



Notice is hereby given that a public meeting of the Dental Hygiene Committee Of California (DHCC) will be held as follows:

### **DHCC MEETING AGENDA**

The DHCC welcomes and encourages public participation in its meetings. The public may take appropriate opportunities to comment on any issue before the Committee at the time the item is heard.

**Saturday, June 10, 2017**  
**12:00 p.m. until adjournment of the Full Committee**  
**Embassy Suites Irvine Orange County Airport**  
**Ambassador Room**  
**2120 Main Street**  
**Irvine, CA 92614**  
**949-553-8332**

**(The Full Committee Meeting will commence upon adjournment of the Education Subcommittee Meeting)**

### **EDUCATION SUBCOMMITTEE MEETING**

Members:

Michelle Hurlbutt, Chair, RDH Educator  
Susan Good, Public Member  
Sandy Klein, Public Member  
Timothy Martinez, DMD

1. Roll Call/Establishment of Quorum
2. Public Comment for Items Not on the Agenda  
[The DHCC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a))]
3. Approval of the May 6, 2017 Education Subcommittee Meeting Minutes
4. Discussion and Possible Recommendation to the Full Committee regarding Maintaining or Withdrawing Approval of Taft College Dental Hygiene Educational Program: Program Deficiencies
5. Discussion and Possible Recommendation to the Full Committee regarding Maintaining or Withdrawing Approval of Concorde Career College - Garden Grove: Substantive Changes to their Dental Hygiene Educational Program
6. Discussion and Possible Recommendation to the Full Committee regarding Maintaining or Withdrawing Approval of Shasta College Dental Hygiene Educational Program: Faculty Compliance Requirements

7. Future Agenda Items
8. Adjournment of the Education Subcommittee

A quorum of the Committee may be present at the Subcommittee meeting. Committee members who are not on the Subcommittee may observe, but may not participate or vote.

### **FULL COMMITTEE MEETING**

Members:

Noel Kelsch, President, RDHAP  
Susan Good, Vice President, Public Member  
Evangeline Ward, Secretary, RDH  
Michelle Hurlbutt, RDH Educator  
Sandy Klein, Public Member  
Timothy Martinez, DMD  
Nicolette Moultrie, RDH  
Edcelyn Pujol, Public Member  
Garry Shay, Public Member

1. Roll Call/Establishment of Quorum
2. President's Report
3. Public Comment for Items Not on the Agenda  

[The DHCC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a)]
4. Consideration of and Potential Action on Education Subcommittee Recommendations:
  - a) Maintaining or Withdrawing Approval of Taft College Dental Hygiene Educational Program: Program Deficiencies
  - b) Maintaining or Withdrawing Approval of Concorde Career College – Garden Grove: Substantive Changes to their Dental Hygiene Educational Program
  - c) Maintaining or Withdrawing Approval of Shasta College Dental Hygiene Educational Program: Faculty Compliance Requirements
5. Approval of the May 6-7, 2017 Full Committee Meeting Minutes
6. Discussion and Possible Action on the Revised Duty Statement for the Executive Officer
7. Future Agenda Items
8. Adjournment of the Full Committee

Public comments will be taken on agenda items at the time the specific item is raised. The DHCC may take action on any item listed on the agenda including informational only items. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access DHCC's Web Site at [www.dhcc.ca.gov](http://www.dhcc.ca.gov).

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Estelle Champlain at (916) 576-5007, via e-mail at: [Estelle.champlain@dca.ca.gov](mailto:Estelle.champlain@dca.ca.gov) or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



**Saturday, June 10, 2017**

**Dental Hygiene Committee of California**

**Education Subcommittee Meeting**

**Agenda Item 2**

**Public Comment for Items Not on the Agenda**

[The DHCC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a))]



**Saturday, June 10, 2017**

**Dental Hygiene Committee of California**

**Education Subcommittee Meeting**

**Agenda Item 3**

**Approval of the May 6, 2017 Education  
Subcommittee Meeting Minutes**



## **Education Subcommittee Meeting Minutes** *Saturday, May 6, 2017*

### Primary Location:

Atrium Hotel at Orange County Airport  
18700 MacArthur Blvd.  
Irvine, CA 92612

### Teleconference Location:

Catalano-Fenske and Associates  
1401 Fulton St., Ste. 801  
Fresno, CA 93721

### Education Subcommittee Members Present:

Michelle , Chairperson, Registered Dental Hygienist (RDH) Educator  
Susan Good, Public Member (Via Teleconference Location in Fresno)  
Sandra Klein, Public Member  
Timothy Martinez, Doctor of Dental Medicine (DMD)

### DHCC Staff Present:

Anthony Lum, Interim Executive Officer  
Estelle Champlain, Legislative and Regulatory Analyst  
Nancy Gaytan, Enforcement Analyst  
Adina Pineschi-Petty, RDH and Doctor of Dental Surgery (DDS), Education Specialist  
Michael Santiago, Department of Consumer Affairs (DCA) Legal Counsel for the DHCC

### Public Present:

Luisa Bransford, Fresno City College  
Julie Coan, California Dental Hygienist's Association (CDHA)  
Pat Connolly-Atkins, American Board of Dental Examiners (ADEX)  
Natalie Ferrigno, West Los Angeles College  
Mariann Fujimoto, RDH  
JoAnn Galliano, RDH, Education Consultant  
Mary Johnston, ADEX  
Lygia Jolley, CDHA  
Vickie Kimbrough, Purple Pen Seminars and CDHA  
Mary McCune, California Dental Association (CDA)  
Sharon Osborn Popp, Western Regional Examining Board (WREB)  
Tricia Osuna  
Joanne Pacheco, Fresno City College  
Laurie Petralia, Concorde Career College  
Kelly Reich, WREB  
Sabrina Santucho, Concorde Career College, San Bernardino  
Maureen Titus, CDHA  
Bruce Whitcher, DDS, Dental Board of California (DBC)

## 1. Roll Call and Establishment of a Quorum

Michelle Hurlbutt, Chairperson of the Education Subcommittee, call the meeting to order at 4:05 p.m. She took roll call and a quorum was established with all four members present.

## 2. Public Comments for Items Not on the Agenda

There were no comments from the public.

## 3. Chairperson's Report

Chair Hurlbutt stated that there was nothing to report.

## 4. Approval of the December 3, 2016 Education Subcommittee Minutes

Motion: Sandra Klein moved to adopt the December 3, 2016, Education Subcommittee Meeting Minutes.

Second: Susan Good

Chair Hurlbutt asked if any member of the public or the Subcommittee would like to comment. There were no comments.

***Vote: The motion to adopt the December 3, 2016, Education Subcommittee Meeting Minutes passed 3:0.***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Susan Good	X		
Sandra Klein	X		
Timothy Martinez			X

## 5. Faculty Biosketch Update

Dr. Adina Pineschi-Petty, Education Specialist, reported that in December 2016, the DHCC sent faculty biosketch request letters to the RDH education programs. All programs replied. Upon review of the faculty biosketches, three educational programs were shown to be

100% in compliance with the law. The other programs had noncompliance issues that ranged from minor and easily correctable violations to violations that of a much more egregious nature.

Dr. Pineschi-Petty stated that the DHCC staff followed up with letters to the programs which had deficiencies explaining what needed to be done to correct the problems. Subsequently, seven programs remediated their deficiencies and those programs have been notified of their clearance. The remaining 21 programs were given a deadline of May 1, 2017 to submit documentation for review as proof of remediation.

Chair Hurlbutt asked if any member of the public or the Subcommittee would like to comment.

Public Comment: Julie Coen stated that she would like to make a comment on her own behalf, not as a representative of the CDHA. She stated that according to a community college chancellor she had contacted, the requirement to teach at a community college was six years of experience and an associate's degree. She also noted that she had contacted a nursing education program and she was told that there are associate's degree level faculty members teaching in nursing programs. She inquired why there was a discrepancy between these practices and the DHCC's requirement that all faculty must hold a bachelor's degree.

Chair Hurlbutt replied that California law requires that all faculty in a registered dental hygienist educational program must hold a bachelor's degree and that state law supersedes institutional policies.

There were no further comments.

## 6. Program Faculty Requirements

Estelle Champlain, Legislative and Regulatory Analyst, presented proposed options to clarify California Code of Regulations (CCR), Title 16, Division 11, Article 3, § 1105.1 Educational Program Faculty Requirements since some members of the regulated public have found it to be confusing. The options were:

1. Adopt proposed explicit regulatory language (with or without amendments) and promulgate as a rulemaking file. The rulemaking process would take close to a year.
2. Renumber the section without changes to language as a Section 100: Change without Regulatory Effect. Non-substantive changes take around three months.
3. Pursue options 1 and 2 simultaneously.
4. Do nothing.

The Subcommittee discussed the merits of each option and determined that the problem needed to be addressed as soon as possible but that the solution must be comprehensive enough to fully resolve the problem.

Motion: Susan Good moved to recommend to the Full Committee to direct staff to initiate a Section 100: Change without Regulatory Effect to renumber CCR, Title 16, Division 11, Article 3, § 1105.1.

Second: Sandra Klein

Chair Hurlbutt asked if any member of the public or the Subcommittee would like to comment. There were no comments.

***Vote: The motion to recommend to the Full Committee to direct staff to initiate a Section 100: Change without Regulatory Effect to renumber CCR, Title 16, Division 11, Article 3, § 1105.1 passed 4:0.***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Susan Good	X		
Sandra Klein	X		
Timothy Martinez	X		

Motion: Susan Good moved to adopt the proposed language to amend CCR, Title 16, Division 11, Article 3, § 1105.1 and to direct staff to prepare a rulemaking file and set it for a public hearing.

Second: Sandra Klein

Chair Hurlbutt asked if any member of the public or the Subcommittee would like to comment.

Public Comment: Lygia Jolley requested clarification on whether the Subcommittee's intent with moving forward with the proposed language is that the faculty member would have to have a bachelor's degree in dental hygiene. She noted that she holds a bachelor's degree in organizational development but she also holds a dental hygiene degree, that dental hygiene degree not being at the bachelor's level. She inquired whether her level of education would be approved to teach administration of nitrous oxide and oxygen.

Chair Hurlbutt noted that the new wording does not change the existing law, but the existing law may be misinterpreted due to the alignment of the sections.

Ms. Jolley also requested that the amended language clarify the intent of (d) “national certification.”

Vickie Kimbrough suggested that the public be allowed to submit queries to the Subcommittee while the language is being refined so that the Subcommittee can be aware of the areas of the law that are confusing to consumers.

Chair Hurlbutt replied that the Subcommittee may request to have staff further refine the language then place it on a future agenda so that the Subcommittee and the public could consider it at that time. She asked if there were any further comments. There were none.

***Vote: The motion to adopt the proposed language to amend CCR, Title 16, Division 11, Article 3, § 1105.1 and to direct staff to prepare a rulemaking file and set it for a public hearing passed 3:1.***

Name	Aye	Nay	Abstain
Michelle Hurlbutt		X	
Susan Good	X		
Sandra Klein	X		
Timothy Martinez	X		

## 7. Program Faculty Documentation of Having Passed Courses in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen

Anthony Lum, Interim Executive Officer, reported that the biosketch reports revealed that there are some instructors of extended functions courses who have not been able to produce documentation of having successfully completed courses in some of the extended functions. This is a small group of individuals who graduated in the late 1970s to 1980. (Dental hygienists’ extended functions are soft tissue curettage, administration of local anesthetic, and administration of nitrous oxide-oxygen.)

Mr. Lum requested guidance from the Subcommittee on how to handle this situation. He presented some options: require these individuals to (re)take the extended functions courses – which would entail their having to pay around \$5,000 for the courses; grandfather them in; or require that they submit affidavits certifying that they took and passed the courses but that it was so long ago that the records have been lost.

The Subcommittee discussed various methods of verifying that these individuals had completed courses in extended functions:

DHCC's Current Licensing Database (BreEZe) – BreEZe records do not show completion of extended functions for these licensees. However, a search of online archives shows at least one of the licenses (scanned image) having affixed to it an illegible sticker.

DHCC Hardcopy License Records - Mr. Lum reported that staff had searched through the affected licensee's licensure files and found that there was no documentation for the completion of the SLN requirement. In further research, it also appeared that the recording of the completion of the SLN requirement was variable and inconsistent 30 years ago, as the hardcopy license cards issued at that time had stickers to indicate the completion of extended functions. The individuals in question all graduated before 1981, so there is a possibility that their cards may have had stickers at one time but over the past three decades those stickers could have fallen off. The cards in the DHCC's possession were issued around 1981-1982 and have the extended functions printed and hand written onto them. The rest of the contents of the archived records show further inconsistencies, including information on some boxes of hard card files listed as having been destroyed or that licensees only completed 1, 2, or all 3 of the SLN requirements. There was no consistency in the record keeping from this time period. These discoveries caused Mr. Lum to conclude that the license records alone would not be enough to show whether the individuals had or had not passed courses in extended functions.

College Records - The colleges involved reported that they do not keep detailed student records as far back as 1979-1980. Similarly, the individuals in question cannot produce personal copies of their transcripts or detailed Certificates of Completion to show completion of the missing courses.

The Subcommittee determined that the graver core underlying issue was that these individuals did not have proof of qualification to administer anesthesia, and that anesthesia had been administered under their licenses for years. This is the case in the instances the licensees personally administered anesthesia as well as in the instances when anesthesia was administered by students of any of these licensees while the students were working under the aegis of the instructors' licenses.

Public Comment: Maureen Titus stated that at the time she graduated, in 1977, extended functions courses were just being offered and students were encouraged, but not required, to take all three. She also described her first license. She stated that she had current knowledge of the appearance of this license because at the time of the meeting her original license was and had been framed and displayed on her wall. She stated that on this license there was a sticker for each of the extended functions courses she had taken and passed. She also stated that each sticker was marked with a number but that she did not know what that number corresponded to.

Public Comment: Mariann Fujimoto stated that she had worked on special projects for the former executive officer of the DHCC. She recalled a time when she was tasked with

searching the contents of license records in eight boxes. She stated these files dated as far back as the mid-1970s and that in these boxes, she saw documents including letters sent by the educational institutions.

Mr. Lum replied that he was aware of the eight boxes Ms. Fujimoto had searched and that those were regular licensing files. He clarified that the boxes he had referred to were the files for extended function hard cards. Ms. Fujimoto answered that she saw some license cards among the documents in the regular licensing files.

Ms. Fujimoto asked if the DHCC has a record of what the numbers on the extended functions mean. Mr. Lum replied that there may have once been a record several decades ago but it had not been maintained or passed down.

Motion: Susan Good moved to recommend to the Full Committee that faculty members teaching extended functions who cannot produce proof of having successfully completed courses in extended functions should be reminded of the requirement to complete 12 continuing education units in pain management and that if these faculty members wish to continue to teach, they must submit affidavits that they have taken and passed extended functions courses

Second: Timothy Martinez

Chair Hurlbutt asked if any member of the public or the Subcommittee would like to comment.

The Subcommittee expressed concern that the affidavit option could prove problematic in that if the DHCC accepted affidavits as proof of competency in this isolated incident of what may amount to knowledgeable and seasoned instructors, then the DHCC may be forced to accept affidavits as proof of competency overall.

Mr. Lum stated that he would work closely with the legal department to draft a specific affidavit for this instance alone. He also stated (that once the 12 units in pain management and affidavit were proven,) he would ensure the extended functions authorizations were added to these licensee's files.

There were no further comments.

***Vote: The motion to recommend to the Full Committee that faculty members teaching extended functions who cannot produce proof of having successfully completed courses in extended functions should be reminded of the requirement to complete 12 continuing education units in pain management and that if these faculty members wish to continue to teach, they must submit affidavits that they have taken and passed extended functions courses passed 4:0.***

<b>Name</b>	<b>Aye</b>	<b>Nay</b>	<b>Abstain</b>
<b>Michelle Hurlbutt</b>	X		
<b>Susan Good</b>	X		
<b>Sandra Klein</b>	X		
<b>Timothy Martinez</b>	X		

## 8. Future Agenda Items

Chair Hurlbutt asked if any member of the Subcommittee or the public would like to suggest future agenda items. There were none.

## 9. Adjournment

Chair Hurlbutt adjourned the Education Subcommittee meeting at 5:02 p.m.



**Saturday, June 10, 2017**

**Dental Hygiene Committee of California**

**Education Subcommittee Meeting**

**Agenda Item 4**

**Discussion and Possible Recommendation to  
the Full Committee regarding Maintaining or  
Withdrawing Approval of Taft College Dental  
Hygiene Educational Program: Program  
Deficiencies**



May 16, 2017

## **Report to the Dental Hygiene Committee of California (DHCC)**

### **RE: Taft College Dental Hygiene Program**

#### **BACKGROUND**

On April 10, 2017, the Dental Hygiene Committee of California (DHCC) received a student complaint regarding violations by the Taft College Dental Hygiene Program (TCDH) of the California Code of Regulations (CCR), Commission on Dental Accreditation Standards (CODA), Health Insurance Portability and Accountability Act (HIPAA), and Cal-OSHA Infection Control procedures. On April 20, 2017, the DHCC received a faculty complaint corroborating the student complaint of April 10, 2017. Furthermore, on May 1, 2017, the faculty member provided additional evidence to the DHCC of additional violations with supporting documentation.

On Thursday, April 20, 2017, DHCC Interim Executive Officer (IEO) Anthony Lum contacted the TCDH Program Director Stacy Eastman, DDS, by phone informing her of the complaints filed with the DHCC. Anthony Lum requested Dr. Eastman's permission for a DHCC visit to review the TCDH program to gather information in the interest of consumer protection. On April 20, 2017, per verbal agreement, and confirmed via Email on April 20, 2017, Dr. Eastman agreed to the visit by the DHCC.

On May 8, 2017, an on-site visit was conducted at the TCDH Program by DHCC Educational Consultant JoAnn Galliano, MEd, RDH, and DHCC Educational Specialist Adina A. Pineschi-Petty, DDS. During the visit, violations of the CCR, CODA Standards, HIPAA, and Cal-OSHA Infection Control procedures were discovered substantiating the above complaints. In addition, further deficiencies were identified and recorded during the visit.

On May 15, 2017, Ms. Galliano, Dr. Petty, and Karyn Dunn, DHCC Special Investigator returned to Taft College to determine whether the TCDH Class of 2017 had completed the required patient care competencies and the required number of experiences for administration of local anesthetic, nitrous oxide analgesia and soft tissue curettage (SLN).

This report identifies the deficiencies and non-compliance issues that were discovered by the DHCC during the visits.

Deficiencies are as listed:

**I. Program Completion.**

**a. Refer to**

**i. CCR Title 16 Division 11 § 1105 (c)**

(c) Standards of Competency. Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum.

**ii. CODA 2-12**

Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient. Graduates must be competent in assessing the treatment needs of patients with special needs.

**iii. CODA 2-14**

Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

**iv. CODA 2-18**

Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

**b. Evidence**

- i. An evaluation of the dental hygiene program offered by Taft College was conducted on February 2-3, 2016 by a Committee from the Commission on Dental Accreditation (CODA) composed of Ms. Renee Prajer, Consultant in Dental Hygiene; and Ms. Monica Nenad, Site Visit Chair.
  1. In the CODA Site Visit Report, the CODA Site Visit Committee cited non-compliance of Standards 2-12 and 2-14.
  2. In the TCDH "Response Site Visit" Report, the TCDH Program Director Stacy Eastman, Taft College Vice President of Instruction Mark Williams, and Taft College Interim Superintendent/President Brock McMurray attested to compliance of Standards 2-12 and 2-14.

3. No evidence was provided in the response to CODA documenting that TCDH had met the requirements of Standard 2-12 and 2-14.
  4. Refer to Exhibits 1 and 2.
- ii. Students are being allowed to graduate without completing 75% of the minimum of the performance evaluations (clinical competencies [PEs]) for each semester.
    1. All PEs for the clinical semesters are being averaged to calculate final grade for the last semester of the program.
    2. Students will pass the program missing PEs as long as a 75% overall program grade is achieved.
    3. Confirmed during visit interview with Program Director.
    4. Refer to Exhibits 3 and 4.
  - iii. Students are not being required to complete all the clinical PEs.
    1. Each PE is worth one point toward the final grade.
    2. All clinical PEs are being averaged to determine the final grade in the dental hygiene program.
    3. A student could pass clinic by completing only one patient care PE out of seven in the final semester.
    4. In the Class of 2015, 8 out of 17 students completed less than 75% of the PEs required for the final semester.
    5. In the Class of 2017, 14 out of 17 students completed less than 75% of the required PEs for the final semester.
    6. Refer to Exhibits 3 and 4.
  - iv. Student PEs that are not completed in the previous semester are being carried over to be completed the following semester.
    1. Students in their final semester are completing previous semester PEs.
    2. Students are not completing their patient requirements for the final semester.
    3. Confirmed during visit interview with the Program Director.
    4. Refer to Exhibit 5.
  - v. Graded PEs are based on passed PEs.
    1. Attempted and failed PEs are not recorded in the grade calculations.
    2. Students may attempt unlimited PEs until receiving a passing grade.
    3. Confirmed during visit interview with Program Director.
  - vi. Mock Board Exam PE
    1. As long as the student participates in the Mock Board Exam, they receive credit.

2. If the student receives less than 75% on the exam, they are given credit for completing the PE and are not required to repeat the exam.
3. Confirmed during visit interview with Program Director.
4. Refer to Exhibit 6.

## II. Grading Policies.

### a. Refer to

#### i. **CCR Title 16 Division 11 §1105.1 (e)(1)**

(e) Faculty Responsibilities. (1) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content as required by the educational program.

#### ii. **CCR Title 16 Division 11 §1105.2 (b)(1-3)**

(b) The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required, (2) the standards used to measure the students' independent performance in each area, and (3) the evaluation mechanisms by which competence is determined.

#### iii. **CODA 2-6**

The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

#### iv. **CODA 2-7**

Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.

### b. Evidence

- i. Lack of a central grading database.
  1. Program Director is responsible for final clinical grading.
  2. Program Director does not utilize a central grading database.
  3. Students self-report completion of PE requirements.
  4. Confirmed during visit interview with Program Director.
    - a. Refer to Exhibits 3, 4, and 5.

- ii. Clinical Performance Evaluations (PE) and Radiologic Critiques from past semesters utilized to calculate current clinical grades.
  - 1. Refer to Exhibits 3, 4, and 5.
- iii. PEs lacking grade rubrics.
  - 1. Refer to Exhibit 7.
- iv. Unclear how total number of PEs are calculated.

