

Program Outcome and Assessment(s)
2020-21 Program Outcome Assessments Year-End Reporting Form
Program Review Cycle –2019-20

In response to SACSCOC 8.2, *“The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results ...”*

Name of Program: Dental Hygiene

Program Outcome #1: Completers (unduplicated) (Degree level, highest level of attainment)

Baseline: 23 # (Average of total completers for the last three years – 2016-17; 2017-18; 2018-19)

Standard: 25 #

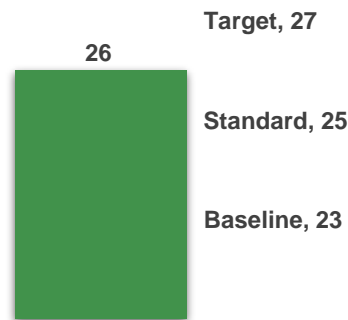
Target: 27 #

2020-2021 Action / Strategy Items:

| Item # | Action / Strategy Items: <i>(Actions / strategies identified in the 2019-20 program review and outcome assessment.)</i> | Results / Use of Results: <i>(Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?)</i> |
|---------------|---|---|
| 1 | Peer tutoring with students | Peer tutoring was utilized for more rigorous course work. We had four students utilize peer tutoring. This was not as effective as guided tutoring. |
| 2 | Guided tutoring with faculty | Guided tutoring is being utilized more in the 2019-20 year than 2020-21 year. The hygiene department increased from 22.78 hours to 55.75 hours. Faculty believe this was successful for the students. |

| Number of Completers (unduplicated) – Graduation Year – Summer, Fall, Spring | | | | |
|---|------------------|----------------|--------------------|--------------|
| Graduation Year | Associate | Diploma | Certificate | Total |
| 2017-2018 | 17 | 0 | 0 | 17 |
| 2018-2019 | 26 | 0 | 0 | 26 |
| 2019-2020 | 26 | | | 26 |

In 2019-20, Dental Hygiene met their baseline and standard but missed their target by one completers.



Provide narrative for analysis of completers (Based on the data, provide a narrative of your analysis of completions. Indicate factors that may have affected your completions. How might you increase the number of completers in your program?)

We will continue to work with students through guided tutoring. The department has recently worked with academic skills to earn FTE for the department. Guided tutoring is being utilized in all courses.

Provide narrative for analysis of completer standard/target (As a result of the data analysis, indicate changes to the standard or target. Did you meet your standard/target? State any changes you plan to make for continuous improvement.)

The dental hygiene department did not meet our target. We did meet the baseline and standard. Guided tutoring will continue to be utilized in all courses.

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

| Item | Action / Strategy Items (Identify action items as a result of your program outcome assessment.) | Target Date (Identify your projected target date for completion of action items.) | Assessment of Action Items (How will you assess the results of action items?) |
|------|---|---|---|
| 1 | Guided Tutoring | 2022-2023 | Faculty has begun to track all guided tutoring to earn FTE for the dental hygiene department. (Track FTE numbers) |

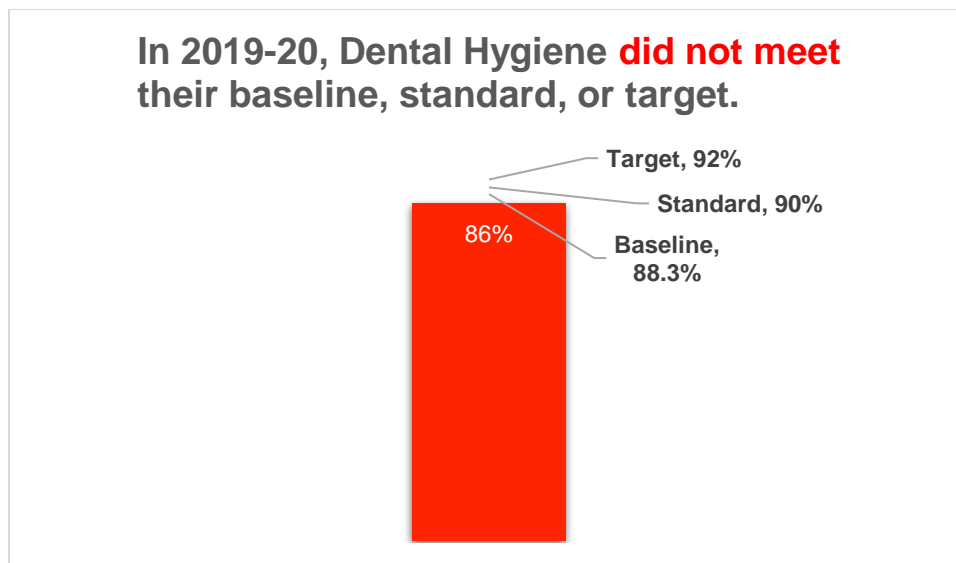
Program Outcome #2: Program Retention, Fall to Fall

