

Commission on Dental Accreditation

**Self-Study Report for
The Evaluation of a
Dental Hygiene
Education Program**

Standards 1-6

**University of Maryland
Baltimore College of Dental Surgery
650 West Baltimore Street
Baltimore, MD 21201-1586**

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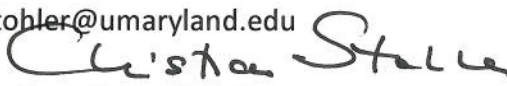
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ADMINISTRATOR VERIFICATION SELF-STUDY GUIDE FOR THE EVALUATION OF A DENTAL HYGIENE EDUCATION PROGRAM

The Commission requires appropriate administrators of the institution* to verify that the contents of the application are factually accurate.

SPONSORING INSTITUTION
Name: The University of Maryland Dental School, Division of Dental Hygiene Street Address 650 W. Baltimore Street, #1202 City, State, Zip: Baltimore, Maryland 21201
Chief Executive Officer (Univ. Pres., Chancellor, Hospital President) Name: Jay Perman, MD Title: University President Phone: 410-706-7002 Signature: Date:
Chief Administrative Officer (Dean/Chief of Dental Service) Name: Christian Stohler Title: Dean, Dental School Phone: 410-706-7461 Fax: 418-706-0406 E-Mail: cstohler@umaryland.edu Signature:  Date: 2-21-2011
Program director/administrator or Co-Program director/administrator Name: Jacquelyn L. Fried Title: Associate Professor Phone: 410-706-7773 Fax: 410-706-0349 E-Mail: jfried@umaryland.edu 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: University of Maryland Baltimore, Dental School

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: 1
- b. Current enrollment: _____ Maximum enrollment: _____
 1st year students 36 (includes 3 3-yr jrs.) 1st year students 34 (+2 or
3 3-yr jrs.) 2nd year students 33 2nd year students 34
- if applicable:
 3rd year students n/a 3rd year students _____
 4th year students n/a 4th year students _____

Curriculum

- a. Name of term: Semesters (two/year); one winter minimester
- b. Number of terms: 4 Semesters + 2 minimesters
- c. Number of weeks per term: 16 + 3 during mini-mester
- d. Total number of weeks: 70
- e. Award granted at completion: Bachelor of Science in Dental Hygiene
- f. Degree granting institution: University of Maryland Dental School
- g. Credit-to-clock hour ratio for: lecture: 1:1 ; laboratory: 3:1 ; clinic
3:1

Facilities

- a. Identify program(s) which share facilities with the dental hygiene program, e.g., dental assisting, dental laboratory technology, nursing.
Dental Students at

University of Maryland Baltimore and University of Maryland Perryville

- b. Number of clinical treatment units: UMB=132; PV=26; TLCC=27
- c. Number of radiography units: UMB=17; PV=10; TLC=3

Program Faculty

- a. Number of dental hygienists
Full-time: 5 Part-time: 11
- b. Number of dentists
Full-time: 0 Part-time: 1
(volunteer ½ day
- c. Number of dental assistants
Full-time: 0 Part-time: 0
- d. Number of other faculty
Full-time: 0 Part-time: 0

Setting/Curriculum Delivery

- a. Briefly describe the setting in which the dental hygiene program occurs. List **all** sites where basic clinical education occurs.
1. University of Maryland Dental School – part of Health Sciences Campus in urban setting.
 2. University of Maryland Dental School, Perryville (PV) – free-standing state-of-art dental clinic; houses dental hygiene educational program; dental students have rotations there; semi-rural setting; previously CODA accredited (2009).
 3. Three Lower Counties Community Services, Inc. (TLCC, Eastern Shore) – Federally qualified health care facility; comprehensive health care delivered; free-standing new dental clinic facility; rural setting; previously CODA accredited (2006).
- b. If all or part of the dental hygiene curriculum is delivered through distance education technologies (e.g., compressed video), and/or non-traditional methods, please provide a description.

Didactic information is provided in a hybrid manner. Some classes are mandatory but can be delivered through ‘realtime” technology

for distance learners (Webex, polycom phone); presentations are media-sited (lecture capture) so can be viewed synchronously or asynchronously.

Financial Support

- a. Total direct cost budgeted for current fiscal year: \$905,643

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.

A. Description

1. List the institution's and program's goals. If a philosophy has been developed for the program, quote the philosophy.

Dental School Mission

The mission of the Baltimore College of Dental Surgery, Dental School, University of Maryland, Baltimore is to improve the quality of life in Maryland through health-related scholarship, education, research and service, with special emphasis on improving dental, oral and craniofacial health.

In pursuit of its mission, the School educates future leaders in the oral health professions by conducting a bachelor's degree program in dental hygiene, a first professional degree (DDS) program in dentistry, advanced dental education certificate programs in general dentistry and recognized specialties, and graduate programs at masters and doctoral levels. The School provides continuing education for dental professionals. The School conducts nationally and internationally recognized basic and applied research relevant to these programs and disseminates this knowledge. It furnishes health care services to residents of Maryland and the region, and provides consultative and other services to the public, governmental and private agencies, and professional organizations through the expertise of its faculty.

The goals of the Dental School are to:

- recruit and enroll a high quality, diverse student body;
- attract and retain highly qualified faculty and staff from diverse backgrounds;

- serve as a center for excellence in education and technology for programs in dental, oral and craniofacial health;
- graduate caring, compassionate, and ethical professionals for dental, oral and craniofacial health care who are prepared for entry-level practice or entry into advanced dental education programs;
- provide the foundation for careers in specialty practice through advanced dental education programs
- provide the foundation for careers in education and research through graduate programs;
- serve as a center of excellence in research and development in the biomedical and physical sciences and their application to the improvement of dental, oral and craniofacial health;
- improve dental, oral and craniofacial health of individuals in the City of Baltimore, State of Maryland and the surrounding region;
- assist dental, oral and craniofacial health care professionals in achieving their full professional scope and potential to prepare them to serve as leaders in the oral health professions;
- serve as a valuable reference source for, and positive influence on, dental, oral and craniofacial health policy in Maryland and the United States;
- graduate professionals who, as alumni, through their strong, positive relationships, will participate in the development of the School;
- increase innovative activities to enhance support for education, research, and service programs;
- contribute to the development and attainment of the goals of the University of Maryland, Baltimore.

The University of Maryland Dental School, Baltimore College of Dental Surgery seeks to graduate exceptional oral health care professionals, contribute to the scientific basis of treatments for diseases of the orofacial complex, and deliver comprehensive dental care. These accomplishments will promote, maintain, and improve the overall health of the people within Maryland and have a national and international impact.

Dental Hygiene Program Mission

The Dental Hygiene Program's Mission is to prepare graduates who can provide dental hygiene services with competence in any setting in accordance with ethical codes of the profession and statutory provisions for dental hygiene practice. We aim to provide high quality oral health care services to residents of Maryland and the region. We strive to foster intellectualism and offer a professional education for dental hygiene students that embodies excellence, relevance and develops future leaders in the profession.

Philosophy

Our faculty are committed to creating an educational environment that facilitates

the development of creative, critical thinking, ethical professionals who are capable of realistically assessing their own performance and directing their own professional growth and development during and beyond the educational programs at the University of Maryland. Faculty strives to maintain a quality curriculum that is continually updated to reflect emerging health care trends and future roles in dental hygiene practice. The Program promotes health for the citizens of Maryland through education and treatment, thereby enhancing the academic and clinical excellence of UMB. The goals, objectives and competency statements provide direction to the faculty and students so that the program and its graduates will be able to make positive contributions to the delivery of oral health care services to the public.

The following goals address teaching, research and service.

Teaching Goals

Our broad teaching goals which are specifically delineated by our competency statements are stated as follows. The dental hygiene graduate through baccalaureate education will be prepared to:

1. Provide quality comprehensive and ethical dental hygiene care to individuals of all means and backgrounds. (Our dental clinics afford our students opportunities to treat a diverse patient population. Didactic content in cultural competence and communication enables the delivery of quality care.)
2. Possess the capabilities to provide evidence-based, state-of-the-art care in a dynamic health care environment; (Technology is available chairside. Course material as well as the internet can be accessed at the clinic chair. Students rely on the literature and internet for course assignments.)
3. Contribute to the growth, development and professionalism of dental hygiene as espoused in the ADHA Code of Ethics through personal professional development, liaison with their alumni body and life-long learning; (It is mandatory for all students to join SADHA; commitment to the community is stressed throughout our curriculum; students participate in MDHA activities, volunteer for student positions and many return to enter our graduate program.)
4. Promote optimal oral health and its relationship to general health among diverse population groups; (Our patient population is diverse and students have blocks in Special Patients, the Plus Clinic; students also travel throughout the state to provide care to the underserved.)

5. Utilize a pragmatic process of care protocol when offering health care programs or services to individual and diverse population groups while facilitating access to care and services; (Our curriculum is based on the dental hygiene process of care and this approach is reinforced every clinic session.)
6. Develop high level technological skills for use in professional, clinical and didactic environments; (Our on-line curriculum has created a student body with exceptional technological skills that are used in both the clinical and didactic arenas. Students also created e-projects for oral health education.)

Research and Development Goals

Faculty, graduate students and baccalaureate students strive to meet the following goals/objectives.

1. Conduct research that will contribute to the body of knowledge pertinent to dental hygiene education and practice in clinical and community settings. (All BS students take a research course that requires them to do original research for a poster presentation.) Faculty routinely are engaged in state and locally funded research.
2. Develop innovative educational programs that provide an excellent and productive learning environment. (Student feedback regarding our e-curriculum has been positive. Board scores have remained constant with a traditional or non-traditional curriculum. Students produce e-projects for classes.)
3. Share findings with other professionals through written publications and presentations at conferences and workshops. (Faculty repeatedly present at professional meetings and many have had recent publications. Faculty serve as role models. Students also attend professional meetings and present their posters, e.g., AGD, 2010; MDHA, 2009-2010.)
4. Attain continued professional growth and development. (All faculty have professional development time and Standard 3 provides examples of faculty involvement in “outside” professional activities.)
5. Encourage collaboration in research. (We are currently collaborating on a public health curriculum with the School of Nursing (SON). Historically, we have collaborated with Social Work, Medicine, and the Schools of Nursing and Pharmacy.)

Service Goals and Objectives

Faculty and/or undergraduate and graduate students strive to meet the following goals/objectives.

1. Offer high quality evidence-based educational programs that will enhance the awareness, appreciation and utilization of dental hygienists in health care, research, educational and community settings throughout Maryland and nationally. (We currently have MOU's with approximately 20 community sites throughout the state of Maryland. See Exhibit 1-1.1A for a comprehensive listing of these service-learning (SL) sites. Students have multiple classes which require evidence-based research results.)
2. Conduct and develop continuing education programs to serve the needs of the dental community, especially dental hygienists, in response to changing concepts in the delivery of oral health care. (Our CE program is strong; faculty also present CE at professional meetings. Students attend CE courses within and without the Dental School.)
3. Provide quality evidence-based, ethical, patient-centered dental hygiene care in the teaching clinics of the Dental School and at community sites. (Students receive daily clinic professionalism grades; supervisor student evaluation forms completed at community sites assess student provision of care.)
4. Provide leadership in professional associations to promote the goals and values of the profession and to address the oral health needs of the public. (Several of our faculty hold offices in our state association and others have appointments on committees at the national level; these individuals serve as role models. Our SADHA chapter is active and students have served as delegates at the state and national levels.)
5. Participate in community service activities to establish ties with the community and to improve the quality of life for the citizens of Maryland and surrounding communities. (We have representation on the Campus community outreach initiative and our program is strong in service-learning. Our SADHA Chapter has a long-standing commitment to the Ronald McDonald House and our students and faculty volunteer in response to community requests. Our service-learning program is solid with many SL sites.)
6. Provide information, education and expertise on oral health and the science base related to dental hygiene care to health care professionals and the public. (We educate through our continuing education program and through public speaking at the professional association and community levels as

reflected in faculty CV's. Our students present educational programs in the community and to other health care professionals yearly.)

2. Describe how the institutional and program goals relate.

The goals of the dental hygiene program and those of the institution closely mesh and reflect the mission of the University. Both the Dental Hygiene Program and the Dental School strive to graduate oral health professionals who are competent, ethical, caring and committed to lifelong learning. The dental hygiene program and the dental school both strive for excellence in teaching, research and service. Our teaching programs endeavor to be state-of-the-art and we embrace innovation in teaching and research. With the move in 2006 to our technologically advanced new building, our traditional entry level baccalaureate didactic program became electronic. Our educational technology and approaches to e-learning are highly innovative.

As the only state-funded Dental School in Maryland, two of our key charges are to serve as resources to health professionals in the region and to provide comprehensive oral health care to the citizens of Maryland both on and off-site. The school's central Continuing Education Department has gone through many iterations and is now firmly in place. We are creating a strong dental hygiene CE program to meet the needs of oral health professionals in the area. Currently, we are launching our Local Anesthesia courses, as new legislation allowing dental hygienists to administer infiltration passed during the last legislative session. We are serving as the sole state source for this CE presently. We also field innumerable calls and meet with health professionals to assist those in our profession and to educate others about the profession of dental hygiene. Our service-learning program requires our students to provide 90 hours of care in the community. We have over 20 community sites and our program is highly regarded. We avail ourselves to new sites and thoughtfully consider student feedback regarding their experiences at these sites.

Like the Dental School, we seek to develop the future leadership of our profession and create well-qualified academicians. The Dental School and Dental Hygiene Program want our graduates to feel connected to us and to support the continued growth and development of our institution. Our CE program has served as an excellent means to connect with our alumni and we see our relationships continue to grow through that vehicle. Our annual Alumni Reunion also brings alumni to the school.

The most profound way that we have met the needs of the community and thereby achieved the goals of the Dental School and the University has been the opening of our two remote site clinic settings in underserved areas of the state. Due to our on-line didactic curriculum, beginning in 2006, we established our Eastern Shore (TLC)

satellite clinical site and in 2009, we established our Perryville site. These two campuses are instrumental in meeting the dental needs of Maryland's underserved communities but they also address the needs of local students who want to pursue the profession of dental hygiene but choose to learn in settings indigenous to their communities. Thus, our campuses meet the needs of those who are dentally underserved and those who are underserved regarding access to professional dental hygiene education.

Since the dental school's move in 2006 which required a Major Change Report, we have had two major changes related to our two distance sites. They both went through focused site visits and achieved full accreditation status. Our Eastern Shore site also just completed another Major Change Report as a new facility was built for the 2010-2011 academic year.

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

Our goals as written address teaching, research and service. Within each of these categories, patient care is addressed. Our teaching goals speak to patient care in many ways:

1. the delivery of comprehensive ethical care to diverse populations;
2. the utilization of scientific evidence and state of the art approaches when delivering care;
3. the valuing of professionalism and a commitment to lifelong learning;
4. recognizing the value of holistic care and the link between oral and systemic health;
5. utilizing the dental hygiene process of care model; and
6. developing high level technological skills for use in a clinical environment.

Our research goals address patient care in the following ways:

1. Students value research and the importance of seeking out scientific evidence for decision-making related to patient care.
2. Students recognize the learning derived from professional association membership and interactions with colleagues; they realize that this learning can be applied to the delivery of patient care and that life-long learning is a necessary part of quality care delivery.
3. Students value interprofessional collaboration regarding patient care.

Our program strongly emphasizes service to the community:

1. Students devote 90 hours to our service-learning program where Maryland citizens, mostly underserved, are provided with educational and preventive dental hygiene care.
 2. Students know that quality care to the community must be evidence-based and that cultural competence is requisite to quality care delivery.
 3. Students' service-learning experiences help them appreciate the importance of their involvement in community activities. They see site mentors who hold positions in education, research and patient delivery. Public health dental hygienists speak to the students about their roles in the community.
 4. Faculty involvement in CE strengthens their knowledge base which is then applied in the teaching environment which can enhance patient care.
4. Using the sample format illustrated in example Exhibit A, develop an assessment schedule, timetable or plan. Include how, when and by whom the program goals are reviewed, evaluated and revised. (Exhibit 1-1.4A, B, C)

Program goals are reviewed, revised and evaluated by dental hygiene faculty. The program's annual faculty retreat is held in early summer, when the greatest number of faculty is available, for an end of the year assessment of the program. Main purposes are to review outcomes data (board scores, survey results, etc.) the clinical teaching program and related competencies. If we feel our students are not meeting the competencies or that they may be unrealistic, we will pinpoint and discuss areas of the curriculum where change needs to be made; i.e. address our teaching goals. Since considerable retreat time is spent on our clinical teaching program, invariably, changes are made to enhance the attainment of student competency. For example, our calculus detection and removal competencies mirror the NERB format to prepare students for their clinical boards. Another change has included emphasis on caries and periodontal risk assessments. Students are very vocal about concerns and the faculty and program director are available to respond.

If significant curriculum changes are considered, faculty may form a sub-committee, address the issue and report back to the full faculty to reach consensus. Suggestions from the Dental Hygiene Curriculum Management Committee also are considered and approved or disapproved by the faculty. Faculty meetings that are held routinely during the year also provide another forum for addressing teaching goals. (For additional information see Curriculum Management Document for protocol for curriculum review and course change.)

Our Dental Hygiene Student Progression Committee meetings also are valuable for revealing curricular deficits. This committee meets at midterm and at semester's end to monitor both junior and senior student progress. The final curriculum

meeting for the juniors this year (2010) revealed that the course outline for Prevention and Control I needed some tightening. It was decided that students had to achieve a grade of 75% in each of the three main areas of the course, in order to complete the course successfully. More stringent guidelines were also established regarding unfinished competencies, as students had been advancing to their senior years with these incomplete requirements. This committee includes the School's Associate Dean for the Office of Academic and Student Affairs and another academic expert who provide input and insight. Their guidance has proved invaluable.

Student evaluations of faculty members and their courses also provide direction for course enhancement and faculty improvement. The program director meets with each faculty for the annual goal setting meeting to review these evaluations at the end of the academic year, when the evaluative data are analyzed and compiled by the Office of Instructional Evaluation.

Our service activity is exemplary, for both faculty and students. Revisions to research and service goals are considered when faculty evaluations indicate that change is necessary. Suggested changes regarding research goals also are discussed with the full faculty. The Program Director also discusses potential dental hygiene involvement in research activities with the Department Chair and Department Business Manager.

Faculty teaching, service and research performances are discussed at the annual goal setting meetings. Communication is constant in our Division so discussions re concerns or progress occur on an ad-hoc basis. (See Exhibits 1-1.4A, 1-1.4B, and 1-1.4C.)

Curriculum changes as mentioned above have also occurred. Faculty consensus determines curriculum changes and we are relatively autonomous with these decisions. A new course or a change in course hours requires pro forma approval from the School's Faculty Assembly.

5. Document and describe the outcomes measures which are utilized to determine the degree to which these stated goals and/or objectives are being met. Include examples, i.e., course completion rates, job placement rates, survey instruments, statistics, written and clinical board examination results, as an Exhibit 1-1.5A.

Multiple outcomes measures both internal and external to the program are used to determine the degree to which the stated goals are being met. The outcomes data are examined on an ongoing basis, and generally they indicate that the goals are being met. Where the data indicate a need for action (based on board scores, student evaluation of courses, graduate surveys, etc.), the faculty review them, determine a plan and implement change in response to the data. The Program

Director meets with all faculty for performance reviews but issues are dealt with as they arise.

1. **National Board Examination** (external) – This examination is a benchmark of student didactic learning, content knowledge and clinical judgment as measured through objective questions and case-based examples. (See Exhibit 1-1.4Ac.)

Summary

National Board scores average over time have remained fairly constant. The scores typically are close to the national mean. Since 2004, we have had a 100% pass rate four times and scores well into the nineties the other three years. For scores below the national average, the program director meets with course coordinators responsible for that content to consider course revision regarding teaching methods, evaluation mechanisms, or assigned learning activities. For example, due to the dental hygiene program director's and faculty's dissatisfaction with the quality of the course in Periodontics and the students' board scores in this area, it was decided that one of our faculty should teach the course. Since this change occurred in 2007, our students achieved higher scores in Periodontics, rated the class much higher than previously, and were more satisfied with the course. Student input is used and obtained through course evaluation surveys and student class meetings that are attended by the dental hygiene faculty class advisor and/or Program Director who then reports to the entire faculty.

2. **Regional Board Examinations** (external, preponderance of students take the NERB) – These standardized clinical examinations assess students' overall clinical competencies related to comprehensive patient care, including knowledge, judgment and clinical skills. (See Exhibit 1-1.4Aq.)

Summary

No significant trends are evident. Since 2004, our clinical scores were 100% pass twice and well into the nineties four times. Year 2009 was just below 90%. Typically, one student or two students may not pass the clinical exam but succeed on the second try. Reasons for failure traditionally have been for calculus detection and removal. Competencies for that skill were added to the curriculum in 2005 and are now repeated more frequently per semester. Scores on the legal exam (CSCE) have risen over the past few years.

3. **Student Final Course Evaluations**

These evaluations are implemented at the end of the semester and occur on two levels. The Dental School has an electronic standardized form that emanates from the Office of Instructional Evaluation and is used for all

students in all classes and clinics. Its completion is mandatory. Some dental hygiene faculty also develop and use more in-depth course-specific evaluations. The information culled is useful for modifying course content and helping faculty hone their teaching skills. (See Exhibits 1-1.5Aa and 1-1.6A.)

Summary

Faculty evaluations are consistently high. The Program Director reviews the standardized school-wide forms individually with each faculty member at the end of each semester. These evaluation forms also are sent to the individual faculty member and reviewed by the Director, Office of Instructional Evaluation, the Department Chair and the Associate Dean for the Office of Academic and Student Affairs. The Program Director meets with course coordinators on an ad hoc basis if a legitimate student concern should arise. Course changes are brought to the full faculty for discussion and consensus. Based on course evaluations related to DHYG 321, the program director met with the course coordinator to analyze the course outline and make some positive changes. Also, feedback from the Dental Hygiene Progression Committee reinforced the need to tighten grading criteria for both DHYG 311 and 321. Students must pass the final and all of their competencies to advance from DHYG 311 to DHYG 321. Students cannot participate in summer service learning without completing and passing their competencies.

4. **Preclinical, Clinical and Didactic Course Grades** (See Exhibits 1-1.4Ab and 1-1.4Ba.): A variety of mechanisms are used for these different curriculum areas. They will be addressed below.
 - a. Preclinical assessment (DHYG 311) – Faculty provide students with daily feedback on newly learned skills. Students are required to achieve competency on all procedures that pertain to patient care. Faculty observes the student and uses a criterion-based evaluation/competency document to observe and assess student skill levels. (See Exhibit 1-1.4Ag.)

Summary

Students typically succeed in preclinic and advance to semester II of the program. In the past, some students were advanced conditionally if they had uncompleted competencies. These students received an I (Incomplete) grade and had to complete their competencies by midterm of Semester II to have the final course grade entered. This policy was changed for the 2010-2011 academic year and students cannot advance without passing all of their competencies by semester's end. From academic year 2009-2010, students in DHYG 321 (junior spring) were advanced to DHYG 411 pending completion of their competencies by the midterm. Students

requiring special one on one help after the semester ends, must enroll in a special one hour practicum where they have the full attention of the faculty. Assessment mechanisms used during the first semester of treating clinical patients address the process of care model: assess, analyze, plan, implement, evaluate. Criteria for student performance evaluation are found in the Dental Hygiene Clinic Manual (see Exhibit 1-7H). Throughout semester 1, students are monitored closely by their assigned faculty. Daily feedback is provided and documented. New tally sheets were introduced this year (2010) to enable more accurate documentation of student skill levels and to promote dialogue in student advising session. Students also must meet with their faculty advisors at given points during the semester (pre midterm, at midterm, pre-final and during final assessment). These meetings provide an opportunity for process evaluation and student expression of concerns and hopes. Advisors review their students' clinic notebooks, patient charts and provide verbal and written feedback to the student. Concerns about students are shared with the whole faculty.

- b. Clinical Assessment (DHYG 321) - Once patient care begins, in second semester student clinic record forms (see Exhibit 1-1.4A, SCRF) and Axium track data for each patient seen. Students are graded per patient visit. Faculty are instructed to provide notes and comments on the SCRF so that students have a thorough understanding of the grades they have been assigned. All sessions grade students on an Honors, Pass, Fail basis. Competencies are evaluated with numerical percentages. Professionalism is assessed on a daily basis. As in first semester, students are closely monitored in clinic and are evaluated on each service rendered (i.e., HHx, EIOE, HTE, Perio, health behaviors, TXP, and implementation.) Students continue with their assigned advisors and regularly established meeting times for process evaluation and clinic notebook review.

Summary

Historically, students have achieved clinical competence. This year (Spring 2010), two students had weaknesses that the faculty felt needed addressing. One student was required to enroll in a one credit course to receive special one-on-one tutorials with assigned dental hygiene faculty. Another student was evaluated by dental hygiene faculty when she was completing summer blocks at the dental school. Two students were conditionally advanced to DHYG 411 pending completion of DHYG 321 competencies. One of these two students did not meet the deadline and will be given the opportunity to repeat DHYG 321 and be put on a modified curriculum. Faculty from other departments often review student work, but in this case, dental hygiene faculty assessed this particular student. These students were both deemed competent to advance following their respective remediations.

- c. Advanced Clinical Assessment (DHYG 411 and 421) – As a student moves through the curriculum, grading criteria become more stringent; however, the same forms are used to document student performance. All sessions grade students on an Honors, Pass, Fail basis. Competencies are evaluated with numerical percentages. Professionalism is assessed on a daily basis..

Summary

Nearly 100% of students achieve competency in their clinical courses. Since the last accreditation in 2004, only three students have needed to remain an extra semester to achieve clinical competence.

- d. Didactic Course Grades- Multiple evaluations occur during the duration of any specific course. Evaluation of learning experiences may occur with e-exams, home-work assignments, oral presentations, case studies, research projects, or poster sessions.

Summary

Historically, none, one or two students per year may need to repeat a didactic course, but they complete the course the next time. Course repeats are rare for entry-level students. Faculty consciously strive to coach students who need help during the semester to decrease the odds for failure. However, should students fail a course, depending on when courses are offered in the schedule, students may need to be placed on a modified curriculum to repeat them. Clinically related courses can only be repeated once for a student to remain in the program. (See Exhibit 1-1.6A for course completion rates.)

5. **Mock Board Examinations** – Senior students participate in Mock NERB and Mock National Board examinations. Summary: Both exams are offered annually, the Mock National Board in February and the Mock NERB in March.

Summary

Typically, students perform poorly on both exams. Due to the timing of the Mock National Board, students have not yet studied rigorously. Most failures on Mock NERBs are based on poor patient selection (knowingly, students want to keep their real board patient for the real board) and, in the past, unfamiliarity with exam protocol. To remedy the lack of familiarity with protocol, the Senior Clinic Coordinator has given a quiz on NERB exam criteria, process and requirements. This has helped students recognize the importance of carefully reviewing the instruction booklet for the exam. It will be reinstated AY 2011-2012. Also our calculus and detection competency mirrors the NERB format and criteria. Mock exams serve as important wake-up calls and students receive detailed feedback from the supervising faculty.

Student Self-Assessments - Students self-assess their skill levels related to any required competency in DHYG 311, P&C I where the form requires student comment re their performance. Self-assessment also is required for select competencies in DHYG 411 and 421 prior to faculty observation. When required, no student can obtain faculty approval for a competency without completion of a self-assessment. Throughout the curriculum, students are required to complete self-assessments at both midterm and final grading periods. The assigned faculty advisor mentors her students and provides feedback related to the student's self-assessment. A senior clinic self-assessment form to be completed at the beginning and end of each semester was developed this year as a result of this self-study. It will be completed each semester. Multiple courses also provide assignments that include self-reflection and assessment. See Standard 2, 2-6, 4-5 for specifics. [See Curriculum Document (CD), course outlines DHYG 311,321,411,421; Exhibits 1-1.4Ae, f, g, h.]

Summary

Several students' self-assessments at midterm and final grading sessions lack detail and sufficient self-reflection, regarding attainment of clinical skills, course goals and/or competencies. When lacking, student advisors return self-assessments to the students and request resubmission. The quality of these self-assessments factors into the student's final clinic grade under the professionalism category. Self-reflection provides opportunities for students to independently assess the need for seeking resources to improve clinical competency.

6. **Patient Satisfaction Surveys** (external) - Each year patients are asked to evaluate their experiences at the dental school. They respond to survey items that relate to their specific provider as well as to broader issues such as fees and continuity of care. Surveys are distributed randomly and returned to the Dental Hygiene Program for compilation and analysis. (See Exhibit 1-1.4Al, select summaries.)

Summary

Patient satisfaction surveys are positive consistently. Over 90% of respondents "Agree" or "Strongly Agree" with positive statements.

7. **Student feedback** (focus groups, exit interviews) – Until 2008, we had focus groups and exit interviews. With the comprehensiveness of the course evaluations, we no longer conduct them. The class president also meets with the Class Advisor and/or Program Director to express class concerns. The class leader and the program director brainstorm ideas for ways to ameliorate concerns. Often, issues can be resolved through these meetings.

If need be, the director will advise students to meet with a specific faculty member to address the problem. If this has been done with no satisfaction, the director will share concerns with the specific faculty in question to achieve resolution. When appropriate, course concerns are brought to the full faculty or may be discussed with the entire class. Our students are very verbal about voicing concerns and/or asking questions. Summaries of focus groups and exit interviews can be found in Exhibits 1-1.5Ac and d.

8. **Graduate Surveys** (external) – Alumni surveys are sent out each year, one year post graduation. Questions related to service delivery comprise a majority of the survey. Respondents are asked to rate their academic preparation (see Exhibit 1-1.4Ak).

Summary

Graduates sometimes cite inadequacy performing services related to Methods and Materials and that are rarely performed in daily practice such as amalgam polishing and alginate impressions. With dental hygiene ownership of this course, some of the deficits related to methods and materials have been rectified. Survey revisions also include updating certain service delivery and salary categories. Over the years, fewer respondents have submitted their completed surveys. These surveys have been sent by U.S. mail; for 2010-2011, the goal is to e-mail the survey to see if that will increase the response rates or post the survey on our Facebook Alumni website or via another e-mechanism. Exhibit 1-1.4Ak includes a summary of findings.

9. **Employer Surveys** (external) – In the same mailing with the alumni survey, we have included an employer survey. Alumni are asked to give the survey to their respective employers but two envelopes are included for return mail under separate cover. Again, employers are asked to rank alumni performance as based on criteria related to program competencies. (See Exhibit 1-1.4Aa.) These surveys will also be e-mailed to our alumni with directions to send them to their respective employers.

Summary

Employer ratings are consistently high. On occasion, students' radiology skills have been cited as weak. With dental hygiene faculty now teaching the radiology course and the course's increased hours (another hour was added on to our Radiology course for AY 2010-2011), students are better prepared and have ample laboratory time to enhance their skills. Student time management also has been mentioned as a weak area. New graduates often are slow when beginning private practice. We do have a clinic (College Park) where private practice is simulated as much as possible and good time management is emphasized. See Exhibit 1-1.4Aa for summary.

10. **Recruitment and Admissions Data** – In efforts to attract a high quality and diverse group of students, the Division’s recruitment efforts are geared to all segments of the population without discrimination. Candidates who appear most qualified are offered slots in the program first.

Summary

Protocol for admissions has changed since 2004. We now hold group interviews with approximately eight to ten potential candidates at a time. Our admissions committee includes multiple faculty (both dental hygiene and dental), student members and alumni. The applicant pool size for our program remains strong. With three campuses, we attract applicants from all over the state. We hold two annual open houses and attend college fairs to attract applicants. We also have close relationships with advisers from our feeder schools who help promote our program.

11. **Job Placement Rates** (Exhibit 1-1.5Aa)

In Maryland, the demand for dental hygienists is strong but some recent graduates have searched longer to find employment. Practices do routinely contact the program requesting our graduates. Many of the service-learning sites recruit graduates who came there as students; several graduates have been hired by these sites. This action indicates that the program goal of producing competent sought after dental hygiene graduates who are in non-traditional employment settings such as community health clinics and hospitals is met. Academic institutions contact us routinely about teaching positions for our B.S. and M.S. students. Alumni surveys indicate high placement rates with almost 100% of graduates employed in dental hygiene settings. Another associate degree program opened in 2008, and its first class graduated in Spring 2010. Its impact has not yet been felt. A proprietary school may be accredited soon with a potential opening date of Fall 2011.

Research and Development Goals (See Exhibit 1-1.4B)

The Department Chair and Program Director are notified of any grant/research activity prior to its development and implementation. Each dental hygiene faculty member is responsible for recording her individual research and development activities. Annually, these activities are reviewed formally (at the Faculty Goal Setting Meeting) by the Program Director and Department Chair in March or April of the academic year. Faculty are very engaged in development and research activities. We are represented on the University’s Community Outreach effort and many of our faculty hold offices in our professional associations. We also monitor faculty supervised graduate theses completed and graduate students’ grants funding. One faculty serves on the ADHA Council on Research. Several of our faculty are engaged in state funded demonstration projects.

Undergraduate research activities have related competencies as indicated in specific course outlines (See CMP course syllabi for DHYG 412, DHYG 416, DHYG 425). Students are required to conduct research-based assignments in these three courses (i.e., literature reviews, poster presentations which require original research) and in DHYG 412, students present a case before peers and faculty that is based on scientific research.

Service Goals and Objectives

Student attainment of service goals is measured through community site supervisor evaluations, (see Exhibit 1-1.4Ai), records of student volunteerism, SADHA activities, and annual review of related course competencies and graduate surveys (see Exhibit 1-1.4Ak). Regarding student service activities, one of SADHA's main activities is to serve breakfast on Saturday mornings to families whose children are staying at the Ronald McDonald House, located on campus (see Exhibit 1-1.4Ac for additional outcomes measures).

Faculty service activities are documented on faculty CVs (see Standard 3). Faculty's service activities are reviewed annually at the Faculty Goals Setting Meeting. Further, faculty is acknowledged on an ad hoc basis when outstanding performance has occurred. Faculty are asked to present at association meetings on a routine basis. Two full-time faculty serve on the editorial review board of JDH, and one serves on the editorial review board of Dimensions in Dental Hygiene and the American Journal of Health Behaviors. Two faculty served as Chair of the ADHA Grants Review Committee. Several faculty are certified PANDA instructors and one faculty is Coordinator for the Maryland Special Olympics/ Special Smiles. The program as previously mentioned, has an extensive community service learning component.

6. Document, by course, the number of students who have passed and who have failed for the current and previous classes. State the program's policy on repeating courses.

Dental Hygiene Policy on Course Repeats

1. Information related to the grading criteria for each course is distributed at the onset of the course. Clinically-related dental hygiene courses must be passed with a C grade or better. A grade of D is considered passing for DHYG 410, 420, 414, 416, 425, and 427.
2. A failed course may be repeated once. If the course is not passed the second time, the student will not be able to continue in the entry level or degree completion program.

3. Students must register and pay tuition for repeated courses. The original course and grade remain on the transcript but the grade is excluded from the grade point average when the course is repeated.
4. I grade: An "I" (incomplete) is entered when students have not completed all course requirements (e.g. course extends beyond due date for grade submission, missing exam or assignment). In the event that course work is not completed by the end of the following semester, the "I" will be changed to an F (failing) grade. This policy does not apply when a student fails a course and needs to retake it in a subsequent semester.

See Exhibit 1-1.6A lists the PASS/FAIL rates for AY's 08-09, 09-10 and Fall 2010.

7. Please provide results of the past two years of the assessment process. (Exhibit 1-1.7A)

A comprehensive evaluation of assessment data occurs over the summer. At the faculty retreat, faculty make recommendations concerning program goals based on assessment feedback. Many curriculum improvements in clinical matters and grading criteria are made at this time. The Dental Hygiene Curriculum Management Committee reviews all courses cyclically to ensure adequate content coverage and elimination of redundancy. Through these reviews, course suggestions are also made. The Department Chair helps monitor attainment of research goals. The Program Director reinforces and encourages faculty research and service activities.

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

Examples how assessment results have been used for program improvement over past year:

	Source		Recommendation		Program Improvement
1.	Student feedback in DHYG 411	1.	Increased calibration	1)	Faculty Guest Access to all clinic courses.
2.	Faculty	2.	Increased calibration	2)	In-service calibrations at beginning of AY 10-11 with students
				3)	Media-siting or using Webex for all faculty meetings
				4)	Continuation of faculty meeting calibrations and e-minutes to all faculty
2.	DHYG Progression Committee	1.	Revise DHYG 311/321 syllabi to tighten grading criteria	1)	Syllabi revised
				2)	All competencies must be met for advancement to next clinical course
3.	Faculty	1.	Tightening clinical	1)	Revised student clinic record form

	Discussion Faculty Meetings	<p>2. Better oversight of student progress</p> <p>3. Reinstitution of separate course on health education strategies that addresses, e.g., oral health literacy, culturally competent communication</p> <p>4. More self-assessment in senior year</p> <p>5. Emphasize professionalism</p>	grading	<p>1) Increased SAS responsibilities</p> <p>2) More SAS chart audits for patient management</p> <p>3) Introduction of junior year tally sheet</p> <p>4) Introduction of senior clinical practice Self-assessment Form</p> <p>1) Course proposal submitted</p> <p>2) Course will start: Fall 2011</p> <p>1) Introduction of senior Clinical Practice Self-Assessment form</p> <p>1) Introduction in DHYG 311, P&CI course (fall semester junior clinical course)</p>
4.	Dental Hygiene Curriculum Management Committee	1.	Academic calibration	<p>1) Standardized on-line course template</p> <p>2) Mandatory course inclusions (e.g. policy on student fitness for program)</p> <p>3) Faculty Guest Access to all didactic courses</p>
5.	Dental Hygiene Recruitment and Admissions Committee	1.	Enhancing student socialization	<p>1) Starting DHYG 316, Radiology I and DHYG 312A, Head & Neck Anatomy earlier to enhance scheduling for new students</p> <p>2) Electronic student introductions</p>
6.	Faculty	1.	Modify Graduate Survey	<p>1) Update items.</p> <p>2) Send electronically to all alumni rather than just one class at a time.</p>

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.

A. Description

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

The Program Director provides a plan annually for the Dental Hygiene Program to the Department Chair of Health Promotion & Policy and to the Associate Dean of Finance, Clinical Operations, & Planning. The resources required to execute the approved plan are identified and placed into the operating budget for the Program.

For example, when our new satellite clinic in Perryville opened, it was clear that additional faculty would be needed. The Program Director immediately went to the Associate Dean and provided supportive rationale that justified the need. The Associate Dean and Dean were amenable to this request. New faculty was then hired.

This example shows that our program's needs are addressed in a timely manner when sound rationale is provided. The Dean and the Associate Dean have an open-door policy and the Program Director is able to meet with either on an ad hoc basis regarding financial matters. Although final budget decision-making rests with our Dean and Associate Dean (and with the university's official approval), the Program's requests are almost always built into the budget.

Individuals Involved in the Budgetary Process (including their names and titles)

Jacquelyn L. Fried, RDH, MS – Associate Professor and Director, Division of Dental Hygiene
 David L. George, DDS – Associate Dean, Finance, Clinical Operations and Planning
 Norman Tinanoff, DDS, MS – Professor and Chair, Department of Health Promotion and Policy

2. 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.

The base salaries of faculty and operating budgets are supported by state resources. Any revenue from grant funding results in salary savings and additional faculty incentive compensation.

With the tightening of available state funding, long-range discussions with the faculty have focused on ways to generate revenues so that the program has some additional disposable income for travel and development. Our CE program is flourishing and the Division is generating income. Also, new faculty grants also are providing income.

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

Decisions regarding faculty salaries are based on equity. We are careful to be sure that salaries are fair.

The Department of Health Promotion and Policy annually designates \$2,000.00 per fulltime faculty to cover expenses related to professional activities (i.e., attendance at professional meetings, CE, membership dues, etc.). Faculty who are presenters may receive additional financial coverage.

When warranted, other faculty may receive funding for professional activities. These decisions are made on a case by case basis.

Faculty who participate in CE are paid for their efforts so they receive these monies in addition to their salaries.

4. If the program faculty salary schedule differs from that of the institution, explain the rationale for the difference.

The institution is careful to monitor faculty salaries to insure equitability based primarily on FTE and academic title.

5. Identify the funds appropriated from each source listed on example Exhibit B for the dental hygiene program and the percentages of the total budget that each source constitutes. See Exhibit 1-2.5, Exhibit B – Table of Resources for Current Year.
6. 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? If distributed between affiliated institutions.

The base salaries of faculty and operating budgets are supported by state resources. Any revenue from grant funding results in salary savings and additional faculty incentive compensation. The loss of any grant funding does not affect faculty base salary or programmatic operating budgets.

As stated above, one faculty has two grant sources. These monies are used for “extras” and do not constitute an amount that would affect program functioning; further, the monies are provided in lump sums so this money has not been needed nor used for program functioning. Respectively, they are two educational grants, one for \$20,000.00 and one for \$5,000.00. Our department chair requires that 50% of the monies remain in the Division and 50% go to the person who generated the income and/or is working on the grant. One grant expires in 1/11 but will be extended. The grant of the lesser amount will end in 12/10. Some of the initial sums also will be divided and given to other Departments in the school to compensate for their involvement in the grant (e.g. CE). Since grant funds and CE money are not used for basic program needs, their absence will not require replacing and the hope is that more opportunities will present themselves. Another faculty is a research team member on two state grants. Her grant contributions to the Division are minimal.

7. Using the example Exhibit C format, provide information on the program’s budget for the previous, current and ensuing fiscal years.

Exhibit 1-2.7, Exhibit C - Budget Information for Previous, Current, and Ensuing Fiscal Years

8. Using the example Exhibit D format, provide the actual expenditures for the previous year.

Exhibit 1-2.8, Exhibit D - Expenditure Information for Previous Fiscal Year.

9. Using the format shown in example Exhibit E, provide information on the salary schedules for full- and part-time faculty for the current academic year; include the program administrator.

Exhibit 1-2.9, Exhibit E - Faculty Salaries

10. If applicable, list the financial resources available for distance sites. Provide information on the budget, actual income and expenditures for the distance site(s).

No separate budgets are created for our distance sites (TLCCS/ES; PV). Dental hygiene clinic income is part of dental clinic income at PV. At TLCCS, there is no

charge for dental hygiene services. Expenditures at both sites are limited to faculty salaries as follows:

Perryville (.6 + .4 + .2 = 1.2 FTE) = \$96,114
 Eastern Shore (.6 + .6 = 1.2 FTE) = \$84,462

B. Supportive Documentation

1. Exhibit 1-2.7, Exhibit B - Table of Financial Resources for Current Year
2. Exhibit 1-2.8, Exhibit C - Budget Information for Previous, Current and Ensuing Fiscal Years
3. Exhibit 1-2.9, Exhibit D - Expenditure Information for Previous Fiscal Year
4. Exhibit 1-2.10, Exhibit E-Faculty Salaries

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.

The Division of Dental Hygiene, as part of the dental school, adheres to a very stringent Conflict of Interest policy. Periodic audits occur to which every department must adhere. A multitude of products are available and are suggested to patients. Faculty is not committed to any one company's products. Any corporate sponsored research is conducted in an ethical manner. Similarly, the university's IRB is extremely stringent and its approval requires assiduous scrutiny. To that end, no outside support compromises the teaching, clinical and research components of the program.

Additionally, the dental school adheres to the Conflict of Commitment policy where faculty involvement in additional activities is reviewed and approved by Program Director, Department Chair, and the Dean.

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.

A. Description

Since we do not receive support from outside entities, we have the authority and final responsibility for all of the above matters. Our attached MOU's with

educational institutions clearly state that decisions regarding student selection rest solely with the UMB dental hygiene program. The dental hygiene program alone or jointly with the School of Dentistry (SOD) addresses faculty selection issues (jointly when related to time and salary details) and relevant administrative matters. Our Dental Hygiene Curriculum Management Committee and our faculty develops and determines our curriculum. (See Exhibit 2-26 Curriculum Management Document.)

1. Please refer to the applicable “Examples of evidence to demonstrate compliance include” section within the Accreditation Standards for Dental Hygiene Education Programs.

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.*

A. Description

1. Describe the program’s educational setting: dental school, four-year college/university, community/junior college or technical college/institute. Indicate whether the institution is public, private (not-for-profit) or private (for profit).

The Dental Hygiene Program at the University of Maryland, Baltimore is housed in the Dental School. The University of Maryland is a publicly funded academic health center.

2. By what regional or national accrediting agency is the institution accredited? Briefly describe the institution’s accreditation history, including its current status and date of last evaluation.

The University of Maryland (UMB) is accredited by the Middle States Commission on Higher Education.

UMB’s accreditation was first affirmed in 1921. Subsequently, UMB has received full accreditation in 1996 and 2006. The next Periodic Review Report is due June 2, 2011. (See Exhibit 1-5A.)

B. Supportive Documentation

1. Please refer to the applicable “Examples of evidence to demonstrate compliance include” section within the Accreditation Standards for Dental Hygiene Education Programs. See Exhibit 1-5A Middle States Commission on Higher Education.

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.**A. Description**

1. If the dental hygiene program is cooperatively sponsored by two educational institutions, indicate when the cooperative agreement was developed, how often it is updated and briefly outline the contingency plan included. Describe how the combined resources of the institutions support attainment of the program goals and assist the program in meeting the Accreditation Standards. Provide a copy of the formal agreement as an Exhibit. Describe the contingency plan, should a campus site terminate the written agreement.

Our Eastern Shore clinical site is housed in TLCCS, Tri-Lower County Community Services, Inc. (i.e., TLC), a federally funded qualified comprehensive health care facility not an educational institution. Our agreement with TLC was established in 2005 and is updated every 3 years. (See Exhibit 1-6.A) In 2006, our Eastern Shore program situated in TLC received a special focused site visit and attained full accreditation status. In 2009, a Major Change Report was submitted as a new clinical facility was built and operational. The contingency plan for the Eastern Shore students as indicated in the MOU with TLC requires that TLC give us two years notice prior to termination. That plan allows currently matriculating students the opportunity to complete their educations. We also have MOU’s with two college campuses (Wor-Wic and Chesapeake) on the Eastern Shore. These colleges are potential feeder schools for students who may be accepted into our Eastern Shore program. (See Exhibits 1-6.B, 1-6.C). Both of these agreements stipulate that students from these respective schools are not shown preference for admission and must meet the same admissions standards that all of our admitted students do. Aside from offering a potential student pool, these institutions provide proctored testing sites for our eastern shore students’ on-line exams, allowing them to take their exams in a location closer than Baltimore. All MOU’s are reviewed yearly.

At our Perryville site, students receive their clinical teaching in a dental school facility so no facility MOU is necessary; however, Cecil College, a nearby institution, also serves as a feeder school for the Perryville dental hygiene program. The MOU with Cecil College is attached. (See Exhibit 1-6.D.) Essentially, this MOU is pro forma and the same issues that are highlighted in our other educational MOU's, as mentioned above, apply: no preferential treatment for Cecil College students and use of a proctored testing center for exams.

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.

A. Description

1. Briefly describe how professionals in the community, such as dental hygienists, general dentists, and dental and other health care specialists are used as resources or to support instruction.

The program works closely with professionals in the community. Professionals in the community play an important role as resources and instructors.

- Alumni serve on one of the program's most important committees: Dental Hygiene Recruitment and Admissions Committee. Alumni attend committee meetings and help make decisions regarding potential candidates.
- Dental hygienists in the community are invited to speak to our students and provide career, practice and professional association information. For example, in Health Care Management (DHYG 427), a panel of practicing dental hygienists speaks to the students about their diverse careers and what professionalism means to them.
- Over the years, general dentists have served as speakers in some of our classes.
- The dental members of the Alumni Association work with us on planned activities and co-sponsor events with us. We maintain open lines of communication with the Maryland State Dental Association and frequently interact with that association's Executive Director.

- Professionals from other disciplines have addressed both faculty and student groups.
 - We liaison with other health professionals through our involvement with the campus wide Women's Health Research Group, the State Cancer Control Group and the Tobacco-free Maryland Coalition.
 - Community dental hygienists (graduates of our program) teach as part of the Dental School's "Dean's Faculty".
2. Describe the mechanism(s) used to maintain liaison between the program and dentists and dental hygienists in the community. Provide a listing of individuals who are currently involved in the liaison activity as an Exhibit. Also, provide minutes of meetings from the liaison activity. If applicable, provide the names and the areas of expertise of the individuals in the community representing the distance site(s).

Our UMB Community Liaison Committee was formed in spring 2003 and met consistently in 2003, 2004, 2005 and 2006. Since that time, several of the committee members have retired, moved or found new positions outside of the Dental School.

Since the 2006 move into the new building, the complete changeover of the curriculum from traditional to hybrid/on-line, the addition of two satellite campuses (enabled by the school's technology and compatibility with distance learning), meetings with community professionals and lay members have been diverse, numerous and constant. Our Perryville (PV) campus, in particular, has an active Community Advisory Board (CAB) which also includes UMB administrators and dental hygiene faculty. (See Exhibit 1-7.A for members and meeting minutes.) This body, thus, has also served as a key liaison committee as dental hygiene program expansion has been the biggest change for our Division since the last accreditation report. Since the 2004 accreditation visit, we have submitted 4 major change reports (UMB's move to new building – 2006; Eastern Shore facility – 2006 and 2010 [new building erected and occupied]); and PV – 2009) and have held two focused site visits (Eastern Shore – 2007 and PV – 2009), at which time both of our satellites were granted full accreditation. Needless to say, meetings with community representatives were constant.

The newly formed UMB Community Liaison Committee is comprised of dentists, dental hygienists, association officers (former and current) from the community, dental school administrators and a student representative. Members of the Committee and their qualifications can be found in Exhibit 1-7B and Exhibit 1-7C. The group met November 1, 2010 and will meet again in June 2011 during the Dental School's Alumni Reunion. The agenda and minutes from the November meeting are found in Exhibit 1-7D and 17E. It was decided that one dental hygienist member and one dentist member will roll every two years and be replaced by a new

member. Student representatives will be junior students who will stay on the Committee for two years. Since term limits are three years, the first roll off will occur in 2013. Communication is maintained through group meetings, e-mail, letter writing and telephone calls. The duties and responsibilities of the group were formalized and activities were designated at the first meeting. The main goals of the group are:

1. To provide community input on mechanisms to enhance the UMB dental hygiene program and the dental hygiene profession in Maryland
2. To suggest ways that our program can better meet the needs of the dental community
3. To assess the quality of currently published program documents
4. To address workforce issues in Maryland

The following activities have begun:

1. Assessment of program strengths and weakness
2. Review of program website
3. Review of program's admissions materials
4. Activities related to alumni relations

Members of the ES liaison committee can be found in Exhibits 1-7F. ES meeting agenda and minutes can be found in Exhibit 1-7G

3. In what document are the duties and responsibilities of the individuals involved in liaison activities defined?

See Exhibit 1-7.C.

4. Describe recent liaison activities within the dental community.

The Program interacts with professionals in the community continuously and through various means:

- October 2010, Faculty attended Maryland Dental Hygienists' Association Annual Session and HOD meeting. Many of our graduates were in attendance.
- E-mail dialogue with MSDA Legislative Chair re Block Anesthesia.
- July 2010, Program Director attended Maryland State Dental Association's (MSDA) BOT meeting to discuss the Eastern Shore Program.
- With legislative change (the administration of local anesthesia was passed in 2009 legislative session), multiple meetings with UMB faculty were held in conjunction with MSDA and MDHA.
- The Maryland State Board of Dental Examiners holds monthly meetings and all in 2008-2009 related to Local Anesthesia were attended by dental hygiene faculty. One faculty continues to be present at all MSBDE meetings.

- Faculty are involved with the constituent and components levels of the dental hygiene professional associations.
- Faculty present continuing education courses for the professional community
- Faculty hold offices in professional associations.
- Senior dental hygiene students are required to attend a professional association meeting to learn about the benefits of membership (in DHYG 427, Health Care Management).
- An Educator's Forum sponsored by the MDHA meets annually and includes representatives of the four dental hygiene programs in the State. Five Maryland faculty attended the 2009 and 2010 meetings.
- In Community Service-Learning activities, students are mentored by dental hygienists who are practicing at community sites throughout the state
- Volunteer faculty from the community participate in select clinical activities as Dean's Faculty.
- Several of our graduates have served on the Maryland State Board of Dental Examiners and speak to our students on the State Practice Act.

The faculty also works directly with other members of the Alumni Association to plan events (e.g., Alumni Reunion, June 2011) and to strengthen dental hygienists' involvement in that association. A dental hygiene faculty serves as the Program's liaison to the Alumni Association. The dental hygiene program's involvement with hosting NERB examinations and ensuring effective board reviews (each year nearly 100% of seniors take a board review course taught by local and national experts, some of whom are UMB dental and dental hygiene faculty) for our students also keeps faculty involved with dental and dental hygiene resources within the community.

Each year, dental hygiene members of the Maryland State Board of Dental Examiners speak to the senior students on the State Practice Act in preparation for their legal examination for licensure. Faculty provide CE courses to component dental hygiene associations and numerous alumni are invited to speak in UMB dental hygiene courses. One of our faculty spearheads the Maryland Special Olympics and coordinates all of the dental/dental hygiene activities. Overall, our program liaison activities are rich and diverse.

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, the graduates of the program must be awarded an associate degree, certificate, or a baccalaureate degree.

A. Description

1. Describe how the objectives and philosophy of higher education is reflected in the scope and depth of the dental hygiene curriculum. Describe how the curriculum is designed to provide students with increasing skills in depth and understanding in both the didactic and clinical curricula.

The scope and depth of the Bachelor of Science Dental Hygiene Degree curriculum offered at University of Maryland, Baltimore reflects the objectives and philosophy of higher education by allowing students to progress through the curriculum in two phases. In Phase I, during their first two years of college, prior to entering the University of Maryland Dental School, students complete general education, social science, and biomedical science coursework; in Phase II, years three and four at the Dental School, students continue their formal educations by focusing on the professional and clinical practice of dental hygiene. Students can complete their pre-professional general education, social science, and basic science coursework at any of the University System of Maryland colleges and universities. The University System of Maryland's 11 institutions, in addition to Morgan State University, St. Mary's College of Maryland and the United States Naval Academy, comprise the state's Four-Year Public Colleges and universities. The University of Maryland Baltimore is one of the 11 University System of Maryland four-year public colleges and universities. The Maryland Higher Education Commission website lists the Four-Year Public Colleges and Universities and 16 community colleges: http://www.mhec.state.md.us/higherEd/colleges_universities/index.asp Students also may apply for transfer of pre-professional credits to the University of Maryland Dental School from approved, out of state, U.S. accredited institutions of higher education obtained throughout the U.S.

The University System of Maryland maintains a database, ARTSYS, indicating which Maryland community college courses are transferable to the state university system and, if they are, the course number and general education area to which they apply.

Exhibit 2-1.A1 is an example of a Recommended Transfer Program Evaluation from one of the 16 community colleges (Wor-Wic Community College) sending institutions in Maryland to the University of Maryland Dental School's entry-level Bachelor of Science Degree Program (receiving institution). Although not required, several community colleges offer students the opportunity to earn an associate's degree for the completion of their pre-professional dental hygiene curriculum at the conclusion of their sophomore year of study, prior to entering the Bachelor of Science Degree Professional Dental Hygiene Program. Support of this degree reinforces how the University of Maryland Dental School Dental Hygiene Program embodies higher education objectives and philosophies, by enabling students to earn progressive degrees as they reach milestones in the 2 + 2 curricular pathway leading to the Bachelor of Science Degree in Dental Hygiene.

Additionally, articulation agreements between the University of Maryland Dental Hygiene Program and three Maryland community colleges (Cecil College, Chesapeake College and Wor-Wic Community College) have forged partnerships in dentally underserved geographic regions of the state. Through education collaborations on the Eastern Shore of Maryland and in Cecil County, students in remote regions of the state can obtain their Bachelor of Science Degrees in Dental Hygiene through distance education. Such opportunities demonstrate another way that the University of Maryland Dental Hygiene Program embraces the objectives and philosophy of higher education. See Exhibits 1-6B, 1-6C, and 1-6D for affiliation agreements with Wor-Wic Community College and Chesapeake College on the Eastern Shore and Cecil College.

The University of Maryland Dental School, housed on the University of Maryland, Baltimore campus, awards the Bachelor of Science Degree in Dental Hygiene to students completing 120 total credits of the pre-professional and professional dental hygiene curriculum. The Dental Hygiene Entry Level Baccalaureate (BS) program is a 2+2 program consisting of 57 credits of pre-professional curriculum courses completed at an accredited community college or university (freshman and sophomore years of college) and 63 credits of professional curriculum core dental hygiene courses completed at the University of Maryland Dental School. The University of Maryland Dental School is located on the University of Maryland, Baltimore campus for the health professions and the schools of law and social work. The Dental School Catalog will be available on-site.

Since two years of pre-professional coursework are completed at a community college or university prior to entering the Dental School, students in years three and

four can build upon those first two years of undergraduate study and focus on the dental sciences and dental hygiene theory of practice coursework in the dental hygiene curriculum. The 3rd year of study is comprised of a two semester sequence of junior-level preclinical to clinical dental hygiene course, dental hygiene sciences, and dental hygiene theory of practice coursework. These courses enable the development of psychomotor skills in the progressive advancement to the fourth year of the curriculum. The fourth and final year two semester sequence in the professional curriculum offers coursework in advanced clinical practice, community health (didactic and practical courses), as well as additional senior-level academic courses that advance their knowledge of the art, science and research foundation of the dental hygiene profession and practice. The University of Maryland Dental Hygiene Program curriculum is based upon student achievement designated competencies, established benchmarks for the development of competent dental hygiene professionals. (See Exhibit 2-1.A2, University of Maryland Dental Hygiene Program's Competencies for Dental Hygiene Graduates.)

The University of Maryland Baltimore Dental School also offers a bachelor of science degree completion, non-clinical, dental hygiene program. The Degree Completion (DC) Program accepts up to 90 transfer credits, including up to 45 credits of dental hygiene specific coursework completed at a U.S. community college or university dental hygiene program accredited by the Commission on Dental Accreditation. The general education courses and basic science courses offered through Maryland dental hygiene AAS programs are listed as transferable in ARTSYS. This means that entering DC students need not retake their general education courses; the work they completed as part of their Maryland AAS degree will transfer into the Bachelor of Science degree completion dental hygiene program at the University of Maryland-Baltimore as long as the credit hours and grade achieved meet the educational standards of the receiving institution. A grade of C or higher is a passing grade acceptable for transfer to UMB's degree completion program. The University of Maryland, Baltimore is also a partner in the Academic CommonMarket which allows out of state residents who have completed coursework that transfers into either the entry-level or degree completion program to apply for admission into the University of Maryland Dental Hygiene Program and be eligible for in-state tuition since their resident state does not have a baccalaureate dental hygiene degree granting institution. This is yet another way the University of Maryland Dental Hygiene reflects the objectives and philosophies of higher education by making the Bachelor of Science Degree in Dental Hygiene accessible to students who do not have a baccalaureate dental hygiene program in their state.

Additionally, the University of Maryland, Baltimore Graduate School awards the Master of Science in Dental Hygiene which is administered through the University of Maryland Dental School's Division of Dental Hygiene. The Master of Science Degree in Dental Hygiene builds upon the knowledge and skills of the baccalaureate dental

hygiene graduate. The Graduate School and its programs are reviewed every 5 years through the Council of Graduate Schools.

The three programs offered by the University of Maryland Dental School's Division of Dental Hygiene meet the needs of higher education by offering the state's only baccalaureate and master's degree programs in dental hygiene via online formats, affording local and distance education students with opportunities to earn advanced degrees. Examples of evidence to demonstrate compliance include:

B. Supportive Documentation

Exhibits/Links as Supportive Documentation for Standard 2-1

1. Exhibit 2-1.A1, Recommended Transfer Program example –Wor-Wic College to UMB
2. Exhibits 1-6 B, C, D, Wor-Wic College, Chesapeake College and Cecil College Articulation Agreements
3. Dental School Catalog 2010-2011 – available on-site
4. College catalog with appropriate sections noted – available on-site
5. Exhibit 2-1.A2, Dental Hygiene Competency Statements
6. Exhibit 2-7 Curriculum Document; Course Syllabi and Course Outlines

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.

A. Description

1. Describe how the standard is implemented.

Dental School and Dental Hygiene Academic and Administrative Policies are reviewed with students at their August new student orientation. (See Exhibits 2-2.A 1, Student Grievance Policy, and 2-2.A2, General Dental School Due Process Policies.)

The Student Grievance Policy states that a common element in any academic environment is people and their relationships to one another. In a health professional school, this responsibility is exceedingly evident. From time to time, questions may arise between individuals or groups which, left unanswered, can lead to a distraction from the mission of the institution. The policy further states that it

should be the purpose of the Student Grievance Policy to provide a fair yet flexible mechanism for consideration of charges of arbitrary, capricious, or discriminatory treatment in academic and non-academic. The formal grievance protocol for the Dental School includes an informal phase to attempt to identify and resolve problems before the initiation of formal proceedings. The informal/formal procedure outline for student grievances is attached in Exhibit 2-2.A1, excluding disciplinary and advancement matters between student vs. student, student vs. faculty and faculty vs. student situations. The Dental School's Professional Code of Conduct and Student Judicial Policy provide both an ethical framework and due process protection for students. Various appeals processes also are in place to protect students' rights. Each student upon entering the dental school must complete and pass the Judicial Policy examination given at the August new student orientation. The Judicial Board and advancement policies can be found in Exhibit 2-2.A3 and pp.6-12 of this Standard, respectively.

University Policies such as policies on computing, environmental health & safety, research, student academic, student misconduct, web related, worker's compensation, UMB HIPAA, and online policies and procedures systems are found below and in standards V and VI. All course syllabi in the Curriculum Document address computing policies. Additional university policies can be accessed on-site.

Dental Hygiene course syllabi include grading criteria, evaluation mechanisms, the policy for attendance and remediation as well as other Division of Dental Hygiene and course specific academic and administrative policies. The Blackboard sites for each dental hygiene course contain uniform policies for the Division and are located in the Course Information tab of the courses. The Division's [org.site](#) stores the uniform Division policies on Online Courses, Examinations, Assignments, Attendance and Grading, as well as the policy counseling students about the Unique Responsibilities Involved in Health Careers. Dental hygiene faculty strive to make their dental hygiene courses consistent in format, policies, and in the application of academic policies. Ongoing course evaluation is accomplished through peer to peer faculty course reviews and student feedback. These evaluative mechanisms promote consistency in syllabus content and format but also in the design and format of the electronic Blackboard course sites. The process of Course Management, including the systematic faculty peer review of courses, is described in Standard 2-26 and the Curriculum Management Document.

Explained below are the Dental Hygiene Polices on: 1) Academic Retention and Advancement; 2) Remediation; 3) Special Scheduling; 4) Academic Probation; 5) Appeal of Advancement Decisions; 6) Dental Hygiene Degree Requirements; 7) Dental Hygiene Clinic and Classroom Grading Criteria; 8) Grades at the Time of Withdrawal; 9) Readmission to the Dental Hygiene Program; 10) Dental Hygiene Registration; and, 11) Withdrawal.

The Dental Hygiene Policies for Academic Retention and Advancement

Introduction

At mid-semester and at the end of each semester, the Dental Hygiene Progression Committee meets to review the progress of each student. The committee is composed of members of the Dental School administration and dental and dental hygiene faculty. The Progression Committee utilizes the following policy guidelines in making their decisions.

General Guidelines

1. The Progression Committee may conditionally advance to the next semester students who are required to remediate or repeat a course or component.
2. When a student demonstrates continued unsatisfactory progress toward meeting course or degree requirements, the Progression Committee may recommend to Faculty Assembly that the student repeat courses or be dismissed. See Academic Probation below.
3. Students may appeal actions of the Progression Committee and the Faculty Assembly by writing to the Dean of the Dental School stating their justification for the appeal. The Dean may request the Progression Committee to reconsider its decisions and recommendation.
4. All pre-professional courses must be completed by the end of the spring semester prior to enrolling in the program. Sixteen (16) to twenty (20) of the science credits MUST be complete at the end of the fall semester prior to enrollment. It is the student's responsibility to ensure that all pre-professional course credits have been properly transferred and recorded on his/her UMB transcript.
5. Degree Completion students must ensure that off-campus course transcripts are sent to UMB and properly recorded on his/her UMB transcript. They must also ensure that all transfer credits are recorded on his/her UMB transcript.

Remediation

1. Remediation may be provided to enable students to master content in a course. The course faculty will identify specific areas for remediation.
2. Students may be permitted to remediate without alteration to their schedules, providing the remediation can be accomplished concurrently with the students' course loads.

3. A specific schedule for completion of remediation will be developed by the respective course director. A copy of the remediation plan will be given to the division director, course coordinator, faculty and student. A copy of the plan will be placed in the student's division file.
4. Original exam and/or assignment grades will be used to calculate the course grade.

Special Scheduling

1. Students in the three-year curriculum have individualized schedules that spread the professional curriculum courses in three academic years.
2. Students who are required to repeat one or more courses may be placed on a modified curriculum plan. This plan will be based on appropriate course sequencing for clinical and didactic courses.
3. Students on modified curriculum plans may require additional semesters to complete the program.

Academic Probation

A student earning a semester GPA below a 2.0 or receiving a course grade of a D or an F will be placed on academic probation for the following semester. The Progression Committee and Faculty Council may recommend that a student who is on academic probation for two semesters be dismissed from the Dental Hygiene Program.

Students who are not making satisfactory academic progress may be subject to reduction of financial aid. Policies and procedures are available from the Director of Financial Aid.

Policy for Appeal of Advancement Decisions

Appeals Process

The following guidelines have been established to review appeals of decisions made by the Dental Hygiene Progression Committee, or in cases of dismissal, decisions made by the Faculty Assembly. This mechanism will not be used to dispute the published advancement guidelines which have been approved by the Faculty Assembly.

1. A student wishing to appeal an advancement or dismissal decision must initiate the appeal process within 5 working days of receiving written notification from the Office of Academic and Student Affairs regarding Progression Committee decisions, or from the Dean regarding dismissal

decisions made by the Faculty Assembly. In this written appeal, the student must present evidence of compelling additional information or extenuating circumstances not previously considered and the reason why the information was not previously presented. The written appeal must include: the decision the student is appealing; the specific basis for the appeal, including appropriate supporting documentation; and the academic status that the student is requesting. The student may present and prioritize more than one alternative.

2. The appeal, which must be submitted in writing to the Associate Dean for Academic and Student Affairs will be reviewed by a panel composed of the Associate Dean for Academic and Student Affairs and the Chair of the Dental Hygiene Progression Committee.
3. The review panel will determine whether the student's written appeal meets the criteria outlined above. Should the panel determine that an appeal lacks the required evidence, the appeal will be denied. In these circumstances, there is no further appeal.
4. Should the panel determine that an appeal meets the required criteria outlined above, the panel will forward the appeal to the Progression Committee for its consideration.
5. The Dental Hygiene Progression Committee will meet within ten working days, when possible, of receiving the initial appeal request from the review panel.
6. The Committee will issue a written decision within five days of its meeting, when possible. The Committee's decision is final and there is no further appeal. The Committee's decision shall be forwarded to the Faculty Council for information.

Dental Hygiene Degree Requirements

1. A minimum of 120 credits* is required for graduation from both the entry-level and Degree Completion BS programs.
2. A cumulative grade point average of 2.0 is required for graduation.
3. All courses must be passed according to course/program guidelines.
4. A diploma application must be filed with the Director of Records and Registration, University of Maryland Baltimore before the stated deadline in order to receive the diploma at Commencement.

Grading Policy

Clinical Grading Criteria

Daily Grades

For the daily computer grading program, clinical skills are assessed using the following criteria:

H (Honors) - Represents a high level of performance with difficult cases – no improvements necessary

P (Pass) - Represents acceptable to high level performance with minimally to moderately complex cases – minimal to no improvements necessary.

F (Fail) - Represents unacceptable level of performance, significant improvements are necessary

Competency Grades

Clinical competencies also constitute a percent of the clinic course grade and are graded from 0-100%. Students receive a zero for any incomplete clinic competency.

For DHYG 311: Students must have a 75% or better in the competency average to pass the course. A failed competency must be satisfactorily made up (75% or better) during the semester or a student is not eligible to take the final examination. Getting a zero on the final will result in course failure.

For DHYG 321: Any incomplete competency results in an 'F' in the course. Any failed competencies must be remediated satisfactorily (pass/fail) during the semester. The overall competency average must be 75% or higher (including the failed competency grades).

For DHYG 411: When competencies are not completed in 411, students have until the midterm of DHYG 421 to complete them. If they are not completed by that time, the student may be placed on a modified curriculum and/or fail DHYG 411, depending on the number and type of incomplete competencies.

For DHYG 421 – All competencies must be completed by the end of the semester or the student will remain in clinic over the summer or into Fall of the next academic year.

Numerical grades for the competencies are entered into the computer using the following scale:

Grading Scale

A 93-100

B 84-92

C 75-83

D 66-74
F below 66

Classroom Grading Criteria

The criteria utilized to determine a grade are specified in each course syllabus. Percentage weightings of course components also are listed. All dental hygiene courses use the following scale:

Grading Scale

A 93-100
B 84-92
C 75-83
D 66-74
F below 66

Grades at the Time of Withdrawal

The following grades are used when students withdraw after the beginning of the course:

WD - Withdraw: This grade indicates withdrawal during the first half of the course.
WP - Withdraw Pass or WF - Withdraw Fail: This grade denotes student performance to date when withdrawal occurs after the first half of the course.

Dental Hygiene Policy on Course Repeats

1. Information related to the grading criteria for each course is distributed at the onset of the course. Clinically-related dental hygiene courses must be passed with a C grade or better. A grade of D is considered passing for DHYG 410, 420, 414, 416, 425, and 427.
2. A failed course may be repeated once. If the course is not passed the second time, the student will not be able to continue in the entry level or degree completion program.
3. Students must register and pay tuition for repeated courses. The original course and grade remain on the transcript but the grade is excluded from the grade point average when the course is repeated.
4. I grade: An "I" (incomplete) is entered when students have not completed all course requirements (e.g. course extends beyond due date for grade submission, missing exam or assignment). In the event that course work is not completed by the end of the following semester, the "I" will be changed to an F (failing) grade. This policy does not apply when a student fails a course and needs to retake it in a subsequent semester.

Readmission to the Dental Hygiene Program

Subsequent to dismissal or withdrawal for academic deficiencies, readmission may be sought through reapplication to the Dental Hygiene Program. In order to initiate the readmissions process, the former student shall submit a letter to the Office of Admissions and Recruitment, requesting readmission to the Dental Hygiene Program, with supporting documents, (i.e., current application, etc.) indicating the reasons why he/she should be reconsidered. Students dismissed for violations of the Professional Code of Conduct are ineligible for readmission.

Once the letter of application has been processed by the Office of Admissions and Recruitment, the Committee on Dental Hygiene Recruitment and Admissions will consider the student for readmission. The process of reconsideration will or may include a careful review of the student's academic record, a study of the reasons for readmission, an assessment of the student's potential for academic progress in the future, and consultation with the appropriate departments, the progression committee, and administrative and non-administrative faculty members within the Dental School. Recommendations relative to the readmission will be referred to the Committee on Dental Hygiene Recruitment and Admissions in conjunction with the Office of Admissions for final decision and notification, including conditions for readmission, where appropriate. Decisions resulting from due process of this policy are not subject to appeal.

Dental Hygiene Registration

Students must register for coursework each semester in order to maintain degree candidacy. The Dental School Office of Academic Affairs distributes specific information about registration prior to registration dates.

Those students who advance register and subsequently decide not to attend must notify both the Dental Hygiene Program and the Office of Academic Affairs and Student Affairs prior to the first day of classes.

If the Office of Academic and Student Affairs has not been notified by 4:30 p.m. of the last day before classes begin, it is assumed that the student plans to attend and the student assumes financial obligations for that semester.

Students may advance-register on-line through the Student User Friendly System (SURFS). After classes begin, students who wish to add/drop or withdraw must follow the university procedures and should contact the Dental Hygiene Office to initiate the process. Students who are registered for classes at other USM campuses must also follow the add/drop and withdrawal procedures at those campuses.

