including those related to the design, implementation, and evaluation of community dental health programs.</p> <p>Prof. Mann reported that in 2009-2010, students created some of the best table clinics and PowerPoint presentations she has ever received.</p> | <p>Prof. Mann and the students in her DHYG H309 Community Dental Hygiene course maintained a busy schedule of events in which they provide dental screenings for people in low income areas of Fort Wayne and Allen County. The number and quality of dental health presentations and oral cancer screenings continues to increase each year, as we strive to improve access to dental care for low income individuals and offer community dental health opportunities for our students in increasingly diverse populations.</p> | <p>Feedback from students and graduates is used to evaluate community presentation locations annually. Valuable partnerships will continue and new opportunities and locations will be explored. Service learning locations that do not provide beneficial community health experiences are discontinued.</p> <p>During 2009-10, we completed a fund-raising drive to help cover the costs that will be involved in doubling the size of our IPFW Lafayette Street Dental Hygiene Clinic. That clinical site now provides improved access to care for residents in an underserved area, as well as providing a multi-cultural learning site for the Dental Hygiene students.</p> |
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| Direct/Indirect | <p>GOAL 6 The Dental Hygiene student will develop skills in critical thinking, reasoning, questioning, and decision-making.</p> | <p>Dental Hygiene students must develop skills in critical thinking, reasoning, questioning, and decision-making, and learn to successfully apply those skills in a clinical health care setting.</p> | <p>Course requirements for DHYG H344 Senior Hygiene Seminar, a case-based, problem-based capstone course, must be completed with a grade of “C” (80%) or better.</p> <p>Case-based questions utilized on midterm and final examinations in all courses.</p> <p>DHYG courses in Clinical Practice I, II, and III course requirements, such as revised periodontal charting requirements, tissue re-evaluation appointments, nutritional assessments requirements, tobacco intervention case presentations, and radiograph justification forms must be completed with a grade of “C” (80%) or better</p> <p>National, state, and regional board results(candidates must achieve a 75% or better to pass)</p> <p>Review of current professional literature and published research</p> | <p>All students (29/29) successfully passed DHYG H344 in 2010.</p> <p>In addition to having a case-based capstone course the final semester of the program, cases have also been added to exams in many dental hygiene courses.</p> <p>Newly revised clinical competencies include requirements that focus on comprehensive assessments, critical thinking, questioning, and reasoning skills. All of these require 100% mastery before credit is given for clinical courses. 100% of the 2010 graduates passed all classes with a mastery of 80% or higher.</p> <p>Most 2010 graduates scored well on national, state and regional licensing examinations. Their class average on national boards was 85.7 (almost four percentage points above the national average of 81.8), and they scored above the</p> | <p>During the past few years, the program has increased critical thinking, reasoning, questioning, and decision-making experiences throughout the curriculum. Higher level concepts that were taught in the final semester of the program in the past are now introduced earlier in students’ academic careers and increase in degree of difficulty as the students progress through the program.</p> <p>Expanding dental hygiene responsibilities, including the administration of local anesthetics, have been added to the curriculum and are being evaluated by clinical dentists in our dental hygiene clinic. These new clinical skills require critical thinking and reasoning skills, as well as good decision-making abilities.</p> <p>In monitoring the ever-changing emphasis of licensing board examinations, faculty have observed an increased emphasis in the level of critical thinking, reasoning, and decision-making skills required to pass licensing examinations. In</p> | <p>Faculty continue to revise clinical and didactic courses to increase the number of opportunities students have to learn and practice critical thinking, reasoning, questioning, and decision-making skills. A national dialog between the American Dental Hygienists’ Association and the American Dental Association is for the development of an advanced dental hygiene practitioner who will be required to use higher level assessment and reasoning skills. In anticipation of changes in alternative dental hygiene practice settings and supervision levels, dental hygiene programs are being encouraged to increase these life skills to the greatest extent possible. IPFW faculty, graduates, and students intend to continue to be at the forefront of national trends.</p> <p>Indiana legislative changes in 2009 have changed the laws governing the administration of local anesthetics and will now allow dental hygienists to administer local anesthetic by injection. Our faculty has worked closely with the Indiana State Board of Dental Examiners to</p> |
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| | | | | <p>national average in all 14 areas that the exam covers. All dental hygiene licensing examinations utilize case-based questions that require extensive use of critical thinking, reasoning and decision-making skills.</p> <p><u>Licensing board pass rates:</u> 97% national board 100% regional board 100% dental law exams</p> | <p>preparing graduates for licensing boards and skills required for competent dental hygiene practice, these critical cognitive skills have been increased throughout the two year associate degree curriculum. The H344 Senior Hygiene Seminar case-based, problem-based capstone course directly measures students' reasoning abilities and provides opportunities to practice these skills via group projects and reports.</p> | <p>design the necessary curriculum for the didactic and clinical courses needed to train both our dental hygiene students and the existing pool of dental hygienists through additions to our curriculum and continuing education courses. We anticipate the completion of these new regulations and the full implementation of the new curriculum by Spring semester, 2011.</p> |