Baseline: 88.3 % (Average of three years – 2016-17; 2017-18; 2018-19; fall-to-fall program retention)
Standard: 90 % Fall to Fall
Target: 92 % Fall to Fall

2020-2021 Action / Strategy Items:

| Item # | Action / Strategy Items: (Actions / strategies identified in the 2019-20 program review and outcome assessment.) | Results / Use of Results: (Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?) |
|--------|---|---|
| 1 | Guided tutoring with faculty | Peer tutoring was utilized for more rigorous course work. We had four students utilize peer tutoring. This was not as effective as guided tutoring. |
| 2 | Peer tutoring with students | Guided tutoring is being utilized more in the 2019-20 year than 2020-21 year. The hygiene department increased from 22.78 hours to 55.75 hours. Faculty believe this was successful for the students. |

| Year (Fall to Fall) | Program Fall Enrollment Cohort | Program Completers | Program Retained | Program Stop Outs | Program Transfers | Program Retention Rate |
|---------------------|--------------------------------|--------------------|------------------|-------------------|-------------------|------------------------|
| Fall 2017-Fall 2018 | 49 | 17 | 25 | 6 | 1 | 85.7% |
| Fall 2018-Fall 2019 | 57 | 26 | 29 | 3 | 3 | 96.5% |
| Fall 2019-Fall 2020 | 57 | 26 | 23 | 6 | 2 | 86% |



Provide narrative for analysis of program retention data *(Based on the data, provide a narrative of your analysis of fall to fall retention. Indicate factors that may have affected your retention. State any changes you plan to make to improve retention.)*

Faculty change has impacted the student retention.

Provide narrative for analysis of program retention standard/target *(As a result of the data analysis, indicate changes to the standard or target. Did you meet your standard/target? State any changes you plan to make for continuous improvement.)*

We did not meet the standard or target, however we have implemented strategies, specifically guided tutoring.

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

| Item | Action / Strategy Items <i>(Identify action items as a result of your program outcome assessment.)</i> | Target Date <i>(Identify your projected target date for completion of action items.)</i> | Assessment of Action Items <i>(How will you assess the results of action items?)</i> |
|-------------|---|---|---|
| 1 | Guided Tutoring | 2022 | Track FTE numbers |

Program Outcome #3: Job Placement / Employment

This assessment was recommended for deletion due to the lack of a standardized method of measurement. The Planning Council approved the deletion on September 24, 2020.

Program Outcome #4: Labor Market Data

This assessment was recommended for deletion due to the lack of a standardized method of measurement. The Planning Council approved the deletion on September 24, 2020.

Program Outcome #5: Licensure and Certification Passing Rates (if applicable) (NCCCS Performance Measure)

Baselines were set based upon WCC's average college performance of the individual licensure and/or certification exam. Standards and targets were set by the program responsible for the individual licensure and/or certification exam and based on the baseline average performance.

Baseline: 84% (Average of last three years NCCCS Reports; 2017, 2018, and 2019; Dental Hygiene performance)
Standard: 85 %
Target: 86 %

2020-2021 Action / Strategy Items:

| Item # | Action / Strategy Items: (Actions / strategies identified in the 2019-20 program review and outcome assessment . and 2019-20 performance measure year-end report.) | Results / Use of Results: (Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?) |
|---------------|---|--|
| 1 | Revision of the CD&R exercise to more closely mirror the regional clinical board detection & removal component (8-5-3 criteria). Students will be required to complete the exercise in both the fall & spring semester of their final year. (Program Review and Outcome Assessment) | This strategy did not work because students were forced to find 2-3 perfect board exam patients. We do not wish to move this forward. |
| 2 | Continue implementation of CITA Mock Clinical Examination for DH2 students with use of Calculus Calibrators (DH Planning Objective) to increase calculus detection accuracy. (Program Review and Outcome Assessment and Performance Measure Year-End Report) | Due to COVID we had to utilize a different format for the Mock Clinical exam. We utilized manikins to complete this exam. However, this new format benefited the students, because the format of the board exam changed to utilized manikins. We do not wish to move this forward. |
| 3 | Revision of the CD&R exercise to have two faculty grade independently and use the scale of comparison on the locations of deposits. This will give more objective feedback to the student. And mimic the CITA exam. (Performance Measure Year-End Report) | This was not implemented due to an error in technique. |
| 4 | Continue bi-annual clinical faculty calibration sessions with focus on calculus detection through the use of Calculus Calibrators. (Performance Measure Year-End Report) | Calculus calibrators are being utilized in the clinical courses with all full and part-time faculty. We do not wish to move this forward. |

