

San Joaquin Valley College

Program Improvement Proposal



Approved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date: _____ <u>September 8, 2016</u> _____
PR Number: <u>NA</u> _____

STANDARD: Proposed program improvements must support the outcomes of the program and be in alignment with SJVC’s Mission Statement and Strategic Plan.

POLICY: The Proposal form is to be completed in full and submitted with support documentation to CurriculumImprovements@sjvc.edu *between 60- 90 days prior* to the department’s Program Review for peer review and institutional determination.

PROCESS: Complete and submit the Program Improvement Proposal to CurriculumImprovements@sjvc.edu. Attendees at the Program Review will vote on adoption of the proposal. If approved, the proposal is forwarded to Senior Management for their review.

TIMELINE: Program changes take a *minimum* of 120 days to implement. Please plan accordingly.

- Program Improvements include but are not limited to:**
- Any change needing approval by an accreditation body
 - Clock hour or unit value changes
 - Program name or course names
 - Changes to Program Learning Outcomes (PLOs)
 - Matrix changes
 - Changes to performance standards (typing tests etc.)
 - Combining, deleting or adding courses

Campus:	<i>Visalia, Ontario, San Diego</i>
Program:	<i>Dental Hygiene</i>
Contact Person:	<i>Brenda Serpa, Leslie Nazaroff, Jean Honny; DH PDs</i>
Person Requesting:	<i>Brenda Serpa, Leslie Nazaroff, Jean Honny; DH PDs</i>
Date:	<i>August 23, 2016</i>

Improvement Information:	
Describe each proposed change and the reason each will improve the program.	
Change	Justification
<u>Modify the following DH 24 Outline Course Description by adding the highlight below:</u>	<i>To be in compliance with the Dental Hygiene Committee of California (DHCC) requirement of the additional Dental Hygiene Duty for Placement of an Interim Therapeutic</i>

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<p>Course Description: <i>This course provides an expanded clinical learning experience through lectures and demonstrations. Items to be introduced are instrumentation using Gracey curettes and files, ultrasonic instrumentation, air polishing, ITR placement, and management of medical emergencies. Items to be reviewed are principles of instrumentation, ergonomics, and sharpening.</i></p>	<p><i>Restoration (ITR). Regulations official as of January 2016; released in May 2016; affects cohorts starting June 2016 or later.</i></p>
<p><u>Add the following CLO to the DH 24 Outline:</u> 3. Evaluate and apply criteria for interim therapeutic restoration (ITR) placement</p> <p><u>Add the following Unit Objective to the DH 24 Outline:</u> Unit 13: Interim Therapeutic Restoration (ITR) Upon completion of this unit of instruction the student will be able to:</p> <ul style="list-style-type: none"> 13.1 Explain the history and context for ITR placement based on AB1174 13.2 State the legal and malpractice considerations for ITR placement 13.3 State the rationale for ITR placement 13.4 List the patient consideration for ITR placement 13.5 List the ITR placement criteria based on various tooth factors 13.6 Explain the criteria and placement techniques for completion of an ITR 13.7 Describe the criteria and protocol for ITR tracking and follow 	<p><i>To be in compliance with the Dental Hygiene Committee of California (DHCC) requirement of the additional Dental Hygiene Duty for Placement of an Interim Therapeutic Restoration. Regulations official as of January 2016; released in May 2016; affects cohorts starting June 2016 or later.</i></p>
<p><u>Modify the following DH 124 Outline Course Description by adding the highlight below:</u></p> <p>Course Description: <i>Lab Application: This course provides an expanded clinical learning experience through lectures and demonstrations. Items to be introduced are instrumentation using Gracey curettes and files, air polishing, placement of an interim therapeutic restoration (ITR), and management of medical emergencies. Items to be reviewed are principles of instrumentation, sharpening, and ultrasonic scaling.</i></p>	<p><i>To be in compliance with the Dental Hygiene Committee of California (DHCC) requirement of the additional Dental Hygiene Duty for Placement of an Interim Therapeutic Restoration. Regulations official as of January 2016; released in May 2016; affects cohorts starting June 2016 or later.</i></p>

