**Sinclair Community College**

**Continuous Improvement Annual Update 2015-16**

**Please submit to your Division Assessment Coordinator / Learning Liaison for feedback no later than March 1, 2016**

**After receiving feedback from your Division Assessment Coordinator, please revise accordingly and make the final submission to your dean and the Provost’s Office no later than May 2, 2016**

**Department:** LHS - 0671 - Dental Hygiene Tech

Year of Last Program Review: FY 2012-2013

Year of Next Program Review: FY 2016-2017

**Section I: Progress Since the Most Recent Review**

Below are the goals from Section IV part E of your last Program Review Self-Study. Describe progress or changes made toward meeting each goal over the last year. Responses from the previous year’s Annual Update are included, if there have been no changes to report then no changes to the response are necessary.

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| **GOALS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| Due to the numerous changes in the curriculum and updates to our programs (Dental Hygiene and EFDA), the departmental goal is to track the curriculum this year and assess changes that need to be made. Revisions will follow as necessary. | In progress [ ] Completed **X**No longer applicable [ ]  | Dental Health Science has made some changes to improve our second year into the semester conversion. For example, to be in compliance with accreditation, we removed the Ohio Board of Regents Humanities and added Sociology back into the curriculum. DEH 1304 Oral Histology and Embryology was moved from the Spring Semester of the cohorts first year into their First (Fall) Semester. This was due to a very difficult Spring Semester in 2013 resulting in students failing multiple courses. The move should improve the success of students in the Spring Semester of the first year cohort. At the end of this academic semester, we will begin a curriculum revision to split DEH 2502/2503 Pharmacology and Pain Control into two separate courses in an effort to improve logic and understanding. Efforts to improve DEH 1306 General and Oral Pathology are also currently being revised with regards to course content. All instructors have tracked "what worked and what didn't work" in their individual courses and updated accordingly.**1/24/15: This goal and revisions discussed above have been completed in our 73 credit hour program. We are satisfied that our curriculum was an improvement for the students. However, we are at another crossroad to reduce our program’s credit hours to 65 (or more if we receive OBOR approval.) We are currently working on a very difficult 65 credit hour program and a 70 credit hour program. As of this writing, we do not know what direction the OBOR will want us to take.****1/22/2016 We have eliminated COM 2206 and DEH 2405 Computer Applications in Dentistry to reduce our curriculum to 69 hours. This has been college approved. We are waiting on the Commission on Dental Accreditation for their approval. If approved, the new curriculum will be implemented for first year students Fall 2016.** |

Below are the Recommendations for Action made by the review team. Describe the progress or changes made toward meeting each recommendation over the last year. Responses from the previous year’s Annual Update are included, if there have been no changes to report then no changes to the response are necessary.

