## change of COURSE PROPOSAL FORM

**ACADEMIC AREA:** HEALTH PROFESSIONS

**PROGRAM:** AS DENTAL HYGIENE

**PROPOSEd by**: Karen Molumby

**PRESENTER:** Karen Molumby

**SUBMISSION DATE:** 9/26/2012

**CURRENT COURSE PREFIX, NUMBER AND TITLE:**

### DEH 2806L Dental Hygiene IV Clinical SECTION I

**TYPE(S) OF COURSE CHANGE: TYPE PROPOSED CHANGE HERE FOR EACH ITEM CHECKED:**

**** lecture/lab course must have “c” / lab course must have “l”

 type new COURSE TITLE HERE

**** TYPE IN DEPARTMENT

**** LIST ALL PREREQUISITES IN SEQUENTIAL ORDER

**** sELECT MINIMUM GRADE rEQUIRED

**** LIST ALL COREQUISITES IN SEQUENTIAL ORDER

**** Click here to ENTER THE NUMBER CREDITS OR cLOCK HOURS

**** SELECT A CREDIT TYPE

**** Click here to enter CONTACT HOURS

**** SELECT GRADE MODE

****

A clinical course designed to provide a variety of clinical experiences with diverse populations to enhance previously learned skills and knowledge in the delivery of comprehensive patient care. Emphasis is placed on the incorporation of technology, advanced instrumentation, professional decision-making, and patient management skills necessary to increase the quality of care in the delivery of dental hygiene services.

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* Topical and local anesthesia
* Patient Assessment
* Dental Hygiene Care Planning for Special Needs & Periodontal Case Type I-V
* Patient care services for special-needs populations
* Advanced deposit removal techniques
* Radiographic techniques and interpretation
* Ethical and legal rules and regulations
* Documentation of dental hygiene treatment
* Screening of new patients
* End-product delivery of comprehensive patient care services
* Caries risk assessment
* Sealants

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TYPE IN ALL OF THE LEARNING OUTCOMES, ASSESSMENTS AND GEN ED COMPETENCIES AS THEY SHOULD BE DISPLAYED IN THE SYLLABUS

|  |  |  |
| --- | --- | --- |
| LEARNING OUTCOMES | ASSESSMENTS | GENERAL EDUCATION COMPETENCIES |
| Interpret assessment data and risk factors, design DHCP, implement appropriate treatment modalities and evaluate dental hygiene services, for periodontal class type's I-V for the child, adolescent, adult, geriatric and special-needs patients from diverse populations. | Assessment Performance Evaluation  End-Product Performance Evaluation  Capstone Performance Evaluation  Patient surveys | CT |
| Incorporate technology in the delivery of dental hygiene patient care services on the general, oral, periodontal, and psychosocial health status of the child, adolescent, adult, geriatric and special-needs populations using methods consistent with medico legal principles. | Scale Performance Evaluation  Air Abrasive Performance Evaluation  Intra Oral Camera Performance Evaluation  Motor Performance Evaluation  Sealant performance evaluation |  |
| Expose, interpret and mount diagnostic radiographs. | Radiographic Performance Evaluations |  |
| Collaboratively design individualized dental hygiene care plans based on assessment data that sequences evidenced-based dental hygiene interventions which promotes and maintains good oral health. | DHCP Performance Evaluations  Quality Assurance – Chart Reviews  Patient Surveys | COM |
| Incorporate a variety of deposit removal techniques to achieve and maintain oral health. | Motor Polish/Air Abrasive performance evaluations  Scale performance evaluation |  |
| Adhere to established rules and regulations outlined by the Florida State Statutes in the provision of dental hygiene care. | Clinical Advising – Self Assessment Performance Evaluation |  |
| Documents all aspects of dental hygiene treatment. | Quality Assurance- Chart Reviews  Clinical Advising-Self Assessment Evaluation |  |
| Interpret outcomes and recommend appropriate maintenance or recare appointments. | Re-evaluation performance evaluation |  |
| Identify potential caries risk factors and incorporate a plan to implement treatment modalities that promote oral health and prevent disease. | CAMBRA evaluation |  |
| Identify and administer local anesthetic safely and effectively for clinical patients. | Local Anesthesia Performance Evaluation |  |
| Communicate effectively with diverse individuals through oral conversation and written documentation. | Clinical Advising-Self Assessment Evaluation  Patient surveys |  |
| Screen patients for preventative, educational and therapeutic dental services and refer patients who have physiological, psychological and/or social problems for comprehensive evaluation. | Screening Performance Evaluation  Patient surveys |  |
| Perform comprehensive dental hygiene services for the child, adolescent, adult, geriatric and special-needs patients. | Clinical Advising-Self Assessment Evaluation  Patient surveys  End-Product Evaluation  Quality assurance – chart reviews |  |
| Identify and evaluate skills related to self-assessment and reflective dental hygiene practice. | Clinical Advising Self Assessment Evaluation  Patient surveys  Quality assurance – chart reviews |  |