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<p><u>Add the following CLO to the DH 124 Outline:</u></p> <p>3. Identify criteria for ITR placement and proper technique at the beginner level</p> <p><u>Add the following Unit Objective to the DH 124 Outline:</u></p> <p>Unit 13: Interim Therapeutic Restoration (ITR) Placement Upon completion of this unit of instruction the student will be able to:</p> <p>13.1 Describe the patient indications for ITR placement</p> <p>13.2 State the ITR placement criteria based on various tooth factors</p> <p>13.3 Follow the criteria and placement techniques for completion of an ITR</p> <p>13.4 Assess ITR placement for acceptable margins, occlusion and proper amount of material</p> <p>13.5 Explain the patient follow-up protocol for ITR placement</p>	
<p><u>Add the following CLO to the DH 124 Outline:</u></p> <p>3. Utilize the Radiographic Decision Making model to analyze radiographic information for acceptability leading to Interim Therapeutic Restoration placement</p>	<p>To be in compliance with the Dental Hygiene Committee of California (DHCC) requirement of the additional Dental Hygiene Duty for Placement of an Interim Therapeutic Restoration. Regulations official as of January 2016; released in May 2016; affects cohorts starting June 2016 or later.</p>
<p><u>Add the following Unit Objective to the DH 124 Outline:</u></p> <p>Unit 19: Interim Restorative Restoration (ITR) Placement Upon completion of this unit of instruction the student will be able to:</p> <p>19.1 Discuss tooth and patient criteria for ITR placement</p> <p>19.2 State the parameters for the Radiographic Decision Making in regards to ITR placement</p> <p>19.3 Interpret radiographic images for appropriate ITR placement</p> <p>19.4 Describe minimally invasive dentistry and the science of partial caries removal</p> <p>19.5 State the protocol for monitoring ITR placement and adverse outcomes after placement of an ITR</p>	<p>To be in compliance with the Dental Hygiene Committee of California (DHCC) requirement of the additional Dental Hygiene Duty for Placement of an Interim Therapeutic Restoration. Regulations official as of January 2016; released in May 2016; affects cohorts starting June 2016 or later.</p>

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<p>Add the following CLO to the DH 124 Outline:</p> <p>3. Demonstrate placement of an Interim Therapeutic Restoration (ITR)</p> <p>Add the following Unit Objective to the DH 124 Outline:</p> <p>Unit 14: Interim Therapeutic Restoration (ITR) Placement Upon completion of this unit of instruction the student will be able to:</p> <p>Explain the rationale for ITR placement by dental hygienists</p> <p>Demonstrate the procedure for ITR placement</p> <p>Assess ITR placement for acceptable margins, occlusion and proper amount of material</p>	<p>To be in compliance with the Dental Hygiene Committee of California (DHCC) requirement of the additional Dental Hygiene Duty for Placement of an Interim Therapeutic Restoration. Regulations official as of January 2016; released in May 2016; affects cohorts starting June 2016 or later.</p>
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<p>SECTION 1: Measurement What metrics will be used to evaluate the effectiveness of the proposed changes? (Placement, licensure, certification, CLO/PLO achievement, course completion, etc.)</p> <p>What is the current status and what is the expected target?</p>			
Metric	Current	Target	By When
<p><i>Be in compliance with DHCC regulations to train dental hygiene students a new duty: Placement of an Interim Therapeutic Restoration (ITR)</i></p>	<p>N/A</p>	<p><i>Inclusion ITR in DH curriculum</i></p>	<p><i>October 2016</i></p>