Students will be exempt from campus-sponsored health insurance if they present proof of comparable coverage to the Office of Student and Employee Health once each year. If such proof is not received by the Office of Student and Employee Health, the student will be required to pay for the student policy.

Students who take courses at other USM campuses while enrolled in the Dental Hygiene Program must register at both UMB and the other campus. Inter-campus registration forms may be obtained from the Office of Academic and Student Affairs.

All courses taken at other institutions that are to be used toward graduation requirements must be documented via official transcripts submitted to the Office of the Registrar. Each student must assume responsibility for submitting all necessary transcripts.

Withdrawal

Should a student desire or be compelled to withdraw from the School at any time, she/he must:

1. arrange an appointment to meet with the Department Chair and Program Director;
2. write a brief letter to the Department Chair and Program Director explaining the reason for withdrawal;
3. secure a withdrawal form from the Department Chair and obtain the appropriate signature from the Associate Dean for Academic and Student Affairs, Dean's Office, Dental School; and
4. submit the signed withdrawal form to the Office of Academic Affairs, Dental School.

B. Supportive Documentation

Exhibits as Supportive Documentation for Std. 2-2

1. Exhibit 2-2.A1, Student Grievance Policy
2. Exhibit 2-2.A2, General Dental School Students Policies
3. Exhibit 2-2.A3, Student Judicial Policy 2008

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.

A. Description

1. List the admission criteria for the dental hygiene program. Are the criteria weighted? If so, explain.

Admissions applications for the entry-level dental hygiene program are reviewed by the Committee on Dental Hygiene Recruitment and Admissions using the following criteria: completeness of application, completion of required courses, GPA of required science courses, overall GPA of required courses, overall academic record (including repeats, failures, withdrawals, etc.), written and verbal communication skills, professional demeanor, the ability to interact with others, a caring and open personality, interest in and knowledge of the dental hygiene profession, quality of written personal statement, and pre-interview short answer responses and quality of recommendation letters.

Candidates considered for admission to the dental hygiene program must have completed a two-year preprofessional curriculum. This preprofessional curriculum consists of a total of 57 pre-requisite credits completed in the freshmen and sophomore year at an accredited college or university. These courses provide a foundation in basic sciences, social sciences, humanities, and general education.

The University of Maryland Dental School catalog states, available on-site, "A minimum grade point average of 2.9 in the preprofessional curriculum is required, and preference will be given to those students who have high scholastic averages, especially in science courses. A minimum science grade point average of 3.0 is generally encouraged for acceptance".

All entry-level students are strongly encouraged to communicate regularly during the preprofessional phase with Ms. Marion Manski, Director of Dental Hygiene Admissions and Recruitment at the Dental School. Bi-annual Open Houses allow

students to ask questions about the dental hygiene program, dental school and campus, as well as have their questions answered about the application process and admissions criteria. Students also tour the school and speak to current dental hygiene students. Students are encouraged to review complete program information on the dental school's website, including a downloadable application, directions for applying, and criteria for admissions.

After an application is received, the Admissions and Recruitment Committee reviews the application and decides if the applicant should be interviewed. The application is reviewed for completeness. It must include a completed application and two letters of recommendation, one from a science professor and one from a dentist or dental hygienist. A supplemental letter of recommendation from an employer is encouraged, but not required. Also, the application must contain all official transcripts and a 300-500 word essay stating why the applicant wishes to pursue a dental hygiene education. Requested topics are aspects of the dental hygiene field that applicants find most interesting and commentary on their professional goals and objectives. Courses completed and in progress must be listed as well as proof of shadowing a dental hygienist in practice for at least 8 hours.

The interview session is conducted in group format. The Admissions Committee and 10-12 applicants meet together during a question/answer session. Then, half of the group receives a tour of the school given by the student admission committee members. This student led tour gives the applicant the opportunity to ask the students questions about the program directly and gives the student members of the committee a chance to question the applicant without faculty presence. Applicants can also observe and talk with students about their experiences and perceptions of the dental hygiene program.

While half of the group of prospective students tours the school, the faculty, alumni and student members interview the remaining group. Students are given questions to answer and discussion is encouraged.

When the tour group returns, the process is reversed so that the tour group is interviewed by the faculty, alumni and students on the committee while the other group proceeds to tour the school with the other student committee members.

The purpose of the interview is to learn more about the applicant. Areas explored include the applicant's interest in and knowledge of healthcare occupations, specifically dental hygiene, why he/she decided on a career in dental hygiene and how he/she has explored and expanded his/her knowledge of dental hygiene as a career. Written and verbal communication skills, professional demeanor, personality characteristics consistent with traits required of an oral healthcare professional, and the ability to interact with others also are assessed. The academic record of the applicant, including science and overall GPA in pre-professional

required courses and the student's overall academic history, are given more weight than the data derived from the interviewing process.

2. Describe the process for selecting dental hygiene students and at each campus site, if applicable. Indicate names and titles of individuals participating in the process. Provide a sample rating sheet for student selection as an exhibit.

The selection process for dental hygiene a student is the same for all UM campuses. However, for our two satellite campuses, priority is given to qualified applicants indigenous to the area. The interview and application submission deadline is February 1. The Office of Admissions and Student Affairs in the Dental School compiles the following information for the Committee on Dental Hygiene Recruitment and Admissions:

1. Demographic data: resident/non-resident status, gender, age, and race
2. Status of application: complete or incomplete, repeat application

The Director of Admissions and Recruitment (hereby known as Director) compiles the following:

1. Number of pre-requisite credits completed
2. Overall GPA for these credits
3. Number of pre-requisite credits completed specifically in the sciences
4. GPA for science courses
5. Student Admissions Data Sheet (See Exhibit 2-3.A1)

The data sheet includes the name, address, county, state, date of birth, race, resident status, completeness of application, grades, overall academic record, evaluation of the recommendation letters, and information on a blinded evaluation of the personal statement (see Exhibit 2-3.A2).

The Director transcribes the applicant name, address, date of birth, race, resident status, date of interview, application completeness, science and overall GPA, and science and total pre-requisite credits completed on the Data Sheet. The Director reviews the applicant's submitted college transcript(s); assesses the overall academic record for colleges attended, courses repeated, failed, withdrawn from; academic honors and/or degrees obtained or other pertinent academic history such as part-time or full-time enrollment status during pre-requisite studies. This information is all entered on the Data Sheet.

After review of the compiled material and in consultation with the Admissions Committee, the Director selects those students that merit an interview session.

During the interview session, the applicant is given a short answer questionnaire to complete. Since our program is hybrid online, questions regarding comfort level with online learning are warranted. Further questions address commitment to the profession, stress management skills, and plans to manage the rigors of a dental hygiene program. The Director reviews the short answer questions/answers and discusses the information with the entire committee, as necessary. (See Exhibit 2-3.A3)

The database information compiled by the Dental School's Office of Admissions, the "Entry-Level Applicant Data Sheet" and short answer sheet completed during the interview session are used side-by-side for each applicant when the Committee for Dental Hygiene Recruitment and Admissions reviews and selects applicants for admission. Comments from the committee regarding each applicant interviewed also are considered in candidate selection. Comments regarding the personal statement essay are reviewed by the admissions committee and are available for review during the interview session. The essay is a 300-500 word personal statement of the applicant's goals and objectives for pursuing their degree as a dental hygiene student at the University of Maryland and their hopes for involvement in the profession of dental hygiene. The Committee for Dental Hygiene Recruitment and Admissions begins its selection process on a "rolling admissions" basis and can begin selection as early as January. Students with the highest scholastic averages, generally science GPA's of 3.5 or higher, and those receiving above average ratings regarding academic histories, interview evaluations, letters of recommendation, personal statements, and short answer written responses are offered admission earlier. Selection continues until the class is filled or the qualified pool has been depleted which typically occurs in mid-March. Admissions letters are sent by the Associate Dean of Admissions and co-signed by the Director of Admissions and Recruitment for Dental Hygiene (M. Manski). Applicants not accepted to the program or placed on the alternate list also are notified in writing at the end of the admissions cycle.

Marion C. Manski, was the Chair of the Committee on Dental Hygiene Recruitment and Admissions in 2009-2010. Committee members were:

- Dr. Ulla Bufano, Dental Faculty
- Ms. Deborah Cartee, Clinical Instructor, full time Dental Hygiene faculty
- Ms. Jacquelyn Fried, Director, Dental Hygiene Program
- Ms. Nicole Johnson, Dental Hygiene Alumna
- Ms. Allyson Luckman, Junior Dental Hygiene Student
- Ms. Matilda Minassian, Degree Completion Dental Hygiene Student
- Ms. Sandra Ramjohn, Senior Dental Hygiene Student
- Ms. Janet Weber, Assistant Professor, Junior Clinic Coordinator

The status of individuals (e.g., senior dental hygiene student, faculty member, etc.) who comprise the committee has remained constant over the years.

3. To what extent do the program administrator and faculty participate in the modification of admission criteria and procedures?

The Program Director and faculty participate fully in modification of admissions criteria. The Director of the Dental Hygiene Program and several other dental hygiene faculty serve on the committee. In addition, any faculty member who is not an assigned member of the Committee may either propose changes to a member or attend a meeting to make recommendations. Student members also contribute to the discussions and propose ideas. Issues related to admissions also are raised and discussed at general faculty meetings.

Modifications to the previous admissions process were instituted for the 2006 admissions cycle. These changes were based on faculty, applicant and student feedback received by the admissions director from the admissions committee members and current students and faculty. Another source of change arose from an examination of models used in other programs and from benchmarks related to efficiency, effectiveness and parity. The Admissions Director further instituted the following changes:

- Refining evaluation criteria on the Data Sheet
- Refining evaluation criteria for interview sessions
- Utilizing group interview sessions with prospective students and the Admissions Committee members
- Having student committee members lead a tour of the school
- Adding the personal statement (300-500 word essay)
- Increasing the length of the interview session from one hour to 3 hours
- Having each member thoroughly review the file of the applicant before the sessions
- Having the members of the committee take notes, given the applicant's data and information, during the interview sessions
- Creating an excel spreadsheet for ease of data collection that summarizes course grades and information on the applicant

The Director of Admissions instituted these changes upon acquiring the position in the summer of 2005.

4. How are applicants informed about the program's criteria and procedures for admission, program goals, curricular content services performed by dental hygienists and employment opportunities? Provide a program application packet and/or form as an exhibit.

The dental hygiene program's website includes all information relevant to the admissions process and can be accessed from the dental school's homepage. In addition, applicants are informed about the program's criteria and procedures for admission and the program goals by the Director of Recruitment and Admissions via phone, during in-person advisory visits, and through email and bi-annual Open Houses. Visits to individual feeder campuses are made annually.

Open Houses began in 2007. They are hosted every fall and spring, bringing students and pre-health advisors from feeder schools to the University of Maryland Dental School to showcase the program and facility. Faculty and students are involved in the presentation, tour and panel discussion.

The dental hygiene program's website also contains an open house video, testimonials from students and all information regarding our program. Each applicant receives program and career information electronically via an email letter (Exhibit 2-3.A4) and a copy of our brochure (Exhibit 2-3.A5) electronically.

A PowerPoint presentation is utilized at open houses and presented at colleges when the Director is asked to speak to prospective students. This presentation contains complete information regarding the dental hygiene career, our program and the admissions process. The following is a list of feeder schools visited for admissions and recruitment:

1. Prince George's Community College
2. Anne Arundel Community College
3. Montgomery College
4. UMBC-University of Maryland Baltimore County
5. University of Maryland College Park
6. Howard Community College
7. Cecil College
8. Harford Community College
9. Bowie State University
10. College of Southern Maryland
11. Community College of Baltimore
12. Baltimore City Community College
13. Bowie State University

In addition to the power point created by the Director, senior dental hygiene students create marketing projects for one of their courses and, if desired, can attend a college fair to utilize their marketing project to promote the dental hygiene program. The Dental Hygiene Director of Admissions and Recruitment pre-approves the presentation or marketing tool before it is used.

Students at college fairs requesting mailed information, when access to the internet is limited, can receive specific items on an individual request basis via direct contact with the Division of Dental Hygiene.

Those who have internet access can receive specific information via an email from the Dental Hygiene Director of Admissions, and links to the website and brochure (Exhibit 2-3.A5) highlighting important need-to-know information about the program. Applicants also can download the Directions for Applying (Exhibit 2-3.A6) which lists the criteria for admissions and the application (see Exhibit 2-3.A7) on this website. In addition to the information gleaned from the Director and the website, other program information and directions for applying can be found in the Dental School and/or other University of Maryland catalogs.

Approved transferring colleges and universities throughout the state list the dental hygiene program's criteria and procedures and our university has an electronic articulation program with The University System of Maryland colleges and universities (currently 16 community colleges in Maryland are included in the articulation agreement, in addition to University of Maryland branch campuses). The University System of Maryland Administration maintains the articulation program called ARTSYS and updates the database on a daily basis. ARTSYS permits students and advisors to enter transcript data into the program and analyzes courses taken as compared with a Recommended Transfer Program for the University of Maryland Dental Hygiene Program. ARTSYS is available on the internet.

Exhibit 2-3.A8 is the opening page to this articulation internet site and Exhibit 2-I.A1 is a sample Recommended Transfer Program from one of the sending (transferring) colleges participating in the articulation agreement with the University of Maryland.

5. If students who do not meet the program's admission criteria are admitted, what academic strengthening is provided in the area(s) of deficiency(s)? When and by whom, will the remediation be provided?

Students who do not meet the admissions criteria are not admitted.

6. Evaluate whether the program (including each campus site, if applicable) has the necessary faculty, facility and financial resources and scheduling flexibility to accommodate students who do not meet the admission criteria without jeopardizing learning experiences of other students.

Students who do not meet the admissions criteria are not admitted.

7. Briefly describe the institution's policies on discrimination. In what documents are these policies stated?

The institution's policy on discrimination is as follows: "The University is an equal opportunity institution with respect to both education and employment. In educational programs, the University does not discriminate on the basis of race, color, religion, age, ancestry or national origin, gender, sexual orientation, physical or mental disability, marital status, or veteran status. Exceptions are made as allowed by law, for example, due to bona fide occupational qualifications or lack of reasonable accommodations for disabilities." This policy is stated in Exhibit 2-3.A6, Directions for Applying to the Dental Hygiene Program, available on the Dental School's website, www.dental.umaryland.edu. and the University of Maryland Student Answer Book, p. 26.

"Technical Standards for Admission and Matriculation" (Exhibit 2-3.A9) is enclosed with offers of admission letters. This information also is available on the Dental School's website.

The Committee on Dental Hygiene Recruitment and Admissions carefully reviews all applications in a completely confidential process.

B. Supportive Documentation

1. Exhibit 2-3.A1 and Exhibit 2-3.A2: Rating sheets for student selection
2. Exhibit 2-3.A3: Applicant questionnaire at interview
3. Exhibit 2-3.A4 and Exhibit 2-3.A5; Letter and Brochure
4. Exhibit 2-3.A6, Exhibit 2-3.A7, and Exhibit 2-3.A8: Applicant information
5. Exhibit 2-3.A9, Technical Standards for Admission and Matriculation

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. Transfer 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.

A. Description

1. Does the dental hygiene program admit students with advanced standing? If yes, describe the policies and methods for awarding advanced standing credit. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

This program does not admit students with advanced standing credit.

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

A. Description

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.

Students primarily render care in the Dental School where a variety of patients is seen. The major metropolitan area where the school is located provides a diverse patient population. In addition, individuals from areas throughout the state seek care at the Dental School, the only Dental School in the state. Dental School patients represent a broad range of ethnic, socio-economic and cultural backgrounds. They present with a variety of oral and systemic conditions and diverse values and attitudes toward oral health. In the Dental School, students also treat patients in specialty clinics (e.g., Special Patients Clinics, Plus Clinic). Students also provide care at our University of Maryland College Park dental clinic with dental/dental hygiene faculty covering patient care.

Students also deliver services to patients at their community service-learning sites. They spend at least 90 hours their senior years participating at these extramural site(s). These sites provide a wide range of patient experiences that supplement the clinical program at the Dental School. The patient populations at these sites often present with complex medical and psychosocial conditions that enhance the students' abilities to treat a variety of individuals, work on interdisciplinary health care teams and function in a variety of health care settings. See Exhibit 1-1.1A, Comprehensive Listing of Service-Learning (SL) Sites, 2010-2011 (DHYG 413/423)

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?

One class is admitted each year in the month of August. These students enter either a two or three year program of study.

3. How many applicants, i.e., individuals who have submitted required credentials: a. were there for the most recently admitted class? b. met the minimum admission criteria? c. were offered admission? d. were enrolled? e. were enrolled with advanced standing?
 - a. Were there for the most recently admitted class?
There were 86 applicants for Fall 2010.
 - b. Met the minimum admission criteria?
74 met the minimum admission criteria. The remaining 12 applications were incomplete.
 - c. Were offered admission?

Forty* applicants were offered admission for fall 2010.
(*This includes applicants and the alternates selected to receive offers in the declined applicant's place. Only 34 offers of admission ever occurred at a given time since there were already 3 returning 3-year students in the class.)
 - d. Were enrolled?
Thirty-seven new students were enrolled for Fall 2010. 34- 2 year full time students and 3-3 year part time students.
 - e. Were enrolled with advanced standing?
No students were enrolled with advanced standing.
 4. Using the format illustrated in example exhibit F, provide enrollment data for the program during the current and four preceding years and student attrition data for the current classes of students. Refer to Exhibit 2-5.A1.
- B. Supportive Documentation
1. Exhibit F/Exhibit 2-5.A1: Table on enrollment and attrition data.

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.

A. Description

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

See Exhibit 2-1.A2 for the Division of Dental Hygiene Competencies for New Graduates. All of our program competencies are listed on the school website. Students who are enrolled in the program have access to this website by orientation, if not before. In addition, course syllabi are posted by that time. At a particular course's first session or within the first module of the course, course competencies are discussed and are posted on the course's BlackBoard site. Each dental hygiene course syllabus identifies the specific dental hygiene competencies which pertain to and are measured by the specific activities and content areas addressed by that course. Each course has identified evaluation methods that measure student attainment of the identified competencies (Exhibit 2-6B). The Dental Hygiene Program presents the comprehensive listing of courses, the specific competencies measured in the course and attainment of the specific supporting skill competency, the evaluation mechanisms used to measure competency, the benchmark score/value used to assess competency, outcome as defined as met or unmet competency, and corrective actions taken to address student deficiencies in achieving competency. Course syllabi are located in the Course Information tab of each Blackboard course site. At their first classes, faculty present and discuss their course syllabi, to enable student understanding of course goals, objectives and requirements. Faculty also demonstrate and describe the format of their Blackboard course sites to students to ensure ease of course navigation and of locating course documents. As stated in Standard. 2-2, faculty strive for consistent course formatting and placement of crucial course documents in consistent tabs across their Blackboard courses. The Dental Hygiene Competencies provide a standard whereby the dental hygiene curriculum is measured to assess attainment of the program's mission, that is, to graduate dental hygiene professionals who are competent for entry into dental hygiene practice in public and private settings (Exhibit 2-6B) also describes the knowledge, skills and attitudes our graduates must attain for entry into dental hygiene practice in public and private settings.

The value of these competencies is related to two areas. First, the competencies define the core content of the curriculum. By stating publicly what graduates must know and be able to do after completing our program, we establish a basis for the content of all courses. The competencies provide guidance for identifying relevant content when making decisions related to our educational program.

Second, competencies are useful for outcomes assessment. The quality of any curriculum must be judged by its results. By setting forth competencies that a student must demonstrate to qualify for graduation and entry into the profession, a basis for establishing outcome measures to evaluate the degree to which a student has acquired and can demonstrate the competencies needed to care for individuals and promote the health of the public is established.

Competencies for Dental Hygiene Graduates should be viewed as dynamic standards that are responsive to any clear need for change. The competencies are intended to serve as a framework for the dental hygiene curriculum and require regular review and revision.

Below is a description of the competencies and their intended use.

Domains

The general organization of this document is structured from the general to the more specific. Three Domains have been identified: Professionalism, Health Promotion and Disease Prevention, and Patient/Client Care. These domains represent broad categories of professional activity and concern which occur in dental hygiene practice. By design, these categories are not related to specific courses within the Department of Dental Hygiene because course structure does not reflect the scope of a practicing dental hygienist. The concept of Domains is intended to encourage a structure and process in the curriculum that is interdisciplinary, coordinated and applicable to practice. In this document, Domains are numbered I-III.

Competencies

Within each domain, Competencies are identified. A Competency is the ability to provide a particular, but complex, task or service. For example, "the dental hygienist must be able to systematically collect and accurately record baseline data on the general, oral and psychosocial health status of patients/clients using methods consistent with medicolegal principles." The complexity of this service suggests that multiple and more specific abilities are required to enable the performance of a Competency. In this document, Competencies are numbered 1-10.

Supporting Skills

The more specific abilities could be considered subdivisions of Competencies and are termed Supporting Skills. An example of a Supporting Skill is: "Obtain, review and

update a complete medical, family, psychological, and dental history." The acquisition and demonstration of a Competency require a level of mastery of all Supporting Skills related to that particular service or task. Similarly, Supporting Skills also require acquisition of more specific abilities, termed Foundational Abilities. In this document, Supporting Skills are numbered 1.1-10.4.

Foundational Abilities

Foundational abilities are obtained through didactic, laboratory and clinical instruction that provide the information and experience needed for satisfactory mastery of Supporting Skills. Foundational ability encompasses knowledge, psychomotor skill and attitudes. Foundational knowledge is the ability to use information and correctly answer specific questions when asked, for example, on an examination. Foundational psychomotor skill is the ability to follow specific rules to produce acceptable results in standardized situations, for example, periodontal probing on a simulator. Foundational attitudes are positive intellectual and behavioral actions, such as addressing a patient's chief complaint prior to proceeding with the planned treatment.

The basic medical and dental sciences, behavioral sciences, and clinical sciences all provide instruction at the foundation level. Didactic, small group, seminar, laboratory and clinical instruction provide information and psychomotor experiences that enable students to acquire and demonstrate competence in clinical or other settings. The inclusion of any specific foundational ability in the curriculum should be based on its direct support of one or more of the Supporting Skills and Competencies. In general, course objectives are designed to provide Foundational Abilities. Therefore, Foundational Abilities are not listed in this document.

Summary

Competencies for Dental Hygiene Graduates define a level of practice for the new graduate, rather than predict the higher level of practice that will be attained by dental hygiene practitioners over their career lifetimes. This document is designed to direct and be responsive to the educational needs of our students. Ultimately, the true measure of the value of these competencies will be the quality of our graduates and the health care they render to the public. These competencies are linked with our program goals.

Exhibits for Supportive Documentation for Standard 2-6.A.

1. Exhibit 2-1.A2, Dental Hygiene Competency Statements
2. Exhibit 2-6.A1, First Exam Grades 2010 FINAL
3. Separate Curriculum Document, Exhibit 2-7
4. Exhibit 2-6B, Curriculum Competency Document

2. Describe how, and at what intervals, students' laboratory, preclinical and clinical performance/competency is evaluated. Include all forms utilized to evaluate students' skills in the separate course outlines documents. Provide all evaluation tools and strategies used to assess preclinical, clinical and laboratory competence.

Laboratory Courses

In DHYG 316, Oral Radiology I, and DHYG 324, Methods and Materials Used in Dentistry (junior year laboratory courses), students must self-assess their laboratory procedures, using the same criteria as the instructor. These criteria are found in the course syllabus. All laboratory procedures must be completed satisfactorily prior to performing them clinically. Radiographs, dental sealants, impressions and study models must be completed to clinical competency. In DHYG 316, Oral Radiology I, and DHYG 324, Methods in Materials in Dentistry (junior year laboratory courses), students' weekly laboratory competencies are evaluated by the supervising faculty based on criteria outlined in weekly Laboratory Exercise forms. These forms provide the opportunity for students' self-assessment and faculty's feedback. Weekly Laboratory Exercise forms can be found in Exhibit 2-7. Students are required to review Competency forms prior to a laboratory session and refer to them during self-evaluation. (See Exhibit 2-7 for all evaluation forms.)

In DHYG 316, Oral Radiology I, and DHYG 324, Methods and Materials Used in Dentistry, students must self-assess their laboratory procedures, using the same criteria as the instructor. These criteria are found in the course syllabus. All laboratory procedures must be completed satisfactorily prior to performing them clinically. Radiographs, dental sealants, impressions and study models must be completed to clinical competency.

In DHYG 316, Oral Radiology I, and DHYG 324, Methods in Materials in Dentistry, students' weekly laboratory competencies are evaluated by the supervising faculty based on criteria outlined in weekly Laboratory Exercise forms. These forms provide the opportunity for students' self-assessment and faculty's feedback. Weekly Laboratory Exercise forms are available online, under Lab Exercises on the course Blackboard. Students are required to review competency forms prior to a laboratory session and refer to them during self-evaluation.

For both of these courses, student must complete "weekly laboratory competencies". In addition, students complete weekly homework assignments in DHYG 324; and, they are given 6 quizzes. In DHYG 316 students are also given weekly quizzes and 4 exams in addition to their weekly laboratory competencies.

Junior Clinic

Students in year one are engaged in both preclinical and laboratory experiences.

Evaluations in the simulation laboratory include daily faculty observation supervision and feedback, and student completion of self-assessment forms which faculty review and approve. In pre-clinic, students treat student patient partners. They receive daily faculty observation, supervision, verbal feedback and faculty has the option to use a tally sheet to note any observations of student performance that they feel merit attention. Often these are areas where there is need for student improvement. Students are required to meet their competencies and these “competency days” are scheduled throughout the semester. Prior to taking their competency, students receive faculty guidance on all procedures and services they must master.

See Competency Listings below.

Table 1-a, DHYG 311/321 Competencies

In order for students to receive credit for these competencies, the score for the appropriate number must be entered into Axium. See DHYG 321 Course outline for directions. **Competencies may not be completed on dental or dental hygiene students.**

Please initial Competencies AFTER grade has been entered into Axium

Competency	Grade	Faculty Initials	Date
1 Patient Plaque Control Instruction			
2 Plaque Control Instruction for the Patient under 17 Years of Age			
3 Hard Tissue Charting for the Adult			
4 Hard Tissue Charting of Mixed Dentition			
5 Accretions Identification and Removal			
6 Periodontal Assessment for the Mild Patient			
7 Piezo Ultrasonic Scaler			

8 Instrument Sharpening			
9 Sealant Application			
10 Fluoride Varnish			
11 Fluoride Tray Application			
12 Mechanical Stain Removal			

In their first semester of clinic, spring of their first year in DHYG 321, students receive daily grades in all assessment categories, tx planning, implementation and professionalism. Faculty and students discuss daily evaluations after patients are dismissed. Junior students also are required to complete a competency on a pediatric and adolescent patient. The Student Clinic Record Form documents these grades which are entered into AXIUM.

Senior Clinic

In senior clinic, students receive daily grades in all of the assessment categories, tx planning, implementation and professionalism. Faculty constantly give students feedback and discuss student evaluations daily at the end of the appointment. Students have 18 competencies in the fall and 11 additional competencies in the spring to complete. They include:

Table 1-b, DHYG 411/421 Competencies

Fall Competencies	Spring Competencies
Pediatric Total Patient Care 1	Pediatric Total Patient Care 1
Adolescent Total Patient Care 2	Adolescent Total Patient Care 2
Periodontal Competency (Mild) 3	Periodontal Competency (Mild) 3
Periodontal Competency (Moderate) 4	Periodontal Competency (Moderate) 4
Periodontal Competency (Severe) 5	Periodontal Competency (Severe) 5
Geriatric Total Patient Care 6	Geriatric Total Patient Care 6
Detection and Removal I 7 (NERB form)	Detection and Removal I 7 (NERB form)
Detection and Removal II 8 (NERB form)	Detection and Removal II 8 (NERB form)
Heavy Scaling 9	Heavy Scaling 9
Special Needs Total Patient Care 10	Instrument Sharpening

Instrument Sharpening	Instrumentation Skills
Instrumentation Skills	
In – office Fluoride Tx/varnish	
Piezo Scaler	
Tobacco Cessation	
Arestin Competency 411 OR 421	
Local Anesthesia Max Arch 411 OR 421 Will be distributed in DHYG 412	
Local Anesthesia Mand. Arch 12- 411 or 421 Will be distributed in DHYG 412	

Seminar grades also address attainment of competence. Case history development and review address critical thinking and decision-making skills. Students are required to develop a case history that includes data collection, analysis of the data and treatment planning via writing multiple choice questions about the case. Students also are required to answer multiple choice questions on several cases during both the fall and spring semesters to help achieve competence in critical thinking and decision-making skills.

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

The course syllabi for all courses taught in the division are found in Exhibit 2-7. Students who are enrolled in the program have access to the school website by orientation, if not before. Here, all program competencies are listed. In addition, course syllabi are posted by that time. At a particular course's first session or within the first module of the course, course competencies are discussed and are posted on the course's BlackBoard site. To treat patients in clinic, students must meet all of their competencies at a passing level prior to treating patients. Students are given multiple opportunities to achieve a passing grade (75%) on a competency that is being repeated. Our philosophy is to try to work with students to help them achieve competence. If a student appears unsuited for the clinical component of the profession, he/she is advised by the Program Director of the faculty's view on this matter. Our webpage also states that we have the discretion to advise students to select other professions if we feel it is in our and their best interests. Didactically, students must achieve a 75% in all courses or they must repeat the course. Course directors "red flag" students with academic problems and faculty are informed of the students' grades. (See Exhibit 2-6.A1, First Exam Grades 2010 FINAL.)

4. Who reviews dental hygiene students' academic and clinical performance and what action is taken when a student's performance is below minimum

standards? How frequently is the student made aware of his/her performance?

A review of students' performances is continual. At monthly faculty meetings, faculty comment on student performance. If trends or patterns are identified, then the particular student's faculty advisor will meet with the student. This review pertains to both clinical and didactic performance. Exhibit 2-6.A1 shows a summary sheet of student grades following the first exam that was e-mailed to all teaching faculty and distributed at a faculty meeting so that all faculty was aware of students' statuses.

If a student does not perform well on an exam, the Course Director will e-mail the student and faculty regarding this occurrence. All such e-mails are placed in the student's file. The chain of command for remedying student clinical and/or didactic performances is as follows: course director arranges a one-on-one with the student to discuss the issue; the student advisor would be the next level, particularly if multiple course performances are a concern; program director; and the Dean for Academic Affairs (when warranted, with the Program Director present). Course directors and satellite students may communicate by e-mail, WebEx or telephone and have direct access to their teaching faculty.

Clinically, our student clinic record forms and our junior student tally sheet/assessment forms monitor day to day clinic performance. Faculty is quick to communicate concerns to other faculty and to the course director. Students are made aware of any failing exam grades immediately after the exam is taken. (Our on-line grading system permits this.) Sometimes after item analysis, a grade may change but students are contacted by the respective course director if a failure is extremely low even after the first exam or if it is indicative of a pattern. Although student advisors used to focus mainly on clinical performance, the faculty decided that didactic grades also must be addressed by the advisor. Scheduled SAS meetings occur before midterm, at midterm, before final assessment and at final assessment. Student advisors report any across-the-board concerns to the entire faculty group.

Formal dental hygiene progression committee meetings are scheduled at midterm and at the end of the semester. At midterm, the committee takes a comprehensive look at each student's overall performance. If particular students have major problems (whether it be in one course or in multiple courses), this is documented in the committee minutes and reported to the entire faculty. At that time, the student's faculty advisor may be called upon to meet with the student since individual contact from the course director would have occurred by that time. The student may also need to meet with the specific course director and the program director so that a "game-plan" for success can be established. The student then receives a letter documenting the agreed upon strategy which must require the

student's signature indicating that the student understands what is expected of him/her.

5. Describe procedures for assisting students who are having academic difficulties.

Plans for assisting students who are having academic difficulties tend to be very individualized. Students with first semester psychomotor skills often meet with faculty in "one-on-ones" to demonstrate and practice their skills on a dentaform. The simulation lab is also available for these types of exercises. Students who fail exams meet with the respective course directors to discuss why they feel they performed as they did. The course director suggests ways that the student may address the material more effectively. Students also may be given additional reading assignments or written exercises that can help remedy their deficit. Students sometimes are referred to the Campus Counseling Center or to the Writing Skills Center. Students' psychological issues and learning disabilities may affect their academic performances. Written documentation of a student's learning disability must be provided if a student requests special testing accommodations. All course directors are made privy to these modifications. When students present with significant psychological issues that are impeding their learning, we strongly advise them to seek help. If seeking help is strongly advised or completion of requirements for advancement is mandated, the student is apprised of this information. Typical stipulations include deadlines for treating patients, deadlines for competency completion, or the need to seek medical care if a physical ailment is compromising student attendance/performance. Students are sent a well-delineated plan to which they must adhere in order to advance. Their signatures are required on this document and a hard copy is placed in their file.

6. To what extent do evaluation procedures for didactic instruction:
 - a. Allow both students and faculty to periodically assess student progress in relation to stated objectives?

A variety of evaluation mechanisms are used to assess student attainment of learning objectives and competencies. All course syllabi and corresponding course documents specify criteria for evaluation. Examinations and course evaluation mechanisms measure stated learning objectives and competencies. A variety of evaluation mechanisms are used frequently throughout courses to allow students and faculty to assess student progress in meeting stated objectives and competencies. The online component of courses enable students to view the Grade Center feature in Blackboard, the course management tool used by the University of Maryland, Baltimore. Students submit assignments electronically, post responses and questions on the Discussion Board feature in Blackboard, and have access to their grades and faculty feedback throughout the duration of the course. In addition

to viewing their scores immediately upon completion of online examinations and quizzes, students are able to view extensive faculty feedback typed in for each exam and quiz question, providing feedback and rationale for incorrect answers they submitted. Students also are able to view the correct answer with rationale and explanation. Students requiring additional feedback are instructed to write questions and requests for specific clarity on their pre-printed, proctor provided scrapsheets paper that is submitted to faculty upon exam completion, even if blank. Common exam errors are discussed in lecture or in the Announcements or Discussion Board sections of the Blackboard component of courses. Faculty responds to students' questions on an individual basis to clarify any misconception or to fill in knowledge deficits. Post exam communication occurs in-person, by email, or by phone conference depending on students' need. Students are encouraged to assess their progress from the beginning of courses and request individual or group assistance with clarification of course content throughout course duration. Faculty utilize a variety of communication modes for students requiring additional learning assistance and tutoring, such as in-person meetings, phone conferences, Web conferences, and email correspondence. Students who achieve unsatisfactory performance on course evaluation measures receive electronic counseling notification from their course coordinators. The Division of Dental Hygiene Program Director is always forwarded or carbon copied on the counseling notifications. Students' SAS advisors are also appropriately keyed in on course deficiencies among their advisees, as are the clinic coordinators, when gaps in didactic knowledge are assessed across clinic courses as well. Early course difficulties are noted across the first semester courses and throughout the curriculum. Most often consistencies in course deficiencies are found during semester one of the junior year. Course coordinators frequently discuss and present student data to one another regarding students' attainment of competency on course evaluations. Early interventions such as tutoring and course counseling are introduced. The Dental Hygiene Progression Committee comprised of the Division of Dental Hygiene Program Director, junior and senior clinic coordinators, several dental hygiene course coordinators, and the Dental School's Associate Dean for Academic and Student Affairs and the Office of Academic Affairs administrator meet at midterm and at the semester's conclusion to assess student progress in the dental hygiene program. Students are informed in writing by the Division of Dental Hygiene Program Director regarding midterm progression concerns and conditional advancement to the next semester, and in very few cases, recommendations for withdrawal or dismissal from the program when student attainment of learning objectives and program competencies are unmet. The Division of Dental Hygiene published policy states that the uniqueness of the health professions may warrant, in some cases, that a student deemed unsuitable for the health professions be counseled for discontinuation in the program and counseled regarding more suitable professions.

- b. Require students to demonstrate higher-order knowledge and application?

While many examinations and quizzes are written at the knowledge and comprehension level, other course evaluation mechanisms such as written papers, student projects, oral presentations, and case studies require student demonstration of higher order learning (application, analysis, synthesis, and evaluation). Some course directors have developed case-based assessments, which require the students to apply knowledge from various courses and demonstrate higher level learning. As students progress through the curriculum, instructional objectives are increasingly written at higher levels requiring students to demonstrate competence in critical thinking, analysis, synthesis and evaluation when applying goals and competencies in evidence-based decision making. For example, in the first two semesters, basic science, dental hygiene science and clinical courses assess students' abilities to assess, plan and implement educational, preventive, and therapeutic treatment planning strategies based on previously learned didactic course content. Evidence-based decision-making is introduced in the second semester in DHYG 323 Care and Management of the Special Patient where treatment plans are altered to account for special treatment needs and complicated patient cases requiring progressively more complex critical thinking skills. The process continues throughout the senior year, with advanced course content presented in evidence-based decision making in DHYG 411 and 421, Advanced Clinical Practice I and II, and DHYG 416, Introduction to Oral Health Research. See Exhibit 2-7 Curriculum Document for course syllabi and course outlines.

- c. Become more rigorous as the student's ability increases?

As students progress through the curriculum, they incorporate knowledge and principles from a variety of sources, including previously learned course content and applied clinical experience. This knowledge base enables them to make professional judgments based on current, scientific, research and professional knowledge. Throughout the curriculum, sophistication in professional judgment grows.

Evaluation in didactic courses becomes more rigorous as the students' abilities increase and learning objectives are written to foster higher order and increasingly more independent critical thinking performance. Progressive didactic evaluations includes emphasis on application of knowledge and more independent problem solving strategies, building on the students' attainment of previous competency in earlier stages of the curriculum. For example, during the senior year students are expected to organize, evaluate and assimilate information in case presentations, group and individual projects, and case studies. Emphasis during the senior year is placed on developing advanced written and oral communication skills and enhancing

group processes such as leadership skill development and group dynamic approaches in completing course projects.

d. Lend themselves to consistent application by faculty?

All courses within the program use the same numeric grading scale, and specific criteria for written assignments have been developed and are used for all courses. Course coordinators are responsible for developing and informing students of methods of evaluation that will be used in the course. Faculty often consults with each other about grading of assignments, projects or other assessments to assure calibration and consistent application of grading criteria. Monthly faculty meetings emphasize objective evaluation of student performance and consistent application of grading criteria. Additionally, individual faculty partake in peer collaborations when evaluating student progress in course assignments requiring similar application of knowledge strategies and competency expectations. Through discussion and standardization, evaluation subjectivity is minimized and objectivity is increased. Frequently, faculty ask one another to be added to each other's Blackboard courses as Course Instructors or Course Builders as another added measure to assess consistency in course evaluation and application of earlier course instruction; therefore, increasing faculty knowledge of what was previously taught and how previous learning was evaluated. All faculty do have guest access to all courses, just not always in the Course Instructor or course builder capacities.

Additionally, all dental hygiene faculty is on the Committee for Dental Hygiene Curriculum Innovation and Management. The process of course reviews conducted by this committee enables detailed course overviews presented by faculty course leaders, and transparency of course content and delivery method. Detailed faculty peer reviews of course formats, appropriateness of course content, consistency of application of course policies, and consistency of evaluation mechanism applied across the curriculum further lends itself to consistent application of evaluation procedures for didactic instruction by faculty.

e. Evaluate student's responsibility for professional judgment

Students are given the Dental School's Professional Conduct Policy prior to orientation to the dental hygiene program. The policy is then reviewed and studied by students prior to administration of a mandatory Professional Conduct examination occurring on the first day of August orientation. Students meet with the faculty and student co-chairs of the Professional Conduct Committee during that first day of orientation to review and discuss the policy before completing the examination. All students must successfully pass the exam before being allowed to start their first semester classes. Unsuccessful students are individually counseled, tutored, and re-examined until a passing score is achieved. Delay in beginning coursework is the sanction until the Professional Conduct Policy exam is passed.

Each examination and quiz given to students includes the Professional Conduct Policy mandate summarizing students' professional and ethical responsibilities and acceptance of upholding the policy. In order for students to submit their online examinations and quiz answers, they must first proceed to this policy screen and select that they accept what they have read and accept the policy.

Students are also mandated to review and complete HIPAA training and pass the online HIPAA quiz before beginning the first semester. The HIPAA quiz must be passed every year the student is in the program to assure knowledge updates and consistent competency in maintaining confidentiality of protected patient records and information. The Clinic Operations Board maintains the oversight of this training and documentation of faculty and student HIPAA compliancy.

The parameters of professional judgment are upheld in the evaluation procedures for didactic instruction as students are held accountable for attendance, punctuality, professional appearance and behavior, and demonstration of academic honesty at all times. In addition, to emphasis on adherence to professional judgment throughout the curriculum, DHYG 425 Issues in HealthCare Delivery provides advanced discussions, debates, and seminar on professional issues and application of ethical solutions to a variety of case scenarios challenging students' professional judgment. Regarding specific evaluation mechanisms developed by dental hygiene faculty, progressively more complex evaluation procedures include case studies which help students develop skills that require critical thinking, problem solving and knowledge application. Evaluation measures challenge the students' ability to think and analyze and thereby apply their professional judgment in the pursuit of the best and most individualized treatment planning options for individual patient cases. Examinations and case studies throughout the curriculum pose hypothetical patient and provider situations that are analyzed, evaluated, and discussed in various courses. Senior dental hygiene students participate in Translational Research Case Conferences (TRCC) enabling dental hygiene and dental students to work collaboratively through the a case study having an underlying basic science theme. TRCC case study problem solving assignments require the pooling of collective dental hygiene and dental student knowledge, scientific research, and clinical experience in the pursuit of differential diagnoses and recommended assessment and treatment planning strategies. This experience further enhances the school's commitment to collaborative and interdisciplinary therapy, professional group practice, and reliance on professional judgment for sound evidence-based decision making. Effective inter-provider group dynamics enable students to assess strengths and areas of necessary collaboration needed to facilitate the best possible treatment options for patients. Another excellent example of an evaluation mechanism aiming to evaluate students' responsibility for professional judgment is the Case Conference developed and presented in the senior year. DHYG 412 Perspectives of Dental Hygiene Practice disseminates the case presentation assignment criteria. Shared responsibility for evaluation of case components is assigned to the DHYG 412

Perspectives course and the DHYG 416 Introduction to Oral Health Research course. Students work with partners under the mentorship of a faculty advisor on both the case PowerPoint presentation and the literature review assignments. DHYG 412 is the course where the PowerPoint case presentation is evaluated and DHYG 416 is the course where the literature review is submitted and evaluated. The case conference requires that student partners select an appropriate case, conduct research, use professional judgment in how they present and discuss the case, and conduct themselves in a professional manner before peers, underclassman, and faculty.

7. To what extent do evaluation procedures for laboratory, preclinical and clinical instruction:
 - a. Allow both students and faculty to periodically assess student progress in relation to stated objectives?

Faculty's presence during all procedures whether they be laboratory, preclinical or clinical affords the opportunity for continual process and product evaluation. Faculty provides students with continual verbal and written feedback. Assignments and examinations also provide feedback to students and faculty throughout the semester. In both laboratory (DHYG 311, 316 and 324) and preclinical activities students self-assess their end products and competencies using the same criteria as the instructor, respectively. Faculty "flag" students needing extra help and meetings are scheduled with the course director and student to address specific concerns.

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

Process evaluations, as stated above, are continual throughout every course. Students receive daily feedback in both preclinical and clinical courses. Preclinic work sheets are utilized in the laboratory settings. Students self-assess their progress. Faculty observe them completing the stated exercise and "check them off" if their performance is satisfactory. Students and faculty discuss daily progress. Students discuss faculty feedback and clinical grades openly with their faculty and/or the course director. Daily grades in clinic and the use of the student clinic record form that monitors student progress on all categories of the dental hygiene process of care is a mirror of progress performance. Student advisors also track student progress throughout the semester and meet with their respective assigned students to discuss any trends that reflect areas requiring improvement. Examination and assignment grades also earmark periods during the semester where a student's progress is charted. Again, faculty meet with students should an alert be noted.

c. Monitor each student's progress through time?

All didactic components of laboratory, preclinical or clinical courses include assignments and exams throughout the semester. Faculty feedback is daily in all experiential activities. Daily grades are given in clinical courses and competencies can be completed throughout the clinical courses. Our preclinic course also includes a midterm practical which is an excellent barometer of student progress. In preclinic laboratory, students complete self-assessment sheets during the session. Faculty are very hand-on in this environment. In DHYG 316, Oral Radiology I and DHYG 324, Methods and Materials in Dentistry, all laboratory procedures must be completed satisfactorily prior to their delivery in clinic.

d. Define performance standards in clear, specific terms?

All of our courses include specific and measurable outcomes for preclinical, clinical and laboratory courses. (Please see Exhibit 2-7 Curriculum Document for course outlines for DHYG 311, 321, 411, 421 and 324.) Objectives are delineated for each module and Discussion Board allows for clarification of any issues that may arise. Students pose questions or post comments on BlackBoard that faculty continually monitor. BlackBoard announcements and Discussion Board postings ensure consistently interpretation.

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

Self-assessment is part of competency completion for preclinic. Laboratory end-products are self-evaluated as well. As stated, clinical faculty provide feedback to students which is discussed with the student. Sometimes grades may even be changed based on student input. Student advisors provide another avenue for student self-assessment. At midterm, all students complete a self-assessment focused primarily on their preclinical and clinical performances. Seniors also complete a practices behaviors self-assessment that is given to their student advisor. Faculty are constantly seeking input from students on their performance. Students are required to provide rationale for decisions they make, particularly in the preclinical, clinical and laboratory environments. As previously mentioned, in preclinic laboratory, students complete self-assessment sheets during the session. As an example, In DHYG 316, Oral Radiology I, and DHYG 324, Methods and Materials Used in Dentistry, students must self-assess their laboratory procedures, using the same criteria as the instructor. These criteria are found in the course syllabus. (See Exhibit 2-7 Curriculum Document for Course Syllabi.)

- f. Support individualized instruction throughout clinical practice sessions?

All of our faculty feedback is geared to the individual student. We recognize that students progress at different rates. Faculty work very closely with students during clinic practice sessions and daily feedback is provided. If faculty and/or a student feels a student needs extra help outside of clinic, that assistance is provided.

- g. Become more rigorous as the student's ability increases?

In DHYG 316, Oral Radiology I, and DHYG 324, Methods and Materials Used in Dentistry, all laboratory procedures must be completed satisfactorily prior to performing them clinically. Radiographs, dental sealants, impressions and study models must be completed to clinical competency.

Criteria for patient services rendered becomes more rigorous, progressing from DHYG 321 to DHYG 421. The delivery of care to a larger number of and more complex patients is expected over time. Also, grading criteria for student performance in all categories of the process of care becomes more rigorous. (See Exhibit 1-7H, Dental Hygiene Clinic Manual.)

- h. Lend themselves to consistent application by faculty?

In all courses, teaching faculty use the same syllabi and course and module objectives. All course information is posted on BlackBoard and all faculty has access to this information. Criteria for pre-clinical and clinical evaluation are written out and clinical calibration is continuous. Calibration, on some level, comes up at usually every faculty meeting, especially when a particular circumstance occurred in clinic that was difficult for the faculty to assess. Also, faculty communicates on the clinic floor if a quandary arises. Through student advising, faculty also have access to how faculty graded a given student in a particular category. Since we comment on grades given, faculty peer review each other's consistency. If something appears to be inconsistent, the faculty member may be told in a one-on-one; further, calibration in this area may be discussed at a faculty meeting.

- i. Evaluate student's responsibility for professional judgment and conduct?

Students receive professionalism grades each day in clinic. This evaluation category looks at conduct as well as judgment. However, if judgment were to be way off on, for example, a treatment plan, the grade for that portion of the evaluation could be affected.

We also include a blanket statement on our Division org site and in each course outline related to professional conduct – and that is – if a student should exhibit an egregious behavior such as improper communication between a peer and/or a faculty, that behavior could result in a reduction of a course letter grade. Finally, all students are required to take and pass a judicial code exam during orientation. This honor code also appears on each exam. Judicial policies also are posted on the school website.

8. For distance education sites: describe how examinations are managed to remain secure if administering via technology, and how examinations are graded in a timely manner.

Examination policies and instructions for preparation of laptops for online testing are disseminated during the August new student orientation concerning testing (Exhibit 2-6A.8a). Additionally, all Course Information areas of Blackboard dental hygiene courses contain these same Examination Policies and instructions for online testing. Students practice and confirm success by taking a Mock online examination during orientation and through instructional sessions with the University of Maryland Dental School's Information Technology (IT) team. The IT team conducts periodic training sessions with students, course coordinators, and testing center directors when there are updates to the online assessment procedures. The IT team remains available for contact with onsite test proctors as well as distance education testing sites.

There are four testing sites utilized in the coordination and dissemination of online examinations and assessments for distance education students:

- Cecil College Testing Center
- Wor-Wic Community College Reading, Writing, and Testing Center
- Chesapeake College Testing Center
- Lewes, Delaware Library

Each testing center has specific, secure examination procedures and sites for dental hygiene students to complete their online examinations and assessments.(Exhibit 2-6A.8b) Students are not permitted to bring books, notes, backpacks, cell phones, nor other electronic devices into the testing areas. Students present government issued photo identification to the testing center proctors and sign in and out of the testing sites. The University of Maryland Division of Dental Hygiene coordinates the examination schedule and confirms dates and times for the synchronous, timed, scheduled assessments. A comprehensive exam schedule (Exhibit 2-6A.8c) is sent to each testing center, students, test center directors, course coordinators, and University of Maryland Information Technology (IT) assessment staff members. The Dental School IT staff program assessment team work with course coordinators during the proofing and review stage of the assessments and program examination dates and times for each online assessment. The IT team is able to view when

students log on and log off of their timed online assessments and they notify course coordinators of any irregularities in student access to examinations. A paper copy of each exam and a preprinted, standardized scrap paper (Exhibit 2-6A8.d) is postal mailed to each testing center with detailed proctor instructions (Exhibit 2-6A.8e), and a self-addressed and stamped mailing envelope. At the completion of student examinations, the proctors collect all scrap paper sheets and return all blank paper back up examination copies along with the signed proctor confirmation sheet in the mailing envelope. Once received by the Division of Dental Hygiene, scrap paper sheets are distributed to the course coordinators for review. Students are instructed not to post questions about examinations on Discussion Board. Faculty contacts students who request specific clarification on examination items beyond the post-examination instant feedback student review that is displayed upon submission of exam answers. IT staff prepare examination reports for dissemination to course coordinators which detail student by student responses as well as question by question exam statistics and analyses.

Cecil College and Wor Wic Community College require students to complete their online examinations and assessments using their testing center desktop computers. Chesapeake College and the Lewes Library testing sites require that the students bring in their own University of Maryland issued laptop to complete their online examinations. Assessments are proctored by staff at the testing centers. Preferably, testing occurs at college testing centers; however, the Lewes Library testing site presented a unique location for students to complete their testing under the supervision of librarians who directly view the students while the examinations take place. Their glass walled testing room is utilized for other testing purposes in that rural Delaware community and extensive evaluation of the security and proctoring diligence was assessed prior to committing to using this site as a test center. Many of the librarians are retired teachers and have vast knowledge and experience proctoring student examinations.

QuestionMark Perception is the online evaluation program utilized by the University of Maryland, Baltimore campus and Dental School. Students logon to the Perception website using a secure username and password. The secure testing website has a lock down browser feature that does not allow students to log on while other programs, software or other browsers are open or turned on. They are not able to access files or other programs during the assessments. Within the assessment, both the questions and answer choices are scrambled to further enhance the security of testing administration and to prevent student visualization of other students' questions and answers. Answer choices appearing on the screen are neither numbered nor lettered. Students using their computer cursor click in the answer bubble associated with their desired answer. Each testing center set up prevents incidental viewing of other students' computer screens regardless of whether testing center desktop computers or students' personal University of Maryland laptops are used. Once students submit their agreement to the Professional

Conduct Policy and statement, they submit their answers and proceed to the feedback screens. Once answers have been submitted, students are not able to return to the exam. Students turn in the pre-printed scrap sheet paper supplied to them by the test proctor at the initiation of the examination. They also must show proctors that they have logged out of the examination.

Exhibit 2-6A.8a is the Examination Policies utilized for all online assessments. Exhibit 2.6A.8b is an example of the distance education testing center's examination procedure. Exhibit 2.6A.8c is a comprehensive examination schedule. Exhibit 2-6A.8d is an example of the standardized pre-printed exam scrap paper. Exhibit 2-6A.8e is an example of a distance education proctor instruction sheet and signature page.

B. Supportive Documentation

1. Exhibit 2-6A.8a, Exam Policies and Procedures
2. Exhibit 2-6A.8b, Distance Education Test Center Examination Policies: Wor-Wic Community College: Reading, Writing and Testing Center
3. Exhibit 2-6A.8c, Comprehensive Dental Hygiene Examination Schedule, Fall 2010
4. Exhibit 2-6A8.d, Pre-printed Exam Scrapsheet paper for SOD_2010FA_DHYG322 Exam I
5. Exhibit 2-6A.8e, Distance Education Testing Proctor Instructions
6. Exhibit 2-7, Course Syllabi
7. Exhibit 2-6B, Dental Hygiene Curriculum-Competency Document

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.

Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, relevant course competencies, and process/product evaluations and an explanation of evaluation procedures are presented in each Dental Hygiene course syllabus and associated supporting course documents. These course documents are contained in the Curriculum Volume. Faculty post their course syllabi in the Course Information tab of their Blackboard courses, typically a week before the semester begins and review course syllabi during the first class session of the semester.

Exhibits for Supportive Documentation for Standard: Exhibit 2-7, Curriculum Document; Exhibit 2-6B, Dental Hygiene Program Curriculum Competency Document; Exhibit 2-26, Curriculum Management Document.

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

The scope and depth of instruction in general education courses, including the social sciences, and basic sciences taken during the pre-professional phase provides a foundation for the professional phase of the curriculum. Dental hygiene students take these courses at 2 year and 4 year colleges/universities. No “survey” (non-didactic based) courses are accepted for credit. The following courses constitute the pre-professional curriculum (57 credits) and are completed at an accredited college or university prior to entering the professional phase of the Curriculum: English composition (6 credits), Basic Statistics (3 credits), Introduction to Psychology (3 credits), Introduction to Sociology (3 credits) , Principles of Nutrition (3 credits), Public Speaking (3 credits), Technical Writing (3 credits), Social Sciences (6 credits); Humanity elective (3 credits), Inorganic Chemistry with lab (4 credits), Organic and Biochemistry with lab (4 credits), General Biology with lab (4 credits), Microbiology with lab (4 credits), Anatomy & Physiology I and II with labs (8 credits). Student preparation in these courses is adequate. Basic science pre-professional coursework must be taken within 5-7 years of the year that the student applies to the professional dental hygiene phase of the curriculum.

As stated previously, The University System of Maryland maintains a database, ARTSYS, indicating which Maryland community college courses are transferable to the state university system and, if they are, the course number and general education area to which they apply. Arstys provides the Recommended Transfer Programs for the 16 community colleges in the USM. General education and basic science courses taken at any of the USM community colleges or universities are identified for equivalency to The University of Maryland Baltimore County (UMBC) courses which serve as the benchmark course comparisons.

For any university or college outside of the USM, equivalency of transfer courses are compared to the UMBC benchmark general education and basic science courses.

The Admissions Committee reserves the right to request additional information from applicants submitting transcripts from out of state colleges or universities such as course descriptions, catalogs, and or course syllabi to determine the basis for transfer and the equivalency of general education and/or basic science courses to the USM benchmark courses. Pre-applicant advising by the dental hygiene admissions director often identifies the need for additional course information from out of state applicants prior to the application process.

The scope and depth of the biomedical science content areas taught in the Dental School are excellent and build upon the basic science content completed in the pre-professional phase of the curriculum. Pharmacology and Therapeutics, General and Oral Pathology, and Oral Microbiology are taught by dental faculty with advanced credentials in their fields. Tooth morphology, dental radiology, head and neck anatomy, histology and embryology, dental nutrition and dental materials courses are taught by experienced dental hygiene faculty who can relate these courses to both the basic and clinical sciences. Effective intra and interdepartmental communication enables faculty to coordinate instruction to minimize course redundancy and unnecessary overlap. Dental School faculty with expertise in specific content areas participate as guest lecturers as well.

Exhibit 2-8.A1 presents the curriculum sequence for the junior and senior years of the program. Exhibit 2-8.A2, includes the Dental Hygiene Course schedules for the junior and senior years. Clinical courses in the first semester of the junior year introduce the student to dental hygiene practice, head, neck and dental anatomy and introductory instrumentation and examination techniques. The dental hygiene process of care is the theme for instruction in semester 1 of the junior year. In semester 2 of the junior year, students begin seeing patients in the dental school clinic, observing and treating pediatric and adolescent patients on Block assignment, assessing the oral health and medical health status of patients, recognizing deviations from normal and pathological conditions and developing individual treatment plans and evaluation protocols for patient follow up. The clinical experiences are compatible with the progression of courses taken in the second semester such as Pharmacology and Therapeutics, Care & Management of the Special Patient, Methods and Materials, General and Oral Pathology, and Oral Radiology II which focuses on interpretation of radiological images and identification of radiographic pathology. Year 4 challenges the student with advanced clinical experiences that include working with diverse community groups and patients, community service-learning, advanced patient care experiences during block rotations, and advanced clinical implementation experiences. Through these activities, students gain increased self-confidence with evidence-based decision-making and treatment planning. Courses in Community Oral Health, Perspectives of Dental Hygiene Practice, Introduction to Oral Health Research in semester 3, year 4 coordinate well with the increasingly independent decision-making expected of competent dental hygiene professionals. Semester 4, the final semester, continues

to advance the knowledge and skills of students: to think more globally, to address issues of professional practice and dental hygiene socialization, to practice advanced communication skills and to consider ethical and regulatory issues pertaining to the practice of dental hygiene. Courses in Health Care Management, Educational Program Development, and Issues in Health Care Delivery help flesh out the profile of the competent UMB graduate. The dental and dental hygiene course syllabi and supporting documents provide information on the depth and scope of instruction in the dental and dental hygiene sciences. Exhibit 2-8.A3 identifies the specific courses included in the curriculum that address competency in general education, biomedical sciences, dental sciences and dental hygiene science.

Supportive Documentation for Standard 2-8. Exhibits 2-8.A1, 2-8.A2, 2-8.A3

2-9 General education content must include oral and written communications, psychology, and sociology.

The preprofessional curriculum which is completed at an accredited college or university prior to entry into the professional curriculum requires students to complete 3 credits in each of the following content areas: English composition, English literature, Technical Writing, Public Speaking, Introduction to Psychology, Introduction to Sociology, and Basic statistics. In addition, 6 credits of social science electives and a 3 credit humanity elective are required.

Exhibit 2-8.A3 identifies the courses providing major instruction in the General Education content.

2-10 Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology and/or pathophysiology, nutrition and pharmacology.

The Phase I Professional Curriculum requires that students complete 4 credits of general biology with laboratory, 8 credits of Anatomy & Physiology I & II with laboratories, 4 credits of Microbiology with laboratory, 4 credits of Inorganic/General Chemistry with laboratory, 4 credits of Organic Chemistry/Biochemistry with laboratory, and 3 credits of basic nutrition. Students complete the 24 credits of basic science courses at an accredited university or college prior to entering the Phase II Professional Dental Hygiene Curriculum. All

basic science courses must be completed within 5-7 years of enrollment in the Phase II Professional Dental Hygiene Curriculum.

The general biology, microbiology, and anatomy and physiology courses contain subject matter pertaining to immunology, genetic, and general pathology. These basic science courses provide an excellent foundation for the dental science curriculum taken in the Phase II Professional Dental Hygiene Curriculum.

The Phase II Professional Dental Hygiene Curriculum taken at the University of Maryland Dental School requires that students complete dental science courses including: 3 credits of DHYG 312A Head & Neck Anatomy; 1.5 credits of DHYG 312H Oral Histology & Embryology; 1.5 credits of DHYG 312M Microbiology; 3 credits of DHYG 328A General and Oral Pathology; and, 3 credits DPHR 325 General Pharmacology and Oral Therapeutics. The 5 credit DHYG 321 Prevention & Control II course contains specialized nutrition content focused on dietary counseling services and information for the dental hygienist,

Supportive Documentation

1. Exhibit 2-6.C, Exhibit I
2. Exhibit 2-7, Curriculum Document: Course Syllabi and Course Outlines- DHYG 312A, DHYG 312H, DHYG 312M, DHYG 328A, DHYG 321, and DPHR 325.

2-11 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.

During the process of dental hygiene care, the dental hygienist must distinguish normal, variations of normal and pathological conditions. The Phase II Professional Dental Hygiene Curriculum taken at the University of Maryland Dental School requires that students complete dental science courses which build upon the basic science knowledge attained when students completed the prerequisite preprofessional science courses prior to entering the dental hygiene program. The dental sciences thoroughly prepare the dental hygiene student for competent assessment and evaluation of patients' oral health status. Knowledge gleaned from these dental science courses enables the dental hygiene student to formulate a feasible dental hygiene care plan, evaluate the success of care, and make appropriate referrals to other healthcare professionals. Additionally, the knowledge attained from these dental science courses enables the dental hygiene student to link systemic and oral health, and disease. The following summaries describe major

content areas of Phase II Professional Dental Hygiene Curriculum dental science courses:

- a. DHYG 312A Head & Neck Anatomy, 3 credits:
 - Dental anatomy
 - Skull, muscle, nerve, and circulatory systems of the head and neck
 - Anatomical nomenclature and dental landmarks

- b. DHYG 312H Histology and Oral Embryology, 1.5 credits:
 - General histology and oral tissue components
 - Embryologic tissue origin
 - Oral and facial development

- c. DHYG 312M Microbiology, 1.5 credits:
 - Oral microbiology and immunology related to transmissible diseases
 - Microbial metabolism, genetics, and virulence

- d. DHYG 328A General and Oral Pathology, 3 credits:
 - Inflammation, wound healing, repair, genetics
 - Biologic basis of health and disease
 - Differential diagnosis process
 - Differentiating normal and abnormal findings

- e. DHYG 316 Oral Radiology I, 2 credits:
 - Radiation safety
 - Radiology techniques, radiographic anatomy
 - Principles of radiation physics

- f. DHYG 326 Oral Radiology II, 2 credits:
 - Diagnostic quality of radiographs
 - Identification of radiographic pathology
 - Principles of radiographic interpretation

- g. DHYG 314 Periodontics for the Dental Hygienist I, 3 credits:
 - Anatomy of periodontal structures
 - Etiology, diagnosis, and pathogenesis of periodontal disease
 - Local contributing factors, host-immune response, systemic diseases
 - Patient assessment, classification, education, prognosis, treatment

- h. DHYG 327 Periodonitcs for the Dental Hygienist II, 2 credits:
 - Diseases of the periodontium
 - Management, therapeutics, prevention

- i. Pain management: DHYG 412 Perspectives of Dental Hygiene Practice, 3 credits:
 - Pain control, local anesthesia lecture and labs,
 - Anatomy, medical emergencies, armamentarium, pharmacology regarding local anesthesia
 - Oral facial pain management

- j. DPHR 325 General Pharmacology and Oral Therapeutics, 3 credits:
 - Drugs and their use in treatment, diagnosis and prevention of diseases
 - Drug absorption, distribution, metabolism, excretion and mechanism of action
 - Drug interactions, indications, contraindications

- k. Dental Materials: DHYG 324 Methods and Materials in Dentistry, 2 credits:
 - Science of dental materials
 - Dental materials composition and utilization, labs and clinical applications

Supportive Documentation

1. Exhibit 2-7 and Curriculum Document: Course Syllabi and outlines, DHYG 312A, 312H, 312M, 328A, 316, 326,314, 327, 412,324, and DPHR 325.

2-12 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.

All of our pre-clinical and clinical courses address and apply didactic and clinical principles of oral health education, preventive counseling, health promotion and patient management. We have separate courses related to patients with special needs (DHYG 323) and community dental/oral health (DHYG 322/413). Dental emergency information is delivered in pre-clinic and students must be certified in BLS and AED usage. Legal and ethical aspects of dental hygiene practice are introduced in semester 1 and are addressed extensively in DHYG 425. Infection and hazard control is introduced at the beginning of semester 1 in DHYG 311. Students are required to attend a risk management seminar and pass an exam covering infection and hazard control and management of patients with bloodborne infectious diseases. Students must pass an infection control competency in pre-clinic.

Routinely in clinic, our students assess, plan, implement and evaluate the dental hygiene services they provide. Faculty evaluates students on the quality of clinical services provided via daily clinic grades and competency assessments that focus on specific skills. In addition, students' skills are further measured via case history assignments in the clinic seminar portion of DHYG 411 & DHYG 421 courses. A greater level of efficiency and comfort is expected to occur from junior to senior year.

Senior students have experience treating patients with bloodborne infectious diseases in our dental hygiene clinic in Baltimore as these patients may be included in the general undergraduate patient pool. The same is true in our satellite clinics at the Eastern shore and in our Perryville clinic. In addition, the Baltimore students rotate through the BCDS PLUS clinic which serves HIV positive patients through a Ryan White grant. This clinic also is included in our Community Service - Learning program so students have the opportunity to treat this patient population during the summer before they begin their senior year. All students are orientated to the PLUS clinic via a one hour power point presentation that includes an overview of the disease and numerous pathology slides. Below is the description of the BCDS Plus clinic student activities:

University of Maryland PLUS Clinic**PRIMARY PLUS RESPONSIBILITIES**

1. Obtains health history and measures vital signs.
2. Conducts preliminary dental examination, including extra- and intra-oral structures of the head and neck.
3. Examines gum tissues including measurement of periodontal pockets, recession, and other signs of gum disease.
4. Charts conditions of decay and disease for diagnosis and treatment by dentist.
5. Exposes, develops, and interprets dental x-rays.
6. Consults with dentist regarding patient history and treatment. Formulates a dental hygiene treatment plan.
7. Performs dental prophylaxis which involves scaling and root planning to remove calculus deposits, accretions, and stains from teeth and be from teeth and beneath margins of gums. Polishes teeth or restorations.
8. Applies caries-preventive agents such as fluorides and pit and fissure sealants.
9. Helps patients develop and maintain good oral health by educating them about plaque control, diet, tobacco use cessation, and other habits affecting oral health.
10. Applies desensitizing agents and topical anesthesia.
11. Administers local anesthesia, when warranted, for pain management.
12. Takes impressions of teeth for study models, custom fluoride trays, or athletic mouth guards.
13. Operates technical equipment such as ultrasonic scaler, x-ray machine, and x-ray processor.
14. Maintains up-to-date records on patients.

See Exhibit 2-7, Course Syllabi, DHYG 311, 321, 411, 421.

2-13 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.

Dental hygiene students achieve learning experiences and practice time in clinical procedures in DHYG 311, 321, 411 and 421. These classes combine didactic and clinical learning to achieve competency in the dental hygiene process of care.

Junior – Fall DHYG 311

First semester students should be able to effectively collect data required for patient treatment, begin to recognize each patient's oral health status and associated etiological factors, select appropriate preventive treatment, and discuss the rationale for selection of preventive techniques and procedures. Students develop didactic skills prior to implementation of preclinical simulation and classmate/partner experiences. Students develop basic clinical skills in preclinical simulator labs and clinical classmate/partner experiences. Students attend clinic 6 hours and simulation lab for 3 hours per week.

Junior – Spring DHYG 321

Second semester students treat clinical patients and should show increasing competence and efficiency beyond the performance expected during the first semester. Students should analyze the relationship between etiological factors and each patient's oral health status and perform, at an acceptable level, additional, newly learned preventive techniques and procedures. Students gain didactic skills to be able to implement skill levels acceptable to junior spring status of students. Students should begin developing more independent clinical judgment skills. Students attend clinical sessions with patients 9 hours per week.

Senior – Fall DHYG 411

Third semester students should continue to progress beyond performance expected during the junior year. Each student, with increasing competence and efficiency, should assess each patient's oral health status, and plan and provide comprehensive preventive and referral services designed to meet the needs of each patient. Students should gain confidence and demonstrate increased independent clinical judgment skills. Students are required to treat patients with more complex oral health conditions, especially periodontal disease, and to participate in co-therapy with dental students. Didactic sessions strengthen the students' knowledge of clinical judgment and critical thinking skills through classroom discussion and case based scenarios. Students attend clinical sessions 9 hours per week and may also attend service learning sessions an additional 3 hours per week.

Senior – Spring DHYG 421

Fourth semester students should continue to progress beyond performance expected during the third semester. Each student should, with increasing competence and efficiency, assess each patient's oral health status, and plan and provide comprehensive preventive and referral services designed to meet the needs of each patient. Students should continue gaining confidence and demonstrate wider clinical judgment skills. Didactic sessions focus on case based studies to enhance critical thinking skills and independent judgment. Students are required to treat patients with complex periodontal conditions. Students also provide recall maintenance services with considerable independence and minimal faculty intervention.

From the 2010-11 Dental Hygiene Clinic Handbook:

Clinical Grading Criteria – As students progress through the curriculum, clinical competence is evaluated and performance of clinical skills at more independent levels is evaluated in the following areas:

PROFESSIONALISM

The student will develop a level of professional conduct, demeanor, and organization that demonstrates a commitment to quality care for all patients. Students will exhibit professional and ethical behavior with patients/clients, faculty and peers in all clinical and simulated clinical experiences.

Observable behaviors

The student will:

1. Comply with the policies and procedures defined in the Dental School Clinical Manual and the Dental Hygiene Clinic Handbook.
2. Present a professional appearance and demeanor.
- 3.* Employ appropriate infection control measures.
4. Ask for faculty intervention or help when appropriate.
5. Demonstrate rapport with patients and members of the dental school community including: faculty, students and staff.
6. Complete chart entries accurately, thoroughly and in a timely manner.
7. Utilize all available clinic time appropriately.
8. Work in balance for all intra-oral procedures.
9. Present data to faculty in a clear, concise and organized manner.
10. Demonstrate effective verbal and non-verbal communication.

***automatic failure for errors this category**

HEALTH HISTORY

The student will obtain, document and utilize an accurate and comprehensive health history in providing patient/client care.

Observable behaviors

The student will:

1. Summarize the previous health history and past medications and present to the faculty.
2. Investigate all medications as to: indication, dosage, regimen, contraindications, dental considerations, and mode of action (report with drug card).
3. Measure and report vital signs (blood pressure and pulse).
4. Identify the need for prophylactic antibiotic coverage, medical consultation or any additional information, consults, referrals or precautions.
5. Report the patient's chief complaint.

ASSESSMENT

The student will collect data as indicated by patient/client conditions, correlate data with health status and diseases processes and utilize data during all components of patient/client care.

Assessment includes extra and intra-oral, accretions, hard tissue and periodontal exams; radiographs; impressions; diagnostic models; and other diagnostic procedures (e.g. vitality tests, perio tests)

The student will:

1. Recognize, accurately describe and document all conditions (WNL, variations, and pathology).
2. Compare current findings to previously documented findings.
3. Use appropriate terminology when reporting and documenting findings.
4. Record and maintain accurate, legible and concise chart documentation (forms, progress notes and radiographs).
5. Identify need for consults related to data and facilitate consultation.
6. Suggest possible etiologies for variations and pathologies.
7. Provide and interpret radiographs that are diagnostically acceptable and current.
8. As needed, provide and interpret additional diagnostic data, e.g. impressions and study models, perio tests, vitality testing, etc.

PREVENTIVE TREATMENT PLANNING

The student will develop comprehensive patient/client centered care plans designed to meet the individual's needs for achieving and/or maintaining optimal oral health. Treatment planning includes all preventive and therapeutic strategies.

The student will:

1. Identify an appropriate care plan based on patient/client needs and mutually agreeable goals.
2. Identify an appropriate sequence of services.
3. Coordinate dental hygiene care plan with comprehensive dental treatment plan.
- 4.* obtain informed consent from patient and have patient sign consent prior to initiating treatment.
5. Respond to questions relating to patients'/clients' treatment needs.
6. Provide appropriate rationale for planned services and sequencing.
7. Devise appropriate evaluation strategies for attainment of treatment goals.
8. Develop and implement treatment plan as written and/or modifies treatment plan as needed.

***automatic failure for errors this category**

IMPLEMENTATION

Instrumentation: The student will implement effective, efficient, non-traumatic instrumentation techniques to achieve and/or maintain patients'/clients' optimal oral health.