### **III. Administrative Involvement.**

#### **a. Refer to**

##### **i. CCR Title 16 Division 11 §1105(i)**

(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

##### **ii. CODA 2-6**

The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

##### **iii. CODA 2-7**

Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.

##### **iv. CODA 2-18**

Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

#### **b. Evidence**

- i. On April 3, 2017, TCDH Class of 2017 students were informed that there were “new state requirements” in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Sedation (SLN) needed to fulfill clinical requirements to graduate.
  1. Students were to be required to attend a mandatory summer school session in order to complete these new requirements, along with unmet requirements from previous semesters.
  2. Students informed Mark Williams, Vice President of Instruction for Taft College, that the Program Director changed the current policy to require mandatory summer school for all students.
  3. A webinar took place on April 4, 2017. Attendees included the TCDH Class of 2017, faculty members Noel Kelsch and Kelly Donovan, Vice President of Instruction Mark Williams, and DHCC IEO Anthony Lum. During the webinar, Anthony Lum confirmed that there have been no changes or additional state requirements since 2013 with regard to SLNs.
  4. Refer to Exhibit 8.
- ii. A student complaint letter dated May 6, 2015, the Vice President of Instruction was advised of a complaint letter dated April 27, 2015 by the Program Director.
  1. Refer to Exhibits 9 and 10.

#### **IV. Documentation Alteration.**

##### **a. Refer to**

- i. **CCR Title 16 Division 11 §1105.1 (e)(1)**  
(e) Faculty Responsibilities. (1) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content as required by the educational program.

##### **b. Evidence**

- i. Student files provided by TCDH to the DHCC were missing completed requirements lists, patient checklists, and PE requirement completion sheets.
- ii. TCDH Program Director on May 4, 2017 asked students to leave their binders so the Program Director may do some calculations.
- iii. Alteration to anesthesia course records.
  1. Refer to Exhibit 11.
- iv. PE documents appeared altered.

1. Patient names appeared to have been covered over with correction tape, written over by another hand, and initialed.
2. Refer to Exhibits 11 and 12.

**V. Approval to Allow Students to Sit for Western Regional Examining Board (WREB) and Central Regional Dental Testing Service (CRDTS) Clinical Boards.**

**a. Refer to**

**i. CCR Title 16 Division 11 § 1105 (c)**

(c) Standards of Competency. Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum.

**ii. CODA 2-12**

Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient. Graduates must be competent in assessing the treatment needs of patients with special needs.

**iii. CODA 2-14**

Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

**iv. CODA 2-18**

Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

**b. Evidence**

**i. TCDH Class of 2017 allowed to take clinical boards without completion of 75% of clinical competency PEs.**

1. Confirmed during visit interview with Program Director.
2. Refer to Exhibit 3.
3. Documented on audio.

**VI. Lack of Sufficient Patient Pool.**

**a. Refer to**

**i. CCR Title 16 Division 11 §1105(i)**

(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

**b. Evidence**

- i. Per student complaints, patient pool is not sufficient for students to complete clinical requirements.
1. Lack of competency completion rate supports complaint.
  2. Confirmed during visit interview with Program Director.
  3. Refer to Exhibit 8.

**VII. Infection Control Violations.**

**a. Refer to**

**i. CCR §1105.2 (d)(3)(A)**

(A) An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.

**ii. CCR §1105.2 (d)(3)(C)**

(C) An educational program shall comply with local, state, and federal health and safety laws and regulations.

**iii. CCR §1005 (b 1-3, 5-6, 8, 10-14, 17, 19-20, 22)**

“All Dental Health Care Providers (DHCP) shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be practiced in the care of all patients.

(2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operator cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.

(3) A copy of this regulation shall be conspicuously posted in each dental office.

Personal Protective Equipment:

(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable

protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, other potentially Infectious materials (OPIM), or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All personal protective equipment (PPE) used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

Hand Hygiene:

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

Sterilization and Disinfection:

(10) All germicides must be used in accordance with intended use and label instructions.

(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

(12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use.

Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

Irrigation:

(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.

(22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.”

#### **iv. Cal OSHA CCR §5193 (d)(3)(H)**

“(d) Methods of Compliance. (3) Engineering and Work Practice Controls -Specific Requirements.

(H) Cleaning and Decontamination of the Worksite.

1. General Requirements.

- a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.
  - b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.
  - c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:
    - i. Location within the facility;
    - ii. Type of surface or equipment to be treated;
    - iii. Type of soil or contamination present; and
    - iv. Tasks or procedures being performed in the area.
  - d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.
2. Specific Requirements.
- a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:
    - i. Surfaces become overtly contaminated;
    - ii. There is a spill of blood or OPIM;
    - iii. Procedures are completed; and
    - iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.
  - b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
  - c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.”

**b. Evidence**

- i. During the visit, the following violations were discovered:
  - 1. No spore testing log.
    - a. When clinical assistant (CA) was asked for spore testing records, the most recent report found was October 21, 2016.
    - b. CA was then able to secure a more recent report dated March 31, 2017.
    - c. Spore testing records not complete.
    - d. Refer to Exhibit 13.

2. Disposable patient items were uncovered, exposed to the clinic, risking contamination by aerosols.
3. Multiuse patient items uncovered, exposed to clinic, risking contamination by aerosols.
4. Dirty patient supply area.
5. A plastic box was utilized as a cold sterile disinfectant container and was unlabeled.
6. Ultrasonic instrument processors near clinical patient treatment area (less than 5 feet), exposing patients to aerosols.
7. Autoclaves near clinical patient treatment area (less than 5 feet).
8. Patient treatment units less than 3 feet from each other, violating patient privacy.
9. Clinical storage under tables exposed to clinic (less than 5 feet) exposed to clinic, risking contamination by aerosols.
10. Contaminated reusable faculty clinical gowns hanging in faculty office.
11. Faculty laundering clinical gowns.
12. Faculty gowns exposed at neck and no binding at wrists.
13. Students leaving operatories with masks/gloves on, not identifiable if clean or contaminated.
14. Students wearing contaminated gowns in reception/patient waiting area.
15. Faculty wearing contaminated masks below chin.
16. Faculty not wearing side shields on their prescription glasses.
17. Disposable Nitrous Oxide-Oxygen masks reused, not disposed of.
18. Trash receptacles not labeled with biohazard notification.
19. Improper clinical ventilation.

20. Improper radiology ventilation.

21. Use of expired products in clinic.

ii. Refer to Exhibit 14.

## **VIII. Support Staff**

### **a. Refer to**

#### **i. CCR Title 16 Division 11 §1105(i)**

(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

#### **ii. CODA Standard 3-11**

“Qualified institutional support personnel are assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.”

#### **iii. CODA Standard 3-12**

“Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not compensate for limitations of the clinical capacity or to replace clinical staff.”

### **b. Evidence**

- i. CA is not a Registered Dental Assistant (RDA).
- ii. CA admitted during interview to not being trained in Infection Control Practices.
- iii. Students are responsible for overseeing sterilization.
- iv. No faculty or staff are responsible for overseeing sterilization practices.

## **IX. HIPAA violations.**

### **a. Refer to California Assembly Bill 211 Chaptered September 30, 2008**

#### **i. Chapter 602**

ii. This bill would require every provider of health care, as defined, to implement appropriate specified safeguards to protect the privacy of a patient's medical information. The bill would require every provider of health care to reasonably safeguard confidential

medical information from unauthorized or unlawful access, use, or disclosure.

**b. CODA Standard 6-6**

- i. The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

**c. Evidence**

- i. Patient files not secured.
  - 1. Door to chartroom open to Patient reception area
    - a. Refer to Exhibit 15.
- ii. Patient treatment units less than 3 feet from each other, violating patient privacy
  - 1. Refer to Exhibit 16.

**X. Lack of a full-time assignment Program Director.**

**a. Refer to**

**i. CCR Title 16 Division 11 § 1105.1(a)**

(a) "Program Director" or "Interim Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications:

- (1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions;
- (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation;
- (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and
- (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.

**b. Evidence**

- i. Taft was requested to supply the Program Director contract.

1. Program Director contract provided was not signed by Program Director, nor Taft College President Debra Daniels.
  - a. Refer to Exhibit 17.
- ii. Taft was requested to supply Program Director responsibilities.
  1. Copy provided was not an official duty statement.
    - a. Refer to Exhibit 18.
- iii. Program Director Hours
  1. Taft College website posts office hours as Mondays 9:00 AM – 10:00 AM.
  2. Program Director course responsibilities posted on Taft College Website:
    - a. Mondays 10:10 AM – 11:00 AM and 1:10 PM – 5:00 PM.
    - b. Tuesdays 2:10 PM – 3:00 PM and 3:01 PM – 6:00 PM
    - c. Thursdays 8:10 AM – 12:00 PM and 1:10 PM – 5:00 PM.
      - i. Refer to Exhibit 19.
  3. Visit documentation provided by TCDH states Program Director has a flexible schedule on Wednesdays and Fridays to tend to administrative duties and to oversee off campus supplemental (Grant) responsibilities.
  4. Program Director is in private practice Wednesdays and Fridays.
    - a. Confirmed by DHCC Special Investigator.
  5. Taft College Faculty Directory accessed from the Taft College website on April 12, 2017 listed the Program Director as Adjunct Faculty.
    - a. Refer to Exhibit 20.

**XI. Lack of Student Supervision and Appropriate Protocols at Offsite (Enrichment) Sites.**

**a. Refer to**

**i. CCR Title 16 Division 11 § 1105.1(a)**

(a) “Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months.

The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications:

- (1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions;
- (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation;
- (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and
- (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.

**b. Evidence**

- i. Visit documentation provided by TCDH, states Program Director has a flexible schedule on Wednesdays and Fridays to tend to administrative duties and to oversee off campus supplemental (Grant) responsibilities.
- ii. Complaint letter received states Program Director has never been to any Grant site.
- iii. Ethics and Jurisprudence essay by a TCDH Class of 2017 student states:
  1. TCDH students provide the only hygiene services at the Bakersfield Veterans Affairs Facility (VA).
  2. There is no TCDH faculty supervision at the VA.
  3. Instruments supplied for use at the VA are insufficient.
  4. Supervising Dentist at VA did not check patients seen by TCDH students prior to or after treatment, and all of the patients had not been seen by a supervising dentist for over a year.
  5. Lack of radiographs available for accurate treatment of patients.
    - a. Refer to Exhibit 21.
- iv. Letter from students stating Program Director does not supervise Grant sites, as well as lack of appropriate protocols at Grant sites.
  1. Refer to Exhibit 8.

**XII. Infection Control Violations at Offsite (Enrichment) Sites.**

**a. Refer to**

- i. **CCR §1105.2 (d)(3)(A)**

(A) An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.
  
- ii. **CCR §1105.2 (d)(3)(C)**

(C) An educational program shall comply with local, state, and federal health and safety laws and regulations.
  
- iii. **CCR §1005 (b 1-3, 5-6, 8, 10-14, 17, 19-20, 22)**

“All Dental Health Care Providers (DHCP) shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

  - (1) Standard precautions shall be practiced in the care of all patients.
  - (2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.
  - (3) A copy of this regulation shall be conspicuously posted in each dental office.

Personal Protective Equipment:

  - (5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, other potentially Infectious materials (OPIM), or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All personal protective equipment (PPE) used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

Hand Hygiene:

  - (6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand

conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

Sterilization and Disinfection:

(10) All germicides must be used in accordance with intended use and label instructions.

(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

(12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

Irrigation:

(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.

(22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.”

**iv. Cal OSHA CCR §5193 (d)(3)(H)**

“(d) Methods of Compliance. (3) Engineering and Work Practice Controls -Specific Requirements.

(H) Cleaning and Decontamination of the Worksite.

1. General Requirements.

a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.

b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.

c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:

i. Location within the facility;

ii. Type of surface or equipment to be treated;

iii. Type of soil or contamination present; and

iv. Tasks or procedures being performed in the area.

d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

2. Specific Requirements.

- a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:
  - i. Surfaces become overtly contaminated;
  - ii. There is a spill of blood or OPIM;
  - iii. Procedures are completed; and
  - iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.
- b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.”

**b. Evidence**

- i. Student complaint received by the DHCC on April 10, 2017 stated handpieces were not sterilized at Grant rotation sites.
- ii. Refer to Exhibit 8.

**XIII. Class of 2017 Clinical Requirement Status**

- a. Completion of Requirements
  - i. 3 students completed their patient PE requirements.
  - ii. 0 students completed their local anesthesia PE requirements.
  - iii. 0 students completed their nitrous oxide-oxygen sedation PE requirements.
- b. Of the random 16 charts audited for adolescent patient experiences, 10 patients qualified for an adolescent experience (62%).
  - i. Ages of patients that did not qualify were:
    - 1. 43
    - 2. 20
    - 3. 21
    - 4. 25 (2)
    - 5. 23
- c. Of the random 14 experiences audited for nitrous oxide-oxygen sedation experiences, 4 qualified for a nitrous oxide-oxygen sedation experience (28%).
  - i. Times which did not qualify:
    - 1. 5 minutes (3)

2. 15 minutes
3. Unknown (6)

d. Refer to Exhibit 22 and 23.

# **TAFT EXHIBITS**

# **TAFT EXHIBIT 1**

**FORMAL REPORT OF THE COMMISSION ON DENTAL ACCREDITATION  
TO THE ADMINISTRATION OF TAFT COLLEGE  
ON THE EVALUATION OF THE DENTAL HYGIENE EDUCATION PROGRAM  
Taft, California**

**Introduction**

An evaluation of the dental hygiene program offered by Taft College was conducted on February 2-3, 2016 by a committee of the Commission on Dental Accreditation composed of Ms. Renee Prajer, consultant in dental hygiene; and Ms. Monica Nenad, site visit chair.

The Commission believes that educational institutions offering curricula supportive to the dental profession assume the obligation and responsibility of affording quality educational opportunities which are based on sound educational principles. Commission objectives are also based on the premise that dental hygiene education programs should strive continually to improve standards of scholarship and teaching consistent with the purpose and methods of postsecondary education. To assist the institution in appraising its educational effectiveness and identifying ways and means by which its endeavors can be strengthened, dental hygiene programs are reviewed periodically by peers in relation to predetermined standards. This peer review of the educational process is based on the program's self-study and conferences with persons involved in the various components of the program.

This report represents the visiting committee's findings and conclusions in the form of recommendations that directly relate to accreditation standards and suggestions for program enhancement. These are found, as appropriate, under headings that parallel the Commission's Accreditation Standards for Dental Hygiene Education Programs. Only those standards that warrant comment are included; in all other cases, the visiting committee found that the program met or exceeded the minimum standards.

The Commission on Dental Accreditation has discontinued the use of commendations, effective July 26, 2007. As a result, commendations will no longer be cited within site visit reports for programs under the Commission's purview.

**Accreditation History**

The dental hygiene program offered by Taft College was initiated in 1993. This was the Commission's fifth site evaluation of the dental hygiene program. At the time of the site visit, the accreditation status for the dental hygiene education program was "approval without reporting requirements." Information on the Commission's previous accreditation of the program follows:

<u>Date</u>	<u>Basis of Action</u>	<u>Action</u>
January 1994	Site Visit	Accreditation Eligible
July 1995	Site Visit	Provisional Approval
January 1996	Progress Report	Approval
August 2002	Site Visit	Approval <u>with</u> Reporting Requirements
January 2003	Progress Report	Approval <u>without</u> Reporting Requirements
July 2009	Site Visit	Approval <u>with</u> Reporting Requirements
February 2010	Progress Report	Approval <u>with</u> Reporting Requirements
August 2010	Progress Report	Approval <u>without</u> Reporting Requirements

**Review of Recommendations Cited in the Program’s Previous Site Visit Report**

At the time of the Commission’s last evaluation of the program in February 2009, six recommendations were cited in the areas of Educational Program, Administration, Faculty and Staff, and Health and Safety Provisions. During this evaluation, the visiting committee reviewed these areas and found that the program has maintained compliance with the previously cited recommendations.

**Compliance with Commission Policies**

At the time of the site visit, the visiting committee determined that the program was in compliance with the Commission on Dental Accreditation’s policies on “Third Party Comments,” “Complaints,” and “Program Changes.” The Commission’s policy on “Distance Education” does not apply to this program.

Through review of the program’s complaint records, there are no patterns or themes related to the programs’ compliance with the Accreditation Standards.

**Standard 1. Institutional Commitment and Program Effectiveness**

The program has documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of dental hygiene student achievement. The visiting committee found that the program has demonstrated positive student achievement outcomes to date through program completion rates (92% for the last 7 years, 94% overall), National Board Dental Hygiene exam pass rates (100% pass rate in 2015), and clinical exam pass rates (100% pass rate for 2015 CRDTS exam, 91% pass rate on WREB in 2014 and 88% pass rate in 2015).

The program has developed and implemented a plan for collecting, disseminating, and using outcomes data for improvement. This plan includes goals related to student achievement and measurement mechanisms that assess this achievement including National Board Dental Hygiene scores, graduation rates, licensure rates, and employment rates.

The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by: a) developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.

Through review of the self-study document, supplemental documentation provided on-site and on-site interviews, the visiting committee determined that the program demonstrates its effectiveness using a formal and ongoing planning and assessment process that is systematically documented through a plan that addresses teaching, patient care, and service. The visiting committee did not identify a research component within the planning and assessment process.

1. It is recommended that the program demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented and addresses research. (DH Standard 1-1)

**Standard 2. Educational Program**

The dental hygiene program is presented in four (4), 17-week semesters. Upon completion of the program, graduates are awarded Associate of Science degrees and certificates.

Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

Through review of the self-study document, supplemental documentation provided on-site and on-site interviews, the visiting committee determined the program has an admission process based on specific written criteria, procedures, and policies. However, the visiting committee identified areas of conflicting and/or confusing information within the admissions process including minimum GPAs, the number of students admitted annually, and areas in which applicants may earn additional credit toward admission.

It is suggested that the program review all published admissions criteria and revise as needed for consistency and accuracy across all documentation.

Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.

Graduates must be competent in assessing the treatment needs of patients with special needs.

Through review of the self-study document, supplemental documentation provided on-site and on-site interviews, the visiting committee determined that students provide dental hygiene care for child, adolescent, adult, and geriatric patients. However, the visiting committee did not identify the mechanism(s) used to determine competence in these patient classifications. Additionally, the visiting committee could not determine how all students demonstrate competence in assessing the treatment needs of patients with special needs.

2. It is recommended that graduates be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient. It is further recommended that graduates be competent in assessing the treatment needs of patients with special needs. (DH Standard 2-12)

Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

Through on-site interviews, supplemental documentation provided by the program, and on-site discussion, the visiting committee determined that the program has requirements for successful completion of performance evaluations including treatment of patients with varying degrees of periodontal health. However, the visiting committee could not verify that all students are competent in treating patients with moderate to severe periodontal disease.

3. It is recommended that graduates be competent in providing dental hygiene care for patients exhibiting moderate to severe periodontal disease. (DH Standard 2-14).

**Standard 3. Administration, Faculty and Staff**

A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.

Through on-site interviews, supplemental documentation provided by the program, and on-site discussion, the visiting committee determined that the institution conducts objective faculty evaluations. In addition, the visiting committee identified the institution evaluates the program director's administrative role. The committee could not determine, however, that the institution evaluates the program director in her faculty role. The visiting committee noted results of the evaluation may not be adequately communicated to faculty members. It is suggested the program review its faculty evaluation processes and revise as needed to maximize continuous faculty improvement.

4. It is recommended that a defined faculty evaluation process exist that ensures objective measurement of the performance of the program director who additionally serves as faculty. (DH Standard 3-9)

**Standard 4. Educational Support Services**

Radiography facilities must be sufficient for student practice and the development of clinical competence.

The radiography facilities must contain the following: a) an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks; b) modern processing and/or scanning equipment; c) an area for mounting and viewing radiographs; and d) documentation of compliance with applicable local, state and federal regulations.

Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

Through on-site interviews, supplemental documentation provided by the program, and on-site discussion, the visiting committee determined 10 students are assigned to each radiography laboratory. The visiting committee noted radiography equipment can accommodate four (4) pairs of student partners and remaining students intermittently use equipment as it becomes available. The committee noted scheduled radiography lecture time must sometimes be used to allow students to complete laboratory requirements.

- 5. It is recommended that radiography facilities be sufficient for student practice and the development of clinical competence. (DH Standard 4-2)

**Standard 6. Patient Care Services**

The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

Through on-site interviews, supplemental documentation provided by the program, and on-site discussion, the visiting committee identified a program policy to provide patients with their treatment plan. The visiting committee could not verify; however, that the program complies with its policy and could not verify the program provides patients with a verbal and written treatment plan.

- 6. It is recommended that the program have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. (DH Standard 6-1)

**Off-Campus Sites (For Didactic and Clinical Activity):** List the names and addresses of the off-campus sites, purposes of the site, amount of time each student is assigned to the site and indicate by checkmark if the team visited the site.

Name and Address	Purpose	Duration	Site Visited (√)
N/A			

*End of Report.*

# **TAFT EXHIBIT 2**

# Commission on Dental Accreditation

West Kern Community College District  
Taft College  
Department of Dental Hygiene

29 Cougar Court  
Taft CA 93268  
(661)763-7706  
www.taftcollege.edu

## Response to Site Visit

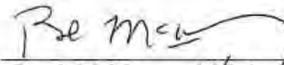
Site Visit: February 2-3, 2016



Stacy Eastman, R.D.H., D.D.S.  
Director of Dental Hygiene  
Phone: (661)763-7714  
seastman@taftcollege.edu



Mark Williams, M.S.  
Vice President of Instruction  
Phone: (661)763-7871  
mwilliams@taftcollege.edu



Brock McMurray, M.B.A.  
Interim Superintendent/President  
Phone: (661)763-7710  
bmcmurray@taftcollege.edu

# Table of Contents

## **Standard 1. Institutional Commitment and Program Effectiveness**

Recommendation #1 Page 3

## **Standard 2. Educational Program**

Recommendation #2 Page 22

Recommendation #3 Page 27

## **Standard 3. Administration, Faculty, and Staff**

Recommendation #4 Page 32

## **Standard 4. Educational Support Services**

Recommendation #5 Page 34

## **Standard 6. Patient Care Services**

Recommendation #6 Page 35

## **Standard 1. Institutional Commitment and Program Effectiveness**

**Narrative:** Through review of the self-study document, supplemental documentation provided on-site and on-site interviews, the visiting committee determined that the program demonstrates its effectiveness using a formal and ongoing planning and assessment process that is systematically documented through a plan that addresses teaching, patient care, and service. The visiting committee did not identify a research component within the planning and assessment process.