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| **RECOMMENDATIONS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| The department is facing the retirement of a key faculty member in the coming years – thoughtful consideration should be given to succession planning. Identifying promising candidates for the position when it becomes available and working to develop qualified applicants should be a priority. In addition, formal documentation preserving the knowledge and experience of this key faculty member should be established to ensure that they are preserved for the benefit of future faculty. | In progress Completed [x] No longer applicable [ ]  | Dr. Holliday is in process of preserving knowledge of his disciplines and is currently working to turn over his subject matter and experience to other faculty. For example, Pam Edwards and myself have taken over some of his lecture responsibility in DEH 2502/2503 Pharmacology and Pain Control. Additionally, adjunct instructor Cynthia Leverich is attending his course section of DEH 1202/1203 (team taught by Dr. Holliday and Sue Raffee) to prepare herself to take over his lecture classes in 2014. She is ready to teach DEH 1305 Medical Emergencies.Cindy is also teaching the Day Cohort of the EFDA program under the direction of Sue Raffee. Although Cindy has proven to be a very valuable educator, we are concerned with her 11 hour payload. Cindy will be unable to help us in all these areas because it will throw her above the 11 hour payload. It is very difficult finding the "right" person to teach these disciplines.  Dr. Holliday is hopeful to do supplemental teaching in some of his more difficult courses which will give us added time to find a replacement.Sue Raffee has informally interviewed three dentists to date. Two of the three are clearly not qualified and wanted to enter education due to frustration in private/public health. One dentist was qualified but not interested in the position. She recently had a baby and only wants to teach online classes which is not possible in our program.It is difficult to find a clinical dentist who is interested in teaching in a dental hygiene program due to the pay differential. However, we will continue to seek the expertise and knowledge of a dentist and will remain pro-active in our search.One of our goals is to develop a plan for the transition of faculty to ensure a seamless course handover of retiring faculty so that students' education is uninterrupted. We will focus on seeking both internal and external educators who are able to fill this commitment.**1/24/15: Dr. Holliday will be retiring at the end of Spring Semester 2015. He will return in the Fall Semester for supplemental teaching. We expect to post his position before the end of the current semester.** **Dr. Holliday is putting his course material on a flash drive for the new DDS and will also house it on our shared drive. He will mentor the new DDS on his courses which are the most difficult ones in our curriculum and turn them over methodically so as not to overload the new DDS.** **We have created a template that illustrates what courses the new DDS will teach in the next academic year. Sue Raffee and Pam Edwards have taken over much of the lecture responsibility in DEH 2502/2503. The new DDS will also be the course director with lecture/lab responsibilities in DEH 2502/2503.****Cynthia Leverich responsibilities have changed as she is with us on a limited basis and is teaching fulltime at OSU.****I am optimistic that we will have an effective transition.****1/22/2016 We have hired Bonita Kipling DDS as our fulltime dentist beginning January 2016. She is slowly being introduced to the difficult courses that Stephen Holliday DDS has taught. The transition of all of Stephen Holliday courses will be complete at the end of his 3 year supplemental contract.****Dr. Kipling has been an adjunct for many years at Sinclair and has proven teaching skills in the classroom. This activity is complete.** |
| The department is in a difficult position with the downturn in employment prospects for dental hygienists – while the department is sensitive to the need to not produce more graduates than there are available jobs in the region, at the same time any reduction in the number of students in the cohorts may leave demand unmet for a time should the job market pick back up again. The department should annually review the job market and the number of graduates and carefully consider whether any adjustments are appropriate. In addition, any changes in admissions requirements will need to be weighed against the impact in terms of number of graduates and available jobs. | In progress [ ] Completed [ ] No longer applicable **X** | Reviewing job opportunities has been and is always carefully tracked on an annual basis. The Ohio dental hygiene directors meet twice a year and are in constant communication discussing trends in dentistry. We discuss our graduate and employer surveys and look at labor statistics. The downturn in the job market for the dental hygienist officially began in 2007. Due to the loss of manufacturing jobs and the ripple effect; in our case loss of dental insurance, employment (according to labor statistics) is not expected to return to its pre-recession peak in our metorpolitan area. They reported that unlike other parts of the country, Dayton has not been able to fully replace the old manufacturing jobs with new business. This has affected private practice dentists and their ability to hire more hygienists. At this time should demand pick up, we are confident that we have more than a sufficient number of students in our cohort and graduated hygienists to meet available jobs.**1/24/15: This recommendation is reviewed annually as suggested and the department is ready to flex if adjustments are needed.**  |
| In Section IV.E. of the self-study, the only goal presented was ‘track the curriculum this year and assess what changes need to be made”. While this is certainly a worthy goal, and the department should absolutely continue to assess the semester curriculum, the review team felt that the development of additional goals that would guide the department’s activities and direction in the coming years would be appropriate. The review team strongly recommends that the department develop a small number of goals by the middle of the Summer 2013 term and share those goals with the Provost’s Office. Some of these goals could be things that the department plans on doing that weren’t identified as goals in the self-study, such as the TEAS pilot and using data to set cutoff scores. | In progress XCompleted [ ] No longer applicable [ ]  | \*Track the TEAS test for three years to establish a cutoff score for admission beginning with the incoming cohort class of Fall 2014. \*To develop a long term plan for the transition to a fully computerized clinic. \* To develop a plan for the transition of faculty to ensure a seamless course handover of retiring faculty so that students' education is uninterrupted. We will focus on seeking both internal and external educators who are able to fill this commitment.\*Reorganize the Hazard Communication Program within the department by producing an accurate chemical inventory, SDS file, updated training, and organized drawers by the accreditation site team visit 9/12/13.This goal was short term and accomplished over the summer 2013.\*Update the current Student Manual including the Policy and Procedures and Clinic Manual to reflect changes within the college, division, and department. This goal has been started and will be completed for the incoming class of 2014.**1/24/15: Fall of 2015 we will admit our second group of students who took the TEAS making this goal in progress.****We have become more paperless (90%) in the clinic by using EagleSoft dental software more extensively. This better prepares the students for private practices where paper patient records are no longer used. This was a very labor intensive goal as the department developed electronic documents to use for teaching purposes that previously was documented on paper. We will inch a step closer in Fall 2015 to paperless patient records as we implement electronic progress notes.** **Our student manual is now updated annually for accuracy. This benefits the students as changes are ever-changing and the manual is an important piece of understanding policies and procedures for the students.****We have been understaffed beginning in January 2013 when our office manager Judy Fronsoe took a medical retirement. She was replaced with Stephany Elworth who was hired in May 2013 who was assigned 30 hours in our department as an administrative assistant and 10 hours in ALH.** **Sonya Hutchinson, our fulltime administrative assistant became ill in May 2014 and has since medically retired. We hired a recent graduate in late September as a temp to work 3 days a week. She is currently with us less than 3 days a week due to active guard duty and her new dental hygiene job.** **Due to all the changes, it is difficult to maintain daily operations and the addition of new goals. The biggest objective of the department is to get back to some normalcy. The plan as of this writing will be to reorganize the department with a fulltime administrative assistant and a 28 hour week administrative assistant.****1/22/2016 We implemented a cut score of 55 for the TEAS effective May 1, 2015. Students who are already on our waitlist are exempt. Students who have a bachelor’s degree or another associate degree in health science with a clinical component is exempt. Incoming AAAA students must have a 55. We will see the results of all incoming students approximately Fall 2017. We will continue to track.****Stephany Elworth is now our fulltime administrative assistant. Stephanie Mattern is our part-time administrative assistant on Monday, Wednesday, and Fridays. Both assistants are in process of learning their roles and responsibilities. We have now transitioned into normal operations. Our staff is complete.** |
| The department has always done an excellent job of keeping the technology employed in its labs and clinics current. Technology can change rapidly, however, and it is recommended that the department continue its efforts to maintain the current technology that students need to be adequately prepared to use in the workplace. It is recommended that the department work with IT to determine the renewal and replacement cycle for much of the computer-related equipment in the lab. | In progress **X**Completed [ ] No longer applicable  | Eaglesoft Dental Software is updated annually and closely monitered by Kelly Kennedy.Our department is on IT's replacement cycle. The RAM in the computers in room 4311 were upgraded Summer, 2013. The memory in the laptops were also upgraded so they could be upgraded moved to the Windows 7 operating system in room 4341. The college has a 4 year renewal and replacement policy for lab and admin computer equipment. This is an across campus policy.Dental Hygiene consistently works with the local dental offices and national companies to stay current on IT and Dental applications, hardware and tools being used in the field. Dental Hygiene works with IT and planning and construction to determine the costs to upgrade equipment and physical changes in the lab, so their students will be learning the latest in dental applications and processes. **1/24/15: The Dental Health Science department is committed to upgrading technology annually.** **We work closely with IT on a weekly basis to keep up with the repairs of our computer related equipment.****Each clinic cubicle (20) has been upgraded with USB ports and cables for the use of intraoral cameras which are now used extensively in private practice giving the students more learning opportunities with this technology.****We are committed to upgrading our radiology department over the next several years using sensor technology which has now become the gold standard in digital dental offices for dental x-rays. We are aware that our students do not have enough learning opportunities in that area.** **1/22/2016 As of this writing, the department wants to upgrade our clinical evaluation system using Tal-Eval dental software. This tool will provide us with everything that we need for accreditation data collection, assessment of student’s meeting outcomes, grading, and calibration. We are applying for a Learning Grant to buy the program and IPADS to implement this system. It is our goal to introduce this Fall 2016.** |
| While access has always been a priority at Sinclair, the department is encouraged to explore the possibility of competitive admissions – taking into account market trends and the impact on the number of graduates. The department already does a phenomenal job of monitoring the waitlist and being proactive about looking for ways to increase retention and success in the program – a discussion of the appropriateness and viability of competitive admissions should be part of this effort in the future. | In progress **X**Completed [ ] No longer applicable [ ]  | When Sinclair began its program in 1973, it was competitive admission program. We do not know the history of when it transitioned to open enrollment. This decision was made because of the community college open admissions approach.Admission requirements have varied and changed over the years to reduce attrition prior to entry into the program. Competitive admission would certainly reduce academic attrition.However, because of the three year waitlist, we would need to wait four years before beginning a competitive process (once established) in order to accept the students who are already waiting for admission. A quicker solution to the problem would be to re-evaluate and raise our admission requirements such as a higher GPA and using the TEAS test to determine a cutoff score for admission.**1/24/15: The department has not come to a decision on competitive admission. We will continue to track TEAS and other proactive means to increase retention before making any decision towards competitive admissions. This is in keeping with the philosophy of being a community college with an open enrollment policy.****1/22/2016 As mentioned above, we have now added a cut score of 55 on our TEAS exam for admission and we will continue with our AAAA admission track. The department will need to monitor student success relative to the cut score to see if we should adjust it. We are also taking a look at the number of tech prep students who enter dental hygiene and their success. The result of tech prep students and 50% AAAA students has increased our waitlist to 4 years.** |

**Section II: Assessment of General Education & Degree Program Outcomes**

The Program Outcomes for the degrees are listed below. **All program outcomes must be assessed at least once during the 5 year Program Review cycle, and assessment of program outcomes must occur each year**.