Other Preventive Services: The student will implement effective, efficient, non-traumatic additional services as appropriate to achieve and/or maintain the patients'/clients' optimal oral health (e.g. desensitization, topical fluoride application, sealants, amalgam polishing, mouth protectors, dietary counseling).

Observable behaviors - Instrumentation

The student will:

1. Remove all deposits with no observable trauma.
2. Have sharp instruments available at all times.
3. Employ instrumentation techniques consistent with instrument task component analysis criteria.
4. Remove all plaque and stain.
5. Demonstrate deposit removal skills according to the categories listed below.

6. Reevaluate previously instrumented areas.
7. Reevaluate patient self/home care.

Observable Behaviors - Other preventive treatment services

The student will:

1. Demonstrate competency in techniques and end products for all preventive services (i.e. fluoride, sealants, amalgam polishing, etc.).

Instrumentation Criteria

Instrumentation skills (product only) will be evaluated and documented on the Student Clinic form (SCRF). If the difficulty level is "light evaluation will be by **arch**. If "moderate" or "heavy," evaluation will be by **quadrant**. Grades of Honors (H), Pass (P) or Fail (F) will be submitted into the Axiom computer grading system.

Errors to be documented on SCRF

- X** Calculus that is visible supramarginal or readily detectable submarginally
- P** Plaque
- S** Stain
- T** Trauma

Grading Criteria (for all codes except Debridement/Removal)

Faculty will use the grid below to determine when a service category/code should receive a Failing (F) grade, otherwise use definitions of Honors (H) and Passing (P) to assign and enter appropriate grades into Axiom.

Junior Fall Semester	Junior Spring Semester	Senior Fall Semester	Senior Spring Semester
<i>Fail</i>	<i>Fail</i>	<i>Fail</i>	<i>Fail</i>
3 Critical Errors Or 5 non-Critical Errors	2 Critical Errors or 5 Non- Critical	1 Critical Error Or 4 Non - Critical	1 Critical Error or 3 Non- Critical Errors

Implementation/Debridement Grading Criteria (for prophyl & co-therapy codes)

Faculty will use the grid below to determine when an implementation code should receive a Failing (F) grade, otherwise use definitions of Honors (H) and Passing (P) to assign and enter appropriate grades into Axiom.

Criteria for a grade of "F"

Difficulty level	<u>Junior</u> <u>Spring Semester</u>	Senior Fall Semester	Senior Spring Semester
Light (by arch)	≥4 errors per arch all categories	≥ 3 error per arch all categories	≥ 2 errors per arch all categories
Moderate (by quadrant)	≥ 4 errors per quadrant in category X	≥3 error per quadrant in category X	2 errors per quadrant category X
Heavy (by quadrant)	≥ 5 errors per quadrant in category X	≥ 4 errors per quadrant in category X	3 errors per quadrant in category X

*** Errors to be documented on SCRF per Faculty Evaluation**

- X.** Calculus that is visible supramarginal or readily detectable submarginally.
- P** Plaque
- S** Stain
- T** Trauma

Implementation (prophy code) Grade

Instructions: It is the responsibility of the instructor grading the scaling/root planing for the entire mouth or the last quadrant graded, to determine the grade to be entered into Axium. Numerical values for H(100), P(85) and F(60) will ONLY be used to determine the prophy code grade to be entered into Axium.

Tally the scores from each of the quadrants and determine the average score. Find the average score in the table below and enter into axium.

Average Score	Grade to be Entered	****Example
93–100	H	The student received 2 P's and 2 F's on the 4 quadrants. 85+85+60+60= 72.3 (P goes into Axium under the prophy code)
61 –92	P	
60 and lower	F	

- A. Description (for Standards 2-8 through 2-13)
 1. Outline the sequence of the dental hygiene curriculum.
See Exhibit 2-8.A1.
 2. In the **separate dental hygiene curriculum document**, supply the syllabus for each course in the dental hygiene curriculum (Exhibit 2-7):

- a. course title and number;
- b. course description;
- c. course schedule
- d. course outline, topics to be presented;
- e. amount of instructional time allocated to each topic;
- f. specific instructional objectives for each topic presented;
- g. didactic/laboratory/clinical learning activities designed to achieve goals and objectives, including time allocated for each experience;
- h. teaching methods;
- i. required text(s);
- j. evaluation criteria and procedures; and
- k. date prepared and applicable faculty presenting course.

Include **a sample examination** for each didactic course and evaluation forms for **all** skill evaluations. The document must include a table of contents; pages must be numbered.

3. For each term of the current year's dental hygiene curriculum, provide a class schedule as illustrated in the Exhibit 2-A.82. (If a schedule does not extend the entire term, provide supplemental schedules.) Include course number; indicate whether the session is lecture, laboratory or clinic; provide the name(s) of the faculty member(s) responsible and the number of students in the preclinical, clinical and laboratory sessions.
4. Using the format illustrated in example Exhibit 2-8.A1, 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.
5. If distance education is utilized to provide the didactic curriculum, provide a comprehensive plan that describes how the program manages the delivery of courses, if and when, technology does not operate properly.

All didactic curriculum is implemented and delivered by the University of Maryland, Baltimore Dental School utilizing a variety of educational technology that is supported by the Dental School's Office of Information Technology and the University of Maryland, Baltimore campus Center for Information Technology Service (CITS). CITS is the central information technology organization for the University. All onsite and distance education dental hygiene students access and utilize all of the same dental hygiene didactic curriculum implemented by the University of Maryland, Baltimore Dental School. The campus CITS develops and maintains all information systems and technologies, student and faculty email, teaching and learning resources, network infrastructure, web and

telecommunications. Both the University of Maryland, Baltimore Dental School and campus have helpdesk web and phone access for any student or faculty experiencing technology issues. Distance education students taking proctored, online examinations and quizzes go to Testing Centers approved by the University of Maryland Dental School. Standard 2-6A.8 discussed the process for delivering secure online examinations at four distance education Testing Sites currently utilized by the Division of Dental Hygiene. Paper backup copies are mailed to each test center for each online assessment and are used only if there is a technology failure during an online exam. Online examinations can be reset for alternative implementation dates and times given weather and or any other excused emergency situation that prevent a student from gaining access to a proctored test center. The comprehensive exam schedule is arranged and scheduled with advance knowledge of the test centers' hours of operation, spring break, planned closure schedules or other scheduled events that would lend itself to pre-planning for alternative testing dates and times for distance education students.

6. If any content area specified in Standard 2 is not included in the curriculum, what is the rationale for its omission?

None is excluded.

7. List the relevant sections in the curriculum document that identify instructional content in, and student evaluation of activities related to, bloodborne infectious diseases. (See Exhibit 2-7, Course Syllabi, for DHYG 311, 321, and 323.)
 - a. If applicable, describe how the distance site provides clinical instruction throughout the two academic years of education to coincide with the didactic curriculum.

Our distance sites follow the same sequence as UMB for integration of clinical instruction and didactic course content.

B. Supportive Documentation (for Standards 2-8 through 2-13)

1. Please refer to the applicable "Examples of evidence to demonstrate compliance include" section within the Accreditation Standards for Dental Hygiene Education Programs.
2. Exhibit 2-7 Curriculum Document: Course outlines, DHYG 311, 321, 411, 421.
3. Exhibit 1-7H, Dental Hygiene Clinic Manual for patient assignments.
4. Exhibit 2-8A1, Outline of curriculum sequence.
5. Exhibit 2-8.A2, Class schedule for each term of the curriculum.

6. Exhibit 2-8.A1 and Curriculum Management Document: Table of courses providing instruction in Standard 2 content areas.

2-14 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.

The junior (first year) dental hygiene students have 6 hours of pre-clinic in the DHYG 311 course working with student/patient partners and 3 hours of simulation lab where they practice psychomotor skills on mannequins with hinged jaws and rubber skins. The following semester, students have 9 hours of clinic in the DHYG 321 spring semester course. In addition to the clinical sessions involving direct patient care, students participate in a variety of experiences in alternative practice settings such as Pediatrics, Periodontics and Oral Surgery. Patient experiences and tracking data are obtained directly from the Clinic Evaluation Form and summarized at the end of each semester. All students demonstrate their clinical competence through the course competencies. Students must achieve a minimum of 75% or better on each competency to enable successful completion of the course. See Exhibit 2-14.

Rising senior students (students beginning their last pre-licensure year) obtain approximately 90 hours of clinical experience at public health clinics via our Community Service-Learning Program. These experiences occur during the summer prior to the final pre-licensure year in the program. Provision of dental hygiene services at community sites consists of, but is not limited to the following patient populations: special needs, children, HIV, general practice military patients and veterans. The gamut of dental hygiene care is rendered from assessment, analysis, implementation, to evaluation.

Additionally, students are scheduled in the dental hygiene clinic at the dental school where they treat recall and initial therapy patients 12 hours /week in each of the fall and spring clinical courses. They also are scheduled in specialty clinics and at community sites as block assignments to ensure that experience with multiple patient populations is maintained throughout the final pre-licensure year.

Each student at the Baltimore campus is assigned a pool of approximately 45 recall patients, age 21 years and older. Students at the Perryville clinic treat primarily new patients of all ages and types. The recall patient pool is growing, and will enable future classes to be assigned patient pools just as is done in Baltimore. Please see attachments for the excel spreadsheets that include the numbers of each of the

patient categories (mild, moderate and severe periodontal patients; the light moderate and heavy accretion classifications; and age categories.

Please see Exhibit 1-7H, Dental Hygiene Clinic Manual, pp. 92-99 and p. 101, which describes our clinical evaluation system policy and a list of our clinical competency assessments. Also see Exhibit 2-8.A2, Jr & Sr Course Schedules and Assigned Faculty (Fall 2008-Spring 2011).

Supportive Documentation

1. Exhibit 1-7H, Dental Hygiene Clinic Manual, pp. 92-99 and p. 101
2. Exhibit 2-8.A2, Jr & Sr Course Schedules and Assigned Faculty (Fall 2008-Spring 2011).
3. Exhibits 2-15.A8a, 2-15.A8b Clinic Spreadsheets

2-15 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.

A. Description

1. Summarize the type and minimum number of acceptable radiographic surveys that each student is required to expose process and mount during the dental hygiene program in order to assist in demonstrating competence. If the program does not have radiographic requirements, describe how student competency is measured.

The following exercises must be successfully completed in DHYG316, Oral Radiology with a grade equal to or greater than 75% before proceeding to Oral Radiology II. (See Exhibit 2-7 for DHYG 316 and 326 syllabi and Exhibit 2-15A.1, Exhibit J)

- Expose & Process CRS on Dexter w/XCP & PSP
- Expose & Process 4 vertical BWX on Dexter w/XCP & PSP
- Expose & Process 4 3rd molar PA's on Dexter w/XCP & PSP
- Expose & Process 5 Occl.'s on Dexter wPSP
- Expose & Process 4 PA's w/bisect. & PSP utilizing SLOB tech.
- Expose & Process PA's & BWX utilizing alt. film holding devices & bisecting technique
- Place size 2 sensor on Partner (without exposure)
- Place partner into PAN machine
- Expose at least 1 CRS on Patient w/digital sensor
- Expose at least 1 PAN on Patient w/digital imaging

As previously stated, the dental school does not use traditional film. Further, the dental school has a policy of not using digital sensors on Dexter. Therefore, exercises were created utilizing phosphor plates on Dexter. Phosphor plates require scanning to see the latent image.

Our distance sites have been following the same approach, with one exception. The Eastern Shore facility has been using traditional film and a private dental office to process the film in lieu of phosphor plates. A similar experience is planned for UMB and PV to emulate the ES experience.

For DHYG 326, Radiology II, students must achieve competency in exposing BWX, Panorex and a CRS. They must achieve a 75% or above to be considered competent. There are no set requirements in DHYG 326 as they are in place in DHYG 321 as described below. (See Exhibit 2-15A.2.)

Once in the dental hygiene clinic, the junior dental hygiene students determine the need for radiographs on all patients who are under their care, based on the ALARA guidelines. Once the need is established, students expose, self-assess and evaluate these radiographs. (See Exhibit 2-15A.3 Radiographic Evaluation Form). Students are required to expose 3 sets of BWs, 1 Panorex and 1 Full 321.Mouth Series for the Spring semester of their junior year in the clinical course, DHYG 321.

In addition to the radiographic requirements in the 1st pre-licensure year, including Panorex, bite wing and full mouth series competencies, students are required to take radiographs in the each of the semesters in the 2nd pre –licensure year. Students are routinely encouraged during clinic sessions to make decisions regarding the need to take radiographs, and if so, determining the type of radiographs necessary to optimally assess their patient’s oral health status. In addition, students are assigned blocks in the school’s radiology clinic where radiographs are routinely taken for screening and urgent care patient needs.

Below are the requirements for DHYG 411 and 421 which are worth 5% of the course grade.

<u>Minimum</u> number of Diagnostic Radiographs	<u>Minimum</u> number of Panograms	Grade <i>A grade of 85% and 95% will be given with totals between those in the 1st column.</i>
10 Bw’s 10 PA’s	4 Panograms	80%
20 BW’s, , 20 PA’s	6 Panograms	90%

30 BW's, 30 PA's	8 panograms	100%
<i>PA's and BW's are worth 70% of the rad grade and Pans are worth 30% of the rad grade. See the example below the table- the student took at least 60 pa's/bw's & 8 pans</i>		

Below are the radiology requirements for DHYG 421

<u>Minimum</u> number of Diagnostic Radiographs	<u>Minimum</u> number of Panograms	Grade of A 85% and 95% will be given with totals between those in the 1 st column.
20 BW's and/or PA's	2 Panograms	80%
46 BW's and/or PA's	3 Panograms	90%
66 BW's and/or PA's	4 Panograms	100%
<i>PA's and BW's are worth 70% of the rad grade and Pans are worth 30% of the rad grade. See the example below the table- the student took at least 60 pa's/bw's & 8 pans</i>		



Pa's& Bw's	70%	Pans	30%	
100	70	100	30	100

pan, BW % Pan total

- Describe how faculty instruction and evaluation are provided to students throughout all of their radiographic experiences.

Junior Clinic

All radiographic images must be assessed by the student first and determined to be “diagnostic” or “non-diagnostic”. All non-diagnostic images must be retaken if the desired region of interest is not covered in another image in the series. Secondly, students must critique each image for all possible errors (elongation, foreshortened, cone-cut, artifact, movement, etc.) Deductions are taken from the student’s task grade for all errors. Following student self-assessment, the films are then evaluated by dental hygiene faculty. Students are encouraged to retake images on Dexter to

improve their grade. Any exercise with a grade less than 75% must be repeated until satisfactory completion.

Radiographic Evaluation Forms are used by the junior dental hygiene students to evaluate the effectiveness of their radiographic technique used on their clinical patients during the spring semester. This form also helps the dental hygiene student identify area(s) in need of improvement and how to improve technique. Once this self-evaluation is completed, the student has a clinical faculty member review the evaluation and make comments where necessary. Students learn a variety of technique improvements through this evaluation process.

Competencies for BWX, pan and CRS are monitored and tracked by DHYG 326 Radiology faculty (Ms. Dailey). See Exhibit 2-15A.2.

Student radiographic information is housed in our software system, Romexis.

Senior Clinic

As in junior clinic, senior students propose the need for radiographs to their faculty. They also provide rationale for the types of images needed based on a patient's clinical presentation. Faculty discusses rationale with the student. Student thinking is factored into the student's hard tissue assessment, tx planning or professionalism grade. All students expose their images, after obtaining faculty approval and a dentist signature. Dental hygiene faculty provides students access to the radiology software that enables the taking of films. Students must self-assess the quality of their films and this self-assessment faculty also assesses the films and a discussion ensues. A radiology evaluation form documents film acceptability or if retakes were needed. Radiographs also may be evaluated through Romexis (our radiology software) in terms of being diagnostic or not and if there are any errors such as foreshortening etc, Faculty calculates the total number of films a student has taken, including those exposed at S/L sites. Radiology grades are entered into the senior grading spreadsheet from Romexis.

3. For each patient care service that is taught to clinical competence, specify the performance levels expected at the beginning and the end of the dental hygiene students' clinical experiences. This is described in the Dental Hygiene Clinic Manual, pages 92-99. (See Exhibit 1-7H, Dental Hygiene Clinic Manual.)

Alginate Impressions and Sealants are taught to clinical competency in DHYG 325, Methods & Materials in Dentistry.

In DHYG 311, preclinic, students are deemed competent in particular skill sets that they will apply the next semester when treating patients. Junior dental hygiene students begin treating patients in the Prevention and Control II course (DHYG 321) which is held during the spring semester. Criteria used to evaluate clinical

performance can be found in the Dental Hygiene Clinic Manual (Exhibit 1-7H), pp. 92 to 99, Students will receive a Honors (H) or Pass (P) if they have less than three areas of remaining calculus per arch on Light Accretions patients and less than three areas of remaining calculus per quadrant on a Moderate Accretions patient. Students that have areas of Critical Errors (lacerations, trauma) will receive a Failing (F) grade. Clinical grading is based on the following scale H (100%) - Represents a high level of performance with difficult cases-no improvements necessary and P (85%)- Represents acceptable to high level performance with minimally to moderately complex cases – minimal to no improvements necessary. F (60%) - Represents unacceptable level of performance, significant improvements are necessary. These criteria also are presented to the students during DHYG 321 Orientation. (See Exhibit 2-15.A4.) Additional dental hygiene services, such as assessments and oral health care strategies are evaluated when performed on clinical patients. Comprehensive care competencies evaluate techniques used to obtain data for the various assessments as well as the appropriateness of various oral health care strategies used to meet the patient's particular needs. (Exhibit 2-7 Curriculum Document for all competencies and evaluation forms.)

The Dental Hygiene Clinic Manual, 1-7H pp. 95-96 and syllabi for our clinic courses (DHYG 321, 411, 421) show how debridement grades become more rigorous through the curriculum. Likewise, levels of critical thinking, decision-making and sophistication in assessment, analysis, tx planning, implementation and evaluation are expected to grow throughout the curriculum. More total care and overall competencies are required during the senior year. More and higher level patients are expected to be completed as stated in course syllabi (see Exhibit 2-7, Syllabi for DHYG 321, 411, 421)

4. Provide a definition of the patient category system used by the program.

The UMB patient category system classifies patients according to both the 1999 AAP Periodontal classification system and the amount and tenacity of super and subgingival accretions with which patients present. Patients are classified according to their periodontal health status such as mild, moderate or severe chronic periodontal disease and the level of their accretions such as light, moderate or heavy, indicating increased difficulty with the moderate and heavy patients. Patients are also categorized based on their Periodontal status. This too, can be found in the Dental Hygiene Clinic Manual, Exhibit 1-7H, pp. 47-48 and in Exhibits 2-15A.5 and 2-15A.6). In summary, periodontal activity is defined as probe readings of 4mm or greater. All teeth that meet these criteria are then further evaluated to determine Clinical Attachment Levels (CAL). The entire dentition is then categorized based on CAL readings.

5. Patient Categories: Summarize the program 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.

Junior Clinic

In the junior year, spring semester, dental hygiene students are required to complete four quadrants of a moderate accretions level patient prior to advancing to the senior year. Additionally, junior dental hygiene students complete two Periodontal Classifications on their patients. A minimum of 9 Light accretions level patients are recommended for satisfactory completion of the course. This number of completed 'Light' patients demonstrates the student's ability to adequately perform patient care services in a timely manner before moving onto the senior year where patients with more difficult (heavier) accretions levels must be successfully completed. Junior dental hygiene students who do not meet this course recommendation are evaluated by a team of clinical faculty. Clinical skills and patient care management are discussed in order to recommend that the student advance to the senior year or that program modification be implemented to assist the student in achieving the necessary experience to be successful in the senior year. (See Exhibit 2-15A.8, Exhibit K.)

Senior Clinic

Our periodontal classification competency assessments include the assessment, treatment planning and implementation phases of care. Our competencies related to accretions include detection and removal skills and are designed to be similar to that of the clinical NERB exam. Senior students are required to complete three periodontal classification competencies in the fall semester and four in the spring semester. With regard to the accretions competencies, seniors are required to complete two accretions competencies (detection and removal competencies) in the fall semester and two including our Mock NERB exercise in the spring.

6. Specify the clinical sites where basic clinical instruction is provided. If a distance site is utilized for clinical instruction, explain if differences exist in the clinical operation of the parent program and the distance site.

Clinical instruction is provided at the Baltimore, Perryville and Eastern Shore sites. Baltimore is located at 650 West Baltimore Street, Baltimore, MD 21201. Perryville is located at 4863 Pulaski Hwy, suite 200, Perryville, MD 21903. Eastern Shore is located at 11868 Academic Oval, Princess Anne, MD 21853. All faculty are calibrated via faculty meetings, emails and discussions as well as by working together in clinic. While the clinics themselves may operate slightly differently as a result of their size and location, the dental hygiene clinic instruction is the same. All faculty apply criteria as stated in the Dental Hygiene Clinic Manual. (See Exhibit 1-7H.)

B. Supportive Documentation

1. Exhibit 2-15.A1, Exhibit J and 2-15.A7, Exhibit K, 2-15.A8a, b Monitoring mechanism to track student clinical experiences in all patient care categories.
 2. Exhibits 2-15.A.1, 2-15.A.3, and 2-15.A7, Monitoring mechanism to track students' radiographic experiences and Exhibits 2-15.A8a and b, Student Grade Spreadsheets.
- Polices regarding selection of patients and assignments of procedures. (See Exhibit 2-7 for Course Outlines DHYG 321, 411 and 421.)
 - Clinical evaluation system policy and procedures demonstrating student competencies. (See narrative 2-15.)
 - Exhibits 2-15A.8a and b, Student Grade Spreadsheets for Fall 2009 and Fall 2010. Spreadsheets for other years on-site

2-16 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.**

The Dental School's patient pool is very diverse. Patients come from a myriad of backgrounds, social status and present with a variety of treatment needs. Students encounter patients with unique medical, physical, psychological conditions and from varied social circumstances. In addition, during the summer between junior and senior year, students complete their service learning blocks in sites throughout the State of Maryland. These community sites offer care to unique patient populations from all walks of life.

Junior students have required competencies for adolescent and pediatric patients. Through routine clinic experience they treat geriatric patients. Juniors also take a course dedicated solely to the special needs patient. When juniors have cancellations, they are encouraged to go to the pediatric care area so that they may treat children or adolescents and complete their required competencies.

Senior students have required competencies for pediatric, adolescent and geriatric patients each semester. Our students also have blocks at Kernan Hospital, one to times their senior years, where they treat patients with special needs. At the dental school, our students have blocks in the PLUS clinic, Special Patients Clinic and in Pediatric Dentistry.

A. Description

1. Provide forms used for collecting and recording patient data during clinical sessions as an exhibit. (See Exhibits 1-1.4A.a and 2-16A, Student Clinic Record Form (SCRF), Cluster Form, Exhibit 2-16B, Dental School Data Collection Forms, and Exhibit 1-1.4Am, Risk Assessment Forms.)

The Dental Hygiene Clinic Manual, Exhibit 1-7H, pp. 54, 60-63 and page 66 Includes forms used for collecting and recording patient data during clinical sessions. These forms include the Hard Tissue Chart; Plaque Control Progress Record which Records the patient's Plaque Free Index ; the Oral Medicine Screening Form which Reviews present and past medical conditions categorized by the various Body Systems; The Clinical Data Form that documents intraoral deviations from normal; and the Medical Problem Sheet which summarizes medical and dental conditions as well as any medications the patient is currently taking. Clinical documents only for the Division of Dental Hygiene include the SCRF, Exhibits 1-1.4A.a and 2-16A and Exhibit 1-1.4Am, Periodontal and Risk Assessment Forms.

2. 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.

Junior students do not go off campus for clinical experiences.

Enriching clinical experiences for rising seniors and seniors who are scheduled off-campus take place in the DHYG 413 & DHYG 423, the courses for our Community Service-Learning Program. Below are the Learning Objectives for those courses:

- a. Students will become increasingly aware of dental hygiene career pathways in community health.
- b. Students will enhance their clinical skills through participation in the delivery of oral health care in the community.
- c. Students will become increasingly aware of the roles of interdisciplinary community health professionals.
- d. Students will understand the satisfaction that can be acquired from rendering service to the community through their contribution to the oral health care delivery system.

The individuals who supervise and evaluate the students are Dean's faculty who are dental hygienists or dentists employed at the site. (See Exhibit 1-1.1A.) Dean's faculty evaluates students' quality care with respect to professionalism, communication skills and clinical

skills through observation during patient treatment. They discuss medical histories and treatment plans with the students prior to care delivery. They also check the patients after the care has been delivered.

3. Provide actual clinical rotation schedules for the current classes of dental hygiene students (for each campus site) as an exhibit, including basic clinical education that is off-campus and off-campus enriching rotations. (See Exhibit 2-16C, Senior Schedule.)

Exhibit 2-16D contains the rotation schedules for the juniors - all rotations are on campus for the Baltimore and Perryville students, but off campus for the Eastern Shore students.

B. Supportive Documentation

1. Table of program competencies, expected experiences and competency evaluations for each patient category. See Exhibit 2-7 for Competency forms.
2. Exhibit 2-16B, Sample forms used for collecting and recording patient data during clinical sessions.
3. Exhibit 2-16C and D, Student Clinical Rotation Schedule
4. program clinical and radiographic experiences, direct and non-direct patient contact assignments, and off-site enrichments experiences Exhibit J 2-15.A-1
5. patient tracking data for enrolled students, Exhibit K 2-15.A.7 and 2-15 A8a, b
6. policies regarding selection of patients and assignment of procedures Exhibit 2-7, Course Outlines DHYG 321, 411, 421
7. See Table 1-a and 1-b, Standard 2-6.

2-17 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.

A. Description

1. List the dental hygiene services that students are required to provide clinically in the program. Using the format provided in example exhibit J, state the preclinical and/or clinical courses that provide the major instruction in providing the dental hygiene process of care. Also, specify the program requirements for the number of times each student must complete each service, as well as the average number of times the most recently graduated class (at each campus site) provided each of these services. If there are no program requirements, describe minimum performances for completing the preclinical and clinical courses.

Exhibits 2-15.A1, Exhibit J and 2-15.A7, Exhibit K, and Exhibits 2-15.A8a and 2-15.A8b list the dental hygiene patient services that junior and senior students perform in the Preclinic and Clinic courses during their junior year.

During the fall semester, junior dental hygiene students learn to evaluate their student partner's medical and dental health status in PreClinic. Students learn to review and update Medical History and Vitals, conduct Intra and Extraoral exams, document existing hard tissue findings through visual and radiographic evaluation, and assess periodontal status. By midterm of the fall semester, junior dental hygiene students learn how to use these assessments to formulate a dental hygiene care plan. Students also learn various instrumentation skills that will help them in the assessment process and in debridement of the mouth. They develop oral health care strategies, based on their assessments that will help the patient achieve and maintain periodontal health and wellbeing. Documentation is an integral part of each of the various assessments and helps in the evaluation process that determine

future care. Students learn how to evaluate treatment to determine patient compliance and success in achieving oral and periodontal health. For junior spring semester, dental hygiene students perform all of the assessments on all their patients and develop a dental hygiene care plan prior to implementing providing dental hygiene services. They also provide patient centered and systemic health education with strategies to help their patients achieve and maintain overall and oral health.

During the final pre-licensure year, senior students are educated to the level of clinical competence in ALL dental hygiene services listed in the program Competencies for Dental Hygiene Graduates. Students receive this education via providing dental hygiene services through the Community Service-Learning course in clinics inside and outside the dental school as well as in the dental hygiene clinic and specialty clinics inside the dental school.

2. If any dental hygiene service is not taught to clinical competence, how is the public made aware of this fact? How are students made aware of the ethical and legal ramifications of the level of preparation?

All dental hygiene services are taught to clinical competence. Progression from DHYG 311 (pre-clinic) to DHYG 321(clinical course where they first treat patients) requires that students pass all the required competencies that enable them to treat patients.

If a student is unable to establish competence, then a remediation program is developed for the student in need. If all criteria are still not met to demonstrate competence, the student is placed on a modified curriculum and repeat the course the following year. If this option is unacceptable to the student, s/he will be asked to withdraw from the program or dismissed.

Students are clinically competent in all of the services they deliver. Progression from DHYG 311 (pre-clinic) to DHYG 321(clinical course where they first treat patients) requires that students pass all the required competencies that enable them to treat patients. Beginning with learning infection control, students are introduced to ethical practice. Junior students also are required to attend a risk management seminar that reviews ethical and legal matters related to patient care. Students also know that if an ethical quandary arises, they should go to their assigned faculty. They are taught that the patient chart is a legal document and that informed consent is required before treatment.

Students are made aware of the ethical and legal ramifications of the level of preparation via class discussions of the clinical competencies and course requirements described in the course outline. The DHYG 411 and DHYG 421 course director provides rationale to students for clinic and seminar requirements by

discussing the accreditation standards and the standard of care for delivering dental hygiene services. DHYG 425 and DHYG 427, two senior level courses, address the legalities and ethics of practice.

3. Assess the degree to which the educational program provides students with the knowledge and clinical experience required to assess, plan, implement and evaluate current, comprehensive dental hygiene services.

The UMB Dental Hygiene program provides students with the knowledge and clinical experience required to assess, plan, implement and evaluate current, comprehensive dental hygiene services at an optimum level. This high degree of education can be seen via our clinical competency assessments, our daily and competency grading systems and our didactic case assignments that require students to utilize these skills to provide care to patients, report assessment and care plans to faculty and answer multiple choice case questions. Examples of these assessment tools and assignments are attached to previous questions and standards.

Students learn the principles of the dental hygiene process of care in DHYG 311 – their pre-clinic course. Didactic content in these areas is delivered and students are evaluated on their understanding of assessment, planning, implementation, evaluation and the components of current, comprehensive dental hygiene care. Assessment is emphasized as they work with patient partners and collect data on services including health history, extra-intra oral exam, hard tissue and periodontal chartings, evaluation of health behaviors and as they measure plaque and bleeding levels through the use of indices. Periodontics is taught their two first semesters. The knowledge gained in these courses heightens their awareness of periodontal conditions and debridement approaches and it dovetails with their learning of probing techniques and gingival and perio assessments that they implement in clinic. Their dental anatomy course which includes tooth morphology and is taught first semester, also provides the didactic content needed to execute an accurate and comprehensive hard tissue exam. Radiology I prepares students to not only expose images but to determine when films are needed. In second semester Radiology, they develop more skill in taking radiographs but also in interpreting findings and utilizing their films when rendering care. In the second semester, students take pharmacology and general and oral pathology, two courses that enhance their knowledge base and lend more expertise to their health histories and extra-intra oral exams. Students are taught to analyze their assessment data to develop an individualized treatment plan. From the beginning, students are familiarized with the SCRF, the Division clinical data assessment and evaluation form, that is used when treating clinical patients. This document addresses all of the areas of the process of care. Students learn to implement their plans based on information taught in DHYG 311 related to different approaches to modifying health behaviors; instrumentation approaches, and overall patient needs. The sophistication of

utilizing the dental hygiene process of care grows as the student moves through the curriculum. Clearly, as students mature and progress, they become more familiar with medications patients may be taking, different medical conditions, and more diverse and sophisticated alternatives to instrumentation.

Learning experiences include the study and analysis of case histories in both their pre-clinic and clinical courses. These exercises develop students' analytical skills and help them "pull it all together". Our SCRF includes the student's treatment plan. This component of the evaluation form specifically addresses comprehensiveness of care. Students receive a treatment planning grade for each patient they treat. Assessment data are listed by category (i.e., health history, EIOE, hard tissue exam, etc.) on the form and students also are evaluated on each of these areas during patient care. On the SCRF, students must determine a patient's periodontal classification which requires analysis of data and they also must consider the patient's caries and perio risk assessments when developing a treatment plan. As students move through the curriculum and treat higher level patients, they may utilize advanced periodontal instruments and develop more complex and detailed treatment plans.

Comprehensiveness of care is emphasized throughout the curriculum. Students in preclinic must complete a patient partner before they enter clinic. Students do not "divide" patients up to meet competencies. They may, on occasion, share quadrants on a heavy patient, with the patient's permission and with faculty approval. Only one student collects and analyzes data. Upon graduation, students are required to have completed all of their patients. They stay on to complete any unfinished patients before they graduate.

Comprehensive care is evaluated through the development and implementation of a sound treatment plan. However, individualizing care and spending quality time with the patient is another feature of comprehensiveness. If it is noted that a student "cuts corners", e.g., on patient education, this lack is reflected in their professionalism grade.

Our students also receive cutting edge information so that their delivery of care is current. They learn about evidence-based decision making and the importance of choices based on sound research. They have in-services from representatives of corporations who present the most current product information. They also have assignments that require them to present current information to their classmates on patient conditions, related literature reviews, treatments and prognoses.

Overall, our curriculum is very successful in helping students adopt and embrace the dental hygiene process of care and the importance of comprehensive and current care.

B. Supportive Documentation

1. Exhibit 1-7H, Dental Hygiene Clinic Manual
2. Exhibit 2-1.A2, Dental Hygiene Competency Statements
3. Standard 2-6.A2 narrative, Table 1-a and 1-b
4. Program clinical and radiographic experiences. See Exhibits 2-15.A2, 2-15.A7, and 2-15.A1 narrative.
5. Patient tracking data for enrolled and past students. See Exhibit 2-15.8a and b.
6. Policies regarding selection of patients and assignment of procedures. See Exhibit 2-7 for Syllabi 311, 321,411 and 421, Exhibit 1-7H, DHYG Clinic Manual and Tables 1-a, 1-b, and 2 in Standard 2 narrative.
7. Monitoring or tracking system protocols. See 2-17.A, SAS and Grading Monitoring Systems
8. Clinical evaluation system policy and procedures demonstrating student competencies. See Exhibit 1-7H, Dental Hygiene Clinic Manual, and Exhibit 2-7 for Course Syllabi 321, 411 and 421.
9. Assessment instruments. See Exhibit 1-7H, Dental Hygiene Clinic Manual, and Exhibit 2-7 for Course Syllabi 321, 411 and 421.
10. Evidence-based treatment strategies. See Exhibit 1-7H, Dental Hygiene Clinic Manual and Exhibit 2-7 for Course Syllabi 321, 411 and 421.
11. Appropriate documentation. See Exhibit 1-7H, Dental Hygiene Clinic Manual, for ATEN System, p. 57.

2-18 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.

A. Description

1. Using the table format specify the program requirements for numbers of completed scaling/root planing/prophylaxis services for patients by difficulty level and oral health/disease status. Specify the average, minimum and maximum number of times services are performed in each category. Describe how program requirements for completed services are distributed throughout the clinical course series.

Junior dental hygiene students render comprehensive care (data collection, txp, periodontal debridements and prophylaxes) to their patients during the spring semester of their first year. They will see an average of 10 patients over the

semester; patients in Health (average of 4); patients exhibiting Gingivitis (average of 3) and then at least one periodontally involved patient. The majority of patients seen have light accretions. The students will see on an average of one to two patients (6 quadrants) who present with moderate accretions. Please see Exhibits 2-15.A7, Exhibit K, for numbers of completed scaling/root planing/prophylaxis services for patients by difficulty level and oral health/disease status.

From the 1st pre-licensure year to the second, students have increased clinical opportunities through our service-learning program and our second year clinical courses. This results in increased experiences and requirements.

Please see the table below for the average, minimum and maximum number of times services are performed in each category and then please see Exhibits 2-15A.1 (Exhibit J), 2-15.A7(Exhibit K) and 2-15A.8a and b for spreadsheets that indicate the exact number of experiences per student for each of the categories.

Program requirements increase in each of the clinic courses with respect to the approximate number of each type of patient that must be treated and the quality and level of independence with which the services are rendered.

Table 2

Patient Type	Average	Minimum Number	Maximum Number
Light Accretions	68	40	98
Moderate Accretions	28	16	40
Heavy Accretions	13	6	20
Mild Chronic Periodontal Disease	33	10	56
Moderate Chronic Periodontal Disease	29	9	49
Severe Moderate Periodontal Disease	23	7	38

1. Describe the monitoring system used to assure that all students have attained clinical competence and exercise appropriate judgment.

Standard 2, Table 1-b includes the competencies the students must achieve during the fall and spring semesters of the junior year. Attainment demonstrates students' competence in a particular dental hygiene skill. Also enclosed are the Practicum Evaluation Exams that demonstrate competence in overall appointment management. A practicum is conducted at midterm as a monitoring mechanism and

it tests the student's ability to put the package together - infection control, assessments, instrumentation - in a timely manner. Time management and professional judgment re planning also are monitored through this exercise. Daily Professional grades are used to evaluate students' interactions with patients, faculty and peers, their teamwork capabilities, clinical skills and overall appointment management in the delivery of care. All clinical competencies and daily clinic evaluation forms are reviewed four times during the semester through the student's SAS (Student Advisor). The student's SAS provides feedback on the student's reflections of their strengths and weakness as well as the student's clinical competency grades and daily clinic performances. Intervention strategies to assist students are offered when needed. Please see Exhibit 2-7 Curriculum Document for course syllabi, evaluation forms, and evaluation instruments; i.e., competencies, SAS evaluation forms, practicum evaluation sheets, etc.

Students have specific assessments for each clinical skill on which they must achieve competence. A companion summary competency sheet lists all of the competencies. Faculty must sign off on each competency and enter a grade on both of the master and the specific competency sheet. These grades are entered into the computerized grading system, AXIUM. When final grades are determined, the course director can access AXIUM for verification of the paper copies, if necessary.

B. Supportive Documentation

1. Please refer to the applicable "Examples of evidence to demonstrate compliance include" section within the Accreditation Standards for Dental Hygiene Education Programs.
2. Exhibit 2-15.A7, Exhibit K for Table of program requirements for each patient category.
3. Narrative Standard 2-18.A1, Table 2.
4. Table 1-b

2-19 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

A. Description

1. Describe the ways by which students demonstrate effective interpersonal communication skills during patient interactions and how they are deemed competent.

The Phase I Preprofessional Curriculum which is completed at an accredited college or university prior to entry into the Phase II Professional Curriculum requires

students to complete 6 credits of English composition, 3 credits of Public Speaking, 3 credits of Introduction to Sociology and 3 credits of Introduction to Psychology, 6 credits humanities electives, 6 credits social science electives, 3 credits basic statistics, and a 3 credit elective.

Through many of the above mentioned courses, dental hygiene students attain competency in interpersonal and communication skills in the pre-requisite and core curriculum. The Phase I pre-requisite curriculum requires 6 credits of English composition plus a 3 credit Technical or Research Writing course which enhances writing skills in the research area. Additionally required is a 3 credit Public Speaking class.

Competence in interpersonal and communication skills are highly valued in our program. Students demonstrate effective interpersonal communication skills during patient care in a variety of ways as specified in the Clinical Competencies and Observable Behaviors for Professionalism and Health Promotion and Disease Prevention. Faculty observe as frequently as possible the presence or absence of competent communications in the clinical setting, and document the findings accordingly. Clinical interactions are observed by the assigned faculty, and factored into the student's daily Professionalism grade. Competent communication includes communicating with patients in terms they can understand, modifying interviewing techniques as needed to ensure comprehension of the information discussed, using appropriate terminology for an individual's dental knowledge level, presenting appropriate treatment plans and obtaining informed consent, discussing oral health status and treatment prognosis with acceptable terminology and context. In some instances, a caregiver may accompany a patient to the appointment and the student interacts with the caregiver to assure the patient's oral health care needs are tended to at home. Written instructions are oftentimes provided.

Students also interact with individuals with mental and physical disabilities in Special Patients Clinic. During this clinical assignment students must communicate with patients and caregivers, if needed, to verify their understanding and acknowledgement of necessary treatment, what to expect, and what pre and post treatment instructions must be followed. Hearing-impaired patients often rely on written communication, which must be clear and concise.

Other areas of the curriculum that address the development of competent communication skills include community presentations, a requirement for DHYG 322; and DHYG 414, where students must present a general health education module to their classmates. Part of the students' grades include effective communication.

Because the University is in a large cosmopolitan area, the patient clientele is quite diverse with different SES levels. Students have the opportunity to interact with

patients from many different cultures, and cultural competency is stressed throughout the curriculum. In addition, students have the opportunity to work with diverse groups in their Community Service-Learning rotations where a variety of culturally and socio-economically populations are educated and treated.

Communication with people from other cultures or SES groups, either individually or in small groups, can often times take place during another community service activity, providing meals at the Ronald McDonald House, a facility located on campus. During the time SADHA has been providing breakfasts for the guests at the House, students have had the opportunity to interact with family members of patients who are from Cameroon, Nigeria, Saudi Arabia, countries in South America, and Asia. In some instances, a student who speaks a particular language may be present; otherwise, limited, but appreciated, verbal and non-verbal communication helps to get messages across, some of which deal with oral health.

Students also were involved in the Maryland Sealant Demonstration Project, 2009-2010, a research project funded by the Centers for Disease Control/Maryland Department of Health and Mental Hygiene. Students assisted in placement of sealants on 3rd graders throughout various counties in Maryland. These activities required age-appropriate communication to children regarding education and sealant placement.

Another excellent example of how our curriculum emphasizes competent communication is through the Case Presentations that are delivered in the senior year in DHYG 412. Not only must students demonstrate professional judgment in selecting an appropriate case, but they also must conduct themselves in a professional manner before peers and faculty. Senior students also participate in Transitional Case Conferences with dental students, dental and dental hygiene faculty, basic science and clinical faculty where they must problem solve and communicate ideas based on sound research to solve a given case dilemma regarding pain, microbiology or cancer. Students collaborate and present their findings to faculty.

Additionally, in the Phase II core dental hygiene curriculum, students are required to complete competencies that include criteria for effective interpersonal communication skills during patient interactions. (See Exhibit 2-7 for competencies for toothbrush/ flossing, EIOE, Nutritional counseling, tobacco cessation, arestin placement, HTE, Periodontal charting, etc.)

Other venues where students demonstrate competency with diverse groups include:

- Special Olympics/Special Smiles; students participate with special needs patients and their parents regarding oral health.

- Helping Up Mission (HUM): Students treat HUM patients who are recovering drug addicts. These individuals come from diverse SES backgrounds and from all walks of life. Interactions with these patients have been a positive experience for both the patients and the students. Presentations regarding oral care for recovering male addicts were presented to this population at their resident facility, in addition to treatment rendered to these patients by our students.
- Diabetes Presentations by Eastern Shore satellite students; Worcester County, MD Health Department. Students presented an overview PPT of the relationship between diabetes and periodontal disease. They also advocated for good oral health practices.
- Renal Dialysis presentations at Bon Secours Hospital; The UMB Dental Hygiene Program was contacted by a renal dialysis caseworker at Bon Secours Hospital, spring 2009. She was concerned that her patients did not understand the link between oral health and overall health, especially during dialysis. Our students created a PowerPoint presentation and brought samples and informative materials to educate the patients. Not only did the patients value the information but the hospital staff who worked with these patients was grateful that the information was presented in a way that they could relate to their own patient care.
- Student Dental Hygienists' Association student presentations/leadership roles: Students participate at the state level during Maryland Dental Hygienists' Association House of Delegates; they hold leadership roles that require communication with the campus, dental school and various associations on our campus.
- University of Maryland Outreach Council: Dental Hygiene students participate as Council members; faculty, staff, and students who actively engage in and promote outreach efforts, particularly for the West Baltimore community. Local community school representatives also participate in Council meetings.

B. Supportive Documentation

1. Student projects demonstrating the ability to communicate effectively with a variety of individuals and groups (available on-site). See Exhibit 2-7 for course syllabi DHYG 322, 323, 412 and 414.
2. Examples of individual and community-based oral health projects implemented by students during the previous academic year - available on-site.
3. Evaluation mechanisms designed to monitor knowledge and performance. See Exhibit 2-7 for course syllabi DHYG 322, 323, 412, 413, and 414.

4. Professionalism criteria re Communication. See Exhibit 1-7H, Dental Hygiene Clinic Manual, p. 93.
5. See Competencies specific to Communication in Exhibit 2-1.A2.

2-20 Graduates must be competent in assessing, planning, implementing and evaluating community-based oral health programs including, health promotion and disease prevention activities.

A. Description

1. Evaluate the extent to which community dental health instruction and learning experiences prepare students to participate in community-based oral health programs. Describe how students are deemed competent.

The UM dental hygiene students are engaged in multiple didactic and experiential activities that enable them to achieve competence in assessing, planning, implementing and evaluating community-based oral health programs including health promotion and disease prevention activities. Didactically, several courses in the curriculum address community based oral health. The DHYG 413 Community Service-learning course is integrated into the didactic DHYG 322 Community Oral Health course in the fall of senior year. In addition to student participation in new and on-going clinical and dental health educational programs at these community sites, classroom experiences in DHYG 322 are designed for student reflection in written form and in an online Discussion Board forum in the course aimed at determining whether students can identify connections between community oral health theory and actual events/programs taking place in various local communities. Students reflect on their community experiences in a journal using guided questions tied into the didactic course DHYG 322 Community Oral Health (Exhibit 2-7, Syllabus for DHYG 322). As previously stated, students post their reflection journal in a Discussion Board forum for DHYG 322. A course assignment in DHYG 322 requires students to read classmates' journal entries and respond to at least 5 other students' journal postings. This assignment aids in reinforcing the understanding of community health theory as applied in the hands-on community service-learning experiences. Students reflect on these experiences and they are able to vicariously gain understanding of a variety of community groups as conveyed by their peers which facilitates discussion of current barriers to oral health evidenced in local and surrounding communities in Maryland and Washington, DC.

Additionally, in DHYG 322, utilizing the community team planning approach, students develop a community oral health program plan based on a needs

assessment conducted in a community service-learning population or other similar underserved community groups. Students research their target population, conduct a comprehensive needs assessment, and develop a comprehensive community profile. Conducting a comprehensive needs assessment, analyzing data, identifying oral health priorities, assessing resource needs, determining educational, preventive and treatment interventions, and employing evaluation techniques are critical to designing appropriate and realistic interventions for their target communities. At the end of fall semester, students plan and deliver educational as well as preventive interventions for their target communities. The group presentations to the target communities also enable students to gain public speaking experience and direct, hands-on interactions with underserved communities while functioning as an oral health team.

The major metropolitan area in which the UM dental hygiene program is located provides significant patient resources. In addition, individuals from areas throughout the state seek care in the Dental School located in Baltimore City, branches of the University of Maryland Dental School located in Cecil County, and College Park. Students in a satellite clinic on the Eastern Shore of Maryland also treat patients in a community health center. The patients represent a broad range of age groups, medical and dental conditions, cultural and ethnic diversity, and socio-economic levels. Students begin treating patients at the various Dental School clinical facilities beginning in the spring semester of their junior year.

The DHYG 413 Community Service-Learning course offers resources that enable additional and excellent student learning opportunities. Each year there are between 16-19 community sites from which students may choose for their service-learning experiences. Sites include health departments, military installations, rural community centers, and community health centers serving indigent, Hispanic immigrant, underserved adults, children, pregnant women, older adult populations, and hospital based clinics treating special needs patients. Students begin participating in community health service-learning experiences in the summer between their junior and senior years and continue into the fall semester of their senior year. Community Site Supervisors provide feedback on students' performance and interactions with patients and community professionals during their service-learning activities on a pass/fail basis. Students track their patient experiences during their service-learning experiences.

Students have gained additional experience in the implementation phases of community programs planned by dental hygiene and dental faculty such as screening for oral health problems, applying fluoride varnish, fabricating mouth protectors, and educating participants at the Special Smiles Special Olympics annual program; providing preventive and periodontal treatment services for patients in the Dental Access Day sponsored by the Dental School, assessing, planning and implementing dental hygiene services in collaboration with dental students for

male patients enrolled in the addiction recovery and life changing programs of the Helping Up Mission (HUM), Sealant Saturday programs sponsored by the Maryland Dental Hygienists' Association and the University of MD Dental School sites in Baltimore City and Cecil County, as well as the comparable event at the satellite clinic on the Eastern Shore. The Sealant Demonstration Project and SuperKids Camp programs resulting from the cooperative efforts of Division of Dental Hygiene faculty and students and Department of Health Promotion and Policy faculty provide additional experiences for the students to participate in community-based health programs.

Exhibit 2-7 Curriculum Document contains the course syllabi for DHYG 413 Community Service-Learning and DHYG 322 Community Oral Health. The DHYG 413 syllabus contains the site supervisor evaluation form (Exhibit 1-14.Ai) and community service-learning site descriptions (Exhibit 1-1.1A). The DHYG 322 syllabus contains the grading criteria and assignment descriptions for the written and oral components of the community program plan, and the reflection journal assignments used to determine student competency in community-based oral health program planning. Exhibit 2-6B Competency Document describes 100% competency achievement for the DHYG 322 community oral health program plans. Evaluations from community group leaders and from the dental hygiene students were excellent regarding the community program planning experience and the oral health education programs. Many community leaders have requested that the dental hygiene students return and continue to provide programs for the target communities. Exhibit 2-6 Competency Document describes 100% competency achievement for all students assessed by the community service-learning site supervisor evaluations.

B. Supportive Documentation

1. Please refer to the applicable "Examples of evidence to demonstrate compliance include" section within the Accreditation Standards for Dental Hygiene Education Programs.
 1. Exhibit 2-7 Curriculum Document; Course Syllabi for DHYG 322, 413
 2. Exhibit 1-14.Ai
 3. Exhibit 1-1.1A

2-21 Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

A. Description

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

All students are required to take and pass the American Red Cross Basic Life Support course and must demonstrate proper use of the AED before they are deemed competent to manage medical emergencies that may be encountered in the clinic while treating patients. They also are given didactic information on medical emergencies and are tested on this information. (See below.) Records of students' completion of this course are maintained by the Clinical Operations Board, housed on the 5th floor of the Dental School.

Students must pass the following examination.

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SOD_2010SP_DHYG321_Quiz2

February 15, 2010

Student Name: _____

Blackboard User ID: _____

1. What is the next course of action if a patient refuses to sign a Refusal document for an ambulatory call?
- (a) Continue with their scheduled treatment
 - (b) Then advise the patient that you are going to make the call anyway
 - (c) Thoroughly document in the patient's chart the situation and the patient's refusal to sign the Refusal document.

If choice c is selected set score to 1.

2. The red Emergency Cart located on the clinic floors contains basic supplies, including narcotics, needed to maintain a dental emergency until EMS arrives.
- (a) True
 - (b) False

If choice b is selected set score to 1.

- 3.** AED machines are
- (a) Automated External Defibrillators and are located on the wall above the Emergency Carts on most floors
 - (b) Airway Extension Devices and can only be administered by a medical doctor &/or licensed dentist
 - (c) Automated Evacuation Devices that are often located within the dental operatory unit.
 - (d) Acute Emergency Devices which are various aids that help in emergency situations. Examples of this would be an Epi pen for severe allergic reactions, Albuterol Inhaler for severe asthmatic attack.

If choice a is selected set score to 1.

- 4.** When an asthmatic patient presents for treatment in your chair, a good strategy to help reduce the level of emergency should your patient go into a severe asthmatic attack is to:
- (a) Ask the patient for their Albuterol and then place it within easy reach
 - (b) Ask the patient for their Nitroglycerin pills and then put within easy reach
 - (c) There are no real good strategies to use if an emergency occurs
 - (d) Have available and within easy reach a brown bag for the patient to breathe in.

If choice a is selected set score to 1.

- 5.** If a dental emergency should occur at your chair during treatment, the most important thing you can do is stay with your patient and stay calm so that you can think of the appropriate course of action to take during the emergency.
- (a) True
 - (b) False

If choice a is selected set score to 1.

- 6.** Medications in Emergency Carts can be administered by anyone.
- (a) True
 - (b) False

If choice b is selected set score to 1.

7. Your first action in any emergency situation is ...
- (a) to prevent further injury from occurring.
 - (b) to make sure the victims airway is clear.
 - (c) to give care for life threatening situations.
 - (d) to call for help.

If choice d is selected set score to 1.

8. Your patient accidentally swallowed something and begins choking and coughing. At the same time your patient is refusing your help. It is important to:
- (a) Document the incident thoroughly in the patient's chart, noting patient refusal for help
 - (b) Document the incident thoroughly in the patient's chart, noting patient refusal for help & insist on smacking them on the back
 - (c) Monitor the patient
 - (d) Monitor the patient & document the incident thoroughly in the patient's chart, noting patient refusal for help
 - (e) Insist on smacking them on the back

If choice d is selected set score to 1.

9. You notice that your patient appears to be disoriented, staring and just not very focused. You suspect your patient might be having a petite mal seizure. The best thing for you to do is:
- (a) Begin CPR
 - (b) Shake them to refocus them
 - (c) Remove all items that might cause injury
 - (d) Call 911

If choice c is selected set score to 1.

10. During your debridement session with your patient, you notice that he is having difficulty breathing and is developing a severe rash on his neck and up the side of the face. You might suspect your patient is having
- (a) A drug overdose reaction
 - (b) A stroke
 - (c) An allergic reaction
 - (d) A seizure

If choice c is selected set score to 1.

- 11.** During a petite mal seizure, it is important to place a tongue blade in the patient's mouth to prevent injury:
- (a) True
 - (b) False

If choice b is selected set score to 1.

- 12.** For a patient experiencing an asthma attack, the best thing for you to do is:
- (a) Assist your patient with the use of their inhaler
 - (b) Wait for them to resume normal respirations
 - (c) Lay the patient in a supine position
 - (d) Give the patient a brown bag and instruct them to breathe into it

If choice a is selected set score to 1.

- 13.** During the debridement phase of treatment, an instrument tip breaks and is swallowed by the patient. You should:
- (a) Initiate CPR
 - (b) Send patient to hospital emergency for x-ray
 - (c) Continue working
 - (d) Give patient oxygen for 5 minutes

If choice b is selected set score to 1.

- 14.** All emergencies do not have to be recorded in the patient's chart. Only those incidents that sent the patient to the hospital should be recorded.
- (a) The first statement is true, the second statement is false
 - (b) Both statements are false
 - (c) Both statements are true
 - (d) The first statement is false, the second statement is true

If choice b is selected set score to 1.

- 15.** Mary Molar is seated in your chair and is reviewing her statements with you on the Medical History. She appears most anxious and you notice that she is breaking out in a sweat around the forehead. When you ask Mary how she is feeling, Mary slumps down in the chair and appears to have fainted. You have activated the emergency response system in your office. The next thing you should do is:
- (a) Begin scaling
 - (b) Splash water on Mary
 - (c) Lower Mary so that her feet are higher than her head
 - (d) Sit Mary up in the chair

If choice c is selected set score to 1.

If assessment score is 0% to 100% Feedback

2-22 Graduates must be competent in applying ethical, legal and regulatory concepts to the provision and/or support of oral health care services.

A. Description

1. Assess the degree to which students assume responsibility for professional judgment and ethical conduct and how they are deemed competent.

The values of professionalism are instilled early on in the dental hygiene students' lives. Assessment of ethical behavior begins during the interview process. Later, at orientation, all first year students are required to take and pass a Judicial Board policy exam. Students are ineligible to begin classes until competence is achieved on this entrance exam.

Formally, at the beginning of their first semester, first year dental and dental hygiene students read the oath in unison at the school's White Coat Ceremony. Similarly, all graduates recite the oath together at Commencement Exercises. The premise for these activities is to reinforce adherence to the code of conduct upon entry and throughout one's professional service.

Throughout the curriculum, the judicial policy is reinforced on every examination and course assignment as students must read, acknowledge adherence to and sign a Judicial Policy statement. On a daily basis in clinic, the students receive a professionalism grade that addresses adherence to regulatory concepts, ethical treatment of patients and factors related to professionalism. (See course outlines for DHYG 311, 321, 411, 421 in the curriculum document.)

In DHYG 324, Methods and Materials Used in Dentistry, students learn which dental procedures are legally permitted, as well as those not permitted by dental hygienists in the State of Maryland. Also, in DHYG 316, Oral Radiology I, students are taught to follow FDA guidelines for prescribing radiographs. Students must apply these principles; and utilize the “As low as reasonably achievable” (ALARA) concept during the assessment phase of treatment in the clinic. Prior to exposing patients to ionizing radiation, all radiographs must be approved by signature of the clinical dentist in the patient’s chart. In DHYG 316, Oral Radiology I, and DHYG 324, Methods and Materials Used in Dentistry, students must self-assess their laboratory procedures, using the same criteria as the instructor. These criteria are found in the course syllabus. All laboratory procedures must be completed satisfactorily prior to performing them clinically. Radiographs, dental sealants, impressions and study models must be completed to clinical competency.

Didactic course content also covers the topic of ethics, professionalism and legal issues affecting the dental hygienist. In DHYG 425, Issues in Healthcare Delivery, students differentiate between ethics, law and morality. They discuss the aspects of civil law that typically involves oral health care provider liability. Students also address numerous ethical dilemmas via case studies (i.e., interpersonal work relationships, cultural understanding and sensitivity, and ethical treatment of the dental patient) and define a protocol for addressing various ethical dilemmas. Throughout the course, students identify the ethical principles important to the dental hygiene profession and discuss procedures and behaviors that decrease practice liability. Students also review literature concerning dental amalgams and public water fluoridation and then debate these subjects. This exercise helps students understand the pros and cons, as well as the ethical dilemmas that pertain to these topics.(See course outline, DHYG 425, Issues in Healthcare Delivery, in Exhibit 2-7.)

Upon the completion of DHYG 425, Issues in Healthcare Delivery, students are expected to define the Standard of Care and professional obligations of the dental hygienist, and re-list the Ethical Core Values for professional choices and actions outlined by American Dental Hygienists' Association (ADHA) in Bylaws and Code of Ethics:

- Autonomy
- Confidentiality
- Societal Trust
- Non-maleficence
- Beneficence
- Justice
- Veracity

To provide and support oral health care services, graduates must understand and adhere to infection control policies and procedures. At the very beginning of clinic (DHYG 311, Prevention and Control I), students learn the principals of infection control and are taught measures to prevent the transmission of infectious disease. Students also are required to attend a yearly Bloodborne Biohazard Training Program, a Risk Management Seminar and a mandatory HIPAA Orientation. (See Exhibit 2-22.A, Academic Calendar.)

Throughout the program, students are evaluated on the application of ethical, legal and regulatory concepts in the provision and/or support of oral health care services. In order to graduate from the program, students must exhibit professional judgment and ethical conduct. Students who behave unethically are brought before the dental school's Judicial Board and may be found guilty. A guilty verdict can result in dismissal or delayed graduation.

Student competence is measured by the following assessment mechanisms:

- a. Judicial Board Exam (all students must pass it to continue in the program)
See Exhibit 2-2.A3
- b. Code of Ethics Assignment: all students must complete it (DHYG 425)
- c. Daily Professionalism grades in clinic (course outlines DHYG 311, 321, 411, 421; student clinic record forms and routing control forms in DHYG 321, 411)
- d. Examinations in DHYG 322, 323, 425, 427
- e. Final grades in DHYG 311, 321, 411, 421
- f. Competencies in DHYG 311, 321

(b, c, d, e, f: all found in Exhibit 2-7 under listed courses)

B. Supportive Documentation

1. Exhibit 2-7, Course Outlines DHYG 311, 321, 322, 323, 411, 421, 425, 427
2. Exhibit 2-2.A3, Judicial Board Policy and guidelines and policies related to professional behaviors (e.g., dress code, patient protocols, chart management.) (See www.dental.umaryland.edu "Student Policies", under "Current Students", and in Dental School Clinical Manual, under Clinical Operations, Policies and Procedures, Patient Admissions and Referral and Infection Control Sections, Standards of Care.)
3. Exhibit 2-22.A, Academic Calendar, citing orientation for Biohazard Training Program.

2-23 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

The Dental Hygiene Program expects the new dental hygiene graduate to attain the following competency and supporting skills to prepare them for self-assessment and lifelong learning.

3. Professional Socialization.

The new dental hygiene graduate must contribute to improving the knowledge, skills, and values of the profession.

3.5 Assume responsibility for self-assessment for lifelong learning and professional growth.

Self-assessment and a commitment to lifelong learning are valued and reinforced in our program. These values are reflected in several ways. First, our daily verbal clinic interactions with students include a self-assessment component. We try to ask questions that promote student self-assessment such as: “regarding today’s clinic, if you could, how would you have changed your performance? Do something differently? I had to fail you on professionalism...why do you think that happened?” In junior clinic, for clinical competencies which are scheduled at specified intervals, students must self-assess their performance prior to their competency evaluations, using the same criteria forms as faculty. They also have the opportunity to respond to faculty comments regarding their performance on a competency, i.e., post competency reflection. They may comment on the faculty’s assessment and provide their rationale for agreement or disagreement; these comments are designed to provide an opportunity for additional dialogues.

At scheduled intervals, students must assess their performances via their SAS meetings. Using computer generated grades and faculty written comments from their Student Clinic Record Forms, students assess their strengths, problem areas and develop plans for improvement on a Standardized Division form. (See Exhibit 1-1.4Ae.). Students then meet with their clinical advisors to discuss these assessments to assure accuracy and development of realistic, concrete plans for improvement. Faculty review student self-assessments at midterm and final meetings, making appropriate suggestions or posing questions that need to be addressed by the student. Specific self-assessment forms used for juniors and seniors are kept in their notebooks for faculty review. (See Exhibit 1-14.Ae.) Student advisors (SAS) have increased semester meetings with their assigned students. Clinical faculty and SAS also meet with students on an ad-hoc basis, depending on student need. The richness of responses varies and some students may be asked to include more reflection. Missing or weak plans for improvement may affect a student’s notebook

grade. Since such a large amount of feedback is provided by faculty on the student clinic record forms (SCRF), the students are availed to many avenues for reflection.

Mandatory membership in SADHA also begins the process of life-long learning. Students are required to attend a Maryland Dental Hygienists' Association meeting at the component or constituent level and describe their reactions, what they learned, etc.

Introduced in junior clinic and newly developed this year are documents that provide students with feedback on their performances on a daily basis, in addition to their normal faculty evaluations. These "tally sheets" are a mechanism for initiating dialogue at SAS meetings. As a result of this self-study, a new self-assessment form that seniors will utilize was developed. This form will be used both semesters and will enable students to better track where their areas of strength and weakness lie and in what areas they need to expend more energy and time. These forms also will be used by the senior SAS.

Students attend "blocks" within our school. Here they experience different aspects of dentistry, be it oral surgery, advanced general dentistry, radiology, or special patient clinic. Students must assess their experience and comment on what they achieved, learned or questioned during their block experience. (See Exhibit 1-1.4A.) Our electronic radiology evaluation system requires students to self-assess their films and indicate what the quality of the film is and why the student believes it is flawed, if it is. This student self-assessment is required before faculty assess the student's images. (See Exhibits 2-23.1a,b,c.) Students also assess their laboratory procedures in their Methods and Materials class, using the same criteria as the instructor. These criteria are found in the course syllabus, DHYG 324. For DHYG 412, annually students create a case PowerPoint presentation. They can self-assess using the course grading rubric to assess performance and expectations regarding their case. (see Exhibits 2-23-1 a, b, c.)

Course content in our Research course (DHYG 416) also emphasizes lifelong learning by addressing how the scientific evidence is ranked and how students can access this information chairside, once they graduate. Faculty behaviors as a rule reflect the importance of lifelong learning. Faculty attends meetings for professional development and often implement course changes based on this influx of new information and other scientific advancements reported in the literature. Faculty assignments in many classes require students to seek out the latest literature on a given topic. A library specialist from our campus library also speaks to the students in several of our courses, further emphasizing the importance of lifelong learning. Students see faculty publications and involvement in professional associations where lifelong learning is emphasized.

Examples of evidence to demonstrate compliance may include:

- Written course documentation of content in self-assessment skills
- Evaluation mechanisms designed to monitor knowledge and performance
- Outcomes assessment mechanisms

Students self-assess their performances throughout their clinical courses, moving from Prevention and Control II (DHYG 321) to Advanced Clinical Practice I and II (DHYG 411, 421).

Other didactic courses include the use of self-assessment.

B. Supportive Documentation for 2-23.

1. Exhibit 1-1.4Aj, Block Supervisor Evaluation Form
2. Exhibit 2-7 Curriculum Document; Syllabi, Exams, and Assessment Forms for DHYG 311, 321, 411 and 421
3. Exhibit 2-7, Junior Course Competency Forms
4. Exhibit 2-7, DHYG 412 Case Presentation Rubric
5. Exhibit 2-23.1, Student Self-Assessment (SAS) Form
6. Exhibit 2-23-2a, b, c, Radiology self-assessment
7. Exhibit 2-23-3a, b, c, Methods and Materials self-assessment

2-24 Graduates must be competent in the evaluation of current scientific literature.

A. Description

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

Evaluation of current literature is an integral part of the dental hygiene program. Faculty present scientific information based on current research and many course assignments in both junior and senior classes review the literature. Course assignments and outlines indicate the many opportunities for students to study and critique the scientific literature. See Curriculum Document for course syllabi: DHYG 323 Care & Management of the Special Patient, DHYG 411 Advanced Clinical Practice I, DHYG 416 Introduction to Oral Health Research, DHYG 412, Perspectives of Dental Hygiene, which includes a case presentation with linked review of the literature to the DHYG 416 course, and DHYG 425 Issues in Health Care Delivery, for which DHYG 416 provides the foundation for student understanding of the research process, and includes a research poster requiring literature searching to validate the

intended research purpose and methods. Lectures presented in the Health and Human Services Library (H/HSL) by the library liaison to the Dental School teach the skills necessary to perform literature searches and access information. Students apply these research skills in preparation of clinically applicable assignments, case presentations, and research posters. The application of current research findings is further reinforced during student treatment planning and in the identification of appropriate health strategy interventions for clinical patients.

In the spring semester of the junior year, DHYG 323, Care & Management of the Special Patient, introduces junior dental hygiene students to Evidence Based Decision Making. In this introductory module, the H/HSL liaison to the Dental School introduces students to Evidence Based Decision-Making (EBDM), the PICO method, how to write a searchable question pertaining to the care and management of a special needs patient, how to effectively and efficiently search databases for relevant clinical research, and how to select appropriate scientific literature, enabling student discussion and formulation of an answer to their question. The online component of this module contains EBDM web-based tutorials and exercises that reinforce concepts taught by the Dental School's library liaison. In the DHYG 323 EBDM assignment, each student identifies an issue concerning the dental care and management of a special needs patient. The PICO model is taught to enable students to convert their information needs into an answerable question.

P	<u>P</u> roblem or patient
I	<u>I</u> ntervention
C	<u>C</u> omparison
O	<u>O</u> utcome

Next, students conduct a computerized Medline search to find the best external evidence (published research studies) with which to answer the question. Specific to this assignment, students are instructed to identify and critique primary scientific articles. Then, students critically appraise each research article using a standardized literature critique form, identify the evidence for the study's validity and usefulness, and apply the results of this appraisal in answering the question. The DHYG 323 syllabus contains the entire EBDM assignment and instructions, case example, PICO worksheets, "Making Sense of the Literature" critique forms, and sample questions that the SOD library liaison utilizes during the instructional session for this module. The PICO assignment is worth 23% of the final course grade for DHYG 323. The following evaluation mechanism is used by students when submitting their PICO assignment and by the course coordinator when grading the assignment.

Assignment I

DHYG 323

Care & Management of the Special Patient

Sheryl Syme, RDH, MS

EVIDENCE-BASED DECISION MAKING (EBDM) ASSIGNMENT EVALUATION

Student's Name: _____

Students are to self-check off and initial that they have submitted the following to Ms. Syme

<u>Check</u>	<u>Initial</u>	<u>Assignment Item</u>
_____	_____	Complete assignment turned in on May ___ including:
_____	_____	-PICO question on PICO worksheet
_____	_____	-computerized search strategy print-out
_____	_____	-complete, xerox copy of each research article
_____	_____	-critical appraisal of each research article (complete a "Making Sense of the Literature" form for each article)
_____	_____	-provide an answer to the question

Faculty Evaluation of Evidence-Based Decision Making Assignment. Based on score of 1 - 4.

4=Excellent 3=Good 2=Fair 1=Poor

- _____ 1. PICO question: submitted the PICO worksheet in addition to the PICO question typed on a separate page (good, clean copies); related to care & management of a special patient; appropriately narrowed question; conforms to the PICO model.
- _____ 2. Computerized search strategy print-out: completely submitted; demonstrates an efficient search strategy.
- _____ 3. Critical appraisal of research: submitted a complete copy of each article appraised; submitted a completed evaluation for each article ("Making Sense of the Literature"; critically evaluated literature for support in answering question. *Remember to use only primary research (clinical trials and research conducted by the original researcher) and not secondary reviews (do not use Cochrane review articles for this assignment)
- _____ 4. Answer to question: submitted a typed answer to the question that applies the results of your research appraisal in your practice of dental hygiene [answering your question]. (Provide a typed answer to the question based on the collective evidence obtained from all the studies you critically appraised; i.e. what is the most effective treatment, what is the solution to your question, and/or what are you going to recommend to your patient and why); sound rationale

demonstrated; evidence supportive of your answer/recommendation.

In the senior fall semester, Evidenced Based Dentistry (EBD) is applied to the clinic seminar in DHYG 411 Advanced Clinical Practice I, via a presentation of the EBD web page found on the American Dental Association website. The presentation begins with a review of EBD and the rationale for applying it to clinical practice, followed by a description of how to use the web page to look up systematic reviews on dental hygiene clinical decision making questions. The presentation concludes with a description/ discussion on how to incorporate the web site information with the clinician's clinical experience and patient preferences in the discussion of treatment and health behavior modification decisions with patients' specific oral health status.

Finally students are required to write a PICO question regarding an aspect of dental hygiene care for a patient on whom they developed a case history, describe what they found on the web site and discuss HOW they would incorporate the information into a dental hygiene care plan. The whole case assignment is worth 75% of the seminar portion of the DHYG 411 course grade. The specific EBD/PICO portion of the case assignment comprises 16% of the case assignment final grade. The following is the case creation assignment evaluation mechanism which includes the EBDM assignment criteria.

Assignment 2

Case Creation Assignment

Fall 2010

DHYG 411 – Seminar

Lisa Bress, RDH, MS

Student:

Requirements	Possible Points	Points earned	Comments
Turned in on time Deduct a point for each day after 10/22	0		
Creativity with questions & case name	4		
Case covered several dental hygiene care issues	15		
Data in text boxes accurately correlates to photos and chartings	25		
Questions correctly correlate to data in text boxes, charts and photos.	25		
Questions contain appropriate grammar and spelling.	5		
Questions include a variety of formats.	10		
*EBD portion- 4 parts	16		
Total	100		

*Write a PICO question related to your case, include the answer to your question based on what you found on the EBD web site, describe the steps you took to find your answer and then how you would use this information to develop your dental hygiene care plan for your patient. Include this part of the assignment AFTER your case questions and submit it with your case.

Faculty Comments-

Also in fall of the senior year, DHYG 416, Introduction to Oral Health Research, prepares students to evaluate scientific research by the following course lessons and assignments:

- The course includes learning modules on “Evidence-Based Decision Making” and “Literature Review Writing” in addition to modules on basic research content and methodology. Students learn the different levels of research including which studies are considered to provide higher level evidence. Weekly assignments assess their understanding of the course’s content;

these assignments are delivered via the school's electronic testing program, Questionmark.

- The Dental School's research librarian presents two lectures on how to search databases online via the University's Health Sciences/Human Services Library. The librarian provides hands-on support and guidance to the students as they search the literature using keywords on their topics.
- The students are required to work in pairs to complete a 5-7 page literature review concerning a medical or dental condition that is unique to one of their patients (see grading rubric; this paper is worth 20% of the total course grade). This assignment is part of a larger case presentation assignment that is completed and presented orally in DHYG 412- Perspectives of Dental Hygiene Practice. In this course, students elaborate more specifically on their patient's condition including dental hygiene modifications to treatment.
- DHYG 416 prepares the students to create a poster session research project in DHYG 425, Issues in Healthcare Delivery, by teaching them the foundations of research methods. Poster presentations incorporate visual media that reflect the study that is being reported. The study must be based on an area of dental hygiene related research. A verbal presentation that discusses the study in more detail accompanies the visual display in DHYG 425.

The literature review grading rubric is the evaluation mechanism used to assess competency in accessing, interpreting, and discussing relevant literature in a formal written review of the literature research paper.