Licensure / Certification Exam – (Dental Hygiene)

| NCCCS Report | Exam Year | # Tested | # Passed | % Passing | Index Score |
|---------------------|------------------|-----------------|-----------------|------------------|--------------------|
| 2017 | 2015-16 | 25 | 22 | 88% | |
| 2018 | 2016-17 | 28 | 23 | 82% | |
| 2019 | 2017-18 | 17 | 14 | 82% | 0.95 |
| 2020 | 2018-19 | 27 | 23 | 85% | 0.95 |

Provide narrative for analysis of licensure / certification passing rates data *(Based on the performance measure data, provide a narrative of your analysis of licensure / certification. Are you satisfied with your program licensure or certification rates? State any changes you plan to make for continuous improvement.)*

A combined average of 85% for the Dental Hygiene graduates passed the CITA and the CD & R Board Exam (Calculus Detection & Removal) on their first attempt. This represents an increase of 3% from the previous year's results. Another observation was that we had more testing in the 2018-19 licensure year than the previous year. Overall, the faculty are pleased with the outcome of the Dental Hygiene program's licensure pass rates. The Dental department's faculty/staff continuously evaluates data outcomes to improve performance and incorporates it into the departmental program review evaluation plan.

Next year's pass rates will more than likely be affected by the pandemic. Due to COVID restrictions, the use of in-person patients were eliminated and typodonts were used in the testing and examinations.

Dental faculty feel that Action/Strategy Items have been beneficial in meeting performance goals. The Dental Department has established all dental hygiene graduates passed the licensure examination on their first attempt for 2019-2020 based on the CITA results.

Provide narrative for analysis of licensure / certification passing rates standard/target *(Standards and targets were set using WCC's performance of the NCCCS Performance Measure results and are the same as those set in the WCC Strategic Plan for Institutional Effectiveness.)*

Baselines were set based upon WCC's average college performance of the individual licensure and/or certification exam. Standards and targets were set by the program responsible for the individual licensure and/or certification exam and based on the baseline average performance.

The standard has been set at 85 % and the target at 86%. The standard and target were set by the program responsible for the individual licensure and/or certification exam performance.

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

| Item | Action / Strategy Items <i>(Identify action items as a result of your program outcome assessment.)</i> | Target Date <i>(Identify your projected target date for completion of action items.)</i> | Assessment of Action Items <i>(How will you assess the results of action items?)</i> |
|-------------|--|---|---|
| 1 | Continue to utilize a Mock clinical board exam following manikin use. | 2022 | Pass rate on the mock exam. |
| 2 | Continue to utilize the CD&R exercise to have two faculty grade independently and use the scale of comparison on the locations of deposits. This will give more objective feedback to the student. And mimic the CITA exam. <i>(Performance Measure Year-End Report)</i> | 2022 | Pass rate of students that have two graders vs. one grader. |

Program Outcome #6: Third-Party Credentials (if applicable)

This assessment was recommended for deletion due to the lack of a standardized method of measurement. The Planning Council approved the deletion on September 24, 2020.

