## change of COURSE PROPOSAL FORM

**ACADEMIC AREA:** HEALTH PROFESSIONS

**PROGRAM:** AS DENTAL HYGIENE

**PROPOSEd by**: Carol Chapman

**PRESENTER:** Karen Molumby

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

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

### DEH 2806 Dental hygiene iVSECTION 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



This course highlights the systemic diseases and mental health issues with direct and/or indirect influence on oral health. Patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment will be discussed. Methods to assess and improve patients' oral health as well as modifications to dental hygiene appointments will be addressed.

Persons with special needs present to the dental office with diseases or conditions that the dental hygienist needs to assess in order to provide optimal dental hygiene care. Diseases and/or conditions will be discussed in relation to:

* General description.
* Signs and symptoms.
* How it affects the patient’s quality of life.
* Any dental/dental hygiene treatment considerations including preventative measures.
* Oral manifestations.
* Potential medical emergencies and what to do in the event of an emergency.
* How the frequency of recare and daily biofilm removal are affected.
* Medications used for disease management including any OTC medications.

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 |
| Appraise patients with special needs for whom dental hygiene care needs to be modified. | Multiple choice and/or case scenario examination questions |  |
| Identify problems the individual with special needs presents that may complicate dental or dental hygiene treatment.  | Multiple choice and/or case scenario examination questions |  |
| Recognize medications of the patient with special needs that impact patient care or the patient’s oral health.  | Multiple choice and/or case scenario examination questionsSaliva Substitute Report | CT |
| Distinguish between the physical, mental, social or financial barriers to dental care for individuals with special needs.  | Multiple choice and/or case scenario examination questionsSpecial Needs Presentation | COM |
| Assess patients at risk for a medical or dental emergency and be able to provide patient care in a manner that prevents an emergency.  | Multiple choice and/or case scenario examination questions |  |
| Discuss and demonstrate modifications the patient with special needs may need to maintain their oral health. | Multiple choice and/or case scenario examination questions |  |

### 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:**

marie collins 10/1/2012

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

mary myers 10/17/2012

**STUDENT ASSESSMENT COMMITTEE CHAIR ENDORSEMENT:**

scott vanselow 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