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| Direct/Indirect | <p>GOAL 7</p> <p>Dental Hygiene students will demonstrate the ability to interpret and evaluate current research findings and apply them appropriately</p> | <p>Dental Hygiene students will successfully complete research on current dental topics, interpret and evaluate current research findings and apply them appropriately to their clinical practice of dental hygiene.</p> | <p>Students must successfully complete the following course requirements and pass the courses with a minimum of a grade of “C” (80%) or better:</p> <p>DHYG H344 Dental Public Health course requirements for literature reviews</p> <p>DHYG H221Clinical Hygiene Procedures and DHYG H217 Preventive Dentistry requirements for literature reviews and evidence-based case studies and treatment plans.</p> <p>Table clinic development and presentations</p> | <p>Students are required to maintain 75% mastery or higher on all course assignments, including literature reviews and research papers. All 2010 graduates met or exceeded that requirement and passed all of these required courses with a grade of “C” or better.</p> <p>Dental Public Health PowerPoint presentations and Table Clinics were evaluated by faculty and community partners as being exceptional.</p> <p>Students are required to do literature reviews and develop treatment plans and appointment protocol for many different health issues that face modern patients and do oral presentations of their findings and treatment protocol. They all passed with a grade of “C” or better.</p> | <p>Although interpretation and evaluation of current research findings and appropriate application of such findings is included in the curriculum, we continue to add more opportunities in this area. As the connection between dental health and general health continues to grow, the understanding of evidence-based dental practice is vital to success in the workplace. Students are taught to utilize the internet to access the American Dental Association’s Evidence-Based Dentistry website, as well as several others, to get sound, evidence-based information to utilize in clinical settings with their patients.</p> <p>We continue to find new ways to include research, literature reviews and evidence-based treatment in the curriculum.</p> | <p>Continued emphasis on, and evaluation of, course requirements related to this goal are critical for the development of informed and ethically responsible dental hygiene professionals. Current discussions by the American Dental Hygienists’ Association and the American Dental Education Association about the development of an advanced dental hygiene practitioner will increase the demand for graduates who are well-versed in interpreting and evaluating evidence-based research findings. Additional research and grant-writing opportunities for dental hygiene students will be developed, as the College of Health and Human Services institutes more student based research projects in the future.</p> |
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| Direct/Indirect | <p>GOAL 8</p> <p>Dental Hygiene students will promote the dental hygiene profession through service learning activities, affiliations with professional organizations and partnerships with the community.</p> | <p>Dental Hygiene students will promote the dental hygiene profession through service learning activities, affiliations with professional organizations and partnerships with the community.</p> | <p>Performance and conduct at service learning activities is evaluated by faculty and community members.</p> <p>Attendance at Student American Dental Hygienists' Assoc. (SADHA) and Isaac Knapp Dental Hygienists' Assoc. (IKDHA) meetings.</p> <p>Participation in activities at the Indiana Dental Hygienists' Association (IDHA) annual convention in Indianapolis.</p> <p>Participation in dental screenings, patient education and treatment, and referrals throughout the community, including the Matthew 25 Clinic,</p> | <p>Positive comments were received from service learning site evaluators. Copies of all comments and evaluations are available for review upon request.</p> <p>Student attendance and participation at professional meetings was excellent last year. As part of their clinical seminar courses, students are required to attend at least two local professional meetings (IKDHA) per semester and submit reflection papers following attendance at professional meetings. Copies of reflection papers are available for review upon request.</p> <p>Students also enjoyed attending and interacting with the students and faculty from other programs at the annual IDHA Convention in Indianapolis. All students participated and they attended legislative sessions, met with dental product representatives, and networked with dental hygienists.</p> <p>All students successfully participated in several service opportunities for their community dental hygiene courses. All students also participated in the required clinical</p> | <p>The Community Dental Hygiene course instructor continues to expand service learning opportunities in culturally diverse settings. Many students volunteered for extra hours of community service when needed.</p> <p>More students reported feeling welcome and connected to the dental hygiene association members last year more than they had in previous years. Feedback from students' reflection papers is shared with association officers from each organization so improvements can be made for the following year.</p> <p>The students learn the value of community service through these opportunities. They donate many hours of work at the Healthy Cities Health Fair, where they serve in a variety of dental and non-</p> | <p>Each year, the program receives more requests for student presentations than it can accept. Prof. Mann continues to evaluate all community and service learning activities. Opportunities that provide a wide range of culturally diverse experiences are selected. Providing dental care to the under-served, uninsured people of Allen County will continue to be a high priority in the Dental Hygiene Program, as we expand our services at the IPFW Lafayette Street Dental Clinic and maintain our association with the Matthew 25 Dental Clinic.</p> <p>The program will assess students' feedback from state and local professional meetings and will work with both organizations to provide positive professional learning experiences for our students.</p> |
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| | | | and the IPFW Lafayette Street Dental Clinic are required for all three Clinical Practice courses (Clinic I, II and III). Participation in these events is mandated in order to pass these clinical practice courses. | experiences at Matthew 25 and Lafayette Street Dental Clinic and have successfully passed these courses with a grad of “C ” or better. | dental positions. These activities are also valuable for the Northeast Indiana community, as their dental screenings, referrals, and patient education programs increase access to care for Allen County residents. | |
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Associate of Science in Dental Hygiene Program Goals

Dental hygiene students will:

1. Apply principles from basic sciences, clinical, and social sciences to the delivery of dental hygiene services.
2. Develop competence in assessing, planning, treating, and evaluating oral conditions and diseases.
3. Develop effective communication skills.
4. Recognize good health practices and promote these ideals to others.
5. Design, implement, and evaluate community dental health programs.
6. Develop skills in critical thinking, reasoning, questioning, and decision-making.
7. Interpret and evaluate current research findings and apply them appropriately.
8. Promote the dental hygiene profession through service learning activities and affiliations with professional organizations.