<p>SECTION 2: SUPPORT DATA (Include as an attachment documentation from outside sources and of student success that support the need for the changes)</p> <p>2.1 Documentation: Support documentation includes but is not limited to: Advisory Board minutes or statements from members; statements from career service department, extern sites or employers; documentation of programmatic regulations from accreditation associations or new laws and/or legislation; research on current industry trends; course comparison with other institutions</p> <p>2.2 Student Success Data: Student Success Data includes but is not limited to: CLO data, PLO data, Placement data, Licensure/ Certification data, Retention data, Enrollment data, Attendance data, Course surveys</p>
<p>List of support data:</p> <ul style="list-style-type: none"> • DHCC regulations
<p>Explain how the data listed above support the proposed changes</p>
<p>N/A to date – this is a new duty which will have a new CLO for DH24_124 and DH32_132 to link outcomes</p>

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SECTION 3: ALIGNMENT WITH OUTCOMES

Provide a narrative that explains how the proposed changes align with and support the Student Learning Outcomes identified within the program. (Academic Affairs to complete)

No content will be removed from the program and will continue to be in alignment with DH PLOs and SJVC ILOs. A single CLO and Unit Objective will be added to two didactic courses and their supporting labs.

SECTION 4: TEACH-OUT

A “teach-out” is when current students will need to finish their original class schedule while new students will be given the changes – this can create the need for additional classrooms, teachers, or changes to student contracts. (Used for assessing the financial impact of the changes)

This proposal will create a “Teach Out” situation: Yes No

SECTION 5: IMPACT ON STUDENTS

*Provide a detailed narrative that clearly explains how the proposed changes will impact current student **schedules** and/or **campus experience** both positively and negatively.*

Proposal will have very little impact on the student experience. However, it will lead students to qualify for the new licensure requirements.

SECTION 6: IMPACT ON FACULTY

*Provide a detailed narrative that clearly explains how the proposed changes will impact any **faculty scheduling** or **qualifications**. Will additional faculty be needed? Will current faculty need additional training? (Used for assessing the financial impact of the changes)*

Ultimately, for licensure, all Dental Hygienists will eventually need to have certification in ITR placement. Currently, each campus has at least one faculty certified through a DHCC approved CE last year. Current faculty are being certified through an ongoing SJVC CE (approved by the DHCC) to accomplish this goal. At least one faculty must be certified to submit the application to the DHCC for approval of the curriculum included in this proposal.

SECTION 7: IMPACT ON RESOURCES

*Provide a detailed narrative that clearly explains how the proposed changes will require modifications to current **classroom space/ facility usage** or require new/additional **equipment**. (Used for assessing the financial impact of the changes)*

No additional classroom space, equipment or textbooks will be needed.

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SECTION 8: IMPACT ON PROGRAMATIC ACCREDITATION

Does your program have an external accrediting body? What are their requirements for this sort of change?

We are meeting the mandated DHCC education requirements through this proposal. CODA standards supports curriculum that adheres to individual states' regulations.

SECTION 9: ACADEMIC LEADERSHIP INPUT

A statement from the Academic Dean (Campus Director if submitted by the Academic Dean) documenting their knowledge and support of the proposed improvement is necessary to process the proposal (Separate Attachments or emails to the Curriculum Specialist are acceptable).

All Program Directors and Course Directors worked on the proposal and agree on the plan.

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BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL HYGIENE COMMITTEE OF CALIFORNIA
2005 Evergreen Street, Suite 2050 Sacramento, CA 95815
P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov



BUSINESS & PROFESSIONS CODE

1910.5. (a) In addition to the duties specified in Section 1910, a registered dental hygienist is authorized to perform the following additional duties, as specified:

(1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting.

(ii) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(b) The functions described in subdivision (a) may be performed by a registered dental hygienist only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the committee, of having completed a committee-approved course in those functions.

(c) No later than January 1, 2018, the committee shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental hygienist and registered dental hygienist in alternative practice pursuant to Sections 1910.5 and 1926.05, using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. The committee shall use the curriculum submitted by the board pursuant to Section 1753.55 to adopt regulatory language for approval of courses of instruction for the Interim Therapeutic Restoration. Any subsequent amendments to the regulations for the Interim Therapeutic Restoration curriculum that are promulgated by the committee shall be agreed upon by the board and the committee.

(d) This section shall become operative on January 1, 2018.