Assignment 3

DHYG 416: Literature Review Grading Rubric

<p><u>Title Page and Introduction</u> (15%)</p> <ul style="list-style-type: none"> ➤ Includes title page in correct format ➤ Provides reasoning for selection of subject (Why did you choose this particular patient? What is interesting/different about the case? Why is this case important to explore in more depth? How will it be helpful to others in the profession?) ➤ Describes general patient information and where the patient was found 	/15
<p><u>Literature Review</u> (50%)</p> <ol style="list-style-type: none"> 1. Utilizes and includes 5-10 research articles 2. Organizes review into topics and/or subtopics 3. Includes all or some of the following: <ul style="list-style-type: none"> • Strengths and weaknesses of the research being cited • Consistent findings • Contradictions; inconsistencies • Gaps in the literature 4. Thoughts are well-developed 5. Meets objectives/fulfills purpose of assignment 6. Accurate and thorough 	/50
<p><u>Referencing</u> (10%)</p> <ol style="list-style-type: none"> 1. Correct in-text referencing (APA) 2. Correct reference list formatting (APA) 	/10
<p><u>Mechanics and Organization</u> (10%)</p> <ol style="list-style-type: none"> 1. Punctuation 2. Grammar, sentence structure 3. Spelling (misspellings are unacceptable) 4. Neatness 5. Sequencing and development of ideas is logical and effective 6. Organizes material in a clear, appropriate, and precise manner 	/10
<p><u>Style</u> (10%)</p> <ol style="list-style-type: none"> 1. Readability 2. Word choice 3. Concise 	/10
<p><u>Presentation</u> (5%)</p> <ol style="list-style-type: none"> 1. Typed, double-spaced 2. Pagination (include page numbers!) 	/5
<p><u>TOTAL</u></p>	/100

Comments:

In addition to dental hygiene program faculty with varied research experience and interests, the Dental School also offers dental hygiene students access to dental faculty who are nationally known and respected for their research. Many dental school faculty have served as research mentors on student case presentations and research posters. Furthermore, changes to the dental school curriculum over the past 3 years have afforded opportunities for senior dental hygiene students to participate in Translational Research Case Conferences (TRCCs) along with dental students. These Translational Research Case Conferences focus on three themes: Pain and Neuroscience, Microbiology and Infectious Diseases, and Cancer Control. The goals of the TRCCs are to:

1. To enhance dental and dental hygiene students': (a)critical thinking skills, (b) application of research;(c) basic science knowledge and (d) evidenced-based decision making skills.
2. To provide dental and dental hygiene students the opportunity to discuss and formulate patient care plans on theme-based cases together.

Background: Dental hygiene senior students have had relevant prerequisite basic science coursework in General Biology and Microbiology, Anatomy & Physiology, Biochemistry, and Nutrition in addition to the dental hygiene sciences from Year 1. Students receive additional background information pertaining to the case before and on the date of the scheduled TRCC block and are required to view relevant Mediasite lectures captured in either DHYG or DDS courses.

Case briefing and overview: Once students are assembled in a lecture hall, the students are broken up into 3 groups for smaller breakout discussions. A patient case is then be presented to each of the smaller sections to allow audience question and answer time on the patients' chief complaint, medical history and other aspects of the case that require clarification directly from the patient. There will be slight differences in patient features among the 3 smaller breakout sections. Students are able to search the internet, review the e-lectures pertaining to the suspected diagnosis and proposed treatment planning strategies for the case patient. Dental and dental hygiene students work in groups to collaborate on the differential diagnoses, proposed plan of action and medical test requests for further definitive diagnosis. The result is that each of the 3 sections formulates diagnoses, proposed treatments and plans of action. The sections reconvene into the full lecture hall to discuss the case. Students from each of the 3 sections presents their section's findings and conclusions. Basic science researchers and clinical faculty collaborate and serve as TRCC case facilitators to moderate discussions, field questions and confirm/refute students' content knowledge base and application of this information to enable diagnostic accuracy.

B. Supportive Documentation

1. Exhibit 2-6B Curriculum Competency Document
2. See Exhibit 2-7 Curriculum Document; Course Syllabi for DHYG 323, 411, 412, 416, and 425.

2-25 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.**A. Description**

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

Students are assessed on all clinical aspects of patient care every time a patient is seen in the clinic. Evaluations in Medical History, periodontal hard tissue, accretion, caries/periodontal risk factors and radiographic assessment are forms of data collection students use to formulate a dental hygiene diagnosis and care plan. All care plans are evaluated for their individualism and care appropriateness before services are implemented. Faculty interaction, in the form of comments and questioning, help students critically think through scenarios and problem solve. Students provide rationale for all components of their treatment plans and for choices made in patient care delivery. Clinic Professionalism grades reflect the student's ability to problem solve and demonstrate good judgment.

To encourage critical thinking and decision making skills to provide effective and efficient dental hygiene services, students in the DHYG 411 and DHYG 421 courses are required to complete a dental hygiene care plan worksheet initially without faculty input on patients treated in the dental hygiene clinics. This worksheet incorporates critical thinking and decision-making skills as students are required to develop a dental hygiene care plan based on assessment and analysis of patient data. They also must provide rationale for decisions made and are not spoon-fed by faculty. In addition to this critical thinking/dental hygiene treatment plan form for patient treatment experiences, students also are given assignments in clinic seminar, the didactic portion of the course, in which they answer multiple choice questions on case histories and develop a case history themselves that includes multiple choice questions. These assignments give students experience in putting all patient data together to make treatment decisions. Both critical thinking and sound decision-making are required for successful completion of these assignments. Students also must determine patient risk for caries and periodontal disease by factoring in medications, systemic conditions, cultural factors, health behaviors and other oral assessment data.

We try to subscribe to open-ended questions that require students to think and to come up with their own answers. Students also are to compare previous findings with current data and analyze what this means regarding patient status. Students are evaluated on the quality of completing these assessment forms, which reflect their thinking processes and on their clinical skills. (See Exhibits 1-1.4Ae, SAS Form; Exhibit 2-25.A, Care Plan; and 2-25.B, DHYG 411 Case Rubric.)

Curriculum Management

2-26 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.

A. Description

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.

Curriculum Management Plan

The dental hygiene curriculum management plan is a multi-tier process which includes the following:

- Curriculum evaluation, review, and improvement
- Course reviews
- Evaluation of dental hygiene courses and outcomes measures related to defined program goals and competencies
- Actions to improve and coordinate instruction

Below is an outline of the Curriculum Management Plan (CMP):

- a. The Dental Hygiene curriculum review and evaluation process is accomplished by incorporating input and feedback from a variety of stakeholders and resources such as the Division of Dental Hygiene Director, course coordinators, faculty, students, and administrators. All Division of

Dental Hygiene faculty and the Division of Dental Hygiene Director are members of the Committee on Dental Hygiene Curriculum Management. All full-time and part-time faculty are given the opportunity and are encouraged to participate in the evaluation and development of the dental hygiene program, as accomplished by the Committee on Dental Hygiene Curriculum Management. Committee meetings focus on discussion, actions, and proposals related to courses being taught in the dental hygiene program, areas of concern, the coordination of instruction, on-going faculty calibration, planning for subsequent semesters, long-range planning of curriculum direction in relationship to the dental hygiene program, its missions and those of the school and campus. Committee meetings also offer faculty development educational workshops and seminars for improved use of educational technology in their online courses to meet student needs. Faculty are rotated on the Dental Hygiene Curriculum Management Committee's Subcommittee for Course Reviews to review individual courses scheduled for specific review.

Monthly Division meetings held by the Division of Dental Hygiene Director also focus on faculty calibration, long-range planning for the division including curricular changes, discussion of Dental school, campus, and Department issues and faculty development with particular emphasis on clinic innovations and clinical content expertise. Student progression issues related to attainment of course requirements and faculty concerns regarding particular students also are addressed at monthly Division meetings.

Students are expected to complete school wide online course evaluations conducted by the Dental School's Office of Evaluation, as well as qualitative course evaluations conducted by Dental Hygiene course coordinators.

Administrators in the Dental School convey policies, revisions, and curricular related information directly to the Division of Dental Hygiene Director, the Faculty Assembly, of which all Dental School dental hygiene faculty are members, through Dental School Committees with dental hygiene faculty and student participants.

The Division of Dental Hygiene Director administers surveys, analyzes data, and disseminates a variety of reports that address curricular issues and assist with long-range programmatic planning. The Division Director conducts surveys to assess alumni and employer opinions, patient satisfaction, student opinions and student documentation via random chart audits conducted by faculty. She also receives and disseminates additional outcomes data such as student progression reports, program completion rates, National Board examination scores and Northeast Regional Clinical Board examination success rates to the faculty and administrators of the dental school. These

outcomes measures are evaluated in relationship to the program's defined goals and competencies for new graduates. (See Exhibit 1-1.4A.)

- b. As part of the curriculum management plan, dental hygiene courses are evaluated related to the defined goals and competencies of the program. Individual courses are assessed compared to the course specific Competencies for New Graduates and program goals, competency assessment measures, assessment of whether competencies are met, and corrective actions taken to address unmet competencies. (See Exhibit 2-6B.)
- c. A defined mechanism for coordinating instruction among the dental hygiene course coordinators is present. All courses are available in electronic format on Blackboard, the course management program of the University of Maryland, Baltimore. All faculty are enrolled in all clinical dental hygiene courses and faculty can request to be enrolled on other courses as Course teaching assistants, instructors, students or course builder roles to support overall dental hygiene course instruction. Faculty are able to view other course materials by other faculty members such as course syllabi and manuals, class schedules, course documents and instructional programs, assignments and discussion board postings. Faculty also can independently gain guest course access to the Course Information and Course Documents sections of every dental and dental hygiene course offered in the Dental School. It is a school-wide mandate that all courses continue to be made available during the duration of the students' tenure in the program. This availability enables students and faculty to review course content on an ongoing and as needed basis. Ongoing Committee on Dental Hygiene Curriculum Management meetings have occurred focusing on dental hygiene course coordinator consistency in formatting Blackboard courses in response to faculty and student feedback on navigation concerns. Non-dental hygiene course coordinators who teach dental hygiene students have also been invited and have attended relevant meetings on course consistency. They have also been invited to attend faculty development seminars on educational technology innovations conducted at Committee on Dental Hygiene Curriculum Management meetings. Meeting agendas and minutes are disseminated electronically and sent to course coordinators outside of the Division of Dental Hygiene when relevant to the courses they teach. A Blackboard organization site is perpetually maintained and includes a folder of documents, reports, actions, course proposals and other actions conducted by the Committee on Dental Hygiene Curriculum Management. All Division of Dental Hygiene faculty are continuously enrolled in this organization site and can access all the Committee documents at any time. Communication is excellent and accomplished through a variety of technology modes among Division course coordinators, Division Director, administrators, students, onsite and off-site faculty and other decision-

making committees found throughout the Dental School. All dental hygiene faculty are on the Division of Dental Hygiene university distribution list and non-dental hygiene course coordinators are added on email correspondence when information is disseminated that is relevant to their dental hygiene course.

Periodic course evaluations involve a three step process:

1. Step one involves an individual course presentation by the course coordinator whose course is selected for detailed review by the Committee on Dental Hygiene Curriculum Management's Subcommittee for Course Reviews. These presentations occur at the beginning of the course review process and provide an opportunity for course coordinators to acquaint other dental hygiene faculty with their course layout, course schedule, format, content and course instructional methods.
2. Step two of the course review process occurs when the Subcommittee conducts a detailed course review of the selected course's Blackboard component of the course and assesses each course section using criteria including organization, format, consistency with other dental hygiene course formats, content, accuracy and potential for course redundancy, quality of assessment methods, and student – course coordinator interactivity. The Subcommittee submits a formal report to the Committee on Dental Hygiene Curriculum Management.
3. Step Three occurs when the Committee on Dental Hygiene Curriculum Management reconvenes with all the Division faculty and the course coordinator present. and discusses the Subcommittee's findings and recommendations

As a result of this three step process for Dental Hygiene course reviews, conversations between course directors and faculty are facilitated, and course strengths, course revisions, course redundancy, and course outcomes are identified and discussed in relationship to the overall dental hygiene curriculum. Additionally, the thoroughness of this three step process helps determine if all topics necessary to support program competencies are present. Examples included discussions among course coordinators regarding potential course overlap on occlusion taught in DHYG 312A, 311, and 314. Through discussion, it was determined that material in this topic area was properly sequenced and that duplication of information promoted greater depth of learning and was not redundant.

Monthly Division of Dental Hygiene meetings are held and all full-time faculty are expected to attend, and part-time faculty when available. Meeting minutes are disseminated to all Division faculty by means of email and are distributed regularly.

Clinic coordinators frequently use the campus distribution list for dental hygiene faculty to announce updates and weekly instructions relating to junior and senior clinics. Faculty also are advised to check the online clinical courses for announcements and other items that help prepare them for clinical sessions and assist with faculty calibration issues.

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.

Suggestions and feedback from all full-time and part-time faculty concerning the continuous evaluation and development of the dental hygiene program are requested and encouraged by the Dental Hygiene Program Director. All full-time and part-time faculty are invited to attend Division of Dental Hygiene faculty meetings and the use of Web and phone conferencing is frequently employed to enable the off-site faculty to participate in these meetings. All full-time faculty are expected to attend monthly Division meetings and part-time faculty are expected to attend on their normal teaching days. All faculty are expected to attend the Division of Dental Hygiene annual May-June retreat and the Dental School's annual fall retreat when the Division and school are closed to enable full faculty attendance. The Division of Dental Hygiene faculty are also invited to attend all Department of Health Promotion & Policy meetings. Often the Division of Dental Hygiene is allotted meeting time along with the other Department's Divisions to discuss news, introduce new faculty and/ or discuss internal issues. The Department Chair holds approximately 3-4 meetings per year, emails meeting agendas to all Department faculty, and follows up with timely meeting minutes to keep everyone informed. The Department meetings focus on broad issues relative to the Department meeting the mission of the Dental School as well as more specific issues relative to each Division meeting the Department of Health Promotion & Policy's goals. These meetings are well attended, announced in advanced, and are conducted in an informal, yet productive format enabling all faculty to provide input into the discussions.

At monthly Division of Dental Hygiene meetings, curriculum matters continually are raised and discussed. Some curriculum matters are referred to the Dental Hygiene Curriculum Committee, particularly proposals for course creation, course review, and discussions of detailed course content. Often, modifications are discussed at faculty meetings and when warranted are implemented immediately, particularly if urgency arises from clinically related curriculum issues. Often, clinic coordinators drive the discussions, pose solutions, and seek input from the faculty at these meetings. Web and phone conferencing technology enables offsite clinical faculty to participate and often lead discussions.

The Division of Dental Hygiene Director and clinic coordinators solicit feedback, suggestions, and proposed modifications from faculty during the annual August Division of Dental Hygiene in-service, annual May-June Division retreat, and monthly faculty meetings. The Division of Dental Hygiene Director disseminates meeting minutes, summaries of Clinic Science Council meeting discussions and minutes, the Dean's Office Department Chairs' meeting topics, as well as school-wide committees to the dental hygiene faculty by email.

Changes to the composition of the Dental Hygiene Curriculum Committee occurred in 2009, enabling all dental hygiene faculty to be perpetual members. This resulted in an improved curriculum review process. Increased faculty ownership and faculty access to the overall dental hygiene curriculum has enabled greater awareness of course content, improved sequencing and evaluation of instruction, and greater consistency in course formatting, online course design, and reduction of unnecessary course redundancy. All faculty are stakeholders in curriculum oversight. Formerly, the committee was comprised of only a few dental hygiene faculty members assigned to designated term years, non-dental hygiene faculty, students, alumni, and administrators. Often former meetings were inefficient and non-productive, stemming largely from the need to explain basic aspects of dental hygiene education, the process of dental hygiene care, and dental hygiene specific issues to the non-dental hygiene faculty members. The Division of Dental Hygiene utilizes the Community Liaison Committee as a mechanism for soliciting feedback about the University of Maryland Dental Hygiene program from dental and dental hygiene professional members, and alumni. Graduate and employer surveys remain a valuable outcomes measure and feedback source to gain greater understanding of the dental community-at-large's needs, opinions about the strengths of our program graduates, educational and clinical preparation, and trends in dental and dental hygiene professional practice. Students have multiple avenues to provide feedback about individual courses through the Dental School online course evaluations, course coordinator qualitative course evaluations, through their class meetings and class officers, and through the exit interviews. Non-dental faculty and administrators have guest access opportunities to review online dental hygiene courses in Blackboard, review Mediasited lecture captures videos, and discuss the dental hygiene curriculum at monthly Faculty Assembly meetings as need. All dental hygiene faculty members are members of the Dental School Faculty Assembly where major course proposals, such as new course creations, changes in course credit hours, and content approved by the Dental Hygiene Curriculum Committee are discussed and approved for final action.

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

DENTAL HYGIENE PROGRAM DIRECTOR RESPONSIBILITIES REGARDING CURRICULUM

- Define, review, and revise program goals

- Define, review, and revise Competencies for New Graduates
- Review course syllabi and course content to assess relevancy to Dental Hygiene Program goals and competencies
- Oversee and approve all course changes and curriculum improvements
- Review and provide curriculum recommendations to the Dental Hygiene Director of Curriculum Management
- Review current accreditation standards, compare to previous standards, and lead faculty in meeting standards
- Assures curriculum content meets accreditation standards
- Receive and review all school wide student course evaluations conducted by the Dental School Office of Evaluation. The Office of Evaluation is responsible for disseminating students' course evaluation data analyses to the Program Director and Dental Hygiene course coordinators.
- Meet with all individual Dental Hygiene faculty to review, plan improvements, and provide recommendations for faculty development to enhance instruction and course content regarding the student course evaluations conducted by the Dental School's Office of Evaluation.
- Schedule and lead all Dental Hygiene Division faculty meetings, the annual May/June Division Retreat and the annual August Division of Dental Hygiene Faculty In-service.
- Plan and schedule Division of Dental Hygiene Faculty Development Seminars throughout the year
- Approve all Dental Hygiene Curriculum Management meetings and minutes
- Analyze and disseminate data to faculty and appropriate committees regarding alumni and employer surveys, patient satisfaction surveys, clinic chart audits, and National Board and NERB examination results
- Member of the Committee of Dental Hygiene Recruitment and Admissions – review and approve changes to prerequisites to ensure consistency with program goals, competencies, curriculum and accreditation standards.
- Oversees and approves changes to the recruitment and admissions process and assures that qualified applicants are admitted to the program.
- Member of the Committee on Dental Hygiene Curriculum Management – oversees committee conduct, membership, and approves all curriculum activities and actions of the committee
- Chair, Dental Hygiene Progression Committee – leads and disseminates actions related to student progression, remediation, and graduation
- Member of the Dean's Chairs Committee – represents the Dental Hygiene Division in discussions and decisions that impact the implementation of the dental hygiene programs in the Dental School; disseminates committee information to faculty; assures that the needs and achievements of the Dental Hygiene programs are addressed in relationship to mission and goals of the Dental School; assures Dental Hygiene Division's compliancy with the

mission and goals of the Dental School and that of the University of Maryland, Baltimore campus.

- Inform faculty of updates, reports and requirements of the Dental School's Clinic Operations Board
- Member, New Clinical Sciences Council of the Dental School – represents the Dental Hygiene Division in discussions and decisions that impact the implementation of the Dental Hygiene Programs; assures that the Dental Hygiene Programs, faculty, and students are compliant with the Dental School clinical policies and procedures; addresses the clinical needs of the Dental Hygiene program and recommends strategies for effective partnering and collaboration with the Dental Program to meet the school's service and delivery of patient care goals of the Dental School, all the while meeting the Dental Hygiene Program's educational, service, and clinical needs.
- Faculty Assembly member – reports on actions of the Dental Hygiene Progression Committee and seeks Faculty Assembly approval for final action

DIRECTOR OF DENTAL HYGIENE CURRICULUM MANAGEMENT

- Schedules and plans all meetings for the Committee on Curriculum Management (CCM) in collaboration with Dental Hygiene Division Program Director
- Meets with Dental Hygiene Program Director to discuss and plan course reviews, curriculum revision, and improvements in the coordination of instruction among Dental Hygiene course coordinators.
- Chairs the Committee on Curriculum Management.
- Assists course coordinators with course proposals, course creations, and course revisions.
- Schedules and plans course reviews conducted by the Committee on Dental Hygiene Management's Subcommittee for Course Reviews. Implements a schedule of course reviews as recommended by Dental Hygiene Division Program Director.
- Prepares and disseminates CCM meeting agendas and minutes.
- Prepares and submits CCM reports to the Dental School Faculty Assembly; reports and seeks Faculty Assembly vote on CCM action items.
- Develops comprehensive schedule of online exams and coordinates distance education testing sites, and onsite testing with the Dental School's Educational Technology Team.
- Developed the procedures and policies relating to distance education testing, and oversees current and new testing site procedures.
- Reviews current accreditation standards and program compliancy; reports to Dental Hygiene Division Director.
- Compares curriculum content to accreditation standards; reports to Dental Hygiene Division Director.

- Reviews and disseminates ADEA Competencies and Curriculum Guidelines to course coordinators to assist with implementation of course improvement and revision.
- Member, Dental School Curriculum Advancement Committee and Dental School Curriculum Committee – represents the Dental Hygiene Division regarding discussions of Dental School curriculum advancements and curriculum revision and provides summary reports of both committees' meetings to Dental Hygiene Division faculty.
- Updates Curriculum Management section of Division of Dental Hygiene Blackboard organization site with committee minutes, committee reports, Faculty Assembly reports prepared from the CCM, and course reviews conducted by the Subcommittee for Course Reviews.

FACULTY RESPONSIBILITIES REGARDING CURRICULUM

Clinic responsibilities

- Student Advising Session- schedule at least 4 meetings per semester with each assigned SAS advisee pre-midterm, at midterm, prefinal and final to discuss clinic and academic progress, student strengths and areas of improvement, and patient management. Maintains SAS records. SAS advisor also meets for impromptu sessions with SAS advisees as needs arise. SAS advisor also receives advisees' notebooks at mid-term and final times to evaluate students' self-assessments of clinic progress, completion of clinic competencies, quality and quantity of patient cases the student is seeing during the semester, and other clinic related outcomes relevant to junior or senior level students. SAS advisor reports progress to junior or senior clinic coordinators who then compile comprehensive reports for formal Division of Dental Hygiene mid-term and final clinic assessment meetings. Corrective measures, if needed, are documented and reported for follow-up with the students.
- All clinic faculty are enrolled in the junior and senior clinic Blackboard courses as Instructors where they can view the entire contents of clinic courses to maintain currency of clinical instructional content and methodology, review videos or other instructional materials to assist in clinical teaching, increase consistency among clinic instructors.
- Regularly attend monthly faculty meetings, May-June Division of Dental Hygiene Annual Retreat, Division of Dental Hygiene August clinical in-service program, mid-term and final assessment Division meetings, and faculty development seminars.

Course Coordinator responsibilities

- All Division of Dental Hygiene faculty are members of the Committee on Dental Hygiene Curriculum Management.

- Convey course progress concerns via electronic Student Counseling Form to student and Program Director.
- Convey student progress issues as they arise to Division of Dental Hygiene Program Director and/or other course coordinators teaching same level students in that same semester.
- Utilize the Blackboard Dental Hygiene Division organization site for course policy inclusions for their own Blackboard courses and syllabus (found in the Course Information section), template for Division of Dental Hygiene. Blackboard course formatting; strive for consistent online course formatting
- Convey curricular recommendations to the Committee on Dental Hygiene Curriculum Management.
- Strive to maintain course relevancy by attending conferences, seminars, collaborating with other course coordinators, utilizing student and Subcommittee on Dental Hygiene Course Review feedback when available.

STUDENT INPUT INTO THE CURRICULUM

- Complete online course evaluations conducted by the DS Office of Evaluation at the conclusion of each semester
- Complete qualitative course evaluations conducted by course coordinators
- Participate in exit interviews implemented by Division of Dental Hygiene Director and conducted by dental hygiene alumna, non-dental hygiene faculty
- Participate in various Dental Hygiene and Dental School Committees and represent DH class in discussions and decisions regarding school wide issues that affect DH program
- Provide informal input to faculty, SAS advisor, Class Advisor, Class President, Clinic Coordinators, Course Coordinators, Division of Dental Hygiene Program Director at any point during the curriculum
- Complete alumni survey 1 year after graduation

ASSOCIATE DEAN FOR THE OFFICE OF ACADEMIC AND STUDENT AFFAIRS

- Member, Dental Hygiene Progression Committee, ex-officio without vote
- Reviews and receives all online course evaluation summaries conducted by the Dental School's Office of Evaluation; reviews course evaluations with Division of Dental Hygiene Director
- Auto-enrolled as Course Instructor on all Blackboard Dental and Dental Hygiene courses
- Chair, Dental School Curriculum Advancement Committee and Dental School Curriculum Committees; assures Dental Hygiene Division is represented on these committees, includes Division of Dental Hygiene in decision-making and discussions of dental school curriculum issues and changes; communicates school wide policies to all faculty and students

- Faculty Assembly member, ex-officio without vote; serves as a resource during Faculty Assembly meetings where curriculum and student progression actions are discussed
- Meets with students on an individual basis regarding corrective measures regarding student progression issues

DENTAL SCHOOL CLINIC OPERATIONS BOARD (COB)

- Manage Quality Assurance program for the Dental School such as chart audits, Patient Care Coordinator audits (DH Program uses some of the same evaluation criteria for the Dental Hygiene Division chart audit)
- Maintains records and assures faculty and student compliancy with HIPAA policy and yearly exam; CPR certification
- Maintains record keeping for faculty professional licenses
- Defines, negotiates and coordinates professional liability policies and insurance for Dental School students and faculty
- Reviews, approves, and maintains all Affiliation Agreements with Community Service-Learning Sites
- Advises the Division of Dental Hygiene Director regarding changes, improvements and revisions of clinic policies

DENTAL SCHOOL OFFICE OF INSTRUCTIONAL EVALUATION, DIRECTOR

- Coordinate student evaluations for didactic and clinical course offerings , for the undergraduate dental and dental hygiene programs
- Develop and administer the survey instruments as part of a centralized, on-line program
- Provide descriptive data to course directors, clinical instructors, individual lecturers and the administration
- Provide guidance to the administration and relevant committees regarding the evaluation process

DENTAL SCHOOL OFFICE OF INFORMATION TECHNOLOGY

- Provide service to the faculty, staff and students at the University of Maryland Dental School
- Have well developed infrastructure to support technology/facilities management, clinical applications, network, systems, desktop support, instructional technology, helpdesk support, and technical services
- Maintain HIPAA and Information Technology Security
- Work with UM, B campus- Center for Information Technology Services in seeking academic and support services
- Maintain and support a technologically advanced clinical management system

- Maintain and support advanced technology used to educate students; explore new and improved educational technology to enhance the onsite and distance education students' online experience
 - Assess technology users' utilization patterns and preference, disseminate survey data analysis to the administrators, faculty, students, staff, and committees on Dental and Dental Hygiene Curriculum
 - Support faculty in the creation of projects and presentations
4. Describe how courses are evaluated in relation to goals and competencies.

As part of the curriculum management plan, dental hygiene courses are evaluated related to the defined goals and competencies of the program. Individual courses are assessed in relationship to the course specific Competencies for New Graduates and program goals, competency assessment measures, assessment of whether competencies are met, and corrective actions taken to address unmet competencies.

Exhibit 2-7, Curriculum Document, contains course syllabi for all the dental hygiene courses. Each course identifies and lists the relevant Competencies for New Graduates as measured in that specific course. Exhibit 2-6B, Curriculum-Competency Document, demonstrates how each dental hygiene course demonstrates course-specific competencies and goals.

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

Although all Division of Dental Hygiene faculty are included in all Division meetings and the Dental Hygiene Curriculum Committee meetings, it is important to maintain a separate Dental Hygiene Curriculum Committee because often the monthly Division faculty meetings, occurring throughout the school year, focus on clinic and student issues, clinic requirements, and general faculty and division needs. A separate Dental Hygiene Curriculum Committee charged with curriculum review and curriculum oversight enables focused discussion on curriculum review, course content and delivery, without competing with other important business and administration of the Division of Dental Hygiene. When issues of curriculum do arise at monthly Division meetings, they are often referred to the Dental Hygiene Curriculum Committee for closer examination and discussion of long term curricular changes. Course faculty utilize a course proposal form to identify course changes requiring significant and formal academic and administrative actions to implement curricular improvements. Faculty presents course proposals, proposals for course creations or course revision proposals to the Dental Hygiene Curriculum Committee for review and vote. Actions of the Curriculum Committee such as course revisions and course proposals are presented to the Dental School Faculty Assembly for approval and vote.

The Dental Hygiene Program Director meets individually with each course coordinator for an annual meeting to conduct specific in-depth reviews of student course evaluations. At this meeting, specifics of a given course that need modification are addressed.

The Division of Dental Hygiene Director receives reports and collects data from a variety of internal and external sources that are referred to in the CMP and appear as an Exhibit in Standard 1. As the reports and data are analyzed, the Division of Dental Hygiene Director communicates outcomes to faculty via email communication, circulates hard copy reports, summarizes and reports findings at Dental Hygiene Curriculum Committee meetings or the Division May-June retreat, depending on the timing of the data analysis. Often, major portions of the annual May-June Division Retreat are reserved for curriculum review and revising, and the dissemination of major outcomes measures: National Board scores, NERB clinical board results, patient chart audits, patient satisfaction surveys, alumni and employer surveys, and student exit interview summary reports.

The two distance clinical sites utilize the same courses, course content, course sequencing, clinical content and clinical requirements as the Baltimore site. Thus, curriculum revision is implemented in the same manner, regardless of where clinical instruction occurs.

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.

Changes to the composition of the Dental Hygiene Curriculum Committee occurred in 2009, enabling all dental hygiene faculty to be perpetual members. This change resulted in an improved curriculum review process. Increased faculty ownership and faculty access to the overall dental hygiene curriculum has enabled greater awareness of course content, improved sequencing and evaluation of instruction, and greater consistency in course formatting, online course design, and reduction of unnecessary course redundancy. All faculty are stakeholders in curriculum oversight. Formerly, the committee was comprised of only a few dental hygiene faculty members assigned to designated term years, non-dental hygiene faculty, students, alumni, and administrators. Often former meetings were inefficient and non-productive stemming largely from the need to explain basic aspects of dental hygiene education, the process of dental hygiene care, and dental hygiene specific issues to the non-dental hygiene faculty members. The Division of Dental Hygiene utilizes the Community Liaison Committee as a mechanism for soliciting feedback about the University of Maryland Dental Hygiene program from dental and dental hygiene professional members, and alumni. Graduate and employer surveys

remain a valuable outcomes measure and feedback source to gain greater understanding of the dental community-at-large's needs, opinions about the strengths of our program graduates, educational and clinical preparation, and trends in dental and dental hygiene professional practice. Students have multiple avenues to provide feedback about individual courses through the Dental School online course evaluations, course coordinator qualitative course evaluations, through their class meetings and class officers, and through the exit interviews. Non-dental faculty and administrators have guest access opportunities to review online dental hygiene courses in Blackboard, review Mediasited lecture captures videos, and discuss the dental hygiene curriculum at monthly Faculty Assembly meetings, if warranted. All dental hygiene faculty members are members of the Dental School Faculty Assembly where major course proposals, such as new course creations, changes in course credit hours, and content approved by the Dental Hygiene Curriculum Committee are discussed and approved for final action.

Division of Dental Hygiene faculty meetings are planned approximately once per month. Their main purposes are to bring the faculty together, allow faculty to discuss concerns, share division goal and future directions, increase calibration and maintain unity and open communication. Monthly faculty meetings typically address clinical issues, student progress, faculty calibration issues, Dental School policy matters and curriculum changes. Given the complexities of having three clinical sites, students at two distance education clinic locales, and faculty assigned to onsite and/or at the satellite clinics, more meetings on an ad hoc basis are often scheduled. Web and phone conferencing technology enable offsite clinical faculty to participate in faculty meetings. Weekly email communication from clinic coordinators, faculty, and the Division Program Director who use the email distribution list for Dental Hygiene faculty enable effective coordination of instruction and dissemination of information to all faculty. Clinic and lab course coordinators are in even more frequent communication with offsite clinic faculty to plan and implement simultaneous clinical and lab activities. Regularly scheduled phone meetings are planned to ensure effective communication between the junior clinic coordinator and the off-site faculty.

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

Offsite students participate in the same online course review surveys conducted by the Dental School's Office of Evaluation, qualitative course reviews conducted by course coordinators, and convey feedback to class leaders and course coordinators in the same manner as onsite students. Each dental hygiene class has elections for class officer positions and a class faculty mentor. Regular class meetings are announced by the class email system and posted on the Dental Hygiene Class Blackboard organization site. These meetings are held on the Baltimore campus. Although, offsite students and faculty are not able to attend in person, important

announcements and class meeting minutes are posted on the class Blackboard site. All faculty are also enrolled on the class sites so that they too can be informed about student organizations and class occurrences.

Offsite faculty also is enrolled in clinical and lab Blackboard courses as well as any other course to which they desire access. They also are able to use the Guest Access feature in Blackboard to enable independent review of course syllabi, schedules, evaluations, policies and course content. Electronic information technology is utilized during Division faculty meetings and the Dental Hygiene Curriculum Committee meetings to facilitate inclusive communication among onsite and offsite faculty.

B. Supportive Documentation St. 2-26

1. Exhibit 2-6B, Dental Hygiene Curriculum-Competency Document; Exhibit 2-26 Dental Hygiene Curriculum Management Document; Exhibit 2-7 Curriculum Document for course syllabi and course specific competencies.
2. Curriculum Management Document (CMD)
 - a. schematic and narrative of CMP
 - b. roles and responsibilities of administrators, faculty, and students
 - c. listing of Competencies for New Graduates
 - d. listing of competencies and related course content (Exhibit 2-6B, Dental Hygiene Curriculum- Competency Document)
 - e. recent faculty and Dental Hygiene Curriculum Committee meetings documenting curriculum evaluation and evaluation
 - f. Examples of Qualitative Student Course Evaluation
Course Proposals
 - g. Faculty Assembly reports
 - h. Subcommittee for Course Reviews-example course review
 - i. Division Director correspondence to faculty
 - j. Office of Instructional Evaluation student surveys
 - k. Office of Educational Technology student surveys
3. Student evaluation of instruction (Division Director Summary)
4. Course Review Schedule

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.

A. Description

1. Provide the most recent organizational chart for the institution indicating the position of the dental hygiene program in the administrative structure. (Exhibit 3-1.A)
2. Explain how the administrative structure supports attainment of program goals.

The administrative structure of the dental school supports the attainment of program goals. The main reason is the degree of autonomy that the Division of Dental Hygiene is afforded. Division decisions regarding curriculum development are self-initiated. Our proposals for course change are not disputed primarily because of the trust the institution has in our judgment. A pro forma approval of course proposals by the school's Faculty Assembly is required of all departments and divisions.

The Division has its own Curriculum Management Committee that is autonomous. Faculty and course evaluations are centralized and are implemented and summarized by the School's Office of Evaluation. Findings are discussed with the specific teaching faculty member, the Program Director and sometimes, with the Chair. Dental hygiene faculty had input in the design of the survey. Faculty recruitment requires approval from the Associate Dean, Finance, Clinical Operations and Planning as the recruitment process cannot progress without available funding. The process requires that the Program Director provide rationale regarding the need for a faculty. She then discusses the matter with the Associate Dean. The Associate Dean confers with the Dean to obtain final approval. With the opening of our satellite clinics, the retirement of one faculty and the departure of a part-time person, hiring has been necessary. Dental Hygiene requests have not been denied over the past seven years. Assignment of duties and supervision of employees rests solely with the Program Director. The policies for faculty development are school-wide but the Division can independently hold its own in-services or faculty development activities. School and departmental in services are offered to all faculty. Program facilities management is school-wide and dental hygiene faculty are members of the key committees related to these activities.

The Program Director sits on the Clinical Sciences Council and the Dental Hygiene Division's requests for instrument and chair needs are consistently honored. The Chair of the Department in which the Division is housed deals with some of the financial matters, to which the Program Director is privy. The Department Business Manager also confers with the Program Director on a routine basis regarding fund balances and Division accounts. The Director also provides input regarding appropriate salaries and approaches other administrative faculty and/or the Associate Dean, Finance, Clinical Operations and Planning when additional program funds are needed for dental hygiene faculty (e.g., funds for marketing a special program). The Division of Dental Hygiene is autonomous when it comes to decisions relating to admissions criteria although the Assistant Dean of Admissions and Recruitment is sometimes sought out for advice.

With counsel when requested of the Associate Dean for the Office of Academic and Student Affairs and the Office of Academic Affairs, Office Manager (Curriculum & Academic Management) the Division makes its own decisions related to student promotion and retention criteria.

The school administration supports our efforts to promote teaching, research and service. Our positive efforts in these areas are acknowledged and reinforced. The congruence of the school's, University's and Division's missions and goals enables the Division to move seamlessly and independently.

3. Describe the opportunities for direct communication between the dental hygiene program administrator and the institutional administrators who are responsible for decisions that directly affect the program. Assess the effectiveness of this communication.

The Director of the Dental Hygiene Program reports directly to the Chair of the Department of Health Promotion and Policy. In addition, the Director has direct and usually immediate access to the School's Dean and Associate Deans. Communication is excellent between the Director and the SOD's administrators. Vehicles for communication include one-on-one conversations, large and small committee meetings, e-mail and telephone. The administration is available, easily accessible and highly committed to supporting the Dental Hygiene Program.

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

There are multiple opportunities for the dental hygiene program administrator and faculty to participate in decisions that directly affect the program. Aside from the lines of communication described above, dental hygiene faculty serve on standing

school-wide committees of importance and invariably are invited to represent dental hygiene on ad hoc committees. (e.g. the Biosafety and Hazard Control Committee, the Dental School Curriculum Committee, the Health Sciences Library Advisory Committee, and the Alumni Association's Reunion Planning Committee). The Program Director is a member of the Chairs' Committee, the Clinical Sciences Council, the Accreditation Steering Committee and serves on the CE Committee, the ad hoc Judicial Board committee and chairs the Dental Hygiene Progression Committee. In addition, the Director and the dental hygiene faculty meet at least once per month to discuss curriculum issues, student updates and program policies and procedures. Much decision-making is introduced via e-mail and if not too complex and overly sensitive may be resolved in that same manner. The Director constantly represents the Division by making its voice heard on important and relevant topics that are presented to the administration. Our Clinic Coordinators serve on committees that affect the operation of clinics. Currently, as we look into going paperless, two of our faculty are on the committee reviewing the Electronic Patient Record (EPR).

Dental hygiene students also serve on student governance bodies. Often clinical and curriculum issues are addressed at this level so the importance of representation in these arenas cannot be overstated.

Dental School and campus administrators routinely consult faculty and administration in the Dental Hygiene Program about matters that affect the program; for example, our faculty is represented on the University's Community Outreach Committee so our students are afforded opportunities to serve the public. We also are sent information by the university's office of external affairs regarding legislation affecting dentistry and dental hygiene that is expected to be addressed during the current legislative sessions.

A list of faculty and their committee assignments are included below:

Katherine Battani – Graduate School Program Chairs Committee; Advanced Dental Education Program Directors; Dental Hygiene Curriculum Management Committee

Sharon Bowman – Dental Hygiene Curriculum Management Committee

Lisa Bress – Dental Hygiene Student Progression Committee; Dental Hygiene Curriculum Management Committee; PV CAB; EPR Committee

Deborah Cartee – Dental Hygiene Student Progression Committee; Dental Hygiene Recruitment and Admissions Committee; Dental Hygiene Curriculum Management Committee; 2010-2011 Dental Hygiene Junior Class Advisor; Office of External Affairs Community Outreach Committee

Jacquelyn L. Fried – Clinical Sciences Council, Chairs Committee, the ad hoc Judicial

Board, and the CE Committee; Dental Hygiene Progression Committee; Dental Hygiene Recruitment and Admissions Committee; Dental Hygiene Curriculum Management Committee; Alumni Reunion Committee

Bianca Harris – Dental Hygiene Curriculum Management Committee

Therese Holtgrewe – Dental Hygiene Curriculum Management Committee

Marion Manski – Dental Hygiene Recruitment and Admissions Committee; Dental Hygiene Curriculum Management Committee; UMB Community Liaison Committee

Patricia Mulford – Dental Hygiene Curriculum Management Committee

Maura Ordovensky – Dental Hygiene Curriculum Management Committee; Head of Dental Hygiene Clinic Scheduling

Jane Phillips – Dental Hygiene Curriculum Management Committee

MaryAnn T. Schneiderman – SADHA Advisor; Dental Hygiene Curriculum Management Committee; Ad hoc Electronic Patient Record Committee

Sheryl Syme – Dental Hygiene Curriculum Management Committee; Dental School Curriculum Committee; Dental School Curriculum Advancement Committee; Library Advisory Committee

Sharon Varlotta – Dental School Curriculum Advancement Committee

Janet Weber – Dental Hygiene Recruitment and Admissions Committee; Dental School Curriculum Management Committee; Dental Hygiene Student Progression Committee; Dental School Biosafety Committee; Dental School Simulation Committee

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.

All institution –wide committees in the Dental School include dental hygiene faculty and/or student representatives. If it is brought to the Director’s attention that dental hygiene representation has been overlooked, the powers that be learn immediately and dental hygiene becomes represented.

B. Supportive Documentation

1. Exhibit 3-1.A: Provide an administrative flow chart of the institution showing lines of responsibility from the chief executive officer to the administrator of the dental hygiene program.

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.

A. Description

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.

There is no specific enforced policy that governs the amount of teaching responsibility assigned to the program administrator. The Associate Dean, Finance, Clinical Operations and Planning at the Dental School expects that department chairs and program directors devote no more than 25% of their time , i.e., 12 hours per week, to student instruction.

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

The Division of Dental Hygiene has five 1FTE faculty. In addition to the Program Director, three other full-time faculty have some administrative responsibilities; the Director of the Degree Completion Program, the Junior Clinic Coordinator, and the Director of Recruitment and Admissions have larger teaching loads than the Program Director. Those faculty with no administrative responsibilities have the largest teaching loads in the Division.

In general, the Program Director has six hours of teaching each semester. This may translate into one clinic session and one didactic course or two clinic sessions. Last Spring, she had a nine hour teaching commitment. The Program Director also is assigned to a student advisee and serves as a mentor for case presentations and poster sessions. During the accreditation preparation, the Program Director only was assigned to one three hour clinic session.

See Exhibit 3-2.Aa, for Faculty Schedules and Contact Hours

See Exhibit 3-2.Ab, for Course Schedules and Assigned Faculty (Fall 2008-Spring 2011)

See Exhibit 2-8.A2, for Clinic Schedules and Assigned Faculty (Fall 2008-Spring 2011)

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

The Division of Dental Hygiene adheres to the Dental School's institutional policies regarding program administrators, when realistic and warranted. Although not a department chair, the Director of the Division of Dental Hygiene serves on the Chairs Committee. The division is often viewed as a "school within a school". The Program Director independently determines her teaching workload; in some instances, it may be similar to that of other program administrators and in others, dissimilar.

4. Compare the program administrator's teaching contact hours and course responsibilities with administrators of other programs in the institution.

At present, the program administrator's teaching contact hours are about equal to or less than those of other program administrators; however, some administrators' hours exceed hers while others are less.

5. If distance education 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.

The distance coordinator at our Perryville (PV) site is Ms. Lisa Bress. Ms. Bress provides oversight for all specific dental hygiene program activities and she coordinates the other dental hygiene faculty at PV. Ms. Bress also teaches one day a week at UMB so she is well calibrated; thus, the flow of all activities to PV are seamless. As Senior Clinic Coordinator, she provides oversight to the senior students at our three campuses, another mechanism for ensuring good communication and calibration. Ms. Bress directly interacts with Dr. Gregory Zeller, Director, UMB Dental School Operations, PV, and with Ms. Patti Zimmer, PV Clinic Administrator. Ms. Bress ensures that UMB policies regarding teaching are applied at PV. She also communicates directly with the Program Director on a daily basis, commonly by phone but often by e-mail. She also closely interacts with the Junior Clinic Coordinator at UMB to ensure calibration related to junior activities. Another junior PV faculty teaches in the UMB junior dental hygiene clinic so her dual assignment is another measure that ensures calibration and translation to PV.

We have two distance coordinators at our eastern shore (TLC) site. Ms. Patricia Mulford is our Junior Clinic Coordinator and Ms. Jane Phillips is our Senior Clinic Coordinator. Both individuals speak to their UMB counter-parts at least weekly and also are in close contact with the Program Director. They both ensure that UMB policies regarding teaching and curriculum are applied at the eastern shore site. As Ms. Bress, they provide oversight for all dental hygiene activities and students and work closely with Dr. Ziara, the site director, and the other staff dentists and dental

hygienists. In addition, they are in close contact with each other regarding site activities and student progress.

3-3 The program administrator must be a dental hygienist who 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.

A. Description

1. Provide the name, title, type and length of appointment, professional training, experience of the dental hygiene program administrator, and the academic degrees earned.

Jacquelyn L. Fried, RDH, BA, MS is an Associate Professor with tenure and Director of the Dental Hygiene Program at the University of Maryland. She is on a twelve month contract. Ms. Fried holds a Bachelor of Arts degree in political science and certificate of Dental Hygiene from the Ohio State University. She holds an MS in Dental Hygiene from Old Dominion University. She has been at the University of Maryland since 1978. She also has advanced studies from the PHD Policy Sciences Program at UMBC and she is a graduate of the UMB Executive Development Program. She practiced full time for eight years upon earning her undergraduate degree and has practiced part-time intermittently since then. At the university, she has served as the Degree Completion Program Director and the Acting Graduate Program Director and Department Chair. She was appointed Director of the Program in 2003. Ms. Fried's CV can be found in Exhibit 3-3A.

B. Supportive Documentation

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.

A. Description

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

The program administrator is accountable for both the undergraduate (entry level and degree completion) and graduate (MS) programs. In addition, she is accountable for the two satellite entry level programs. She directs the educational program; participates in student admissions; recruits, hires mentors and supervises program faculty and staff; conducts program meetings; facilitates faculty and staff development; directs program outcomes assessments; recommends modifications for program goals, competencies, mission and philosophy; counsels students; manages the program budget in concert with the department chair and administration; coordinates all accreditation activities; chairs the dental hygiene progression committee; serves on institutional standing and ad hoc committees and writes program, institutional campus and system reports. The administrator participates in school-wide administration and strategic planning; maintains liaison with other units in the school and campus. She provides leadership for alumni relations, research/grants and community outreach. These duties consume the majority of the administrator's time.

In addition, the program administrator spends typically six hours per semester teaching, either two clinics or a clinic and one didactic course. This fall she taught three hours due to the accreditation report. Last spring, she taught nine hours. She delivers lectures for other dental and dental school courses and is assigned to mentor students for case and poster presentations. She also has students formally assigned to her as advisees. She participates in research, is actively involved with her professional organizations, publishes papers, is a guest columnist for a dental hygiene journal, serves on editorial review boards and edits a series of continuing education monographs.

Specifically, 85% of the program administrator's activities are administrative. Teaching, advising and other activities constitute the other 15% of her time.

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.

The program director shares administrative responsibilities with members of the dental hygiene faculty and with other units in the school. Within the program, there is a Graduate Program Director who is responsible for graduate curriculum development, all academic advising, recruitment, registration, processing of applications and for attendance at all Graduate School meetings; a Degree Completion Program Director who oversees all academic advising, recruiting and scheduling of students enrolled in her program; in addition, she designs the degree completion program curriculum; two UMB clinic coordinators, one for each class and distance site coordinators who handle the day-to-day operations and all aspects of clinic program administration at their specific sites. The distance site coordinators basically carry out the educational charges of the UMB dental hygiene program. A Director of Recruitment and Admissions recruits at feeder colleges, handles activities related to the admissions and acceptance of students and counsels prospective students on academic requirements. Another faculty is involved in the university's community outreach and she helps coordinate student and faculty involvement in service activities. Our SADHA Advisor also is "hands on" and works closely with the students on service, fund-raising and social events.

Several units in the Dental School provide administrative support for the dental hygiene program. The Office of the Dental School's Dean of Admissions provides administrative and support service for the dental hygiene admissions process by processing applications. The Associate Dean for Students and Academic Affairs provides counseling support and guidance re policies related to student advancement. This office also provides assistance with course registration, grade reports and billing. The Clinical Operations Board oversees clinic operations and steps in when dental hygiene has concerns related to patient processing, chair assignments, etc. The Associate Dean, Finance, Clinical Operations and Planning assists with budgetary allocation and hiring issues. The Office of Development and Alumni Relations provides support for reunion planning and alumni outreach efforts and the CE Office assists with our continuing education program by helping plan and coordinate registrations and course implementation and evaluation. Our Division gets major administrative support from our school's Office of Instructional Technology. This unit assists daily with our distance learning technology and with our on-line testing. They also in-service our faculty continually to keep us up to date on the most cutting edge approaches to on-line learning and teaching.

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

The program administrator provides input directly to the Associate Dean, Finance, Clinical Operations and Planning throughout the year as Division needs arise. These requests may be honored at the time of request or appropriately addressed for the next fiscal year's budget. The Department Chair of Health Promotion and Policy also

is mindful of the Division's needs and assists the Director with budgetary issues. The fiscal manager in the Department advises the Director as to potential and pending revenue streams re grants, contracts and other sources. The division has its own state and CE accounts which are monitored by the fiscal manager and the Division's Executive Administrative Assistant. The division also has two small endowment funds which the director may spend down, based on program needs and fund balances.

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.

As per the response to 3-2 above, the distance coordinator at our Perryville site is Ms. Lisa Bress. Ms. Bress oversees all specific dental hygiene program activities and she coordinates the other dental hygiene faculty at PV. She provides oversight to the senior students at our three campuses in her role as Senior Clinic Coordinator. Ms. Bress directly interacts with Dr. Gregory Zeller, Director UMB Dental School Operations, PV and with Ms. Patti Zimmer, the PV Clinic Administrator. Ms. Bress ensures that UMB policies regarding dental hygiene teaching, research and service are applied at PV. She also communicates directly with the Program Director on a daily basis, commonly by phone but often by e-mail. She also closely interacts with the Junior Clinic Coordinator at UMB to ensure calibration related to junior activities. In her role as Senior Clinic Coordinator, Ms. Bress also teaches the senior clinic seminar (a portion of DHYG 411 and 421, Advanced Clinical Practice I and II) and coordinates the Community Service Learning Program. She is a .8 faculty member. With the exception of budgetary preparation and fiscal administration, she has input, as do all faculty in the Division, regarding the topics listed under 3-4; however, the ultimate accountability and final decision-making in these areas rests with the program administrator.

We have two distance coordinators at our eastern shore (TLC) site. Ms. Patricia Mulford is our Junior Clinic Coordinator and Ms. Jane Phillips is our Senior Clinic Coordinator. Both individuals speak to their UMB counter-parts at least weekly and also are in close contact with the Program Director. They both ensure that UMB policies regarding teaching and curriculum are applied at the eastern shore site. As Ms. Bress, they provide oversight for all dental hygiene activities and students and work closely with Dr. Ziara, the site director, and the other staff dentists and dental hygienists.

Both of these faculty are .6. Ms. Mulford teaches the laboratory portions of Radiology (in the fall, DHYG 316) and Methods and Materials (in the spring, DHYG 324.) Ms. Phillips shares teaching responsibilities with Ms. Bress for the senior clinic courses and assists with student remediation issues. She also is involved with NERB activities. Like Ms. Bress, they have input as do all faculty in the Division, regarding

the topics listed under 3-4; however, the ultimate accountability and final decision-making in these areas rests with the program administrator.

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.

A. Description

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

In total, we have 11.2 FTE. We have five 1.0 FTE positions.
No positions are vacant.

2. Listed below are full- and part-time faculty teaching commitments.

Full-time (1.0 FTE)

Deborah Cartee – DHYG 311, 312H, 316, 321, 324, 326, 411, 421, 425

Jacquelyn L. Fried – DHYG 311, 321, 411, 421

Marion Manski – DHYG 311, 321, 411, 421, 412, 427

Sheryl Syme – DHYG 311, 321, 322, 323, 410, 411, 414, 421

Janet Weber – DHYG 311, 321, 411, 421

Part-time

Katherine Battani (.8) – DHYG 311, 321, 411, 421, 416

Sharon Bowman (.4) – DHYG 311, 321

Lisa Bress (.8) – DHYG 411, 413, 421, 423

Bianca Harris (.8) – DHYG 311, 312A, 321, 411, 420, 421

Therese Holtgrewe (.2) – DHYG 311, 321, 411, 421

Oskana Mishler (.4) – DHYG 324 Lab, DHYG 411, DHYG 421

Patricia Mulford (.6) – DHYG 311, 316 Lab, 321, 324 Lab

Maura Ordozensky (.4) – DHYG 411, 421

Jane Phillips (.6) – DHYG 411, 421

MaryAnn Schneiderman (.8) – DHYG 311, 314, 321, 327, 411, 421

Sharon Varlotta (.4) – DHYG 311, 316 Lab, 321, 324 Lab

Dental Faculty

John Basile – DHYG 328A
 Jacqueline Dailey – DHYG 326
 Mark Macek – DHYG 411/421
 Glenn Minah – DHYG 312M
 Richard Wynn – DPHR 325

DHYG 311/321 – Prevention & Control I & II
 DHYG 312A – Head & Neck Anatomy
 DHYG 312M – Microbiology
 DHYG 312H – Histology
 DHYG 314/327 – Perio I & II
 DHYG 316/326 – Oral Radiology I & II
 DHYG 322 – Community Oral Health
 DHYG 323 – Management of the Special Patient
 DHYG 324 – Methods & Materials
 DPHR 325 – Pharmacology
 DHYG 328A – Oral Pathology
 DHYG 410/420 – Seminar I & II
 DHYG 411/421 – Advanced Clinical Practice I & II
 DHYG 412 – Perspectives
 DHYG 413/423 – Community Service – Learning
 DHYG 414 – Educational Program Development
 DHYG 416 – Oral Health Research
 DHYG 425 – Issues in Health Care Delivery
 DHYG 427 – Health Care Management

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?

Approximately 55% of the FTE positions are filled by part-time faculty. It is important to note that four of our part-time faculty is .8 FTE, two are .6 FTE and four are .4 FTE. Thus, these faculty members are integrated well into the program despite their part time status. We only have one .2 faculty member and she has been with us for over 5 years. The rationale for hiring part-time people is that several hold only clinical positions; thus, they are only needed for limited days. Other of our faculty are in private practice; along with teaching, we view their practice experience as beneficial to our students. Because our didactic curriculum is on line, our distance sites require only part-time clinical faculty, for the most part.

4. Using the format illustrated in example exhibit K, 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). See Exhibit 3-2.Aa for the list of faculty teaching commitments.

5. How many dental hygiene faculty members have terminated employment at the institution in each of the past three years? What was the reason for each termination?

One full-time faculty member retired and one who was .4 vacated her position due to family matters: a parent in ill health needed support. Both of these positions were filled.

6. Indicate those individuals who have additional teaching and/or administrative responsibilities within the institution and describe the extent of these responsibilities.

The Program Director represents the Division for the majority of additional administrative responsibilities within the institution. She serves on multiple school-wide committees including: Clinical Sciences Council, Chairs Committee, the ad hoc Judicial Board, and the CE Committee. She frequently meets with other members of the Executive Board on an ad hoc basis regarding matters relevant to dental hygiene. Other faculty also is included in school wide administrative activities. Ms. Syme serves on the Dental School Curriculum Committee. Ms. Bress and Ms. Weber, our two clinical coordinators, serve on the EPR Committee and the Biosafety Committee, respectively. They both interact with staff when special armamentarium is needed for clinic activities. Ms. Bress and Ms. Phillips work together regarding the management of the NERB exam. Ms. Manski, our Director of Recruitment and Admissions, also meets with the school's Director of Admissions on an ad hoc basis. Our graduate program director, Ms. Katy Battani, also interacts with the graduate school staff frequently.

Ms. Syme and Ms. Fried over the years have provided guest lectures to the dental students. Other faculty also present to dental students occasionally. Further, we do guest lectures for each other within our Division. Faculty providing CE also engage in some administration when planning and coordinating their courses.

7. For distance education sites: Provide credentials/job description for instruction and technology support at all distance education sites.

Educational Technology Center (ETC) Personnel and Activities

The staff includes:

Douglas J. Brotherton, BA, Instructional Technology Specialist, Office for Information Technology

Dr. James F. Craig, Ed.D., Professor, Department of Health Promotion and Policy,
Educational Consultant, Office of Information Technology.

Julie Gilliam, B.S., M.S., Instructional Technology Specialist, Office for Information
Technology

Savithamma (Sarita) Sanjoy, M.S., Instructional Technology Specialist, Office for
Information Technology

This staff oversees the effective functioning of the following instructional technologies that are used in the dental hygiene program as learning resources.

Blackboard (BB)

Blackboard allows for the creation and housing of all dental hygiene curriculum content. The BB platform enables course display and the presentation of all course information including syllabi, course schedules, assignments and other learning activities.

Course Directors submitting requests for their course are automatically enrolled along with the Associate Dean for Academic Affairs, the Director of Instructional Evaluation, and staff involved with and instructional design and development, Academic Affairs. All dental hygiene faculty are enrolled in each other's courses and have access to all course content.

ETC assists with the management of dental and dental hygiene courses. Courses are reviewed for consistent course menus and to make sure a recent syllabus and course schedule are included.

All courses are loaded by Ms. Sanjoy and Dr. Craig.

Questionmark (QM)

BB is the primary delivery system for Questionmark Exams. This electronic assessment system currently is used for dental hygiene on-line testing. QM was first used in 2006. Web-based instructional materials, faculty development sessions and one-on-one instruction teach faculty how to load questions, the various question types available for posting, and how to interpret the statistical reports generated from data analysis. Assessments include typical exams, case-based assessments and surveys. All assessments are loaded by the ETC staff, Ms. Sanjoy and Dr. Craig.

Mediasite

This electronic lecture capture system is currently used for years 1, 2, 3 and 4 Dental and 1 and 2 Dental Hygiene. Yearly, approximately 1,200 captures are made with approximately 135,000 (view is when student accesses lecture to view). Mediasite lectures are housed in a gallery for asynchronous student accessing. Mediasite essentially allows the student to see and hear his/her faculty present while

PowerPoints are displayed. Mediasite presentations may be viewed, stopped and started at will. ETC conducts surveys among dental and dental hygiene students to determine the level of satisfaction toward using this tool and to identify how better use of this the technology can occur.

Mediasite is also used for capturing demonstrations in the Sim-Lab so students have more than one opportunity and a front row seat for viewing these demonstrations. Videos shot and edited are loaded on the mediasite and allow students to go to a single location and view multiple presentations by simply clicking on the title of the presentation.

Mediasite is managed by Doug Brotherton and Julie Gilliam.

Classroom Technology

Touch screen technology, a Telestrator (electronic drawing tool) and lecture capture are available in all of our primary lecture halls. All activities are monitored by a central control room with call down lines in each of our conference rooms should faculty need immediate support for technical difficulties. For lecture capture, while "good practices" are listed on the web, staff are on-hand to assist faculty in preparing and conducting their presentations.

Doug Brotherton and Julie Gilliam provide all classroom support.

Video Technology

Video technology is available for capturing demonstrations, procedures, and for the display of general public relations videos. Our ETC staff combine their videography skills, knowledge of Mediasite and use of the Control Room to perform live training with faculty and students in the SIM lab and enable students to watch live videos in classroom and on Mediasite.

Special Events A/V

Our A/V technology provides support to and production of large events such as the White Coat Ceremony and Graduation. In an effort to combine the technologies, the final products are then loaded onto Mediasite so that they can be viewed by family and friends. This support is provided by Doug Brotherton and Julie Gilliam.

Web-based Technology

Our school website provides information to our user populations (students, faculty, alumni, guests). Julie Gilliam created the website.

Learning Objects

Julie Gilliam works with faculty on projects that create interactive applications including the recent addition of 2nd Life. Dental hygiene students have created web-

based oral hygiene projects and observe virtual scenarios (i.e., patient/provider interactions) in 2nd Life.

Lesson Builder and StudyMate

Lesson Builder and StudyMate are two applications that integrate with Blackboard to make learning more interactive. ETC staff conducts workshops and one-on-one training to acquaint faculty with these applications.

Faculty Development

Doug Brotherton, Julie Gilliam, Sarita Sanjoy and Dr. Craig conduct workshops on an on-going basis related to all electronic applications either through group sessions (recorded using Mediasite for extended use by faculty) or via one-on-one meetings. Dr. Craig also provides Instructional Design expertise related to test construction, development of learning objectives and effective evaluation mechanisms.

8. Define faculty responsibilities for didactic, laboratory and clinical faculty at all distance sites.

Eastern Shore, TLC

Our two faculty at TLC, both of whom are .6 FTE, share the clinical teaching responsibilities. Ms. Patricia Mulford coordinates junior clinic and teaches junior students. Ms. Jane Phillips coordinates senior clinic and teaches senior students. Ms. Mulford also is responsible for the laboratory portion of Radiology in the fall and the laboratory portion of Methods and Materials in the spring. Ms. Phillips helps with the teaching of the didactic portion of the senior clinic seminar both semesters and is involved with NERB Exam coordination and attends NERB educator meetings.

Both of these faculty reinforce the didactic material related to clinical teaching. They each have full access to all on-line course materials for all subjects. Eastern Shore faculty are in contact with their UMB counterparts continually and are in close touch with the Program Director. Students from the shore come to Baltimore on designated days during the year, in particular, Mock NERB day and in May when the rising seniors visit. UMB faculty visits also to ensure calibration.

PV Site

For Perryville, we hired two new faculty. Ms. Sharon Bowman, who is .4, teaches both junior and senior students clinically, for a full day each. Prior to being at PV, Ms. Bowman spent a year at UMB teaching clinically so she is well-calibrated with our protocol. We also hired Ms. Sharon Varlotta who is .4 and spends one day at PV and one day at UMB. Ms. Varlotta is responsible for the laboratory portions of junior Radiology in the fall and Methods and Materials in the spring. She also

teaches in one senior clinic per week. Ms. Lisa Bress, who holds a .8 position, is the Clinic Coordinator for PV and overall Senior Clinic Coordinator. She also teaches a one hour DHYG 411/421 senior clinic seminar and coordinates our service-learning program. She is a seasoned UMB faculty who still spends one day a week in Baltimore. The rest of her time is dedicated to PV.

9. For distance education sites: Describe whether faculty numbers at the parent program have increased to accommodate the distance education portion of the program, and its students.

Given new hiring for both of our distance sites, more UMB faculty hiring was unnecessary. Several of our didactic faculty whose on-line classes have grown, are receiving support from graduate students who have been awarded teaching assistantships or who are taking teaching practicums as part of their curriculum. All faculty help with Case Presentations by serving as mentors, advise students re their didactic and clinical progress and input data for clinical grading through their SAS responsibilities.

10. For distance education sites: Describe the faculty calibration plan for faculty at both the parent program and the distance education program, should the distance program include a clinical component.

Calibration is on-going in our program. Calibration is maintained through several mechanisms:

- a. All faculty meeting minutes which typically include calibration matters are posted on-line and sent to all faculty.
- b. All course materials are on-line and accessible to all faculty, 24/7.
- c. The majority of our mandatory annual faculty retreat in May is devoted to calibration issues. Minutes from this retreat also are distributed to all faculty electronically.
- d. Our faculty is very committed and straightforward. If there is a concern about how a procedure is taught, reinforced or explained, it is brought to the attention of the individual faculty who may need more calibration, to the clinic coordinator or to the Program Director. We are very quick to fix any matters that need more calibration. Our faculty meetings invariably discuss ways to ensure we all are on the same page.
- e. We also comment in writing on our students' daily grading sheets. These comments are viewed by subsequent faculty who work with the student while she is treating the same patient and by SAS, during meetings with their assigned students. SAS are able to get an overview of how faculty are managing the same situations so discrepancies are easily picked up that way as well.

- f. We also talk to each other in clinic on the floor. If we need faculty peer input, we seek it out to make sure we all are on the same page.
- g. New faculty begins in junior clinic so they can learn our system from the ground up. This also applies to graduate students who are doing teaching assistantships. All “helper” faculty must shadow until deemed calibrated.
- h. Faculty constantly interact via e-mail re calibration matters.

B. Supportive Documentation

- 2. See 3-2.Aa above for a list of all full- and part-time faculty members’ teaching commitments.

3-6.1 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not exceed one to five. Laboratory sessions in the dental science courses must not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

A. Description

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

The University’s Workload Policy is stated as follows:

Faculty Workload Expectations

“Each of the six schools has developed a separate faculty workload policy. Each policy is based on that school's respective teaching, research, and service mission and enables compliance with accreditation requirements for that profession.

Four of the UMB professional schools (Dental, Law, Medicine, and Pharmacy) do not use traditional credit hour or "course unit" designations. The design of the curricula in these schools includes extensive and integrated clinical instruction on and off campus, as well as instructional units which are grouped into time periods longer or shorter than three hours and are different from traditional semester time frames. Also, faculty often teach their areas of expertise across many components of the curriculum, rather than in a specific course taught by one faculty member.

In addition, since there can be overlap in function, department chairs and faculty may have difficulty quantifying workload effort into one category. For example, clinical faculty may be providing direct patient care to a participant in a research study while also providing supervision and instruction to students, residents, or specialty fellows. Nonetheless, each of these schools has specific guidelines and/or standards which guide assignments and expectations.

All six schools define faculty workload expectations by percent of effort in teaching, research, and service. Each school's policy also defines specific factors which influence workload assignments and the process used to make assignments. Although all faculty members are expected to contribute to the mission of the school and University, relative workload effort among the triad of teaching, research/scholarship, and service may vary according to the type of appointment and nature of assignments. Therefore, each school has percentage ranges for workload expectations by type of appointment and corresponding tenure status. Annual faculty workload expectations, as defined in each school's policy and approved by the President, are specified in this document.”

As the above policy indicates, the School of Dentistry establishes its own workload policies. Although the Division of Dental Hygiene independently determines its workload distribution, it generally follows the same workload guidelines that apply in other dental school departments. The guidelines are as follows: Teaching, 45-80%; Research/Scholarship, 5-50% and Service, 5-25%. Administration is involved in workload issues only when requests for more faculty are made.

The Program Director strives to divide the teaching load equitably, based on faculty's administrative responsibilities, areas of expertise and professional interest, their requests and the needs of the program. Full-time faculty members are to have .2 FTE for professional development, whether that is for research or service activities. Since our Division is teaching oriented, few faculty members are engaged actively in research. Our faculty are heavily involved in service, regardless of their assigned FTE.

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

As the University policy states, many schools on campus base their teaching loads on percentages related to teaching, research and service. Teaching constitutes the major portion of dental hygiene's faculty workloads, so the highest workload percents are allocated to that area. In general, it is the Division's policy to determine contact hours and teaching loads on a case by case basis, but within the Dental School's general framework.

Within the Division, these guidelines are followed:

- a. All faculty must teach clinically.
 - b. For faculty who are .8 or higher, it is preferred that they clinically teach both juniors and seniors.
 - c. Full-time faculty (1 FTE) typically teach two courses a semester or an equivalent to 5-6 didactic hours per semester.
 - d. Full-time faculty who teach fewer didactic hours are in more clinics or have more SAS students.
 - e. Faculty who teach more than the standard didactic hours are asked to relinquish some of their courses; if they choose not to, they understand that they still will have clinical teaching assignments.
 - f. If faculty is assigned a new course or is creating a new course, other teaching may be reduced during that time.
3. Describe the institution's policy for release time for activities such as administrative duties, advising and counseling students, supervision of extramural (off-campus) clinical experiences and committee assignments.

The institution's policy allows the flexibility needed for release time for faculty who have responsibilities in multiple areas such as administrative duties, advising and counseling students and committee assignments. The policy for release time is determined primarily by the Program Director who tries to ensure that no one faculty member is overburdened. Faculty is very willing to help each other out, if necessary. For example, clinical assignments may be altered to allow flexibility if a certain faculty member has a special assignment.

As stated above, 1 FTE faculty are to have a day per week for professional development. Administrative duties are factored into workload distribution. For example, our Director of Recruitment and Admissions is busiest in the spring. She teaches a two hour course and is in three clinics spring semester. All faculty advise and counsel students and assigned advisees. Our off-site clinical experiences are supervised by local mentors. Faculty share responsibilities for other unplanned activities that may arise.

Committee assignments also are distributed equitably. These committee activities generally occur at lunch times so accommodations need not necessarily be made. The Program Director serves on the lion's share of division, departmental and institutional committees, another reason why she has a reduced teaching load.

4. What are the current faculty/student instructional ratios during laboratory, preclinical and clinical sessions including those at distance sites, if applicable.

Faculty to student ratios comply with the accreditation guidelines. Pre-clinic and clinic teaching ratios do not exceed 1 faculty to five students. Similarly, laboratory

experiences for radiology also have a 1 to 5 faculty to student ratio. Methods and Materials lab is less than 1-10.

3-7 The dental hygiene program must be staffed by a core of well-qualified full-time faculty who possess a baccalaureate or higher degree. Faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program. All dental hygiene program faculty members must have current knowledge of the specific subjects they are teaching. All program faculty must have documented background in educational methodology consistent with teaching assignments.

A. Description

1. Describe the mechanism utilized to determine teaching assignments.

Teaching assignments are determined by the program director based on faculty interest, expertise and needs of the program. The director strives to ensure an equitable distribution of teaching responsibilities. When new faculty is hired, the program director seeks a good match between a prospective faculty member's expertise and the vacant course/clinical responsibilities. Faculty requests for course leadership changes are considered as well based on the faculty member's professional trajectory. For example, our graduate program director had asked to teach our research course in 2010 since her work with graduate students is research oriented. This request was granted.

2. As an exhibit, provide the following information for all full- and part-time dental hygiene faculty members (excluding guest lecturers) teaching during the current academic year. Be sure to include this information for faculty providing instruction during summer sessions. For the purposes of this section, the program administrator should be considered a faculty member. For each faculty member, specify the following:

- a. Full name;
- b. Rank or title and date of initial appointment to the program;
- c. Rank or title currently held and date of appointment to the rank or title;
- d. States currently licensed in with license numbers and expiration dates (or note if faculty member is practicing under a temporary or special license)

- e. Nature of appointment (full- or part-time faculty, salaried or non-salaried). If the appointment is “joint” or shared with another program(s), give the name of the other program(s). Specify the length of the term of appointment.
 - f. Educational background. State the institutions attended (beyond the secondary school level), degrees or certificates awarded, major field of study for each, dates awarded and/or credit earned toward a degree.
 - g. Course work in educational methods and content areas taught in the program must be highlighted.
 - h. Work experience in dental hygiene in both clinical practice and education. State job title, name and location of employer and dates of employment.
 - i. Areas of special competence, e.g., subject areas, clinical skills, or educational methodology. State the field of specialty relevant to dental hygiene for which the faculty member is uniquely or especially well prepared. Highlight the type of preparation, e.g., formal education, continuing education or clinical experience.
 - j. CPR/BLS certification expiration date
3. Describe the program’s efforts to assure that program faculty providing instruction in the clinical facility are familiar with the program’s goals, curricular content and methods of instruction and evaluation.

See Exhibits 3-7.Aa, Faculty Information and 3-7.Ab, Faculty CVs.

Several mechanisms are in place to ensure faculty familiarity with the program’s goals, curricular content and methods of instruction and evaluation. With the transition of our program from a traditional to an on-line format, collaboration among faculty has been on-going. This change has facilitated a group effort with positive exchanges. Faculty is very willing to share ideas and concepts with each other.

Formally, our faculty retreats and in-services that are held annually address our goals, curricular content and methods of instruction and evaluation. Since our program continually tries to improve itself, issues related to the above are discussed at faculty meetings, through e-mails and phone calls. All faculty have access to all on-line courses so they can see how others manage their classes. We also have standardized course templates so similar information for each course appears in the identical menu tab. Faculty also seek input from each other and listen to those who have more expertise with on-line course creation.

Our clinic manual and all student policies and procedures are found on-line, including our grading policies and guidelines (see Standard 2-2.A text). Hard copies

of clinic manuals are given to all faculty. The clinic coordinators and program director provide in-service to new faculty concerning program policies, procedures, goals and clinical instruction matters. Evaluation mechanisms used in clinic also appear in the clinic manual, a document that most faculty take with them to each clinic session.

