

## Conclusions and Summary of the Self-Study Report

- a qualitative appraisal and analysis of the program's strengths and weaknesses.

### STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

1. Provide an evaluation of the assessment process. Discuss the effectiveness of the program relative to student achievement.

This effort focused on program planning and assessment has helped the department to embrace the concepts that assessment and evaluation for potential change is a process that is ongoing. The assessment process has allowed the program to have guidance for change and confirmation of what is progressing in a positive direction and specifically what needs to be improved. The planning and assessment process has made the faculty and the curriculum more cohesive and have given additional structure to the program and communication processes with faculty and staff. The University is accredited by Northwest Accrediting agency and that ongoing process of our participation in the overall University processes has helped in improving the understanding and knowledge of the accreditation process for faculty and staff.

2. Assess the stability of the program's fiscal support as anticipated over the next several years.

Fiscal support for the program is anticipated to remain at the same level with increases as the university and college have increases in financial support. With our position within the Dumke College of Health Professions, we are a part of the Interdisciplinary Professional Education group that shares resources of space, equipment, notable advancements in Health Sciences, use of the Simulation Laboratory and have had the opportunity to embrace philosophies of excellence in our base education program through integrating our knowledge with the knowledge of others in health professions.

The base budget supports our goals for the program and the clinic. Careful fiscal management is achieved through our clinic manager's activity and the department chair's oversight. The





The program is committed to be on the leading edge of innovation. Within the planning structure of the program, ideas are brought forward regarding advancements in practice, science and in health care. The faculty and staff members, as well as our community of advisors and community partners, bring information forward for review. During the review of the curriculum arriving at a consensus on topics and strategies that should be deleted or need continued, all input is welcomed. Innovations are sought after that meet the program goals and objectives and prepare our graduates for competent and effective practice as a dental hygiene professional.

5. Explain the rationale for the overall curriculum structure and sequence.

The beginning student is introduced to dental hygiene at the most basic level in the pre clinical course that is paralleled with basic sciences that complement the topics presented.

In the second semester, students are provided clinic practice to implement the basic clinic skills learned in the preclinic labs and incorporate knowledge from additional dental science courses. imd [(c)4(o)3(e)4(b)9(i)-2(t)-2u-(s)-1</MCID 7 >>D(t)-2epa-4(ce )-10grneini(l)-6(u)(l)-6(t)-2





Our future plan is a change the current job description for the dentist to provide not only to function in a supervisory and teaching role but include diagnostic consultative services for our dental hygiene patients. Later, as planning continues, there could be potential for a faculty practice in our clinic for dental restorative services.

8. Assess the effectiveness of the faculty evaluation system.

The faculty evaluation system is an effective system that allows for feedback through peer review of teaching that includes peers within the program and those outside of the dental hygiene department (other health professions faculty). It organizes the faculty into a system that encourages self-evaluation of teaching effectiveness. Team building is enhanced through the focused evaluation and debriefing meeting that occurs at the culmination of the peer review. Individual faculty goal setting and review has been part of the annual faculty evaluation system. This activity has become less formal and needs to be brought forward with priority within the program. The size of the faculty group, frequent faculty and staff meetings, and the camaraderie that is experienced has allowed hA16.04 -1.and ( m)-2(e)9focusesoup,(ed)-4((es)-5(f)]TJ

Student Involvement Center were remodeled and reorganized. This resulted in improved services for students in many aspects. The Center for Community Involvement (CCEL) manages community outreach and Americorps opportunities program for students' educational grants for service in the community. The University received the Carnegie recognition for university service. The department chair and several faculty participate in committees to advance the goals of community and civic engagement. The University, college and program support the CCEL and community involvement, outreach and service. Specific courses, throughout the university, can be designated as a CCEL course with the appropriate level of service, learning and outcomes evaluation within the course. By application, Dental Hygiene currently has three courses that have the CCEL designation. Dental Hygiene students and the department are highly involved and recognized by the University and the statewide association of Universities termed "the Utah Campus Compact" in our commitment to Service Learning.

#### STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

1. Assess the advantages and disadvantages of the capacity, design, and scheduling of clinical, laboratory and classroom facilities and equipment.

- Advantages of the capacity:

- The capacity of the clinic and classroom is greater than what is currently.9( cl)-6



cultures, backgrounds, life experiences, health care and dental hygiene needs.

- The majority of the program's classes are held in the same classroom. This makes it convenient to everyone affiliated with the program, makes it less confusing to the students to find their class location and conducive to the cohesiveness of the Dental Hygiene students and faculty. If another classroom is needed, it can be scheduled. All classrooms in the Dumke College of Health professions have identical Instructional Technology capabilities. Our department works collaboratively with the other health professions in our building to use other unique technology to integrate dental hygiene and enhance student learning. Another advantage is the way the clinic is designed for patient flow. The check and patient waiting areas are in the foyer of the main corridor and easy for patients to find. The patient is led to the clinic through a short hallway which opens up into the clinic. The radiology rooms are accessed through the same hallway. The instructor area looks over the entire clinic so we can see what is happening in the clinic at all times.
- Disadvantages of the capacity, design, and scheduling of clinical, laboratory and classroom facilities and equipment:

A disadvantage is the hallway between the patient check-in area, the clinic and radiology suite. Congestion of the flow of individuals can occur when multiple students and their patients are trying to access radiology, escort patients to or out of the clinic and checking out patients (paying service fees) all at the same time.

Discussions are ongoing when considering security issues that have come to the forefront as universities have become targets of violence in areas of the United States and Internationally. Weber State has a Safety Alert system that is termed "Code Purple." This is the quick texting method of informing the entire university of safety concerns. The clinic manager serves on this committee. During evaluations of the 'shelter in place' scenario, the program has identified a potential need for additional security measures for the door that opens into the clinic. The department is considering the installation of a door that is routinely locked during clinic (opened by key code or security badge), that would serve as additional barrier to unwanted persons.

2. Evaluate the adequacy of the facilities and scheduling flexibility to achieve program goals.



immediately. The clinic is able to accumulate funds in that account that can be 'rolled over' annually. The clinic funds are used for clinic equipment and clinic supplies that are associated with the specific equipment. There are local, state and federal grant sources available that the department participates in annually. The



and techniques. Faculty and staff are calibrated several times during the school year in all areas listed above and are required to attend Continuing Education courses and training throughout the year. The supervising faculty have the responsibility to review the patients' record to assure treatment completion. The chart audit has been done more informally. With this discovery, the chart audit system has been reinstated as a formal process with the use of a updated evaluation rubric that follows the computerized chart system that is used in the clinic.

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