**PLEASE NOTE – FOR THE PREVIOUS YEAR AND THIS YEAR, REPORTING OF GENERAL EDUCATION OUTCOME ASSESSMENT HAS BEEN TEMPORARILY POSTPONED. WE WOULD ASK THAT IN THIS ANNUAL UPDATE YOU IDENTIFY AT LEAST ONE COURSE IN YOUR DEGREE PROGRAM(S) WHERE ASSESSEMENT AT THE MASTERY LEVEL WILL OCCUR FOR THE FOLLOWING GENERAL EDUCATION OUTCOME:**

* **Cultural Diversity & Global Citizenship: Apply knowledge of cultural diversity to real world context by acknowledging, understanding, and engaging constructively within the contemporary world.**

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

**Do you have a required course in your program curriculum where Cultural Diversity & Global Citizenship could be assessed for mastery?**

[x] **Yes** [ ] **No If yes, please list the course: DEH 2601 Community Dental Health**

**If no, is there an elective course that is listed on your Preferred Program Pathway Template where Cultural Diversity & Global Citizenship could be assessed for mastery?**

[ ] **Yes** [x] **No If yes, please list the course:** Click here to enter text.

**If no, is there another elective course that is an option in your program curriculum where Cultural Diversity & Global Citizenship could be assessed for mastery?**

[ ] **Yes** [x] **No If yes, please list the course:** Click here to enter text.

**If no, where do students master Cultural Diversity & Global Citizenship in your program? Do you need assistance incorporating this General Education outcome into your degree program?**

**This outcome is mastered in DEH 2601 Community Dental Health. We do not need assistance incorporating this General Education Outcome in our degree program. It is embedded in many of our courses. See the attached documents located in the appendix that are used to assess our student’s performance demonstrate mastery.**

**NOTE THAT THERE WILL NEED TO BE AT LEAST ONE EXAM / ASSIGNMENT / ACTIVITY IN THIS COURSE THAT CAN BE USED TO ASSESS MASTERY OF THE COMPETENCY.**

**YOU MAY ALSO SUBMIT ASSESSMENT RESULTS FOR THIS GENERAL EDUCATION COMPETENCY IF YOU HAVE THEM, BUT IT WILL BE CONSIDERED OPTIONAL**.

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| **Program Outcomes** | To which course(s) is this program outcome related? | Year assessed or to be assessed. | Assessment MethodsUsed | What were the assessment results? (Please provide brief summary data) |
| Demonstrate competence in the provision of contemporary dental hygiene services including preventive, therapeutic and maintenance care based on individual patient needs. | ALH-1101 BIO-1141 BIO-1242 BIO-2205 DEH-1202 DEH-1203 DEH-1204 DEH-1205 DEH-1206 DEH-1302 DEH-1303 DEH-1305 DEH-1308 DEH-1309 DEH-2402 DEH-2405 DEH-2502 DEH-2503 DEH-2506 DEH-2507 |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document.**Pages 24-42****1/24/2015**We have implemented an Outcomes Assessment Matrix as the basis for assessment planning. Additionally, our CESCAM evaluation tool serves as a tool to assess our students clinically. | The assessment results indicated a high degree of satisfaction from students, advisory board, employers and our recent accreditation site visit. Board results also indicated that our students are well prepared in the delivery of dental hygiene services.**1/24/2015**All students must progress throughout the program in clinical competency. Our main tool is the CESCAM evaluation tool as mentioned above. Our board pass rates for 2014 were 100% on the national board, the computer simulated and clinical NERB now known as Commission on Dental Competency Assessments (CDCA). The Ohio State Jurisprudence exam was successfully passed at a 100% pass rate.These were all first attempts. **1/22/2016****Board scores for 2015 all 100% on all boards mentioned above. Exception: CDCA clinical component 91.3 first attempt and 100% on second attempt.** |
| Demonstrate professionalism in all aspects of dental hygiene care, including the ability to make ethical decisions and apply critical thinking skills. | ALH-1101 DEH-1102 DEH-1202 DEH-1203 DEH-1204 DEH-1205 DEH-1206 DEH-1302 DEH-1303 DEH-1305 DEH-1306 DEH-1307 DEH-1308 DEH-1309 DEH-2402 DEH-2405 DEH-2502 DEH-2503 DEH-2504 DEH-2506 |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document.**Pages 24-42****1/24/2015**Successful demonstration of skill proficiencies as assessed by clinical faculty. | Proficient scores on all related dental hygiene functions including medical histories, treatment planning, professionalism, critical thinking and ancillary assignments were met using our CESCAM tool for assessment. **1/24/2015**Students must pass preclinic on all skills assessments on two attempts to continue in the program in year one. We will continue to use the CESCAM tool for assessment in clinic. All second year students graduate upon meeting established competencies.**1/22/2016****Continued a previous year.** |
| Demonstrate the ability to effectively communicate with patients, healthcare providers and the public regarding the significance of dental hygiene care and overall health. | COM-2211 DEH-1102 DEH-1202 DEH-1203 DEH-1204 DEH-1205 DEH-1206 DEH-1302 DEH-1303 DEH-2402 DEH-2405 DEH-2502 DEH-2503 DEH-2504 DEH-2506 DEH-2507  |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document**Pages 24-42****1/24/2015**Formative and Summative assessment by faculty using standard rubrics where appropriate. | All students completed projects with 80% or better using rubrics as the primary evaluation tool. Table clinic presentations at the state dental hygiene association's annual session in the fall indicated a 95% average grade awarded in 2012.**1/24/2015**Students continue to complete projects at 80% or better. Table clinic presentations at the dental hygiene annual session in fall 2014 indicated a 94% average grade.**1/22/2016****Continued a previous year. Table clinics at annual session average score was 97%.** |
| Develop an understanding and appreciation for a diverse society in the design, development and delivery of services to address the oral health needs of local and global communities. | ALH-1101 COM-2211 DEH-1102 DEH-1204 DEH-1205 DEH-1206 DEH-1302 DEH-1303 DEH-1308 DEH-1309 DEH-2402 DEH-2405 DEH-2506 DEH-2507 DEH-2508 DEH-2602 DEH-2604 PSY-1100  |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document**Pages 24-42****1/24/2015**Both in-class and community learning experiences are essential components in fulfilling course objectives. Outside learning can serve as a laboratory to test theories and skills. Experiential learning is a grading component of the program and it includes community service and service-learning opportunities (definitions below). Prior to graduation each student will invest at least 16 hours in the community by participating in the experiential learning opportunities listed below. Potential outcomes include:1. Gaining knowledge of communities,
2. Refining communication skills (verbal and non-verbal)
3. Practicing leadership skills, and
4. Identifying the outcome of providing service.
 | Faculty tracking and assessment of students' community service and service learning projects completed at 80% or better. Participation in Give Kids a Smile Day and Health Fairs at 100%.**1/24/15**We have maintained the same results as the last annual report. Faculty tracking and assessment of students’ community service and service learning projects completed at 80% or better. 100% student participation in “Give Kids a Smile Day” and “Celebrating Life and Health” health fair. We also had 100% participation in the Life and Health Science Career Fair by second year students.**1/22/2016****Continued: as we are very successful in these areas.** |
| Display a professional commitment to continuing education and life-long learning. | ALH-1101 DEH-1202 DEH-1203 DEH-1204 DEH-1206 DEH-1302 DEH-1303 DEH-1305 DEH-1306 DEH-1307 DEH-1308 DEH-1309 DEH-2405 DEH-2502 DEH-2503 DEH-2504 DEH-2506 DEH-2507 DEH-2508 DEH-2601 |  | Please see our curriculum management plan which will address all of our program outcomes and assessment methods. It is attached at the end of this document**Pages 24-42****1/24/2015**Successful demonstration of students using formative and summative evaluation. | •It is mandatory that 100% of our students participate in the Student Dental Hygiene Association.•It is also mandatory that they attend a local Dayton Dental Hygiene Association meeting or other component meeting in DEH 2604.The students attend annual session for extra credit in DEH 2504.•24 CE’s required for biennial licensure renewal by Ohio State Dental Board**1/24/2014**100% of our students participate in the Student Dental Hygiene Association.100% of our students attended a local Dayton Dental Hygiene Association meeting in DEH 2604.16 out of 23 second year students attended an additional component meeting for extra credit.**1/22/2016****100% of our students participate in the Student Dental Hygiene Association.****100% of our students attended a local Dayton Dental Hygiene Association meeting in DEH 2604**. |