Fortunately, our faculty is open and comfortable with asking questions and offering ways to improve the program. Peer review exists in that student clinic record forms are used for multiple appointments at different times and by different faculty; therefore, if inconsistencies are noted, they are addressed and resolved as quickly as possible. Faculty calibration exercises are used frequently and they often afford improved standardization. Finally, student evaluations can provide insights into areas where individual faculty may need additional mentoring. If this is the case, the areas requiring improvement are addressed at the bi-annual faculty/director course evaluation review sessions. They also may be addressed at the faculty annual goal setting meetings.

4. List the individual(s) who assume(s) responsibility for supervisory, diagnostic, consultative and referral services. Explain how those services are provided for patients during clinical sessions.

The primary line of supervision for dental hygiene students is the dental hygiene faculty. Regarding matters beyond dental hygiene diagnosis, other faculty is consulted. Each dental hygiene student is assigned to a general practice (GP) area. Each area has a designated GP Manager. That individual assumes responsibility for supervisory, diagnostic, consultative and referral services. Dental hygiene students identify patients needing comprehensive (once a year) or episodic (based on specific need) exams. A list of these examinations is then given to the GP manager. If a patient presents with a significant “CC”, a consultation is generally sought at the beginning of the appointment. Dental faculty readily sign off (electronically swipe) to allow student radiographs. Dental hygiene faculty and students typically decide the need for films but “the swipe” indicates dental faculty approval to expose images, but can be obtained at any time during the appointment.

Typically, manager examinations take place after students have collected assessment data and dental hygiene faculty have evaluated its accuracy. In cases where a patient requires the consultative services of a specialist, the manager and/or faculty will facilitate specialist consults. The appropriate faculty is identified and that individual comes over to the student’s chair during the clinical appointment. Patients requiring further care are identified via AXIUM and are assigned to dental students by the Patient Care Coordinators (PCC). The GP manager often is aware of a dental student who could best treat a given patient and will discuss this with the PCC. Some patients may require referral to a specialty clinic; this too, is handled during the dental hygiene appointment. If a manager is

unavailable and the patient is finished with dental hygiene treatment but still needs an examination, other restorative faculty on the clinic floor are available to offer diagnostic and consultative services.

The GP managers are as follows: as of 11/30/10, in the process of hiring 3 more

Dr. Shabrez Ahmed - 3rd floor, GP3
 Dr. Robert Foreman - 3rd floor, GP3
 Dr. Nisha Ganesh - 3rd floor, GP2
 Dr. Joyce Huey - 2nd floor, GP4
 Dr. Se Lim Oh - 3rd floor, GP2
 Dr. Judith Porter - 2nd floor, GP4
 Dr. Cecilia Velez - 2nd floor, GP1

5. Provide a description of the role of the dentist during clinical.

D.D.S. Exams Exam Guidelines

(Periodic oral exam / limited problem focused exam)

GP Managers will expect the following steps to be completed before a dental faculty member will perform a periodic oral exam or a limited problem focused oral exam:

1. Review medical history with the patient
 - a. Update any changes in medications
 - i. Document this in the chart with the date followed by the medications and dosages
 - b. If patient can't remember a new medication/dosage document this as well.
 - c. IF there are any changes in medical history, record all the information (the new and the old) on the pink medical history UPDATE sheet located at the front desk.
2. Review radiographs
 - a. Check the date of the last full series
 - b. Check the date of the last panorex
 - c. Check the date of the last bitewings
 - i. For the guidelines on when to update radiographs, see the Dental Hygiene Clinic Handbook. It's being updated so the page will change, can we insert the and delete page 63 of
 - d. Update radiographs as necessary
3. Perform your clinical exam
 - a. Summarize your findings for the dentist
 - i. Periodontal concerns

1. Pockets 4+mm
2. Significant mobility
- ii. Caries
- iii. Anything of note that you feel needs to be evaluated by the dentist.

If the patient has a chief complaint and they are not due for their DDS exam this visit, then you still need to go through the same steps 1-3. In addition to those you should also ask the following questions:

4. Chief complaint
 - a. What is patient's chief complaint?
5. History of Present Illness
 - a. How long has the patient had this problem?

When you present the patient to the dentist for the exam use the following format:

- Mr. /Ms. X presents today for a recall exam.
- This is their medical history: (allow the faculty to read the medical history instead of saying out-loud as we want to be as privacy-conscious as possible)
- Blood pressure today is _____.
- Relay the chief complaint, if there is one.
- Present the radiographs. Note any radiographic findings that are new and pertinent.
- Introduce the patient to the faculty member.
- Review your clinical findings at this time.

B. Supportive Documentation

1. Exhibit 3-7.A2, Faculty Information: information for all full- and part-time dental hygiene faculty members.
2. Description of the role of the dentist during clinical sessions is described in 3-7A.5 above.
3. Exhibit 3-7.A3, Faculty CVs

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

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?

The Dental School and the University of Maryland are committed to improving faculty effectiveness and therefore, support faculty development in a number of ways. Faculty development opportunities include:

- Tuition remission for faculty at any campus in the UM System
- Availability of tenured faculty sabbatical leave with full salary for six months or half salary for twelve months.
- Availability of faculty development leave for short-term development opportunities
- Departmental allocation of funds for expenses related to meeting registration, travel, CE courses and professional memberships.
- Campus wide courses in computer technology, informatics, RefWorks, and many software programs that aid research activities
- Departmental retreat and Division Retreats, in-services and calibration activities
- Annually, the Dental School holds a faculty retreat. All faculty is invited and the majority of the expense is borne by the dental school. For off-site programs, the faculty pay a nominal fee for hotel rooms.
- CE presentations sponsored sometimes by the Departments and sometimes by the Dental School are offered throughout the year.
- Grant-writing workshops offered by the SOD or on campus
- CPR courses offered for faculty.
- Guest speakers invited by the Division to present CE.
- Graduate student teaching assistantships for faculty who are earning their MS degree in our program.

No expense is borne by faculty for these activities. The only cost that occurs is if a faculty retreat is held off site and then nominal fees may be charged for hotel rooms.

2. Give examples of how dental hygiene faculty members have participated in the faculty development programs.

The majority of our faculty attend the SOD's Faculty Retreat. In fact, for the 2010 retreat, almost 100% of our faculty attended, including .4 faculty. Annually, we fund faculty to attend professional association meetings, educational workshops and/or research learning sessions. Faculty typically attend the Maryland Dental Hygienists' Association's Annual Sessions held bi-annually. Many attend ADEA and ADHA meetings. Faculty also deliver CE programs and are compensated for their efforts. Several faculty have attended on campus grantsmanship workshops and many of us have attended CE courses offered during lunch hours at the SOD. In the past year, we have had faculty in-services on caries risk, ultrasonic usage, motivational interviewing and xerostomia. We have had countless in-services provided by Instructional Technology staff. One of our faculty was given leave to attend a workshop on "Evidence-based Decision-making" this year in Chicago and two faculty attended "Spit Camp" to learn about the latest research related to saliva.

Two faculty attend NERB Educator Meetings annually. Several of our faculty have used the tuition remission benefit. One of our faculty is a current graduate student and she was awarded a student teaching assistantship.

Faculty Development Continuing Education Courses Attended

(*) Faculty Development and Activities

Kathryn Battani

2010

*ADEA Annual Session; Washington D.C.

*6/30 – Grant Workshop; University of Maryland School of Medicine

*4/20 – Instructional Methodologies for Dental Caries Detection, Dentsply International

2009

1/14 – Emerging Diseases & Infections Control for Dental Hygienists

*3/15 – Developing Objectively Scorable Test Items that Measure Higher Level Thinking, ADEA Annual Session

*ADEA Annual Session; Phoenix, AZ,

*3/15 – Going the Distance with Distance Ed, ADEA Annual Session

*11/17 – Instructional Methodologies for Ultrasonic Instrumentation; Dentsply International

2008

1/9 – OSHA

5/28 – Drugs in Dentistry Update

5/30 – State of the Art Maxillofacial Reconstructive Surgery and Implant Based Oral Rehabilitation

9/10 – Orthodontic Diagnosis for Your Pediatric Patients

10/13 – Invisalign: GP Practice Development

2007

1/24 - OSHA

*2/2 – Technology in Teaching and Distance (online) Education: Development and Delivery of Online Courses; ADHA Annual Meeting

3/28 – Stop the Pain; Assessing Anesthesia Options for Non-Surgical Periodontal Surgery

5/30 – Pharmacology Update

6/1 – Oral Microbiology and Halitosis

7/25 – Fluorides Are Not All The Same

9/12 – Hu-Friedy Instrumentation

2006

8/24 – Treating the Cancer Patient, the Dental Hygienist’s Role

10/20 - OSHA

Sharon Bowman

2009

1/09, “Emerging Diseases & Infection Control for Dental Hygiene”, Christine Wisnom, RN, CDA, HCCDHA, Abingdon, MD (2hr)

2/09, “Treatment Planning in the New Millenium”, Victor Gregory, DMD, Louis Martin DDS, Michael Rosen, DDS, Joseph Spera, DMD, Christiana Care Health Ststem, Newark, DE (2hr)

3/09, “Management of Oral Cancer and Pre-malignant Lesions”, Alexander Pazoki, DDS, MD, HCCDHA, Abingdon, MD (2hr)

5/09, “Microsurgical Repair of Trigeminal Nerve Injuries”, Vincent Ziccardi, DDS, MD, Christiana Care Health System, Newark, DE (2 hr)

5/09, “Drug, Nutraceutical, Supplement Update for the Dental Professional”, Richard Wynn, PhD, HCCDHA, Abingdon, MD (2hr)

6/09, “Local Anesthesia”, Marion Manski RDH, Richard Manski DDS, PhD., Univeristy of Maryland Dental School, Baltimore ,MD, (30 hr)

6/09, “New Product Presentation”, Gail Malone, RDH, ADHA, Washington DC, (3hr)

6/09, “Exhibit Hall”, numerous presentors, ADHA, Washington DC, (1hr)

6/09, “Student Research Poster Sessions & Table Clinics”, numerous presentors, ADHA, Washington DC, (1hr)

6/09, “The Fires Raging Within: Perio/Systemic Link”, ADHA, WashingtonDC, (1.5 hr)

2008

1/08, “OSHA”, Christine Wisnom, RN, CDA, MDHA/HCCCDHA, Abingdon, MD (2hr)

2/08, “Fluoride Therapy and Hard Tissue Disease Management”, Deborah Fleming, RDH, MDHA/HCCCDHA, Abingdon, MD (2hrs)

2/08, “Oral Systemic Links and Implant Dentistry Expected, Not Experimental”, Lisa Wadsworth, RDH, NCCDHA, Wilmington, DE (3hr)

3/08, “Acupuncture in Dentistry”, Warren Morganstein, DDS, MDHA/HCCCDHA, Abingdon, MD (2hr)

4/08, “Common Periodontal Emergencies, Regenerative Periodontal Therapy”, Bruce Mandel, DDS, MDHA/HCCCDHA, Abingdon, MD (2hr)

- 5/08, "Drugs in Dentistry Update – 08", Richard Wynn, PhD, MDHA/HCCCDHA, Abingdon, MD (2hr)
- 9/08, "Orthodontic Diagnosis for your Pediatric Patients", Stephen Godwin, DMD, MDHA/HCCCDHA, Abingdon, MD (2hr)
- 9/08, "Oral Cancer; Incidence, the Diagnostic Process, and Screening Techniques", Sandra Strauss, NCCDHA, Wilmington, DE (1hr)
- 9/08, "Prevention: Patient by Patient", Maria Spahr, NCCDHA, Wilmington, DE (2hr)
- 10/08, "Pediatric Dentistry in Today's World", Diana Capobianco, DDS, HCCDHA, Abingdon, MD (2hr)
- 11/08, "Our Forgotten Patients – Those Battling Cancer", Carl Driscoll, DMD, HCCDHA, Abingdon, MD (2hr)
- 12/08, "Not Your Father's Restorative Dentistry", Richard Jester, DDS, Brian McAllister, DDS, Sohیب Usamani, DMS, Christiana Care Health System, Newark DE, (2hr)

2007

- 1/07, "OSHA", Chris Wisnom, CDA, RN, MDHA/HCCDHA, Abingdon, MD (2hr)
- 2/07, "PANDA", Sheryl Syme, RDH, MDHA/HCCDHA
- 3/07, "Stop the pain: Assessing Anesthesia Options for Non-surgical Periodontal Surgery", Marie George, RDH, MDHA/HCCDHA, Abingdon, MD (2hr)
- 4/07, "Ergonomics for Dental Hygiene Practice: Practical Strategies for occupational Health and Peak Performance", Michael Belenky, DDS, MDHA/HCCCDHA, Abingdon, MD (2hr)
- 5/07, "Pharmacology Update", Dr. Richard Wynn, MDHA/HCCCDHA, Abingdon, MD (2hr)
- 7/07, "Brain Fitness after 30", INR, Newark, DE (6hr)
- 9/07, "HuFriedy Instrumentation", Helen Sellard, MDHA/HCCCDHA, Abingdon, MD (2hr)
- 10/07, "HIV-AIDS", Valli Meeks, DDS, RDH, MDHA/HCCCHA, Abingdon, MD (2hr)
- 11/07 "Orthodontics", Joseph LaPonzina, DDS, MDHA/HCCCHA, Abingdon, MD (2hr)
- 11/07, "An update on demineralization/remineralization", Procter &Gamble/ Internet (3hr)

2006

- 1/06, "Hazard Communications & Hazardous Waste Regulations for Dental Offices", Procter & Gamble, Internet (3hr)
- 1/06, "Humor and Laughter in the Dental Office" George Obermeier, MS and "The Top 50 Medications Your Patients Are Taking and Why", Harold Crossley, DDS, UofMD, Newark, DE (6hr)
- 2/06, "Prevention and Management of Oral Complications of Cancer Treatment: The Role of the Oral Health Team", Procter&Gamble, Internet (2hr)
- 6/06, "Auto Immune Diseases and Oral Cancer Complications of Cancer Therapy", Barbara Bennett, CDA, RDH, CHEP/ Perry Point, MD (6hr)
- 10/06, "Emergency Preparedness –Dentistry's Role in Recognizing and Responding to Bioterrorism", Louis DePaola, DDS and Chris Wisnom, RN, CHEP/ Perry Point, MD (6hr)

2005

- 1/05, "Emergency Medicine", Stanley Malamed, DDS, DSDS, Newark, DE (6hr)
 2/05, "FISH' Philosophy", Mick Lunzer, Dodd Dental Lab, Newark, DE (3hr)
 10/05, "Caries management in children", Norman Tinanoff, DDS, ADPhiladelphia, PA (2.5hr)
 10/05, "Current concepts in oral medicine", Thomas Sollecito, DMD, ADA, Philadelphia, PA (2.5hr)
 10/05, "Billing and coding strategies that work", Lois Banta, ADA, Philadelphia, PA (2.5hr)
 11/05, "Lunch & Learn – implants", Thaddeus Piclo, Straumann Co., Newark, DE (1hr)

Lisa Bress2010

1. Prevent Abuse and Neglect through Dental Awareness– PANDA- Harford/Cecil Dental Hygiene Association
2. Are Implants the Standard of Care – Bruce Mandel DDS, Harford/Cecil Dental Hygiene Association
3. Prevent Abuse and Neglect through dental Awareness, Harford/Cecil Dental Hygiene Association
4. Performance Logic: Be Informed When you Perform, Baltimore College of Dental Surgery
5. Drug Update for the Dental Professional – Richard Wynn, PHD - Harford/Cecil Dental Hygiene Association
6. Oh baby! The Essential ABC's of Infant and Toddler Oral Care – Linda Blackiston, RDH - Harford/Cecil Dental Hygiene Association
7. OSHA – Infection Control – Christine Wisnom, RN, BSN- Harford/Cecil Dental Hygiene Association

2009

1. Ergonomics & health Implications for Dental Hygienists – Ryan Cappelletti- Harford/Cecil Dental Hygiene Association
2. Local Anesthesia – Marion Manski, RDH MS Univ. of Maryland Dental School
3. Ethics and Ethical Situations in the Dental Office – Dr. King Smith, DDS Harford/Cecil Dental Hygiene Association
4. Recent Advances in caries Detection & Diagnosis: A New Way to Look at Caries- Margarita Fontana, DDS PHD – ADHA
5. Anti-infective Periodontal Therapy- Thomas Flemming, Dr. med. Dent.habil, MBA. – MDHA
6. Drug, Nutraceutical, Supplement Update for the Dental Professional – Richard Wynn, PHD - Harford/Cecil Dental Hygiene Association
7. Risk Management – University of Maryland Dental School
8. Infection Control - University of Maryland Dental School
9. Prevent Abuse and Neglect through Dental Awareness– PANDA - University of Maryland Dental School

10. Management of Oral Cancer and Pre-malignant Lesions – Alexander Pazoki, DDS, MD FACS- Harford/Cecil Dental Hygiene Association
11. Esthetics in Implant and Periodontal Therapy – Peter Joseph, DMD - Harford/Cecil Dental Hygiene Association
12. Emerging Diseases & Infection Control for Dental Hygiene, Christine Wisnom, RN, CDA Harford/Cecil Dental Hygiene Association

2008

1. Help Your Patients Stop Using Tobacco – Jacquelyn L. Fried, RDH, MS
2. Common Periodontal Emergencies/Regenerative Periodontal Therapy – Bruce Mandel, DDS (MDHA presents)
3. Infection Control – (University of Maryland Dental School presents)
4. Acupuncture in Dentistry – Warren Morganstein, DDS (MDHA presents)
5. Fluoride Therapy and Hard Tissue Disease Management – Deborah Fleming, RDH, MS. (MDHA presents)
6. OSHA – Christine Wisnom, CDA, RN, BSN (MDHA presents)

2007

1. Orthodontics – Joseph LaPonzina, DDS (MDHA presents)
2. Oral Microbiology and Halitosis – Dr. Joseph Zambon (University of Maryland Dental School presents)
3. Pharmacology Update – Richard Wynn, PhD (MDHA presents)
4. PANDA – Sheryl Syme, RDH, MS (MDHA presents)
5. Pain Management – L. Teal Mercer, RDH, MS (University of New Haven presents at UM Dental School)
6. Instructional Excellence – Katherine L. Cauley, PhD (ADHA presents)
7. OSHA – Christine Wisnom, CDA, RN, BSN (MDHA presents)

2006

1. Explore the Systemic Disease Pharmacologic Connection – Marilyn Cortell, RDH, MS (MDHA presents)
2. Smoking Cessation Practice Guidelines for the Dental Professional – Carol Southard, RN, MSN (MDHA presents)
3. Pediatric Dentistry – Harry Goodman, DMD, MPH (MDHA presents)
4. John E. Fogarty Memorial Lecture – (University of Maryland Dental School presents)
5. Linda DeVore Memorial lecture – (University of Maryland Dental School presents)
6. Oral Health through the Golden Years – Linda Blackiston, RDH, BS (MDHA presents)
7. Demystifying Piezoelectric Ultrasonics – Stacy A. Matsuda, RDH, BS (ArcMesa Educators presents)
8. Treating the Cancer Patient, the Dental Hygienist's Role – Dianna Weikel, RDH, MS (Dept. of Health Promotion & Policy, UM Dental School, presents)
9. Pharmacology Update – Richard Wynn, PhD (MDHA presents)
10. Periodontal Emergencies – Peter Joseph, DDS (MDHA presents)

11. Your Patients Are Aging, Are You Ready? – Janet Yellowitz, DMD, MPH (MDHA presents)

12. OSHA – Louis DePaola, DDS, MS (MDHA presents)

2005

1. Facial Pain Diagnosis and Treatment – Edward Grace, DDS, MA (MDHA presents)

2. HIV: Hepatitis: Facts for the Dental Team – Louis DePaola, DDS, MS (The Richmond Institute presents)

3. Evidence-Based 12/Decision Making – (University of Maryland Dental School presents)

4. Implant Maintenance: The Basics and Beyond and Biotanical Medicine: What are the Clinical Implications – (University of Maryland Dental School presents)

5. The Tongue and Speech: Clinical Measurement of Tongue Movement – (University of Maryland Dental School presents)

6. Balancing Clinical Teaching and Evaluation – (The University of Texas, Health Science Center at San Antonio, presents)

7. Tobacco and Periodontal Disease – Jacquelyn L. Fried, RDH, MS (MDHA presents)

8. Periodontal Prosthetic Interactions for the Dental Hygienist – Peter Joseph, DDS (MDHA presents)

Deborah Cartee

2010

- Women and Medications: Health Issues and Related Pharmacotherapies, Ann Splorich, RDH, PhD (3 Credit Hours)
- Enhancing Nature Through Science: Recognizing Disease, Rejuvenating Enamel, Amy M. Nieves, RDH (3 Credit Hours)
- The Changing Face of Oral Cancer: It's Impact on the Dental Hygiene Profession, Jacquelyn L. Fried, RDH, MS (3 Credit Hours)
- Bridging the Gap: Tips for Treating a Patient with Autism, Karen Raposa, RDH, MBA (3 Credit Hours)
- Mid-Atlantic PANDA – Abuse & Neglect, Jane Casper, RDH, MS & Carol Caiazza, RDH, BS (2 Credit Hours)
- The Perfect Fit – A Hand-on Workshop on Power Scaling and Review of Manual Instrument Sharpening, Mary Littleton, RDH, BS (2 Credit Hours)
- Student Research Poster Sessions & Table Clinics (1 Credit Hour)
- Advancing Dental Hygiene Knowledge Through Qualitative Research Ellen Rogo, RDH, Med, PhD (3 Credit Hours)
- New Product Presentation 15 company reps.(3 Credit Hours)
- The Latest and Greatest Sealants and Fluoride: What You Thought You Knew, Kathy Phipps, BSDH, DrPH, Kathy Volgt Geurink, RDH,

MA, Christine Wood, RDH, BS, Barbara Gooch, DMD, MPH (3 Credit Hours)

- Modern Dentistry: Get on the Ball!, Timothy Caruso (3 Credit Hours)
- Teaching Oral Radiology: Strategies for Faculty, Evelyn Thompson, BSDH, MS (3 Credit Hours)

2009

- How to Treat Periodontal Disease with a Laser & Periodontal Case Studies, Dr. Larry Nurin (2 Credit Hours)
- Bloodborne Pathogens and The Dental Health Care Worker, Dr. Lou DePaulo
- Baby Boomers and Beyond: Oral and Systemic Issues Related to Seniors, Linda Blackiston, RDH, BS (3 Credit Hours)
- Teenagers-What Their Mouths are Telling You but They're Not: Practical Information on Teen Health Issues, Linda Blackiston, RDH, BS (3 Credit Hours)
- Pre-natal to Pre-school: Great Foundations for Pediatric Oral Health, Cathy Seckman, RDH (3 Credit Hours)
- Local Anesthesia and the RDH: an Overview, Marion Manski, RDH, MS (1 Credit Hour)
- Bisphosphonate Induced Osteonecrosis of the Jaw; Unusual Cases Affecting the Oral and Maxillofacial Complex and Implants in Children with Ectodermal Dysplasia, James S. Brahim, DDS, MS (3 Credit Hours)
- The 'Other' Side Effects of Medications, Ann Splorich, RDH, PhD (2 Credit Hours)
- Tobacco Trends and Successful Interventions, Jacquelyn L. Fried, RDH, MS (2 Credit Hours)
- Local Anesthesia, University of Maryland (28 hours)
- Student Research Poster Sessions & Table Clinics, ADHA Annual Session (1 Credit Hour)
- Revive, Refresh, Renew: Creating Balance for the Dental Hygienist, Uche Odiatu, BA, DMD, NSCA-CPT (3 Credit Hours)
- EBD: Managing Information So It Doesn't Manage Us, Cynthia Amyot, EdD, & Pamela Overman, EdD (3 Credit Hours)
- New Materials and Techniques in Orthodontics: An Update for Dental Professionals, Daniel J. Rejman, DDS, MS (2 Credit Hours)
- Mid-Atlantic PANDA – Prevent Abuse and Neglect through Dental Awareness, Train the Trainer (8 Credit Hours)
- Pre-K! A Crash Course in Kids for the Dental Professional, Linda Blackiston, RDH, BS (3 Credit Hours)
- When the Body Turns on Itself: Autoimmune Disease, Maria Perno-Goldie, RDH, BA, MS(3 Credit Hours)

- Providing Care for Women with Cancer: An Update on Breast & Ovarian Cancers for the Dental Hygienist, Jo Ann Gurenlien, RDH, PhD (3 Credit Hours)
- Medical Histories and Medical Emergencies: The Role of the Dental Team Members, Cindy Kleinman, RDH, BS (3 Credit Hours)
- I'm Glad You Asked That: Infection Control and Regulatory Compliance 2009, Melissa Mulraney, DDS (3 Credit Hours)
- Instructional Methodologies for Ultrasonic Instrumentation, Gail Malone, RDH, BS (2 Credit Hours)
- American Heart Association Healthcare Provider CPR Recertification, 10/2/2009 to 10/2011, Gary Moses

2008

- Trauma in Endodontics, Dr. Lou Berman (2 Credit Hours)
- The Art & Science of Effective Communication for Nonsurgical Periodontal Treatment, Marie Gillis, RDH, MS (2 Credit Hours)
- Xerostomia, Ann Spolarich, RDH, PhD (2 Credit Hours)
- Biofilm Disruption: Technology that Supports Overall Health, Linda Blackiston, RDH, BS (2 Credit Hours)
- Lumineers, Michael Mann, DDS (2 Credit Hours)
- Drugs, Supplements, Nutraceuticals: Issues Affecting Dental Practice, Richard Wynn, PhD (3 Credit Hours)
- OSHA Update – “Can Your Office Survive an Inspection” Lisa Pence-Knapp, RDH, BS (3 Credit Hours)
- Excel Made Easy Basics, Three hours of Faculty Development, Kathy Hausman, PhD., RN (3 Credit Hours)
- HCAD 630, Public Health Administration, [3 College Credit Hours], UMUC

2007

- Pediatric Assessment & Treatment Planning, Dr. Weng (2 Credit Hours)
- EDU 290-Online Pedagogy, Dr. Zilberman , [3 College Credit Hours], BCCC
- ADE 01- Educational Theory & Methodology for Dental & Allied Health Educators, UMDNJ (1.5 Credit Hours)
- American Heart Association Healthcare Provider CPR Recertification, Gary Moses
- Guidelines for Infection Control in Dental Health-Care Settings – Proctor & Gamble online course, Dickinson, Bebermeyer & Ortolano (2 Credit Hours)
- Pharmacology Update for the Dental Professional, Dr. Wynn (2 Credit Hours)
- Oral Lesions Associated with HIV Disease, Dr. Meeks (2 Credit Hours)

- Research Conference, Spolarich, Malamud & Cleveland (2 Credit Hours)
- Technology in Teaching and Distance (on-line) Education: Development and Delivery of Online Courses, Amyot, Fried, & Syme (2 Credit Hours)
- Instructional Excellence, Katherine L. Cauley, PhD (2 Credit Hours)
- Lunch & Learn Product Presentation, Colgate, Crest/Oral B, Densply, GlaxoSmithKline, Hu-Friedy & Sunstar Americas (2 Credit Hours)
- Xerostomia, Spolarich (2 Credit Hours)
- HCAD 660, Health Care Institutional Organization and Management, [3 College Credit Hours] UMUC
- HCAD 610 Information Technology for Health Care Administration, [3 College Credit Hours], UMUC
- MGMT 670, Strategic Management Capstone, [3 College Credit Hours], UMUC
- HCAD 640, Financial Management for Health Care Organizations, [3 College Credit Hours], UMUC

2006

- The Use & Benefits of Diagnodent, Robert Salem (2 Credit Hours)
- Bright Eyes Dull Probes, Ester Wilkens (2 Credit Hours)
- Osteoradionecrosis, Dr. Calderbank (2 Credit Hours)
- Dental Forensics: The Role of the Dental Hygienist, Winnie Furnari, RDH (2 Credit Hours)
- Current Topics in Dental Hygiene, Kathleen M. Schlotthauer, RDH (2 Credit Hours)
- Oral Pathology Review, Olga Ibsen, RDH (2 Credit Hours)
- Key Concepts of Advanced Ultrasonics, Tricia Williams (2 Credit Hours)
- Occlusion, Invisalign and TMD Disorders, Dr. Watts (2 Credit Hours)
- Clinical Dental Hygiene- seven hour course, Esther Wilkes, RDH & Anna Pattison, RDH (2 Credit Hours)
- ADMN 625, Organizational Communication and Group Development, [3 College Credit Hours], UMUC
- HCAD 650, Legal Aspects of Health Care Administration, [3 College Credit Hours], UMUC
- HCAD 638, Research Methods for Managers, [3 College Credit Hours], UMUC
- MGMT 640, Financial Decision Making for Managers, [3 College Credit Hours], UMUC

2005

- Emergency Protocol for Dental Offices, Dr. Milzman (2 Credit Hours)
- I Just Want My Teeth Cleaned and Don't Tip Me Back Too Far Either, Trisha O'Hehir, RDH (3 Credit Hours)
- Dental Aspects of Weight Loss Surgeries, Lori Brogna, RDH (3 Credit Hours)
- Perioromatherapy: Enhancing Clinical Care and Outcomes, Deborah Grant, RDH (3 Credit Hours)
- Beyond Fluoride: Caries Therapy and Empowerment Tool for the Clinician, Emily Kinsell Berger, RDH (3 Credit Hours)
- Management of the Periodontal Patient: When to Treat, When to Refer, Drs. Mandel, Keiser, & Joseph (2 Credit Hours)
- Advanced Periodontics-Using the Dental Endoscope, Dr. Mugford (2 Credit Hours)
- Oral Lesions Associated with HIV Disease, Dr. Meeks (2 Credit Hours)
- Understanding Chronic Inflammation & Its Role in the Dental Hygiene Management of Patients with Diabetes, Gillis RDH (3 Credit Hours)
- I'm Glad You Asked That 2005: Infection Control & Regulatory Compliance, Dr. Mulreany (3 Credit Hours)
- Practical Periodontics: Applying a Mountain of Periodontal Information to Clinical Practices, Chichester, RDH (3 Credit Hours)
- Student Table Clinics: Xerostomia, Oral STD's, Anorexia & Bulimia, Smoking Cessation (1 Credit Hour)
- Dental Products and Nutraceuticals: New Report to Keep Your Practice Current, Dr. Wynn (3 Credit Hours)
- Key Concepts of Stain & Plaque Removal, Marcil, RDH (2 Credit Hours)
- Guidelines for Infection Control in the Dental Health Care Setting, online with MMWR (3 Credit Hours)
- ADMN 601, The Manager in a Technological Society, [3 College Credit Hours], UMUC
- UCSP 610, Library Skills, [1 College Credit Hour], UMUC
- ADMB 635, Organizational Leadership and Decision Making for Managers, [3 College Credit Hours], UMUC
- HCAD 620, The United States Health Care System, [3 College Credit Hours], UMUC

Jacquelyn L. Fried2010

1. OSHA/Infection Control Program, Sinai Hospital, Baltimore, MD. – October 25, 2010 (2 CEU)
2. Problems in Managing Oral Premalignant Lesions, University of Maryland Dental School– June 16, 2010 (1 CEU)
3. Practice Logic: Be Informed Before You Perform, University of Maryland Dental School – June 12, 2010 (6 CEU)
4. Instructional Methodologies for Dental Caries Detection and Management – Dentsply International, University of Maryland Dental School- April 20, 2010 (2 CEU)
5. Best Practices in Tobacco Control – University of Maryland, Baltimore County, January 21, 2010 (6CEU)

2009

1. Gender Differences in Pain and Their Relevance to Chronic Orofacial Pain, University of Maryland Dental School, – December 16, 2009 (1 CEU)
2. Instructional Methodologies for Ultrasonic Instrumentation, Dentsply International, University of Maryland Dental School – November 17, 2009 (2 CEU)
3. Diabetology in the 21st Century: The New Practice Imperative –Dr. Bruce Mandel Periodontal Study Club, Towson. Maryland - November 4, 2009 (2 CEU)
4. Medical Histories and Medical Emergencies: The Role of the Dental Team Members, Maryland Dental Hygienists' Association - October 31, 2009 (3 CEU)
5. I'm Glad You Asked That: Infection Control and Regulatory compliance 2009, Maryland Dental Hygienists' Association - October 31, 2009 (3 CEU)
6. Manual Curettage, University of Maryland Dental School – October 20, 2009 (2 CEU)
7. It's Academic...Let's Present It, Redwood City, California - July 10-12 (12 hours)
8. Motivational Interviewing: New Strategies that Work, Philips Sonicare, Redwood City, California – July 9, 2009 (6CEU)
9. Research Poster Sessions, American Dental Hygienists' Association – June 19, 2009 (1 CEU)
10. North American Dental Hygiene Research Conference: Translating Research into Practice, Bethesda, Maryland – June 15, 2009 (3 CEU)

11. North American Dental Hygiene Research Conference: Linking Dental Hygiene and Systemic Health, Bethesda, Maryland – June 16, 2009(3.25 CEU)
12. North American Dental Hygiene Research Conference: Cultural Literacy and Health: Considerations for Practice, Bethesda, Maryland – June 16, 2009 (3 CEU)
13. North American Dental Hygiene Research Conference: Strategic Planning for Future Research, Bethesda, Maryland – June 15, 2009(3.25 CEU)
14. North American Dental Hygiene Research Conference: Emerging Technology from the Bench, Bethesda, Maryland – June 16, 2009 (3 CEU)
15. Local Anesthesia, University of Maryland Dental School – June 11, 2009 (28 CEU)
16. Special Olympics Special Smiles: Dental Screening Initiative, Towson, Maryland - June 6, 2009 (2 CEU)
17. P.A.N.D.A., University of Maryland Dental School – May 18, 2009 (2 CEU)
18. Infection Control, University of Maryland Dental School – May 18, 2009 (2 CEU)
19. Risk Management, University of Maryland Dental School - May 18, 2009 (1 CEU)
20. Dentistry Today: the Age of Superbugs, Sinai Hospital, Baltimore, MD. – March 31, 2009 (2 CEU)
21. Digital Radiography – March 20, 2009

2008

1. Oral Cancer, Greater Baltimore Dental Hygienists' Association, Baltimore, MD – December 4, 2008 (2CEU)
2. Academic Integrity as a Core Value: Strategies to Reduce Cheating and Promote Professional Development, University of Maryland Dental School - December 9, 2008 (3 CEU)
3. Unusual Conditions Affecting the Oral and Maxillofacial Surgery Region, Sinai Hospital, Baltimore, MD – November 24, 2008
4. The Low-force low Friction Orthodontic Philosophy, Greater Baltimore Dental Hygienists' Association – November 26, 2008 (2 CEU)
5. Unanticipated Problems Involving Risk to Research Participants or Others, University of Maryland Medical School – August 18, 2008 (1 CEU)
6. Learning How to Access Dental Literature, University of Maryland Dental School – November 11, 2008 (1 CEU)
7. An Update In Periodontics: what Every Hygienist Should Know, Maryland Dental Hygienists' Association – October 31, 2008 (3 CEU)

8. 3-D imaging Saves Lives, University of Maryland Dental School – October 6, 2008 (1.5 CEU)
9. Destination Calibration of Clinical Attachment Loss, American Dental Hygienists' Association – June 19, 2008 (2 CEU)
10. Destination Calibration of Calculus detection, American Dental Hygienists' Association – June 19, 2008 (2 CEU)
11. Navigating Through the Electronic Age, American Dental Hygienists' Association – June 19, 2008 (1.5 CEU)
12. State of the Art Maxillofacial Reconstructive Surgery and Implant Based Oral Rehabilitation, University of Maryland Dental School – May 30, 2008 (2 CEU)
13. From Beverly Hills to Baltimore: Can Every Class Agree On an Esthetic Outcome – Part I, University of Maryland Dental School– May 30, 2008 (2 CEU)
14. Infection Control, University of Maryland Dental School – March 17, 2008 (2 CEU)
15. Dual Degree Programs: Opportunities for Collaboration, University of Maryland Dental School – February 19, 2008

2007

1. HIPAA 201, University of Maryland Medical School – 12/5/07
2. Special Care: an Oral Health Professional's guide to Serving Young Children with Special Health Care Needs, American Dental Hygienists' Association/National Maternal and Child Oral Health Resource Center – November 7, 2007 (4 CEU)
3. Give Me Fever, Maryland Dental Hygienists' Association – November 2, 2007 (3 CEU)
4. Association Activities , Maryland Dental Hygienists' Association – June 22, 2007 (2 CEU)
5. Educator's Forum: Where Do We Stand? American Dental Hygienists' Association – June 22, 2007 (2 CEU)
6. Special Olympics Special Smiles: Dental Screening Initiative, Towson Maryland – June 9, 2007 (2 CEU)
7. Diagnosis, Treatment Planning, Sequence of Therapy: Implants and the Restorative/Surgical Team, University of Maryland Dental School – June 1, 2007 (2 CEU)
8. Oral Microbiology and Halitosis, University of Maryland Dental School – June 1, 2007 (2 CEU)
9. Anatomical Landmarks, University of Maryland Dental School – January 22, 2007 1 CEU)

10. Pain Management, University of Maryland Dental School, University of New Haven Faculty – February 12, 2007 (28 CEU)
11. Technology in Teaching and Distance Education: development and delivery of on-line Courses University of Maryland Dental School, hosting American Dental Hygienists' Association, CLL, February 2, 2007 (2 CEU)

Bianca Harris

(*) Faculty Development and Activities

2010

*ADEA Annual Session; Washington D.C.

4/14 – Mid Atlantic P.A.N.D.; Phillips Sonic Care Webinar

*6/30 – Grant Workshop; University of Maryland School of Medicine

*4/20 – Instructional Methodologies for Dental Caries Detection, Dentsply International

2009

1/10 – Medical Emergencies in the Dental Office

3/11 – Infection Control and Regulatory Compliance; Howard County Dental Hygienists' Association (HCDHA)

*3/15 – Developing Objectively Scorable Test Items that Measure Higher Level Thinking, ADEA Annual Session

*ADEA Annual Session; Phoenix, AZ

6/6 – Special Olympics Special Smiles (SOSO) Dental Screening; SOSO

7/8 – It Takes a Team to Close a Case; AGD Annual Session

7/9 – Contemporary Clinical Periodontics; AGD Annual Session

10/12 – Clinical Dental Hygiene; International Dental Seminars

*11/17 – Instructional Methodologies for Ultrasonic Instrumentation; Dentsply International

2008

1/12 – Special Patient Care; Howard County Dental Hygienists' Association (HCDHA)

4/1 – Acupuncture for Dental Pain Control; Howard County Dental Hygienists' Association (HCDHA)

*5/30 – State of the Art Maxillofacial Reconstructive Surgery and Implant Based Oral Rehabilitation; Baltimore College of Dental School

10/20 – Panoramic and Cone Beam CT Interpretation; Howard County Dental Hygienists' Association (HCDHA)

12/1 – Contemporary Antimicrobial Therapy – A Clinical Update on Application; Howard County Dental Hygienists' Association (HCDHA)

2007

1/13 – Oral Screening and Diagnosis and Bisphosphanates and Osteoradionecrosis

2/12 – Infection Control and Regulatory Compliance; Howard County Dental Hygienists' Association (HCDHA)

*2/2 – Technology in Teaching and Distance (online) Education: Development and Delivery of Online Courses; ADHA Annual Meeting

*2/12 – Pain Management; University of New Haven

3/8 – Oral Ramifications of Bisphosphonate Medications and other Prescription Concerns; Howard County Dental Hygienists' Association (HCDHA)

5/11 – Systemic Influences on Oral Health; Howard County Dental Hygienists' Association (HCDHA)

5/11 – The Consummate Dental Hygienist; Howard County Dental Hygienists' Association (HCDHA)

6/9 – Special Olympics Special Smiles (SOSO) Dental Screening; SOSO

6/1 – Oral Microbiology and Halitosis; Baltimore College of Dental School

7/23 – The Oral Systemic Disease Connection; Professional Advocate

11/12 – Nutrition and The Dental Patient; Howard County Dental Hygienists' Association (HCDHA)

2006

1/20 – Diabetic Periodontitis Update and Microbiological; Howard County Dental Hygienists' Association (HCDHA)

2/6 – Infection Control Update; Howard County Dental Hygienists' Association (HCDHA)

3/24 – Oral Cancer Seminar; Washington County Health Dept

3/29 – Dental Attachment; Professional Advocate

4/6 – Recognition, Diagnosis and Treatment of Non-odontogenic Head and Neck Pain; Howard County Dental Hygienists' Association (HCDHA)

4/21 – Techniques for Bonding and Banding; MSSO

7/26 – Medical Emergencies in the Dental Office; Professional Advocate

8/24 – Treating Cancer Patient, The RDH's Role; Baltimore College of Dental School

9/6 – New Product Seminar; Howard County Dental Hygienists' Association (HCDHA)

10/17 – Bruised, broken, and bedeviled teeth: managing traumatic dental injuries; American Dental Association Annual Session

10/18 – Altering gingival levels for ideal aesthetic results; American Dental Association Annual Session

10/19 – Billing and Coding strategies that work; American Dental Association Annual Session

10/19 – Building the extreme aesthetic dental practice; American Dental Association Annual Session

10/20 – OSHA 2006: Citations in Dentistry; Howard County Dental Hygienists' Association (HCDHA)

11/16 – Food Allergies: A Primer for the Dental Hygienist; Howard County Dental Hygienists' Association (HCDHA)

2005

2/22 – Infection Control Update; Howard County Dental Hygienists' Association (HCDHA)

3/29 – Risk Management of Endodontic Patients; Professional Advocate

4/19 – Abfractions/Recession: Then and Now; Howard County Dental Hygienists' Association (HCDHA)

5/13 – Opportunities for Excellence with Pediatric Patients; Howard County Dental Hygienists' Association (HCDHA)

5/22 – Implant Maintenance; Howard County Dental Hygienists' Association (HCDHA)

6/4 – Radiology Update & Discussion on Anomalies – Anatomy vs. Pathology; Howard County Dental Hygienists' Association (HCDHA)

6/5 – Scheduling and Implementation; Levin Practice Management

8/31 – Dental Sedation/Analgesics; Professional Advocate

9/8 – New Products Seminar; Howard County Dental Hygienists' Association (HCDHA)

10/7 – Erosion, Diagnosis, management and restoration; American Dental Association Annual Session

10/8 – Where are you? Successfully locating hidden root canal systems; American Dental Association Annual Session

11/15 – Periodontal Regenerative Treatment with Emdogain; Howard County Dental Hygienists' Association (HCDHA)

Holtgrewe, Therese

Date	Cr. Hrs.	Name of Course	Facilitator	Organization
7/16/2010	7	Minor Tooth Movement	Dr. Neil Warshawsky Linda Niessen, DDS	Dentsply Washington DC
3/10/2010	2	Infection Control	Melissa Mulreany, DDS	MJM-Health Training Concepts
3/1/2010	2	CPR		
12/18/2009	2	P.A.N.D.A.	Debra Compton Mid-Atlantic PANDA	MSDA Columbia, MD
2/18/2009	2	Tobacco Products & Pharmacotherapies for Treating Nicotine Addiction	Lois Bankert J.L. Fried, RDH, MS	Carroll County Health Department
2/17/2009	2	Local Anesthesia and the RDH	Marion Manski, RDH	HCDHA
1/6/2009	2	Infection Control	M. Mulreany, DDS	MJM-Health Training Concepts
8/14/2008	20	Team Extravaganza	Ross Nash, DDS	Nash Institute Asheville, NC
6/21/2008	14	Dynamic Hygiene	Jill Taylor, RDH/ Ross Nash, DDS	Nash Institute Charlotte, NC
5/1/2008	1	Help Your Patient Stop Using Tobacco	J.L. Fried, RDH, MS	BCDS

11/25/2007	2	Infection Control	M. Mulreany, DDS	MJM-Health Training Concepts
10/27/2007	2	P.A.N.D.A.	Carol Ciazso, RDH	H.C.D.H.A.
7/20/2007	7	Systemic Influences on Oral Health & Liability Iss.	Dianne Glascoe, RDH	Concord Dental & Medical Seminars
2/12/2007	28	Pain Management	Teal Mercer, RDH	University of New Haven
1/27/2007	2	Tobacco use Prevention and Cessation	Lois Bankert	Carroll County Hlth Depart.
11/3-4/2006	16	Team Academy	David Hornbrook, DDS	Hornbrook Group, Ft. Lauderdale, FL
10/20/2006	2	OSHA	Elizabeth Svoysky	Professionals Advocate Ins.
7/19/2006	2	Infection Control	M. Mulreany, DDS	MJM-Health Training Concepts
3/16/2006	2	Oral Complications of Cancer Chemotherapy	Dianna Weikel, RDH	H.C.D.H.A.
6/24/2005	7	Non-Surgical periodontal Therapy and Management	S.N. Bhaskar, DDS, MD, PhD	Clinical Dental Seminars
5/18/2005	2	Infection Control	M. Mulreany, DDS	MJM-Health Training Concepts
10/14/2004	7	Team Approach to Restoring Dental implants	James Soltys, DDS Beth Peshman, RDH	Straumann Co. Columbia, MD

Marion Manski**2010**

Pediatric Dental Emergencies March 2010—2 credits

Instructional Methodologies for Dental Caries Detection and Management, April

2010 - 2 credits

OSHA April 2010—2 credits

Elsevier: Master Teacher Development Process Online, May 2010 Modules 1-5

Local Anesthesia for Maryland Dental Hygienists Certification Course June 2010—28 credits (Course Director)

Local Anesthesia for Maryland Dental Hygienists Certification Course July 2010—28 credits (Course Director)

2009

Pharmacology Update January 2009—credits

Infection Control Training program February 2009—2 credits

Public Health “The Mouth as a Mirror of Health and Disease” February 2009 – 1.5 credits

Local Anesthesia and the RDH February 2009—2 credits (Course coordinator)

Public Health “Maryland: Policies and Legislation in Action To Address Oral Health Disparities” February 2009—1.5 credits

Public Health “Oral Cancer Prevention and Early Detection: The Maryland Model” March 2009—1.5 credits

Pre-natal to Pre-School, great foundations for pediatric oral health March 2009 - 3 credits

Overview of Local Anesthesia and the RDH March 2009 1 credit (Course coordinator)

Community and Dental Public Health Programs: Planning, Implementation and Evaluation, March 2009—1.5 credits

The Environment and Oral Health April 2009—1.5 credits

Reaching for Health Equity and the Elimination of Health Disparities: The Detroit Center for Research on Oral Health Disparities April 2009—1.5 credits

Risk Management May 2009—1 credit

Infection Control May 2009 2 credits

Abuse and Neglect (PANDA) May 2009—2 credits

Special Olympics Dental Screening Initiative June 2009—4 credits

Local Anesthesia Certification for UMB Dental Hygiene Faculty June 2009—28 credits (Course Coordinator)

What’s New in Local Anesthesia June 2009—3 credits

Periodontics October 2009—2 credits

When the Body Turns on Itself: Autoimmune Disease October 2009—3 credits

Providing Care for Women with Cancer: An Update on Breast and Ovarian Cancers for the Dental Hygienist October 2009—3 credits

Local Anesthesia Update for RDH’s November 2009—2 credits (Course coordinator)

Instructional Methodologies for Ultrasonic Instrumentation November 2009—2 credits

2008

Dual Degree Programs: opportunities for collaboration February 2008—1 credit

What’s New in Infection Control? March 2008—2 credits

Clinical Trials; Why they are necessary and how they are put together April 2008 – 1 credit

Help your patients stop using tobacco May 2008-1 credit

Maxillofacial reconstruction and implant based oral rehabilitation May 2008—2 credits

The Future of Dental Hygiene Education and its' Role in Public Health October 2008
 –1 credit

Dental Caries: advances in Detection and Disease Management November 2008 –
 3 hours

Low Force Low Friction Orthodontic Philosophy November 2006 - 2 credits

Learning how to access dental literature November 2008—1 credit

Oral Cancer December 2008—2 credits

Academic Integrity as a Core Value: Strategies to reduce cheating and promote
 professional development December 2008---3 credits

2007

Pharmacology January 2007—2 credits

Instructional Excellence ADHA—February 2007—3 credits

Lunch and Learn product presentation (Colgate, Crest/Oral B, Dentsply,
 GlaxoSmithKline, Hu-Friedy, Sunstar ADHA February 2007—1.5 credits

Xerostomia ADHA February 2007—3 credits

Acupuncture March 2007—2 credits

Tobacco Interventions April 2007—1 credit

Management of Orthodontic patients, Invisalign or braces June 2007—2 credits

Oral Microbiology and Halitosis June 2007—2 credits

Proctor and Gamble Interactive online course; Periodontics: Oral Health and
 Wellness, understanding perio health, recognizing disease states and choices in tx
 strategies, June 2007—4 credits

The top 50 most prescribed medications July 2007—4 credits

Recognizing Childhood Communication and Motor Developmental delays for the
 dental team, July 2007—4 credits

2006

Pediatric Dentistry February 2006—2 credits

Local Anesthesia February 2006—3 credits

OSHA April 2006—2 credits

Local Anesthesia June 2006 - 28 credits

Management July 2006—4 credits

Linda DeVore Memorial Lecture October 2006—2 credits

2005

Pharmacology January 2005 - 2 credits

Acupressure-Relieving stress March 2005 - 1 credit

Implants and Bone Regeneration March 2005—2 credits

OSHA April 2005—2 credits

Bio-Adaptive Therapy May 2005—4 credits

Tobacco Intervention Strategies June 2005—1 credit

Implant Maintenance June 2005—3 credits

Great Question; Glad you asked that July 2005—4 credits

Evidence Based Decision making August 2005—1 credit

The Tongue and Speech, clinical measurement of tongue movement Aug 2005-1 credit

Special Patients Sept 2005—2 credits

Latex Sensitivity November 2005—2 credits

Periodontics December 2005—2 credits

Patricia Mulford

2010

Feb.	Caries Risk Assessment/Update on Fluoride Therapies Norman Tinanoff, DDS	3hr
Feb.	Local Anesthesia and the Scope of Dental Hygiene Practice Marion Manski, RDH, MS	2hr
Mar.	Prevent Abuse and Neglect through Dental Awareness Sheryl Symes, RDH, MS	2hr
Apr	CPR certification William Barrett, DDS	

2009

Mar.	Emerging Diseases and Infection Control in Dentistry Christine Wisnon, RN, BSN	2hr
Jun.	Green and Growing: Meeting the Oral Care Needs of Consumers Diane Peterson, RDH, Med	2hr
Jun.	Veterinary Dental Hygiene ADHA	1.5hr
Jun.	Local Anesthesia Marion Manski, RDH, MS	30hr
Jun.	Destination: Calibration of Clinical Attachment Loss Mary Jacks, RDH, MS	3hr
Aug.	Manual Curettage Marion Manski, RDH, Ms	2hr
Sept.	Team Approaches to Addressing and Eliminating Disparities In Diabetes Eastern Shore Dental Society	5hr
Oct.	Sleep Apnea: The Role of the Dental Team William Davidson, DMD, Phd	2hr
Nov.	Live Implant Surgery and Temporization Greg Felthousen, DDS, MS	3hr

2008

May	Smoking Cessation Wicomico County Health Department	3hr
May	Maxillofacial Reconstructive Surgery and Rehabilitation Domenick Coletti, DDS	2hr

Jun	Update on Oral Cancer Robert Ord, DDS, MD Mary DeShields, MD	3hr
Jun	Crossroads between Dentistry, Oriental Medicine Marcy Newman, DOM, MPH, RDH	3hr
Jun	Research Poster Session ADHA	1hr
Jun	Educational Taxonomies to Make Learning Work Sarah Swart, MM, MLIS	2hr
Jun	Destination Calibration of Calculus Detection Mary Jacks, RDH, MS	2hr
Jun	International Dental Hygiene ADHA	1.5hr
Jun	Ultrasonics: An Evidence Based Approach to Therapy Gail Malone, RDH, BS	3hr
Jul.	Bacterial Origin of Periodontal Disease Perio Education	1hr
Aug.	Porcelain Veneers: A Look at the Current Research Carl Driscoll, DMD	2hr
Sept.	Dental Management of Patients Receiving Radiation Therapy Alan Sheiner, DDS	2hr
Oct.	An Update in Perio: What Every RDH Should Know Jill Rethman, RDH, BA	6hr
Nov.	Drugs, Herbals and Nutraceuticals: New Issues for Dentistry Richard Wynn, PhD	6hr
Nov.	Working with Cognitively Impaired Elderly Janet Yellowitz, DMD, MPH	
Nov.	Emerging Diseases and Infection Control in Dentistry Chris Wisnom, RN, BSN	2hr
Nov.	Pediatric Dental Trauma Tyson G. Bross, DMD, PhD	2hr
<u>2007</u>		
Feb	Pain Management University of New Haven Dept of Dental Hygiene	28hr
Feb	Product Presentation Lunch and Learn ADHA Lifelong Learning	1.5hr
Feb	Instructional Excellence Katherine Cauley, PhD	3hr
Mar	New Products Sonicare and Kristen Presutti	2hr
Apr	Establishing a CDC Compliance Program Christine Wisnom, CDA,RN,BS	2hr
Apr	Prevent Abuse and Neglect through Dental Awareness Sue Camardese, RDH, MS	2hr

Sept	OSHA 2007: Research and Discoveries Christine Wisnom, CDS, RN,BS	2hr
Sept	Community Dental Overview for Pediatrics Chris Leo, RDH, BS	2hr
Sept	Homeo and Naturopathy 101 for the Dental Practitioner Eastern Shore Dental Hygiene Assoc.	2hr
Sept	Aging Stimulation Presentation Audrey Wahl, BS, MPS	2hr
Nov	Injury Prevention/Dental Traumatology Eastern Shore Area Health Education Consortium	6hr
Nov	Therapeutics in Dentistry/Update on Street Drugs Harold Crossley, DDS, PhD	6hr

2006

Jan	Common TMJ disorders and Conservative Management Craig Joachimowski, P.T.	2hr
Feb	Clinical Dental Hygiene Esther Wilkins, DMD, RDH; Anna Pattison, RDH, MS	7hr
Mar	New Periodontal Instruments for the Dental Professionals Judy Dendit, RDH, BS	3hr
Mar	Treating the Diabetic Patient in the Dental Office Jack Snitzer, D.O.	2hr
Apr	Oral Cancer – Undetected Lesions Patti DiGangi, RDH, BS	3hr
Apr	Stop the Pain: Assessing Anesthetic Options for Therapy Marie George, RDH, MS	3hr
Apr	OSHA 2006: Citations in Dentistry Christine Wisnom, BSN,RN	2hr
Jun	Medical Emergencies in the Dental Office Ronald Holderman, DDS	2hr
Sept	Oral Health Challenges for the Developmentally Disabled Eastern Shore Area Health Education Center	5hr
Oct	John Fogarty Memorial Lecture University of Maryland Dental School	2hr
Oct	The Changing Face of Oral Cancer University of Maryland Dental School	2hr
Oct	Linda Devore Memorial Lecture University of Maryland Dental School	2hr
Nov	Tobacco Cessation Eastern Shore Dental Hygiene Association	2hr
Nov	Acupuncture and Herbal Medicine Matthew Young, L.A.	2hr

2005

Feb	The Dangers of Soda Pop Academy of Dental Therapeutics and Stomatology	4hr
Mar	Community Dental Needs Kevin McKelvey, DDS	2hr
Apr	The New CDC Infection Control Guidelines Christine Wisnom, RN	2hr
Apr	Dental Products and Nutraceuticals Dr. Richard Wynn	3hr
Apr	Practical Periodontics Stacy Chichester, RDH, MS	3hr
May	Immediate Tooth Replacement with Implants Greg Felthousen, DDS, MS	2hr
Aug	Risk Management of Endodontic Patients Omar J. Jones, DDS, FACD	2hr
Sept	Helping the Dental Community Understand Hospice Care Anne Oglesby, RN, BSN, OCN	2hr
Oct	Recognizing skin Cancer on the Dental Patient Michelle Ardis, RN	2hr
Nov	Current Status of Orthodontic Treatment James Crouse, DDS, PA	2hr

Maura Ordovensky2010

- 2 CEUs Instructional Methodologies for Dental Caries Detection and Management - April 20, 2010
- 2 CEU Infection Control and Regulatory Compliance - March 10, 2010
- 2 CEU New Products Seminar - September 14, 2010
- 1 CEU Breast Cancer Awareness - October 9, 2010
- 1 CEU Red, Hot, Eww Oral Lesions - October 9, 2010
- 20 CEU Local Anesthesia for the Dental Hygienists

2009

- 2 CEU Infection Control and Regulatory Compliance - March 11, 2009
- 2 CEU Severe Mental Health Disorders and Oral Health - April 22, 2009
- 6 CEU Oral Pathology for Dental Professionals - May 15, 2009
- 3 CEU Be Part of the Solution: RDH Role in Emergency Response and Forensic Dentistry - June 19, 2009
- 2 CEU Byte Me! Dental Anatomy and Occlusion Like You've Never Seen it Before - June 19, 2009
- 7 CEU Clinical Dental Hygiene - October 10, 2009

2008

- 2 CEU Early Childhood Caries: Pretreatment Parental Counseling and Patient Preparation - June 12, 2008
- 2 CEU New Products Seminar and MDHA Well Being and Rehabilitation Program - September 4, 2008
- 2 CEU Panoramic and Cone Beam CT Interpretation - October 20, 2008
- 2 CEU Infection Control - March 12, 2008
- 6 CEU Contemporary Dental Hygiene Practice: Surviving and Thriving in Today's Clinical World - May 9, 2008

2007

- 3 CEU Oral Screening and Diagnosis and Bisphosphonates and Osteoradionecrosis - January 13, 2007
- 2 CEU Infection Control and Regulatory Compliance Update - February 12, 2007
- 2 CEU Public Health Partnerships to Increase Access to Dental Care - April 19, 2007
- 3 CEU Preparing for a Role in Academics - February 3, 2007
- 1.5 CEU Lunch and Learn New Products - February 3, 2007
- 2 CEU Oral Ramifications of Bisphosphonated Medications and other Prescription Concerns March 8, 2007
- 3 CEU Oral-Systemic Relationships: Update and Practical Information for the Dental Hygienists
- 2 CEU A Paradigm Shift in the Management of Dental Caries - October 24, 2007
- 2 CEU Nutrition and the Dental Patient - November 12, 2007
- 3 CEU Contemporary Antimicrobial Therapy- A Clinical Update on Applications - December 1, 2007
- 2 CEU MidAtlantic P.A.N.D.A - October 17, 2007
- 3 CEU The Consummate Dental Hygienist - May 11, 2007
- 3 CEU Systemic Influences on Oral Health - May 11, 2007
- 4 CEU Dermatology In My Mouth? - September 8, 2007

2006

- 2 CEU Professional and Predictable Take Home Whitening - October 23, 2006
- 6 CEU What You Say and What you do that Matters Most - May 5, 2006
- 1 CEU Periodontal Disease and Other Systemic Links - June 5, 2006
- 2 CEU Food Allergies: A Primer for the Dental Hygienist - Nov 16, 2006
- 2 CEU Infection Control Update - February 6, 2006
- 2 CEU Diabetic Periodontitis Update and Microbiological Testing - January 20, 2006
- 1 CEU Art and Science of Effective Communications for Non Surgical Periodontal Treatment - September 14, 2006
- 2 CEU New Products Seminar - September 6, 2006
- 2 CEU Oral Complications of Cancer Chemotherapy - March 16, 2006
- 2 CEU Recognition, Diagnosis and Treatment of Non-odontogenic Head and Neck Pain - April 6, 2006

2005

- 2 CEU New Product Seminar - September 8, 2005
- 2 CEU Abstractions/Recession: Then and Now - April 19, 2005
- 2 CEU Implant Maintenance - March 22, 2005
- 3 CEU Oral Healthcare Protocol for Special Needs Pediatric Patients,
- 3 CEU Opportunities for Excellence with Pediatric Patients - May 13, 2005
- 2 CEU Infection Control Update - February 22, 2005
- 2 CEU Top 50 Drugs - October 20, 2005
- 1 CEU A Systemic Approach to the Management of Periodontal Disease - March 8, 2005

Jane Phillips2010

- February 20, 2010, Caries Risk Assessment and Update on Fluoride Therapies, UM Dental School, 3 credits
- February 20, 2010, Local Anesthesia and the Scope of Dental Hygiene Practice, UM Dental School, 2 credits
- February 20, 2010, Prevent Abuse and Neglect through Dental Awareness, Mid-Atlantic P.A.N.D.A. Coalition, 2 credits
- May 19, 2010 CPR/BLS for Healthcare Providers Program, 2 credits
- September 25, 2010, Periodontal Surgery for the General Practitioner, Jon Suzuki, DDS, Ph.D., 8 credits
- November 9, 2010, Biohazard/Bloodborne Pathogens Update seminar, UM Dental School

2009

- February 21, 2009 Ultrasonics: An Evidence Based Approach to Nonsurgical Periodontal Therapy, UM Dental School, 6 credits
- June 11, 2009 Local Anesthesia, UM Dental School, 30 credits

The following were sponsored by the National Center for Dental Hygiene Research, "North American Dental Hygiene Research Conference"

1. June 15, 2009 Translating Research into Practice, 3.0 credits
 2. June 15, 2009, Strategic Planning for Future Research, 3.25 credits
 3. June 16, 2009 Linking Dental Hygiene and Systemic Health, 3.25 credits
 4. June 16, 2009 Research Poster Session, 1.0 credits
 5. June 16, 2009 Cultural, Literacy and Health: Considerations for Practice, 3.0 credits
 6. June 17, 2009 Selecting Instructional Technologies for Clinical Simulations, 1.5 credits
- June 19, 2009, Recent Advances in Caries Detection and Diagnosis: A New Way to Look at Dental Caries, ADHA Center for Lifelong Learning, 3 credits
 - August 20, 2009 Manual Curettage, UM Dental School 2, credits

October 22, 2009 Sleep Apnea: The Role of the Dental Team, UM Dental School, 2.0 credits

2008

May 30, 2008 State of the Art Maxillofacial Reconstructive Surgery and Implant Based Oral Rehabilitation, Domenick Coletti, UM Dental School, 2 credits

June 26, 2008 CPR/BLS for Healthcare Providers, 2 credits

November 5, 2008 Drugs, Herbals and Nutraceuticals: New Issues for Dentistry, Richard L. Wynn, Eastern Shore Dental Society, 3 credits

November 5, 2008 Working with Cognitively Impaired Elderly-Who is on First? Janet Yellowitz, Eastern Shore Dental Society, 3 credits

December 27, 2008 Guidelines for Infection Control in Dental Health-Care Settings, Proctor & Gamble, 2 credits

2007

March 21, 2007 Oral Cancer: New Technologies for Early Detection and Prevention, Eastern Shore Area Health Education Center, 5 credits

April 12-14, 2007 BioHorizons Global Symposium on Dental Implants, BioHorizons, 13 CEUS

November 28, 2007 Therapeutics in Dentistry, Update on Street Drugs, Harold Crossley, Eastern Shore Dental Society, 6 credits

2006

February 25, 2006 Clinical Dental Hygiene, Esther Wilkins, Anna Pattison, International Dental Seminars, 7 credits

June 23, 2006 CPR/BLS for Healthcare Providers Program, 2 credits

October 6, 2006 Hot Topics in Periodontics, Rebecca Wilder, Jill Rethman, Maria Goldie Perno, Anna Pattison, International Dental Seminars, 7 credits

November 1, 2006 Drugs, Antioxidants, Nutraceuticals and Dentistry: New Reports to Keep Your Practice Current, Richard Wynn, Eastern Shore Dental Society, 3 credits

November 1, 2006 Ergonomics for Occupational Health and Peak Performance in Dental Practice: Five Steps to Work without Compromise of Self, Patient, or Task, Michael M. Belenky, Eastern Shore Dental Society, 3 credits

December 23, 2006 Obesity and Diabetes: Implications for Children and Adolescents, Carol Jahn, The Journal of Practical Hygiene, 2 credits

December 23, 2006 Establishing a Correlation Between Cardiovascular Disease and Periodontal Health, Brian Mealey, The Journal of Practical Hygiene, 2 credits

2005

January 13, 2005 Chemotherapy-Induced Mucositis: Oral Hygiene Strategies for Risk Reduction, Lisa Dufour, Jennifer, Ehrich, Journal of Practical Hygiene, 2 credits

January 13, 2005 Fluoride Therapy and the Periodontal Patient, Beverly Maguire, Journal of Practical Hygiene, 2 credits

- January 13, 2005 What Every Dental Hygienist Should Know About TB, Contemporary Oral Hygiene, 2 credits
- January 13, 2005 Diagnostic Tools for Dental Hygiene Practice, Contemporary Oral Hygiene, 2 credits
- January 13, 2005 Assessing the Needs of Older Adult Patients, Contemporary Oral Hygiene, 2 credits
- January 13, 2005 Xerostomia: Causes, Complications and Treatment, Contemporary Oral Hygiene, 2 credits
- September 24, 2005 New Frontiers in Periodontics, Part I and II, Maryland State Dental Association, 7 credits
- September 25, 2005 Infection Control, OSHA and Emergency Preparedness: Update 2006, Louis DePaola, Maryland State Dental Association, 3 credits

Maryann T. Schneiderman

2010

- June 12 “Practice Logic: Be Informed Before You Perform”, University of Maryland Dental School
- May 11 CPR/BLS for the Health Professional
- April 20 “Instructional Methodologies for Dental Caries Detection and Management”, Dentsply International, University of Maryland Dental School
- March 19 “Enhancing Nature through Science: Recognizing Disease, Rejuvenating Enamel”. Maryland Dental Hygienists’ Association
- March 19 “Women and Medications: Health Issues and Related Pharmacotherapies”
Maryland Dental Hygienists’ Association

2009

- Nov. 17 “Instructional Methodologies for Ultrasonic Instrumentation”, Dentsply International, University of Maryland Dental School
- October 31 “Medical Histories and Medical Emergencies: The Role of the Dental Team Members”, Maryland Dental Hygienists’ Association
- August 6&7 Salimetrics’ Spit Camp, Dr. Douglas Granger, Penn State, State College, PA
- July 23 “You are the Expert: Using C.S.I. For Exceptional Patient Care”, Philips Sonicare webinar
- July 9 “Contemporary Clinical Periodontics”, Academy of General Dentistry Annual Meeting, Baltimore, MD

- July 10 “Root Caries: Beyond the Basics”, Academy of General Dentistry Annual Meeting, Baltimore, MD
- June 20 “Dental Hygiene Education 2020”, ADHA/CLL Annual Session, Washington, DC
- June 19 “Recent Advances in Caries Detection and Diagnosis: A New Way to Look at Dental Caries”, ADHA/CLL Annual Session, Washington, DC
- June 11 “Local Anesthesia”, University of Maryland Dental School
- March 20 “Infection Control Update”, University of Maryland Dental School, Baltimore MD
- March 20 “Digital Radiology”, University of Maryland Dental School, Baltimore, MD
- March 16 “Developing Objectively Scorable Test Items That Measure Higher Level Thinking”, ADEA Annual Session, Phoenix, AZ
- March 15 “Going the Distance with Distance Ed”, ADEA Annual Session, Phoenix, AZ

2008

- December 9 “Academic Integrity as a Core Value: Strategies to Reduce Cheating and Promote Professional Development”, University of Maryland Dental School, Baltimore, MD
- October 29 “OSHA Compliance Training”, HPTC, Inc., Washington, DC
- May 30 “State of the Art Maxillofacial Reconstructive Surgery and Implant Based Oral Rehabilitation”, University of Maryland Dental School, Baltimore, MD
- May 1 “Helping Your Patients Stop Using Tobacco”, University of Maryland Dental School, Baltimore, MD
- May 21 CPR/BLS for the Health Professional
- April 5 “Embracing New Technologies for Comprehensive Care”, Temple University Dental Hygiene Alumni Club, West Chester, PA

2007

- Nov. 30 “Dexis – Radiology”, DEXIS, LLC, Rockville, MD
- Feb. 10 -12 “Pain Management”, University of New Haven Department of Dental Hygiene”, University of Maryland Dental School, Baltimore, MD
- Feb. 5 CPR/BLS for the Health Professional
- Feb. 3 “Instructional Excellence”, ADHA/CLL, Baltimore, MD
- Feb. 2 “Technology in Teaching and Distance Education: Development and Delivery of Online Courses”, ADHA /CLL Baltimore, MD

2006

- November 4 "Out of the Garden: An Introduction to Herbal Medicinals, Maryland Dental Hygienists' Association, Columbia, MD
- October 27 "Contemporary Clinical Periodontics: Update in Diagnosis and Treatment Planning", Linda DeVore Memorial Lecture, University of Maryland Dental School, Baltimore, MD
- October 27 "The Changing Face of Oral Cancer", University of Maryland Dental School, Baltimore, MD
- October 27 John E. Fogarty Memorial Lecture, University of Maryland Dental School, Baltimore, MD
- June 22 Poster Session, ADHA Annual Session, Orlando, FL
- April 22 "Periodontal – Systemic Medicine", 2006 Nation's Capital Dental Meeting, Washington, DC
- April 8 "Forensic Dentistry: The Role of the Dental Professional", Maryland Dental Hygienists' Association, Columbia, MD
- April 8 "The Mentally Challenged Patient: The Experience of a Lifetime", Maryland Dental Hygienists' Association, Columbia, MD
- April 1 "Current Topics in Dental Hygiene", HACC Dental Hygiene Continuing Education, Harrisburg, PA
- February 17 "Local Anesthesia", University of Maryland Dental School, Baltimore, MD

2005

- Nov. 30 "What's Stopping Your Joy?" Alpha Omega Study Club, Silver Spring, MD
- October 29 "I Just Want My Teeth Cleaned and Don't Tip Me Back too Far Either", Maryland Dental Hygienists' Association, Columbia, MD
- October 29 "Dental Aspects of Weight Loss Surgeries", Maryland Dental Hygienists' Association, Columbia, MD
- October 8 "Practice Management: Creating the Ultimate Doctor – Patient Hygiene Exam", ADA Annual Session, Philadelphia, PA
- October 8 "Rising Stars: Genetics of Amelogenesis Imperfecta", ADA Annual Session, Philadelphia, PA
- August 27 "Evidence-based Decision Making", University of Maryland Dental School, Baltimore, MD
- June 3 "What If? The Power of Innovation with Adhesive Bonding", University of Maryland Dental School, Baltimore, MD

- June 3 “Implant Maintenance: The Basics and Beyond”, and
“Biotanical Medicine: What are the Clinical Implications”,
University of Maryland Dental School, Baltimore, MD
- April 30 “Facial Esthetics”, “Diabetes and Dentists”, and “Forensic
Odontology”, 2005 Nation’s Capital Dental Meeting,
Washington, DC
- April 16 “Understanding Chronic Inflammation and Its Role in the
Dental Hygiene Management of Patients with Diabetes”, “I’m
Glad You Asked That: 2005 Infection Control and Regulatory
Compliance”, Maryland Dental Hygienists’ Association,
Gaithersburg, MD
- February 15 CPR/BLS for the Healthcare Provider

Sheryl Syme2010

April 21, 2010 University of Maryland Dental School, Department of
Endodontics, Prosthodontics & Operative Dentistry Evidence-
Based Dentistry Seminar, Sleep Apnea presented by Dr. Karen
Faraone, DDS, MA, 1 CEU

April 20, 2010 University of Maryland Dental School
Division of Dental Hygiene Faculty Development Seminar
Dentsply International Speaker- Gail Malone, RDH, BS
Instructional Methodologies for Dental Caries Detection
and Management, 2 CEUs

June 2010 Didactic and Screening Program, Special Olympics Special
Smiles Dental Screening Initiative, Academy of General
Dentistry, 11 CEUs, Baltimore, MD

July 2010 Test Construction Committee Meeting. National Board Dental
Hygiene Examination: Dental Hygiene I Section: Scientific
Basis for DHYG Practice, developed test questions, American
Dental Association, Chicago, Illinois, 9.5 CEUs

2009

February 2009 Lectures, University of Maryland Dental School, Division of
Dental Hygiene Eastern Shore CE Program, Ultrasonics: An
Evidence Based Approach to Nonsurgical Periodontal Therapy,
3 CEUs

	<ul style="list-style-type: none"> •New Advances in Maintaining Tooth Integrity—Exploring What Spots are Hot, 1.5 CEUs •Maximizing Access with Hand Instruments, 1.5 CEUs
February 2009	Lecture, Greater Baltimore Dental Hygienists' Association, Prevent Abuse and Neglect Through Dental Awareness, 2 CEUs, Baltimore, MD
March 2009	<p>ADEA Annual Session, Phoenix, Arizona</p> <ul style="list-style-type: none"> •Faculty Development Workshops: Going the Distance with Distance Education, 3 CEUs •Adventures in Teaching w/Tablet PC, Snapkast and Camtasia, 3 CEUs
May 2009	Lecture, University of Maryland Dental School Tobacco Trends and Successful Interventions, 1 CEU, Baltimore, MD
May 2009	Professional Development Seminar, University of MD Dental School Infection Control, 2 hours, Baltimore, MD
June 2009	University of Maryland Dental School, Division of Dental Hygiene Professional Development Seminar Local Anesthesia, 28 hours, Baltimore, MD
June 2009	Test Construction Committee Meeting, National Board Dental Hygiene Examination: Dental Hygiene I Section: Scientific Basis for DHYG Practice, developed test questions, American Dental Association, Chicago, Illinois, 9.5 CEUs
June 2009	<p>DEA Allied Dental Program Directors' Conference</p> <ul style="list-style-type: none"> •Lecture, Managing Change in Allied Dental Education, 1 CEU •Panel Discussion , Program Administration in Challenging Economic Times, 1 CEU •Workshop, Challenging Experiences in Program Directing: Case Scenarios, 1.5 CEUs •Lecture, Professionalism in Dental Education, 2 CEUs •Lecture, Role Delineation: Developing Strategic Leaders, 1 CEU
June 2009	<ul style="list-style-type: none"> •Didactic and Screening Program, Special Olympics Special Smiles •Dental Screening Initiative, Academy of General Dentistry, 14.5 CEUs, Towson, MD

2008

March 2008	ADEA Annual Session, Dallas, Texas Faculty Development Workshop Development and Implementation of a Multidisciplinary OSCE 3 CEUs
March 2008	Professional Development Seminar, University of MD Dental School: What's New in Infection Control, 2 hours, Baltimore, MD
May 2008	Lecture, University of Maryland Dental School Helping Your Patients Stop Using Tobacco, 1 CEU, Baltimore, MD
May 2008	Lecture, University of Maryland Dental School Continuing Education Program, Baltimore, MD •From Beverly Hills to Baltimore: Can Every Class Agree on an Esthetic Outcome-Part I, 2 CEUs •State of the Art Maxillofacial Reconstructive Surgery and Implant Based Oral Rehabilitation, 2 CEUs •From Beverly Hills to Baltimore: Can Every Class Agree on an Esthetic Outcome-Part II, 3 CEUs
June 2008	Didactic and Screening Program, Special Olympics Special Smiles Dental Screening Initiative, Academy of General Dentistry, 14.5 CEUs, Towson, MD
October 2008	Lecture, University of Maryland Dental School Continuing Education Program, 3-D Imaging Saves Lives, 1.5 CEUs Baltimore, MD

2007

January 2007	Lecture, University of Maryland Dental School, Continuing Education Program, Anatomical Landmarks, 1 CEU Baltimore, MD
February 2007	Lecture and Local Anesthesia Labs, University of MD Dental School Division of Dental Hygiene, Pain Management, 28 CEUs Baltimore, MD
March 2007	ADEA Annual Session, New Orleans, Louisiana Faculty Development Workshops: •Active Learning Strategies for Millennials/Generation Y Students, 3 CEUs •Portfolio Assessment of Student Competency: An Opportunity to Get Down to the Business of Evaluation, 3 CEUs •The Modular Curriculum: A New Paradigm for Dental School, 3 CEUs Lunch and Learn Sessions:

- An Innovative Design Template and a Set of “Intelligent Tools” to Challenge Dental Educators, 1.5 CEUs
 - Section Program: Dental Hygiene Education: Evidence-Based Teaching---Producing the Learning Outcomes You Desire, 1.5 CEUs
- February 2007 ADHA Center for Life Long Learning, Baltimore, Maryland
- Oral-Systemic Relationships: Update & Practical Information for Dental Hygienists, 3 CEUs
 - Xerostomia: Assessment, Diagnosis & the Management of Long-Term Sequelae, 3 CEUs
 - Lunch & Learn, Product Presentation, 1.5 CEUs
- 2006
- February 2006 Lecture and Lab, University of Maryland Dental School Continuing Education Program, Local Anesthesia, 3 CEUs, Baltimore, MD
- March 2006 Faculty Development Workshops American Dental Education Association Annual Session, Orlando, Florida
- Academic Coaching and Its Application to One-on-One Teaching, Mentoring and Leadership, 3 CEUs
 - Development and Delivery of Interactive Online Learning, 3 CEUs
- June 2006 American Dental Education Association Allied Dental Directors’ Conference
- August 2006 Allied Dental Educators Summit, Itasca, Illinois
- Lecture, University of Maryland Dental School, Division of Dental Hygiene
- Treating the Cancer Patient, the Dental Hygienists’ Role, 1 CEU
Baltimore, MD
- October 2006 Lecture, University of Maryland Dental School, Department of Health Promotion & Policy, Review of Periodontal Classification & The New Periodontal Diagnostic Worksheet, 1 CEU, Baltimore, MD
- October 2006 Lecture, University of Maryland Dental School Continuing Education Program, Baltimore, MD
- Linda DeVore Memorial Lecture, Contemporary Clinical Periodontics: Update in Diagnosis and Treatment Planning 2006, 2 CEUs
 - John E. Fogarty Memorial Lecture, Dental Education in America: Has the Future Arrived?, 2 CEUs
 - The Changing Face of Oral Cancer: Implications for Screening and Diagnosis, 2 CEUs

2005

- December 2005 University of Maryland Dental School, Infection Control Faculty/Staff Annual CE Program, Baltimore VA Medical Center Baltimore, Maryland
- July 2005 Faculty Development Summer Institute Participant (Competitive Selection)
Co-Team Member University of Maryland Dental Hygiene Team/Physical Therapy Team “An Interdisciplinary Approach to Enhancing Culturally Competent Care” 23 CEUs Sponsored by the National Center for Dental Hygiene Research-\$600.00 stipend
University of Southern California School of Dentistry
Los Angeles, California
- June 2005 American Dental Education Association Allied Dental Directors’ Conference, 10.5 CEUs
Lake George, Bolton Landing, New York
Faculty Development Workshops
•E-curriculum: Is Your Faculty Ready?
•Distance Education in Dental Hygiene Education
•Local Anesthesia: Dental Hygiene Curriculum
- March 2005 Maryland State Dental Association P.A.N.D.A. Training Update, 3 CEUs, Columbia, Maryland

Sharon Varlotta2010

- March 2010, Panda Abuse and Neglect, Alexander Smith, D.M.D.
April 2010, Instructional Methodologies for Dental Caries, Linda Niessen, DMD, MPH
May 2010, Orthodontics for the Restorative Practice, Christine Ferrell, DDS,MS
June 2010, Practice logic: Be Informed Before You Perform, Lisa Bress, RDH, MS
June 2010, Local Anesthesia Maryland Dental Hygienists, Marion Manski, RDH,MS

2009

- Sept 2009, Master Teacher Development Process Online, Elsevier
Sept 2009, Ergonomics & Health Implications for RDH, Ryan Cappelletti, PA
April 2009, Common Facial Skin Problems, Drs. Mandel, Keiser
June 2009, Special Olympics Dental Screening, Sanford Fenton, DDS, MDS
March 2009, Practical Information on Teen Health Issues, Linda Blackiston, RDH, BS
March 2009, Oral and Systemic Issues Related To Seniors, Linda Blackiston, RDH, BS

2008

- Jan. 2008, Educational Program Development, Sheryl Syme, RDH, MS
Jan. 2008, Soaring To Greatness in Dental Hygiene, Linda Blackiston, RDH, BS
Jan, 2008, Seminar in Dental Hygiene, Bianca Harris, RDH, MS
Jan. 2008, Issues In Health Care Delivery, Deborah Cartee, RDH, MS
Jan. 2008, Understanding TMJ and Orthopedic Medicine, John Droter, DDS

Feb 2008, Oral Health Care For the Older Adult And The Dental Hygienist's Role,
Janet Yellowitz, RDH, DMD, MPH

Feb 2008, Role of the Dental Hygienist in A Research Setting, Dianna Weikel, RDH,
MS

March 2008, Orthodontic Appliances and the Dental Hygienist, Barbara Halpern, DDS

March 2008, Acupuncture In Dentistry, Warren Morganstein, DDS

June 2008, Infection Control In Dental Health Setting, Sharon K Dickinson, CDA, RDA

June 2008, Practical Panoramic Radiography, William C. Scarfe, BDS

June 2008, Oral Cancer Genetics: Diagnosis to Treatment, Natalie Kaweckyj, RDARF

Sept 2008, Removable Orthodontic Appliances, Kathleen Farley, MS, R.N.