**Recommendation #1:** It is recommended that the program demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented and addresses research. (DH Standard 1-1)

At the time of the site visit, the Program Goals and the Program Competencies did not address research, nor was research part of our ongoing planning and assessment process. We had research threaded throughout the program but it was more in the form of assignments and not a capstone research type project.

**Since the site visit,** we have made 4 major changes that will allow us to demonstrate effectiveness using a formal and ongoing planning and assessment process that is systematically documented and addresses research.

1. Added a Program Goal that addresses research.
2. Incorporated scientific evidence into our “Critical Thinking” Program Competencies.
3. Developed a research project that begins in the first semester of the program and culminates in the fourth semester. This is much like a capstone project as it is a multifaceted assignment that is an ongoing evidence-based research project that begins with conducting relevant research and ends with a Table Clinic Presentation.
4. Invested in a EBSCOhost Dental to assist students with their research for this project and other program related research.

Every year when we review the curriculum, we demonstrate how the curriculum meets the Program Goals, how it supports the Program Competencies, and how it aligns with the Institutional Goals. Also, when the annual Program Review is completed, we evaluate our effectiveness in meeting the Program Goals and Competencies. Also, Program Goals and Competencies are assessed and documented utilizing other assessment tools such as, the Graduate Survey.

By adding a Program Goal addressing research and incorporating the use of scientific evidence into the “Critical Thinking” Program Competency, research will now be systematically documented and the program will demonstrate effectiveness using our formal and ongoing assessment process that is already in place.

The Goals of the Dental Hygiene Program are as follows:

- To provide the highest quality of instruction and educational experiences for the students culminating in a license to practice dental hygiene and the knowledge to compassionately provide preventive dental health services to the public.
- To comprehensively prepare competent individuals in the discipline.
- To provide a diverse, well-trained, and calibrated faculty dedicated to delivering a strong instructional program centered on student-instructor relationships that promote learning.
- To give the student an understanding of the ethical and moral responsibility expected by the profession and governed by each individual state.
- **Prepare graduates to make evidence-based decisions by acquiring, analyzing, and documenting information utilizing current scientific research.**

The Dental Hygiene Program SLO's/Competencies are as follows:

- **Legal and Ethical Principles.** The graduates will be competent in the ethical and legal aspects of the Dental Hygiene profession.
- **Dental Hygiene Process of Care.** The graduates will be competent in providing preventive and therapeutic dental hygiene services to patients of all ages, ethnicity, and socioeconomic levels.
- **Community Awareness.** The graduates will participate in various community health programs that will focus on improving the oral health of individuals, families, and community groups.
- **Life Long Learning.** The graduates will apply experience, skills, and knowledge to develop and implement a plan for professional growth.
- **Infection Control.** The graduates will be competent in all aspects of infection control procedures and hazardous waste management.
- **Critical Thinking.** The graduates will be competent in problem solving strategies related to comprehensive patient care and management of patients **using current scientific evidence to formulate a patientcentered comprehensive care plan.**

At the time of our site visit, we had research present in the curriculum in the form of assignments, not a major capstone-like research project. Examples of research at the time of the site visit included:

- DNTL 2026 Nutrition. In this course students currently perform a Nutritional Analysis on a clinic patient who has a specific need.
- DNTL 2021 Oral and General Pathology. In this course students research oral conditions in solving their case studies.

- DNTL 2131 Pharmacology. In this course students have 2 evidence-based research assignments.
- DNTL 2230 Periodontics II. In this course students perform a Periodontal Case Study on a clinic patient who is a periodontal case type III or IV.
- DNTL 2245 Ethics and Jurisprudence. In this course students perform research addressing an ethical situation.

Now that we have research and scientific evidence in our Programs Goals and Program Competencies, it must now be strongly represented in our Curriculum.

**Since the site visit**, we have decided to create and implement a capstone-like Research Project that spans the entire 4 semesters of the program. This project includes evidence-based research and methodology and the application of clinical findings from research and experience, which is an underlying principal in clinical decision making. Students will learn to utilize evidencebased methodology in learning to critically evaluate research literature for relevancy and accuracy of findings. The students will then present the findings in a clear, comprehensive and concise manner in the form of Table Clinic Presentations. On the advice of Ms. Terri Smith, Librarian, we have invested in the database EBSCOhost Dental to assist our students in learning and utilizing content specific research.

The Research Project will consist of 4 phases:

### **Phase 1: Research**

**To be completed during the first semester in DNTL 1517 Critical Thinking I.**

During this phase, students will learn the fundamentals of how to perform good evidencebased research and to retrieve and critically analyze scientific publications with regard to reliability and validity on a research topic.

**Assignment #1:** Submit a 1-2 page paper explaining the strategies, techniques and ethical standards for effective internet research.

**Assignment #2:** The student will be given a topic and they will must visit 3 different websites and review the entire website. From the websites, they will identify the 4 focus areas covered in class and make a decision whether it would be a good source for future internet research and submit a one page written summary for each site. Each summary is to include:

1. The website you visited.
2. Indicate your search word(s).
3. Identify which of the 4 focus areas discussed in class are included on website.
4. Decide if this would be a good source for future internet research.

## **Phase 2: Literature Review**

**To be completed during the second semester in DNTL 2027 Critical Thinking II.**

During this phase, students will apply the research methodology that they learned in Phase 1 and apply their skills to pose a researchable question based on the fundamentals of evidence-based methodology. In this phase, students to utilize evidence-based methodology in learning to critically evaluate research literature for relevance and accuracy of findings relating to their question. They will also learn to conduct a systematic review of the literature.

**Assignment #1:** The student will select a topic relevant to the dental hygiene profession. They must explain how their topic will benefit the practice of dental hygiene and/or their patients. They will then be required to conduct an internet/database search and develop a research question. The research question must be posed and the initial research will be turned in.

**Assignment #2:** The student will take their Relevant Publications from Assignment #1 and conduct a systematic review of literature. Students can only conduct the systematic review on their relevant publications.

## **Phase 3: Preparation of the Table Clinic**

**To be completed during the third semester in the lecture portion of DNTL 2134 Clinical Practice II.**

In this phase the student will prepare an Abstract and a Research Poster and present their research findings. Students will apply their research findings and from their Abstract and Research Poster, prepare their Table Clinic. The Table Clinic is a poster presentation of research information that presents information/data in an original, interesting manner.

**Assignment #1:** The student will be required to write an abstract on their research topic which includes the 4 elements as discussed in class and adheres to the CDHA Abstract Guidelines.

**Assignment #2:** Students will be required to construct their Research Poster according to the CDHA guidelines that were given in class.

## **Phase 4: Presentation of the Table Clinic**

**To be completed during the fourth semester in the lecture portion of DNTL 2243 Clinical Practice III.**

This is the final phase of the research project and consists of the actual presentation of the Table Clinic. The presentation of the Table Clinic should be an informal presentation using oral communication and visual media to inform, clarify, and/or review material on a specific research topic.

**Assignment #1:** Presentation of Table Clinic to Advisory Board, faculty, administration and staff.

**Assignment #2:** Presentation of Table Clinic at local dental component CE meeting.

**Research Project Learning Objectives:**

1. Learn to perform good, reliable research and avoid being fooled by information that is not supported by the evidence.
2. Retrieve and critically analyze scientific publications with regard to reliability and validity on a research topic of interest.
3. Pose a researchable question based on the fundamentals of evidence-based methodology.
4. Conduct a systematic review of the literature.
5. Present findings in a comprehensive, original format.

## **Phase 1: Research DNTL 1517 Critical Thinking I**

During this phase, students will learn the fundamentals of how to perform good evidence-based research and to retrieve and critically analyze scientific publications with regard to reliability and validity on a research topic.

We have enlisted the help of the Librarian, Ms. Terri Smith, to assist our students in learning research methodology. She will work in conjunction with Dr. Eigenauer, who is the instructor in DNTL 1517 Critical Thinking I, to ensure our students receive the necessary tools to perform good research. Areas of focus in this phase will include:

Knowing Where to Begin.

1. Decide where to start one's research.
2. Look for subject-specific databases.
3. Ask a librarian for assistance. (Ms. Smith is the Librarian)
4. Learn to use reliable search engines.
5. Choose search words carefully and narrow the search necessary.

Obtaining Good Sources.

1. Look for credible, authoritative sources.

2. Avoid sources like Wikipedia.
3. Find the original source when possible.
4. Look for consensus.

#### Evaluating for Credibility.

1. Check the source's affiliations.
2. Check the author's background
3. Look at the date.
4. Look for reliability and accuracy.

#### Compiling and Saving Sources.

1. Cite your sources.
2. Save sources to PDF
3. Use bookmarks.
4. Build your own library.

#### **Methods of Instruction include:**

1. Lecture
2. Demonstrations
3. Classroom Learning Activities
4. Assignments

**Assignment #1:** Submit a 1-2 page paper explaining the strategies, techniques and ethical standards for effective internet research. This will be worth 100 points. Due date will be announced.

#### **Evaluation Criteria is as follows:**

**Effective Research  
DNTL 1517 Critical Thinking 1  
GRADING CRITERIA**

**STUDENT NAME** \_\_\_\_\_

CRITERIA EVALUATED	MAXIMUM POINTS ALLOWED	POINTS EARNED
<p><b>Strategies Identified</b>  30 points for clearly defined strategies  20 points for adequately strategies  10 points for poorly defined strategies  0 points for no strategies defined</p> <p><b>Techniques Explained</b>  30 points for clear explanation of research techniques  20 points for adequate explanation research of techniques  10 points for poor explanation of research techniques  0 points for no explanation of research techniques</p> <p><b>Ethical Standards Recognized Explained</b>  30 points for clear explanation  20 points for adequate explanation  10 points for poor explanation  0 points for no explanation</p> <p><b>Witten Presentation</b>  10 points for well-written typed presentation  0 points for poorly-written presentation with more than 2 spelling/ grammatical errors</p> <p><b>Due Date:</b> Due date will be announced. 5 point deduction for each day late</p>	<p>30</p> <p>30</p> <p>30</p> <p>10</p>	

**Total Points** \_\_\_\_\_

**Assignment #2:** Students will be given a topic and they will be asked to visit 3 different websites and review the entire website. From the websites, they will identify the 4 focus areas covered in class and make a decision as to whether it would be a good source for future internet research and submit a 1 page written summary for each site. Each summary must include:

1. The website visited.
2. Indicate the search word(s).
3. Indicate which of the 4 focus areas discussed in class are met on website.

4. Decide if this would be a good source for future internet research.  
 Each summary will be worth 100 points. Due date to be announced.

**Evaluation Criteria is as follows:**

**Website Review  
 DNTL 1517 Critical Thinking I  
 GRADING CRITERIA**

**STUDENT NAME** \_\_\_\_\_

<b>CRITERIA EVALUATED</b>	<b>MAXIMUM POINTS ALLOWED</b>	<b>POINTS EARNED</b>
<b>Website Identified</b> 0 points if website is not identified	10	
<b>“Search” Word (s) Identified</b> 0 points if “search” word (s) not identified	10	
<b>Websites reviewed to determine if it meets the 4 Focus Areas</b> 60 points for identifying how website does or does not meet the 4 focus areas 40 points for only identifying how website does or does not meet 3 out of 4 focus areas 20 points for only identifying how website does or does not meet 2 out of 4 focus areas 0 points for failure to identify how website does or does not meet 4 focus areas	60	
<b>Indicate whether this would be a good source for future internet            research</b> 0 points if did not indicate whether it would be a good source for future research	10	
<b>Witten Summary</b> 10 points for well-written, typed summary	10	

0 points for poorly-written summary with more than 2 spelling/grammatical errors		
<b>Due Date:</b> Due date will be announced. 5 point deduction for each day late		

**Total Points** \_\_\_\_\_

## **Phase 2: Literature Review DNTL 2027 Critical Thinking II**

During this phase, students will apply the research methodology that they learned in Phase 1 and apply their skills to pose a researchable question based on the fundamentals of evidence-based methodology. Again, we enlisted Ms. Terri Smith, Librarian, to assist Dr. Eigenauer, the lead instructor of this course, to direct students in research methodology and utilization of information. In this phase they will utilize evidence-based methodology in learning to critically evaluate research literature for relevance and accuracy of findings relating to their question. They will also learn to conduct a systematic review of the literature.

### **The 5 Steps to Conducting a Systematic Review of Literature**

- Step 1: Framing the Question
- Step 2: Identifying Relevant Publications
- Step 3: Assessing Study Quality
- Step 4: Summarizing the Evidence
- Step 5: Interpreting the Findings

### **Methods of Instruction include:**

1. Lecture
2. Demonstrations
3. Sample Reviews of Literature
4. Classroom Learning Activities

5. Assignments

**Assignment #1 DNTL 2027 Critical Thinking II**

The student select a topic relevant to the dental hygiene profession. They must explain how their topic will benefit the practice of dental hygiene and/or their patients. They will then be required to conduct an internet/database search and develop a research question. The research question will have to be posed and the initial research turned in. This assignment will be worth 20 points. Due date to be announced.

It is important to find internet/databases which are determined to be Relevant Publications as it will allow students to earn more points in Assignment #2.

**Evaluation Criteria is as follows:**

**Internet/Database Search  
DNTL 2027 Critical Thinking II  
GRADING CRITERIA**

**STUDENT NAME** \_\_\_\_\_

<b>CRITERIA EVALUATED</b>	<b>MAXIMUM POINTS ALLOWED</b>	<b>POINTS EARNED</b>
---------------------------	---------------------------------------	--------------------------

<p><b>Topic Relevant to the Dental Hygiene Profession</b>  2 points for significant relevancy to the profession  1 point for limited relevancy to the profession  0 points for no relevancy to the profession</p> <p><b>Explanation of how topic with benefit the practice of Dental Hygiene</b>  2 points for clear explanation  1 point for poor explanation  0 points for no explanation</p> <p><b>Internet/Database Search</b>  10 points for identifying 5 relevant publications  8 points for identifying 4 or more relevant publications  6 points for identifying 3 relevant publications  4 points for identifying 2 relevant publications  2 points for identifying 1 relevant publication</p>	<p>2</p> <p>2</p> <p>10</p>	
<p>0 points for no relevant publications</p> <p><b>Framing the Question</b>  3 points for a clearly structured question  1 point for an ambiguous question  0 points for no question</p> <p>3 points for a research question which requires a decision and a plan course of action to be made.  1 point for a question that does not require you a decision  0 points for beginning a question with "What is"</p> <p><b>Due Date:</b> Due date to be announced. 2 point deduction for each day late</p>	<p>6</p>	

**Total Points** \_\_\_\_\_

Assignment #2 DNNTL 2027Critical Thinking II

Student will take their Relevant Publications from Assignment #1 and conduct a systematic review of literature. Students can only conduct the systematic review on their relevant publications. In order to provide an unbiased review, it is important to include any research that may dispute the research question, if available. The publication will be reviewed using the following critical analysis table.

## Critical Analysis of Literature Review

### The Abstract

	Yes	No
Is there an abstract?		
Does it provide a concise overview of the research?		
Does it identify the research problem?		
Does it outline the methods used, main findings, and recommendations?		

### The Introduction and Literature Review

	Yes	No
Is the problem clearly identified?		
Is the rationale given for the research?		
Is the literature up to date?		
Is the literature relevant to the research?		
Does the literature present a balanced view?		
Does the literature identify a need for the research proposed?		
Are there any gaps in the topics of the literature reviewed?		

### Methodology

	Yes	No
Are the methods consistent with qualitative or quantitative research?		
Is the approach clearly stated?		
Are the methods clearly explained and justified?		
Are important details provided, so that research could be replicated?		
Are details of data collection clearly described and justified?		
Are any ethical considerations described and explained?		

### Results/Findings

	Yes	No
Are the results presented clearly and consistently?		
Are any graphs or tables clearly presented?		
Is sufficient detail provided?		
Are any gaps in data collecting accounted for?		

**Analysis/Discussion**

	Yes	No
Is the discussion and analysis balanced?		
Are the strengths and weakness of the study acknowledged?		
Does the discussion refer back to points raised in literature review?		

**Conclusion**

	Yes	No
Are the conclusions supported by the results?		
Are the implications of the study identified?		

**Recommendations**

	Yes	No
Do the recommendations outline area of possible future research?		
Do they recommend ways in which current research could be improved?		

The student will only be able to perform the Critical Analysis of the publications that were identified in Assignment #1 in DNTL 2027 as relevant publications. If the student had 5 internet/databases that were identified as relevant publications then they may perform the Critical Analysis on all 5 internet/database sources. Each Critical Analysis of Literature will be worth 5 points. The Critical Analysis of Literature is worth a possible 25 points if all 5 internet/databases were determined to be relevant publications. If you only had 4 internet/databases were determined to be relevant publications, then than the points a student can earn is 20. If only 3 internet/databases were determined to be relevant publications, the most points which could be earned would be 15.

**Evaluation Criteria for Critical Analysis of Literature:**

**Critical Analysis of Literature  
DNTL 2027 Critical Thinking II  
GRADING CRITERIA**

**STUDENT NAME** \_\_\_\_\_

**INTERNET/DATABASE  
PUBLICATON** \_\_\_\_\_

CRITERIA EVALUATED	MAXIMUM POINTS ALLOWED	POINTS EARNED
<p><b>Critical Analysis Table</b></p> <p>5 points if all 7 areas of Critical Analysis Table are accurate and complete  4 points if 6 areas of Critical Analysis Table are accurate and complete  3 points if 5 areas of Critical Analysis Table are accurate and complete  2 points if 4 areas of Critical Analysis Table are accurate and complete  1 points if 3 areas of Critical Analysis Table are accurate and complete  0 points if less than 2 areas of Critical Analysis Table are accurate and complete</p>	5	
<p><b>Due Date:</b> Due date to be announced. 2 point deduction for each day late</p>		

**Total Points** \_\_\_\_\_

## **Phase 3: Preparation of Table Clinic DNTL**

### **2134 Clinical Practice II**

In this phase the student will prepare an abstract and research poster and present their research findings. Final projects may be done individually or in groups of two. The preparation of the Table Clinic will factor into the lecture portion of grade for DNTL 2134 Clinical Practice III and be worth 60% of the lecture grade. The Table Clinic is a poster presentation of research information that presents information in an original, interesting manner. The table clinic should be simple and direct with an element of action to stimulate attention and interest. The Table Clinics will follow the CDHA and ADHA guidelines which can be found at: [www.cdha.org](http://www.cdha.org) and [www.adha.org/poster-session](http://www.adha.org/poster-session).

### **Fall Semester Assignments**

<b>Group:</b>
---------------

<b>Assignment</b>	<b>Due Date</b>	<b>Maximum Points</b>
Abstract	September 19, 2016	30
Research Poster	November 28, 2016	24

The students will be instructed on the 2 main types of abstracts: descriptive and informative. They will also be provided with the guidelines for constructing an abstract and general tips to keep in mind when drafting an abstract. An academic abstract typically outlines 4 elements relevant to the completed work:

1. The research focus. This will usually be a statement of the problem(s)/research issue(s) addressed.
2. The research methods used. These might include experimental research, case studies, questionnaires.
3. The results or findings of the research.
4. The conclusions and recommendations.

Assignment #1: The student will be required to write an abstract on their research topic which includes the 4 elements as discussed in class and adheres to the CDHA Abstract Guidelines.

**Evaluation Criteria for Abstract:**

**Abstract  
DNTL 2134 Clinical Practice II  
GRADING CRITERIA**

**Group:** \_\_\_\_\_

<b>CRITERIA EVALUATED</b>	<b>MAXIMUM POINTS ALLOWED</b>	<b>POINTS EARNED</b>



Research posters provide students the opportunity to present their work, exchange ideas and share information. One of the most important skills that a professional must develop is communicating effectively and a research poster uses visual aids to reinforce what one is saying. Handouts or pamphlets may also be prepared. Research Posters must include the following:

1. Coverage of Topic
2. Organization
3. Layout and Design
4. Sources
5. Mechanics

Assignment #2: Students will be asked to construct their Research Poster according to the CDHA guidelines that were given to them in class.

**Evaluation Criteria for Research Poster**

**Research Poster  
DNTL 2134 Clinical Practice II  
Grading Criteria**

**Group:** \_\_\_\_\_

CRITERIA EVALUATED	MAXIMUM POINTS ALLOWED	POINTS EARNED
<b>Research Poster (see grading rubric)</b>	24	
Coverage of Topic	4	
Organization	4	
Layout and Design	4	
Sources	4	
Mechanics	4	
Meets the CDHA/ADHA guidelines	4	
<b>Due Date:</b> November 28, 2016. 2 point deduction for each day late.		

**Total Points** \_\_\_\_\_

**Grading Rubric: Research Poster  
DNTL 2134 Clinical Practice II**

Group: \_\_\_\_\_

<b>Category</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Coverage of Topic</b>	Details on poster capture the important information about the topic and increase the audience's understanding	Details on the poster include important information but the audience may need more information to understand fully	Details on the poster relate to the topic but are too general or incomplete. The audience needs more information to understand	Detail on the poster have little or nothing to do with the main topic.
<b>Organization</b>	Information is very organized	Information is organized	Information is poorly organized	Information is disorganized
<b>Layout and Design</b>	All information on poster can be easily viewed from 6 feet away	Most of the information can be viewed from 6 feet away	Only some of the information can be viewed from 6 feet away	None of the information can be viewed from 6 feet away
<b>Sources</b>	All sources are accurately documented	All sources are accurately documented but there are a few errors in the format	All sources are accurately documented but information is incomplete or may not be in the correct format.	Some sources not accurately documented
<b>Mechanics</b>	No grammatical, spelling or punctuation errors.	1 grammatical, spelling or punctuation error.	2 grammatical, spelling or punctuation errors.	Many grammatical, spelling or punctuation errors

**Due Date: November 28, 2016 2 points will be deducted for everyday late.**

**Total Points:**

## Phase 4: DNTL 2243 Clinical Practice III

This is the final phase of the research project and consists of the actual presentation of the Table Clinic. This will count for 60% of the lecture grade in DNTL 2243 Clinical Practice III. The CDHA and ADHA guidelines must be followed for presentations.

The presentation of the Table Clinic should be an informal presentation using oral communication and visual media to inform, clarify, and/or review material on a specific research topic.

The Table Clinic presents useful and timely information in an original, interesting manner. This information may be technique, theory, service, trend, or expanded opportunity in the practice of dental hygiene and/or the realm of oral health. The Table Clinic should be simple and direct with an element of action to stimulate attention and interest.

As a presenter, the student has an opportunity to expand their knowledge in a special area of interest and to arouse curiosity and awareness of others in the profession through energy and creativity.