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| **Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?**  | 1. We have revised our clinical evaluation system (CESCAM) grading system as an interim strategy until we can purchase the Tal-Eval system.
2. The major change planned as a result of assessing program outcomes is the upgrading of the clinical evaluation system (CESCAM) using Tal-Eval. Implementation of Tal-Eval will provide assessment of meeting student outcomes.
 |
| **How will you determine whether those changes had an impact?**  | 1. The result of the change listed as #1 in the above question change has resulted in the more consistent assessment and grading of the students throughout the semester.
2. The department expects that Tal-Eval (Dental Hygiene Process of Care Evaluation Grading and Outcomes Assessment System will be the ultimate tool for assisting faculty in demonstrating compliance with the Commission on Dental Accreditation (CODA) standards.
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Appendix

Assessment Tools to Demonstrate

Cultural Diversity Mastery

In Dental Hygiene

Course Syllabus

**DEH 2601 -- Community Dental Health**

**Division**: Life and Health Sciences

**Department:** Dental Health Sciences

**Credit Hour Total:** 1.0 Lecture Hours**:** 0 Lab Hours**:** 2

**Prerequisites:** Restricted to Majors **Date Prepared:** Jan 2016

**Course Description**

Application of dental health education and public health concepts within the community; this course will provide specific opportunities to plan and evaluate dental health promotion/disease prevention programs in school and community settings

**General Education Outcomes:**

1. Articulate ideas or problems
2. Use appropriate problem solving methods
3. Access information using library resources, electronic resources and/or field resourses
4. Organize observable data into useful formats
5. Exhibit openess to alternative ideas
6. Demonstrate recognition of different value systems
7. Act as a responsible citizen in a variety of communities Demonstrate respect for diverse cultures
8. Raise relevate questions
9. Reflect on personal vaues
10. Organize ideas in a logical and purposeful way, using effective verbal and nonverbal skills to explain those ideas in a variety of oral communication interactions
11. Demonstrate understanding and use of attentive, effective and respectful llistening behaviors in oral communications situations
12. Acknowledge diverse options, cultural and individual differences in communication interactions
13. Compose and deliver oral messages appropriate to an intended audience

**Related Program Outcomes**

1. Demonstrate competence in the provision of contemporary dental hygiene services including preventive, therapeutic and maintenance care based on individual client needs.
2. Develop an understanding and appreciation for a diverse society in the design, development, and delivery of services to address the oral health needs of local and global communities.
3. Demonstrate the ability to effectively communicate with clients, healthcare providers and the public regarding the significance of dental hygiene care and overall health.
4. Demonstrate professionalism in all aspects of dental hygiene care including the ability to make ethical decisions and apply critical thinking skills.
5. Display a professional commitment to continuing education and life-long learning.

**Course Outcomes**

1. **Essential Public Health Functions**

Integrate public health functions to develop a proposal based on the needs and resources of a defined population

**2. Community-based Assessment**

Select and effectively use culturally appropriate instructional materials for a community and/or a population group

**3. Program Planning**

Use current health learning theories, teaching strategies and reputable resource materials for community health promotion and prevention program planning

**4. Community-based Instruction**

Integrate audience-specific content and evaluation into community-based instruction

**Course Outline**

1. Essential Public Health Functions (3 hrs)

2. Community-based Assessment (3 hrs)

3. Program Planning (10 hrs)

4. Community-based Instruction (8 hrs)

**Course Director/Instructor:**

**Sheranita Hemphill, RDH, MS, MPH**Office: Building 5, Third Floor, Room #5-222
Office Hours: Posted and/or by Appointment

Mailbox: Located in the dental health sciences office, room #4-332

Email: Use eLearn Email System for course content

Student/Faculty Ratio:

**Texts:**

Community Oral Health Practice for the Dental Hygienist, 3rd ed., 2011

Author: Geurink, K. V.

Philadelphia, Pennsylvania: W. B. Saunders.

Clinical Practice of the Dental Hygienist, 11th ed., 2012

Author: Esther M Wilkins

ISBN/ISSN: 9781608317189

**Assessment Method:**

* Service-Learning projects in the community which include community partner's assessment.
* In-class assignments (e.g., Lesson Plan Development Process, Oral Presentations)
* Grading Rubrics are located in Course Management System and are available before submission of assignments and after scoring

**Performance Criteria:**

Achieve 70% or better on:

The average of all community projects

The average of all assignments

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| **Grading Component** | **Percentage** | **Grade Scale** |
| Community Service *(hours must be completed by the end of spring semester or a grade of Incomplete will be awarded)* | 25% | A = 90-100B = 80-89C = 70-79D = 60-69F = < 60 |
| CTL | 5% |
| Assignments/Homework/Quizzes | 35% |
| Service Learning  | 35% |