Sept 2008, Business Management, Women as Leaders, Alicia Jacobs

Sept 2008, Introduction to Oral Health Research, Deborah Cartee, RDH, MS

Sept 2008, Perspectives, Marion Manski, RDH, MS

Oct 2008, Smoking Cessation, Miranda Garay

Oct 2008, Implant Dentistry Is It Becoming A Standard, John Macalino, Straumann

Nov 2008, Our Forgotten Patients Battling Cancer, Carol Driscoll, DMD

Nov 2008, Emerging Diseases and Infection Control, Charleen Compagna, RDH

Dec 2008, Tx Options For Congenital Missing Teeth, Drs. Mandel and Keiser

Dec 2008, Emergency Response Preparedness and Planning, Mark Hubbard

Dec 2008, Health Care Management, Marion Manski, RDH, MS

2007

March 2007, Periodontal Plastic Surgery, Dr. Leo Trail

June 2007, Eagle Software Training, Patterson Dental

Sept 2007, Seminar in Dental Hygiene, Sheryl Syme, RDH, MS

2006

May 2006, Opportunities for Excellence with Pediatric Patients, Linda Blackiston,
RDH

Aug 2006, What Is the Basis for Microbial Screening for Caries, Chester Douglass,
DMD, PhD

Sept 2006, Smiles For Tomorrow, Prashant Gagneja, DDS, MS

Sept 2006, Management of Oral Complications, Cancer, Dianna Weikel, RDH, MS

Sept 2006, The New CDC Guidelines, The Richmond Institute

Oct 2006, Oral Health Through The Golden Years, Linda Blackiston, RDH, BS

2005

Feb 2005, Treatment of Edentulous Patient with Dry Mouth, Proctor and Gamble

Feb 2005, Pit and Fissure Sealants: The Added Link in Preventive Dentistry,
Proctor/Gamble

Feb 2005, A Guide To Clinical Differential Diagnosis of Oral Mucosal Lesions,
Proctor and Gamble

March 2005, Newest Advances in Dental Hygiene, Debra Dixon, RDH, MS

April 2005, A Step By Step System of Implementation, Dr. Steve Biagini

August 2005, A Systematic Approach to the Management of Periodontal Disease,
Ross Lamber, DMD

Nov 2005, Meeting OSHA and MOSH Infection Control Requirements in A Dental
Office, Louis G. DePaola, DDS, MS

Dec 2005, Pharmacology, Nutrition and Nutraceuticals, Richard Wynn, BS, PhD

Dec 2005, Oral Cancer Screening And Management, Robert Ord, DDS, MD, MS

Janet Weber

Date	Course Title	CEU's
6/26/10	Modern Dentistry: Get on the Ball!	3
6/25/10	Exhibits	1
6/24/10	Bring the Lions to Life! Lioness Leadership for Dental Hygiene Educators	2.5
6/12/10	Practice Logic: Be Informed Before You Perform	6
5/26/10	Infection Control (on line)	2
5/19/10	California Dental Practice Act (on line)	2
5/15/10	Explore the Systemic Disease Pharmacologic Connection	3
4/14/10	P.A.N.D.A (Prevention Abuse and Neglect through Dental Awareness)	2
3/20/10	Bridging the Gap: Tips for Treating a Patient with Autism	3
3/2/10	Health Education Through Active Learning (HEALTH): Web-Based Virtual Patient Simulations	3
2/8/10	A String of Pearls from the Pediatric Dentist	2
10/30/09	When the Body Turns on Itself: Autoimmune Disease	3
10/15/09	Applied Dental Forensics	2
9/9/09	New Products Seminar	2
7/9/09	Working on the Night Moves: Dentistry's Emerging Role in the Diagnosis and Treatment of Sleep Disorders	
6/20/09	Dental Hygiene Education : 2020	2
6/20/09	Faculty Solutions for Dealing with Challenging Students	2
6/18/09	Student Research Poster Sessions & Table Clinics	1
5/27/09	Tobacco Trends and successful Interventions	1
3/17/09	E-Learning: Designing Discipline-Specific courses in Anatomy, Histology and Periodontics for Online Curricula	3
3/15/09	Using Humor, Media and Gaming to Enhance Clinical Learning	3
2/25/09	Prevent Abuse and Neglect through Dental Awareness	2
2/17/09	Local Anesthesia and the RDH	2
11/19/08	Emerging Diseases and Infection Control for Dental Hygiene	2
9/4/08	New Products Seminar and MDHA Well-Being and Rehabilitation Program	2
5/30/08	From Beverly Hills to Baltimore: Ca Every Class Agree on an Esthetic Outcome? Part II	2
5/30/08	State of the Art Maxillofacial Reconstructive surgery and Implant Based Oral Rehabilitation	3
5/30/08	From Beverly Hills to Baltimore: Ca Every Class Agree on an Esthetic Outcome? Part I	2
5/1/08	Help Your Patients Stop Using Tobacco	1

6/26/10	Modern Dentistry: Get on the Ball!	3
6/25/10	Exhibits	1
6/24/10	Bring the Lions to Life! Lioness Leadership for Dental Hygiene Educators	2.5
6/12/10	Practice Logic: Be Informed Before You Perform	6
5/26/10	Infection Control (on line)	2
Date	Course Title	CEU's
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5/15/10	Explore the Systemic Disease Pharmacologic Connection	3
4/14/10	P.A.N.D.A (Prevention Abuse and Neglect through Dental Awareness)	2
3/20/10	Bridging the Gap: Tips for Treating a Patient with Autism	3
3/2/10	Health Education Through Active Learning (HEALTH): Web-Based Virtual Patient Simulations	3
2/8/10	A String of Pearls from the Pediatric Dentist	2
10/30/09	When the Body Turns on Itself: Autoimmune Disease	3
10/15/09	Applied Dental Forensics	2
9/9/09	New Products Seminar	2
7/9/09	Working on the Night Moves: Dentistry's Emerging Role in the Diagnosis and Treatment of Sleep Disorders	
6/20/09	Dental Hygiene Education : 2020	2
6/20/09	Faculty Solutions for Dealing with Challenging Students	2
6/18/09	Student Research Poster Sessions & Table Clinics	1
5/27/09	Tobacco Trends and successful Interventions	1
3/17/09	E-Learning: Designing Discipline-Specific courses in Anatomy, Histology and Periodontics for Online Curricula	3
3/15/09	Using Humor, Media and Gaming to Enhance Clinical Learning	3
2/25/09	Prevent Abuse and Neglect through Dental Awareness	2
2/17/09	Local Anesthesia and the RDH	2
11/19/08	Emerging Diseases and Infection Control for Dental Hygiene	2
9/4/08	New Products Seminar and MDHA Well-Being and Rehabilitation Program	2
5/30/08	From Beverly Hills to Baltimore: Ca Every Class Agree on an Esthetic Outcome? Part II	2
5/30/08	State of the Art Maxillofacial Reconstructive surgery and Implant Based Oral Rehabilitation	3
5/30/08	From Beverly Hills to Baltimore: Ca Every Class Agree on an Esthetic Outcome? Part I	2
5/1/08	Help Your Patients Stop Using Tobacco	1

3. In what ways are members of the faculty encouraged to attend meetings of professional organizations? Give examples of meetings which dental hygiene faculty attended during the last calendar year.

All faculty belong to ADEA and ADHA. Faculty are encouraged to submit abstracts to professional meetings and clinics are covered or even closed if a preponderance of faculty are attending a meeting and clinic coverage would be compromised. Faculty are funded to attend meetings, particularly if they have a paper/workshop accepted and/or if they hold a leadership position in the said organization. Last year, several faculty presented a workshop at the ADEA annual session – five faculty, to be exact. Several attended the ADHA Annual Session as they are constituent officers and or had administrative responsibilities to attend to. Multiple faculty attended the Maryland Dental Hygienists' Association Annual Sessions.

4. 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.

Most of our in-service programs are held at our mandatory annual in-services or faculty retreats. When programs are held at UMB, they are often subsequently conducted at our other sites; in addition, many of these presentations are Media-sited so distance faculty can view the presentations if they are only delivered at UMB. Distance faculty are also privy to the materials and notes we have taken from these in-services. All of our clinical faculty have taken a 30 hour CE course in local anesthesia during the past two years. IT staff have presented many in-services on updated Questionmark, Second Life and the latest version of Blackboard. If faculty miss a particular presentation, they can meet one-on-one with the IT staff.

Select in-services that faculty attended over the last few years include:

Motivational Interviewing, November 2010, Linda Blackiston

Herbal Remedies, Spring 2010, Ann Eshenaur Spolarich

Oral Hygiene Aids and their Effectiveness, Spring, 2010, TePi

Caries Risk Assessment, Spring 2010, Gail Malone, Dentsply

Instructional Methodologies for Ultrasonic Instrumentation, Fall, 2009, Gail Malone, Dentsply – 2 CEU's

Xerostomia, Glaxo Smith Kline, Fall 2009

Manual Curettage, October 29, 2009, UMB – 2 CEU's

Local Anesthesia, June 11, 2009, UMB - 30 CEU's

PANDA, May 18, 2009, UMB – 2 CEU's

5. Describe the availability of continuing education courses for faculty in the community.

A variety of CE courses are available in the community. The Maryland Dental Hygienists' Association has two annual sessions per year. Two days of CE are presented at each of these meetings. Component organizations of MDHA also render CE credits at their meetings. Several components offer courses monthly. The UMB Alumni Week-end offers CE and throughout the year, one hour CE courses are offered on an ad hoc basis at the dental school. Our faculty also deliver CE courses both at UMB and on the eastern shore. The PV site is so close to the metropolitan Baltimore region that access to UMB CE is not problematic. Plus, an MDHA component is located right in the PV area. The Chesapeake meeting is held annually and the Maryland State Dental Association also offers courses for dental hygienists. Several of the V.A. facilities, a local hospital, and another dental hygiene associate's degree program in the state have well-structured CE programs.

6. How do faculty members maintain and improve their clinical skills? What does the institution do to encourage clinical skills improvement?

Faculty maintain and improve their clinical skills in a variety of ways. First, we look to our faculty who teach our clinical courses and to those who are in private practice for input. We also read the current literature that addresses clinical skills. Faculty who attend CE in related areas share what they have learned with the entire faculty. We conduct calibration activities routinely and engage in peer review. We also take our students' feedback very seriously. This year, two of our faculty will be attending the University of Texas CE Workshop on clinical teaching. Several of us attended clinical CE courses at ADEA and shared our experiences there with the entire faculty. Faculty are open to hearing from their colleagues and learning the latest techniques in instrumentation.

Each year we conduct a mock NERB exam where multiple faculty evaluate the same student. This is an excellent calibration activity that helps maintain excellence. The program also invites industry representatives to provide in-services, product samples and current literature so that we stay up-to-date on matters related to clinic.

Our Division takes the lead in encouraging clinical skills improvement among our faculty. The school encourages us by trusting our decisions regarding clinical skills

improvement letting us independently determine how we can improve ourselves. This past year, we had several in-services related to clinical teaching on local anesthesia, caries risk assessment, ultrasonics utilization and motivational interviewing.

B. Supportive Documentation

See narrative 3-8, listing Faculty Clinical Courses.

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

A. Description

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?

Each year faculty complete a goals assessment form which enables them to reflect on their performances. They look to see if during the current year, they have met the goals that they established in the prior year. The form can be found in Exhibit 1-1.4An, Annual Faculty Goal Setting form. Faculty are evaluated in the areas of teaching, research and service. These criteria are university based. The Department Chair and the Program Director meet to discuss faculty performances alone and then with the faculty person under consideration. Faculty members have considerable input into this process as they self-assess and provide their own data and insights.

Student evaluations also are a component of faculty evaluation. Each semester the program director meets with each faculty member to review her evaluations. Areas of strengths and weaknesses are addressed and faculty are to state their plans for improvement. These strengths and weaknesses may become part of the goals assessment phase of evaluation. Student evaluations are critical to faculty, course and program improvement.

During the semester, concerns re faculty performance may arise. If they seem sound and occur with any frequency, the program director meets with the specific faculty member and works to fine tune an area needing improvement. Most faculty are quick to note where they feel their shortcomings lie and they work hard to address these issues.

Faculty also receive positive feedback for exemplary performance by the program director and continuously by faculty colleagues.

All criteria and processes relating to evaluating faculty are applied identically to all faculty regardless of their location. Sometimes, with eastern shore faculty, follow-up discussions may occur by telephone but the program director is keenly aware of site faculty's performances and activities

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?

The Program Director and the Department Chair meet with each faculty annually to discuss that faculty member's assessment of the current year and her plans for the next. Faculty are evaluated by student evaluations (both clinically and didactically) each semester. Goal setting meetings are held close to the end of the year and they too can address both clinical and didactic arenas, based on the faculty person's and program director's insights. For example, if a faculty member has a behavior trait that detracts from clinical teaching, a goal to work on that trait might be included in the goal setting for the subsequent year. If the faculty member has not included it in her plans, the program director may advise her to do so.

Evaluation criteria are used to monitor faculty performance. If continuous trends that need improvement remain, additional counseling, goal setting and plans for improvement must be established. If need be, structured meeting times can be planned to rectify problem situations/areas. With the current freeze on raises, money has little to do with the evaluations. Positive reinforcement obviously is given and it often means more to faculty than any other kind of compensation.

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

The same criteria are applied to the program administrator; however, since her predominant skill sets and responsibilities differ from those of the faculty, certain specific areas of her performance may merit more attention and evaluation. The program administrator's performance like the faculty's is based on accomplishments in teaching, research and service.

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

The program director is evaluated annually by her immediate superior, the Department Chair. Data from her Chair's evaluation are used to make salary decisions, identify strengths and weaknesses and to establish plans for professional development.

She also receives feedback from the Dean on an ad hoc basis and when she seeks it. She also receives feedback from the students per semester regarding her clinical and

didactic teaching. At present, the faculty do not evaluate her but through this self-study, that will be changed. For Spring 2011, her performance will be assessed by her faculty.

5. How are results of faculty members' evaluations communicated to the individual being evaluated?

Faculty receive all of their student evaluations. One-on-one discussions with the program director occur each semester after the evaluations are received. For the Annual Goal Setting session, the program director meets with each faculty individually to discuss the previous year's performance and plans for the future year. Each faculty also meets with the Department Chair annually.

B. Supportive Documentation

1. Exhibit 1-4An, Annual Faculty Goal Setting Form.

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

A. Description

1. Describe how this standard is implemented including faculty at distance sites, if applicable.

The policies for promotion, tenure and development apply to all School of Dentistry faculty, regardless of Department or site. The policies are posted on-line and all faculty have access to them. Exemplary performance in the areas of teaching, research and service provide the foundation for promotion and tenure. Given the intensive teaching nature of the dental hygiene division, and its emphasis on clinical teaching, most of the faculty's efforts are in that arena. Our research program focuses primarily on graduate student thesis activities, although more research opportunities are arising. Research appears to be the most highly valued commodity on the UMB health sciences campus.

Thus, movement up the ranks for tenure and promotion is challenging for all clinically focused departments and faculty. The SOD's procedures, and criteria for appointment, promotion and tenure can be found in Exhibit 3-10.A.

Opportunities for faculty development that are offered at an institutional level are available equally to all faculty. For example, tuition remission for coursework taken

through the University of Maryland System is available to all. Funding for travel and professional meetings is handled on a department/programmatic level; consequently, funding levels may vary. In the Department of Health Promotion and Policy, all faculty regardless of their Division are allocated an equal amount of money to be used at that faculty member's discretion.

B. Supportive Documentation

1. Exhibit 3-10.A, APT Policy.

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.

A. Description

1. List the support services provided by the institution to the dental hygiene program, e.g., counseling, custodial, maintenance, learning resources, instructional, audiovisual.

I. Counseling Services

For all of our three campuses, counseling services begin at the program level. Each student is assigned a faculty advisor who is available to address student needs. If the student's needs appear to be beyond the scope of the advisor, the Program Director and Associate Dean for Academic Affairs can meet with the student. If the problem needs further attention, students have access to campus support services. Psychological, academic and career counseling issues can be addressed through campus wide services. (See Exhibit 3-11.A.1, Dental School Catalog, (www.dental.umaryland.edu) and "The Student Answer Book, available on site.

The following is a list of services available to students:

- UMB, and Dental School Offices of Student Affairs,
- Student Government Association (USGA)
- Parking and Commuter Services
- Housing and Residence Life Office
- Financial Aid Office
- Student and Employee Health
- Counseling Center

Athletic Center
Police and Safety Services
Health Sciences Library
Dental School Office of Information Technology
Instructional Support Services that include computers, e-mail, printers, internet services, film imagers, LCD projectors
Computer HELP-line
Custodial/maintenance and environmental safety services (including biohazard control and disposal of hazardous waste) and
Statistical consulting (research, tests/measurement/outcomes assessment.)

Perryville students, in general, seek medical care through private practitioners in the community. An on-site Mental Health facility is part of the Perryville complex and is available to students should they require counseling services. UMB covers the on-site cost of student counseling for exposures through Union Hospital in Perryville which is fifteen minutes away. All PV students also may seek care at UMB Student/Employee Health. PV faculty address student academic and counseling needs initially. UMB resources are available to student requiring special assistance.

Psychological counseling services at **TLC** are available to the students as are the counseling centers at UMB and the Eastern Shore community colleges. Ms. Mulford and Ms. Phillips provides initial academic counseling, if necessary, and then the Course Director and finally the Program Director complete the chain of command. Referrals to the Associate Dean for the Office of Academic and Student Affairs at UMB would ultimately be given, if needed.

II. Learning Resources

Since our didactic program is all on line, students at all sites obtain the majority of audiovisual, instructional and learning resources electronically. Students at all sites utilize the same course-related learning, instructional and audiovisual resources. Technological support is available through the UMB IT staff. Problems, if they arise, can be trouble-shooted from a distance, either electronically or via the telephone. All in-services related to school technology are media-sited so information on computer usage and IT are accessible to all faculty and students. Each student since our entering 2006 junior class has been required to purchase a laptop with delineated specifications to enable access to on-line course content, the internet and all of the on-line resources from the UMB Health Sciences Library. These laptops come with a standard image (software/ applications) loaded in support of the variety of uses the students will be required to employ during their two years in school. Students entering the dental hygiene program possess a basic computer skill set which includes searching the internet, downloading documents, maintaining security settings and installing applications on their computer systems. Both pre-clinical and clinical environments are equipped with state-of-the art technology.

With the entire didactic curriculum on-line, students develop technological competence quickly.

All students have access to the UMB Health Sciences Library electronically 24/7. Students also may use the Cecil College library and any of the 16 UM System libraries. All UMB IT resources are available to PV and TLC. All faculty keep journals and textbooks at all three sites (UMB, PV, ES) but the majority if not all of dental hygiene journals appear on-line so students have ready access to them. The students also have access to the Journal of Dental Education, by virtue of UMB's institutional membership. On-line courses posted on Blackboard often include PDF files containing course related materials as well. The students also have access to digital cameras.

The computer centers at the Eastern Shore community colleges are available to the students but since they have their own laptops, they already are equipped. Proctors at the testing centers of the community colleges monitor students taking on-line exams. If a testing center experiences a problem, the proctor calls our Division and we contact IT. IT then works with the testing site to resolve any issues. The UMB Executive Administrative Assistant is available to help faculty during exams regardless of their site locations.

Computer Applications

The students use the following applications:

Blackboard

The campus learning management system provides students the ability to access course materials such as course syllabi, course competencies, content modules, assignments, additional articles, mediasite presentations, multi-media learning objects, policies, procedures and supportive course resources. Students can communicate with classmates through electronic mail, post discussions, submit assignments and scan their documents for plagiarism. Initial training for navigating through course management interface is provided to all students during the information technology orientation. Most students are competent with this application use in their professional studies.

Mediasite

The lecture capture system records all lectures (video, audio, slides) and provides access to course content 24x7. Students receive an introduction to this application and quickly master this tool enabling them to stop, start, speed up or slow down the presentation, or advance to a slide of choice. Since all lectures are captured, students are facile with mediasite.

Questionmark

The electronic assessment system administers examinations, quizzes and surveys. Students receive an introduction to this application and become competent in taking assessments electronically. This experience prepares them for electronically delivered licensure exams.

Axium

Dentistry (and health care in general) is moving away from paper records toward fully electronic records, so our students have had preparation and will be able to think “electronically”. Our satellite campuses use electronic patient records; all treatment notes, patient consents, clinical forms, etc. are captured electronically. Anything the student would normally have written or placed in the paper chart is entered into Axium. Students become competent by using this technology to process information previously accomplished on paper.

HIPAA

Students are provided instruction outlining the policies and procedures of how to protect and secure patient health information. Computer network and clinical application’s logons/passwords are not provided until the student has passed the on-line HIPAA quiz at the start of the dental hygiene program. Confirmation of the submission of the assessment is verified before distributing network access. All clinical software enterprise solutions support HIPAA guidelines by limiting a student’s access to only assigned patients. Access can be easily denied when compliance is in question. Students are aware that all clinical software contains secure audit trails of computer and patient access by each student.

Romexis

Graduates learn to master the use of a web based software product called Romexis to order, obtain approval for, acquire and interpret digital images in both pre-clinical courses as well as on patients while in clinic. Approval via a faculty swipe card reader assures that a student is being properly guided. Radiology faculty provide the foundation for using this software to balance minimal x-ray exposures while delivering optimal patient care. Virtual Patients are utilized to learn the tools of image manipulation within the software. Block Rotations facilitate the hands on training and use of a variety of digital imaging instruments. Romexis is the umbrella for all types of image capture devices: CBVT 3D imaging for orthodontic and implant based patient care, Panoramic and periapical imaging for general and other disciplines of dental care, Cephalometric imaging for orthodontics, Phosphor Plate technology for pediatric patients, Intra-Oral camera to view and capture images of the inside of the patient’s mouth, a Flatbed transparency scanner to scan in traditional film, and the capabilities to import jpeg/tiff/dicom images obtained from external sources as well as export patient images. These resources complement the knowledge base needed to address patient needs and to acquire and review digital images needed to provide optimal patient care. Access to Federal, State and local

websites assure the student's knowledge of recent guidelines. Online help documents reinforce understanding of the software as well as provide a brief overview of film acquisition and processing. Romexis allows students to report on their own image acquisition, with a timeline and approval stamp and self-assess the quality of the images.

In DHYG 316, Oral Radiology, the dental hygiene students are tested on the laws regulating the use of ionizing radiation in dental practice; since these laws are continually changing it is important for graduates to have the experience of determining the current regulations and to track their re-take rate.

Digital radiography

Students are introduced to digital radiography during their first semester in DHYG 316.

Students demonstrate competency through practical exams during as well as didactic assessments.

Second Life

Students are introduced to the virtual world in DHYG 311, their first clinic course. Students have the opportunity to practice patient and dentist behavioral interaction skills in an innocuous environment. The students can use their avatars in the virtual dental school to role play various scenarios to reinforce lecture material content. Student also have done presentations for classmates via Second Life and have held virtual discussions.

Search Skills

In their junior year for a mini-case study, students are introduced to the principles of searching the health literature to support evidence-based practice. Subsequent courses emphasize searching the health literature; e.g. DHYG 323, Care and Management of Special Patients, DHYG 412, Perspectives of Dental Hygiene Practice, and DHYG 416, Introduction to Oral Health Research. One key aim of the dental hygiene research course is to direct students to electronic, web-based sources of scientific information and to teach them how to judge the quality of that information for use during training and their professional careers. Students are taught how to search information using the MEDLINE database, identify peer-reviewed journals, locate relevant systematic reviews in the Cochrane Database, and save electronic versions of scientific articles. The designated SOD Information Specialist also meets with our students in their junior year for a learning session on search techniques.

Through senior clinic, second year dental hygiene students access the ADA's Center for Evidence-Based Dentistry web site. This resource provides direct links to

systematic reviews, clinical recommendations, journals that focus on evidence-based practice, and clinical guidelines.

In addition to providing the students with databases such as MEDLINE, the library provides access to Lexi-Comp for Dentistry. Easy access to this drug-related database is available on all computers in the dental clinics.

Faculty also have access to staff in IT who have expertise in educational psychology and test construction. Student Services has a learning skills center and IT staff provide continual updates and in-services on computer usage and e-resources. One of our faculty also has a masters in on-line learning and another serves on the National Board Test Construction Committee.

UMB faculty rely on the Division Executive Administrative Assistant for administrative needs related to learning resources. She assists with course preparation, exam execution, and maintains student records which include their grade reports.

Cecil College also has classroom space available for the dental hygiene students should an unforeseen emergency arise. Since there is a dedicated space for study at Perryville, the need for additional classrooms is unlikely.

III. Custodial and Maintenance Services

Custodial and maintenance services are provided by hired staff at each of the three sites.

Clinic receptionists, prep dispense staff and a housekeeping crew assist students with appointment scheduling, inventory, supplies acquisition and custodial activities. At Perryville and the Eastern Shore, staff receptionists schedule appointments and custodial staff manage hazardous waste and infection control.

2. Specify the amount of secretarial and clerical support provided for the dental hygiene program. How many full-time positions are designated solely for the program? How much of this support, if any, is provided by a centralized clerical/duplicating service? If a centralized service is available, describe procedures necessary for faculty to utilize the service. How is support staff provided to manage duties related to clinic management, i.e., appointment control?

PV - Staff on-site provides administrative services for all faculty and students. A full-time Clinic Administrator (who was employed at the UMB campus) oversees all aspects of clinical operations including appointment control, i.e., scheduling and confirming appointments. In addition, this individual supervises and delegates

responsibilities to three program assistants who manage non-clinical operations. Presently, three dental assistants are available to assist students with instrument procurement and sterilization, stocking supplies and helping maintain equipment. Adequate staff manages records, billing, insurance, inventory, hazardous waste and infection control. The same protocols and policies used for quality control, equipment maintenance and waste control that are used at UMB are used at Perryville.

Staff on-site at **TLC** provides administrative services for employees and students. Three full time Patient Services Representatives (PSR's) are responsible for appointment control, i.e., scheduling and confirming appointments for the entire dental facility, so administrative activity is centralized. Radiographs and/or records are duplicated in the medical records department. Adequate staff is available to manage records, billing, insurance, inventory, hazardous waste and infection control. (See ES Exhibits 3-11, A-O for staff quality control logs for equipment maintenance, waste control and patient record management.)

The **UMB** Dental Hygiene Program has one full time Executive Administrative Assistant who provides comprehensive administrative and secretarial services for the program and the satellite faculty, when needed. During the academic year, the program is eligible for a work-study student to provide clerical and typing services, approximately ten hours per week. Departmental administrative assistants also help the Division with financial matters (i.e., expense reimbursements) and hiring matters. A centralized duplicating service located on the UMB campus is sometimes used for large jobs. This service picks up and delivers print jobs to the dental hygiene office.

Clinic management, such as appointment control, patient financial transactions, cubicle assignments and instrument requests, and other clinical support services are handled by General Practice (GP) receptionists, located in all GP clinic areas and personnel under the rubric of the Clinical Operations Board.

The Office of Academic and Student Affairs provides secretarial and clerical services related to student admissions and student affairs. The Office Academic and Student Affairs provides support for student registration and grade reports.

B. Supportive Documentation

1. Exhibit 3-11A, Dental School Catalog, Counseling Services
2. Student Answer Book, Available On-site
3. Exhibits 3-11.A-O, Eastern Shore Staff Quality Control Logs

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.

A. Description

1. If applicable, describe clerical and dental assisting responsibilities that students assume during clinical sessions, to include distance sites. Provide instructional objectives and evaluation mechanisms in the separate course outline document, if applicable.

Students do not assume any clerical or dental assisting responsibilities during clinic sessions at any of our sites.

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.

A. Description

1. In what year was the program facility constructed and/or last remodeled? What provisions exist to accommodate disabled persons? If applicable, provide the same information for distance education sites.

Infrastructure Details:

On August 25, 2006, the University of Maryland Dental School relocated its operations to a newly constructed state-of-the-art facility (30 feet from the original structure). The building itself is impressive: rising 12 stories, it contains 367,000 sq. ft. to accommodate 857 incumbents. A blue print of the site can be found in Exhibit 4.1-B1-A. Within, traditional dental school activities are not compartmentalized. Students, faculty and staff multi-task, and the physical plant and its resources support the new ways of education, research and service. The information technology enhances the School's academic, research and clinical endeavors. A Major Change Report for the new facility was submitted in December, 2006.

The University of Maryland Dental School currently has two remote locations: The Three Lower Counties Community Services, Inc. (TLC) located on the Eastern Shore of Maryland; and, the University of Maryland Perryville Dental Clinic in Perryville, Maryland.

The dental hygiene didactic curriculum is being taught on-line to all students. The same standards for Institutional Effectiveness apply regardless of where students are receiving their educations. (The staff at ADA stated that the conversion of the curriculum is not viewed as a change that will impact Accreditation Standards and that curriculum innovation is encouraged and desired.)

Remote Sites- TLC & Perryville:

1. TLC was founded in 1994 and accredited by the Joint Commission for Accreditation of Health Care Organizations in September, 2005. Both dental and medical facilities met these accreditation guidelines which are consistent with the ADA Commission on Accreditation Guidelines. (A copy of this report may be found on site.) In Spring, 2010 TLC was relocated to a newly constructed facility, consisting of 27 semi-private operatories separated by cabinetry walls. Six operatories are dedicated to the UM dental hygiene students per clinic and pre-clinic sessions. All operatories are in close proximity and adjacent to the dental hygiene faculty office. A blue print of the site can be found in Exhibit 4.1-B1-B. The TLC site mirrors the UMB site in that all aspects of curriculum and all policies and procedures affecting students are identical to those on the UMB campus. The TLC facility had a special focused site visit in 2007 and was fully accredited. The University of Maryland Baltimore (UMB), Division of Dental Hygiene, University of Maryland Dental School was granted full accreditation status by CODA in September, 2004. Middle States Accreditation was obtained in 2006. A Major Change Report for the newly constructed facility was submitted in Summer, 2009.
2. The University of Maryland Dental School constructed a new state-of-the-art remote location in Perryville, Maryland. The Perryville facility was completed

in July, 2009. All of the equipment is brand new. This facility is free-standing and offers comprehensive dental care. The clinic is 12,000 square feet and houses 26 operatories, with six dedicated for dental hygiene students per clinic session. A blue print of the site can be found in Exhibit 4.1-B1-C.

The Perryville (PV) site mirrors the Eastern Shore (ES) site in that all aspects of curriculum and all policies and procedures affecting students are identical to those on the UMB campus. The Perryville facility had a focused site visit in October, 2009 and was fully accredited.

Accommodation of Disabled Persons:

The Dental School in Baltimore and both remote locations (TLC & Perryville) meet or exceed all requirements specified in the Americans with Disabilities Act (AWDA) provisions for disabled persons.

University of Maryland, Baltimore:

The facility is in compliance with the Americans with Disabilities Act (AWDA) and provides for disabled persons. The building is handicap accessible. All signage is in brail. All operatories are handicap accessible. Rooms have brail numbering systems. Handicap accessible parking is available. A push button is present for an emergency exit. Hearing-impaired individuals are accommodated through TTDY access to schedule appointments and communicate with their assigned dental/dental hygiene provider. Sign-language interpreters are available as needed during dental/dental hygiene appointments to facilitate communication between patient and provider.

Eastern Shore, TLC:

TLC fully meets the Americans With Disabilities Act (AWDA) provisions for disabled persons. Appropriate signage is posted throughout the building. Hearing-impaired individuals are accommodated through TDD access to schedule appointments and to communicate with the Patient Service Representatives. Sign-language interpreters are available as needed during dental/dental hygiene appointments to facilitate communication between patient and provider. A dial-up Bilingual Interpretation Line for numerous languages is available at all time. An interpretation person is available during clinic hours for Spanish translation.

University of Maryland, Perryville:

The facility is in compliance with the Americans with Disabilities Act (AWDA) and provides for disabled persons. The building is handicap accessible. There are no steps and a wheel chair is available. All signage is in brail. All operatories are handicap accessible. Rooms have brail numbering systems. Handicap accessible parking is available. A push button is present for an emergency exit. Hearing-impaired individuals are accommodated through TDY access to schedule appointments and communicate with their assigned dental/dental hygiene provider.

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?

University of Maryland, Baltimore:

The Deans, Chairs, Division Directors and faculty are cognizant of state-of-the-art facilities and equipment that promulgate current concepts in the practice of dental Hygiene and dentistry. Input from each of these individuals is valued and considered when the school procures major equipment. All of the dental hygiene faculty attend annual professional meetings, read journals and know current trends and the importance of certain pieces of equipment. We provide input and give feedback to the UMB Clinical Operations Board (COB) and the UMB Clinical Sciences Council. Our Dean is extremely innovative, and his decisions regarding equipment and facilities design is outstanding. The dental school has a comprehensive plan to address equipment maintenance and replacement. Program Directors are encouraged to provide long range plans in consultation with their respective Department Chairs. The resources necessary to implement these plans are identified and placed in the working operating budget. The program is notified of the changes in their finalized annual budget at the conclusion of the state budgeting process when the budget is approved. The program has full control of the spending from their budget consistent with state guidelines. The budget process is designed to support a mission driven allocation of resources to enable maintenance and replacement. Future liabilities have been estimated forecasting beyond 20 years. Annual deposits are placed in reserves as determined from forecasting. The plan is reviewed and adjusted annually.

The *UMB Facilities Master Plan* is updated every five years by the Office of Capital Budget and Planning with extensive involvement from the leadership of the schools and major units on campus. The resulting plan must be presented to the Board of Regents of the University System of Maryland for approval.

The Chair of the Clinical Operations Board (COB), Dr. Louis G. Depaola, is responsible for the preventive maintenance program. He also facilitates the acquisition of new materials, instruments and small equipment, and the maintenance of existing instruments and small equipment.

An on-going preventive maintenance program has been established to maintain existing dental equipment to ensure the continued life of the facilities and equipment. The COB consisting of faculty, staff and students also monitors, from an end-user perspective, the function of the facilities and equipment. The Clinical Sciences Council also provides input to the COB. Kent Buckingham is in charge of facility maintenance or "technical services". Needed repairs can be reported to

technicians Mark Willhide and Bryant Jones, by calling technical support at (410) 707-7137 or by emailing DStechservice@umaryland.edu. Equipment repairs are generally completed the same day and most often at the time a “help” call is placed. The COB meets weekly to discuss issues pertaining to the function of existing equipment and facilities, and makes recommendations for the acquisition of new materials, instruments, and small equipment.

Eastern Shore, TLC:

A preventive maintenance program is in place to maintain existing dental equipment and to ensure the continued life of the facilities and equipment. The TLC staff is responsible for the preventive maintenance program. A technician from Henry Schein provides on-site weekly service visits to ensure proper functioning of all equipment. The TLC IT staff are available at all times for assistance with computer hardware and software issues. Monthly Dental Department meetings address facilities and equipment issues. The dental hygiene faculty members and the Dental Director make decisions jointly regarding the acquisition of new materials, instruments and small equipment, and the maintenance of existing instruments and small equipment. Faculty, staff and students also monitor, from an end-user perspective, the function of the facilities and equipment. Attachment 3-11 includes the logs that TLC uses to maintain and monitor equipment. Equipment replacement is scheduled as needed.

University of Maryland, Perryville:

A Planmeca technician often is on-site to ensure equipment maintenance and smooth running of the chairs. UMB staff, students and faculty are oriented to their usage so that maintenance can be ensured. Students are in-serviced on chair operations before they start class. Since the number of units is manageable, any concerns are reported to the Clinic Administrator who will contact Planmeca or UMB technicians for resolution. The site is only 45 minutes from UMB if on-site assistance is needed. Difficulties typically can be addressed and remedied by telephone or email.

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.) If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

For pre-clinical learning, the 5th floor of the dental school houses its simulation labs (see Table 1). These labs are used by Year I and Year II DDS students, and Year I Dental Hygiene students. Each simulation station is computer equipped with a flat panel monitor, retractable keyboard and mouse that will accommodate any new emerging patient care systems that will be used in the patient care areas. Hence, the transition to clinical practice should be seamless. All simulation laboratories

have full access to the internet, and therefore students can perform on-line research and access course documents stored in the Blackboard course management software. Each simulation unit has a fully functional operator's console, bracket table, high and low speed evacuation and an operating light identical to that in the clinical areas. The use of chair side vacuum and air/water syringes helps simulate real-life scenarios while eliminate much of the particulate matter that might otherwise circulate.

Simulation Room C has 90 simulation units with 90 phantom heads and mannequin/torsos to simulate clinical instrumentation. Because the manikins are more lifelike and the equipment mirrors the clinical areas, faculty model universal precautions and interpersonal behaviors that easily translate to the patient care areas. Simulation Room C is reserved for dental hygiene instruction on Thursday's from 9:30 AM -12:00 PM.

Table 1: Number and Distribution of Simulation Units		
	Number	Total Capacity
Simulation Room A: Dental Materials Lab	1	20
Simulation Room B: Bench Lab	1	90
Simulation Room C: Clinical Lab	1	80
Simulation Room D: Dream Room	1	8

There are 320 complete treatment areas/operatories at the Dental School. 132 are located in the General Practices/Dental Hygiene area (128 open-bay, and 4 private operatories) for dental and dental hygiene student use (See Exhibit 4.1-B1-A, Blue print of Facility.) During the preclinical semester, 12 treatment areas or cubicles are reserved for dental hygiene patient/partner treatment. Generally, there are approximately 18 to 21 dental hygiene students providing patient treatment during a scheduled clinic session. The appropriate number of cubicles are available to dental hygiene students when patients are scheduled and cubicles have been requested.

Table 2: Number and Distribution of Dental Chairs				
	Private	Semi-Private	Open	Total
Advanced Education – General Dentistry	4		32	36
Advanced Education – Endodontics	11			11
Advanced Education – Orthodontics	2		16	18
Advanced Education – Pediatric Dentistry	6		16	22
Advanced Education – Periodontics	15			15
Advanced Education – Prosthodontics	2		8	10
Brotman Facial Pain	4			
Dream Room			8	8
DSS ¹	30	6		36
PLUS ²	4			4
Pre-Doctoral Endodontics		2	4	6
Pre-Doctoral General Practices/Dental Hygiene	4		128	132
Private Practice - UMF DSP ³	13			13
Private Practice - UMOMSA ⁴	2	4		6
Special Care	7			7
Unassigned	1			1
<i>Grand Total</i>	101	12	212	325

University of Maryland, Perryville:

There are 26 operatories with Planmeca Sovereign chairs (10 closed room and 16 modified open-bay operatories). Eight of these operatories are designated as “hygiene” operatories: OP #11 – OP #18 (see Exhibit 4.1-B1-C, Blueprint of Facility).

For preclinical learning, first year dental hygiene students use three units since they work in pairs as student partners. Pre-clinic simulation is performed on mannequins/torsos that are compatible with the dental unit chairs.

For clinical learning, six operatories are dedicated for dental hygiene students per clinic session, Monday, Tuesday, Thursday A.M. and P.M. (Juniors and seniors are not in clinic at the same times). For clinical learning, in the spring, students have their own dedicated chair. The six dental hygiene chairs are clustered and are adjacent to the office space dedicated to the dental hygiene faculty.

¹ Includes Urgent Care, Screening, Oral Medicine and Oral and Maxillofacial Surgery

² For HIV/AIDS care; supported by Federal funding

³ University of Maryland Faculty Dental Specialty Practice

⁴ University of Maryland Oral and Maxillofacial Surgery Associates

TLC:

The TLCCS Dental Center accommodates 27 semi-private operatories separated by cabinetry walls. Four operatories are dedicated to the UM dental hygiene students per clinic and pre-clinic sessions. All operatories are in close proximity and adjacent to the dental hygiene faculty office. Juniors and seniors are not scheduled in clinic at the same time. During pre-clinic learning, 6 students work as clinician/patient partners, utilizing 3 operatories. For clinic learning, 4 students will be assigned to a specific TLCCS operatory and two students to block rotation. During Junior Spring and Senior Fall and Spring semesters, an additional clinic session will be scheduled to ensure that the required clinic hours per student are met at the TLCCS facility. Exhibit 4.1-B1-B is a blueprint of the facility.

4. List the type and quantity of major equipment provided in each treatment area in the dental hygiene clinic and at the distance education site, if applicable.

University of Maryland, Baltimore & Perryville:

The Planmeca dental chair is the most technologically advanced chair available, seamlessly integrating hardware and software. This integration has the ability to remotely monitor every action of the practitioner, including the frequency, duration and mode of instrument usage, how the provider positions patients, and how the equipment is maintained. Such data provides promise for both personalized interactive tutoring and educational research.

Features include:

- A variable height instrument console contains 5 “plug and play” ports that can accommodate handpieces, piezo-electric scalers, cameras, etc. The console can be adjusted to accommodate right- or left-handed operators
- Multitasking foot pedal with control for instruments and chair
- Adjustable suction arm with a slide controlled saliva ejector and a high powered suction
- Operating light with variable brightness control
- Pre-programmable function keys to facilitate patient positioning
- Assistant’s control panel that can be adjusted to accommodate right- or left-handed operators

The chairs and stools are ergonomically designed for comfort. The leather upholstery can be disinfected.

Chairside computer, monitor and keyboard

Every operator’s station has access to a fire-walled internet-capable computer, full-sized monitor, AxiUM (the business software used by the University of Maryland),

Romexis (the software used to view digital image) and other software. Operatories in the Orthodontics patient care areas also access Dolphin, a discipline-specific electronic patient record software system.

University of Maryland, Baltimore:

Fifth workstation

There is an additional desktop computer station serving every cluster of four chairs in the open operatories. The configuration of this so called “fifth work station” is similar to chair-side computers. It is used by faculty and students for assessment of student treatment, to review patient appointment data and account status, to evaluate radiographs and patient treatment plans, and for patient consultations out-of-earshot.

There are 132 complete treatment areas/operatories in the General Practices/ Dental Hygiene area for dental and dental hygiene student use (See 4.1-A3: Table 2: Number and Distribution of Dental Chairs). The following table summarizes the major equipment supplied in each individual treatment area. Curing lights are available for check-out from prep-dispense on each floor.

Table 3: UMB Major Operatory Equipment	
Manufacturer	Equipment Description
Planmeca	Non-swivel dental chair
Planmeca	Patient support package includes hand-piece connectors (high and low speed) with fiber-optic light (autoclavable), air/water syringe (2), high and slow speed suction, piezo unit
	Service divider with drawers and coat closet
	Mobile traymate
Planmeca	Operator and assistant stool
Planmeca	Dental light
	Radiographic viewbox

University of Maryland, Perryville:

There are 26 operatories with Planmeca Sovereign chairs (10 closed room and 16 modified open-bay operatories). The following table summarizes the major equipment supplied in each individual treatment area. Curing lights are available for check-out from prep-dispense.

Table 4: Perryville Major Operatory Equipment	
Manufacturer	Equipment Description
Planmeca	Sovereign Chair with touch pad and foot pedal for adjustments
Planmeca	Patient support package includes hand-piece connectors (high and low speed) with fiber-optic light (autoclavable), air/water syringe (2), high and slow speed suction, piezo unit, curing light attachment
	Service divider with drawers and coat closet
	Mobile traymate
Planmeca	Operator and assistant stool
Planmeca	Dental light
	Radiographic viewbox
	(2) computer monitors for viewing digital radiographs, EPR, health education materials
	Intra/extraoral camera

TLC:

The Midmark dental chair and equipment are designed to offer unrestricted clinical access while delivering patient support and comfort. The operatory design is the standard for quality and functionality. The Midmark equipment maximizes treatment space and optimum storage which promotes the best ergonomics and foundation for efficient operatory function. Such facilities provide the best environment for dental hygiene clinic teaching and patient care.

Features include:

- A variable height instrument console contains 4 “plug and play” ports that can accommodate handpieces, air/water syringe. The console can be adjusted to accommodate right- or left handed operators
- Multitasking foot pedal with control for chair position
- Adjustable suction arm with a slide controlled saliva ejector, a high powered suction and air/water syringe.
- Operating light with variable brightness control and auto on/off mode.
- Pre-programmable function keys to facilitate patient positioning.
- Assistant’s control panel that can be adjusted to accommodate right- or left handed operators

The chairs and stools are ergonomically designed for comfort. The leather upholstery can be disinfected.

Chairside computer, monitor and keyboard:

Every operator's station has access to a fire-walled internet-capable, full-sized monitor and Dentrix software. In addition, there is a full-sized monitor attached to each patient chair for oral health education sessions, viewing patient oral conditions and x-ray images, and treatment planning. The following table summarizes the major equipment supplied in each individual treatment area:

Table 5: TLC Major Operatory Equipment	
Manufacturer	Equipment description
Midmark	Non-swivel dental chair
Midmark	Patient support package includes hand-piece connectors, fiber-optic light, air/water syringe (2), high and slow speed suction
Midmark	Service divider with drawers and coat closet
Midmark	Mobile traymate
Midmark	Operator and assistant stool
Midmark	Dental light
	Radiographic viewbox
Progeny/Preva	Radiology equipment for exposures (per 2 tx areas)

In addition, 4 curing lights are available for student use when needed.

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

University of Maryland, Baltimore:

Students rent instruments cassettes and they purchase small equipment and some dental materials for personal use. Students also have access to enhance periodontal instruments such as files, Gracey mini fives, after fives and other advanced posterior instruments. See Exhibit 4.1-B2-A

University of Maryland, Perryville:

The instrument cassettes that students rent and the small equipment they buy is identical to what was approved in the UMB accreditation reports of 2004 and 2007. Exhibit 4.1-B2-C includes a listing of all equipment available to the students.

Note: The Perryville students are also pilot testing a second cassette that includes a PH6 yellow plastic probe, a double sided mirror, Gracey 5/6, 15/16, 17/18, SN1379, McCall 13/14 and 17/18.

TLC:

Exhibit 4.1-B2-B includes a listing of all equipment available to the students. The instrument cassettes and small equipment that the students buy is identical to what was approved in the UMB accreditation reports of 2004 and 2007.

Students purchase instruments and cassettes from Hu-Friedy. Instruments are of the same type and style as those used in Baltimore. In addition, the students purchase the following instruments for pilot testing and use in the senior year:

Gracey 5/6, 15/16, 17/18, SN1379, McCall 13/14 and 17/18, SBH 5/6, and PH6 yellow plastic probe.

Four new Midwest RDH Handpieces were ordered by TLC for the students as were two Cavitron SPS select units for power scaling. Each operatory is equipped with a Cavitron ultrasonic unit, and one Piezo is available for sign-out by student request or assignment by faculty.

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

University of Maryland, Baltimore:

Central Materials Services, CMS, is responsible for sterilization of all items able to withstand heat sterilization. Reusable items and equipment not able to undergo heat sterilization must be disinfected using Cavicide surface disinfectant for 10 minutes. Currently, CMS maintains the following equipment for sterilization. All equipment is manufactured by Getinge – Castle. The following equipment is used in Baltimore:

Table 6: UMB Sterilization Equipment		
Manufacturer	Equipment Description	Model Number (if applicable)
Getinge – Castle	3- Steam Sterilizing Units (capacity maximum 100 cassettes/unit)	3633
Getinge – Castle	2 -Decontaminator Units (capacity 52 large cassettes or 76 small cassettes)	6930
Getinge – Castle	1 -Ultrasonic Washer and Dryer	2415

Instruments and small equipment, such as burs and enhancements are run through a decontamination cycle (approximately 35 minutes) of rinsing, washing and sterilizing for 3 minutes before being handled for reprocessing by the CMS technicians. The instruments are then placed in the appropriate sterilization wrapper and undergo a 35-minute steam sterilization cycle at 275 degrees Fahrenheit.

Handpieces are sterilized through a similar process. They are wiped down with alcohol, placed in sterilization bags, sterilized at a temperature of 275 degrees Fahrenheit.

University of Maryland, Perryville:

There are two rooms designated for sterilization. The cleaning area is located in room #245 and is connected to the sterilization room, #246. All equipment is manufactured by Getinge-Castle. At present, students do not prepare their instruments for sterilization; they place them in a soaking sink OR on a cart for soiled dirty instruments. (See Exhibit 4.1-B1-C, Blueprint of Facility).

The Getinge 400/500HC steam sterilizer is biologically monitored with the use of a Getinge Chemipack Integrator test pack and a Biosign SSI test pack. All information is then recorded and placed in a monitoring file.

The following equipment is used at Perryville:

Table 7: Perryville Sterilization Equipment		
Manufacturer	Equipment Description	Model Number (if applicable)
Getinge – Castle	1- 400/500HC Series Steam Sterilizing Units (capacity minimum 40 cassettes/units)	
Getinge – Castle	1 -46 Series Ultrasonic Washer and Dryer	

Instrument sterilization process:

1. Students return contaminated instruments to the Cleaning area, room #245. All contaminated equipment is placed on instrument rack.
2. Instruments are subsequently soaked in Getinge detergent
3. Instruments are loaded into Getinge 46-Series (start wash cycle)- holds 30 cassettes plus stainless steel trays with “loose” instruments, and small equipment. Holds at least 40 cassettes and “loose” wrapped objects.
4. Instrument load is removed from sterilization room and placed on cart to be moved to wrapping area.
5. Instruments then are wrapped and bagged.
6. Contaminated instruments are place in the Geinge 400/500HC Series Autoclave
7. Assistant logs onto Getinge and saves test printouts.

The “Perryville Facilities” CD includes digital images of the sterilization equipment.

TLC:

At the TLCCS Dental facility, instrument prep, sterilization and dispensing of instruments are in a centralized area. UM students are an integral part of this system, in that the students are responsible for preparing instruments for ultrasonic wash and dry, bagging instruments for sterilization, and retrieving instruments from storage. Students are provided with a training lab that prepares them for optimal infection control in the centralized sterilization area.

Sterilization equipment and process is monitored by the TLC infection control personnel. The Midmark sterilizers and Stat IM are biologically monitored weekly and quarterly through North Bay/Bioscience laboratory. All data is recorded and stored in a log kept in the sterilization area. Information for the biological indicator system can be found at:

www.nbbs.com (North Bay/Bioscience)

The following equipment is used at TLC for sterilization:

Table 8: TLC Sterilization Equipment		
Manufacturer	Equipment Description	Model Number (if applicable)
Midmark	4 - M11/M11D self-contained Steam Sterilizing Units (8-10 cassettes)	M11/M11D
SciCan	1 - Stat IM 2000 sterilizing unit (5-8 pouched units)	2000
SciCan	2- Hydrim L110w Instrument washer and dryer	L110w

Instrument sterilization process:

1. Students return contaminated instruments and cassettes to the Centralized Cleaning area.
2. Students inspect instruments for gross debris and spray with Em Power Foam
3. Students place instruments in the Hydrim instrument washer and dryer for 36 minutes. (If washers are in cycle, students place instruments on holding rack for next load)
4. Students prepare their autoclave bags for instrument sterilization.
5. At completion of wash/dry cycle, students bag instrument cassette for autoclave.
6. Bagged instrument cassette is placed in autoclave for sterilization.
7. Sterilized instruments are stored in a centralized storage cabinet for retrieval at next clinic session.

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? If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

The clinic space is shared by dental and dental hygiene students. Students are responsible for requesting a patient appointment at least 48 hours in advance. The receptionist for the General Practice Area to which the student is assigned receives this request. The student also must request the patient's chart from the Chart Room. Both of these actions occur on-line. The Chart Room staff brings the requested charts to the GP's and the students get their charts from their respective receptionists. The 48 hour advance notice allows the GP receptionists to assign cubicles to the dental hygiene students that are clustered in proximity; this physical arrangement allows the faculty member to work more closely with the students and avoid wasting time going from GP to GP. If for some reason the patient is not scheduled within the requisite period of time, students may be assigned to a cubicle that is not near their classmates. No student has ever been denied a treatment area and no patient has ever been turned away because of lack of treatment space.

Senior dental hygiene students are in clinic all day Monday (two three hour clinics), Thursday afternoons for one three hour session, and Friday mornings (one three hour clinic). In the fall, the junior dental hygiene students are in pre-clinic all day Tuesday and they work on mannequins in the simulation lab on Thursday mornings. In the Spring, junior dental hygiene students are in clinic all day Tuesday (six hours) and Thursday morning(three hours). The second, third and fourth year dental students have different clinical schedules. Dental and dental hygiene students treat patients simultaneously without space problems occurring.

Other scheduling safeguards are in place. The senior GP receptionist enters each student's master appointment schedule at the beginning of the academic year in the computer's central appointment scheduler. The student's block assignments are entered so the computer tells the student that a patient cannot be scheduled on the same day as a pre-planned block assignment. This mechanism prevents the student from being scheduled in two places at once. This system also helps to monitor the number of students requesting treatment areas for a given date and time. Any scheduling changes must be made in writing to the senior GP receptionist and require a faculty signature before a change can be made in the student's master appointment schedule. A dental hygiene faculty person oversees student clinic and block scheduling.

University of Maryland, Perryville:

The PV facility is used by dental students as described below. Two post graduate AGD students do one week blocks and two Pediatric post graduate students complete two day rotations for two weeks. Undergraduate dental students also complete block rotations at the site. Ten fourth year dental students' rotate through every two weeks. They have experiences in practice management, pediatric comprehensive care and with limited adult emergency patients. They receive training in using EPR, sterilization and equipment use and care. Five first year dental students receive the same training but do not treat patients. Dental students also assist residents who are delivering care. No dental student activities interfere with the availability of dental hygiene treatment space.

TLC:

The TLC clinic is not shared by another teaching program. Please see the response to 4-1(3) above regarding coordination of clinical space.

8. Describe how students at each program location(s) receive equivalent clinical experience. Explain the difference, should one exist, between clinic operation at the parent program and the affiliated site(s).

University of Maryland, Baltimore:

All of the dental hygiene faculty is calibrated routinely. We have monthly faculty meetings, if not, more often; and, annual in service days and retreats. E-mail is also used for calibration questions among faculty. Two of our off-site faculty also teach in Baltimore so there is constant communication between sites. Faculty from all campuses attend Faculty Retreats. Communication is constant and on-going. Faculty meeting minutes are shared electronically with all faculty members.

University of Maryland, Perryville:

Clinical operations in Perryville are different from UMB in that the whole operation is much smaller, fewer student and patients are present, and Perryville uses an electronic patient record, UMB records are hard copy. Those are the key differences. Clinical policies are identical although some logistics are different since the physical sites are different.

TLC:

Clinical operations at TLC are different from UMB in that the whole operation is much smaller, fewer student and patients are present, and TLC uses an electronic patient record, UMB records are hard copy. Also, TLC uses a "Schick" digital sensor and UMB and Perryville use a "Planmeca" sensor. Those are the key differences. Clinical policies are identical although some logistics are different since the physical sites are different.

B. Supportive Documentation

1. Exhibit: Blue print, schematic or line drawing detailing the shape and dimensions of the clinical facilities.

Exhibit 4.1-B1-A: Blueprint of University of Maryland, Baltimore Clinic Facilities

Exhibit 4.1-B2-B: Blueprint of TLC Clinic Facilities

Exhibit 4.1-B2-C: Blueprint of University of Maryland, Perryville Clinic Facilities

2. Exhibit: Listing of types and quantity of instruments and small equipment provided by the program and purchased by students.

Exhibit 4.1-B2-A: Type and Quantity of Instruments and Small Equipment Available to Students at University of Maryland, Baltimore

Exhibit 4.1-B2-B: Type and Quantity of Instruments and Small Equipment Available to Students at TLC

Exhibit 4.1-B2-C: Type and Quantity of Instruments and Small Equipment Available to Students at University of Maryland, Perryville

3. See Tables within Standard 4-1.

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.

A. Description

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.) If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

Excluding Faculty Practice, which has 15 intraoral imaging x-ray units, the dental school has 63 intraoral imaging x-ray units. Sixteen of these units are shared between two private rooms (the x-ray unit is stored in a cabinet in the wall between the two rooms); and the remaining 47 intraoral imaging x-ray units are located in individual private rooms. All rooms are separate from the general treatment areas, accessible to students, and equipped with sinks. These units are located on floors 1 to 4 (see Table 9 below).

The Dental School utilizes Planmeca digital x-ray machines with sensors. A list of x-ray machine types are listed in Table 10 below. Planmeca Intra is available in all clinical closed room operatories. The Planmeca intra can be used for sensor and phosphor plates. The setting on the control panel (MODE button) can be changed to PSP or Sensor settings (these are not separate units). 12" long cones are utilized, and the cones are internal.

The dental school also has 3 Panoramic imaging units (all located on the first floor), 1 Panoramic/Cephalometric unit (located on the third floor), and 1 IT CAT unit (located on the first floor).

Note: Twelve operatories, located on the 1st floor (DSS¹¹), are used for intraoral x-ray training purposes; and two are used for extraoral (panoramic) training purposes for dental hygiene students.

The aforementioned 63 intraoral x-ray units at the dental school are located in the following Programs/Areas:

Table 9: Location of UMB Operatories with Intraoral Imaging Technology		
Program or Area	Floor	Number of private operatories equipped w/intraoral imaging technology
Advanced Education – General Dentistry	2	4
Advanced Education – Endodontics	4	7
Advanced Education – Orthodontics	3	1
Advanced Education – Pediatric Dentistry	3	4
Advanced Education – Periodontics	4	5
Advanced Education – Prosthodontics/Perio	4	2
Brotman Facial Pain	4	4
DSS ¹¹	1	26
PLUS ¹²	1	2
Pre-Doctoral General Practices/Dental Hygiene	2 & 3	5
Special Care	1	3
Total		63

Table 10: UMB Radiology Equipment/Facilities	
	Number
Operatories with dedicated intraoral imaging technology	*63
Panographic imaging rooms	4
Planmeca Cone Beam Imaging	1
IT CAT Unit	1
Total Number of Imaging Units	69
Radiology services room (for scanning, interpretation, QA, etc.)	1

*16 of the intraoral imaging units can be shared between two operatories

¹¹ Includes Urgent Care, Screening, Oral Medicine and Oral and Maxillofacial Surgery

¹² For HIV/AIDS care; supported by Federal funding

University of Maryland, Perryville:

The ten closed rooms for exposing digital images are available to students during patient treatment. In addition, other digital x-ray machines, a 3-D panoramic/cephalometric unit, is also available.

The Perryville clinic utilizes Planmeca digital x-ray machines with sensors. A list of x-ray machine types are as follows: The Planmeca Pro Max, a panorex/ceph/3D is located in room #229. Planmeca Intra is available in all clinical closed room operatories. The Planmeca intra can be used for sensor and phosphor plates. The setting on the control panel (MODE button) can be changed to PSP or Sensor settings (these are not separate units). Long cones are utilized, and the cones are internal.

TLC:

The four TLC operatories assigned to UM have shared (pass-through) imaging technology. In total, the students have access to three Progeny/Preva Imaging units, one sensor and one Sirona Orthophos XG panoramic unit. The Progeny/Preva units are housed in cabinets positioned between two operatories. Long cones are utilized and the cones are internal. The setting on the control panel is pre-set and no adjustments are necessary for exposing images. Dentrix Image 4.5 is the dental imaging software program utilized. The software package consists of several programs that make up an advanced software suite of tools which allow for instant storage, manipulation and transmission of the digital images. Images can be viewed on the two computer monitors in the operatory. A list of x-ray machine types can be found in Exhibit 4.1-B2-B.

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.

If applicable, provide the same information for distance education sites.

2.a.

University of Maryland, Baltimore:

The school has 89 intraoral Planmeca units; and, they were all purchased new in 2006. Of these 89 units, only 12 are used for training purposes (Rooms 1426-1440). The school also has 2 digital panoramic units located on the first floor (Rooms 1322 and 1323) which are designated for training.

Table 10: UMB Radiology Equipment				
Location	Item	Mfgr	Model	Mfgr Date
12 Units on the 1 st floor	Intraoral X-RAY	Planmeca		
2 Units on the 1 st floor	Panorex unit	ProMax		

University of Maryland, Perryville:

Table 11: Perryville Radiology Equipment				
Location	Item	Mfgr	Model	Mfgr Date
OP1	IXRF78407	Planmeca	ITHa71849	
OP2	IXRF78413	Planmeca	ITHa71746	
OP3	IXRF78394	Planmeca	ITHa71647	
OP4	IXRF78405	Planmeca	ITHa71786	
OP5	IXRF78411	Planmeca	ITHa71857	
OP6	IXRF78410	Planmeca	ITHa71919	
OP7	IXRF78408	Planmeca	ITHa71785	
OP8	IXRF78391	Planmeca	ITHa71734	
OP9	IXRF78405	Planmeca	ITHa71904	
OP10	IXRF78409	Planmeca	ITHa71858	
Room 229	RFX238411		7F08007/TPP 070388	

TLC:

Table 12: TLC Radiology Equipment				
Location	Item	Mfgr	Model	Mfgr Date
OP1 & OP2	Intraoral X-RAY	Progeny	Preva	2008
OP3 & OP4	Intraoral X-RAY	Progeny	Preva	2008
OP5 & OP6	Intraoral X-RAY	Progeny	Preva	2008
Hall way	Panorex unit	Sirona	Orthophos XG 3	Aug 2009

2.b.

University of Maryland, Baltimore:

All units have 12-inch round open-ended position indicating devices. Rectangular collimation is only available as a laboratory exhibit and not utilized clinically.

University of Maryland, Perryville:

All units have 12-inch round open-ended position indicating devices (internal). Exhibit 4.2-B1-C indicates approval for the equipment at Perryville and lists each type of unit and its protective measures; e.g. control booth and doors are lined with 1.6 inches of lead. Rectangular collimation is only available as a laboratory exhibit and not utilized clinically. An enclosed CD labeled "Perryville Facilities" includes digital photos of the radiology equipment.

TLC:

All units have 10-inch internal round open-ended position indicating devices. Rectangular collimation is only available as a laboratory exhibit and not utilized clinically.

2.c.

University of Maryland, Baltimore:

Equipment is inspected every two years as required by the State of Maryland Department of the Environment. Our current Radiation Machine Facility Registration expires on 12/31/2011. All units are tested annually by the Office of Environmental Health & Safety on campus.

University of Maryland, Perryville:

Baseline data and subsequent submission of compiled x-ray data is required by the Maryland State Department of Health and Mental Hygiene. All personnel and students wore badges for six months for monitoring purposes as dictated by the Maryland State Department of the Environment. Tests of compliance using a radiation dosimeter were conducted by Radiation Equipment Inspection and Quality Control, Inc., Abingdon, Maryland. Radiation output was reported negligible (see Exhibit 4.2-B1-C). All records and oversight of this process are managed by Ms. Patti Zimmer, RDH, Clinic Administrator. The inspector for radiology equipment comes back periodically to check the calibration of the machines.

TLC:

Equipment is inspected every two years as required by the State of Maryland. Horizon Biomedical Company, Salisbury, Maryland is the independent company that inspects the radiology equipment yearly. Dalco Company performs electrical inspections of all patient equipment.

All personnel, students and faculty wear a dosimeter badge for monitoring exposure to radiation as dictated by the Maryland State Department of the Environment. The

clinic administrator collects the badges monthly for testing, conducted by Landauer (www.landauerinc.com). A clinic log is available on site with data submitted by the company (See Exhibit 4.2-B1-B). Radiation output reported is negligible.

2.d.

A DEXTER mannequin is used to practice traditional films or Photostimulable Phosphor Plates (PSP) with XCP instruments. The University of Maryland has 10 Dexter dental x-ray training replicas which are distributed to the various sites. Instrumentation mannequins also can be used for practicing placement. The sensor wire of the digital equipment could be damaged by DEXTER, so students practice placing the digital sensor on each other. Exposure of radiographs requires receptor holders and sensors. PPE and patient lead aprons and collars are located in each closed operatory. The Ceph/Pan aprons are double-sided.