### Spring Semester Assignments

<b>Group:</b>		
<b>Assignment</b>	<b>Due Date</b>	<b>Maximum Points</b>
Presentation of Table Clinic to Advisory Board, faculty, administration and staff	TBD	40
Presentation of Table Clinic at local dental component CE meeting.	TBD	40

#### Evaluation Criteria for Table Clinic Presentation:

**Table Clinic Presentation  
DNTL 2243 Clinical Practice III  
GRADING CRITERIA**

**Group:** \_\_\_\_\_

<b>Category</b>	<b>Scoring Criteria</b>	<b>Total Points</b>	<b>Score</b>
<b>Presentation</b>	Speaker(s) maintains good eye contact with the audience and is appropriately animated (e.g., gestures, moving around, etc.).	5	
	Speaker(s) uses a clear, audible voice.	5	
	Delivery is poised, controlled, and smooth.	5	
	Good language skills and pronunciation are used.	5	
	Visual aids are well prepared, informative, effective, and not distracting.	5	
	Length of assignment within the assigned time limits	5	
	Information was well communicated.	10	
<b>Score</b>	<b>Total Points</b>	<b>40</b>	

**Supporting Documentation for Recommendation #1:**

- 1-1 Curriculum Review Template with new Program Goal and Program Competency added for assessment when curriculum reviewed.
- 1-2 Graduate Survey with new Program Goal and Program Competency for assessment
- 1-3 DNTL 1517 Critical Thinking I Syllabus
- 1-4 DNTL 2027 Critical Thinking II Syllabus
- 1-5 DNTL 2024 Clinical Practice I Syllabus
  - Pages 27-28 New Program Goal and Competency
- 1-6 DNTL 2134 Clinical Practice II Syllabus
  - Pages 87-88 New Program Goal and Competency
  - Pages 112-116 Research Project
- 1-7 DNTL 2243 Clinical Practice III Syllabus
  - Pages 150-151 New Program Goal and Competency
  - Pages 178-181 Research Project
- 1-8 EBSCOhost Dental Database Purchase Invoice

## **Standard 2. Educational Program**

**Narrative:** Through review of the self-study document, supplemental documentation provided on-site and on-site interviews, the visiting committee determined the program has an admission process based on specific written criteria, procedures, and policies. However, the visiting committee identified areas of conflicting and/or confusing information within the admissions process including minimum GPAs, the number of students admitted annually, and areas in which applicants may earn additional credit toward admission.

**It is suggested that the program review all published admissions criteria and revise as needed for consistency and accuracy across all documentation.**

At the time of the site visit, we did not publish our Admissions Process, Selection Points, Selection Committee Tally Sheet or the Application Criteria which explains to student how points are awarded.

**Since the site visit**, the Admissions Process has been revised and areas of conflicting and/or confusing information have been eliminated. The Admissions Process, Selection Points, Selection Committee Tally Sheet and the Application Criteria which explains to the students how points are awarded are now available on the TC Dental Hygiene website at [www.taftcollege.edu/test/dental\\_hygiene](http://www.taftcollege.edu/test/dental_hygiene)

The Admissions Process will also be published in the next printing of the Student Handbook.

**Narrative:** Through review of the self-study document, supplemental documentation provided on-site and on-site interviews, the visiting committee determined that students provide dental hygiene care for child, adolescent, adult, and geriatric patients. However, the visiting committee did not identify the mechanism(s) used to determine competence in these patient classifications. Additionally, the visiting committee could not determine how all students demonstrate competence in assessing the treatment needs of patients with special needs.

**Recommendation #2: It is recommended that graduates be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient. It is further recommended that graduates be competent in assessing the treatment needs of patients with special needs. (DH Standard 2-12)**

At the time of the site visit, we did not have mechanism in place to determine competency for the child, adolescent, adult, geriatric patient and special needs.

**Since the site visit** we have implemented 4 changes which ensure that our graduates are competent in providing dental hygiene care for the child, adolescent, adult, geriatric, and

special needs patients. These changes are already reflected in the Clinic Course Syllabi and have been given to students. Course Syllabi for DNTL 2024, 2134 and 2243 will provide the supporting evidence. Page numbers will be given and new information is highlighted as a guide to the changes that have been implemented.

The four changes which have been implemented are:

1. Students are now required to demonstrate competency each semester on the child, adolescent, adult, geriatric and special needs patients. Competency is demonstrated by Performance Evaluations on each specific type of patient.
2. Criteria for Performance Evaluations have been modified to include the completion of certain Performance Evaluations on the child, adolescent, adult, geriatric and special needs patients. By linking the PE's to specific types of patients, we are ensuring that the students are in fact providing treatment to patients of all ages and needs.
3. Graduates demonstrate competency in assessing the treatment needs of patients with special needs as we now have implemented requirements for Treatment Plan Performance Evaluation on patients with special needs.
4. Students are now required to complete Reflection Papers on their experiences with treating the child, adolescent, adult, geriatric **and patients with special needs.** The reflection papers are due within one week of treating patients with special needs along with their signed and dated PE Form.

### Reflection Papers

Reflection Papers are required after you have a clinical experience with the child, adolescent, adult, geriatric and special needs patient. The purpose of writing a self-reflection is to demonstrate that you have experienced, thought about and integrated information associated with that experience. Typically, self-reflection papers use "I" statements (first person narrative). Unlike other written assignments, self-reflection papers do not need to adhere to APA style. For example, you don't need to use citations or credit sources unless you are quoting directly. They do need to use proper English grammar and spelling, and successfully communicate your experience.

Here are some things you might want to include in a self-reflection paper. What surprised you? What did you learn that you didn't know before? What did you already know, but this experience changed your opinion? What knowledge and learning will you

take with you and apply in your life? What do you wish you had done differently? How are you going to apply this information you learned?

For purposes of this class, self-reflection papers should be double spaced, include your name, date of treatment of the special needs patient, what made this patient a special needs patient, how you assessed the patient needs, treatment modifications, if any, effects on your thinking, effects on your practice, your overall clinic experience and anything else you would like to add. This is worth up to 10% of your clinic grade. It is to be turned in 1 week after treatment of the patient, along with your dated and signed PE form. Points will be deducted if you are late turning in reflection papers.

**Reflection Paper**

**GRADING CRITERIA**

**STUDENT NAME** \_\_\_\_\_ **Date of Treatment** \_\_\_\_\_

CRITERIA EVALUATED	MAXIMUM POINTS ALLOWED	POINTS EARNED
<b>Description of Patient or of Special Needs</b> 0 points if no description	1	
<b>Assessment of Treatment Needs</b> 2 points if assessment of treatment needs is complete and accurate 1 points if assessment of treatment needs is incomplete 0 points if treatment needs not identified	2	
<b>Identification of Treatment Modifications</b> 2 points if all treatment modifications identified 1 point if some of treatment modifications identified 0 points if treatment modifications not identified	2	
<b>Effects on Treatment – Integration of information learned</b> 0 points if effects on treatment not explained	1	
<b>Effects on Practice – Integration of Information learned</b> 0 points if effects on practice not explained	1	

<p><b>Self-Reflection</b>  2 points if self-reflection is thoughtful and includes something that personal  1 point if self-reflection thoughtful but does not include something personal  0 points if not a thoughtful reflection</p> <p><b>Witten Presentation</b>  0 points if paper is not grammatically correct of if there are spelling errors.</p> <p><b>Due Date:</b> 1 week after clinical experience. 1 point deduction for each day late</p>	<p>2</p> <p>1</p>	

**Supporting Evidence: for Recommendation #2:**

- 2-1 New Performance Evaluation the Child Patient
- 2-2 New Performance Evaluation the Adolescent Patient
- 2-3 New Performance Evaluation the Adult Patient
- 2-4 New Performance Evaluation on the Geriatric Patient
- 2-5 New Performance Evaluation on the Special Needs Patient

- 2-6 DNTL 2024 Clinical Practice I Syllabus,  
Performance Evaluation Linked to Specific Types of  
Patients, pages 59-60 and 66-68.

New Performance Evaluations on the Child, Adolescent,

Adult, Geriatric, and Special Needs Patient, pages 61-65

Treatment Plan Performance Evaluation linked to Special Needs Patient, pages 60 and 61.

Reflection Papers, pages 54-56.

- 2-7 DNTL 2134 Clinical Practice II Syllabus  
Performance Evaluation Linked to Specific Types of Patients, pages 119-121 and 128-130.

New Performance Evaluations on the Child, Adolescent, Adult, Geriatric, and Special Needs Patient, pages 121-126

Treatment Plan Performance Evaluation linked to Special Needs Patient, pages 119 and 128.

Reflection Papers, pages 110-112.

- 2-8 DNTL 2243 Clinical Practice III Syllabus  
Performance Evaluation Linked to Specific Types of Patients, pages 184-186 and 194-196.

New Performance Evaluations on the Child, Adolescent, Adult, Geriatric, and Special Needs Patient, pages 187-191.

Treatment Plan Performance Evaluation linked to Special Needs Patient, pages 184 and 195.

Reflection Papers, pages 177-179.

**Narrative:** Through on-site interviews, supplemental documentation provided by the program, and on-site discussion, the visiting committee determined that the program has requirements for successful completion of performance evaluations including treatment of patients with varying degrees of periodontal health. However, the visiting committee could not verify that all students are competent in treating patients with moderate to severe periodontal disease.

**Recommendation #3. It is recommended that graduates be competent in providing dental hygiene care for patients exhibiting moderate to severe periodontal disease. (DH Standard 2-14)**

At the time of the site visit, we did not have a set requirement which students must achieve in order to be considered competent. We did, however, have certain Performance Evaluations that could only be completed on patients that exhibited moderate to severe periodontal disease. The following are all Performance Evaluations that must be done on patients exhibiting Periodontal Case Type III (moderate) and Periodontal Case Type IV (severe) periodontal disease:

- Preventive Counseling
- Probing
- Periodontal Assessment
- Periodontal Re-Evaluation
- Treatment Plan

**Since the site visit**, we have decided to keep all of the Performance Evaluations above, since they are already linked to patients exhibiting moderate to severe periodontal disease, and have also implemented the following to ensure graduates are competent in providing dental hygiene care for patients exhibiting moderate to severe periodontal disease.

- Periodontal Case Study on a patient exhibiting periodontal case type III (moderate) periodontal disease.
- Periodontal Case Study on a patient exhibiting periodontal case type IV (severe) periodontal disease.
- Added Performance Evaluations (Competencies) on patients exhibiting periodontal case type III (moderate) periodontal disease.
- Added Performance Evaluations (Competencies) on patients exhibiting periodontal case type IV (severe) periodontal disease.

During the Fall Semester, a Periodontal Case Study was added in DNTL 2130 Periodontics I. This case study must be completed on a patient exhibiting Periodontal Case Type III (moderate) periodontal disease. This will be a comprehensive case study and includes all of the following:

- assess the patient's current periodontal condition,
- dental hygiene diagnosis,
- comprehensive treatment plan,
- goals of treatment,
- treatment recommendations,
- alternatives to treatment,
- sequence of treatment,
- oral hygiene instruction,
- delivery of treatment recommendations,
- re-evaluation of treatment,
- completion of treatment,

- recall interval,
- home care recommendation,
- referrals

Students follow periodontal treatment progress with intraoral photographs, changes in gingival tissues, reduction of pockets and bleeding points, reduction in plaque scores and then must compile all the data and submit a written report. This is factored into their grade for DNTL 2130. They will also demonstrate competency through a Performance Evaluation for the Case Study on a patient exhibiting periodontal case type III (moderate) periodontal disease.

During the Spring Semester, in DNTL 2240 Periodontics II, the students perform a Periodontal Case Study on a patient exhibiting Periodontal Case Type IV (severe) periodontal disease. The criteria for this case study is similar to the case study on a type III (moderate) periodontally involved patient in the previous semester except that this is on a Periodontal Case Type IV (severe) patient.

Again, students follow periodontal treatment progress with intraoral photographs, changes in gingival tissues, reduction of pockets and bleeding points, reduction in plaque scores and must compile all the data and submit a written report. This is factored into their grade for DNTL 2240. They will also demonstrate competency through a Performance Evaluation on a patient exhibiting periodontal case type IV (severe) periodontal disease.

In addition, all of the Performance Evaluations that must be done on Periodontal Type III (moderate), IV(severe) patients are highlighted in green on the following table. This table is given to students in the DNTL 2024, 2134 and 2243 Course Syllabi.

### TAFT COLLEGE DENTAL HYGIENE

#### CLINIC PERFORMANCE EVALUATION REQUIREMENTS

The following is a list of requirements necessary to successfully complete:

DNTL 2024, DNTL 2134, and DNTL 2243.

#### Performance Evaluations

#### Number of Requirements

DNTL 2024	(5) 1 child	(5) 1 child	(5) 1 adult
DNTL 2134	1 adolescent	1 adolescent	1 geriatric
DNTL 2243	1 adult	1 adult	1 special needs
	1 geriatric	1 geriatric	w/ 2 RX, 3 risk factors,
	1 special needs	1 special needs	2 health cond.
	(5)	(5) 1 RX, 2 risk factors,	(5)

<p>1 child 1 adolescent 1 adult 1 geriatric 1 special ne</p>	<p>1 health cond.  1 child 1 adolescent 1 adult 1 geriatric 1 special needs</p>	<p>1 child 1 adolescent 1 adult 1 geriatric 1 special needs</p>
<p>N/A</p>	<p>(2) 1 perio type III</p>	<p>(4) (2) perio type III (2) perio type IV/V</p>
<p>N/A</p>	<p>(2) Perio type III, Perio type IV, V</p>	<p>(4) Perio type III, Perio type IV, V</p>
<p>(4) 2 Adults 1 Geriatric 1 Special Ne eds</p>	<p>(4) 2 Adults 2 Geriatric/special needs type II, III, IV, V</p>	<p>(4) 2 Adults 2 Geriatric/special needs type II, III, IV, V</p>
<p>(6) 1 child 1 adolescent 1 adult 1 geriatric 1 special ne eds 1 Perio type II</p>	<p>(5) 1 special needs 1 moderate calculu 1 heavy calculul 1 perio type II 1 perio type III</p>	<p>(5) 1 special needs 1 moderate calc 1heavy calculus 1 perio type III 1 perio type IV/V</p>
<p>1 child 1 adolescen 1 adult 1 geriatric 1 special ne 1 Perio Case t</p>	<p>(6) 1 child 1 adolescent 1 adult 1 geriatric 1 special needs 1 Perio Case Type I</p>	<p>(4) <i>Both must be 40% or &gt;</i> (1) - Perio III, (1) - Perio IV, V (1) - Extensive dentistry (1) Special Needs</p>
<p>(6) eds Type II</p>	<p>eds II</p>	

Health History  
(Risk Assessment)

Oral Inspection

- (2) Simple I
- (1) Simple II arch
- (1) Mod quad

- (1) Simple II, full-mouth<sup>h</sup>
- (2) Mod arches
- (2) Heavy quads

- (1) Simple II, full-mouth
- (3) Mod arches
- (3) Heavy quads

Periodontal Assessment

Periodontal Re-Evaluation

Probing

Treatment Plan

Preventive Counseling

Definitive Scale

N/A

(2)\*

(4)\*

N/A

(2)\* Demonstrations

(4)\* Demonstrations

(2) 8 restorations and/or  
suspicious areas

(3) 8 restorations and/or  
suspicious areas

(3) 8 restorations and/or  
suspicious areas

Ultrasonic Scale			(3) 1 Adult 1 geriatric
Subgingival Irrigation		(4) 1 child 1 adolescent 1 adult or geriatric	1 special needs Plaque > 30%
Restorative Chart	(4) 1 child 1 adolescent 1 adult or geriatric 1 special needs	(2) (2) (2)	(1)
Polish & Fluoride	(1) (1) (1) (1) (1)	(2) (2) (4)	(3) (3) (2) (2) (4)
Child Patient		Clinical Experiences	Clinical Experiences
Adolescent Patient			Clinical Experiences
Adult Patient	Instrument (2)	(2)	(1) Chair-side only
Geriatric Patient	Sharpening (1)	(1)	(1)
Special Needs Patient			
Perio Type III Patient	Medical Emergency		
Perio Type IV Patient			

\*Acceptability to be determined by instructor

**Performance Evaluations**

**Number of Requirements**

DNTL 2024	N/A	(1)	(1)
DNTL 2134			
DNTL 2243	N/A	(1) New PT	(1) New PT
	N/A	N/A	(3)* Quads of board quality calculus
	N/A	(1)	(1)
	N/A	(6)	(8)

Nutritional Analysis	N/A	(12)	(15)
	N/A	(2)	(2)
Tobacco Cessation	N/A	(2)	(2)
	N/A	N/A	(2)
Deposit Assessments			

Care of Oral Prosthesis

Anesthesia

- Mandibular block
- Maxillary infiltration
- Greater palatine
- Nasopalatine
- Mental

N/A	N/A	(2)
(2) (3) Film (1) Digital (1) child or adolescent (1) adult, geriatric or special needs patient	(4) (2) Film (2) Digital (1) child or adolescent (3) adult, geriatric or special needs patient	(4) (2) Film (2) Digital (1) child or adolescent (3) adult, geriatric or special needs patient
(3) (1) Film (2) Digital (1) child or adolescent (2) adult, geriatric or special needs patient	(4) (2) Film (2) Digital (1) child or adolescent (3) adult, geriatric or special needs patient	(4) (2) Film (2) Digital (1) child or adolescent (3) adult, geriatric or special needs patient
(2)	(1)	(1)
N/A	(1) Clinic PT	(2) Clinic PT
N/A		
	(1)** Clinic PT	(1)** Clinic PT
N/A	(4)**	(6)**

Infraorbital			
Full-mouth x-rays	N/A	(2)*	(2)*
	N/A	(2)*	(2)*
Bitewing x-rays			
	N/A	(2)	(2)
Panorex x-ray	N/A	N/A	(2)
Study models	(2)	(4)	(4)
Bleaching trays			
Sealants			
Amalgam Polish			
Soft Tissue Curettage			
Nitrous Oxide Sedation			
Mock Board			
Faculty Tutorial			

**Supporting Documentation for Recommendation #3:**

- 3-1 Performance Evaluation: The Periodontal Case Type III (moderate) Patient
- 3-2 Performance Evaluation: The Periodontal Case Type IV (severe) Patient
- 3-3 DNTL 2130 Periodontics I Course Syllabus
- 3-4 DNTL 2240 Periodontics II Course Syllabus

### **Standard 3. Administration, Faculty and Staff**

**Narrative:** Through on-site interviews, supplemental documentation provided by the program, and on-site discussion, the visiting committee determined that the institution conducts objective faculty evaluations. In addition, the visiting committee identified the institution evaluates the program director's administrative role. The committee could not determine, however, that the institution evaluates the program director in her faculty role. The visiting committee noted results of the evaluation may not be adequately communicated to faculty members. It is suggested the program review its faculty evaluation processes and revise as needed to maximize continuous faculty improvement.

The program is not responsible for faculty evaluation processes. The faculty evaluation process is conducted by the VP of Instruction and the HR Department but as suggested they are willing to evaluate the process and revise as needed to maximize continual faculty improvement.

**Recommendation #4: It is recommended that a defined faculty evaluation process exist that ensures objective measurement of the performance of the program director who additionally serves as faculty. (DH Standard 3-9)**

**Since the site visit,** it has been determined that the Program Director's administrative role will continue to be evaluated annually and in addition, her faculty role will be evaluated by the VP of Instruction and the Office of Instruction. Since the Program Director's primary role is administrative, her role as faculty is considered an extra-duty assignment and therefore will be evaluated using the established Evaluation Process for Adjunct faculty.

### **Procedure for Evaluation of Adjunct Faculty**

#### **General Information**

A. Adjunct lecturers shall be evaluated for a minimum of one class section per discipline for the first two semesters of teaching. From the third semester onward, if any *new* disciplines are taught, the adjunct lecturer shall be evaluated a minimum of one class section per discipline. After the first two semesters, the adjunct lecturer shall be evaluated a minimum of once every third calendar year of teaching.

B. The evaluations shall include:

- Division Chair (or designee) and Supervising Administrator observations
- Student Evaluations
- Division Chair (or designee) recommendation
- Supervising Administrator optional meeting

The evaluative data is used to make a recommendation regarding retention, needs improvement or dismissal to the President and the Board of Trustees

#### **Supporting Documentation for Recommendation #4:**

4-1 Teaching Adjunct Lecturer Evaluation Process

4-2 Procedure for Evaluation of Adjunct and timeline

4-3 Adjunct Lecturer Supervising Administrator Packet Checklist

#### **Standard 4. Educational Support Services**

**Narrative:** Through on-site interviews, supplemental documentation provided by the program, and on-site discussion, the visiting committee determined 10 students are assigned to each radiography laboratory. The visiting committee noted radiography equipment can accommodate four (4) pairs of student partners and remaining students intermittently use equipment as it becomes available. The committee noted scheduled radiography lecture time must sometimes be used to allow students to complete laboratory requirements.

**Recommendation #5. It is recommended that radiography facilities be sufficient for student practice and the development of clinical competence. (DH Standard 4-2)**

At the time of the site visit, we had 2 sections of Radiology Lab with 2 instructors and 10 students in each lab, a 1:5 instructor-student ratio. We have 4 fully functional radiology rooms for student practice with 10 students in each lab.

**Since the site visit,** we have increased the number of radiology lab sections to 4 labs with 1 instructor per lab and 5 students per lab. This is still a 1:5 instructor-student ratio but it will give the students more practice time in the radiology labs with fewer students in each lab. This will result in the students having more individual time in the radiology labs. The radiography facilities will now be sufficient for student practice and will result in more time for student practice and the development clinical competence.

#### **Supporting Documentation for Recommendation #5:**

5-1 Fall Schedule 2016

5-2 DNTP 1511 Oral Radiology Syllabus

### **Standard 6. Patient Care Services**

**Narrative:** Through on-site interviews, supplemental documentation provided by the program, and on-site discussion, the visiting committee identified a program policy to provide patients with their treatment plan. The visiting committee could not verify; however, that the program complies with its policy and could not verify the program provides patients with a verbal and written treatment plan.

**Recommendation #6:** It is recommended that the program have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. (DH Standard 6-1)

At the time of the site visit, we were verbally informing patient of their comprehensive treatment needs but we were not informing them in writing.