**Learning Experiences & Policies:**

**ASSIGNMENT PHILOSOPHY**

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| Expect at least one assignment for each course objective (this means, there could be more than one assignment for each objective). Expect homework for each course objective. Anticipate graded homework assignments. Expect in class group-work. Anticipate faculty assigned groups for group-work. Anticipate lots of prep work outside of class (this means that students’ are expected to complete homework prior to class). Expect Commitment to Learning point deductions if students’ are not fully prepared (this means that students’ will lose points when the faculty deems that they are not prepared for the day’s lesson). Anticipate the need to be self-engaged with the course work (this means that it’s the student’s dime and they should strive for the most out of the learning experiences—which have been thoughtfully designed). Anticipate self-directed effort (this means that students’ have to do the work; the faculty will facilitate the learning objectives, but they have no magic potions). If in the end, a student thinks that *“they taught themselves everything,”* then they are successful. *~S. Hemphill* |

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| 1. **Commitment to Learning (CTL):** As a future healthcare professional, many expectations will be placed on you, and embracing the concept of CTL will serve as a foundation for the enormous responsibility you assume as a healthcare provider. You are in training for a lifelong commitment to service and learning. By pledging to this educational path, you have committed yourself to: learning, to your profession, to your patients, to your colleagues, and to the academic constructs which support your career path. This class is a part of your CTL and it includes all of those qualities listed above and a host of specific attributes you are expected to acknowledge and support. This includes but is not limited to: attitude readiness for learning, thoughtful dialogue, being in class, having your cell phone off, being on time, being prepared for class (e.g. having read the assignments), working on the assignments during the “in-class assignment time,” paying attention to the lecture portion of the class (not doing other things, not being on your computer, your head up and focused on the front of the room, etc.), turning in assignments on time, and participating in discussions/answering questions asked. A percentage of your grade is based on your CTL. Remember, attendance will be taken, but the CTL percentage includes all of the above points, and not just showing up for class. The following are additional habits that will impact the CTL grading component for this class.
2. **Attendance-**Punctual & full attendance & daily class and group participation expected Anti Plagiarism Policy: There is a *No Tolerance* policy for plagiarism. Students must cite all resources, direct quotes, references, and original thoughts using 5th Edition APA bibliography format. References must start on a separate page and contain only the references used. Academic dishonesty, including plagiarism, will not be tolerated and will result in a failing grade for this course and dismissal from the dental hygiene program
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| 1. **Dismissal**: from the Dental Hygiene Program: Without a passing grade in the course, the student will not be able to proceed in the dental hygiene program
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| 1. **Attendance**: Punctuality, and active participation at all sessions expected or penalized via a reduction in the overall final course grade
 |
| 1. **Grading Components:** Each grading component (all assignments) must be completed for a passing grade; otherwise a grade of D will be awarded
 |
| 1. **Assignments:** Thesemay include offsite experiential learning opportunities' e.g., present table clinic at assigned localities and participation in service-learning projects.
 |
| 1. **Papers:** All written work must be (a) word processed in black ink, (b) double-spaced, (c) single-sided, (d) 12 font characters, (e) 1” margins (top/bottom/left/right); (f) pages numbered, (e) multiple pages must be stapled together; (f) edited for grammatical and mechanical errors, (g) saved for your records, (h) organized for ease of reading, and (i) hardcopy written assignments must include a cover page with name and dated submitted
2. **Writing Skills:** First-year college level writing skills are expected; this includes correct grammar, spelling, and sentence structure, transitions, and verbiage must be neat and logical, and a logical listing of the paragraphs along with professional word choices; use Grammar Check, Spell Check, and Human Editors, Spell-Check a term before using its acronym initially, and work should demonstrate high quality effort, which can be assisted via campus resources
3. **Late assignments**: These will not be accepted (unless you are in the hospital).
4. **Honor Code:** Academic dishonesty and plagiarism will not be tolerated and will result in dismissal from the dental hygiene program
5. **Remediation:** There is no remediation process for this didactic course
 |

**Learning Objectives:**

**Essential Public Health Functions**

1. Integrate public health functions to develop a proposal based on the needs and resources of a defined population
2. Present final written assessment and program report in conference format
3. Use methods of biostatistics to assess the oral health status and needs of a defined population
4. Use methods of biostatistical analysis to aggregate and present local, state and/or national sources of data and information into program planning

**Community-based Assessment**

* 1. Select and effectively use culturally appropriate instructional media to enhance the learning for community instruction
	2. Identify cultural, demographic and socioeconomic factors which may influence oral health needs and demands
	3. Use appropriate data gathering methods to assess oral health status and needs
	4. Reflect, discuss and evaluate the effectiveness of the program outcomes

**Program Planning**

1. Design, implement and evaluate an oral health project
2. Use service-learning as a current learning theories, and integrate service objectives identified by the community and learning objectives identified by the course curriculum in developing service learning objectives
3. Integrate local, state and/or national sources of data and information into program planning
4. Select and use appropriate tools to assess community dental needs
5. Select and effectively use culturally appropriate instructional materials
6. Use the *Checklist Of Steps And Procedures* to confirm program plan proposal meets or exceeds the needs and resources of the population
7. Critique peer work by providing critical analysis and quality recommendations for improvement

**Community-based Instruction**

1. Integrate audience-specific content and evaluation into community-based instruction
2. Apply current educational and concepts learning theories, methods and strategies to dental health education
3. Demonstrate professionalism in team approaches to outreach programming
4. Demonstrate professionalism while working with community agencies in planning and implementing service-learning programs
5. Interact and communicate with agency personnel and target population professionally with emphasis on listening skills and attentiveness to preconceived notions

Important Information Regarding Off-Campus Experiences

While at community affiliations students are representatives of the Sinclair Community College Dental Hygiene Program and must dress appropriately and behave responsibly. Refer to the *Student Manual* and the *Student Handbook* for further clarification. It is of the utmost importance that students are prudent in conduct, awareness of surroundings and dress appropriately. Use common sense tactics to guard yourself when in the community.

Reasonable behaviors include:

1. Carry appropriate identification and emergency contact information
2. Do not carry large sums of cash and store personal possessions securely
3. Do not wear expensive and/or flashy jewelry
4. Park near lighted entrances and request security assistance when desired
5. Report suspicious observations to agency personnel, security, and faculty

**DHS Student Manual Attendance Policy**
Educational experiences in the dental hygiene program are rigorous and fast-paced. Therefore, attendance for all lectures, labs, and clinics is mandatory to ensure student success. Regular attendance is critical for students to demonstrate competency in the knowledge and skills required of a dental hygienist. Students are required to attend a minimum of 85% of all didactic classes and 100% of all labs and clinics. Absences will result in a reduction of the student’s earned grade. A failing grade (F) will be awarded for excessive non-attendance. If you must be absent, you must call the Dental Health Sciences Office by 8 a.m.

**Excused absences will be granted under the following circumstances:**

1. death or serious illness of immediate family member including grandparents
2. written statement/excuse from a physician presented to the course director at the time the student returns to class
3. extenuating circumstances with excused absence recommended by the course director and approved by the program chairperson

The policy to make up any missed assignments, quizzes, or tests is determined by the individual instructor. It will be the student’s responsibility to obtain information and materials distributed in class when s/he has been absent.