Patients are protected from ionizing radiation because faculty, staff and students use the ALARA (As Low As Reasonably Achievable) principle. ALARA recognizes the possibility that all unnecessary radiation exposure no matter how small the dose should be avoided. Students also utilize selective criteria for prescribing and taking dental radiographs (images). Internal collimators reduce radiation to 2.75 inches in diameter or less. An 12" cone is inverted within the recessed anode tube. All of the x-ray units have been monitored by the Maryland Department of the Environment (DOE) to ensure radiation safety standards have been met. (See Exhibit 4.2-B1-A, Exhibit 4.2-B1-B, & Exhibit 4.2-B1-C). Students and staff must stand 6 feet away from the primary beam, behind the operatory wall or door during all exposures, as exposure buttons are located there.

University of Maryland, Baltimore:

The Baltimore campus has six DEXTER dental x-ray training replicas, which are used by dental hygiene students.

University of Maryland, Perryville:

The Perryville site has two DEXTER dental x-ray training replicas, provided by UMB, which are used for training purposes of dental hygiene students.

TLC:

The TLC has two DEXTER dental x-ray training replicas, provided by UMB, which are used for training purposes of dental hygiene students.

2.e.

University of Maryland, Baltimore:

The school uses the Planmeca Rinn XCP digital sensor instruments and RINN XCP instruments for Phos Phor plates, as well as 2 (sensor and Phos Phor plate) Snap-A-Ray film holders for the majority of intraoral radiographic exposures. Bitewing tabs are used as needed.

University of Maryland, Perryville:

Perryville uses the Planmeca Rinn XCP digital sensor instruments and RINN XCP instruments for Phos Phor plates, as well as 2 (sensor and Phos Phor plate) Snap-A-Ray film holders for the majority of intraoral radiographic exposures. Bitewing tabs are used as needed.

TLC:

TLC uses the Planmeca Rinn XCP digital sensor instruments and RINN XCP instruments for traditional film, as well as 2 (sensor and traditional film) Snap-A-Ray film holders for the majority of intraoral radiographic exposures. Bitewing tabs are used as needed.

2.f.

Digital imaging offers several direct benefits to patient care. These are as follows:

- There is decreased radiation exposure overall, as smaller doses of radiation are required; also films are less likely to be lost.
- Software allows images to be magnified and otherwise enhanced, and the resulting diagnostic capabilities are impressive.
- The availability of extra-oral imaging provides options to patients who are sensitive to intra-oral film holders, thus improving patient comfort and acceptability.
- Since images are easily visible on the computer monitors, i.e., chairside, there are greater opportunities for patient education and student use of films when delivering care.

University of Maryland, Baltimore:

All cubicles have been inspected and approved by the Maryland Department of the Environment and the Office of Environmental Health & Safety of the University of Maryland, Baltimore. The school has 1/16-inch lead shielding in the walls of the cubicles cited above. Thyroid collars and lead aprons are used for patient protection.

University of Maryland, Perryville:

The operatory walls are lead lined although the radiation output from using the Planmeca digital x-ray units (as have been used at UMB for five years) is reported negligible, which was determined by a six month monitoring system using radiation dosimetry.

TLC:

Operatories reserved for student use include x-ray equipment. Thyroid collars, lead aprons, and dosimeters are used for patient and provider protection. X-ray machines are 8 feet from the activation pads. According to Environmental Health

and Safety, lead walls are not necessary in the clinic. View boxes are available in each treatment area.

2.g.

University of Maryland, Baltimore:

Quarterly assessments using thermoluminescent dosimeters were utilized by full time personnel working in the radiology/patient admissions area for one year. Badges were returned to the Office of Environmental Health and Safety, University of Maryland, Baltimore for processing and reporting purposes. Documents for the dental school radiology equipment are kept on file permanently in the office of Elyse Markwitz, Executive Assistant to the Director of COB. Area monitors were also utilized in the radiology/patient admissions area for one year. Radiation output reports were within standards. Area monitors are still being utilized in the cone beam imaging room.

University of Maryland, Perryville:

Each faculty member, student, dental assistant, resident, and AGD is given a radiology badge. The Clinic Administrator is in charge of logging information pertaining to radiation badges.

TLC:

All personnel, students and faculty wear a dosimeter badge for monitoring exposure to radiation as dictated by the Maryland State Department of the Environment. The clinic administrator collects dosimeter badges monthly for testing, conducted by Landauer, Inc. (See Exhibit 4.2-B1-B). A clinic log is available on site with data submitted by the monitoring company. Radiation output reported is negligible.

3. What specific features in the design of, and equipment in, the exposure rooms provide protection from ionizing radiation. If applicable, provide the same information for distance education sites.

Digital imaging offers several direct benefits to the patient care. There is overall decreased radiation exposure to all, smaller doses of radiation are required and films are less likely to be lost. Only digital radiography is taught to junior students.

X-ray machines are at least 6 feet from the activation pads, and the same devices that offer protection as answered above are also utilized, for example, Shielding; see 2.f. above.

School policy specifies that radiation is used only when necessary for diagnostic or treatment procedures. Imaging occurs only after the patients' health histories are reviewed and clinical examinations completed. The benefit of exposure to the patient must clearly outweigh any potential hazard.

University of Maryland, Baltimore & Perryville:

Practitioners are required to log-in with swipe cards prior to students exposing images. Romexis software then records the individual who exposed the radiographs and the number of exposures made. This documentation affords opportunities to intervene with individual staff or students to improve their clinical skills regarding the need for retakes. The Romexis software also does not allow images to be deleted.

TLC:

Dosimeters are used for patient and provider protection. All personnel, students and faculty wear a dosimeter badge for monitoring exposure to radiation. Radiation output reported is negligible.

4. Identify the type(s) and quantity of processing equipment provided. If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

No processors or duplicators are used on the UMB campus since all films are digital. PhosPhor plates are available. There are two computers and two stations for scanning radiographs for PhosPhor plates, one in the radiology area on the first floor and one in the pediatric clinic on the 3rd floor. We also have a traditional scanner since traditional radiographs must be scanned into the computer. In the radiology area and treatment operatories, there is one traditional viewbox and each operatory has a computer monitor for viewing digital images.

University of Maryland, Perryville:

No processors or duplicators are used at Perryville since all films are digital. PhosPhor plates are available. There are two computers and two stations for scanning radiographs for PhosPhor plates. We also have a traditional scanner if traditional radiographs must be scanned into the computer. In this area, there are two viewboxes but students have two computer monitors in their operatories and either of those can be used for pulling up digital images. Having two monitors for display is useful for patient education.

TLC:

Starting Spring 2010, digital radiography was introduced at TLC. Since all films are digital, processors are no longer utilized at the TLC site. A traditional scanner is available to scan records and traditional radiographs, if necessary. There is no film duplicator. There are three viewboxes for pre-clinic radiology exercises. PhosPhor plates are not available at TLC. Schick digital sensors and software are used for patient exposures. Students expose traditional films on Dexter mannequins in lab and then process them at a local dental office.

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? If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

The radiographic interpretation area (Room 1318), which is located in the main Radiology clinic, is strictly designated for scanning and viewing (i.e., interpreting) radiographs. A maximum of four students can be accommodated simultaneously for scanning radiographs; however, only one student is accommodated at a time for interpreting radiographs. Two viewboxes are wall mounted in the radiology hallway.

When treating patients with traditional radiographs in the clinic, films may be viewed using one of the viewboxes located in the clinical treatment area. These viewboxes can be obtained from the floor dental assistant.

University of Maryland, Perryville:

View boxes are located in "imaging room #249" for students to view radiographs. They are portable and can be moved to clinic operatories as needed.

TLC:

At TLC, two viewboxes are available outside of clinic. Viewboxes are utilized in a laboratory setting for mounting, viewing and interpreting radiographs. Each operatory has two computer monitors for viewing dental images. These areas are available to students during patient treatment.

B. Supportive Documentation

1. See Exhibit 4.2-B1-A, University of Maryland, Dental School 1st floor blueprint with Radiology Lab Details.
2. See Exhibit 4.1-B1-B, TLC blueprint with Radiology Lab Details.
3. See Exhibit 4.1-B1-C, Perryville blueprint with Radiology Lab Details.
4. See tables in text for St. 4-2.

Laboratory Facilities

- 4-3 A sufficient 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.

A. Description

1. How many work areas (student stations) are there in the laboratory(s) used for instruction in dental science courses such as dental materials? If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

Table 13: Number and Distribution of Simulation Units at UMB		
	Number	Total Capacity
Simulation Room A: Dental Materials Lab	1	20
Simulation Room B: Bench Lab	1	90
Simulation Room C: Clinical Lab	1	80
Simulation Room D: Dream Room	1	8

Note: all simulation rooms are located on the 5th floor of the Dental School. A blueprint of the facility is located in Exhibit 4.1-B1-A

University of Maryland, Perryville:

The University of Maryland, Perryville laboratory space is adequate for student learning. A designated laboratory space accommodates the junior students' (n=6) laboratory exercises. The laboratory area is 10 x 13 feet. (A Blueprint of the Facility, with labeling can be found in Exhibit 4.1-B1-C).

TLC:

The TLC laboratory space is adequate for student learning. The Laboratory area is 8 x 14 feet and accommodates 3 students per lab session. (See Exhibit 4.1-B1-B.)

2. List the type(s) and quantity of equipment provided for each work area. If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

While the 5th floor dental materials lab provides seating and large work areas for each student during dental hygiene laboratories, there are additional laboratories for dental hygiene use in the dental school, including: Room 4463 on the 4th floor, Room 3326 on the 3rd floor, and Room 2326 on the second floor. All laboratories have sufficient lighting, ventilation and eyewash station attached to the sink.

University of Maryland, Perryville:

Room 242 is the area where students pour up their models and trim them. There is one chair available in the laboratory but operator chairs may also be used there.

The laboratory has sufficient lighting and ventilation and one eyewash station is attached to the sink. Additional laboratory space is available in hygiene room #211 if it is needed.

All applicable OSHA and MOSHA Guidelines for laboratory specifications have been met. Pat Wolf, Assistant Director, UMB Department of Environmental Health and Safety inspected and approved the laboratory ventilation, lighting and protective features (See Exhibit 4.2-B1-C).

TLC:

As stated above, the 8 x 14 laboratory space is a designated area with cabinet and counter work space for three students. The laboratory has sufficient lighting and ventilation. One eye wash station is attached to the sink located in the laboratory. Methods and Materials' laboratories are divided into 2 sessions (three students per session) when necessary to accommodate 6 students. Four clinic operatories also are available for use during scheduled lab periods; i.e., Sealant Competency.

All applicable OSHA and MOSHA Guidelines for laboratory specifications have been met and the Joint Commission Accreditation- Health Care Organization (JCAHO) inspection of the new facility is pending. The last accreditation report, completed in June 2008, can be found in Exhibit 4.1-B1-B.

3. List the type(s), number and location of general use equipment and instruments such as lathes, model trimmers and vibrators. If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

On the main campus, every patient care area is served by a clinical laboratory with the equipment and supplies required to pour and trim models, fabricate mouthguards, clean and polish appliances prior to insertion or during periodic recall, etc.

The Dental Materials Laboratory on the 5th floor accommodates the following laboratory equipment:

1. (4) Whip Mix – Vacuum Power Mixer
2. (2) Whip Mix – Model trimmers
3. (6) Buffalo -Model Vibrator
4. (8) Demetron Curing Lights
5. (6) Lathe
6. (19) Detecto Scales
7. (8) Sta-Vac Heat Vacuum Forming Units
8. (2) Premier Tray Magic – soft tray trimmers

Two additional model trimmers are located on the 4th floor (room 4463); and the following dental materials laboratory equipment is located on both the 2nd (room 2326) and 3rd floor (3326) clinic areas:

1. (1) Detecto Scales
2. (1) Whip Mix – Model trimmers
3. (2) Buffalo -Model Vibrator
4. (1) Ultrasonic Cleaner for denture cleaning
5. (4) Whip Mix – Vacuum Power Mixer

University of Maryland, Perryville:

Designated laboratory space accommodates the junior students' (n=6) laboratory exercises. The laboratory area is 10 x 13 feet. (A Blueprint of the Facility, with labeling can be found in Exhibit 4.1-B1-C).

Room 242 accommodates the following laboratory equipment:

1. (1) Whip Mix – Vacuum Power Mixer Plus Model F
2. (1) Pro-Trim – Wehmer Corporation Model #108
3. (1) Model Vibrator – Handler Mfg. Co.
4. (1) Opti Sonic – Benco Dental, Model #OPII-Sonic 01355 (Ultrasonic Cleaner)
5. (1) Triad 2000 – Dentsply (Visible light cure system) Model: 2000
6. (1) Lathe
7. (1) Whip Mix - Water Bath Serial # B08090121
8. (1) Sta-Vac - Buffalo Dental MFG Co. Serial # 204551
9. (1) Premier Tray Magic Serial # 012313
- 10.(1) Ministar S - Pressure Moulding (Scheu)

TLC:

Laboratory equipment includes:

1. (1) Whip Mix – 12” Ortho Model Trimmer
2. (2) Model Vibrators – Investment Mfg. Co.
3. (3) Soft Tray Trimmers – Tray Magic Mfg. Co.
4. (1) Light Cure System – Dentsply Spectrum 800
5. (1) Ultrasonic cleaner for denture cleaning
6. (1) Heater Vacuum Forming Unit

B. Supportive Documentation

1. Exhibit 4.1-B1-A, University of Maryland, Dental School 5th floor blueprint.
2. Exhibit 4.1-B1-B TLC blueprint.
3. Exhibit 4.1-B1-C Perryville blueprint.

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.

A. Description

1. If the program depends on an extended campus facility (as defined in Standard 4-4) 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 extended campus facility.
 - c. Provide a signed copy of the formal agreements between the educational institution and the facilities. (exhibit)
 - d. Describe the procedures and process for student supervision, instruction and evaluation.

University of Maryland, Baltimore:

The Baltimore campus is independent and needs no help from any other extended campus site.

University of Maryland, Perryville:

The Perryville campus, while an independent free standing facility, is part of the Dental School and needs no help from other extended campus sites. The Affiliation Agreement between UMB and Cecil College is found in Exhibit 1.6.D This agreement relates mostly to admissions information but PV students do have access to the Cecil testing center and library. Cecil College officials, as stated in the Affiliation Agreement, also have offered classroom space should an emergency occur. Should the agreement be terminated, current students will be able to finish their educations but no new students will be admitted. Each party is required to give the other three years notice if termination is desired. Should by some odd chance, students have circumstances that would require them to need more than three years to complete the program; they would be offered the opportunity to complete their studies at the UMB campus.

As previously stated, Perryville students are availed to all campus student services and to the Cecil College testing center where proctored exams are administered. Exams are administered to all campus sites at the same time using Questionmark, on-line assessment software. College employees serve as proctors. With an on-line curriculum, didactic instruction is offered at the same time as it is for Baltimore students so there is equity in course delivery. For “mandatory sessions, distance students can call in on the PolyCom (distance phone system) or text a question through Instant Messaging. Webex, another internet technology, enables students to talk live to faculty and other students in their class via headsets. Lecture capture lessons may be viewed synchronously or asynchronously. Faculty are available to answer questions via telephone or e-mail.

All criteria for faculty are met. Dental hygiene faculty members are on-site at Perryville whenever students are present. The senior faculty at Cecil divides her time between both campuses, ensuring face to face communication for faculty at both sites and reinforcement of calibration. A junior faculty also teaches at PV and UMB providing another mechanism for calibration. E-communication is on-going. All instruction and grading is identical for students at UMB and the distance campuses. The Perryville faculty provide laboratory instruction for Radiology, and DHYG 324, Methods and Materials. Faculty are in constant contact with the analogous faculty on the UMB campus. On-line learning helps ensure standardization and easy access to all course content. The Perryville faculty members are in constant contact with the supervising dental faculty and Dr. Gregory Zeller, Clinic Director. Further, Dr. Jill Easton, who is chair of the Community Advisory Board, is readily available. The dental hygiene Perryville/UMB liaison serves on the Community Advisory Board and has met with community leaders multiple times. Communication between UMB and PV is on-going;

TLC:

The MOU between UMB and the Eastern Shore colleges is found in Exhibits 1-4B and 1-4C. Student use of the colleges is limited to their testing centers where proctored exams are administered. The respective college hires employees who serve as proctors. The MOU between UMB and TLC can be found in Exhibit 1-4A. If the agreement between UMB and TLC should terminate, the Eastern Shore students would complete their educations at the Baltimore campus. Each entity must give two years notice if the MOU is to change.

Instruction is offered at the same time for students on both campuses. Adequate space at TLC is available at the needed times. (See blueprint of facility, Exhibit 4.1-B1-B.) All criteria for 4-4 are met. To date, the Director and/or a faculty member visit the site at least once a quarter. E-mail communication is constant. The Director speaks to the faculty members at least 3 times per week and the UMB Junior Clinic Coordinator and the Eastern Shore counterpart have a scheduled weekly conference call. All instruction and grading is identical for both sites. The junior Eastern Shore faculty member provides laboratory instruction for Radiology and in the Spring semester coordinates the laboratory portion of DHYG 324, Methods and Materials course. She is in constant contact with the analogous faculty on the UMB campus and has access to all of their on-line course content and text books. On-line didactic teaching ensures identical course content. The Eastern Shore faculty members are in constant (daily) contact with the TLC Dental Director (Dr. Celeste Ziara) and all of UMB's requests concerning the students' needs have been met, ensuring a high level of education at the TLC site. The senior TLC faculty teaches the senior year clinical course and assists with the didactic portion of that same course.

B. Supportive Documentation

1. Please refer to the applicable "Examples of evidence to demonstrate compliance include" section within the Accreditation Standards for Dental Hygiene Education Programs.
2. Exhibits 1-4A, B, C: Copy of formal agreement between educational institution and facilities

Classroom Space

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

A. Description

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? If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

Didactic classes are all offered on-line; however, classrooms are scheduled prior to the semester as most lectures are presented live for lecture capture during the course's pre-scheduled times. Select classes require mandatory attendance. If a class is not mandatory, students have the option of attending the live lectures, or they can access the lectures from a remote location via webcasting either synchronously or asynchronously since all lectures are recorded. A Polycom unit is also available to receive telephone calls from students directly in the lecture halls if a distance student wants to call in, in "real time".

University of Maryland, Perryville:

A 12 person conference room is available for student learning. For mandatory on-line class sessions, and/or pre-scheduled synchronous assignments, this space is available only to dental hygiene students. The room can be electronically reserved and noted in Public Folders. At other times, students can view on-line assignments as needed. Since the conference room is shared with other students, a separate room also is dedicated to the dental hygiene students (Room 211). Simulation torsos with phantom heads can be mounted on dental units for student practice. They are stored in a convenient location which is easily accessible to students. Students can study in the available conference room area or can use the UMB or Cecil College Library. They also have 24/7 on-line access to UMB's Health Sciences Library.

TLC:

A 12 person conference room is available for student learning and pre-clinic exercises. For mandatory on-line class sessions, and/or pre-scheduled synchronous assignments, this space is available only to dental hygiene students. Scheduling the room is not an issue. A plasma TV is available for group sessions and assignments. For pre-clinic exercises, simulation mounting poles and dental models are used at

the conference room table or in the clinic operatories. (See blueprint of facility, Exhibit 4.1-B1-B).

2. Indicate the capacity of the classroom(s) utilized by the programs. Describe the equipment available in each classroom to support instruction. If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore:

Upon entry into the dental hygiene program, students receive a laptop based on the school's computer requirements. These laptops come with a standard image (software /applications) loaded to support various applications the students will be required to use in the dental hygiene program. Students entering the educational program at the dental school are expected to have a basic computer skill set which includes searching the internet, downloading documents, maintaining security settings and installing applications on their computer systems. At orientation, students have a learning session with the IT team and have access to those individuals during their matriculation should they need assistance. Additionally, the dental school facilitate competency of its graduates in the use of information technology resources by ensuring that both its pre-clinical and clinical environments are equipped with state-of-the art technology comparable to, and at times, exceeding, that of a contemporary dental practice.

The facility infrastructure includes: 4 lecture halls, 3 seminar rooms, computer learning/distance education room, 20 conference rooms, and a classroom-laboratory, 4 areas for simulators, and a student computing center (see table 14 below).

Table 14: UMB Facility Infrastructure		
Facilities	Number	Total Capacity
Conference Rooms	20	266
Distance Learning Center	1	24
Laboratory Classroom	1	24
Lecture Halls	4	412
Seminar Rooms	3	105
Simulation Room A: Dental Materials Lab	1	20
Simulation Room B: Bench Lab	1	90
Simulation Room C: Clinical Lab	1	80
Simulation Room D: Dream Room	1	8
Student Computing Center	1	18

The lecture halls, seminar rooms and other didactic areas are equipped with technology to enrich the educational experience and facilitate the delivery of instructional material.

Touch screen technology provides intuitive media control. The infrastructure (telecommunications, server capacity, electrical, etc.) has been designed for maximum flexibility to accommodate new and emerging technologies. An extraordinary array of audiovisual equipment is available, including the following:

- Podium with touch-screen controlled computer, laptop connection, lighting control panel
- Microphones (many are wireless lavalieres) and speakers capable of audio capture
- Adjustable lighting
- White board – permanent
- Polycom telephone
- Electronic Stylus
- Projection Screen, LCD Projector, DVD Player, closed circuit television
- Video recording
- Video conferencing systems capable of video streaming, webcasting, and video capture

The entire building has full wireless internet access: members of the dental school community with wireless-enabled devices can access the internet from any location. This is a boon to individualized learning styles that improve students' ability to acquire knowledge and skills.

The Student Computing Center is dedicated to advanced information technology and houses 18 student workstations. The STC is used for independent study, scanning documents, access to the Internet, Email and various campus databases, and provides the following

- 18 computers
- Of these, 7 have access to Axium with Skype phone service;
- 1 Mac;
- 2 black and white printers
- color laser printer;
- Scanners for flat copy or radiographs;
- slide scanner for converting 2 X 2 slides to digital images;
- TV/VCR combination unit
- 2 portable large screen projection systems with computers on carts
- photo copier supported by Auxillary Services
- The STC also has ethernet jacks for use with laptops and comfortable lounge chairs adjacent to jacks for use with laptops. The STC is open

seven days a week 24/7 using card access. Staff is available for assistance from 8am to 6pm, Monday through Friday.

In addition, the HSL's Dental Information Specialist has designated hours when she can meet with students in the Student Computer Center at the SOC.

Computer applications include:

HIPAA

Students are provided instruction outlining the policies and procedures of how to protect and secure patient health information. Computer network and clinical application's logons/passwords are not provided until the student has passed the on-line HIPAA quiz at the start of the dental hygiene program. Confirmation of the submission of the assessment is verified before distributing network access. Reinforcement of the importance of patient information security and privacy guidelines are maintained by an additional administered assessment at the start of their clinical rotations. All clinical software enterprise solutions support HIPAA guidelines by limiting a student's access to only assigned patients. Access can be easily denied when compliance is in question. Students are aware that all clinical software contains secure audit trails of each student regarding computer patient access.

Blackboard

The campus learning management system provides students the ability to access course materials such as additional articles, lab projects, lecture presentations, multi-media learning objects, policies, procedures, supportive course resources, and syllabi. Students can communicate with classmates through electronic mail, post discussions, submit assignments and scan their documents for plagiarism. Most students are competent with these applications based upon previous content management systems used in their undergraduate studies. Initial training concerning navigation through the course management interface is provided to all students during the information technology orientation.

Mediasite

The lecture capture system records all lectures (video, audio, slides) and provides access to course content 24x7. Students receive an introduction to this application and quickly master this tool enabling them to stop, start, advance to a slide of choice and speed up or slow down the presentation. Since all lectures are captured, students are more than proficient by the time they graduate.

Questionmark

The electronic assessment system administers examinations, quizzes and surveys. Students receive an introduction to this application and become competent in taking

assessments electronically. This experience prepares them for electronically delivered Board Exams. This system also automatically provides the student with test score and feedback, immediately following an exam.

Axium

Dentistry (and health care in general) is moving away from paper records and toward fully electronic records. Thus, our students will have had some preparation to thinking “electronically”. Students at the dental school are exposed to various aspects of this technology at Perryville, where students utilize all fully electronic patient record. There are no paper charts in Perryville; all treatment notes, patient consents, clinical forms, etc. are captured electronically. Anything the student would normally have written or placed in the paper chart is entered into Axium. TLC also is paperless. Students become competent by using this technology to process information previously reported on paper.

Romexis

Graduates learn to master the use of a web-based software product called Romexis to order, obtain approval of, acquire and interpret digital images in both pre-clinical courses as well as on patients while in clinic. Approval via a faculty swipe card reader assures that a student is being properly guided. Our licensed radiologist provides the foundation for using this software to balance minimal x-ray exposures while delivering optimal patient care. Virtual Patients are utilized to learn the tools of image manipulation within the software. Block Rotations facilitate the hands on training and use of a variety of digital imaging instruments. Romexis is the umbrella for all types of image capture devices; CBVT 3D imaging for orthodontic and implant based patient care, Panoramic and periapical imaging for general and other disciplines of dental care, Cephalometric imaging for orthodontics, Phosphor Plate technology for pediatric patients, the Intra-Oral camera to view and capture images of the inside of the patient’s mouth, a Flatbed transparency scanner to scan in traditional film, import of jpeg/tiff/dicom images obtained from external sources as well as to export patient images. All of these image capture devices and purposes complement the knowledge base needed to treatment plan, acquire and review digital images needed to provide optimal patient care. Online help documents reinforce understanding of the software as well as provide a brief overview of film acquisition and processing to complement the educational goals of being prepared for any dental practice environment. Romexis allows students to report on their own image acquisition with a timeline and approval stamp.

Webex

WebEx is used in the Dental Hygiene program to establish synchronous communication among the main and satellite remote sites using Voice Over IP. The students use their computers and headsets to log into a central conferencing meeting space to listen to lectures, give presentations and discuss related oral

health care topics. Students are also able to view the host's (i.e. faculty) desk top and support materials as needed for the learning experience.

Second Life

Students are introduced to the virtual worlds to practice appropriate patient education delivery methods. The University Maryland Virtual Dental School in Second Life is utilized to practice patient and dental hygiene behavioral interaction skills in an innocuous environment. The students can use their avatars in the virtual dental school to role play various scenarios to reinforce lecture material content.

Virtual University of Maryland Dental School Vision

The Virtual University provides a space where:

1. A connected virtual community can learn about preventive care and how dentistry can impact oral and systemic diseases.
2. E-citizens are given an opportunity to overcome their fear about going to the dental office.
3. Collaboration with other dental professionals can occur anywhere, in anyplace, at any time.
4. Students & faculty could listen to and present lecturers from anywhere in the world.
5. Virtual Dental Conferences and Meetings can be held.

University of Maryland, Perryville:

The state of the art conference room is comprised of a work station with 3 computers, printer/fax, podium, projection screen and Polycom system. Ample electrical outlets enable student computer usage. The whole facility is wireless with internet access at all times. (See Blueprint of Facility, Exhibit 4.1-B1-C). Students are provided with storage lockers.

TLC

The conference room is equipped with a conference room style table and 6 chairs. Additional seating is available when needed. Lighting is excellent and ample electrical outlets enable student computer usage. Students are connected to the facility wireless system to allow internet access anywhere in the building. A conference call phone system is available in the conference room for student use, when needed. A plasma TV is available for group exercises. Students have access to a printer and copy machine. Students are provided with storage lockers. (See Blueprint of Facility, Exhibit 4.1-B1-B).

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.

A. Description

1. Specify the number, capacity and location of faculty and staff offices. If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore

The department secretary and 6 faculty offices are located on the first floor of the Dental School; and, one additional faculty office is located on the second floor of the Dental School. Each full-time faculty has her own office. Two pairs of part-time faculty share offices; one pair's office is on the first floor, and the second, on the second floor. The first floor offices are clustered.

University of Maryland, Perryville

The Cecil facility has designated faculty office space providing a room that is 123x118. This office includes two desks, bookshelves, new computers and a printer. Student records related to Admissions are housed at UMB. Grade and program related record keeping files are housed in the faculty member's office in a locked cabinet. Only the dental hygiene faculty has access to the records of student work. Faculty at Perryville and UMB use Axium, the computer grading system. Clinic grades are entered identically at both sites.

TLC:

The TLC facility has a 10 x 14 office space designated for 2 part-time UMB faculty members who are at the site on different days. This office includes two desks, cabinet and countertop space and bookshelves. Student records related to Admissions are housed at UMB. Grade and program related record keeping files are housed in the faculty member's office in a locked cabinet. Only the dental hygiene faculty has access to the records of student work. TLC faculty use a paper grading system analogous to UMB which is stored in a log and later sent to UMB.

2. Describe the space available for securing student and program records. If applicable, provide the same information for distance education sites.

University of Maryland, Baltimore

At UMB, the Division's Executive Administrative Assistant (EAA) has a large work area in which cabinets housing student and program records are kept. These files

are kept locked during non-working hours. All student records related to Admissions are housed at the UMB site. On the eastern shore, locked cabinets for student work are kept in the faculty member's office.

University of Maryland, Perryville & TLC

Student records related to Admissions are housed at UMB. Grades and program related record-keeping files are housed in the faculty members' office in a locked cabinet. Only the faculty has access to the records of student work.

3. Describe the manner in which records of student work in the program are maintained. If applicable, provide the same information for distance education sites.

Records of student work are housed in respective faculty offices and are kept locked regardless of campus site. Electronic records and spreadsheets of student work also are generated by faculty and can be accessed only by the faculty's computer password. Hard copy grade reports are locked in files kept by the EAA.

4. Describe the way in which confidentiality of and access to student records are ensured. If applicable, provide the same information for distance education sites.

Only faculty has access to student records. No one else has the authority or ability to see them unless approved by the Division Director and/or the student. As previously stated, files with student records are kept locked during non-working hours. This applies to all sites.

Learning Resources

4-7 Instructional aids and equipment must be sufficient 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.

A. Description

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, is a separate collection of books and periodicals related to dental hygiene retained in the program's facilities?

University of Maryland, Baltimore:

The major collection of books & periodicals (journals) is housed at the Health Sciences & Human Services Library (HS/HSL) which serves as the central library for the Dental, Medical, Pharmacy, Nursing, Social Work & Graduate Schools located at the University of Maryland, Baltimore (UMB) campus. The HS/HSL also serves the UMMC.

The HS/HSL serves as the Regional Medical Library (RML) for the National Network of Libraries of Medicine, Southeastern/Atlantic Region which includes: Alabama, the District of Columbia, Florida, Georgia, Maryland, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, West Virginia, and U.S. Virgin Islands.

UMB faculty, staff or students may check out books located in the General Collection for one month. The library's *Online Catalog* provides the call number & location for a book as well as its availability. An increasing number of Electronic Books are available from the HS/HSL's web site.

The Library also provides UMB faculty, staff & students access to a growing number of Electronic Journals. Print journals may not be checked out. Photocopy machines are located on floors 1 & 3 of the library.

The Division faculty each has her own library collection. Both hard copy books and journals are available to students. In total, the Division's collection is comprehensive and broad. All faculty are will to share.

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

Electronic resources of the HS/HSL are available to students on all campuses 24/7.

University of Maryland, Baltimore:

The hours for the HS/HSL are as follows:

Winter & Spring Semester Hours:

Monday – Thursday: 8:00AM –Midnight

Friday: 8:00am – 8:00pm

Saturday: 8:00AM – 5:00PM

Sunday: 11:00AM – Midnight

Summer Hours:

Monday – Thursday 8:00AM – 8:00PM

Friday: 8:00AM – 6:00PM

Saturday: 8:00 AM – 5:00PM

Sunday: Closed

Note: Most resources (including biomedical databases, E-journals & E-books) are electronically available 24/7 via the HS/HSL’s web site (<http://www.hshsl.umaryland.edu>).

University of Maryland, Perryville & TLC:

In addition to the HS/HSL, both Perryville and TLC students have access to libraries at the community colleges with whom UMB articulates. Students utilize the test taking centers and video-taping facilities at each of these feeder schools. Eastern Shore students may also use the libraries at the University of Maryland Eastern Shore (UMES).

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

University of Maryland, Baltimore:

Electronic Access:

Through the HS/HSL’s web site, bibliographic databases (such as MEDLINE, Lexi-Comp for Dentistry, etc.), electronic journals & electronic books are available to the students and faculty 24 hours per day. To access these electronic resources from off-site students must use their Library Barcode found on their required UMB1 One ID cards. Within the Dental School, the HS/HSL web site is accessible from the computers in the Student Technology Center, located on the 5th floor as well from any computer or student laptop within the building. Easy access to the Library’s website is available from the homepage of the Dental School website (look for the library icon under “Applications” in the lower-left-hand side). Selected library resources are also available from the Virtual Dental School Building in Second Life.

Through the library's Mediated Search Service, Dental faculty, staff & students may request an Information Specialist to perform a database search for them. There is a fee for this service.

Other University System of Maryland (USM) Libraries:

All UM dental hygiene faculty and students have easy access to the books and journals owned by any of the other University System of Maryland Libraries. Faculty and students may directly borrow books from these libraries or can make photocopies of needed journal articles. Through Interlibrary Loan (ILL), UMB faculty, staff and students can request books or journal articles for free from any of the USM Libraries. Students are eligible for free ILL's as well as copies of articles from journals owned by the HS/HSL.

Area Libraries:

Faculty and students have access to other area medical libraries, such as the Welch Medical Library at Johns Hopkins University or the National Library of Medicine, to make photocopies of journal articles or from books. The holdings of area college & university libraries can be searched via links from the HS/HSL web site.

Interlibrary Loan (ILL) Services:

Books or journal articles may be requested from libraries outside of the University System of Maryland for a fee* through ILL. ILL requests are submitted electronically from a link on the HS/HSL web site or by using the computers at the Library.

*The fee for this service is waived for students.

Books or journal articles available within the USM Libraries can be obtained free-of-charge through ILL.

University of Maryland, Perryville:

Electronic access to the resources of the UMB HS/HSL are available to students at all times. Valid student identification also permits students to use library facilities at other UM System institutions and Cecil Community College. Many dental hygiene texts used in the program can be accessed from the library website.

TLC:

Electronic access to the UMB Health Sciences Library is available to students at all times. Valid student identification also permits students to use library facilities at other UM System institutions (e.g., University of Maryland Eastern Shore and community colleges in the area.) Many dental hygiene texts used in the program can be accessed from the library website.

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

University of Maryland, Baltimore:

See Exhibit 4.7-B3-A, entitled, *Dental Resources Available in the Reference Collection*.

University of Maryland, Perryville:

See Exhibit 4.7-B3-C

TLC:

See Exhibit 4.7-B3-B

5. As an exhibit, provide a list of periodicals related to dental hygiene dentistry which are available for student and faculty reference.

University of Maryland, Baltimore:

See Exhibit 4.7-B3-A, entitled, *Selected List of Dental Journals – August 2010*

University of Maryland, Perryville:

See Exhibit 4.7-B3-C

TLC:

See Exhibit 4.7-B3-B

6. As an exhibit, provide a comprehensive listing of the collection of books available to the students and faculty. Group the listing into categories, i.e., dentistry, dental hygiene and other related subject areas.

University of Maryland, Baltimore:

Due to the multidisciplinary nature of some subjects, the selected list below is not a comprehensive look at the holdings that might be useful to Dental faculty, students or staff. The *HS/HSL Online Catalog* is the source for the complete listing of the Library's holdings. The following is a list of the numbers of items owned in **selected** subject areas.

- Dentistry (Call numbers beginning with RK 55) – 148
- Preventive dentistry (Call numbers beginning with RK 60.5 & RK60.7) – 174
- Dental radiography (Call numbers beginning with RK 309) – 103
- Oral medicine (Call numbers beginning with RC 815) – 217
- Total number of books with the call number letter, RK, is 4,137.

The HS/HSL continues to add E-Books to its collection. A full list of E-Books is available online.

University of Maryland, Perryville:

See Exhibit 4.7-B2-C

TLC:

See Exhibit 4.7-B2-B

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

The Faculty Library Liaison for the Dental School, Mary Ann Williams, M.S.L.S., is responsible for the selection of books added to the HS/HSL's collection.

This is accomplished by several methods:

1. Previewing books through the Library's Approval Plan. The HS/HSL collects materials in Dentistry (which includes dental hygiene) at the research level.
2. Weekly e-mails from *Doody's Electronic Journal*. This service provides reviews/announcements of new books based on a profile established with Doody's Review Service.
3. Requests made by Dental School faculty, staff or students. These requests can be made via the Library's web site, or by submitting the requests to the Dental School Faculty Library Liaison.
4. Reviewing the ADA's Department of Library Services New Book List.
5. Reviewing association/publisher's catalogs and flyers.
6. Reviewing updates to the Medical Library Association's Dental Section compilation entitled, *MLA Dental Section's Booklist for a Library Supporting a Dental Program or Dental Service*.
7. Reviewing updates to the Medical Library Association's Dental Section compilation entitled, *Journals, Databases & Books for Dental Hygiene Programs*.

The Collection Development Policy can be found on the HSL website.

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

Instructional videos are available to students for Instrumentation, Radiology, Anatomy, & Dental Materials via mediasite.

University of Maryland, Baltimore:

The junior class utilizes 6 DEXTER Mannequin heads in radiology, and 11 hinged skulls in oral anatomy. Skulls are shared with a classmate. Designated landmarks are indicated on the skulls and each skull has a hinged jaw. A skull landmark video is available via mediasite. Each student purchases a Kilgore typodont with 32 teeth,

rod, hinges, and pre-attached oral cavity cover which can be attached to a simulation torso for pre-clinical instrumentation. Two prepped Kilgore teeth (#30 MO, & #8 class IV) are purchased by students for dental materials laboratory activities.

University of Maryland, Perryville & TLC:

The junior class at each campus utilizes the following: 2 DEXTER Mannequin heads, and three hinged skulls. Skulls are shared with a classmate. Designated landmarks are indicated on the skulls. A skull landmark video is available via mediasite. Each student purchases a Kilgore typodont with 32 teeth, rod, hinges, and pre-attached oral cavity cover which can be attached to a simulation torso for pre-clinical instrumentation. Two prepped Kilgore teeth (#30 MO, & #8 class IV) are purchased by students for dental materials laboratory activities.

9. List the audiovisual equipment available for program use.

University of Maryland, Baltimore:

On the main campus, the information technology enhances the School's academic, research and clinical endeavors. The statistics are impressive:

- 1100 personal computers available to any student
- 320 clinical computer systems
- 180 computer simulation systems

All students have their own laptops, with standardized specifications. All audiovisual resources are either course related and on-line or web-based. Links to other resources are used in all courses.

University of Maryland, Perryville:

- 4 personal computers available to any student
- 26 clinical computer systems

All students have their own laptops, with standardized specifications. All audiovisual resources are either course related and on-line or web-based. Links to other resources are used in all courses. In addition, Mediasite, a lecture capture system, and all captures are housed in an on-line library. Webex and polycom also are available for "real time" communication.

TLC:

- 4 clinical computer systems have internet access
- Student personal laptop computer with standardized specifications

All students have their own laptops, with standardized specifications. All audiovisual resources are either course related and on-line or web-based. Links to other resources are used in all courses.

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

All students at all campuses have access to course content on-line and have the opportunity to more at an individual pace. However, exams are pre-scheduled given the need to coordinate three campuses.

University of Maryland, Baltimore:

On-line learning facilitates self-instruction.

University of Maryland, Perryville:

On-line learning facilitates self-instruction.

TLC:

On-line learning facilitates self-instruction. On-line self instructional materials are the bases of the curriculum, supported by pre-clinic and laboratory exercises and patient clinic experiences.

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

Instructional resources are available to all students 24/7 electronically.

B. Supportive Documentation

1. Please refer to the applicable “Examples of evidence to demonstrate compliance include” section within the Accreditation Standards for Dental Hygiene Education Programs.
2. Exhibit: Listing of current dental-related periodicals
See Exhibit 4.7-B2-A, Exhibit 4.7-B2-B, and Exhibit 4.7-B2-C.
3. Exhibit: Comprehensive list of current collection of references on dentistry, dental hygiene and related subjects
See Exhibit 4.7-B3-A, Exhibit 4.7-B3-B, and Exhibit 4.7-B3-C.

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.

A. Description

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?

All dental hygiene policies and procedures including adjudication of academic and disciplinary complaints can be accessed by going to www.umaryland.edu, the dental school's home page by clicking on "Academic and Student Affairs" > "General Policies" > "Dental Hygiene" > "Policies". The following is a direct link to Dental Hygiene Academic Policies:

*<http://www.dental.umaryland.edu/dentalstudent/policies/hygiene/index.html>

The following hyperlinks on the Dental Hygiene Academic Policy webpage provides students with specific dental hygiene policies:

- Academic Retention and Advancement
- Appeal of Advancement Decision
- Attendance
- Awards and Scholarships
- Communication
- Competencies for Dental Hygiene Graduates
- Complaints to the Commission on Dental Accreditation
- Constitution and By-Laws of Dental Hygiene Student Organizations
- Degree Requirements
- Examination Policies
- Examinations for Licensure
- Faculty and Staff
- Grading Policy
- Program Goals and Objectives
- Readmission to the Dental Hygiene Program
- Registration
- Tuition and Fees (Updated in new fiscal year)
- Tuition and Fees Payment Policy
- UM Policy Concerning Prevention and Management of Infection with Bloodborne Pathogens
- Withdrawal

University of Maryland, Perryville & TLC:

All policies and procedures for adjudication of academic and disciplinary complaints are parallel to those established by the sponsoring institution. This information can

be accessed by going to www.umaryland.edu, the dental school's home page by clicking on "Academic and Student Affairs" > "General Policies" > "Dental Hygiene" > "Policies". The following is a direct link to Dental Hygiene Academic Policies:
<http://www.dental.umaryland.edu/dentalstudent/policies/hygiene/index.html>

B. Supportive Documentation

1. Specific dental hygiene academic policies can be found in Standard 2-2.A text.

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.

A. Description

1. Provide policies and procedures that have been developed related to individuals who have bloodborne infectious disease(s), including applicants for admission to the program, students, patients, faculty and staff

The Dental School is committed to serving all patients. All dental personnel are ethically obligated to provide patient care with compassion and respect for human dignity. Dental personnel are ethically obligated to respect the rights of privacy and confidentiality of all patients, including those with infectious diseases.

No dental personnel/students may refuse to treat a patient solely because the patient is at risk of contracting or has an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), HBV or HCV infection. Patients with active infectious diseases are evaluated on an individual basis and may be assigned to the General Practices, the Plus Program, the Special Care Clinic, the Advanced General Dentistry Clinic or the University of Maryland Hospital's Department of Dentistry. The site is dependent upon the complexity of the dental treatment and the patient's overall medical status.

Dental personnel who pose a risk of transmitting an infectious agent must consult with appropriate health-care professionals to determine whether continuing to provide professional services represents a material risk to the patient. If a dental faculty, student, or staff member learns that continuing to provide professional services represents a material risk to patients, that person should so inform the Dental School Dean. If so informed, the Dean should take steps consistent with the advice of appropriate health-care professionals and current federal, state, and/or

local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission of the infection to others. In addition, the Dean must facilitate appropriate counseling and follow-up care, and should consider establishing retraining and/or counseling programs for those faculty, staff, and students who cannot continue to perform patient care procedures. More details about this policy can be found in the attached policy entitled “UMB Policy Concerning Prevention and Management of Student and Employee Infection with Bloodborne Pathogens” (Exhibits 5 -1.Aa and 5-1.Ab).

While applicants who are infected with bloodborne pathogens are not required to identify themselves to the University, all candidates for enrollment are strongly encouraged to know their status and to seek professional advice if they have questions. All applicants are informed that infection with a specific bloodborne pathogen (e.g., HBV) could prevent them from completing the curriculum or subsequently practicing their intended profession as a result of scientifically established contagion risk. Further, applicants are specifically advised that the Dental School does not admit individuals who have had prior infection with the Hepatitis B virus that has left them chronic carriers of the e antigen. The admission of any individual who has chronic infection with Hepatitis B or C will be considered on an individual basis with consultation from an expert panel in Infectious Diseases (Exhibits 5-1.Aa and 5-1.Ac).

The Dean of the Dental School has appointed an ombudsman or advocate to whom any applicant, student or employee can go to in confidence for advice on policies and procedures related to infection with bloodborne pathogens and on the implication of testing and disclosure for enrollment or employment status. Individuals with specific questions or concerns are urged to seek advice from the Dental School’s ombudsman (Chairman, Clinical Operations Board).

In conjunction with central administration of the University of Maryland Baltimore, a comprehensive privacy protection program was implemented, including policies related to the storage and electronic transfer of protected health information.

Policies relate to the following:

- Clinic procedures for protecting patient confidentiality
- Dental record management
- Use of full-face photographs
- Use of computers that contain personal health information, and
- Use of AxiUm, the computerized clinical information system

Together, the policies address the regulations contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Exhibits 5-1.Ad & 5-19.Ae).

Policies related to students, patients, faculty and staff can be found in Exhibit 5-1Aa, UMB Policy on Prevention and Management of Student and Employee Infection with Bloodborne Pathogens.

2. Describe how these policies and procedures have been implemented.

Applicants are informed of our admission policies concerning hepatitis status through the UMB web-site (Exhibit 5-1.Af).

Accepted applicants again are advised of the policies concerning hepatitis status “Technical Standards for Admission and Matriculation” document, which is mailed to every accepted individual (Exhibit 5-1.Ac).

All staff, faculty and students employed or enrolled in the Dental School receive formalized training to familiarize them with HIPAA policies. As part of orientation, new students, faculty and staff must complete training that explains University of Maryland Dental School Policies related to HIPAA and pass an online HIPAA quiz successfully with a 70%. Ms. Chhaya Shah, the director of clinical application support, receives automated emails when a person takes the HIPAA quiz. Ms. Shah also generates a report on who has not completed the quiz to address compliancy and currently all have passed. Faculty and students are unable to access AXIUM unless they have passed the quiz. Ms. Shah controls their entry based on quiz results. This training course and the quiz are available electronically (Exhibit 5-1.Ae).

3. How do these policies ensure that the confidentiality of information pertaining to the health status of each infected individual is strictly maintained?

The confidentiality of an individual’s health status is addressed through the University HIPAA policy and the “UMB Policy on Prevention and Management of Student and Employee Infection with Bloodborne Pathogens” (Exhibits 5-1.Aa, 5.1Ad & 5-1.Ae). Applicants are encouraged to disclose only to the Associate Dean for the Office of Academic Affairs, who decides if advice is needed from a panel with expertise in Infection Control. Faculty, staff and students, once enrolled or employed, report to an ombudsman (Chair, Clinical Operations Board) who handles the matter and may seek advice from the same panel.

4. How are these policies made available to all applicants, students, patients, faculty and staff?

HIPAA policies and Dental School policies are available on the Dental School’s Website (Exhibits 5-1.Ad and 5-1.Ae). Patients are given our Notice of Privacy Practices and the Patient’s Bill of Rights at their initial registration (Exhibit 5-1.Ag).

5. State or append a copy of the program's policies on:
 - a. Selection criteria for radiography patients
 - b. Frequency of exposing radiographs on patients
 - c. Retaking radiographs
 - d. Exposing radiographs for diagnostic purposes

The Dental Hygiene Program's policies on 5a-d are those adopted by the Dental School and are posted online under Tooth Wiki: Electronic Clinic Manual which is found on the Dental School's homepage (Exhibit 5-1.Ah).

It is the policy of this School that radiation be used only when necessary for diagnostic or treatment procedures. The benefit of exposure to the patient must clearly outweigh any potential hazard. Materials and techniques will be routinely used that reduce the amount of exposure to the patient and operator. All procedures are reviewed and updated annually, and then they are published on the Tooth Wiki (Exhibit 5-1.Ai, Dental School Radiology Policy).

The Dental School operates under the umbrella of the campus-wide office of Environmental Health and Safety, and follows the *Guidelines for Prescribing Radiographs* as outlined by the Food and Drug Administration. These *Guidelines for Prescribing Dental Radiographs* were established in accordance with findings of an expert dental panel, comprised of representatives from the Academies of General Dentistry, Oral and Maxillofacial Radiology, Oral Medicine, Pediatric Dentistry, and the American Dental Association under the sponsorship of the Food and Drug Administration (FDA). The Guidelines are subject to clinical judgment and may not apply to every patient. They are to be used only after reviewing the patient's health history and completing a clinical examination. Students and faculty can refer to these references to aid in determining appropriate radiographs for each patient (Exhibits 5-1.Ai and 5-1.Aj). In addition, patients are protected from ionizing radiation because faculty, staff, and students use the ALARA (As Low As Reasonably Achievable) principle. ALARA recognizes the possibility that all unnecessary radiation exposure no matter how small the dose should be avoided. Further, only digital images are made at the dental school which requires less radiation than conventional approaches

Administration of Radiology

(See Exhibit 5.1Ai, Dental School Radiology Policy)

- a. The Radiation Safety Officer (RSO). The RSO has the authority and responsibility to establish, implement, and monitor guidelines, policies, and procedures for radiographic practices.
- b. The Radiation Safety Officer will incorporate established UMB campus radiation standards and programs in coordinating, monitoring and controlling the School's use of diagnostic x-ray imaging equipment.

- c. Only licensed dentists, students and others, who are certified by training and supervised by a dentist, are permitted to make patient exposures. A dentist must personally make a tentative diagnosis and prescribe the appropriate radiographic procedures, prior to exposure of radiographs.
- d. If the Radiation Safety Officer determines that any student lacks the required skills to make satisfactory patient exposures, he/she is required to satisfactorily complete additional radiology competency training.
- e. Approval of the Radiation Safety Officer (and the University Office of Radiation Safety) must be obtained prior to installing or remodeling radiographic facilities or purchasing new equipment.

Protocol for Exposure

- a. A DEXTER mannequin, and Photostimulable Phosphor Plates (PSP) with XCP instruments are used to practice film placement. Instrumentation mannequins also can be used for practicing placement. The sensor wire of the digital equipment could be damaged by DEXTER, so students practice placing the digital sensor on each other. Dental hygiene students must first pass a lab competency on manikins in Oral Radiology (DHYG 316) in Fall semester of the third year dental hygiene education. Then, clinical radiology competency examinations are given at the end of the Fall semester or at the beginning of the Spring Semester. Until competent, students must take radiographs in the Imaging Center located on the first floor or under the direct supervision of a faculty. Only students deemed competent may expose bitewing and periapical (maximum of 5 images) radiographs on patients in the main General Practice Clinics. However, they must take complete radiograph series (CRS) and panoramic images in the Imaging Center.
- b. In the General Practice Clinics, radiographs are prescribed in writing by a dentist-faculty on the Radiation Storage Sheet, (located in the back of the patient record).
- c. The requirement for radiographs, during and following treatment, is evidence-based and considers the patient's needs and the dentist's professional judgment
- d. Existing radiographs of the patient are reviewed before new radiographs are made. Only additional views required for diagnosis and treatment are exposed. The school generally attempts to obtain any recent radiographs, taken outside of the Dental School, provided patient consent is obtained.
- e. Students who require three or more retake radiographs during a complete radiographic survey are assisted, and receive direct supervision by radiology faculty or a staff member when completing retakes.
- f. Radiographs are made only when a patient is able to cooperate.
- g. To maximize exposure benefits, the requirement for radiographs is determined based on clinical examination of the patient and the use of

proper selection criteria. The school makes every attempt to keep the number and type of radiographs consistent with the patient's clinical needs. The amount of ionizing radiation is less from digital radiography than conventional exposures.

- h. For pregnant patients, only specific radiographs associated with urgent care are made.
- i. No administrative radiographs (e.g. radiographs made for third parties, insurance claims, or legal proceedings) shall be made. Diagnostic radiographs may be used for administrative purposes.
- j. Radiographs are not made for the purpose of student training or demonstration. Patients who require radiographs for diagnostic purposes may participate in educational activities.
- k. All radiographs exposed in the undergraduate clinic and patient admissions area are evaluated for clinical acceptability. The radiographic imaging software (Romexis) documents numbers and exposures and retakes as well as film quality. The need for retakes is determined by a faculty member, based on diagnostic acceptability of the images. Students also are required to self-assess the quality of their films. Faculty and students discuss any discrepancies in their respective assessments.

Perryville:

All protocol is the same as stated above.

Eastern Shore:

DEXTER mannequins, digital and film based radiography with XCP instruments and supplemental equipment are used to practice film placement. Students are allowed to use the sensor digital equipment with DEXTER. The radiographic imaging software used is Dentrix Image. All other protocol is the same as stated above.

Records

- a. Students must obtain appropriate authorization and documentation (either in writing or electronically) by a licensed faculty dentist prior to making exposures.
- b. A record of exposed radiographs is made on the patient's Radiation Storage Sheet, and in the imaging software (e.g. Romexis acquisition request).
- c. Film based radiographs (\leq 2006) can be viewed using a film illuminator (viewbox) or can be scanned into the imaging software (Romexis). Digital radiographs are stored on a centralized server and can be viewed from any clinic workstation using computer monitors.
- d. Digital images are organized in templates, accurately numbered and evaluated for diagnostic quality. Patients' names and the date of the appointment are automatically incorporated into a digital template during exposure.

- e. Radiographs are retained in each patient's electronic record. Sequential order is as follows:
 - Image acquisition request is determined by the clinical dentist and swiped/authorized by clinical faculty
 - Student determines appropriate template for images (i.e. CRX = 18 images which are organized with assigned teeth)
 - Images are exposed
 - Student assesses image for quality
 - Clinical faculty evaluates student's self-assessment
 - If adequate, images are swiped. If inadequate, clinical faculty request retakes and images are exposed by students under direct supervision if 4 or more images are requested or if assistance is required
- f. Interpretation of radiographs is documented in the patient record, progress notes or suitable form by the dentist with signature.

Perryville:

The above protocol is the same except the students obtain an electronic approval to take radiographs. Romexis keeps dates and records radiographs exposed.

Eastern Shore:

The above protocol is the same with the exception that Dentrix Imagine software is used. Dental hygiene faculty approves the student evaluated films and approval verification is documented in the patient record.

Physical Facilities and Equipment Specifications

- a. At the present time, the use of a portable x-ray unit is not permitted for patient care (portable units on are the 5th floor and are only used for simulation).
- b. Intraoral radiographs are taken using a collimated beam, in accordance with MDE specifications. Only open-ended, position-indicating devices, with a beam size of less than 2.75 inches in diameter are used.
- c. The target to skin distance for intraoral radiography is 12 inches or greater.
- d. The paralleling technique is used for periapical radiography, whenever feasible.
- e. Total filtration of the x-ray unit is at least 1.5 mm of aluminum equivalent for units operating at or below 70 kVp, and at least 2.5 mm of aluminum equivalent for units operating above 70 kVp.
- f. Film holding devices shall be used. No occupational worker is permitted to hold a film for a patient during any exposure.
- g. In accordance with State regulations, leaded aprons with cervical collars are worn by patients during intraoral radiography and aprons are worn by

- patients for extraoral radiographs, when diagnostic yield would not be compromised.
- h. A radiation safety checklist is posted on the cabinet door in each radiology operatory on the Admissions/Radiology clinical area and includes the following information: (Exhibit 5-1.Ak)
 - i. Warning statement about use of x-ray equipment.
 - ii. A statement of responsibility for daily care of the unit.
 - iii. Patient preparation.
 - i. The exposure control switch is located in a fixed position, in accordance with regulatory guidelines, which requires the operator to stand in a protected area during exposure.
 - j. Operation of satellite x-ray facilities must be consistent with the School's Oral Radiology policy.
 - k. Access to Phos Phor plate and digital sensors is controlled and monitored by the digital imaging software.
 - l. All x-ray equipment used for animal research must provide adequate protection for operators and employ these same guidelines.
 - m. X-ray unit records are maintained by the Radiation Safety Officer; records will include the following information for each x-ray unit:
 - 1. Make, model, serial number and date of purchase of the unit.
 - 2. Description of unit and annual compliance test records.
 - 3. Dates and description of repairs, upgrades or relocation of the units.
 - 4. Documentation and results of safety surveys.
 - 5. Evidence of periodic performance tests and calibration or x-ray tube output.
 - 6. Dates and actions taken to correct or improve image quality.
 - 7. Plan Review information (description of the room housing the unit and evidence of barrier adequacy)
 - n. Defective sensors are sent to the manufacturer for repair.
 - o. No traditional films are taken at the dental school so there is no need for a film processor.
 - p. All diagnostic x-ray devices within the Dental School are inspected annually by a physicist licensed by the Maryland State Department of the Environment. For the past three years, the tests have been conducted by Mr. Shane Bauers of Radiation Equipment Inspection & Quality Control, Inc., Abingdon, Maryland. Copies of compliance tests from prior years are maintained in the Radiology Office, on the 5th floor with Dr. Linda Otis, Dental School Radiation Safety Officer, room 5213.

Perryville:

All protocol is the same as stated above.

Eastern Shore:

The above-mentioned information is true for the ES facility. X-ray records are maintained by the TLCCS central administrative office and include all data mentioned. Equipment is inspected every two years as required by the State of Maryland. Horizon Biomedical Company, Salisbury, Maryland is the independent company that inspects the radiation equipment yearly. Dalco Company performs electrical inspections of all patient equipment. Given the newness of the facility, all electrical inspections took place at the time of occupancy. Further inspection will not be required until late spring, 2011 when the facility is a year old.

Extraoral Radiographic Exposure Procedures

Extraoral radiographs are restricted to the area under observation and made with the beam collimated to the size of the image receptor. All extra-oral images are taken digitally.

Operator Radiation Protection

- a. No operator will hold a patient or an x-ray image receptor during any exposure.
If assistance is required for children or disabled patients, an adult member of the patient's family or other non-occupational radiation worker may help. This individual should wear leaded protection (apron and collar) when stabilizing the patient, and stay out of the primary beam.
- b. During each exposure, students and staff must stand 6 feet away from the primary beam, behind the operatory wall or door, which permits observation and communication with the patient.
- c. Baseline data and subsequent submission of compiled x-ray data is required by the Maryland State Department of Health and Mental Hygiene to ensure safety of the x-ray machines. All personnel wear badges for six months for monitoring purposes as dictated by the Maryland State Department of the Environment. All records and oversight of this process are managed by Dr. Linda Otis, Dental School Radiation Safety Officer.

Perryville:

All protocol is the same as stated above.

Eastern Shore:

All personnel, faculty and students wear badges at all times when in the dental treatment areas of the facility. All reports are available at TLCCS dental facility and managed by the Dental Administrator.

Faculty

- a. The teaching staff and faculty who supervise students are qualified within their disciplines.
 - b. In the undergraduate clinic, students are supervised by the teaching staff and faculty during radiographic procedures.
6. Describe how students acquire an understanding of radiation safety prior to exposing radiographs on patients.

Specific lectures in Oral Radiology, DHYG 316, address radiation safety. Please refer to Curriculum Document (course syllabi for DHYG 316/326) to note criteria for competencies that address radiation safety. Examples of instruction that enable students to acquire an understanding of radiation safety prior to exposing radiographs on patients include but are not limited to:

- Initial exposure of preliminary films on mannequins (i.e., DEXTER)
 - Undesirability of retakes
 - Monitoring of radiographic authorizations, dates, number and types of films in the radiographic storage sheet found in the patient's record
 - Use of sterile technique when exposing radiographs
 - Necessity of using the lead apron and thyroid collar during exposures
 - Necessity of observing written criteria related to intraoral technique
 - Need to adjust exposure factors
 - Preparing and positioning of the patient
 - Proper technique for pressing exposure button.
7. Describe how patient radiographs are utilized:
- a. While patient services are being provided.
 - b. For integration of radiography with clinical procedures.

Dental hygiene students use radiographs routinely. Radiographs must be displayed during the provision of patient services. Failure to display films on the view box /computer monitor during the delivery of patient services is considered a critical error in the Professionalism clinical grading category. Not using radiographs during instrumentation procedures also is considered a critical error (See Exhibit 5-1.A1, Dental Hygiene Clinic Manual, Instrumentation grading criteria).

Radiographs are critical in guiding periodontal probing and instrumentation. The presence of pathology, caries, bone levels and restorations influences all aspects of

the dental hygiene care plan. Students obtain updated radiographs as needed based on Dental School guidelines. The student, dental hygiene faculty and dental faculty evaluate the new film/image as part of the clinical exam of the patient.

8. Describe the program's asepsis, infection and hazard control protocol. How are students, faculty and appropriate support staff informed about these procedures? Describe how student, faculty and staff compliance with this protocol is monitored within the institution and affiliated sites. Provide a copy of the protocol as an exhibit.

The Dental School has a formal system of quality assurance. The Biosafety/Quality Assurance Committee, a subcommittee of the Clinical Sciences Council, advises the Clinical Operations Board in matters related to the quality of patient care, and infection and hazard control in the Dental School. This includes, but is not limited to, annual review of the infection control policy, as required by OSHA, procedural and analytic audits of patient records, patient satisfaction surveys, and inspections to ensure compliance with universal precautions. Membership on the committee includes faculty and staff who have expertise in infection control and/or responsibilities for managing patient care. A dental hygiene faculty member serves on this committee. The Committee also includes a representative from the University Environmental Health and Safety office.

The Dental Hygiene Program adheres to the Dental School and University Policies related to asepsis, infection and hazard control protocol. Policies are available online in ToothWiki to all students, faculty and appropriate staff (Exhibit 5-1.Ah and Exhibit 6-2.1). During Fall Orientation for the senior dental hygiene students, time is allotted to review the existing policies, discuss any changes from the previous year, and answer any questions that may have arisen. The incoming junior dental hygiene students receive approximately nine hours of lecture and nine hours of clinical instruction on infection control and the University of Maryland Dental School Policies and Procedures. Students also are required to complete an infection control competency in Prevention and Control I for the Dental Hygienist, DHYG 311, during their first semester of the dental hygiene program. At each appointment, student infection control practices are evaluated. A breach results in a failure in the Professionalism daily grade category.

Written policies for handling and disposing of hazardous waste are contained online within the Dental School's ToothWiki, Managing Bioazardous Waste Policy (Exhibit 5-1.Am), UMB Environmental Health and Radiation Safety Policy and results of Radiation Safety Inspections (Exhibits 5-1.Ai and 5-1.An) and UMB Environmental Health and Safety Policies (EHS) (Exhibit 5-1.Ao and Exhibit 6-2.1).

These documents detail procedures including:

- a. Disinfection and sterilization of items possibly contaminated with blood and body fluids.
- b. Proper management of disposable items contaminated with blood and body fluids.
- c. Management and disposal of excess dental amalgam and amalgam waste.
- d. Handling hazardous chemicals in the dental laboratory and Central Sterilization.
- e. Central Sterilization SOPs, including autoclave testing.
- f. Disposal of sharps.

The Dental School Infection and Biohazard Control Policy is reviewed and approved annually by the Biosafety/Quality Assurance Committee. Changes are communicated to the Clinical Sciences Council and/or at the Chairs' meeting with the Dean. Policy is posted online in Tooth Wiki for all students, faculty and appropriate staff (Exhibit 5-1.Aa). The UMB Bloodborne Pathogens Policy contains policies specifically pertaining to students, faculty and staff. A Biohazard/Bloodborne Pathogens Seminar is provided to all dental hygiene students on the control of infectious diseases in the dental setting. Faculty may attend the live seminar and/or watch it via mediasite. Faculty also are invited to attend class presentations on the topic. All faculty are required to complete and pass an examination (See Exhibit 5-1.Ap for a sample of the 2010 examination). Exam results are available on site.

Mechanisms are in place for continuously monitoring compliance with the School's infection and hazard control protocols. Within the School, enforcement procedures consist of faculty evaluations and monitoring, random inspections, and investigations by the Biosafety/Quality Assurance Committee. The Dental School Nurses (three) do unannounced inspections of the clinical areas or laboratories to observe the infection control practices of students, staff and faculty. They counsel individuals about correct infection control procedures when they note practices that are not within guidelines. A log of observed violations and blood/body fluid exposure is kept by the Infection Control Nurse, Ms. Janet Naglik who summarizes the data monthly which is then reported to the Biosafety/Quality Assurance Committee.

Students are expected to use a mask, gloves, eye protection and proper technique when practicing dental hygiene procedures. Students must achieve laboratory competence in infection control practices in the pre-clinical lab before advancing to treat patients in clinic. In the clinic, correct infection control practices must be maintained. Improper infection control procedures are reflected in the Professional component of the daily grades given by supervising faculty.

All School policies relating to infection control are also in effect when dental hygiene students are involved in educational outreach programs at extramural settings. The Dental Hygiene service-learning coordinator visits all extramural sites to ensure they maintain appropriate infection control procedures. The affiliation agreement document provides access to an appropriate post-exposure facility for students working at those sites. All sites are required by law to adhere to OSHA/MOSHA guidelines and their facilities also are monitored by state bodies. The comprehensive infection control and biosafety policy of the dental school can be found in Exhibit 5-1.Aq.

Students/faculty/staff must be vaccinated for Hepatitis B virus or show evidence of natural immunity before the initiation of any clinical activity. Follow-up services are available to monitor the individual's titer level, post-vaccination. Students must be immunized or show evidence of natural immunity to mumps, measles, rubella and chicken pox, evidence of immunization against tetanus /diphtheria within the last ten years, and be screened for tuberculosis to remain enrolled at the University of Maryland Baltimore campus (Exhibit 5-1.Af).

University of Maryland Baltimore Environmental Health and Safety (EHS) is responsible for policy development, implementation, training and monitoring laboratory asepsis, infection and biohazard control, and the disposal of hazardous waste. This Department is responsible for all policies related to the disposal of hazardous waste, including a Hazardous Waste Disposal Guidebook.

All laboratories are inspected each year by EHS to ensure they are compliant with current University policies. Compliance requires the labeling of chemicals, chemical hygiene, use of personal protective equipment, fumehood audits, biosafety cabinet and autoclave inventories, emergency procedures, and laboratory renovation procedures. Individual investigators are cited if deficiencies are noted. Select policies and forms for the removal of hazardous materials and equipment, and other information is available in (Exhibit 5-1.Am).

All patient material (impressions, prostheses) must be disinfected before it is taken to clinical laboratories. The disinfection procedure is available online in Tooth Wiki and the content is covered in Methods and Materials (DHYG 324) and Prevention and Control II (DHYG 321). (Exhibit 5-1.Ar)

Perryville:

All protocol is the same as stated above.

Eastern Shore:

The TLCCS Corporate Nurse Team is Donna Fitzgibbon, RN and Lynn Wilson, RN. They are responsible for all standards and protocol related to safety, Quality Assurance, adherence to infection control policy and procedures and performance

improvement. The students and faculty participant in a seminar related to Bloodborne Pathogens Policy specific to the facility during the TLC orientation program for junior students. Pam Powers is the Dental Facility Clinic Manager who directly works with the Corporate Nurse to oversee enforcement of policy and procedures. The record of the attendance is kept by the TLC HR group.

9. Describe how the institution documents compliance with applicable regulations for radiation hygiene and protection.

The School operates under the umbrella of the campus-wide office of Environmental Health and Safety, and follows the Guidelines for Prescribing Radiographs as outlined by the American Dental Association and Food and Drug Administration. All procedures are reviewed and updated annually, and they are published online under Dental School's Tooth Wiki (Exhibit 5-1.Ah). Please see responses to 5-1A.5, a-d above, for additional detail.

The dental clinical faculty must authorize all radiographs. Record audits are performed by the Patient Care Coordinators, as well as dental hygiene faculty, to check for appropriate authorizations in the patient record (Exhibits 5-1.As and 5-1.At).

B. Supportive Documentation:

- Exhibit 2-5.A9, Technical Standards for Admission and Matriculation
- Exhibit 5-1.Aa, UMB Policy on Prevention and Management of Student and Employee Infection with Bloodborne Pathogens
- Exhibit 5-1.Ab, UMB Dental School Policy on Services to Those with Infectious Diseases
- Exhibit 5-1.Ad, UMB HIPPA Policy
- Exhibit 5-1.Ae, Dental School HIPPA Training Course
- Exhibit 5-1.Af, UMB Immunization Policy
- Exhibit 5-1.Ag, Notice of Privacy Practices and the Patient's Bill of Rights
- Exhibit 5-1.Ah, Dental School Electronic Clinic Manual
- Exhibit 5-1.Ai, Dental School Radiology Policy
- Exhibit 5-1.Aj, the Selection of Patients for Dental Radiographic Examinations
- Exhibit 5-1.Ak, Radiation Safety Check List
- Exhibit 5-1.Al, Dental Hygiene Clinic Manual
- Exhibit 5-1.Am, UMB Environmental Health and Safety, Waste Disposal Policies and Procedures
- Exhibit 5-1.An, UMB Environmental Health and Safety Radiation Safety Inspections
- Exhibit 5-1.Ao, UMB Environmental Health and Safety, Bloodborne Pathogens
- Exhibit 5-1.Ap, Faculty Infection Control Sample Exam and Results

Exhibit 5-1.Aq, Infection Control and Biosafety policy
 Exhibit 5-1.Ar, Disinfection of Impression Material
 Exhibit 5-1.As, Dental Hygiene and Patient Care Coordinators Chart Audit forms
 Exhibit 5-1.At, Radiation Authorization and Documentation Record Sheet

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 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.

A. Description

1. Are students encouraged to be immunized against infectious diseases? If so, how?

Enrolled Students/faculty/staff must be vaccinated for Hepatitis B virus or show evidence of natural immunity before the initiation of any clinical activity. Students must be immunized or show evidence of natural immunity to mumps, measles, rubella and chicken pox, evidence of immunization against tetanus /diphtheria within the last ten years, and be screened for tuberculosis to remain enrolled at the University of Maryland, Baltimore campus.

Requirements concerning immunization also are articulated in the Technical Standards for Admission and Matriculation document, and reiterated in the correspondence sent by the Director of Student and Employee Health to all newly admitted students. For students who are non-compliant with immunization, registration for any courses is blocked until compliance is achieved. Enrolled students must be vaccinated for Hepatitis B virus or show evidence of natural immunity before the initiation of any clinical activity. Follow-up services are available to monitor the individual's titer level, post-vaccination. All student immunization records are kept at:

Student and Employee Health
 29 South Paca Street
 Baltimore, Maryland 21201

B. Supportive Documentation

1. Exhibit 2-3.A9, Technical Standards for Admissions and Matriculation
2. Exhibit 5-1.Af, UMB Immunization Policy

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.

A. Description

1. Identify and describe the location of the emergency materials and equipment which are available for use in the dental hygiene clinic and for instruction in the management of dental office emergencies. Describe additional emergency equipment and supplies that may be accessible to the clinic and their location. Provide the program's policy to manage emergencies as an exhibit.

Emergency Policies

(Exhibit 5-3.Aa)

Equipment

The Dental School has positive pressure oxygen, emergency medical carts, automatic external defibrillators (AEDs) and other life support equipment readily available at all times to handle emergencies within the dental school.

Emergency carts and AEDs are located on the Ground Floors through the 4th floors and in the Central Atrium Areas on floors 5-8. Emergency medical carts are also available in the Special Patient Care Clinic and in the Emergency, Screening, and Oral and Maxillofacial Surgery clinics. The carts contain appropriate medications, IV setups, a blood pressure cuff, an ambu bag, a stethoscope, and an oxygen delivery system with nasal cannula or masks. There are AEDs in the following areas: the ground floor next to the School Store, the first floor off the main corridor in the side hallway, one each in the Special Patient Care Clinic and the Urgent Care Clinic, on the second, third and fourth floors in the main hallway near Prep Dispense, and on the fifth floor across from the Chart Room. Signs above each AED unit on each floor indicate its location. Emergency Policies for UMB are located in Exhibit 5-3.Aa.

Perryville: An emergency cart is located across from the supply room #241, positioned at the throughway between the two main treatment areas, and is marked with an exit sign above. Adult and pediatric AEDs are located at the entrance

of the supply room, #241, positioned at the throughway between two main treatment areas, and marked with exit signs above. All students are instructed in Emergency Protocols as instructed in the “Dental School’s Procedures” video 2009 for the Perryville location (Exhibit 5-3.Ab, Perryville Clinic Manual, pg. 4).