**Since the site visit,** we have completely revised our policies and mechanisms for informing patients of their comprehensive treatment needs. The revised process is as follows:

1. Students now must identify all of the patient treatment needs and complete a checklist that includes:
  - Patient's Primary Concern
  - Treatment Assessments
  - Treatment Recommendations
  - Oral Hygiene Recommendations
  - Goals of Treatment
  - Alternative Treatment, if any

- Outcomes of Not Receiving Treatment
- Referrals, if indicated
- Recall interval
- Patient's Periodontal Case Type
- Patient's Calculus Code

2. The student must then discuss findings with their instructor. When the instructor is confident that all of the patient's treatment needs have been identified then the student proceeds to write out a comprehensive treatment plan appointment-by-appointment.

3. Once the student has completed the treatment plan, the student must present the treatment plan to the patient in the presence of their instructor. The student is required to inform the patient of:

- Their current periodontal condition
- Extra/intraoral findings
- The need for further assessments
- Treatment recommendations
- Oral hygiene recommendations
- Goals of treatment
- Alternative treatment, if any
- Outcomes of not receiving treatment
- Referrals, if indicated
- Recall interval
- Scope of dental hygiene care that student can provide
- Sequence of treatment
- Expected number of appointments

4. After this information has been presented to the patient, the patient is given the opportunity to ask any questions relating to their treatment needs. The patient's questions will be answered by the student and/or instructor and/or dentist.

5. Still in the presence of their instructor, the student must review Informed Consent with patient and obtain their signature on the Treatment Plan.

6. The Supervising Dentist will also review and sign off on the Treatment Plan to ensure that the patient is informed of the need for restorative treatment either before, during or after dental hygiene treatment is completed at TCDH.

7. The Treatment Plan is printed on NCR paper, so that the patient receives a signed carbon copy of their comprehensive treatment needs.

8. In addition, the student completes a Daily Treatment Plan for each appointment. The Daily Treatment Plan is then explained to the patient so that they are informed of the

exact treatment that will take place each day. The patient is asked to sign a consent for treatment for each day.

9. After discussing the daily treatment plan with the student, the instructor will examine the patient, ensure the patient is aware of the treatment that will be performed on that day, answer any questions the patient might have, and ensure that the consent for treatment has been signed. The instructor will then sign off on the daily treatment plan and treatment can begin.

This is a much more formal and comprehensive approach to treatment plan and provides a mechanism that informs patients, verbally and in writing, about their comprehensive treatment needs.

**Supporting Documentation for Recommendation #6:**

- 6-1 Treatment Plan Forms
- 6-2 Treatment Plan Performance Evaluation
- 6-3 Daily Clinical Treatment Form

**Off-Campus Sites (For Didactic and Clinical Activity):** List the names and addresses of the off-campus sites, purposes of the site, amount of time each student is assigned to the site and indicate by checkmark if the team visited the site.

Name and Address	Purpose	Duration	Site Visited (✓)
N/A			

# **TAFT EXHIBIT 3**

RECEIVED

APR 24 2017

### Clinic Progress – Spring 2017

COMMITTEE OF CA

Student	DNTL 2024	DNTL 2134	DNTL 2243	Program %
[REDACTED]	100%	84%	37%	74%
[REDACTED]	100%	72%	26%	66%
[REDACTED]	76%	55%	11%	47%
[REDACTED]	97%	66%	35%	66%
[REDACTED]	97%	66%	59%	74%
[REDACTED]				
[REDACTED]	100%	95%	76%	90%
[REDACTED]				
[REDACTED]				
[REDACTED]	100%	78%	60%	79%
[REDACTED]	94%	68%	29%	64%
[REDACTED]	88%	76%	41%	68%
[REDACTED]	94%	89%	69%	84%
[REDACTED]				
[REDACTED]	75%	70%	35%	
[REDACTED]	100%	70%	37%	69%
[REDACTED]	100%	61%	35%	65%
[REDACTED]	100%	84%	74%	86%
[REDACTED]	94%	62%	59%	72%
[REDACTED]				
[REDACTED]	100%	94%	87%	94%

# **TAFT EXHIBIT 4**

DNTL 2024

Number of Completed PE's 35  
Number of Possible PE's 35

Now divide the number of completed PE's by the number of possible PE's and multiply by 100.

DNTL 2024 Percentage of Completed PE's 100%

DNTL 2134

Number of Completed PE's 54  
Number of Possible PE's 75

Now divide the number of completed PE's by the number of possible PE's and multiply by 100.

DNTL 2134 Percentage of Completed PE's 72%

DNTL 2243

Number of Completed PE's 68  
Number of Possible PE's 100

Now divide the number of completed PE's by the number of possible PE's and multiply by 100.

DNTL 2243 Percentage of Completed PE's 67%

Total Percentage of PE's = 79%

DNTL 2024

Number of Completed PE's 34  
Number of Possible PE's 35

Now divide the number of completed PE's by the number of possible PE's and multiply by 100.

DNTL 2024 Percentage of Completed PE's 97%

DNTL 2134

Number of Completed PE's 70  
Number of Possible PE's 75

Now divide the number of completed PE's by the number of possible PE's and multiply by 100.

DNTL 2134 Percentage of Completed PE's 93%

DNTL 2243

Number of Completed PE's 55  
Number of Possible PE's 101

Now divide the number of completed PE's by the number of possible PE's and multiply by 100.

DNTL 2243 Percentage of Completed PE's 54%

Total PE's Completed: 81%  
(including summer school)

In order to figure exactly where you are with completing the Performance Evaluations for the program, we will do the following calculations:

DNTL 2024

Number of Completed PE's 35

Number of Possible PE's 35

Now divide the number of completed PE's by the number of possible PE's and multiply by 100.

DNTL 2024 Percentage of Completed PE's 100

DNTL 2134

Number of Completed PE's 73

Number of Possible PE's 78

Now divide the number of completed PE's by the number of possible PE's and multiply by 100.

DNTL 2134 Percentage of Completed PE's 97

DNTL 2243

Number of Completed PE's 58

Number of Possible PE's 101

Now divide the number of completed PE's by the number of possible PE's and multiply by 100.

DNTL 2243 Percentage of Completed PE's 57%

Total Completed PE's = 85%

# **TAFT EXHIBIT 5**

64  
110

52%  
65%62

### DNTL 2134 Clinical Practice II Performance Evaluations

#### HEATH HSTORY (1 Rx, 1 Risk Assessment, 1 Health Condition)

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1			Child		
2	10/20/16	[REDACTED]	Adolescent	[Signature]	↓
3			Adult		
4	9/15/2016	[REDACTED]	Geriatric	[Signature]	A
5			Special Needs		

#### ORAL INSPECTION

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
11/20/16	8/30/16	[REDACTED]	Child	[Signature]	A
	9/12/16	[REDACTED]	Adolescent IXC/I	[Signature]	A
	8/30/16	[REDACTED]	Adult/SIM/II/2	SIM Eastman	
	9/8/16	[REDACTED]	Geriatric	[Signature]	
	11/17/16	[REDACTED]	Special Needs	[Signature]	A

#### PERIODONTOAL ASSESSMENT (Perio Type III, IV or V and 1 must be your case study patient)

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	9/29/16	[REDACTED]	IXC/III/1	[Signature]	
2					

#### PERIODONTAL RE-EVALUATION (Perio Type III or IV and 1 must be your case study patient)

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	4/24/17	[REDACTED]	HVY/III/36	Eastman	
2					

#### PROBING (Perio Type II, III IV, V)

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	8/30/16	[REDACTED]	II/SIM 32	[Signature]	
2					
3					
4					

**RESTORATIVE CHART** (8 teeth with restorations and/or suspicious areas)

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	10/13/16	[REDACTED]	SM2/I/32	Champion PE	✓
2	12/5/16	[REDACTED]	LNC/III/13	[Signature]	✓
3	2/23/17	[REDACTED]	SM2/I/24	[Signature]	✓

**TREATMENT PLAN** (Type III must be your case study)

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	10/11/16	[REDACTED]	Child	[Signature]	A
2	10/6/2016	[REDACTED]	Adolescent	Dongvan [Signature]	A
3	9/19/16	[REDACTED]	Adult	[Signature]	A
4	9/29/16	[REDACTED]	Geriatric	[Signature]	A
5	11/17/2016	[REDACTED]	Special Needs	[Signature]	A
6	12/5/2016	[REDACTED]	Perio Type III	[Signature]	A

**PREVENTIVE COUNSELING** (Plaque >30% and Type III must be your case study)

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	10/11/2016	[REDACTED]	Child LNC/I/11	[Signature]	A
2		[REDACTED]	Adolescent	[Signature]	
3	4/2/2017	[REDACTED]	Adult	[Signature]	✓
4		[REDACTED]	Geriatric		
5		[REDACTED]	Special Needs		
6	9/1/17	[REDACTED]	Perio Type III		

**DEFINITIVE SCALE**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1		[REDACTED]	Simple II FM		
2		[REDACTED]	Moderate Arch		
3		[REDACTED]	Moderate Arch		
4	3/27/17	[REDACTED]	Heavy Quad	[Signature]	[Signature]
5	3/28/17	[REDACTED]	Heavy Quad	[Signature]	[Signature]

**ULTRASONIC SCALE** (Instructor approval required on a mod or heavy patient)

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	2-2-17	[REDACTED]	MOP/II/32	[Signature]	
2	3/27/17	[REDACTED]	HW/III/30	[Signature]	

13

**SUBGINGIVAL IRRIGATION (Bleeding pockets 5mm or greater)**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	10/25/16	[REDACTED]	HWY I 126	[Signature]	A/UN [Signature]
2	12/11/16	[REDACTED]	HWY I 126	[Signature]	[Signature]

**POLISH AND FLUORIDE (plaque > 30%)**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1					
2					
3					

**THE CHILD PATIENT**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	10/11/16	[REDACTED]	LNC I	[Signature]	A/UN [Signature]

**THE ADOLESCENT PATIENT**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	10/6/2016	[REDACTED]	SIM 1 I	Danovan [Signature]	A/UN [Signature]

**THE ADULT PATIENT**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	12/6/2016	[REDACTED]	LNC I 24	[Signature]	A/UN [Signature]

**THE GERIATRIC PATIENT**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	2/16/17	[REDACTED]	LNC I 73	[Signature]	A/UN [Signature]

**THE SPECIAL NEEDS PATIENT**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	11/17/2016	[REDACTED]		[Signature]	A/UN [Signature]

**THE PERIODONTAL CASE TYPE II (EARLY OR MILD) PATIENT**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1			Perio Type II		

**THE PERIODONTAL CASE TYPE III (MODERATE) PATIENT (Case study patient)**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	12/5/16	[REDACTED]	Perio Type III	[Signature]	[Signature]

**INSTRUMENT SHARPENING**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1				[Signature]	[Signature]
2				[Signature]	[Signature]

**MEDICAL EMERGENCY**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1				[Signature]	[Signature]

**NUTRITIONAL ANALYSIS (case study patient)**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	5/11/17	[REDACTED]	HVV/II/36	[Signature]	[Signature]

**TOBACCO CESSATION**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	2/23/17	[REDACTED]	SM2/II/26	[Signature]	[Signature]

**CARE OF ORAL PROSTHESIS**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1					

**DEPOSIT ASSESSMENT**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	11-		Simple I		
2	3/16/17	[REDACTED]	Simple II	[Signature]	[Signature]
3	11-7-16	[REDACTED]	Moderate	[Signature]	[Signature]

**MANDIBULAR ANESTHESIA**

	Date	Patient Name	Injection	Instructor	A/UN
1	10/25/16	[REDACTED]	Mand Block	[Signature]	[Signature]
2	2/2/17	[REDACTED]	Mand Block	[Signature]	[Signature]
3	2/23/17	[REDACTED]	Mand Block	[Signature]	[Signature]

4	7/20/17	[REDACTED]	Mand Block	[Signature]	A
5	3/27/17	[REDACTED]	Mand Block	[Signature]	A
6		[REDACTED]	Mand Block	[Signature]	
7	4/20/17	[REDACTED]	Mand Block	[Signature]	
8	5/16/17	[REDACTED]	Mental/Incisive	[Signature]	
			Mental/Incisive	[Signature]	90

**SUPPLEMENTAL ANESTHESIA**

	Date	Patient Name	Injection	Instructor	A/UN
1	5/6/17	[REDACTED]	Infiltration	[Signature]	
2	4/29/17	[REDACTED]	Intraseptal	Fostman	

**MAXILLARY ANESTHESIA**

	Date	Patient Name	Injection	Instructor	A/UN
1	2/1/16	[REDACTED]	PSA	[Signature]	A
2	2/7/17	[REDACTED]	PSA	NK	A
3	3/20/17	[REDACTED]	PSA	[Signature]	A
4	2/1/16	[REDACTED]	MSA	[Signature]	A
5	3/20/17	[REDACTED]	MSA	[Signature]	A
6	3/30/17	[REDACTED]	MSA	[Signature]	A
7	12/1/16	[REDACTED]	ASA	[Signature]	A
8	1/26/17	[REDACTED]	ASA	[Signature]	A
9	4/26/17	[REDACTED]	ASA	[Signature]	

**GREATER PALATINE**

	Date	Patient Name	Injection	Instructor	A/UN
1	12/1/16	[REDACTED]	GP	[Signature]	A
2	3/1/17	[REDACTED]	GP	NK	A

**NASOPALATINE**

	Date	Patient Name	Injection	Instructor	A/UN
1	1/26/17	[REDACTED]	NP	[Signature]	
2	3/20/17	[REDACTED]	NP	[Signature]	A

**FULL MOUTH RADIOGRAPHS**

	Date	Patient Name	Type	Instructor	A/UN
1			Film		
2			Film		
3			Digital		
4			Digital		

-20

**BITEWING RADIOGRAPHS**

	Date	Patient Name	Type	Instructor	A/UN
1					
2			Film		
3			Film		/
4			Digital		
			Digital		

**PANOREX**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1					

**STUDY MODELS (clinic patient)**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1					

**BLEACHING TRAYS**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1					

**APPLICATION OF WHITENING AGENTS**

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1					

**INTERIM THERAPEUTIC RESTORATION (Approval from Supervising DDS)**

	Date	Patient Name	Tooth Number	Instructor	A/UN
1					
2					
3					
4					
5					

**AMALGAM POLISH (Acceptability determined by instructor)**

	Date	Patient Name	Tooth Number	Instructor	A/UN
1	3/16/17		19	S	✓
2	3/16/17		20	S	✓

DENTIQUE FORMS

-15

**SEALANTS** (Acceptability determined by instructor and approved by Supervising DDS)

	Date	Patient Name	Tooth Number	Instructor	A/UN
1					
2					
3					
4					

**SOFT TISSUE CURETTAGE** (Acceptability determined by instructor)

	Date	Patient Name	Tooth Number	Instructor	A/UN
1	3/27/17		#18 - #24		
2	4/24/17		LR quad		

**NITROUS OXIDE ADMINISTRATION** (Acceptability discussed by instructor)

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	5/6/17		INC / II / 33		(A)
2	5/6/17		MD / I / 25		(A)

**FACUTLY TUTORIAL**

	Date	Patient Name	Skill	Instructor	A/UN
1	9/8/16		PRR assessment		(A)
2	9/12/16		scaling		(A)
3	12/5/16		exploring		(A)
4	12/5/16		perio assessment		(A)

## DNTL 2243 Clinical Practice II Performance Evaluations

**HEATH HISTORY** (2 Prescription medications, 1 Risk Assessment, 3 Health Conditions)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2/16/17	[REDACTED]	SI/STI - II	[Signature]	A

**ORAL INSPECTION** (Any new patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2/23/17	[REDACTED]	MOD/HVY	[Signature]	A

**PERIODONTOAL ASSESSMENT** (Perio Type III or IV and 1 must be your case study patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	4-6-17	[REDACTED]	MOD/III-IV	[Signature]	
2					

**PERIODONTAL RE-EVALUATION** (Perio Type III or IV and 1 must be your case study patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	5-2	[REDACTED]	MOD/III/IV	AE	A
2					

**PROBING** (Perio Type II, III IV, V, quad to be done after scaling with UNC probe)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	3-2-17	[REDACTED]	MOD/HVY/II	[Signature]	A
2	3-16-17	[REDACTED]	UNC/II	[Signature]	A
3	3-23-17	[REDACTED]	HVY/II	[Signature]	A
4	3-27	[REDACTED]	SI/II	[Signature]	A

**TREATMENT PLAN** (1 must be your perio case study and 1 with moderate or heavy calculus)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	1/26/17	[REDACTED]	SI/MDL	[Signature]	
2	4-6-17	[REDACTED]			

PREVENTIVE COUNSELING (must be your case study patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	5-2-17	[REDACTED]	MOD III	AE	A

DEFINITIVE SCALE

	Date	Patient Name	Code/Type	Instructor	A/UN
1	3-2-17	[REDACTED]	Simple II	[Signature]	A
2			Moderate		
3			Moderate		
4			Moderate		
5			Heavy		
6			Heavy		
7			Heavy		

ULTRASONIC SCALE (Instructor approval required on a mod or heavy patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	1/21/17	[REDACTED]	SEI/mod	07	A
2	3/23	[REDACTED]	HVY/II	07	A
3	3-26	[REDACTED]	MOD/HVY	07	
4	3-30	[REDACTED]	MOD/HVY	07	

SUBGINGIVAL IRRIGATION (Must be observed by instructor)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	3/2/17	[REDACTED]	HVY-III	[Signature]	A

POLISH AND FLUORIDE (plaque > 60 and must be observed by instructor)

	Date	Patient Name	Plaque Score	Instructor	A/UN
1	5-2-17	[REDACTED]	85%	AE	A

INSTRUMENT SHARPENING (chairside and observed by instructor)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	3-16-17	[REDACTED]	LNC/II	[Signature]	✓

RESTORATIVE CHART (new patient with 8 teeth with suspicious and/or restorations)

	Date	Patient Name	Code/Type	Instructor	A/UN
1					
2					

REQUIREMENTS

ATTACHMENTS  
ERRORS

NUTRITIONAL ANALYSIS (must be your case study patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1		[REDACTED]			

TOBACCO CESSATION

	Date	Patient Name	Code/Type	Instructor	A/UN
1					

DEPOSIT ASSESSMENT (board quality calculus)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2/19/17	[REDACTED]	MOD I	[Signature]	A
2	2-23-18	[REDACTED]	MOD III	[Signature]	A

MANDIBULAR ANESTHESIA (must achieve 75% competency)

	Date	Patient Name	Injection	Instructor	A/UN
1	1/26/17	[REDACTED]	Mand Block	[Signature]	A
2	3-30	[REDACTED]	Mand Block	[Signature]	A
3	4-20	[REDACTED]	Mental/Incisive	[Signature]	A
4	5-2	[REDACTED]	Mental/Incisive	[Signature]	A
	4/21	[REDACTED]		[Signature]	A

MAXILLARY ANESTHESIA

	Date	Patient Name	Injection	Instructor	A/UN
			Intersept		
1		[REDACTED]	Intersept		
2	4-6-17	[REDACTED]	PSA	[Signature]	A
3	3-30	[REDACTED]	PSA	[Signature]	A
4	4-6-17	[REDACTED]	MSA	[Signature]	A
5	3-30	[REDACTED]	MSA	[Signature]	A
6	4-6-17	[REDACTED]	ASA	[Signature]	A
7	3-23	[REDACTED]	Infraorbital	[Signature]	A
8	4-20	[REDACTED]	Infraorbital	[Signature]	A
9	5-1	[REDACTED]	GP	[Signature]	A
10		[REDACTED]	GP	[Signature]	A
11	5-1	[REDACTED]	NP	[Signature]	A
12		[REDACTED]	NP	[Signature]	A
13	4/20	[REDACTED]	AMSA	[Signature]	A
14	4/27	[REDACTED]	AMSA	[Signature]	A
15	5-4-17	[REDACTED]	AMSA	[Signature]	A
16	5-10-17	[REDACTED]	AMSA	[Signature]	A
17	5-10-17	[REDACTED]	AMSA	[Signature]	A
18		[REDACTED]	AMSA	[Signature]	A
19	4/27	[REDACTED]	AMSA	[Signature]	A
20		[REDACTED]	GOW	[Signature]	A
21	5-10-17	[REDACTED]	GOW	[Signature]	A
22	5-10-17	[REDACTED]	Infiltration	[Signature]	A
			Infiltration	[Signature]	A

RECORDS  
 REQUIREMENTS  
 MANDIBULAR  
 ANESTHESIA

Student *MS*  
Instructor *MS*

**Assess**  
Patient hist  
Compreher  
Risk Asses

**Denta**  
Formula

**Plar**  
Sp 11

**In**  
Pr

**SUPPLEMENTAL ANESTHESIA**

	Date	Patient Name	Injection	Instructor	A/UN
1			Infiltration		
2	5-1-17		Intraseptal	<i>[Signature]</i>	<i>[Signature]</i>

**FULL MOUTH RADIOGRAPHS**

	Date	Patient Name	Type	Instructor	A/UN
1			Film		
2			Digital		

**BITEWING RADIOGRAPHS**

	Date	Patient Name	Type	Instructor	A/UN
1			Film		
2			Digital	<i>[Signature]</i>	<i>[Signature]</i>

**PANOREX**

	Date	Patient Name	Type	Instructor	A/UN
1			Digital	<i>[Signature]</i>	<i>[Signature]</i>

**STUDY MODELS (clinic patient)**

	Date	Patient Name	Code/Type	Instructor	A/UN
1			MOC/III		

**BLEACHING TRAYS (clinic patient)**

	Date	Patient Name	Code/Type	Instructor	A/UN
1					

**APPLICATION OF WHITENING AGENTS (must include at least 1 follow up appointment)**

	Date	Patient Name	Code/Type	Instructor	A/UN
1					

**SEALANTS**

	Date	Patient Name	Tooth Number	Instructor	A/UN
1	3-28		18	<i>[Signature]</i>	<i>[Signature]</i>
2	3-28		19	<i>[Signature]</i>	<i>[Signature]</i>

**INTERIM THERAPUETIC RESTORATION**

	Date	Patient Name	Tooth Number	Instructor	A/UN
1					
2					
3					
4					
5					

**SOFT TISSUE CURETTAGE**

	Date	Patient Name	Code/Type	Instructor	A/UN
1	4-6-17	[REDACTED]	Mod/III	J Van [unclear]	A laughn
2					
3					

**NITROUS OXIDE SEDATION**

	Date	Patient Name	Code/Type	Instructor	A/UN
1	5-6	[REDACTED]	UNC/II	[unclear]	
2	5-6	[REDACTED]	SII/II	[unclear]	A

**MOCK BOARDS**

	Date	Patient Name	WREB/CRDTS	Instructor	A/UN
1		[REDACTED]	WREB	[unclear]	
2					

80 total PE's

44

# **TAFT EXHIBIT 6**

Sample of front side



DENTAL HYGIENE PATIENT MEDICAL HISTORY

Use Ink

PATIENT'S FIRST NAME [REDACTED] DATE OF BIRTH 2-10-88

CANDIDATE # NA DATE 3-26-17

Circle "YES" or "NO" to all questions. "YES" responses must be circled in red. Do you have or have had any of the following?