**Finals Week, Course Changes, Special Accommodations, and Unacceptable Behavior**

1. During the final week of the term, each class will meet at least one time, according to the following schedule. Each class may also be scheduled to meet additional times during that week. Your instructor will provide that information on the syllabus on the first day of class.
2. *The class calendar and grading procedures in DEH 2601 are subject to change upon written/announced notice.*
3. *Students are responsible for informing the instructor of any instructional accommodations and/or special learning needs at the beginning of the quarter.*
4. *The dental hygiene faculty retains the right to exclude students from its premises based on violations of policy, procedure rules, regulations, or conduct deemed disruptive to a laboratory/clinical environment.  The dental hygiene faculty reserves the right to request withdrawal of any students whose presence is detrimental to any fellow student, the Facility, or the Facility personnel.  Revised January 2016*

SCC POLICIES, PROCEDURES, AND SERVICES FOR STUDENTS

The purpose of these policies, procedures, and services is to help you succeed as a student at Sinclair. Please carefully review and address any questions you might have to your instructor or the contacts provided below.

[http://www.sinclair.edu/support/disability/policies/](https://mail.sinclair.edu/owa/redir.aspx?C=e2b3f1a588fb4dc995887735194dafd2&URL=http%3a%2f%2fwww.sinclair.edu%2fsupport%2fdisability%2fpolicies%2f)

**EXPERIENTIAL LEARNING**

**Community Service & Service-Learning Procedure & Forms**

Both in-class and community learning experiences are essential components in fulfilling course objectives. Outside learning can serve as a laboratory to test theories and skills. Experiential learning is a grading component of this course and it includes *community service* and *service-learning* opportunities (definitions below). Prior to graduation each student will invest at least 16 hours in the community by participating in the experiential learning opportunities listed below. Potential outcomes include:

1. Gaining knowledge of communities,
2. Refining communication skills (verbal and non-verbal)
3. Practicing leadership skills, and
4. Identifying the outcome of providing service.

**Definitions:**

When someone performs an action which benefits his or her community, it is known as CommunityService (CS). Services volunteered by individuals or an organization to benefit a community or its institutions also fall under this concept. Community Service can also be altruistic, and it is a vital part of many small communities. Getting involved in your community makes it healthier and livelier, and numerous organizations around the world support community service activities. (Excerpts from the WWW)

Service-Learning (SL) combines community service with classroom instruction, focusing on critical, reflective thinking as well as personal and civic responsibility; service-learning programs involve students in activities that address local needs while developing their academic skills and commitment to their community. Refer to the American Association of Community Colleges link for more information about service-learning in community colleges. **<**<http://www.aacc.nche.edu/Resources/aaccprograms/horizons/Pages/default.aspx>**> August 12, 2014**

**Community Service & Service-Learning Details**

1. **Minimum Requirement:** Each student is required to complete a minimum of 16 hours of experiential learning prior to graduation in order for a passing grade to be awarded in Community Dental Health, DEH 2601, in the spring semester.
2. **Grades:** The grade for experiential learning will be documented in Community Dental Health, DEH 2601, in the spring semester. If the hours are not completed by the due date in the spring term, an [incomplete grade](http://www.sinclair.edu/services/registration/Policies/grades/index.cfm?searchTerm=incomplete%20grade) will be awarded for Community Dental Health, DEH 2601, in the spring semester.
3. **Documentation:** Each activity must be logged into the Community Dental Health, DEH 2601, and Community Service Log Book (located in the DEH office) under each individual's name for tracking purposes. Each form is included in this syllabus.
4. **Community Service Log Page:** At the end of each learning experience, fill out the CS log page and add other documentation behind this page.
5. **Community Service Lesson Plan:** Complete this form for community service experiences (e.g., clinic scheduling). If working on a project jointly, each student must submit the same information in the *Community Service Log Book* so that their record of experiential learning is clear.
6. **Service-Learning Lesson Plan:** Complete this form for service-learning experiences (e.g., health sciences health fair). If working on a project jointly, each student must submit the same information in the *Community Service Log Book* so that their record of experiential learning is clear.
7. **Community Feedback Form:** This is an evaluation form which the community contact person completes. It is required for all activities requiring students to teach. Students must clearly print their name(s) on the form before delivering it to the contact person. If working jointly, print each student’s name and submit only one form to the contact person. The contact person may mail the form to the instructor, or the student may hand deliver the form to the DEH faculty. File the completed evaluation form behind your community service log page, and if working jointly on a project, file the evaluation form behind the lead-student’s name in the *Community Service Log Book.*
8. **Activity Form:** Non-teaching activities must be logged on this form (ex: *run/walk for “cause”, blood donation, clothes drive, food drive/pantry work, refining front desk skills/booking patients for clinic*)

**EXPERIENTIAL LEARNING OPPORTUNITIES**

|  |
| --- |
| Students can expect to receive specific information regarding each opportunity throughout the semester |
| Clinic Scheduling –Maximum of 4 hours per student | Fall or Spring |
| National Make A Difference Day (MADD) --Maximum 4 hours | Fall |
| Levin Health Fair--Maximum 4 hours | Spring |
| Health Sciences Health Fair --Maximum 4 hours*The activity is a DEH department requirement; each student must participate in this activity.* | Spring |

**ALTERNATIVE EXPERIENTIAL LEARNING OPPORTUNITIES**

|  |  |
| --- | --- |
| 1. These activities may be substituted to meet up to 12 hours of the 16 minimum requirements.
2. Only one of each may be counted towards the 12 hours.
3. When planning, please note that the Health Sciences Health Fair (4 hours) is required of each student.
 | Maximum hoursfor each category |
| Run/Wall | 1 |
| Food Drive, Clothes Drive, Gift Drive, or Serving Food (e.g. to the homeless) | 1 |
| Blood donation | 1 |
| Professional growth and development (e.g. SCC or U.D. Speaker Series Events) | 2 |
| Teaching secondary school children  | 2 |
| Teaching special needs children  | 2 |
| Teaching parent/guardian educational session | 2 |
| Teaching senior citizens education | 2 |
| Long-term care patient or staff education | 2 |
| Education for health professionals or health professional students | 2 |

**COMMUNITY SERVICE LOG PAGE**

**STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Service** | **Location** | **Activity** | **Age Group** |  **# of Hours Served** | **Instructor****Sign Off** |
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**COMMUNITY SERVICE LESSON PLAN**

Instructions: **Type** and submit the lesson plan using this template. Multiple pages may be use. Request peer review and signature (for content and quality) at least one week in advance of the activity.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number Of Hours Served \_\_\_\_\_\_\_\_\_\_\_\_\_Student Hygienist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Audience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age(s) \_\_\_\_\_\_\_\_\_**Peer Review Comments & Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Teaching Concept | Activity/Strategies | Time Allotted |
|  |  |  |
|  |  |  |
| Materials Needed:Peer Assessment, Signature and Comments:  |

