## 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 1002L Dental Hygiene I Preclinical 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



Acceptance into the Dental Hygiene Program



sELECT MINIMUM GRADE rEQUIRED



LIST ALL COREQUISITES IN SEQUENTIAL ORDER

**CHANGE TO COURSE COREQUISITE(S):**

Click here to ENTER THE NUMBER CREDITS OR cLOCK HOURS



SELECT A CREDIT TYPE



Click here to enter CONTACT HOURS



SELECT GRADE MODE



* **Operation and maintenance of equipment**
* **OSHA/prevention of disease transmission**
* **medical emergencies**
* **patient and operator positioning**
* **principles of instrumentation**
* **Medical & dental history**
* **vital signs**
* **extra and intra oral exam**
* **dental charting**
* **periodontal probe/charting**
* **classification of hard and soft deposits**
* **Scalers and Curets**
* **Motor Polish**
* **instrument sharpening**
* **Documentation**



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 |
| Apply ethical, legal and personal professional standards according to the ADHA Code of Ethics and the Dental Hygiene Practice Act. | Self Assessment Evaluation |  |
| Practice correct protocols in the operation and maintenance of dental equipment. | Chair Preparation Performance Evaluation  Self Assessment Evaluation |  |
| Apply infection/exposure control protocols to prevent the transmission of diseases in the delivery of dental hygiene patient care services. | Chair Preparation Performance Evaluation  Self Assessment Evaluation |  |
| Select the appropriate protocol in the management of medical emergencies in a dental setting. | Medical Emergency Mock Drill  Self Assessment Evaluation |  |
| Employ proper patient, operator, and equipment positioning to promote comfort, safety and efficiency during the delivery of patient care services. | Patient/Operator Performance Evaluation  Self Assessment Evaluation |  |
| Select the appropriate instrument for classification, use, purpose and zone of instrumentation. | Principle of Instrumentation Performance Evaluation  Self Assessment Evaluation Evaluation | TIM |
| Access, analyze and document the following dental hygiene process of care components:   1. Personal, medical and dental history. 2. Vital signs 3. Extra and intra oral exam 4. Dental charting 5. Periodontal charting 6. Classification of hard and soft deposits | Primary Assessment Performance Evaluation  Dental Mirror, Probe & Explorer Performance Evaluation  Dental Charting Performance Evaluation  Periodontal Assessment Performance Evaluation  Self Assessment Evaluation | CT |
| Demonstrate techniques used in the removal of hard and soft deposits. | Scaler-Curet- Universal Instrument Performance Evaluation  Self Assessment Evaluation |  |
| Apply the components of the dental hygiene process of care in the delivery of patient care services. | First Patient Performance Evaluation  Dental Office Procedure Performance Evaluation  Self Assessment Evaluation |  |

### 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's 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