Table with 3 columns of medical conditions (A-P) and YES/NO response options. Circled 'NO' responses are visible for conditions A through P.

Answer the following questions as completely and accurately as possible:

- 1. Do you have any known allergies or sensitivities (food, medications, dental material)? YES NO
2. Are you taking any prescribed medications? YES NO
3. Are you taking any Over the Counter (OTC) supplements or medications? YES NO
4. Are you currently receiving or have received intravenous bisphosphonate therapy? YES NO
5. Within the last six months, have you been seen by, or are you currently under the care of a physician or health care provider? YES NO
6. Have you experienced local anesthetic complications with dental treatment in the past? YES NO
7. Have you used any recreational drug(s) (cocaine or methamphetamines) within the last twenty-four hours? YES NO
8. Do you have or have you been exposed to any condition (disease) not listed above? YES NO
9. Women: Are you pregnant? YES NO

Patient's Initials [REDACTED]

INSTRUCTIONS TO CANDIDATE

Please state below the reason for any alteration in standard treatment. Attach verification of the patient's medical clearance for dental hygiene/anesthesia procedures or state the reason for necessary antibiotic coverage.

125/78 PATIENT BLOOD PRESSURE

60 PATIENT PULSE

CHIEF EXAMINER INITIALS

RETAKED BLOOD PRESSURE

(Consent Form on Reverse Side)

1 minute late checking in

Sample of front side of CAF- after Patient accepted by Examiners



CANDIDATE ASSIGNMENT FORM

Use Ink

TIME ASSIGNMENT  
START TIME: 9:45

CANDIDATE ID # \_\_\_\_\_

STOP TIME: 11:45

(Deducted for late check-in: \_\_\_\_\_ minutes.)

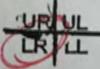
(Patient must be at the check-in desk at or before this time.)

It is your responsibility to evaluate this form for accuracy prior to beginning treatment. Making changes to this form could result in dismissal from the exam. If you think there is an error, please see the Chief Examiner.

SUBMISSION ACCEPTED:

The examiner(s) accepted the following submission:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

QUADRANT ASSIGNMENT:



ADDITIONAL TEETH: \_\_\_\_\_

Remove all subgingival and supragingival calculus from the circled quadrant and additional teeth.

Extraoral and Intraoral Examination

Describe atypical conditions, which require follow up evaluation and/or monitoring at future, recare or immediate referral.

NSF

or

Follow up and/or Monitor

Immediate Referral

Location of Condition: Above #6

BRIEF Description: fistula on gingiva  
NO pus found

History: \_\_\_\_\_

Follow up and/or Monitor

Immediate Referral

Location of Condition: lateral to #32

BRIEF Description: looks like a cheek bite, but would keep watch

History: \_\_\_\_\_

General comments to Examiners (Informational only; not graded):

CHIEF INITIALS ARE NOT REQUIRED FOR PATIENT TO REPORT FOR CHECK-OUT.

Sample of back side of CAF- after Patient accepted by Examiners

QUADRANT ASSIGNMENT: UR | UL / LR | LL      ADDITIONAL TEETH: \_\_\_\_\_

Record the six periodontal probing depths and the facial and lingual recession for the assigned quadrant. Teeth are exempted by examiners only.

FL # 32 # 31 # 30 # 29 # 28 # 27 # 26 # 25

Record recession in the individual boxes below:

Record probing depths in the chart below:

5	4	4	5	3	4	3	3	2	3	4	2	3	4	2	4	4	2	4	4	3
6	5	7	6	7	4	5	5	4	5	5	3	4	3	4	4	3	3	4	3	3

Record recession in the individual boxes above:

Record recession in the individual boxes above:

FL # 32 # 31 # 30 # 29 # 28 # 27 # 26 # 25

**Periodontal Assessment**

Utilizing all of your assessment records, answer the following questions for: Tooth # 31

- What is the degree of mobility?
  - None
  - Class I-II
  - Class III
- What type of radiographic bone loss is present? (Mark all that apply)
  - None
  - Horizontal
  - Vertical
- What is the furcation involvement on the facial aspect only?
  - None
  - Class I - II
  - Class III - IV
- What is the classification of severity of periodontal disease on the facial aspect only?
  - Gingivitis
  - Slight
  - Moderate
  - Severe

Enter measurements in CAL Computation Table

CAL				
GM to CEJ				
Pocket Depth				
	Maxillary			
	Mandibular			
Pocket Depth	7	5	3	453
GM to CEJ	-2	0	0	010
CAL	5	7	3	463

-3 recession      -41.25  
~~Monographs~~  
 Radiographs - 8  
 Tissue Trauma - 18 (-6 for each Tissue Trauma)  
 Calculus - 6.25  
 -4 for late check in.  
 -2 for periodontal assessment

58.75

# FMX CRITIQUE

Student Ashley

Date of FMX 8/29/17

Patient \_\_\_\_\_

**PATIENT DATA:**

**Technique Used**

- parallel
- XCP
- snap-a-ray
- bisecting angle
- other

**Gagging Reflex**

- normal
- mild
- severe
- temporal tap

**Cooperation of patient**

- nervous
- uncooperative
- ideal

**Critique**

- Anatomy
- Pathology
- Processing errors
- Film errors

**Vault Shape**

- normal
- low
- deep
- narrow

(8)

Student Comments:

Instructor Comments:

Retakes mark with "X" in the lower left corner.  
Indicate errors by placing the number in lower right corner.

1. Placement
2. Horizontal angulation
3. Vertical angulation
4. Cone cut
5. Miscellaneous


-4  
no clear shot  
in posterior  
13.2 27.22  
27.17

-4  
no apex of  
#28

No more than (3) retakes per FMX without assistance

OR \_\_\_\_\_ DATE \_\_\_\_\_ RETAKES SATISFACTORY \_\_\_\_\_ POINTS \_\_\_\_\_ GRADE \_\_\_\_\_

Sample of back side of CAF- after Patient accepted by Examiners

QUADRANT ASSIGNMENT: UR|UL / LR|LL ADDITIONAL TEETH: \_\_\_\_\_

Record the six periodontal probing depths and the facial and lingual recession for the assigned quadrant. Teeth are exempted by examiners only.

FL # 32 # 31 # 30 # 29 # 28 # 27 # 26 # 25

Record recession in the individual boxes below:

Record probing depths in the chart below:


Record recession in the individual boxes below:

Record recession in the individual boxes below:

FL # 32 # 31 # 30 # 29 # 28 # 27 # 26 # 25

**Periodontal Assessment**

Utilizing all of your assessment records, answer the following questions for: Tooth # 31

- What is the degree of mobility?
  - None
  - Class I-II
  - Class III
- What type of radiographic bone loss is present? (Mark all that apply)
  - None
  - Horizontal
  - Vertical
- What is the furcation involvement on the facial aspect only?
  - None
  - Class I - II
  - Class III - IV
- What is the classification of severity of periodontal disease on the facial aspect only?
  - Gingivitis
  - Slight
  - Moderate
  - Severe

Enter measurements in CAL Computation Table

CAL			
GM to CEJ			
Pocket Depth			
	Maxillary		

	Mandibular		
Pocket Depth			
GM to CEJ			
CAL			

CHIEF INITIALS ARE NOT REQUIRED FOR PATIENT TO REPORT FOR CHECK-OUT.



# **TAFT EXHIBIT 7**

Pre-clinical

TAFT COLLEGE DENTAL HYGIENE PROGRAM  
ANESTHESIA EVALUATION FORM

STUDENT: [REDACTED]

INSTRUCTOR: [REDACTED]

Date: 4-4-17

Injection type: AMSA

Score: \_\_\_\_\_

Patient \_\_\_\_\_

Right side \_\_\_ Left Side \_\_\_ Max \_\_\_ Mand \_\_\_

	A	U/A	COMMENTS:
1 Medical history reviewed for contraindications for local anesthetic	1		
2 Proper armamentarium set-up			
3 Uses aseptic technique			
4 Aspirating syringe properly prepared			
5 Patient informed of procedure and process			
6 Patient in proper position for injection			
7 Operator in proper position for placement of injection			
8 Topical anesthetic properly placed			
9 Anatomy correctly palpated and landmarks correctly identified			
10 Penetration of needle and pathway correctly performed			
11 Correct depth of injection and delivery of solution performed			
12 Aspiration technique correctly performed and timed			
13 Correct amount of solution delivered for injection type, procedure, and patient			
14 Patient comfort reviewed and reinforced			
15 Correct needle re-capping technique			
16 Procedure properly entered into patients chart with ink			
17 Demonstrates professional conduct			

Critical Errors: \_\_\_\_\_

Acceptable	Unacceptable	Instructor
✓		AE

Pre-clinical

TAFT COLLEGE DENTAL HYGIENE PROGRAM  
ANESTHESIA EVALUATION FORM

STUDENT \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

Date: 4-4-17

Injection type: IO

Score: \_\_\_\_\_

Patient \_\_\_\_\_

Right side \_\_\_ Left Side \_\_\_ Max \_\_\_ Mand \_\_\_

	A	U/A	COMMENTS:
1 Medical history reviewed for contraindications for local anesthetic			
2 Proper armamentarium set-up			
3 Uses aseptic technique			
4 Aspirating syringe properly prepared			
5 Patient informed of procedure and process			
6 Patient in proper position for injection			
7 Operator in proper position for placement of injection			
8 Topical anesthetic properly placed			
9 Anatomy correctly palpated and landmarks correctly identified			
10 Penetration of needle and pathway correctly performed			
11 Correct depth of injection and delivery of solution performed			
12 Aspiration technique correctly performed and timed			
13 Correct amount of solution delivered for injection type, procedure, and patient			
14 Patient comfort reviewed and reinforced			
15 Correct needle re-capping technique			
16 Procedure properly entered into patients chart with ink			
17 Demonstrates professional conduct			

Critical Errors: \_\_\_\_\_

Acceptable  Unacceptable  Instructor HE

Pre-clinical

Taft College Dental Hygiene Program  
Anesthesia Evaluation Form

STUDENT: [REDACTED]

INSTRUCTOR: [REDACTED]

Date: 4-4-17

Injection type: Gow Gates

Score: \_\_\_\_\_

Patient \_\_\_\_\_

Right side \_\_\_ Left Side \_\_\_ Max \_\_\_ Mand \_\_\_

	A	U/A	COMMENTS:
1 Medical history reviewed for contraindications for local anesthetic			
2 Proper armamentarium set-up			
3 Uses aseptic technique			
4 Aspirating syringe properly prepared			
5 Patient informed of procedure and process			
6 Patient in proper position for injection			
7 Operator in proper position for placement of injection			
8 Topical anesthetic properly placed			
9 Anatomy correctly palpated and landmarks correctly identified			
10 Penetration of needle and pathway correctly performed			
11 Correct depth of injection and delivery of solution performed			
12 Aspiration technique correctly performed and timed			
13 Correct amount of solution delivered for injection type, procedure, and patient			
14 Patient comfort reviewed and reinforced			
15 Correct needle re-capping technique			
16 Procedure properly entered into patients chart with ink			
17 Demonstrates professional conduct			

Critical Errors: \_\_\_\_\_  
\_\_\_\_\_

Acceptable  Unacceptable  Instructor AE

# **TAFT EXHIBIT 8**

FAX COVER SHEET

RECEIVED

APR 10 2017

DENTAL HYGIENE COMMITTEE OF CA

TO: DHCC

916-263-2688

SIX PAGES INCLUDING COVER SHEET

**THIS IS AN ANONYMOUS SUBMISSION**

April 4, 2017

**Description of Complaint:**

On April 3, 2017 during our student- director meetings we were told that there were new state requirements that are needed to fulfill our clinical requirements and graduate from Taft College.

What Dr. Eastman stated to us was the following: Mandatory completion of 10 interim therapeutic restoration (ITR'S); additional anesthetic techniques including Gow-Gates; PASA/AMSA injections; all anesthesia requirements from previous semester; soft tissue curettage; nitrous oxide sedation; and whitening.

Dr. Eastman's plan is to have everyone attend summer school so these requirements can be met at 100% in order to graduate from Taft College and receive a diploma.

In addition to these changes, it was stated that these mandatory requirements would be excluded from our overall clinic grade. The majority of our performance evaluations are injections; therefore removing such from our grade is detrimental to our final average.

Our reaction to such news knowing there is 3 weeks left of clinic with no available appointments was answered by Dr. Eastman stating, "This is how it is". We are currently preparing for our National Board examination that takes place in the following weeks as well as planning for our graduation ceremony that we as a class are responsible for organizing. This shocking information being brought up at this time when we are 6 weeks from graduation adds an enormous amount of stress. She should have provided us with this information at the beginning of the semester, so we could have planned our patients accordingly. She did attempt to figure out everyone's immediate summer plans so she can put a schedule together, but as you can imagine everyone had planned obligations at different times. Other concerns that were mentioned by the students were the financial burdens this would have considering we have been out of work for 2 years. There are a number of students who are renting apartments whose lease ends in May leading to an additional months rent. There are a number who commute to the area that will be away from their families and other obligations that will impact their personal lives for this last minute change. An additional concern is the fact that the diplomas would not even be available until summer school ends which delays our ability to take the Law and Ethics exam required for our licensing. This information is affecting each and every one of the students planning on graduating in 2017.

This whole situation began when our class was pushing for a laser certification class that has taken place for numerous years and paid for by the program. She told us that she hasn't heard back from the laser course director so a classmate found another resource and forwarded the contact information to Dr. Eastman. The response to this issue was that the school did not have the funds for the course. Summer school was not on the agenda and her proposition was to transfer or use the money that would have been for summer

THIS IS AN ANONYMOUS SUBMISSION

school to the laser course. If that was unsuccessful, she suggested that this money come from our class fundraising that was planned for our graduation ceremony.

Around that time, she mentioned to some students that they were not going to be able to graduate with the amount of Performance Evaluations (PE's) they had. A particular classmate felt bullied by her words and decided to complain to a faculty member as well as the Vice President of Instruction, Mark Williams, because to her knowledge there was no summer school planned. At this time the student has not heard back from the Taft College representative to whom she previously spoke about the situation. We feel that if a student had a concern or feels bullied, the school representative should act immediately and provide support to the student.

Soon after, a meeting was set with Dr. Eastman and the Vice President of Instruction. It was after this meeting that the concept of summer school was reinstated, but there is yet to be a list of students who are behind. Instead, Dr. Eastman decided to make summer school mandatory for all regardless of the students standing in the class, PE'S in clinic, attendance... etc.

In the past years, summer school has been available for those who needed to meet the requirements for graduation as well as those who wanted to continue practicing for their state boards. Now that it is mandatory for all to participate, it is also mandatory for us to fulfill the additional PE'S to 100%, which (as stated by Dr. Eastman) are required by the State of California:

Mandatory to complete 10 interim therapeutic restorations (ITR'S); additional anesthetic techniques including Gow-Gates\*\*\*, PASA/AMSA injections; all anesthesia requirements from previous semester; soft tissue curettage; nitrous oxide sedation; and whitening.

\*\*\* The Gow-Gates, PASA, MASA are not listed in our syllabus for DNTL 2243 Clinical Practice III.

Our concerns involve the previous graduates from 2013 to 2016 since these regulations have been in place and were not met under the supervision of Dr. Eastman.

As we processed this information, we began to question the exact requirements needed to graduate as she portrayed- as well as what the Dental Hygiene Committee of California (DHCC) states.

We inquired about the DHCC laws and regulations and we were able to confirm with the DHCC president, Anthony Lum, that there have not been any additions to an accredited dental hygiene curriculum since 2013. On April 4<sup>th</sup>, we were fortunate enough to have Anthony on a webinar that included the class of 2017, Noel Kelsch, Kelly Donovan, and Mark Williams where once again he confirmed that there have been no changes or addition to the state requirements since 2013. This information was confusing at this point because it was just the day prior that we were told otherwise.

It jogs the memory to when Dr. Eastman informed our class in the end of the Fall semester of 2016 that we had to register for a "Cultural Diversity" class that was added by the state board. It was said that this pre-requisite was added to the Dental Hygiene

program admission process and we had to complete this before graduation. Her plan was for us to take it over winter break. You can call it lack of communication, disorganization, or unavailability that it was pushed into out last semester. As students we wanted to understand how and why this was added last minute and why we were required of this because we were accepted before this was in place. At the time of us registering for the class and buying the textbook, we received an email informing us that we did not have to take the class anymore. We later found that a classmate contacted the DHCC to verify the claim. Because of this clarification and understanding we were not required to take this additional course. We as students expect our program director to give us the correct information regarding state and Taft College requirements to successfully complete the program. Instead, we receive incorrect information at the last minute. We try to have an open conversation to understand and clarify what is expected from us as students, but Dr. Eastman gets defensive and is unable to give a concise answer leaving us just as confused as started. She is continuously 15 minutes late for our weekly meetings and the conversations are one-sided, cut and dry, "this is how it is" attitude.

#### Objectives:

1. We desire clarity of the syllabus in regards to the definite state and clinical required PE's since it only states "completion of 75% of the designated performance evaluations. This will comprise 50% of your overall clinic grade." Page 48 of syllabus.

Syllabus lacks clarity and the requirements change often.

- The only consistent information that has been provided to us has been a passing grade of 75% in didactic courses and clinical practice.

2. Summer school is not mandatory, but available for those students who are in need of fulfilling the graduation requirements.

3. To receive our diplomas on an individual basis without having to wait for the completion of summer school session this is imperative for our registration to take the Law and Ethics examination.

#### Additional concerns are as followed:

##### Infection Control

- Confusion of proper sterilization process in clinic
- Lack of consistency in the process
- Sterilization procedures change consistently when there are concrete guidelines to follow
- Utility gloves were introduced and implemented upon the introduction of Noel Kelsch, President of DHCC, being a faculty member.
- The sterilization area has been rearranged to promote a sterile and concise working space.
- Handpieces at our Grant rotation sites were not sterilized between patients until the class brought it up as a safety concern for the children in our care.

### Calibration

- Reflection papers required and graded from our Grant rotations are inconsistent. The location, experiences, number of days all vary. Some faculty members expect more of an evidence based paper where others require a personal reflection.
- The instructors who oversee and grade our Mock Board examinations, which are graded, are not prepared or made aware that the exam is occurring and what should or should not be counted for. The instructors are given a handout with instructions when they enter the clinic for the exam. There were 2 occasion where multiple instructors came in and were not aware that the examination was not taking place that day. It appears that there is no communication in the staff meetings amongst each other to prepare for the students. In addition, the students taking the exam are given the paperwork the morning of examination where we would have these papers in our possession for the actual Board examination. If so, there are 1 or 2 instructors grading our work when it's stated that 3 instructors are to be utilized. Due to confusion of the instructing members, it leaves the students with insufficient time afterwards to check our mistakes and have a learning experience which is what this is designed for.

### Conclusion:

We are bringing these concerns forward to prevent future dental hygiene students from having to deal with the lack of communication and disorganization. Our frustrations are due to the consistent changes to the program and lack of presence of the program director. We feel we have no support from her when problems arise. She is either busy, not present, or simply does not have a concrete answer to a problem. She is on campus 3 days a week is only available when she is scheduled for class time. The remainder of her time is spent in her private dental practice, which is against Section 1105.1. According to Section 1105.1 of The Dental Practice Act, the state law requires that the Program Director be present full time.

In addition to the previously stated, her demeanor and attitude towards students during clinic is intimidating, negative, and causes a loss of confidence. We as students expect and feel that the director should have her focus and full time dedication to the program and students. All we wish for is some sort of empowerment, more positivity, and support. These last weeks should be a time for celebration and anticipation for our licensing exams and graduation. These events have caused emotional damage that cannot be made up for. We hope for a positive change for the future of us and the dental hygiene program at Taft College.

# **TAFT EXHIBIT 9**

April 27, 2015

Dear Dr. Eastman,

As dental hygiene students, we feel that there are some things going on with the faculty that are affecting our educations. First and foremost, there is some full blown hostility between [REDACTED] and [REDACTED] that needs to be addressed. It is not professional nor is it okay to ever bash another professor in front of the students. There have been comments made regarding wardrobe choices, teaching styles, and how to handle anesthetic from our 'sterile' tray and unfortunately it is all negative comments directed from one to another. It is obvious as students that [REDACTED] and [REDACTED] are against [REDACTED] because both have been heard making rude comments to students about her. For example, it was decided that anesthetic and needles from our 'sterile' tray can be wiped down and put back in the drawer. This issue was brought to [REDACTED] who said it was fine but checked with you first. [REDACTED] then followed the student who asked saying, "Well, if I had been the one to say that then she [Ms. [REDACTED]] would have had a fit about it." This was said for everyone to hear. We get that not everyone gets along but to blatantly see and hear the hostility AND to be put in the middle of it affects our educations and we feel the backlash as well in clinic. It usually involves the code/type, and if [REDACTED] called our patient one code/type, then Ms. [REDACTED] right off the bat has to challenge it. Multiple times during our periodontics class, [REDACTED] has made comments such as, "I don't know what you're taught in pre-clinic..." and then fills it in with some snarky comment about how we weren't taught correctly. This is completely false because in reality we have learned nothing in periodontics because our professor lectures to us with gum in her mouth and cannot

pronounce the words she is trying to say. We feel like our education is being compromised because of this.

We have also noticed some flirtatious interactions between [REDACTED] and [REDACTED] that makes interrupting their conversations very uncomfortable. They are overtly flirtatious with each other even though [REDACTED] is married and Ms. [REDACTED] is going through a divorce. As students, we also shouldn't know the intimate details of our professor's divorce either. To us, professors should be held to utmost professional standards and be people we can look up to and lately we don't have that.

We also think that if our grades are going to depend on finding certain types of patients then the college needs to assist us in finding those patients by setting up partnerships with organizations such as the VA or homeless shelters. It is not fair that all the pressure is placed upon us to bring in patients when the college does nothing in terms of advertising. We should not be penalized for this.

Also, since when is it ok to give our patients expired products? We do not feel this is ok and also do not feel that it casts the college in a very positive light. If we can't even give patients good products, then why would they want to come see us? Products are piled up around the clinic which doesn't look very nice and we are told to get rid of expired products by handing them out to the public.