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| --- |
| Summative Evaluation/Reflection: On a separate sheet of paper, respond to the following1. Explain hindsight ideas for change and why.
2. As a result of this experience, I… (fill-in-the-blank)
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| **SERVICE-LEARNING LESSON PLAN** **w/Anticipatory Guidance**Student Hygienist’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Audience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Directions are located on the next page:

|  |
| --- |
| **GOAL**: (write 1 overall goal statement here) |
| **Service Objective*****What the community partner wants or what you “think” they’d want*** | **Learner Objective*****Academic course objective-get this from the syllabus (include the objective #)*** | **Service-Learning Objective*****The combined SO and LO*** |
| 1.2.3.4. | 1.2.3.4. | 1.2.3.4. |
| **Identify the teaching Concept, Strategy and Time for each of the 4 objectives**. |
| **Concepts** | **Strategies\* (Anticipatory Guidance)** | **Time** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Identify materials needed for each of the Concepts and Strategies** |
| **Materials Needed** |
|  |
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**\*Anticipatory Guidance** is supervision provided by an expert to those with a particular interest (e.g.,, parents), anticipating likely upcoming concerns.

**The Bright Futures** **Oral Health Pocket Guide** discusses Anticipatory Guidance as *“the process of providing practical, developmentally appropriate information about……….and what to expect during the next period….”* (Paraphrased from page 16)

**Examples** can be found in different sections of the booklet (e.g., Pregnancy and Postpartum, Infancy, Early Childhood, Middle Childhood, and Adolescent.)

**Directions:**

1. Write one (1) **Goal**.
2. Write **4 objectives.** Two objectives for children and two for adults/guardians; a SO, LO & SLO must be written for each of the 4 objectives. You must include a Performance Verb, Condition, and a Criterion for each objectives.
3. Under each objective you must reiterate the Performance Verb, Condition, and a Criterion by listing (see example below)
* Performance Verb:\_\_\_\_\_\_
* Condition:\_\_\_\_\_\_\_\_\_\_
* Criterion: \_\_\_\_\_\_\_\_\_\_
1. Each team will develop LPs for their assigned grade level:
* Use the **Course Objectives** as the Learning Objectives. Identify them by number
* Incorporate the concept of the **Oral Health LHI** into one of the adult objectives and one of the children objectives
* Demonstrate awareness and use of **Cultural Competency** skills by referencing two resources: Rana Peake’s presentation and Geurink Chapter 10: Cultural Competency (To achieve this, remember that you have to investigate the school/community)
* Collect and distribute culturally appropriate literature for children and guardians. Use the *National Maternal & Child Oral Health Resource Center* or the *Ohio Department of Health* or some other resource to request free supplies and/or use teaching resources/templates
* Cite all resources used

**COMMUNITY FEEDBACK**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name &Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. Did the student contact you in advance to plan for the experience?

 Yes ⬜ No ⬜ |
| 2. How effective was the student in maintaining communication with you (e.g., follow up calls, appointments)? Less effective ⬜ Neither more nor less effective ⬜ More effective ⬜ |
| 3. How effective was the student in verbalizing his or her message? Less effective ⬜ Neither more nor less effective ⬜ More effective ⬜ |
| 4. Was the service appropriate for the audience? Yes ⬜ No ⬜ |
| 5. Did the student seek to become oriented to your agency? Yes ⬜ No ⬜ |
| 6. Did the student attempt to become orientated to your particular population? Yes ⬜ No ⬜ |
| 7. How difficult was it to coordinate this experience with the students? Very difficult ⬜ Somewhat difficult ⬜ Not difficult ⬜ |
| 8. Compared to other volunteers, how effective was the student in the work that they did at your agency? Less effective ⬜ Neither more nor less effective ⬜ More effective ⬜ |
| 9. Compared to your usual management of volunteers, how much effort did you have to devote to this experience? Not as much time and effort ⬜ About the same amount ⬜More time and effort ⬜ |
| 10. Do you think the students benefited from this experience? Yes ⬜ No ⬜ |
| 11. Would you choose to do a similar experience again? Yes ⬜ No ⬜ |

***Comments are valued!***

*Thank you for taking the time to complete this feedback form! Please return it to:*

**Professor Sheranita Hemphill, Dental Health Sciences, Sinclair Community College, 444 West Third Street, Dayton OH 45402-1460, FAX 937-512-4175**

**ACTIVITY FORM**

Instructions:

1. Attach proof of attendance to this form and place it in the Log Book behind your log page (e.g., event flyer, sticker, brochures, pictures, or registration).
2. A student in charge of a large/complex project may receive extra time. Contributors to large/complex activities must document their own contribution in the log book under their name

Student Hygienist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Activity: (you may use additional paper as necessary)

Summative Evaluation/Reflection:

1. As a result of this experience, I… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fill-in-the-blank)
2. Explain ideas for change and why

**Notes:** Activity forms and summative evaluations will be reviewed throughout the semester. This will serve as the official recognition of each student’s fulfillment of

CS.**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_**

**Community Health Assessment Assignment**

|  |
| --- |
| **SECTION I. Health People*** Visit the Healthy People 2020 website <https://www.healthypeople.gov/>
* Click on the *Oral Health Indicators* tab
* Sort through the heading in the “*In This Section*” area. This means, explore the topics, and answer the three questions where highlighted. (25-50 words for each)
1. Development and Framework—Why were the LHIs organized using a Health Determinants and Health Outcomes by Life Stages conceptual framework?
2. Who’s leading the Leading Health Indicators?
3. LHI Progress Update—List (write out) the Oral Health Objective that the LHI is based on? What is the status of the Oral Health LHI?
4. LHI Infographic Gallery
5. 2020 LHI Topics
6. Access to Health Services
7. Clinical Preventive Services
8. Environmental Quality
9. Injury and Violence
10. Maternal, Infant, and Child Health
11. Mental Health
12. Nutrition, Physical Activity, and Obesity
13. Oral Health—Locate and list the statistics regarding OH across the Life Stages for: Children & Adolescents, Adults, and Older Adults
14. Reproductive and Sexual Health
15. Social Determinants
16. Substance Abuse
17. Tobacco
 |
| **SECTION II.** **Community Health Assessment**Download the PHDMC Community Health Assessment, 2014 (latest version).<http://www.phdmc.org/images/uploads/CHA_ID_final.pdf>Review the table of contents. 1. How does this entire document meet the definition of *Assessment*? (50 words)
2. Locate and review the page with the dental health information. Describe what you would add to this page to make it more relevant as a county *Assessment* document. (50 words)
 |
| **SECTION III. Descriptive Statistics**Review the charts on the page with the dental health information. 1. Explain which chart you would add to your presentation (PPT, Picture) to a group of interdisciplinary health professionals? (25 words)
2. Explain which chart you would add to your presentation (PPT, Picture) to a group of parents attending a workshop on oral health at an elementary school? (25 words)
3. Explain which chart you would add to your presentation (PPT, Picture) to a group of senior citizens? (25 words)
4. Look at the chart entitled *Across the Nation*. In your own words, describe what the data reveals about: Montgomery County, Ohio, and the United States. (25 words)
 |

