

2009-2010 Instructional Program Review and Planning Supplemental Form

Please complete this form for each priority you identified in the 2008-2009 progress report (review these at <http://www.palomar.edu/irp/IPRPSupplementalReport.htm>). Please list at the end of this form the faculty and staff who participate in this report. Forward (1) a hard copy to Instructional Services and (2) email a Microsoft Word copy to idecker@palomar.edu no later than 3/05/2010.

Department Dental Assisting	Department Priority # 4	<input type="checkbox"/> No funding/resources are being requested
Program/Discipline: Dental Assisting	Program/Discipline Priority # FOR 2010-2011: 4	

To establish a priority, use the current Program Review and Planning (PRP) document submitted Spring 2009 (posted at <http://www.palomar.edu/irp/IPRPSupplementalReport.htm>) for this program or discipline. Identify from Box #2 in the PRP a priority for the upcoming academic year or develop a priority based on the data analysis discussed in Box #2.

<p>*2. Data Analysis (restate or summarize the data analysis from the PRP): The most recent data on the PRP (IRP) form is from 2006 and does not reflect the increase in the Dental Assisting Dept. for years 2008-2010. It shows that enrollment is decreasing but that retention and success rates are increasing. From 2008-2010 enrollment is at the maximum with a one year waitlist to enroll in the Dental Assisting Program.</p>					
<p>*3.a/b. Describe your goal (priority) based on data analysis from the PRP: Our goal is to continue to serve the maximum amount of students allowed by ADA accreditation for a clinical course.</p>					
Resources requested: Identify all the resources you are requesting to support the implementation of this priority. These resources would be additional funding needed beyond what is already provided to the discipline through the base resource allocation process.	Describe the resource(s) requested	Cite page(s) that provide rationale for this priority request	Estimated Amount of Funding Requested	New, one-time funding	New, on-going funding
*4.a. Equipment – Per unit cost is ≥\$500 (microscopes, table saw, etc.)	Digital Radiography Packages for 3 dental operatories	2	\$62,064	\$62,064	
*4.a. Technology (computers, data projectors, document readers, etc.)					
*4.b. Budget for 4000s - Per unit cost is ≤\$500 (supplies)					
*4.b. Budget for 5000s – Printing, maintenance agreements, software license, accreditation fees, etc.					
*4.c. Facilities					
*4.d. Faculty position					
*4.e. Classified staff position (contract)					
*4.e. Classified staff position (hourly)					
			TOTAL		
			\$62,064		

*Numbering parallels sections in original Program Review and Planning document
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How will you evaluate whether or not you have met your goal/priority with the requested resources?
 The additional digital setups in all operatories will maximize students' clinical experience with radiography. This will enable students to take more x-rays and improve their skills.

What evidence will you provide to reflect the impact these resources had on student learning?
 1. Students' performance on a final clinical evaluation will be reviewed and analyzed. The expected outcome will be that (90%) ninety-percent of students will receive a clinically acceptable grade on the final clinical evaluation in dental radiography. 2. Students' performance on final clinical evaluations will be reviewed and analyzed. The expected outcome will be (90%) ninety-percent of students receiving a clinically acceptable grade on the final clinical evaluation for taking a full mouth radiographic series. A formal meeting will be scheduled with faculty to discuss outcomes and results. At that time, adjustments are discussed for improvement if needed.

<p>*5. Strategic Plan goal or objective addressed by this priority: http://www.palomar.edu/strategicplanning/Strategic%20Plan%202009/Strategic%20Plan%202009_book%20as%20printed.pdf</p> <p>Facilitate student learning and goal attainment by providing comprehensive educational programs and services in diverse, accessible formats and locations.</p>	<p>Course(s) & SLO(s) addressed by this priority: http://www.curricunet.com/Palomar/</p> <p>After gaining skills learned throughout this course, students will be able to demonstrate the ability to expose a full dental radiographic survey in three patients at a clinically acceptable level. This will result in students receiving a license in dental radiography.</p>	<p>Program(s) and SLO(s) addressed by this priority (program is defined as a certificate, degree, or discipline): http://www.curricunet.com/Palomar/</p> <p>Dental Assisting Program SLO 1. Upon successful completion of this program, 80% of students will be prepared for employment as a dental health care professional. Assessment: 1. A clinical progress evaluation is completed by the dental staff that participates in the DA 90 clinical rotation class. Staff and dentists answer questions that rate students' preparedness for employment (SLO#1). 2. Employer surveys are sent to local dentists, and they rate Palomar graduates on 13 qualities and skills related to the performance of dental assisting students. One question asks if they would hire a Palomar graduate (slo#1). 3. Alumni surveys are distributed approximately one year after graduation to assess if the graduate is working as a dental professional (SLO#1).</p>
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6. Reflect on the progress your discipline and/or department is making on defining, implementing, and assessing course, program, GE/Institutional level SLOs. What have been the benefits and what have been the challenges?
 Our department has established program SLO's for many years because this is required from the Commission on Dental Accreditation. All courses have SLO's and all fall semester courses (except DA 65) will be assessed by May 2010. All spring semester courses will be assessed by December 2010. DA 65 will be assessed by May 2011. There are always benefits when you do course or program assessment because the department can assess student learning and make program or course improvements as needed.

Individuals completing this Program Review and Planning Supplemental document:

Name(s):	Signatures:	Date:
Denise Rudy		