These are just some of the growing concerns that we as a class have been noticing and want to bring to your attention. We are uncomfortable with the way the staff interacts and are increasingly more frustrated by the lack of patients in our clinic. Hopefully this inspires some changes to be made for the up and coming classes in this

program as most likely we will not be able to benefit from these changes. Thank you for taking the time to read this letter and we hope these issues are addressed.

# **TAFT EXHIBIT 10**

May 6, 2015

To Whom It May Concern:

An anonymous letter was turned into Dr. Eastman on Monday April 27, 2015 addressing grievances with the program and professors that was affecting our education. It was anonymous, in our belief, because it did contain information and complaints about the professors that control our lives as students.

On Tuesday, April 28, 2015 the letter was brought up in our seminar class and Dr. Eastman explicitly asked for students to email her if they did not write the letter. Dr. Eastman stated that she wanted to discuss the contents of the letter with the students who wrote it as well.

After discussing parts of the letter with the class, she then stated that the same day, Tuesday, April 28, 2015, she had a meeting to discuss the letter with the Vice President. As concerned students, we fear for the safety of the people who wrote the letter and hope that the issues addressed in the letter are being adequately take care of. Dr. Eastman stated that the letter would not be well received across the street (at the main campus) because it was not signed. Unfortunately, she seems more interested in finding out who wrote it instead of addressing the real issues.

This letter has also been discussed in front of the students in multiple instances which just shows their unprofessional conduct. The letter is only known about by certain staff members and it doesn't seem like any issues have been dealt with. On April 30, 2015, [REDACTED] and [REDACTED] were overheard discussing the letter at [REDACTED] which is by no means in a private area. It was overheard that it was suspected a teacher wrote the letter and they mentioned [REDACTED] as a potential suspect. Multiple students overheard the discussion and were walking in and out of that area as usual during a clinic session.

We are concerned for our education and would like to remain anonymous so that we are not retaliated against. Thank you and again we hope this was already discussed with you last week.

Sincerely,  
Concerned  
Students

# **TAFT EXHIBIT 11**

INTERIM THERAPEUTIC RESTORATION

	Date	Patient Name	Tooth Number	Instructor	A/UN
1					
2					
3					
4					
5					

SOFT TISSUE CURETTAGE

	Date	Patient Name	Code/Type	Instructor	A/UN
1	4/18/17	[REDACTED]	Heavy III	N Kelech	A
2					
3					

NITROUS OXIDE SEDATION

	Date	Patient Name	Code/Type	Instructor	A/UN
1	5/6/17	Miriam [REDACTED]	LNC/I	[Signature]	
2					

MOCK BOARDS

	Date	Patient Name	WREB/CRDTS	Instructor	A/UN
1					
2					

Tutorial on STC - AE 1-24-17

51  
25 36  
68 68

39 SEALANTS (Acceptability determined by instructor and approved by Supervising DDS)

	Date	Patient Name	Tooth Number	Instructor	A/UN
1					
2					
3					
4					

- Deep pockets  
- Inflamed tissue  
- MOD + Anesthesia patient

40 SOFT TISSUE CURETTAGE (Acceptability determined by instructor)

Deep Cleaning

	Date	Patient Name	Tooth Number	Instructor	A/UN
1					
2					

4 min/min  
Deep Pockets (MOD patients)

41 NITROUS OXIDE ADMINISTRATION (Acceptability discussed by instructor) - only during Anesthesia ...

NOT for white spot

	Date	Patient Name	Code/Type/Age	Instructor	A/UN
1	5-6-17	Miriam [REDACTED]		[Signature]	10/16
2					

10/16  
10/16

42 FACULTY TUTORIAL

	Date	Skill	Instructor	A/UN
1	9/27/16	ultrasonic	[Signature]	
2	9/29/16	peri assess	[Signature]	
3	10/6/16	stc w/ queen	[Signature]	
4	1-24-17	STC	AE	A

(Granulation Tissue)  
Soft Tissue curettage  
MOD Patient: Anesthesia  
ultra sonic  
curettage  
Infection - margin

77 83 77  
110

**ALANTS** (Acceptability determined by instructor and approved by Supervising DDS)

Date	Patient Name	Tooth Number	Instructor	A/UN
2-28	[REDACTED]	3	[Signature]	A
3-28	[REDACTED]	31	[Signature]	A
3-28	[REDACTED]	14	[Signature]	A
3-28	[REDACTED]	15	[Signature]	A

**FT TISSUE CURETTAGE** (Acceptability determined by instructor)

Date	Patient Name	Tooth Number	Instructor	A/UN
3-23	[REDACTED]	4, 5	[Signature]	A
3-23	[REDACTED]	6	[Signature]	A

**TROUS OXIDE ADMINISTRATION** (Acceptability discussed by instructor)

Date	Patient Name	Code/Type/Age	Instructor	A/UN
5-6-17	Adriana [REDACTED]	LNC/II	[Signature]	A
5-6-17	Beshay [REDACTED]	MOD/II	[Signature]	A

**CUTLY TUTORIAL**

Date	Patient Name	Skill	Instructor	A/UN
9-13-16	[REDACTED]	Post-Op Scribe	[Signature]	A
9-27-16	[REDACTED]	Oraquik	[Signature]	A
10-4-16	[REDACTED]	Irrigation	[Signature]	A
11-30-16	[REDACTED]	-	[Signature]	A

4/roller comp.

(-6)

**INTERIM THERAPUETIC RESTORATION**

	Date	Patient Name	Tooth Number	Instructor	A/UN
1					
2					
3					
4					
5					

**SOFT TISSUE CURETTAGE**

	Date	Patient Name	Code/Type	Instructor	A/UN
1	4-6-17	Berry Bullard	Mod/III	[Signature]	A
2					
3					

**NITROUS OXIDE SEDATION**

	Date	Patient Name	Code/Type	Instructor	A/UN
1	5-6	Adriana [REDACTED]	LNC/II	[Signature]	A
2	5-6	Beshay [REDACTED]	SII/II	[Signature]	A

**MOCK BOARDS**

	Date	Patient Name	WREB/CRDTS	Instructor	A/UN
1		[REDACTED]	WREB	[Signature]	
2					

80 total PE's

44

# **TAFT EXHIBIT 12**

**INTERIM THERAPUETIC RESTORATION**

	Date	Patient Name	Tooth Number	Instructor	A/UN
1					
2					
3					
4					
5					

**SOFT TISSUE CURETTAGE**

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2-24-17	Beatriz [REDACTED]	Heavy/III	[Signature]	
2	4-6-17	Beatriz [REDACTED]	MOD/III	07	A
3	4-6-17	Beatriz [REDACTED]	MOD/III	07	A

**NITROUS OXIDE SEDATION**

	Date	Patient Name	Code/Type	Instructor	A/UN
1	5-6-17	Aaron [REDACTED]	WC/I	D.C.	✓
2					

**MOCK BOARDS**

	Date	Patient Name	WREB/CRDTS	Instructor	A/UN
1					
2					

2

**PREVENTIVE COUNSELING** (must be your case study patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	4-11-17	Juan [redacted]	heavy / III	07	A

**DEFINITIVE SCALE**

	Date	Patient Name	Code/Type	Instructor	A/UN
1			Simple II		
2	4-6-17	Beatriz [redacted]	Moderate	JV	A
3			Moderate		
4	5-4-17	[redacted]	Moderate		
5	2-16-17	Juan [redacted]	Heavy	AE	A
6	4-17-17	Juan [redacted]	Heavy	AE	A
7	5-7-17	Juan [redacted]	Heavy	AE	



**ULTRASONIC SCALE** (Instructor approval required on a mod or heavy patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2-7-17	Manuel [redacted]	light mod /	J. Vaughan	A
2	2-16-17	Juan [redacted]	heavy / III		
3	3-23-17	Jackie [redacted]	mod / III	J. Vaughan	A
4	3-23-17	Jackie [redacted]	mod / III	J. Vaughan	A

**SUBGINGIVAL IRRIGATION** (Must be observed by instructor)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2-2-17	Manuel [redacted]	light mod	J. Vaughan	A

**POLISH AND FLUORIDE** (plaque > 60 and must be observed by instructor)

	Date	Patient Name	Plaque Score	Instructor	A/UN
1					

**INSTRUMENT SHARPENING** (chairside and observed by instructor)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	4-17-17	Juan [redacted]	heavy / III	07	A

**RESTORATIVE CHART** (new patient with 8 teeth with suspicious and/or restorations)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2-23-17	Jackie [redacted]	MOD / III	J. Vaughan	A
2					

8

4	2/20/17	Monica [REDACTED]	Mand Block		
5	3/27/17	Rosalina [REDACTED]	Mand Block		
6			Mand Block		
7	4/20/17	Ashley [REDACTED]	Mand Block		
8	5/6/17	Brandin [REDACTED]	Mental/Incisive		
			Mental/Incisive	[Signature]	96

**SUPPLEMENTAL ANESTHESIA**

	Date	Patient Name	Injection	Instructor	A/UN
1	5/6/17	Brandin [REDACTED]	Infiltration	[Signature]	
	4/29/17	Rosalina [REDACTED]	Intraseptal	Eastman [Signature]	

**MAXILLARY ANESTHESIA**

	Date	Patient Name	Injection	Instructor	A/UN
1	2/1/16	Justin [REDACTED]	PSA	[Signature]	A
2	3/7/17	Rosalina [REDACTED]	PSA	[Signature]	A
3	3/20/17	Rosalina [REDACTED]	PSA	[Signature]	A
4	12/1/16	Justin [REDACTED]	MSA	[Signature]	A
5	3/20/17	Rosalina [REDACTED]	MSA	[Signature]	A
6	3/30/17	Justin [REDACTED]	MSA	[Signature]	A
7	12/1/16	Justin [REDACTED]	ASA	[Signature]	A
8	1/26/17	Justin [REDACTED]	ASA	[Signature]	
9	1/26/17	Justin [REDACTED]	ASA	[Signature]	

**GREATER PALATINE**

	Date	Patient Name	Injection	Instructor	A/UN
1	1/2/16	Justin [REDACTED]	GP	[Signature]	A
2	3/7/17	Rosalina [REDACTED]	GP	[Signature]	A

**NASOPALATINE**

	Date	Patient Name	Injection	Instructor	A/UN
1	1/26/17	Justin [REDACTED]	NP	[Signature]	
2	3/20/17	Rosalina [REDACTED]	NP	[Signature]	A

**FULL MOUTH RADIOGRAPHS**

	Date	Patient Name	Type	Instructor	A/UN
1			Film		
2			Film		
3			Digital		
4			Digital		

70  
34/10

# DNTL 2243 Clinical Practice II Performance Evaluations

**HEALTH HISTORY** (2 Prescription medications, 1 Risk Assessment, 3 Health Conditions)

	Date	Patient Name	Code/Type	Instructor	A/UN
1					

**ORAL INSPECTION** (Any new patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2-2-17	Maria [REDACTED]	Smly/H/1st/Mod/H	[Signature]	

**PERIODONTOAL ASSESSMENT** (Perio Type III or IV and 1 must be your case study patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2-16-17	Juan [REDACTED]	Heavy/III	[Signature]	✓
2					

**PERIODONTAL RE-EVALUATION** (Perio Type III or IV and 1 must be your case study patient)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	3-7-17	Juan [REDACTED]	Heavy/III	AE	A
2	4-27-17	Maria [REDACTED]	MOD/II		

**PROBING** (Perio Type II, III IV, V, quad to be done after scaling with UNC probe)

	Date	Patient Name	Code/Type	Instructor	A/UN
1	2/1/17	Juan [REDACTED]	Heavy/III	[Signature]	A
2	5/4/17	Beatriz [REDACTED]	MOD/III	[Signature]	A
3	4/6	Beatriz [REDACTED]	MOD/III	[Signature]	A
4	4/6	Beatriz [REDACTED]	MOD/III	[Signature]	A

**TREATMENT PLAN** (1 must be your perio case study and 1 with moderate or heavy calculus)

	Date	Patient Name	Code/Type	Instructor	A/UN
1					
2					

# **TAFT EXHIBIT 13**



## Sterilization Monitoring Service Quarterly Report Form

On line test results @ [www.checkyourtest.com](http://www.checkyourtest.com)

Cust. No. E 1792

Taft College - Dental Hyg. School  
29 Emmons Park Drive  
Taft, CA 93268

**RESULTS:** Pass = No spore growth observed in TEST strip after required incubation. Growth observed in CONTROL strip.  
Fail = Gram stain confirmed spore growth observed in TEST strip and CONTROL strip.

Please be sure to include account number on each test submitted.

Phone: 661-763-7706

Fax: 661-763-7808

### Midmark - M11 Ultraclave (#ET013203 #1)

Transfer No.	Date of Test	Date Received	Date out	Results
4254543	10/21/2016	10/31/2016	11/1/2016	pass
4273661	10/28/2016	11/8/2016	11/9/2016	pass
4329653	11/21/2016	12/5/2016	12/6/2016	pass
4362102	12/2/2016	12/19/2016	12/20/2016	pass

Total tests performed: 4

### Midmark - M11 Ultraclave (#ET013092 #2)

Transfer No.	Date of Test	Date Received	Date out	Results
4255343	10/21/2016	11/1/2016	11/2/2016	pass
4273658	10/28/2016	11/8/2016	11/9/2016	pass
4329652	11/21/2016	12/5/2016	12/6/2016	pass
4362107	12/2/2016	12/19/2016	12/20/2016	pass

Total tests performed: 4

### Midmark - M11 Ultraclave (#ET013096 #4)

Transfer No.	Date of Test	Date Received	Date out	Results
4255342	10/21/2016	11/1/2016	11/2/2016	pass
4273659	10/28/2016	11/8/2016	11/9/2016	pass
4329646	11/21/2016	12/5/2016	12/6/2016	pass
4362016	12/2/2016	12/19/2016	12/20/2016	pass

Total tests performed: 4

### Midmark - M11 (#V755897 #3)

Transfer No.	Date of Test	Date Received	Date out	Results
4255344	10/21/2016	11/1/2016	11/2/2016	pass

**Results key**

**Pass** No spore growth observed in TEST strip after required incubation. Growth observed in CONTROL strip.

**Fail** Gram stain confirmed spore growth observed in TEST strip and CONTROL strip.

Cust. No. E1792  
 Taft College - Dental Hyg. School  
 29 Emmons Park Drive  
 Taft, CA 93268

**661-763-7706**

**Midmark ET013203 #1 (Steam)**

Transfer Number	Test Date	Date Received	Date Out	Test Result
4519872	01/27/2017	02/17/2017	02/20/2017	Pass
4528052	02/03/2017	02/21/2017	02/22/2017	Pass
4542088	02/10/2017	02/24/2017	02/27/2017	Pass
4582535	02/24/2017	03/13/2017	03/14/2017	Pass
4653225	03/17/2017	04/06/2017	04/07/2017	Pass
4678527	03/31/2017	04/13/2017	04/17/2017	Pass

**Midmark ET013092 #2 (Steam)**

Transfer Number	Test Date	Date Received	Date Out	Test Result
4519869	01/27/2017	02/17/2017	02/20/2017	Pass
4528053	02/03/2017	02/21/2017	02/22/2017	Pass
4542081	02/10/2017	02/24/2017	02/27/2017	Pass
4582752	02/24/2017	03/13/2017	03/14/2017	Pass
4645130	03/17/2017	04/04/2017	04/05/2017	Pass
4678526	03/31/2017	04/13/2017	04/17/2017	Pass

**Midmark ET013096 #4 (Steam)**

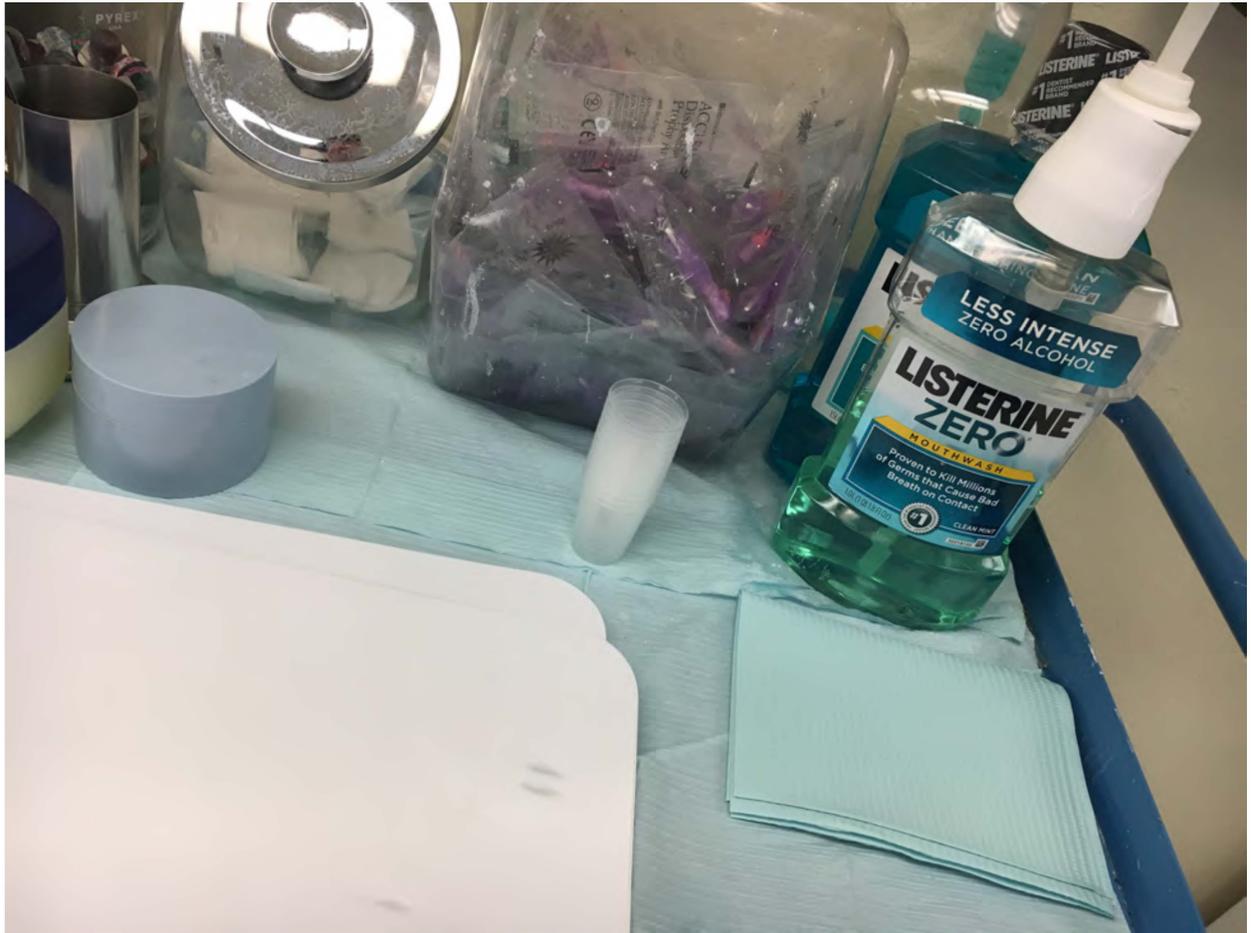
Transfer Number	Test Date	Date Received	Date Out	Test Result
4519873	01/27/2017	02/17/2017	02/20/2017	Pass
4528055	02/03/2017	02/21/2017	02/22/2017	Pass
4542080	02/10/2017	02/24/2017	02/27/2017	Pass
4582753	02/24/2017	03/13/2017	03/14/2017	Pass

**Midmark V755897 #3 (Steam)**

Transfer Number	Test Date	Date Received	Date Out	Test Result
4519871	01/27/2017	02/17/2017	02/20/2017	Pass
4528054	02/03/2017	02/21/2017	02/22/2017	Pass
4542237	02/10/2017	02/24/2017	02/27/2017	Pass
4582757	02/24/2017	03/13/2017	03/14/2017	Pass
4653554	03/20/2017	04/06/2017	04/07/2017	Pass
4678525	03/31/2017	04/13/2017	04/17/2017	Pass

# **TAFT EXHIBIT 14**













# **TAFT EXHIBIT 15**



# **TAFT EXHIBIT 16**



# **TAFT EXHIBIT 17**

**WEST KERN COMMUNITY COLLEGE DISTRICT  
AGREEMENT FOR ADMINISTRATIVE EMPLOYMENT  
2016-17 SCHOOL YEAR**

This Agreement for Administrative Employment ("Agreement") is made and entered into by and between the West Kern Community College District ("District") and Dr. Stacy Eastman ("Administrator").

**RECITALS**

A. District desires to hire Administrator in the position of Dental Hygiene Director and Administrator hereby accepts such employment on the terms and conditions set forth in this Agreement.

B. Administrator represents and warrants that Administrator possesses the following degree(s) authorizing service in a California Community College and that Administrator possesses minimum qualifications for the position as established by the Board of Governors (See 5 CCR Section 53420): Doctorate of Dental Services

C. Administrator and District acknowledge that Administrator is employed in a management position as an Educational Administrator in accordance with Education Code section 87002. Accordingly, Administrator acknowledges that Administrator serves in this administrative assignment at the pleasure of the Governing Board and that Administrator does not possess a property interest in this administrative position.

D. The purpose of this Agreement is to define the terms and conditions of Administrator's employment with the District.

**AGREEMENT**

1. **Recitals.** The recitals set forth above are true.
2. **Duties.** Administrator agrees to satisfactorily perform the duties of the position as described in the relevant job description, if any, and as requested by the Superintendent/President and/or the Governing Board.
3. **Evaluation.** Administrator shall be evaluated by the Superintendent/President in the manner and in accordance with the time lines established by the Superintendent/President. Any failure to complete these evaluation procedures, or to complete them in a timely manner, shall not extend this Agreement or have any other impact on this Agreement.
4. **Salary.** Administrator shall be compensated for services rendered in accordance with the Management, Supervisory and Confidential salary schedule as that schedule may change from time-to-time. For the 2016-17 school year, the parties acknowledge that Administrator's annual salary shall be [REDACTED]

5. **Fringe Benefits.** Administrator shall receive the same health and welfare, benefits afforded to other management employees. These benefits shall not be considered "vested" and may be changed from time-to-time for administrators as well as all management employees.

6. **Expense Reimbursement.** District shall reimburse Administrator for actual and necessary expenses incurred within the course and scope of Administrator's employment, including mileage expenses, so long as such expenses are consistent with this Agreement and District policy.

7. **Holidays.** Administrator shall receive paid holidays consistent with holidays provided other management employees as specified on the District's management, confidential and supervisory salary schedule.