### SECTION II (must complete each item below)

**ICS CODE FOR THIS COURSE:** ADVANCED AND PROFESSIONAL - 1.11.12 - HEALTH PROFESSIONS

**IF YOU INTEND TO RESTRICT STUDENT REGISTRATION BASED ON THE STUDENTS’ MAJOR(S), ENTER ALL APPLICABLE MAJOR RESTRICTION CODE(S)—Enter “NA” OR MAJOR code(S):**

AS DEHY

**GRADE MODE:** STANDARD GRADING

**IS THIS AN “INTERNATIONAL OR DIVERSITY FOCUS” COURSE?** NO

**IS THIS A GENERAL EDUCATION COURSE?** NO

**IS THIS A WRITING INTENSIVE COURSE?** NO

**iS THIS AN HONORS COURSE?** NO

**IS THIS A REPEATABLE\* COURSE?** NO

(A repeatable course may be taken more than one time for additional credits. For example, MUT 2641, a 3-credit hour course, can be repeated 1 time and a student can earn a maximum of 6 credits.)

\*not the same as Multiple Attempts or Grade Forgiveness

**IF “YES”, WHAT IS THE MAXIMUM NUMBER OF CREDITS A STUDENT CAN EARN FOR THIS COURSE? if “NO”, ENTER “na” BELOW.**

NA

**DO YOU EXPECT TO OFFER THIS COURSE THREE TIMES OR LESS?** -- NA --

**WILL THESE CHANGES HAVE AN IMPACT ON OTHER COURSES, PROGRAMS OR DEPARTMENTS?**

NO

**IF “YES,” please eXPLAIN or submit comments (ENTER “NA” or COMMENTS):**

NA

**IF “YES,” HAVE YOU DISCUSSED THIS PROPOSAL WITH ANYONE (FROM OTHER DEPARTMENTS AND/OR PROGRAMS) REGARDING THE IMPACT? WERE ANY AGREEMENTS MADE (ENTER “NA” OR COMMENTS)?**

NA

**DO YOU ANTICIPATE THAT STUDENTS WILL BE TAKING ANY OF THE PREREQUISITES LISTED FOR THIS COURSE IN DIFFERENT PARTS OF THE SAME TERM?**

NO

**IS ANY COREQUISITE LISTED ON THIS COURSE LISTED AS A COREQUISITE ON ITS PAIRED COURSE?**

eXAMPLE: CHM 2032 IS A COREQUISITE FOR CHM 2032L AND CHM 2032L IS A COREQUISITE FOR CHM 2032.

YES

### SECTION III (MUST COMPLETE EACH ITEM BELOW)

**PROVIDE JUSTIFICATION FOR EACH CHANGE ON THIS PROPOSED CURRICULUM ACTION (OTHER EXPLANATORY INFORMATION)—ENTER “na” OR TEXT:**

The Dental Hygiene program conducts a formal and ongoing review of the curriculum to assure the incorporation of emerging information and to eliminate unwarranted repetition to attain student competence. The faculty reviewed the curriculum and revised the course syllabi to be congruent with the new standards outlined by the Commission on Dental Accreditation, the Florida curriculum frameworks and the Florida state statutes.

**nOTE:** Changes for the Fall 2013 Term must be submitted and approved no later than the January Curriculum Committee Meeting prior to the start of the next academic year. Changes during mid-school year are NOT permitted. Extreme circumstances will require approval from the appropriate dean as well as the Vice President of Academic Affairs to begin in either the spring or summer term.

**TERM IN WHICH PROPOSED ACTION WILL TAKE PLACE:**

FALL 2013

TYPE IN TERM IF “EXCEPTION” AND OBTAIN BOTH SIGNATURES BELOW OR TYPE “NA”

**oRDER OF APPROVAL FOR EXCEPTIONS IS AS FOLLOWS:**

SIGNATURE #1 NEEDED FOR EFFECTIVE TERM EXCEPTION:



SIGNATURE #2 NEEDED FOR EFFECTIVE TERM EXCEPTION:



**FACULTY ENDORSEMENTS:**PLEASE SEPARATE FACULTY MEMBERS WITH A COMMA



**DEPARTMENT CHAIR / PROGRAM COORDINATOR ENDORSEMENT:**

 9/26/2012

**ASSOCIATE / ACADEMIC DEAN ENDORSEMENT:**

 10/1/2012

**DEANS’ COUNCIL Review – verified by:**

 10/17/2012

**STUDENT ASSESSMENT COMMITTEE CHAIR ENDORSEMENT:**

 10/19/2012

**FOR CURRICULUM COMMITTEE MEETING DATE: November 30, 2012**

Completed curriculum proposals must be uploaded to the dropbox by the deadline. Please refer to the *Curriculum Committee Critical Dates for Submission for Proposals* document available in the document manager in the MyEdisonState Portal:

* Document Manager
* VP Academic Affairs
* Curriculum Process Documents