Eastern Shore: The Crash Emergency Cart is located in an alcove in the front area of the TLCCS Dental facility. The dental staff checks the Crash Cart daily and the Automated External Defibrillator is checked weekly by the nurse. The junior students participate in a staff educational program for Emergency procedures and the use of the crash cart and the information is reviewed again in the senior year. A mock cardiac arrest is randomly scheduled quarterly at the dental clinic. First aid equipment is located in the infection control area of the dental facility. The TLCC Clinic Manual is available on-site.

Emergency Management Basic information

Emergency management information is provided to students and clinical faculty yearly by the school nurse via mediasite and in both the Prevention and Control II spring course and during the senior year. Emergency Management relevant content can be found in the “Response to Emergencies Policies and Procedures” (see Exhibit 5-3.Aa) and in the Dental Hygiene Clinic Manual (Exhibit 5-1.AI, pg. 4-6). Information on emergency recognition, initial management and procedures for activating the emergency medical system is included. A summary of resuscitative drugs and equipment, procedures in the event of a medical emergency, policies on transporting an individual to the hospital, types of oxygen therapy, use and location of the AED (automated external defibrillator), procedures for recording an emergency, the School’s fire evacuation plan, and a practical guide to management of medical emergencies in the dental office. Emergency numbers are posted by all clinical telephones. Emergency procedures/telephones numbers also are posted next to elevators. For all dental school emergencies, 9-410-389-1324 is dialed to activate the Emergency Response Team. Complete instructions can be found in the Dental Hygiene Clinic Manual (Exhibit 5-1.Am). Prevention policies are based on appropriate screening and evaluation protocols. There are numerous prevention/risk management policies described throughout the dental and dental hygiene clinic manuals. Some of the topics included are:

- Exhibits 5-1.Ah, 5-1.AI (pg. 22), and 5-3.Ab (pg. 39), Policy Regarding Monitoring Blood Pressure
- Exhibits 5-1.Ah, 5-1.AI (pg. 23), and 5-3.Ab (pg. 40), “Dental Care for Pregnant Patients”
- Exhibits 5-1.Ah, 5-1.AI (pg. 24-30) and 5-3.Ab (pg. 41-47), “Pre-medication Policy”

Perryville: Perryville phones are automatically routed to Campus Police who will call 911 and send emergency responders to the location.

Eastern Shore: Emergency phones (2) are located in the Infection Control area in the clinic.

An emergency response program is in place at the School, consisting of BLS and ACLS and PALS (Pediatric Advanced Live Support) support teams and a full-time registered nurse, with extensive hospital emergency room experience, Ms. Linda Lipscomb, RN. This team can respond to medical emergencies quickly with appropriate cardiac and medical equipment. Baltimore City's EMS (Emergency Medical Services) system is excellent, and can reach the Dental School from a dispatch center located less than five blocks away. Oxygen, an emergency medicine red cart and an AED are located adjacent to all clinics, and are monitored by the school nurses. The University Hospital's emergency room is located a block from the Dental School.

CPR

The Dental School holds a mandatory AHA, American Red Cross medical emergency life support system course for all of its clinical programs that is held monthly for students, faculty and staff. A private company, Health Quest, provides these courses. Each BLS renewal course presents the five steps of "initial management" for any medical emergency, which are described in the Dental Hygiene Clinic Manual and are demonstrated and practiced as a supplement to the traditional BLS course. After successful completion of the written exam and performance evaluation on adult and infant (or child) mannequins, each trainee's results and renewal date are entered into our computerized CPR database. Their current BLS training status is also "recognized" through a CPR card. A step-by-step initial management protocol for the first responder is presented (Exhibits 5-1.A1, p. 5; 5-3.Ab, p5). The guide lists actions to be taken by assistants who are available to render aid. This section also provides guidance for actions to be taken for specific emergency situations, including unconscious patients, impaired consciousness or delirium, and allergies and drug reactions. All clinical faculty and students are trained in Emergency Protocols. (Exhibit 5-3.Aa)

CPR Records

All BLS training records of clinical faculty and students are included in a CPR training database maintained by Clinical Operations Board (available on-site, Room 5201). Notification of the need to complete a renewal course is sent to individuals two months prior to their recommended renewal month. American Heart Association BLS courses are provided within the school every month by a private company, Health Quest. Enforcement of the BLS training requirement is the responsibility of the Clinical Operations Board, which can deny clinic privileges if training has been allowed to lapse. Persons unable to perform CPR must provide documentation from their physician. These persons are required to attend the training sessions so they can provide support in cases of emergency, particularly activation of the EMS system\9-410-389-1324. Students and faculty at the satellite campuses also

maintain current BLS Healthcare Provider level training and forward all training records to the Clinical Operations Board.

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

A written maintenance log is kept on top of each emergency cart and updated daily by the school nurses assigned to that particular floor. At the conclusion of each month, the logs are forwarded to Ms. Linda Lipscomb, RN (room 1326) who is responsible for their maintenance. Carts are checked after each use. (Logs are posted on each cart, available on-site.) Immediately following use, a nurse will replace any items necessary and seal the cart with a red security tab. The lock is a break-away clasp used for inventory control purposes. Any requests for supplies are forwarded to Ms. Lipscomb who will then acquire the needed supplies and refill the emergency carts. Each nurse is also responsible for the AEDs on their assigned floor. Any maintenance needs also are forwarded to Ms. Linda Lipscomb, RN.

Perryville: Dr. Marvin Leventer, a dental anesthesiologist faculty, maintains the Emergency Cart. He and faculty inspect the cart daily and he updates the maintenance log once a month. All items that need replacing are handled by Dr. Leventer.

Eastern Shore: The dental staff check the Crash Cart daily and the Automated External Defibrillator is checked weekly by the nurse.

3. Identify the materials and equipment which are available for use in managing laboratory accidents. Provide the program's policy on managing emergencies in the laboratory as an exhibit.

The following materials and equipment are available for use in managing laboratory emergencies:

- a. Standard industrial first aid kits, given to all students
- b. 1 fire extinguisher located just above the Medical Crash Cart in the Atrium area.
- c. 1 emergency eye wash station located in each laboratory, prep dispense areas on each clinic floor and in the nurse's office on the 1st floor
- d. Medical emergency carts on every clinical floor as well as the 5th floor.

The management of laboratory emergencies is similar to emergency management in other parts of the school. As stated above, every laboratory is equipped with an emergency eye wash station. A phone is located in all the Junior/Senior laboratories and is equipped with a pink highlighted button which directly pages the emergency team, when activated. The team will respond to the area/room number of the lab after it is entered, followed by the # sign. There are several Emergency Wardens

who have taken a Fire Safety Course. Wardens must report all incidents to Robert Berk, Campus Marshall, Environmental Health and Safety Warden at 9-410-706-3494. Policies for the management of emergencies in classes that have a laboratory component in the Dental Hygiene Program are stated on line in the individual course's Blackboard site. Additionally, all courses that contain a lab component provide students with their course's particular emergency protocols during the course orientation. Emergency laboratory procedures also can be found in the Dental School's Clinic Manual. (Exhibits 5-1.Ah, 5-1.Ar and 5-3.Ac)

Perryville: The Perryville facility contains one eye wash station in the lab, room 242.

Eastern Shore: At the TLCCS dental center, the main eye wash station with instructions is located in the dental laboratory area. Two auxiliary eye wash stations are located in the sterilization area and at the Crash cart. The auxiliary stations are equipped with a portable cap for the eyes and a saline rinse, which allows transport to any area of the clinic. If necessary, the main eye wash station will be utilized to complete the eye wash process.

Overall, the Dental School and the Dental Hygiene Program adhere to the policies established by the University of Maryland Baltimore Office of Environmental Health and Safety (EHS). This office is responsible for policy development, implementation, training and monitoring laboratory asepsis, infection, biohazard control, and the disposal of hazardous waste. Classes in lab safety are available to all personnel and can be found on the EHS website. All policies related to the disposal of hazardous waste, including a Hazardous waste Disposal Guidebook are available on the EHS web-site (Exhibit 5-1.Aq)

All laboratories are inspected each year by EHS to ensure that they comply with current University policies. Labeling of chemicals, chemical hygiene, use of personal protective equipment, fumehood audits, biosafety cabinet and autoclave inventories, emergency procedures, and laboratory renovation procedures are required for compliance. Individuals are cited if deficiencies are noted. All policies, forms for the removal of hazardous materials and equipment, and other information is available at the EHS website (Exhibit 5-1.Aq).

A. Supportive Documentation

Exhibit 5-1.Ah, Dental School Clinic Manual

- Policy regarding monitoring blood pressure
- Dental care for pregnant patients
- Pre-medication policy
- Policy regarding monitoring blood pressure
- Policy on management of laboratory emergencies

Exhibit 5-1.Ah and 5-1.AI, Dental and Dental Hygiene Clinic Manuals “Response to Emergencies Policies and Procedures”

Exhibit 5-1Am, UMB Environmental Health and Safety, Waste Disposal Policies and Procedures, Hazardous Waste Policy

Exhibit 5-3.Aa, Comprehensive Emergency Policies and Procedures

Exhibit 5-3.Ab, Perryville Clinic Manual

Exhibit 5-3.Ac, Dental Hygiene Laboratory Emergency Procedures

Annual CPR Employee/Student BLS Training Status Report-available on-site, room 5201

Emergency equipment maintenance logs-available on-site; attached to emergency equipment; School Nurse Monitors, Room 1326

TLCC Clinic Manual-available on-site

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.

A. Description

1. Describe the criteria and procedures used to accept patients for treatment in the program's clinic.

A large pool of patients request and require dental hygiene care. All patients seen by dental hygiene students must be screened first in the Patient Admissions Clinic (see Exhibit 6-1.1, Initial Patient Screening Form). The screening procedure identifies patients with conditions and needs that may warrant treatment in a specialty clinic (e.g. Plus Clinic, Special Patients Clinic, Post-Graduate clinics, Advanced General Dentistry Clinic, etc.). Patient Care Coordinators (PCC) assign screened patients to the appropriate clinics based on patient needs and identified conditions. If care is deemed appropriate to deliver in the General Practice (GP) clinics (undergraduate clinics), then patients are assigned to student teams that are comprised of at least one dental and one dental hygiene student. New patients are informed by the Patient Care Coordinators both in writing and verbally and understand that treatment by students may take extra time. However, patients also know that faculty supervise students and carefully monitor the quality of care that the patients receive (see Exhibit 6-1.2, New Patient Information Brochure).

Patients initially receive a comprehensive dental treatment plan from their primary assigned dental student. This plan is presented to the patient with a dental faculty member present to discuss any concerns or answer any questions the patient may have. During the initial therapy phase of treatment, a dental hygiene student is often the provider, managing the non-surgical and preventive needs of the patient. In the case of a dental hygiene student providing the initial therapy, a dental hygiene treatment plan is formulated in addition to the comprehensive plan (see Exhibit 6-1.3). Patients indicate their understanding of the planned treatment and its limitations by their signatures placed in the patient chart. When initial periodontal therapy is complete, patients continue with their comprehensive treatment plan under the care of their assigned dental student. Once initial therapy is complete, the patient can then become a dental hygiene team recall patient. (See Exhibit 6-1.4, GPIC Document.)

Perryville (PV)

Patients who are accepted for dental hygiene care at the Perryville Satellite clinic are either referred from a dental student or resident or are appointed initially with a dental hygiene student. Patients referred from dental students or residents are screened to identify urgent dental care needs that may warrant care in any of the specialty clinics at the main campus in Baltimore. Once the screening is complete, the dental student and/or resident take the appropriate radiographs, treat the patient's urgent dental care needs and then refer the patient to a dental hygiene student for a full patient work up that includes completion of the electronic hard tissue and periodontal chartings. Once the data assessment is completed, the dental hygiene student develops a dental hygiene care plan. Dental hygiene faculty evaluates all assessment data and care plans prior to the implementation of initial therapy.

Patients, who are appointed initially with a dental hygiene student, are first screened by the dental hygiene student and faculty for conditions that may warrant treatment by a post graduate dentist at the Perryville site or care in one of the specialty clinics at the main campus in Baltimore. Once the screening is complete, the appropriate radiographs are taken and a full work up that includes hard tissue and periodontal charting is documented in the electronic patient record. All assessment data are evaluated by a dental hygiene faculty member prior to a dental exam by one of the dental faculty members on site. The dental hygiene student then develops a dental hygiene care plan for initial therapy that is evaluated by dental hygiene faculty. The care plan is then presented to the patient; the patient signs the electronic patient consent form and the dental hygiene services are rendered. Once the dental hygiene services are complete, the patient is referred to a dental student for dental services if the patient meets the clinic's eligibility requirements. The eligibility requirements include meeting the state's determined poverty level and meeting the age requirements of 21 years or younger OR 55 years or older, unless the patient has special needs. Patients who do not meet the eligibility requirements are referred to a private dentist of their choice outside the UM Perryville clinic.

Eastern Shore (ES-TLC)

Patients are referred to dental hygiene students by TLC staff, patients of record, or outside sources. General written consent forms are obtained. Urgent care is handled by TLC staff under their emergency protocol. All screening, assessments, and radiographs are managed and evaluated by the dental hygiene faculty member. The dental hygiene care plan is approved by UM-ES dental hygiene faculty. The patient is also examined by a TLC staff dentist. Comprehensive care for the patient may be completed by a referral to a TLC dentist or to a dental facility of the patient's choice. A copy of patient's services and radiographs can be forwarded to the referred dentist upon patient's request. (See ES Exhibits 1a-1d: Consent Forms)

2. Describe the scope of dental hygiene care available at the program's facility.

The scope of dental hygiene care available through our program at all sites encompasses all the services allowable by the Maryland State Dental Practice Act (available on-site). Patients are informed of the scope of dental hygiene care available during the presentation of the dental hygiene treatment plan by the dental hygiene student. Once an assessment of the patient's oral condition and overall health status has been made, the student analyzes the data collected and determines the necessary dental hygiene interventions, individualized to meet that particular patient's needs. The student thoroughly reviews the plan and consults with the assigned dental hygiene faculty to have the plan evaluated and to see if any modifications are needed. The student verbalizes and shows the patient the written treatment plan and obtains the patient's written informed consent. Students are required to obtain signatures from all patients as a means of indicating that the treatment plan has been presented and explained to the patient and it is accepted. Signatures are required before the initiation of dental hygiene treatment. (See Exhibit 6-1.3.)

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

Within the Dental School, all dental treatment needs of patients can be met due to the comprehensive range of programs available. Each patient seen by a dental hygiene student has extensive soft and hard tissue examinations (i.e. extra and intraoral exam, hard tissue charting, periodontal assessment). A dental hygiene faculty member verifies the findings of the dental hygiene student. After the dental hygiene faculty member reviews the findings, a GP Manager performs a DDS exam. Patients receive comprehensive dental exams yearly. Limited exams take place when the patient has a specific chief complaint or when a student finding requires verification. If additional treatment needs are found that cannot be met through the dental hygiene student's services, the patient is informed at that time. The dental hygiene student submits a referral through Axium, the electronic patient data base, to the Patient Care Coordinators (PCCs). The PCC then assigns the patient to a dental student for treatment. The PCC informs the dental hygiene student as to which dental student the patient has been assigned for treatment, for monitoring purposes and inter-student communication. Information is readily available to dental hygiene faculty through Axium and chart audit information indicates whether timely referral was achieved for referred patients and whether dental care has been initiated. In this respect, timeliness of care rendered is carefully monitored by both the PCC and the dental hygiene team member.

Whether patients are initial therapy or team recall, a dental hygiene treatment plan is formulated. Patients indicate their understanding of the planned treatment and

its limitations by their signature. For the initial periodontal therapy patient, once the dental hygiene student's treatment is complete, the patient continues with treatment under the dental student's comprehensive treatment plan. Once the comprehensive plan has been completed, the patient is placed on a recall/maintenance program and assigned to a dental hygiene student. The PCCs are responsible for assigning patients to students.

Patients whose needs are beyond the scope of the undergraduate clinics are referred to the postdoctoral specialty programs. These programs include Periodontics, Prosthodontics, Endodontics, Pediatrics and Orthodontics.

Perryville (PV)

The procedure is the same at the Perryville clinic except that if the patient's needs are beyond the scope of a post grad student at the clinic, the patient will be referred to a specialty clinic at the main campus in Baltimore.

Eastern Shore (TLC)

The process of care is the same on the Eastern Shore with the exception of the following:

After the dental hygiene faculty verifies the findings of the dental hygiene student, an attending TLC dentist performs a dental examination. At that time, the patient will be assigned to a TLC dentist for comprehensive care and appointments will be scheduled by the patient for treatment (see ES Exhibit 2). If the patient's dental needs are beyond the scope of practice within the clinic, the patient is referred to outside sources and a list of available dentists is provided. Dental examinations are performed yearly on recall patients. ES dental hygiene faculty assign patients to students and enter dates for recall/ maintenance, as the UMB PCCs do. Students, with the guidance of the UM-ES faculty, determine a recare interval. Patients are then assigned to students again at that designated date for continued care. (See ES Exhibit 3, Referral to Outside Specialist and Exhibit 4, Referrals for Dental Care.)

4. Describe how the dental hygiene diagnosis and treatment plans are presented and approved. Provide relevant pages from the patient record.

After a thorough assessment (both oral and systemic) of the patient, the student analyzes the data and formulates a dental hygiene diagnosis and treatment plan. Students first present their assessment findings to their respective faculty. The student is evaluated on each data assessment category (e.g., health history, extra-intra oral examination, periodontal findings, hard tissue examination, patient home care techniques, plaque and bleeding indices, etc.). The student analyzes the

assessment data and develops a dental hygiene treatment plan. The student writes down the plan on the Student Clinic Record Form (SCRF) (see Exhibit 1-1.4A.a, Student Clinic Record Form (SCRF)).

The plan is then verbally presented to the student's assigned faculty and is reviewed and evaluated by the faculty member. After the plan has received faculty approval via a signature on the SCRF, the student verbally presents the plan to the patient and summarizes it in writing in the treatment plan section of the chart's progress notes. It is there that patients provide their signed informed consent to treatment. The progress notes are a permanent document in the patient record. The progress notes also include the results of the DDS exam (e.g. the need for further treatment and/or radiographs).

These policies are the same for all three teaching sites.
(See ES Exhibit 5A, 5B, and 5C, Relevant Patient Record Forms)

5. Explain the program's recall (recare) policies and procedures.

The program's recare policies are individualized to meet the patient's needs. As part of their patient evaluation following treatment, students are required to establish an appropriate recall interval. This date may be changed based on faculty input. Typically, patients are placed on 3, 4, and 6 month recalls. The designated recall interval is entered into Axium and the patient's name, last recall date and prospective recall date appear on the monitor.

As part of their professionalism grade, students are responsible for timeliness of care. During Chart Check-in, chart audits (see Exhibit 6-1.5), Chart Check-out (see Exhibit 6-1.6) and during grade assessment periods, the student's patients' recall due dates are monitored. Dental hygiene student advisors schedule comprehensive case management monitoring sessions where students' patient records are reviewed. The following data are monitored: timeliness and appropriateness of patient contacts, attempts to contact, documentation of and referrals for non-dental hygiene services, and follow-up regarding Patient Care Coordinators' assignments of referred patients to DDS students for restorative and other dental treatment needs. Due to the abundance of patients seeking dental hygiene care at the Dental School and patient preferences for timing of their visits, senior students cannot always schedule their patients on the exact due dates. However, patients must be contacted within one month of their recall date to schedule their dental hygiene appointment. Many of these patients are transferred from senior dental hygiene students to junior dental hygiene students upon approval by the student's dental hygiene faculty advisor. This mechanism also supports the concept of timeliness of care.

Perryville

Because the Perryville satellite clinic is new, the pool of recall patients is smaller than UMB but is growing substantially. As it grows, the same policies will be followed as described above with the exception of the chart audits. Since the charts are electronic in Perryville, electronic chart audits will evaluate the accuracy of the recall intervals. Students will be required to appoint patients for maintenance care within a month of the recall date.

Eastern Shore (ES-TLC)

The procedures at the ES are the same. Patient referrals are made to the dental hygiene students from the staff at TLC and from senior dental hygiene students to junior dental hygiene students. Paper records of the dental hygiene recall system and patient assignments are maintained by UM faculty at TLC (See ES Exhibit 2, Patient Assignment).

B. Supportive Documentation

1. Exhibit 6-1.1, Initial Patient Screening Form
2. Exhibit 6-1.2, New Patient Information Brochure
3. Exhibit 6-1.3, Patient Record with Dental Hygiene Diagnosis and Treatment Plan
4. Exhibit 6-1.4, General Policies and Initial Consent (GPIC) Document, part of New Patient Information Brochure
5. Maryland State Dental Practice Act – Available electronically at http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx#Subtitle44
6. Exhibit 6-1.5 Chart Audit form
7. Exhibit 6-1.6 Chart Check-out Form
8. ES Exhibits 1a-d; Consent Form 2, 3, 4, Appointment Forms

6-2 The program must have a formal written system of patient care quality assurance with a 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.

A. Description

1. Include a copy of the program's formal system of quality assurance.

The goals of the dental hygiene program's quality assurance program are to achieve a high level of patient satisfaction, to advance and graduate students who have met the institution's educational standards, and to provide patients with timely and high quality comprehensive dental hygiene care as indicated through accurate and complete chart entries. (See Exhibit 1-1.4AI, Sample Patient Satisfaction Survey and Summary Results and Exhibit 6-1.5, Chart Audit Form used by the Dental Hygiene Program.) Program goals are to minimize risk to both the patient and the provider by providing a healthy working environment and to protect both patient and provider privacy. These goals are in concurrence with the overall institutional quality assurance program which is described below.

The dental school has a central plan to assess the quality of comprehensive and emergency care, infection control procedures, management and disposal of hazardous materials, risks associated with professional liability, records management, patient privacy and provider credentialing. The Quality Assurance/Biosafety Committee meets monthly to consider departmental quality assurance reports, patient record audit reports, issues concerning infection and biohazard control, and other problems presented by committee members. The committee is composed of faculty (including a dental hygiene member), staff of the different clinical departments, and faculty from the basic sciences department who have expertise in infection control.

A listing of the tools that the Quality Assurance/Biosafety Committee uses to monitor quality includes but is not limited to the following: case complete reviews, random record audits, emergency record audits, patient satisfaction surveys, students' evaluation of the General Practice Program, and infection control compliance monitoring. Dental hygiene Standard of Care Indicators and results of chart audits have been brought before the committee. The designated dental hygiene committee member brings feedback from the meetings to the rest of the dental hygiene faculty. Issues of concern are raised at dental hygiene faculty meetings and corrective action is taken, if necessary.

Perryville adheres to the same policies as UMB.

TLC has a central plan, as well, to assess the quality of comprehensive and emergency care, infection control procedures, management and disposal of hazardous materials, risks associated with professional liability, records management, patient privacy and provider credentialing (See ES Exhibits 6A, Record Audit; 6B, Infection Control and Quality Assurance; 6C, Emergency Services; and 6D, Miscellaneous Quality Assurance forms).

Areas related to dental hygiene that the Quality Assurance/Biosafety Committee addresses are included below.

Quality Assurance Program Plan (See Exhibit 6-2.1.)

Risk Management Program

- Incident Reporting
- Risk Management Training - required annually: available on Mediasite Exhibit 6-2.2, Risk Management Quiz
- Individual Student Counseling

Infection and Biohazard Control Program Exhibit 5-1.Ap, Infection Control Biosafety Policy (see Standard 5 Exhibits)

- Infection Control Program (addressed in clinical criteria)
- Central Material Services Infection Control Program
- Annual OSHA Certification
- Post-Exposure Control Plan (protocol is provided in the Dental School Clinic Manual); and Exhibit 6-2.3

Continued Quality Improvement Program

I. Clinical Operations Board (COB)

- Exhibit 1-1.4Ca, Dental Hygiene Chart Audit Summary Data
- Exhibit 6-2.4, Provider Credentialing (all faculty must show proof of licensure) Records Management (chart audits)*
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Policies and Procedures (mandatory student and faculty training and online quiz required) The Office of Information Technology (OIT) keeps results on file and requires compliance before any access to patient information is granted. Information available on-site, room G422.
- Emergency Services

II. Patient Satisfaction Surveys *See Exhibit 1-1.4A

III. Patient Record Audits

- Dental Hygiene Patient Chart Audits *See Exhibit 1-1.4Ca
- Chart Check-Out Audit Form See Exhibit 6-1.6

IV. Recall Programs

V. Quality Assurance Policies Exhibit 6-2.1

B. Supportive Documentation

1. Available from Tooth Wiki and Clinical Operations Board (COB),
 - a. Exhibit 5-1.Ap, Infection Control Biosafety Policy
 - b. Exhibit 6.2.1, Quality Assurance Manual
 - c. Central Material Services Manual
 - d. Quality Assurance/Biosafety Committee Minutes (2005-present)-available on-site, Room 5201
 - e. Exhibit 6.2.5, Infection Control Summary Data Outcome Assessment Reports
 - f. Exhibit 6.2.6, Infection Control Monitoring Report
 - g. Exhibit 5-1Ah, ToothWiki Electronic Clinic Manual, Dental School Clinic Manual
 - h. Exhibit, 6-2.1, Health Insurance Portability and Accountability Act of 1996 (HIPAA) Policies and Procedures; Faculty Quiz Information available on-site, Room 4317
 - i. Prescription Control Reports – available on-site
 - j. Controlled Substances Log and Audits – available on-site
 - k. Exhibit 6-2.4, Provider Credentialing (all faculty must show proof of licensure) and available on-site, Room 5201
 2. Exhibit 1-1.4Al, Sample Patient Satisfaction Survey & Summary Data
 3. Exhibit 6-1.5, Chart Audit Form
 4. Exhibit 1-1.4Ca, Chart Audit Summary Data
 5. Exhibits ES 6-A, B, C, D, QA Forms
2. Describe the program’s standards of care and how those standards are communicated to students, faculty and staff.

The Dental School requires that all Departments and Programs establish Standards of Care Indicators. The established goals for Dental Hygiene are as follows:

- a. At least 80% of all patients will receive dental hygiene preventive maintenance at their designated recall interval.
- b. 100% of all adult patients will be screened for hypertension.
- c. 100% of all patients will be screened for head, neck and oral cancer.
- d. 100% of all dental hygiene patients will receive oral hygiene instruction.

- e. 95% of all patients with treatment needs will be referred to the appropriate individual(s) for treatment, e.g., undergraduate dental student, post-graduate specialty clinic, etc.

Standards of care are communicated to the students verbally and/or via BlackBoard in their clinical courses in junior year (DHYG 311 & 321) and senior year (DHYG 411 & 421) and in the course outlines and competencies. The Standards of Care are communicated to students, faculty, and staff by inclusion in the 2010 - 2011 Dental Hygiene Clinic Handbook (see Exhibit 5-1.AI, Clinic Handbook 2010). Further, patient referrals for continued care are documented in patient charts, whether they be in-house or to a private practice.

The same communication is followed at Perryville and the Eastern Shore since students take the same courses with the same course outlines and BlackBoard sites as the Baltimore students.

3. Specify how each standard of care is assessed.

Explicit Standards of Care as stated in 2 above are assessed as follows:

- 2a. Assessed through AXIUM print-outs, chart check-in, chart check-out, chart audits. Goal is met.
- 2b. Required component of patient assessment; monitored by the assigned faculty in clinic. Goal is met.
- 2c. Required component of patient assessment; monitored by the assigned faculty in clinic. Goal is met.
- 2d. Required component of treatment plan and implementation; monitored by the assigned faculty in clinic. Goal is met.
- 2e. Required component of the dental hygiene treatment plan; student's role is to generate a referral to the Patient Care Coordinator (PCC) electronically in Axium. The PCC then assigns the referred patient to the appropriate post-graduate clinic or dental student. Dental hygiene students are required to document a referral in the patient's record and on the treatment planning section of the SCRF form. Confirmation of actual referral is overseen by the PCCs and chart audits conducted by SAS. If it is found during the dental hygiene chart audits that a dental hygiene student did not make the referral and document it or if it did not take place, the students must report this information to the Patient Care Coordinator. Students' inadequate patient management is reflected in their clinic grade.

This standard needs to be met at 100% effectiveness and to ensure that dental hygiene student referrals have been made, charts are audited early in the semester, through chart check in and check out and at midterm and final assessments each year by faculty advisors assigned to students. Students cannot pass chart checkout and graduate unless referrals have been made; therefore, the 100% goal is reachable.

Compliance with the institution's Standards of Care is part of the educational program. In addition to the Competencies for the Dental Hygiene Program, the clinic course syllabus stipulates very clearly what is expected from students concerning patient treatment as they matriculate through the curriculum (see Curriculum Management Document for DHYG 321, 411,421 Clinic Course Syllabi). Students assigned as the primary care givers have sole responsibility for scheduling and completion of patients. They also must provide oversight to ensure that any patients referred to dental students have been treated.

Students, Patient Care Coordinators (PCC) and Dental Hygiene Faculty advisors have access any time to patients' recall dates, treatment status and the date of their last visit via Axium software. PCCs conduct a formal chart audit with students during the fall of the senior year and then again at the end of the spring semester. At the end of the spring semester, students are required to review each patient chart to verify the recall dates, treatment status and the date of the patient's last visit. Faculty advisors go through charts and patient lists with students and then the information is given to the PCCs for the final sign-off. PCCs provide feedback if students have exhibited poor patient management and any deviations affect student grades.

Audits are conducted throughout each semester to assure timeliness of contact and scheduling of all patients primarily assigned to each student. At the end of the final senior spring semester, faculty advisors conduct a final chart audit with each graduating student and proceed in transferring patients to a rising senior dental hygiene student or referring them to a dental student. Students are expected to complete all patients before graduation.

Clinical grading criteria become more advanced as the student moves through the program and expectations related to patient care increase. To ensure quality care, students must successfully complete a series of competencies that take place each semester of the curriculum. Skills competencies occur during the junior fall semester before students begin treating patients in clinic. Mentoring/coaching is available to students who might need special assistance. Members of the faculty often work with students on an individual as needed basis in the simulation lab, in the clinic during non-clinic hours, and in their offices.

Perryville follows the same protocol as UMB.

The same is true at TLC- ES with the exception that the role of Patient Care Coordinator is assumed by the UM-ES faculty. Also, the Axium software system is not utilized. The patient record system for dental hygiene patients and recall is a paper system. The Quality assurance of patient care is also audited by the TLC Dental Peer Audit team. Standards of care are audited quarterly (See ES Exhibit 8, Peer Audit and Exhibit 7A, Chart Checkout).

4. Describe the program's quality assurance policies and procedures. Include information to describe the faculty, staff and students involved in the process and their roles and responsibilities, and how frequently the process occurs. Identify instruments used to collect and analyze data. Include policies and procedures to identify and correct issues of patient completion and abandonment.

Quality assurance is an on-going process that has no beginning or end. For example, the faculty monitor and manage risk daily in clinic and charts are reviewed and signed by faculty at the completion of each clinic session. Formal mechanisms also are in place to monitor delivery of quality patient care. Patient satisfaction surveys are distributed annually. Faculty distributes these to clinic patients. The patients are given an envelope in which to place the survey and it is submitted to the receptionist of the general practice area where the patient is being treated. As previously stated, chart audits are conducted by students in their junior years when they first receive their assigned patient charts (chart check-in) with faculty oversight. At chart check-in and chart check out all records are reviewed for timeliness of care and incomplete dental treatment. Patients who have been non-compliant in maintaining appointments or paying fees are inactivated subsequently with approval from the faculty and Patient Care Coordinator. Faculty also conducts chart audits annually. A designated faculty member obtains a random sample of charts (that have been assigned to hygiene students) and assesses the quality of the chart using the program's chart audit form (see Exhibit 6-1.5). Dental hygiene students are required to complete all of their patients prior to graduation, barring extenuating circumstances (e.g. patient request to discontinue care, patient illness, etc.).

These same policies apply to Perryville and TLC-ES. In addition, TLC Dental Peer Audit Team and a Quality Assurance team randomly select records and periodically, throughout the year, conduct an audit of patient records (see ES Exhibit 8, Dental Peer Review Chart Audit).

5. Describe the process to review a representative sample of patients and patient records. Include forms used to review patients and patient records.

Since the 2004 accreditation visit, the Division of Dental Hygiene's chart audit forms have been updated and improved to reflect changes in clinical technology and updated dental and dental hygiene forms (see Exhibit 6-1.6). Each year, chart audit

data is compiled and reviewed by a designated faculty member. A representative sample of 36 completed patients seen in spring 2009 was evaluated for the quality of patient care delivered by the dental hygiene students (see Exhibit 1-1.4Ca for summary data). If deficiencies were noted, they were addressed and rectified. Audits also occur during the patient appointment and corrective action(s) are implemented if needed. Charts are monitored through the chart check-in and check-out protocols as described in questions 3 and 4 above. Before students can graduate, they must obtain an approval signature from their Student Advisor (SAS), indicating that all of their patient charts are in order. At this time, patient charts are indicated for transfer to a rising junior dental hygiene student or referred to the PCC for assignment to a dental student for dental treatment. After obtaining their SAS's signatures, students take all of their charts to the Patient Care Coordinator (PCC) for their approval. The PCC checks the timeliness and adequacy of dental hygiene student referrals and patient completion and begins the assignment process for the next year.

If faculty and/or student deficiencies in chart management are frequent and consistent, they are discussed at the annual Faculty In-Service which takes place in August prior to the beginning of the new academic year or at faculty meetings on an ad hoc basis.. The faculty is reminded to carefully review the areas in the chart where deficiencies had been noted when working with students in clinic and during chart check-in and check-out times. This year, we noted the need for faculty to remember to sign one of the chart data sheets. See Exhibit 1-1.4Ca for 2005-2010 Chart Audit Summary Data. Improper chart and patient management affects the student's final grade for clinic under the Professionalism category.

Charts are monitored similarly in Perryville with the exception that the information is obtained from an electronic patient record.

The same process is followed at TLC –ES except that the TLC Quality Assurance group randomly audits the patient records quarterly. Written feedback is given to the UM-ES faculty from the Quality Assurance group. UM-ES faculty also completes a random audit of patient records. (See ES Exhibit 7B, Quality Assurance Record Audit).

6. Describe how patient treatment deficiencies are identified and corrected.

Patient treatment deficiencies are identified and corrected in a variety of ways. In the clinical environment, faculty evaluates students daily on the quality of treatment patients receive. If a student does not provide a specific treatment or if the treatment provided is deficient, it is reflected in the student's grade for the day and it is discussed with the student. In some instances, the faculty will intervene and assist the student in the provision of care. For example, if a student utilizes clinic time ineffectively or is unable to complete the patient due to unforeseen

circumstances (e.g., lengthy consult) and it is unreasonable for the patient to have to return (e.g. medical condition, traveling distance, care giver availability), a faculty member may help complete the patient's treatment. If a student consistently exhibits behaviors that result in deficient treatment, the entire faculty is apprised of the situation at a faculty meeting. The student will be counseled to determine ways to improve a given service/behavior. Chart audits, patient treatment audits and chart record reviews also reveal deficiencies in patient treatment. If a chart reveals that a patient has not had follow-up dental care needs met, the Patient Care Coordinator is told and she immediately assigns the patient to a dental student. Patients who are overdue for recalls are top priority for students to treat. Assigned student faculty advisors emphasize the importance of getting these patients scheduled. At mid-term assessments, students complete patient tally sheets. If students have a preponderance of incomplete patients, their faculty advisor discusses patient management and the requirement to complete all patients before semester's end. Rationale for any incomplete patients must be documented and legitimate.

7. Identify any changes made to clinic policies and/or procedures as a result of the quality assurance program.

In the dental hygiene program, we have updated our chart audit forms and SCRFs. Chart audit forms now more appropriately reflect technological change (e.g. criteria for digital radiography were included). The SCRF more accurately documents student provision of care. Criteria are more explicit and faculty signatures are required in more areas.

Monitoring of students' patient loads and numbers of incomplete patients per student is done at the midterm and final assessments of fall semester. This year (2010-11), faculty decided in addition to meet with students prior to and after midterm (but before final assessment). Students will also bring their patient charts to these meetings for advisor review.

Having a midterm dental hygiene progression committee meeting also has been helpful in flagging students with clinical weaknesses, providing appropriate faculty oversight and ensuring that course syllabi accurately reflect expectations of student care delivery. At faculty meetings (which are held monthly), QA issues often are raised and discussed.

The dental hygiene program director also is a member of the Clinical Sciences Council (CSC), a body that discusses issues related to patient. Key points from CSC meetings are conveyed to faculty. Similarly, a dental hygiene faculty sits on the Biohazard Safety Committee.

A policy change related to referral of urgent care patients to dental hygiene also occurred in 2008. Patients presenting to urgent care whose chief complaint related to a need for dental hygiene care could be referred to a dental hygiene student immediately after screening rather than after the comprehensive dental student treatment plan which could delay initiation of care. This change addresses patient need which promotes quality care and has provided our students with desired higher level patients.

Results from random chart audits are discussed at faculty meetings so that the cause for treatment deficiencies can be determined and corrected.

TLC-ES

The same process is true for the ES. If the chart audit process reveals deficiencies in patient dental hygiene care rendered by the students, the TLC Quality Assurance alerts the UM-ES dental hygiene faculty. The UM-ES faculty immediately assigns the patient to a student for follow-up care to remedy the deficiency. To date, there have not been any deficiencies identified. Overdue recalls are top priority for student assignment. The TLC Quality Assurance Team monitors patient records for the completion of comprehensive care. If the dental hygiene student and faculty identify unfulfilled patient dental needs, it is immediately brought to the attention of the dental team coordinator for assignment to a TLC dentist.

PV

All random chart audits are sent to Baltimore. If the chart audit process reveals any discrepancies, they are communicated to the PV clinic administrator and dental hygiene faculty. Dental hygiene faculty meet, decide on a solution to the deficiencies and then communicate the solution to the students. To date no deficiencies have been reported.

8. Discuss how the program assesses patients' perceptions of quality of care. Describe the mechanisms to handle patient complaints.

The mechanism used to assess patients' perceptions of quality of care is the Patient Satisfaction Survey. This anonymous survey is administered annually (faculty give the forms to the patient and they are returned to the GP receptionists in a sealed envelope) and reflects patients' attitudes concerning the dental hygiene student provider's communication skills, consideration, punctuality, overall quality of the appointment and perceptions of faculty and staff. Satisfaction ratings are extremely high. (See Exhibit 1-1.6 for summary survey data re patient satisfaction.) Patient complaints are extremely rare. If a student experiences a problematic patient in the clinical environment, the student is advised to communicate this to faculty who assess the situation and try to resolve the patient's problem. If a patient complaint goes outside of the clinical environment, the Patient Care Coordinator first hears of it. The Patient Care Coordinator would then contact the Clinic Coordinator who

would speak with the student. If the problem is not rectified at that level, the patient complaint would go through the following people: Dental Hygiene Program Director, the GP Manager, the COB and eventually the Dean. Depending on the severity of the complaint, higher level administrators might be contacted earlier in the process.

Assigned faculty at both PV and TLC- ES handle patient complaints and student deficiencies. In addition, any issues from patients addressed to TLC staff are forwarded to faculty. TLC patient satisfaction survey results are submitted to UMB. (See ES Exhibit 7A, Quality Assurance Record Audit.)

B. Supportive Documentation

1. Exhibit 1-1.4Ca: Completed 2005-2010 Dental Hygiene Chart Audit Results
2. Exhibit 1-1.6: Patient Satisfaction Survey Results
3. Exhibit 6-1.5: Dental Hygiene Chart Audit Form
4. ES Exhibit 7A, Quality Assurance Record Audits and Chart Checkout Form
5. ES Exhibits, Peer Review Audit

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

A. Description

1. Identify the policies and procedures that the program uses to track completed patients and to ensure that active patients are completed.

Students receive mid-term and final assessments. At each of these assessments, students submit a notebook of their student clinic record forms, a self-assessment identifying strengths, weaknesses, and plans for improvement, a competency log, and a clinic activity summary sheet that summarizes all patients they have treated during the requisite period of time. Totals for complete and incomplete patients are documented. Students with a preponderance of incomplete patients are counseled to complete these patients as a priority. Students are aware that inadequate patient completions and poor patient management are reflected in the clinic final grade and may impact advancement to their next semester and/or certification for graduation, if deficiencies are present in the final semester.

We require that patients are completed when students graduate (except for extenuating circumstances). Second, students are prohibited from delivering services to patients strictly for their own benefit. In most cases, a patient is treated by one dental hygiene student; however, in some circumstances, in order to meet certain requirements or expedite timely care, more than one student may treat the patient. This procedure must be approved by faculty and patient consent must be obtained. The institutional patient care guidelines found in the Dental School Clinic Manual. (Exhibit 5-1.Ai) states that: "Each patient will receive treatment in a timely manner and in an appropriate sequence to meet his/her needs. Care will not be fragmented nor provided out of proper sequence solely to meet educational needs." Patients are questioned concerning their satisfaction through patient satisfaction surveys. Comments from these surveys are evaluated (see Exhibit 1-1.6, Sample Patient Satisfaction Survey & Summary Data).

Our electronic Clinical Information System (Axium) identifies all students' active patients, treatment plans, completed services, recare dates, and the dates of most recent patient visits. Managers are also able to review patient clinical activity by appointment through this system. PCCs apprise students of patients who are overdue for recall appointments or who have not been seen in a timely manner. The Clinic Coordinators then are made aware if blatant oversights have occurred.

Prior to graduation, students bring all their active patient charts through our chart checkout procedures (see Exhibit 6-1.6). This involves a review of each active chart by the student's assigned dental hygiene faculty (SAS) advisor. This review is a graduation requirement that identifies treatment problems, including fragmented care and patients with outstanding/unmet treatment needs. All students are advised that they will be required to go through this review and explain any deviations from the principles of comprehensive care. This process further ensures that fragmented or incomplete dental hygiene care does not occur and that referrals for dental care have been made. Students may have to stay beyond semester's end to finish all patients.

Students at Perryville are held to these same standards.

Eastern Shore

Student patient completion totals are recorded and maintained electronically at UMB in addition to paper copies at TLC. Patient assignments and completion procedures are saved through paper records, maintained until graduation and then destroyed. Patient recare records are maintained in paper form and kept in a locked cabinet. (See ES Exhibit 7A, Quality Assurance Record Audit and ES Exhibit 9, Patient Satisfaction Survey.)

B. Supportive Documentation

1. Exhibit 1-1.6, Sample Patient Satisfaction Survey & Summary Data
2. Exhibit 6-1.6, Chart Check Out Form

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

A. Description

1. Briefly describe the dental hygiene program's written policies on patient's rights. Include a copy of the written policies as an exhibit. Describe how patients, students, faculty and appropriate staff are informed about the program's statement of patient's rights.

Our patients' Bill of Rights (see Exhibit 6-4.1) is distributed to the faculty, students and staff in the Clinic Manual, and to patients through the New Patient Brochure. Patients receive a copy of this brochure at their initial screening appointment (see Exhibit 6-1.2). It is also available to patients at each reception desk or from their personal Patient Care Coordinator. Patients also receive a General Policies and Initial Consent (GPIC) Form (see Exhibit 6-1.4) which is retained in the patient record as well as a HIPAA (Notice of Privacy Practices) brochure (see Exhibit 6-4.2) that is signed by the patient and also retained in the record.

The Patient Bill of Rights states that each patient is entitled to:

1. Considerate, respectful and confidential treatment;
2. Continuity and completion of treatment;
3. Access to complete and current information about his/her condition;
4. Advance knowledge of the cost of treatment;
5. Informed consent;
6. Explanation of recommended treatment, alternate treatment, the option to refuse treatment and risk of no treatment;
7. Emergency, incremental and total patient care;
8. Treatment that meets the standard of care in the profession;
9. Access to a patient advocate who will appropriately communicate their grievances.

Patients also are informed of financial policies, dental school policies (see Exhibit 6-4.3, Financial Policy), and our Privacy Practices (see Exhibit 6-4.2, Notice of Privacy Practices) at the first appointment. These policies are reviewed and updated as

needed. Plans are in place to share these policies via large screen monitors housed in the GP Clinics and in the Admissions and Screening reception areas.

The School has written policies describing its comprehensive dental care. The General Practices were established with the concept of comprehensive care as an integral component. The Dental School Electronic Clinic Manual (Exhibit 5-1.Ah) http://toothwiki.umaryland.edu/login.action?os_destination=%2Fhomepage.action summarizes the patient admissions policy for patients seeking comprehensive care as follows:

“The objective of our comprehensive care program is to establish optimal health for all patients seeking care, with a focus on oral health. Optimal health is achieved for a patient when disease processes are eliminated or controlled, and the effects of past diseases are stabilized. Comprehensive dental care, in an educational environment, requires the student provider to integrate basic and behavioral science concepts with clinical science knowledge. Effective delivery of comprehensive care requires a coordinated, multidisciplinary and individualized approach leading to optimal oral health for the patient.”

These policies are followed in Perryville as well.

The same is true for TLC- ES. Dental hygiene services provided by UM students are offered at no charge as it is a federally qualified health care facility. (See ES Exhibits 10, Patient Privacy Information, and 11, Financial Policy.)

B. Supportive Documentation

1. Exhibit 6-1.2, “Dental Care for you and your family”: New patient brochure
2. Exhibit 6-4.1, Patient Bill of Rights
3. Exhibit 6-4.2, Notice of Privacy Practices (HIPAA)
4. Exhibit 6-4.3, Financial Policy

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).

A. Description

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.

All students, faculty and staff who are involved in the direct provision of patient care are required by the school to maintain their BLS Healthcare Provider level training current by completing a renewal course at least every two years. BLS training records of all clinical faculty, staff and students are included in a CPR training database maintained by a secretary in the Department of Oncology and Diagnostic Sciences. Notification of the need to complete a renewal course is sent to individuals two months prior to their recommended renewal month. Renewal courses are provided within the Dental School every month by BLS Instructors associated with the school's American Heart Association affiliated CPR Training Center. If CPR certification for students, faculty or staff has expired, the COB will inform these individuals that they may not render clinical care until their certification is updated.

2. Describe how the program ensures that recognition of these individuals is obtained and does not lapse. Provide a copy of the records maintained by the program as an exhibit.

Year III Dental hygiene students are trained in BLS and AED. BLS and AED courses are presented by the CPR Training Center according to the published standards of the American Heart Association's Maryland Affiliate for the "Healthcare Provider" level of training. In addition, each BLS course presents the five steps of "initial management" for any medical emergency, which are described in the Clinic Manual and are demonstrated and practiced as a supplement to the traditional BLS course. After successful completion of the written exam and performance evaluation on adult and infant mannequins, each trainee's results and renewal date are entered into our computerized CPR database. Students, faculty and staff also must demonstrate correct use of the defibrillation equipment. Their current BLS training status is also "recognized" through receipt of a letter and CPR card. (The term "certification" is no longer employed for provider level CPR courses, according to AHA policy.) For faculty, support staff and dental hygiene students who are in the program longer than two years, renewal courses are provided and recognition

monitored as described above. Current Basic Life Support Recognition (CPR Certification Records) is maintained centrally by the Department of Oncology and Diagnostic Sciences, Room 5201, and copies of individual certificates are kept in the Division of Dental Hygiene personnel files in Room 1202, Dental School.

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?

Enforcement of the BLS training requirement is the responsibility of the COB, which can deny clinic privileges if training has been allowed to lapse. Persons unable to perform CPR must provide documentation from their physician. These persons are required to attend the training sessions so they can provide support in cases of emergency, particularly activation of the EMS system (call 9-911).

The same is true in Perryville.

All CPR training requirements for ES students are the same as above. Additionally, students have notification and renewal training available through TLC administration. Proof of participation and course completion data are kept with student/faculty records at UMB Dental School, TLC dental facility, and TLC administrative offices.

B. Supportive Documentation:

1. Copy of Policy on Basic Life Support Recognition (Certification) – available on-site, Room 5201

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.

A. Description

1. Describe how confidentiality is maintained regarding each patient.

Student employees are not utilized as secretarial staff. All faculty members and students are required to view a HIPAA training course available online through the Office of Information Technology and successfully pass a HIPAA quiz. Passing the quiz is prerequisite to faculty and students being able to access AXIUM. Patients also sign a HIPAA document that ensures the privacy of their data. Past dental hygiene student clinic record forms containing patient information are destroyed

upon student graduation. The Dental School's Chart Room houses all patient records. The Chart Room is kept locked after hours and only faculty or a student assigned to a particular patient can procure that patient's chart. Charts are not permitted to leave the Dental School and must be returned to the Chart Room immediately following patient care. Students do not mention patient's names when they check in with faculty and report health conditions. At UMB, when students access patients' records via Axium or Romexis at a central monitor shared by four students in a clinic pod, they are required to exit the program and shut down the monitor when finished. At both PV and the ES, monitors displaying electronic patient information are visible only to patient, provider and supervising faculty.

Perryville

Only students who are assigned to particular patients have access to those patients' records. Students have specific usernames and passwords to access patient records.

Eastern Shore

All students review TLC's HIPAA policies and procedures with signed documentation prior to the start of each clinic year. Students/faculty have specific logins and passwords assigned to access electronic data. TLC does not utilize paper patient records. (See ES Exhibit 10, Patient Privacy Information).

B. Supportive Documentation:

1. Exhibit 10, ES, Patient Privacy Information
2. Exhibit 6-4.2 Notice of Privacy Practices HIPAA

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. Assess the effectiveness of the program's planning and assessment process and how this has contributed to the betterment of the program.

Planning is a continual process in our program. With so much change occurring over such a short period of time in the last seven years, we have had limited opportunity to do extensive long term planning. With a seeming lull in the action, more long term planning will begin. Long term plans will address the creation of revenue streams, ideas for more publications and grant funding and a reassessment of faculty course loads. Some faculty also must create dossiers for promotion. A close look at our faculty resources in relationship to our degree completion and graduate programs also must be reviewed. We have done very well with our short term planning but it has been hectic for all. We have transformed our curriculum from traditional to an electronic format and we have established two distance sites in underserved areas of the state. We have increased our class size and developed creative e-learning activities. Our assessment processes are strong. We are continually improving how we do things based on student and faculty input. We take our course evaluations seriously and monitor our outcomes assessment measures at least once per year. We obtain feedback from our graduates, their employers and we are all active in the community in one way or another. Thus, we get feedback from the public on a routine basis. Our attention is continually geared to improvement and our current status indicates that we have been successful. As a result of the self-study, we did look at more ways to enable student self- assessment; we developed a new senior student clinic practice behaviors assessment. The data generated from these surveys will prove useful as we assess our clinical course content. Our curriculum committee course reviews also enable course improvement and encourage collaboration and the sharing of ideas about how to approach course delivery, what does or does not work, and other insights.

2. To what extent have results of the evaluation processes or outcomes assessment been used to modify the curriculum?

As displayed in Standard 1, outcomes assessment has enabled us to modify approaches to clinic. We have modified some of our competencies to be more reflective of the NERB examination. We improved our clinic assessment form, sought to tighten clinical grading criteria and emphasized professionalism but establishing tighter policies and building more importance to this trait in our didactic and clinic courses. Our faculty, as a group, work diligently on calibration, more due to peer review than student complaints. Our curriculum oversight has ensured that our on-line courses are calibrated for student navigation purposes. All of our faculty can access one another's courses. We have listened to our distance students and use more diverse methods of "real time" interactions. We utilize sound feedback in the modification of our day to day operations.

3. Evaluate the extent to which the program goals are met.

Our program goals are well met. Our teaching and service accomplishments standards are excellent and exceed our goals. Our research goals are met at a level that we would like to improve. Our graduate program engages faculty in research and currently we do have a research project going. However, faculty publications need to increase; the intensity of our teaching program and the various commitments people have in the teaching and service areas often take precedence. As director, I am hoping to include more publications in our long term planning.

4. Assess the adequacy and stability of the program's fiscal support as anticipated over the next several years.

Our institution is very supportive of our division. Although state funding has decreased over the last few years, the economy may be turning around a bit. Our governor is prohibiting any decrease in state funding for the next few years. That being said, the whole philosophy at the dental school is become more focused on entrepreneurial activities as a means to enhance faculty salaries and provide for professional development funds. Each department/division is to consider itself a profit center. Our CE program is flourishing and we are becoming more recognized by state and corporate entities who seeking dental hygiene academic institutions to conduct research projects. Should we need other revenue sources, faculty practice can always be an option for generating Division funds. Our success as a division is constantly cited by our Dean so our place in the Dental School is quite secure. Any monetary request our Division has asked for since 2004

has been granted. We are an innovative group who has mustered energy during previous challenging times. There is no doubt that we are stable for the immediate future.

5. Assess the degree to which current financial support permits or inhibits achievement of program goals.

We are able to meet our program goals with the current financial support. We have adequate faculty coverage at all three of our sites, professional development funds are available for faculty, we have access to state-of-the-art facilities and equipment to provide an excellent clinical environment for our students and we have the technology to enable the delivery of an e-curriculum. We are not in want of anything that we wish we had.

6. Evaluate the effectiveness of the professional community in providing assistance to faculty in meeting the objectives of the dental hygiene program on a continuing basis.

The dental and dental hygiene community are effective in providing assistance to faculty in meeting the objectives of the dental hygiene program on a continuous basis. We have many dental hygiene "Dean's Faculty" (faculty teaching volunteers) who assist faculty in clinic. Our graduates serve as officers in our component and constituent societies so we are kept abreast of the work place environment and receive timely feedback from the community. The Maryland State Dental Association made a contribution to our eastern shore program to give them a nest egg should they want something special for their clinic. (To date, this money is being saved.) Graduates attend our CE courses and stay in contact. Many individual dentists support our legislative efforts although organized dentistry in the state generally does not agree with our initiatives. Community dentists often contact us to employ our graduates and to recommend students for admission into our program. Communication with dental and dental hygiene professionals in the community is constant.

7. Evaluate the effectiveness of the liaison mechanism in providing information on dental and dental hygiene practice and employment needs.

The formal mechanisms in Perryville and on the eastern shore are probably more relevant and helpful than UMB's. First, both of our satellites are relatively new and are forging important community relationships. Geographically, they are more isolated and their constituencies more spread

out so their reliance on formal community liaison meetings is beneficial. Given the UMB Program Director's visibility in the community, her presence at meetings that include practicing and public health dentists from the area and her regular communication with these individuals, the influx of information regarding dental hygiene practice and employment needs is constant. Our graduates continually update us on the marketplace and through a formal "Educators' Forum" which is part of MDHA, program directors share information about dental hygiene practice. The state dental association's take on the employment picture tends to differ from UMB dental hygiene's perspective. New schools are opening in the state so the employment landscape is changing to some extent. A proprietary school has opened in an underserved county and another community college program was accredited since UMB's last accreditation. These openings have not affected our applicant pool for this year. The main point is that input from the community occurs daily and with faculty active in MDHA, information is constantly transmitted to the program director and faculty. That being said, the accrediting body's requirement for a formal community liaison committee is understandable but in the Baltimore campus's case, not that relevant currently.

STANDARD 2 - EDUCATIONAL PROGRAM

1. Evaluate the admission criteria in terms of its ability to identify students with the potential for completing the curriculum and performing dental hygiene services with competence and efficiency.

Overall, our admissions criteria are very effective in identifying students with the potential to excel in our program. We have found that grades are important but equally important are communication skills. Assessing these skills can be challenging as students "put their best foot forward" at interviews; however, seasoned faculty is pretty able to pick up on other nuances. Commitment to dental hygiene and knowledge of the profession is fairly obvious during interviews. Recommendation letters, although sometimes useful, are less telling than some of the other criteria used. One area that is hard to assess is skill with writing. Although we require an essay and students do some writing at their interview meeting, writing skills are often weak and fly under the radar. We value writing skills in our program due to course assignments and clinic documentation.

2. Appraise the policies and methods used to ensure that students exempted from courses in the dental hygiene curriculum have met achievement standards which equal or exceed those expected of students who complete courses in the usual manner. No students are exempted from courses in our curriculum.
3. Assess the population resources to provide a broad range of population characteristics.

We have students from multiple backgrounds applying to our program. We receive applications from many cultures and often have males entering our program.

4. Do enrollment statistics reveal any trend which the institution is concerned? If so, describe those concerns.

Our enrollment statistics remain strong.

5. 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.

Our faculty is engaged in their professional associations at the state and local levels, and most attend national meetings. Information gleaned from these meetings and activities are shared with the entire faculty. Our curriculum includes courses that mandate the ongoing inclusion of scientific advancement and innovation in dental hygiene practice and health care systems. (Research Methods, Issues in Health Care Delivery, Special Patients, Community Health and our clinical courses.) Student case presentations and poster sessions rely on the latest scientific information. Brown bag seminar CE courses are offered to faculty almost bi-monthly. We have in-services and retreats that often include invited speakers as well as faculty who report on their own professional development activities. Our Curriculum Committee assesses each course and ascertains the inclusion of innovative and evidence-based information. Feedback is provided if updates are warranted. We discuss our courses as a group and we have faculty employed in general and periodontal private practices outside of the school. We have one faculty who also does product evaluation and she also shares current information with the other faculty members. We order up to date text books, use current articles for our courses and are, in general, well-read.

6. Assess the extent to which course descriptions and objectives reflect the content delineated in the respective topical outlines.

The course descriptions and objectives accurately and comprehensively reflect the content delineated in the respective topical outlines

7. Explain the rationale/philosophy for the overall curriculum sequence.

The broad philosophical approach to our curriculum is to lay the foundation and then enhance it. We introduce sequential content based on the "need to know"...course content must be relevant for students to value it. We strive to offer a comprehensive, evidence-based curriculum that prepares our students to be competent clinicians, thinkers, and life-long learners. Incorporating the most cutting edge information is important to us.

Our curriculum builds upon itself, in many areas. Clinically, psychomotor skill sets become more complex as the student matriculates through the program. Decision-making and problem solving capabilities are heightened through the acquisition of knowledge, through treating a variety of patients and by completing challenging learning activities both didactic and clinical. During the fall first year, students are introduced to clinic, radiology, periodontology and the complementary basic science courses. Our didactic faculty strives to reinforce material appropriately in multiple classes while avoiding unnecessary redundancy. Faculty works at sequencing their individual courses so that they mesh with other courses being taught simultaneously. Efforts are made to apply didactic course content in the clinic environment. Our senior students' participation in the translational case conferences reinforces these applications..

Spring semester of the junior year, students take more advanced radiology and periodontology, pharmacology and general and oral pathology. These courses coincide with entry into the clinic environment. Special patients also is taken in the junior year and it too enhances patient treatment. Senior level courses tend to be more sophisticated and build on the previous year's academic plan. In some instances, during early clinic experiences, students will see and learn things prior to obtaining formal coursework in that area. Students then sometimes wish that they had a given course earlier. However, this wish could arise regardless of having an airtight sequencing. Overall, our curriculum is very full and the order of courses seems to work for us and our students.

8. Appraise students' ability to evaluate the outcome of dental hygiene care through experience with maintenance or continuing care appointments for clinic patients.

Our students all are assigned a pool of team recall patients (approximately 45) so they may see the same patients four times if not more often depending on the patient's recare interval. We have an area on our treatment planning form that addresses potential goals for care outcomes and an area in which the student must determine an appropriate patient recare interval and provide rationale for this choice. We strive to help students individualize care and typically are effective. Reinforcing different patient categories (pediatric, special needs, etc.) accretions difficulty levels of patients and periodontal classifications helps students see that different patient need different care, communication and follow-up.

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

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

The program administrator, historically, has had the requisite authority to support the goals and objectives of the dental hygiene program. This has occurred to a great extent.

2. What activities during the past year demonstrate that the program administrator has assumed responsibility for continuous coordination, evaluation and development of the dental hygiene program?

Every day there is evidence that the program administrator has assumed responsibility for continuous coordination, evaluation and development of the dental hygiene program. Coordination and development is evidenced by multiple memberships on school wide committees that address policy. The program administrator ensures that dental hygiene is considered and represented. Communication with faculty regarding coordination of the program itself occurs daily. Faculty inform the director of any issues that require discussion, calibration and/or revision. Communication among faculty and with the program director are excellent. Frequent faculty meetings, continual phone calls and e-mails from faculty at all the sites ensures a smooth, coordinated and well-developed operation. Faculty development is also a priority as this ensures strong program development.

Faculty is encouraged to attend professional meetings and obtain CE credits. An open door policy with the administration also ensures sound coordination and development of the dental hygiene program. The program director is innovative and is proactive. Evaluation of the program is formalized through several outcomes assessment measures. Graduate and employer surveys, patient satisfaction surveys, chart audits, board scores, student faculty and course evaluations are some of the data sources that are used to evaluate the program. Curriculum committee course reviews and spontaneous faculty and student feedback provide avenues for evaluation. Goal setting meetings are another way that faculty is evaluated which, in turn, provides input for program evaluation. Community input from dentists and dental hygienists also provides fodder for introspection, evaluation and developmental change.

3. Evaluate the adequacy of the number of program faculty, and scheduling flexibility to achieve program goals.

The program director is very satisfied with the adequacy and number of program faculty. Our schedule is flexible enough to accommodate faculty and student needs. Faculty exhibits flexibility with course delivery times and often works together to develop alternatives to structured times, if needed. We trade clinics when necessary and modify arrangements depending on what circumstances arise. Flexibility is not often called upon but if it is, it does not pose problems.

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.

Faculty has ample non-teaching time to assess the program and institute changes on a continuing basis. As previously noted, our faculty is strongly committed to our program and we raise programmatic issues at almost all faculty meetings. Faculty proposes ideas that may become key discussion topics for our annual retreat. Our retreat which is planned for early summer provides a chance for faculty to scrutinize our program carefully and to recommend change.

Summer also is a time when faculty uses their energy to reflect and revise their courses, although faculty continually improves their offerings throughout the year. All faculty have course prep time during the year to

make modifications and enhance their courses. Faculty discusses course content with each other formally at our retreats, curriculum committee meetings and in-services and informally at faculty meetings.

5. To what extent do faculty/student ratios during laboratory, preclinical, and clinical sessions provide individualized instruction, provide for maximum protection of patients and allow evaluation of the process as well as the end result?

Faculty ratios are excellent and comply with the accreditation standards. Preclinic ratios are very strong and allow for extensive process and product evaluation. In clinic, although faculty have assigned students, we balance our designated students to ensure a fair distribution that affords the faculty ample teaching rather than "checking" time. Faculty assists each other to help evaluate students who may not be assigned to them. Clinic communication among faculty is on-going. Graduate teaching assistants often assist faculty as well.

6. To what degree do faculty workloads allow for effective supervision of exceptional and/or slow students?

Faculty flags students who appear to need extra help as soon as any concerns are identified. Course directors send counseling forms to weak students and arrange times to meet with them. The Clinic Coordinator for the juniors often spends extra clinic time with "needy" students. Student advisors also monitor their students, may work with them to practice on dentaforms in their offices as well as raise issues to the entire faculty group. Exceptional students require less direct supervision and may earn extra credit in didactic classes and may progress to more sophisticated instrumentation earlier than other students. More advanced students also are offered off-campus opportunities such as attending Lobby Day or doing a professionally related activity.

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.

For the most part, a faculty on the general clinic floor is assigned to provide examinations for dental hygiene patients. Sometimes is challenging for our faculty to locate that designated individual and other dentists on the floor may be asked for their assistance. If a patient is returning for another visit,

we try to save the need for an exam until that time, barring "CC's" and emergencies. On Thursday afternoons, we have our own dentist faculty volunteer who performs all of our needed exams. Specialists, if not on the clinic floor, may be called to do a consultation. If it is difficult to obtain a specialist evaluation, the general dentist may recommend that the patient be reappointed to see the specialist based on the patient's clinical presentation, one that would mandate such an appointment.

Students needing consultative services from Oral Medicine take their patients to that clinic directly and schedule an appointment. Emergency patients are treated on the floor either by a faculty or a dental student. Sometimes, if necessary, these patients are taken directly to the emergency clinic.

8. Assess the effectiveness of the faculty evaluation system.

The formal evaluation tools and less formal mechanisms for assessing faculty didactic and clinical skills are excellent. Informal feedback reaches the program director if there are student concerns. The director meets with specific faculty, if needed, to address any matters that require assessment and modification. Yearly, all faculty meet with the director to review their student evaluations and after they submit their forms for the goal setting process. A candid conversation ensues that involves assessing faculty strengths, weaknesses and areas for improvement. These meetings are effective and help faculty focus. Peer review occurs due to our faculty grading system whereby the same patient form is used repeatedly until a patient is complete. Faculty can review each other's comments and discuss any discrepancies or concerns. Similarly, student advisors (SAs) see all of their assigned students' SCRF's so they are able to see if faculty write consistent comments and deduct points in particular categories consistently.

9. Compare the program faculty's opportunities to continue professional development with those of other institutional faculty in terms of release time and financial support.

Our departmental guaranteed money for professional development is probably more generous than that of other departments. Release time for professional development is equitable and our Department Chair encourages professional development activities. Our entire faculty works to accommodate other faculty's needs regarding release time.

10. Evaluate the adequacy of support services available to the program.

All of our sites have adequate support services. Our students are availed the same clinical support staff as all other students. Our administrative assistant manages the workload given her by faculty adequately. Faculty works independently on much of their typing and course creations. Two other support staff people within the department assist with travel and expense issues and for hiring, and promotion matters. IT staff readily is available to us for mediasite, Webex or polycom use, not to mention for assistance with creative projects. Housekeeping and cleaning staff are very attentive to our needs.

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

1. Assess the adequacy of the program's clinical, laboratory and radiography facilities (on-campus and extended campus), i.e., storage, safety, provision of adequate learning experiences.

The clinical, laboratory and radiography facilities at all of our sites are excellent. All three sites are newly constructed state-of-the-art facilities that house cutting-edge technology and equipment. Each site has adequate storage and provides a safe environment as students learn. Our students are provided with adequate learning experiences at all three sites. Since all campuses are digital, off site experiences enable students to expose radiographs using conventional equipment.

2. Evaluate the adequacy of the facilities and scheduling flexibility to achieve program goals and objectives.

Facilities are adequate to achieve program goals and objectives. Flexibility is rarely needed as each site has dedicated dental hygiene chairs. Sometimes at UMB, obtaining a radiology suite for BWX may require a short wait. However, should there be a wait, the student can proceed with other areas of data collection or choose to make the exposures at the radiology imaging center on the first floor where more bays are located.

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.

Perryville and TLC (eastern shore) do not compete with other groups to use facilities and equipment. More juggling takes place at UMB but there always are ample chairs for dental hygiene. Once in a while, our students may not be clustered as closely together as we would like. Although the distances on the clinic floor are not consequential, clustering makes it easier to be available at all times to all students. Faculty supports each other and often works with unassigned students if they are in closer proximity to these students than their assigned faculty would be. This flexibility alleviates any major problem. At each site, appointment and chair scheduling is accomplished through front desk personnel who are efficient and helpful. At UMB where scheduling is more challenging due to the volume of appointments needed, rarely, if ever, do patients appear on the wrong date or do students not have an assigned chair. The capacity, design and scheduling of the clinical facility and equipment permit our students to have adequate clinical practice experiences and enable the attainment of program goals.

4. Evaluate the comprehensiveness, diversity, currency and quality of the texts and periodicals pertaining to dentistry and dental hygiene that are available for use.

Our Health Sciences Library (HSL) is a regional hub and provides students with on-line access to periodicals and texts, 24/7. Access to the HSL is available to all of our students, regardless of campus. The HSL offers services ranging from free computer courses, to inter-library loans, to the conduct of literature reviews and also has available private study rooms and innumerable computers. The Dental School has a designated information specialist who requests our input regarding the purchasing of current texts. The library holdings related to dentistry and dental hygiene are diverse, comprehensive, current and of high quality. Each faculty also has her own library of books. The most current desk copies of commonly used and innovative texts are sent gratis to the program director routinely. Students are invited to use these books.

5. Assess the budget available to purchase instructional aids and equipment.

The Division has a state budget, a foundation budget and funds from endowments that are available for purchasing any needed instructional aids or equipment. The Division Director "okays" special purchases of monetary

significance after discussing them with her Chair. For smaller items, e.g., software packages, the director has complete purchasing authority. Often, for big ticket items such as funds for marketing, the director or other designated faculty meet with the Associate Dean for Finance, Clinical Operations and Planning. With sound rationale provided, he and the Dean have not yet denied our requests.

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.

All of our sites have policies and procedures that ensure a safe environment for patients, students, faculty and staff. A significant portion of the dental hygiene didactic and clinical learning activities emphasize infection control and the prevention of infectious disease transmission; radiation safety and sterilization and disinfection of equipment and current infection and hazard control procedures. Students know to bring questions to faculty if there is an infection control concern or a question about a patient's health status and the acceptability of providing care. Both students and faculty are tested on their knowledge in these areas. Further, the State of Maryland mandates CE every two years on risk management as related to infection control. Every radiology operatory includes safety instructions and meets the required structural standards. Dental hygiene students fail the daily professionalism grade category if they breach an infection control guideline. Guidelines related to all safety measures are readily accessible to students in their course syllabi and in their clinic manuals

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 policy to manage emergencies which might occur.

Emergency equipment and materials are sufficient to adequately teach students how to manage dental emergencies. Specific guidelines are in place that must be followed should an emergency occur. Emergency phone numbers are posted in each general practice area and specified individuals facilitate emergency management. The dental school has three nurses on staff and other personnel on the clinic floor who can assist dental hygiene

students and/or faculty should the need arise. The nurses' availability can prevent an incident from occurring as they are available to assess a patient's status before treatment is rendered (e.g., taking blood glucose needle stick readings). Historically, and even this year, we have had students who have experienced seizures or who have fainted. Students and faculty immediately activated the telephone tree and sought consultation with other faculty on the floor to adequately assist the patient. The University of Maryland Hospital is directly across the street from the dental school. TLC is housed in a comprehensive health care facility so physicians and other health personnel are available at all times. Perryville has an agreement with nearby Union Hospital regarding emergency incidences. Both distance sites have stated emergency management protocols. At each of our sites, dental faculty always are on the clinic floor and are available to assist in the management of an emergency. Our emergency carts are of sufficient number, they are monitored carefully and they contain the requisite supplies for emergency management. An emergency management media-sited online presentation is accessible and available to all faculty and students.

STANDARD 6 - PATIENT CARE SERVICES

1. Evaluate the extent to which the program provides quality dental hygiene care.

There is no doubt that our program provides quality dental hygiene care. Faculty monitors our students very closely during the delivery of care and faculty interactions with students and the provision of feedback are constant. Students must be competent to deliver clinical services. Students with problems are flagged and must meet with their assigned advisor, clinic coordinator or program director depending on the severity of the concern. If a modified curriculum is needed, it will be developed.

Numerous monitoring processes are in place to ensure students deliver quality care. First, faculty shares their experiences with students either at meetings or via straightforward e-mails, to provide others with a "heads-up". Our documentation system on our student clinic record form is rich with detail. Our assigned student advisors, our SAS system and our midterm progression committee meeting are other ways that students are monitored. Our students receive daily grades and consistent problems or trends are noted and shared amongst faculty. Faculty intervene if students need

assistance during patient treatment, particularly if the patient is more challenging than the student may have anticipated and the patient has a particular medical condition or limited available time to return for care (e.g. elderly frail patient; patient from out-of-state who travelled a long distance.) Our patient satisfaction survey results are excellent and we have only received one patient complaint in the over thirty years that the program director has been on staff. Our faculty is continually calibrated on the best and most current techniques. We have built in peer review through our SAS system and faculty is quick to identify discrepancies that must be addressed. Several of our faculty members are in private practice and their insights, experiences and knowledge bases prove helpful in faculty discussions.

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.

We have a fail-safe system for ensuring the continuous basic life support recognition of all students, faculty and staff who are involved in the direct provision of patient care. An outside entity affiliated with the AHA (Quest, Inc.) is contracted through the school and provides day long training for BLS and AED operation. Faculty does not leave the training session until they pass both the written and practical exams. One of Quest's responsibilities is to keep a computerized list of test dates and attendees. The UMB COB maintains lists of credentialed faculty from all of our sites. A month or two before the two year re-examination deadline approaches, faculty is e-mailed various dates for upcoming training sessions. Faculty without current credentials cannot treat patients in clinic. Faculty who have physical limitations that prevents them from providing BLS must provide physician documentation for exemption. The eastern shore site (TLC) has its own yearly training course and documentation of completion is kept on-site. Verification of these credentials is sent to the UMB Division of Dental Hygiene and then forwarded to the COB. TLC also must comply with the Joint Commission on Hospital Accreditation Guidelines so training is required by two accrediting entities.