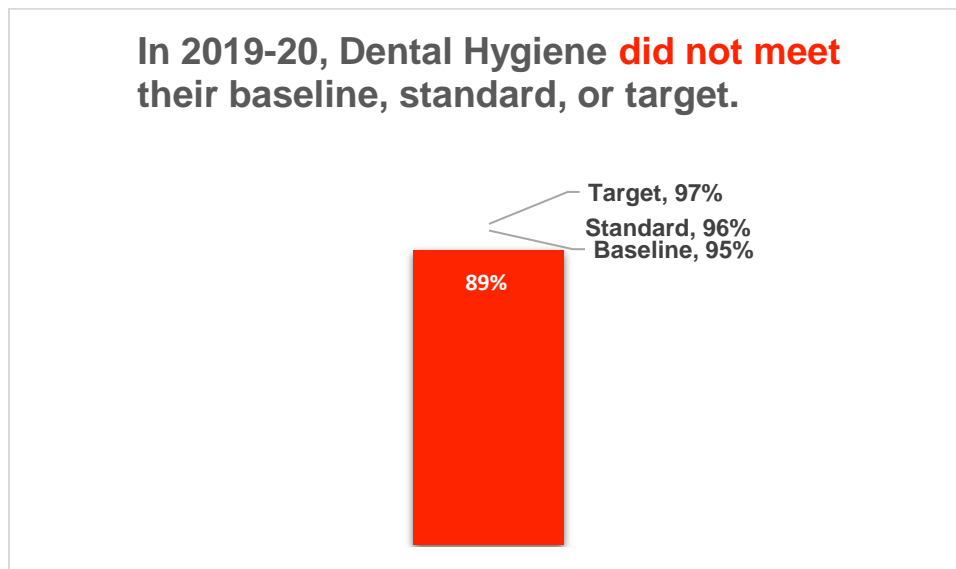
Program Outcome #7: Program Success Rate (all delivery methods)
(Duplicated based on number of courses taken by students in the program.) (Program Success Rate tab)

Baseline: 95 % (Average program success students for three years – 2016-17; 2017-18; 2018-19)
Standard: 96 %
Target: 97 %

2020-2021 Action / Strategy Items:

| Item # | Action / Strategy Items: <i>(Actions / strategies identified in the 2019-20 program review and outcome assessment.)</i> | Results / Use of Results: <i>(Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?)</i> |
|--------|--|--|
| 1 | Maintain the student success rate in face to face courses. | Due to COVID we have not been able to meet face to face |

| Academic Year Fall, Spring, Summer | Program Enrolled Students | Program Success Students | Program Success Rate |
|---------------------------------------|---------------------------|--------------------------|----------------------|
| 2017-2018 | 424 | 397 | 94% |
| 2018-2019 | 532 | 511 | 96% |
| 2019-2020 | 504 | 449 | 89% |



Provide narrative for analysis of student success in program courses *(Are students more successful in program courses in face-to-face, online, hybrid, or blended methods of course delivery? Do you plan to make any changes to course offerings based upon your analysis of the data?)*

Due to COVID students were unable to schedule patients in the clinic, and unsuccessful in the online format.

Provide narrative for analysis of student success in program courses standard/target *(As a result of the data analysis, indicate changes to the standard or target. Did you meet your standard/target? State any changes you plan to make for continuous improvement.)*

We did not meet the standard and target due to the difficulties we have seen with COVID. However, we are implementing new action items to increase student success.

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

| Item | Action / Strategy Items <i>(Identify action items as a result of your program outcome assessment.)</i> | Target Date <i>(Identify your projected target date for completion of action items.)</i> | Assessment of Action Items <i>(How will you assess the results of action items?)</i> |
|-------------|---|---|---|
| 1 | Explore online teaching strategies | 2022 | Professional development and continue education hours. |

Program Outcome #8: Other Assessment (if applicable)

Analysis of other assessments. *(Have you performed other assessments to evaluate the effectiveness of your program, to include surveys, self-assessments, or other assessment instruments used to evaluate the program. If so, please explain how information collected from the(se) assessments will be used to improve the program.)*

2020-2021 Action / Strategy Items:

| Item # | Action / Strategy Items: <i>(Actions / strategies identified in the 2019-20 program review and outcome assessment.)</i> | Results / Use of Results: <i>(Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?)</i> |
|---------------|---|---|
| 1 | Continue administering the post-graduate and student resource assessment surveys | We have been utilizing email to increase our response rate. We are gathering personal email addresses and contact information. |
| 2 | Update PLOs and cycle | We had this as an assessment due to any changes that might have needed changed due to accreditation. However, we did not need to make a change. |

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

| Item | Action / Strategy Items <i>(Identify action items as a result of your program outcome assessment.)</i> | Target Date <i>(Identify your projected target date for completion of action items.)</i> | Assessment of Action Items <i>(How will you assess the results of action items?)</i> |
|-------------|---|---|---|
| 1 | Continue administering the post-graduate and student resource assessment surveys | 2022 | We will assess based on the number of responses received. |