*Submit: Cover Page (use this page as your cover page) and nine questions & the responses on separate sheet of paper*

**Essential Public Health Functions (EPHF) Review**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose:** To demonstrate familiarity with the State’s Oral Health Surveillance Plan as it relates to the EPHF

|  |
| --- |
| **SECTION I. Essential Public Health Services**Access the link below & review the *Essential Public Health Services to Promote Health and Oral Health in the United States*[*http://www.astdd.org/docs/essential-public-health-services-to-promote-health-and-oh.pdf*](http://www.astdd.org/docs/essential-public-health-services-to-promote-health-and-oh.pdf)1. Clearly explain the difference between the *10 Essential Public Health Services* and the *10 Essential Public Health Services to Promote Oral health in the US* (the left column and the right column). (50-75 words)
 |
| **SECTION II.****State’s Oral Health Strategy**Prepare to answer questions regarding the *State’s Oral Health Strategy.* Go to the link below. This page provides an overview of practically everything you’ll ever need to stay up-to-date with Ohio’s oral health. It’s a reference that you’ll thank me for later. <http://www.odh.ohio.gov/odhprograms/ohs/oral/oral1.aspx>Finally, locate and click on the *Ohio Oral Health Surveillance Plan*. Now, review this document before you move on to the next section of this assignment:1. Read the Mission and Goals of the Oral Health Section, and select the one goal that resonates with you the most, and explain why. (25-50 words)
2. Read about the Objectives of the Ohio Oral Health Surveillance System. Give a clear example of how you might use one of the objectives of the surveillance system to develop your dental health education program for your assigned elementary school. (25-50 words)
3. Review the screen shot for Franklin County and the next few pages which illustrate the indicators included in the Ohio Oral Health Surveillance System (county-level profiles). Explain your interpretation of the value of the county-level profiles? (25-50 words)

To be familiar with the overall document, review the remainder of the Ohio Oral Health Surveillance Plan (Details about Indicators, Other Oral Health Data, Dissemination of Data, Privacy and Confidentiality Practices, Operating Resources, Surveillance Activities, etc.)  |
| **SECTION III.****Core Functions of Public Health**Test your understanding of the *Core Functions of Public Health,* the *Essential Public Health Services* and your knowledge of the *Ohio Oral Health Surveillance Plan* (refer back to the two links provided in this assignment). 1. Provide a very specific example of how Ohio has fulfilled the Assessment core function for oral health. (25-50 words).
2. Provide a specific case where Ohio has fulfilled the Policy Development core function for oral health. (25-50 words)
3. Provide an example where Ohio has fulfilled the Assurance core function for oral health. (25-50 words)
 |
| **SECTION III. Community Water Fluoridation** Investigate Tap Water: Go back to the Ohio DH website and click on know how much fluoride is in my water? 1. Click on any county and identify a water system that is *Adjusted* and explain what this means. Do the same for *Deficient*, *Natural*, and *Purchased*
2. Identify two water systems (list them) which have the *Fluoride Level* listed and explain what this column means.
3. Find a state with a *Purchase from ID* (list it) and explain what the code represents.

Investigate Well Water:Go back to the Ohio DH website and click on know how much fluoride is in my water? 1. Click on the link in the second paragraph for private well water and review the two pages (instructions and 11 counties).
2. Finally, the fun stuff! Do This**:** Create a well-water fluoride informational bookmark/informational strip for each of the eleven counties. This will serve as a patient education resource; you will distribute these to your patients; so, make sure that it contains step-by-step instructions. Your oldest and slowest patient must be able to comprehend it.

Community Water Fluoridation**.** (Pop Quiz Potential)The following link provides answers to frequently asked questions about community water fluoridation.Be able to answer each question on this page. <http://www.odh.ohio.gov/odhprograms/ohs/oral/oralprev/fluoridation.aspx> |
| **Submit** 1. The assignment as the cover sheet
2. Responses to 12 questions
3. The well-water fluoride informational bookmark/informational strip for each of the eleven counties
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| **SERVICE-LEARNING LESSON PLAN** **w/Anticipatory Guidance**Student Hygienist’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Audience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Directions are located on the next page:

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| **GOAL**: (write 1 overall goal statement here) |
| **Service Objective*****What the community partner wants or what you “think” they’d want*** | **Learner Objective*****Academic course objective-get this from the syllabus (include the objective #)*** | **Service-Learning Objective*****The combined SO and LO*** |
| 1.2.3.4. | 1.2.3.4. | 1.2.3.4. |
| **Identify the teaching Concept, Strategy and Time for each of the 4 objectives**. |
| **Concepts** | **Strategies\*****(Anticipatory Guidance)** | **Time** |
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| **Identify materials needed for each of the Concepts and Strategies** |
| **Materials Needed** |
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**\*Anticipatory Guidance** is supervision provided by an expert to those with a particular interest (e.g., parents), anticipating likely upcoming concerns.

**The Bright Futures** **Oral Health Pocket Guide** discusses Anticipatory Guidance as *“the process of providing practical, developmentally appropriate information about……….and what to expect during the next period….”* (Paraphrased from page 16)

**Examples** can be found in different sections of the booklet (e.g., Pregnancy and Postpartum, Infancy, Early Childhood, Middle Childhood, and Adolescent.)

**Directions:**

* 1. Write one (1) **Goal**.
	2. Write **4 objectives.** Two objectives for children and two for adults/guardians; a SO, LO & SLO must be written for each of the 4 objectives. You must include a Performance Verb, Condition, and a Criterion for each objectives.
	3. Under each objective you must reiterate the Performance Verb, Condition, and a Criterion by listing (see example below)
* Performance Verb:\_\_\_\_\_\_
* Condition:\_\_\_\_\_\_\_\_\_\_
* Criterion: \_\_\_\_\_\_\_\_\_\_
	1. Each team will develop LPs for their assigned grade level:
* Use the **Course Objectives** as the Learning Objectives. Identify them by number
* Incorporate the concept of the **Oral Health LHI** into one of the adult objectives and one of the children objectives
* Demonstrate awareness and use of **Cultural Competency** skills by referencing two resources: Rana Peake’s presentation and Geurink Chapter 10: Cultural Competency (To achieve this, remember that you have to investigate the school/community)
* Collect and distribute culturally appropriate literature for children and guardians. Use the *National Maternal & Child Oral Health Resource Center* or the *Ohio Department of Health* or some other resource to request free supplies and/or use teaching resources/templates
* Cite all resources used