8. **Work Year.** Administrator shall work twelve (12) full and regular months of service to the District. Days of required service (223) shall be rendered Monday through Friday, and in addition to these days, Administrator shall render such additional service as necessary in the performance of his/her duties without additional compensation. Educational Administrators are entitled to twenty four (24) days of vacation annually, and shall be entitled to accumulate a maximum of sixty (60) days from year to year. Administrator's work year duty days and vacation entitlement shall be as defined on the District's confidential, management and supervisory salary schedule.

9. **Term/Termination.** Administrator is hired for a period commencing July 1, 2016 and terminating at the earliest to occur of the following:

a. **Mutual Consent.** This Agreement may be terminated at any time by mutual consent of the Board and the Administrator.

b. **Non-Renewal of Agreement by District.** The Board may elect not to renew this Agreement effective June 30 of the current school year by providing written notice to the Administrator prior to March 15th in accordance with Education Code sections 72411 and 72411.5 or other applicable provisions of law.

c. **Termination for Cause.** The Board may terminate the Administrator for cause on any of the following grounds: (1) acts done in bad faith to the detriment of the District; (2) breach of this Agreement; (3) unsatisfactory performance; (4) refusal or failure to act in accordance with a specific provision of this Agreement or a directive or order of the Board or the Superintendent/President; (5) misconduct or dishonest behavior; (6) conviction of a crime involving dishonesty, breach of trust, physical or emotional harm to any person; or (7) for other conduct seriously prejudicial to the District.

Notwithstanding Labor Code section 2924, the parties agree that the determination of cause shall be based on the Board's reasonable belief in the existence of good cause for termination. The existence of such cause shall constitute a material breach of this Agreement and shall extinguish all rights and duties of the parties under this Agreement.

If cause exists, the Superintendent/President shall meet with the Administrator and shall submit a written statement of the grounds for termination and copies of written documents the District reasonably believes support the termination. If the Administrator disputes the charges, the Administrator shall then be entitled to a conference before the Board in closed session. The Administrator and the Board shall each have the right to be represented by counsel at their own expense. The Administrator shall have a reasonable opportunity to respond to all matters raised in the charges and to submit any written documents the Administrator believes are relevant to the charges. The conference with the Board shall not be an evidentiary hearing and neither party shall have the opportunity to call witnesses. If the Board, after considering all information presented, decides to terminate this Agreement, it shall provide the Administrator with a written decision and notice of termination. The decision of the Board shall be final.

The parties have acknowledged that Administrator possesses no property interest in Administrator's employment; accordingly, Administrator's conference before the Board shall be deemed to provide Administrator with more due process of law than is required by law. The conference with the Board shall be the Administrator's exclusive right to any conference or hearing otherwise required by law. Administrator waives any other rights that may be applicable to this termination for cause proceeding with the understanding that completion of this hearing exhausts the Administrator's administrative remedies and then authorizes the Administrator to contest the Board's determination in a court of competent jurisdiction.

d. **Termination without Cause.** The Board may, for any reason, without cause or a hearing, terminate this Agreement at any time upon written notice to the Administrator. In consideration for the exercise of this right, the District shall pay to Administrator, if Administrator does not possess "retreat rights" to a faculty position, a sum equal to six (6) month's salary. At the discretion of the Superintendent/President, the District may pay up to six (6) months of District-paid health benefits to Administrator, if Administrator does not possess "retreat rights" to a faculty position. Payment of such benefits, if any, shall begin the month after the Board ratifies the termination of this Agreement. If Administrator possesses "retreat rights" to a faculty position, Administrator shall be entitled to a sum equal to one (1) month's salary.

This liquidated damage payment shall be made during the month following Administrator's termination, shall be subject to applicable payroll deductions, and shall be treated as compensation for state and federal tax purposes. Payments made pursuant to this termination without cause provision shall be considered as final settlement pay; accordingly, no payments made pursuant to this early termination provision shall constitute creditable service or creditable compensation for CalSTRS or CalPERS retirement purposes and no employer or employee contributions shall be made for retirement purposes.

The parties agree that any damages to Administrator that may result from the Board's early termination of this Agreement without cause cannot be readily ascertained. Accordingly, the parties agree that the payments made pursuant to this termination without cause provision, along with the District's agreement to provide health benefits,

and possibly "retreat rights" to a faculty position, constitutes reasonable liquidated damages for the Administrator, fully compensates the Administrator for all tort, contract and other damages of any nature whatsoever, whether in law or equity, and does not result in a penalty. The parties agree that the District's completion of its obligations under this provision constitutes the Administrator's sole remedy to the fullest extent provided by law. Finally, the parties agree that this provision meets the requirements governing maximum cash settlements as set forth in Government Code section 53260 et seq.

e. **Termination for Unlawful Fiscal Practices.** Notwithstanding any other provision of this Agreement to the contrary, if the Board believes, and subsequently confirms through an independent audit, that Administrator engaged in fraud, misappropriation of funds, or other illegal fiscal practices, then the Board may immediately terminate Administrator solely upon written notice to Administrator and Administrator shall not be entitled to any compensation of any nature, whether as cash, salary payments, health benefits, or other non-cash settlement as set forth above. This provision is intended to implement the requirements of Government Code section 53260(b).

f. **Resignation.** If Administrator does not possess any "retreat rights" to a faculty position, Administrator may resign at any time with at least sixty (60) days advance written notice to the Superintendent/President, unless the parties agree otherwise in writing to a shorter notice period. If Administrator possesses "retreat rights" and intends to exercise those rights by resigning from this administrative position and returning to a faculty position, Administrator may resign from this administrative position by providing at least ninety (90) days advance written notice to the Superintendent/President, prior to March 15th of this school year, unless the parties agree to a shorter notice period. If Administrator possesses "retreat rights" but does not intend to exercise those rights and intends to resign from District employment as an administrator and faculty member, Administrator may resign from District employment at any time with at least sixty (60) days advance written notice to the Superintendent/President, unless the parties agree otherwise in writing to a shorter notice period.

10. **Retreat Rights.** If Administrator is released from Administrator's position, Administrator shall have retreat rights to a faculty position to the extent such rights are granted by law. (See, for example, Education code sections 87454 and 87458).

11. **Statement of Reasons.** If Administrator is assigned to a faculty position, Administrator shall, upon request, be entitled to a statement of reasons for the transfer in accordance with Education code section 87457.

12. **Tax/Retirement/STRS Issues.** Notwithstanding any other provision of this Agreement, the District shall not be liable for any state or federal tax consequences or any retirement consequences of any nature as a result of this Agreement.

13. **Board Approval.** The effectiveness of this Agreement shall be contingent upon approval by the District's governing board as required by law.

14. **Integration.** This Agreement contains the entire agreement of the parties and supersedes all prior negotiations, understandings or agreements. Neither of the parties has relied upon any oral or written representation or written information given to the party by any representative of the other party not contained in this Agreement.

15. **Severability.** If one or more of the provisions of this Agreement are declared invalid or unenforceable by judicial, legislative or administrative authority of competent jurisdiction, then the parties agree that the invalidity or unenforceability of any of the provisions shall not in any way affect the validity or enforceability of any other provisions of this Agreement.

By: \_\_\_\_\_ Dated: July 1, 2016  
Dr. Debra Daniels  
Superintendent/President

#### **ACCEPTANCE OF OFFER**

I accept the above offer of employment and the terms and conditions thereof and will report for duty as directed above.

I understand that the District is relying upon information provided by me during the application process in extending this offer of employment. By signing below, I represent that I have not provided the District with any false information or made any material misrepresentation during the job application process. I agree that false, incomplete, or misleading statements or omissions made during the job application process constitute dishonesty and breach of this Agreement and are grounds for termination of this Agreement for cause.

I have not entered into a contract of employment with the governing board of another school district or any other employer that will in any way conflict with the terms or this Employment Agreement.

Dated: July 1, 2016 \_\_\_\_\_  
Dr. Stacy Eastman

# **TAFT EXHIBIT 18**

## DH Program Director Responsibilities

### Administrative

Manage and participate in the development and implementation of goals, objectives, policies and procedures for assigned activities.

Administer policies.

Supervise the operation of the Dental Hygiene Program.

Schedule and staff all dental hygiene classes and clinics.

Schedule a licensed DDS to be present during all clinic sessions.

Lead faculty in curriculum planning and annual review and assessments.

Chair the DH Selection Committee

Supervise assigned personal and perform annual evaluations

Develop and oversee DH Program budget.

Monitor the ordering of all clinic supplies and maintenance of all clinical equipment and lab equipment and supplies.

Approve DH purchases and contracts.

Prepare Accreditation Reports.

Conduct, write and submit the Annual Program Review.

Facilitate regular meetings of the DH Advisory Board.

Facilitate and chair the weekly DH Staff Meetings.

Represent the Dental Hygiene Program to other departments and outside agencies.

Attend Board Meetings when requested or it items relating to DH being approved.

Meet with VP of Instruction when requested.

Attend and participate in Math and Science Department meetings.

Attend and participate in CTE meetings.

Attend Monthly Curriculum Committee meetings.

Attend Management meetings.

Member of the Health Benefits Committee.

Member of the ROC Dental Assisting Advisory Board

Meet with faculty and students as needed.

Other Duties as assigned or needed.

### Teaching Responsibility

Didactic and clinical instruction.

Class preparation.

Participate in the development/design and revision of curriculum.

Monitor student progress.

Serves as Supervising Dentist in Clinic.

Serves as Clinic Coordinator in Clinic.

Works to resolve student issues.

Meets with students as needed.

## DH Program Director Supplemental Responsibilities

**Serve as the Dental Director for the First 5 Kern Grant Project. This is a collaborative between Taft College, Kern County Superintendent of Schools, First 5 Kern and contracting local dentists.**

Manage and oversee the Kern County Children and Family's Commission (First 5 Kern) project for Taft College.

Participate in the development and assessment of goals and milestones.

Supervise assigned TC personal to the project and perform annual evaluations.

Conduct monthly staff meetings in Ridgecrest Office with program staff.

Conduct monthly staff meeting in Bakersfield Office with program staff.

Meet monthly with Program Fiscal Agent to review budget and make transfers as needed.

Meet monthly with Program Manager to review numbers and data.

Attend Monthly Kern County Children and Family Commission Meetings.

Attend weekly Kern County DTI Collaborative Meetings.

Assist in completing quarterly program reports to First 5 Commission.

Create and report annual reports to First 5 Commission.

Facilitate quarterly meetings with all program staff.

Cover for clinical staff when on extended leave.

Arrange and coordinate transportation of equipment to school sites.

Approve project expenditures.

Meet annually with contracting dentists to discuss program and negotiate fee schedules.

Review and approve treatment plans submitted by contracting dentists.

Assist in developing and overseeing project budget.

Meet with First 5 Executive Director or other program staff as needed.

Meet with school officials when they first agree to receive program services.

Assist in preparation of materials for annual Administrative Review by First 5 staff.

Create contract for subcontractors and submit for Board Approval.

Participate in local community events.

Other duties as assigned.

# **TAFT EXHIBIT 19**

CRN	Course	Days	Dates	Hours	Location
-----	--------	------	-------	-------	----------



**OFFICE HOURS:**  
(Available to all students during any of the below listed times.)

		Mon	01/17/2017-05/18/2017 01/17/2017-05/18/2017	09:00AM-10:00AM -	DH
--	--	-----	--	----------------------	----

**COURSES:**

21152	DNTL 1054-20		01/17/2017-05/18/2017		DH
20430	DNTL 2020-20	Tue	01/17/2017-05/18/2017	02:10PM-03:00PM	DH
20430	DNTL 2020-20	Tue	01/17/2017-05/18/2017	03:01PM-06:00PM	DH
20432	DNTL 2243-20	Mon	01/17/2017-05/18/2017	10:10AM-11:00AM	DH
20432	DNTL 2243-20	Mon	01/17/2017-05/18/2017	01:10PM-05:00PM	DH
20432	DNTL 2243-20	Tue	01/17/2017-05/18/2017	08:10AM-12:00PM	DH
20432	DNTL 2243-20	Thu	01/17/2017-05/18/2017	08:10AM-12:00PM	DH
20432	DNTL 2243-20	Thu	01/17/2017-05/18/2017	01:10PM-05:00PM	DH

# **TAFT EXHIBIT 20**

## Adjunct Faculty

Name	Instructor of	Email
Acosta, Suzanne	Art History	sacosta@taftcollege.
Adams, Brian	Engineering	badams@taftcollege
Agundez, Adrian	Computer Science	aagundez@taftcolleg
Ambrose, Brooke	Independent Living Skills	bambrose@taftcolle
Andrews, Megan	Counselor	mandrews@taftcolle
Ashmore, April	Biology	aashmore@taftcolle,
Balestino, Theodore	Welding	tbalestino@taftcollej
Bandy, Don	Geography, Health Education	dbandy@taftcollege.
Batchelor, Gregg	Administration of Justice	gbatchelor@taftcolle
Bell, Cassidy	Physical Education	cbell@taftcollege.ed
Bench, Patricia	Psychology	pbench@taftcollege.
Brixy, Gabrielle	Management	gbrixy@taftcollege.
Burnham, Kyle	Music	kburnham@taftcolle
Combs, Noelle	Political Science	ncombs@taftcollege
Cook, Larry	Mathematics	lcook@taftcollege.ec
Cross, Vanessa	English	vcross@taftcollege.e
Cuate, Bertha	Early Childhood Education	bcuate@taftcollege.e
Cunningham, John	Mathematics	jcunningham@taftcc
Cutrona, Angelo	Head Men's Soccer Coach, Physical Education	acutrona@taftcolleg
Cutrona, Myisha	Head Women's Soccer Coach, Physical Education	mcutrona@taftcolleg
DeFreece, Christopher	Physical Education	cdefreece@taftcolleg
Dimayuga, Anna	Fine Art	adimayuga@taftcolle
Draucker, Esther	Anthropology	ldraucker@taftcolleg

Duncan, Brandon Dr.	History	bduncan@taftcollege
Dunham, Geoffrey	Independent Living Skills	gdunham@taftcollege
Durkan, Brian	Physical Education	bdurkan@taftcollege
Eastman, Stacy Dr.	Dental Hygiene	seastman@taftcollege
Elkerdany, Amira	Dental Hygiene	aelkerdany@taftcollege
Fariss, Jeff	Health Education	jfariss@taftcollege.edu
Ferguson, Bruce	Physical Education, Health Education	bferguson@taftcollege
Golling, Leigh	Drama	lgolling@taftcollege.edu
Goodman, Daniel	Computer Science	dgoodman@taftcollege
Guitron, Anna	Spanish	aguitron@taftcollege
Hanawalt, April	Sociology	ahanawalt@taftcollege
Hawkins, Gregory	Independent Living Skills	ghawkins@taftcollege
Headrick, Donna	Biology, Health Education	dheadrick@taftcollege
Hickman, Ryan	English	rhickman@taftcollege
Holden, Richard	Digital Art, Business	rholden@taftcollege
Huddleston, Crystal	English	chuddleston@taftcollege
Husband, Jennifer	Business	jhusband@taftcollege
Jennings, Sandra	Dental Hygiene	sjennings@taftcollege
Jose, Marie	Sociology	mjose@taftcollege.edu
Kelsch, Noel	Dental Hygiene	nkelsch@taftcollege.edu
Khasky, Amy	Psychology	akhasky@taftcollege
Leonzo, Hector	Mathematics	hleonzo@taftcollege
Lindquist, Erica	Art History	elindquist@taftcollege
McCracken, Susan	Dental Hygiene	smccracken@taftcollege
McDaniel, Steven	English	smcdaniel@taftcollege
Milbury, Matthew	Engineering	mmilbury@taftcollege

# **TAFT EXHIBIT 21**

As seniors in the Taft Dental Hygiene Program we are required to go out on rotation to the Bakersfield Veterans Affairs (VA) facility once each semester. This semester my outing was at the beginning of the semester. I found the VA clinic to be neglectful in terms of dental care, careless toward the upkeep of their instruments, and accepting of an overall atmosphere of malpractice.

The VA clinic only offers hygiene services on Tuesdays and Thursdays during the fall and spring semesters, because there is not a Registered Dental Hygienist employed. The dental hygiene students of Taft College solely provide the hygiene services at the VA. The appointments are approximately two hours long and consist of a full periodontal evaluation and charting, prophylaxis, usually consisting of scaling and root planing, oral hygiene instructions, and polishing. The dentist that is employed by the VA prefers if we finish treatment on the patient's full mouth during one appointment. He also prefers if we do not use anesthetics unless absolutely necessary. The assumed reasoning behind finishing a full mouth treatment in one appointment is because the patient is only allotted a once a year cleaning. If the patient would like to be seen more than once a year, they have to walk in and hope there has been a cancellation so they can finish their treatment. Many of the VA patients need to be referred to a Periodontist to receive more comprehensive treatment. These concepts that the VA has established are in conflict with the ethical principle of Veracity. There is a lack of honesty on the VA's part and this additionally interferes with Autonomy. If the patient does not know the extent of their condition, they cannot make an informed decision regarding their health needs. Finally, not offering the standard of care with appropriate recalls interferes with Beneficence.

The instruments, which the VA supplies, are in deplorable conditions. The instruments have been used to the point that they are missing the original shapes and contours. This leaves

the instruments in a condition to burnish calculus, or even break while being used. The instruments are arranged randomly. While some cassette were stocked with basic instruments and sharpening stones, others did not even have the essentials such as an explorer. Without having properly sharpened instruments in working condition, the hygienist cannot appropriately remove the calculus. There is no way for the periodontal tissue to heal correctly with burnished calculus remaining subgingivally. The residual calculus may lead to periodontal abscesses or even tooth loss. There was only one ultrasonic scaler available between the two operating rooms. Under the Doctor's directions we were not allowed to use the ultrasonic unless absolutely needed. Ideally, with instruments such that the VA has, it would have been beneficial to each patient to use the ultrasonic. Unfortunately, given the circumstances this could not be accomplished. It is not fair to the patient who comes seeking treatment to receive poor care due to instruments in disrepair. The same quality of care is not given to each patient; it's the luck of the draw if you pull a good cassette or whether or not it is your turn to use the ultrasonic. Not giving the quality of care to each patient is also in conflict with the ethical principles of Justice and Beneficence.

The dentist at the VA did not check any of the patients that my fellow student or I saw during the two days we were at the VA, and all of the patients seen that day had not been to the VA in over a year. Another area of concern is the lack of radiographs available to the Hygiene Students. During the appointments I discussed oral hygiene instructions, and the importance of regular dental care especially when systemic diseases. One patient in particular caught my attention. He was almost 60 and had been coming to the VA for his dental care for several years. He was a diabetic and coded as a MOD with heavier deposits on the mandibular arch and the molars of the maxillary arch. Without radiographs a true diagnosis is not attainable. Therefore

his type is not confirmed. No one had ever told him the importance and correlation between periodontal disease and diabetes. When I told him about the regular dental cleanings at least every six months, he was ready to take the next step and make his appointment right then to guarantee he would be seen. Unfortunately, that is when both he and I were informed of the VA's internal policy to only schedule each patient once per year. They only send out reminders once a year. This leads the patient to a false understanding that the standard of care would be a dental cleaning once a year when in all reality it is a six month recall for patients that are not periodontally involved, and much shorter recalls of 3-4 months for patients that are periodontally involved. This way of treating patients is in conflict with the ethical principle of Beneficence, Nonmaleficence, and Autonomy.

In summary, without being examined by the dentist of record, the patients are being treated negligently. Without radiographs the severity of bone loss would be undocumented, with the current instruments the proper removal of calculus could not be accomplished, or without a dentist's examination of carious lesions the patient is left undiagnosed, which can cause disease progression. From my perspective, the VA's method of treating patients conflicts with the core ethical principles of Beneficence, Nonmaleficence, Justice, Autonomy, and Veracity. As a hygienist it is my mission to be honest in educating, inspiring, and motivating each individual patient to take ownership of their oral and systemic health as well as engage the dental community through life long education and clinical application. At every turn, the VA clinic seemed to be in conflict my core values as a hygienist. Each patient should be cared for to the best of our ability and not denied the standard of care.

# **TAFT EXHIBIT 22**

## Services Rendered

Date <b>5.6.17</b>	Patient [REDACTED]	Zip Code <b>02228</b>
Health History <input checked="" type="radio"/> New Review BP: <u>110/69</u> Pulse: <u>72</u> BG: <u>149</u>	Age <input type="radio"/> Child <input type="radio"/> Adolescent <input checked="" type="radio"/> Adult <input type="radio"/> Geriatric <input type="radio"/> Special Needs	Calculus Code <input type="radio"/> LNC <input type="radio"/> Simple I <input type="radio"/> Simple II <input checked="" type="radio"/> Moderate <input type="radio"/> Heavy
Intra/Extra Oral Exam <input checked="" type="radio"/> New Review Deposit Assessment FM UR UL LL LR <input checked="" type="radio"/> Probe FM UR UL LL LR <input checked="" type="radio"/> Treatment Plan <input type="radio"/> Daily Objective	Risk Assessment <input type="radio"/> Oral <input type="radio"/> Caries Low Moderate High <input type="radio"/> Perio Low Moderate High <input type="radio"/> Cancer Low Moderate High <input type="radio"/> Informed Consent	Radiographs <input type="radio"/> FMX Digital <input type="radio"/> BWX Digital <input type="radio"/> FMX Film <input type="radio"/> BWX Film <input type="radio"/> Pano Periapical Radiographs Tooth # _____ Sent to private DDS Yes No
Scale/ Root Plane FM UR <u>UL</u> LL LR Teeth # <u>#10, #12, #13</u> Ultrasonic Instrumentation FM UR UL LL LR Teeth # _____ Periodontal Assessment UR UL LL LR Periodontal Re-evaluation UR UL LL LR Subgingival Irrigation FM UR UL LL LR Type _____	Polish <input type="radio"/> Fluoride <input type="radio"/> Amalgam Polish Tooth # _____ Study Models <input type="radio"/> Bleaching Trays <input type="radio"/> Application of Whitening Agents <input type="radio"/> Care of Oral Prosthesis <input checked="" type="radio"/> Nitrous Oxide Tidal Volume <u>7</u> % Nitrous <u>20% 1-4 L</u> Pt response <u>good</u> Sealants Tooth # _____	PPI% <u>17</u> Oral Hygiene Instruction <input checked="" type="radio"/> Brush Power Brush Floss Floss Aids Rubber Tip Water Pik End tufted Brush Interdental Brush TP _____ Rinse <u>Sensodyne</u> Other _____ Arestin Tooth # _____ Desensitizing Agents Type _____ Tooth # _____ Referral DDS Perio MD <input type="radio"/> Immediate Evaluation <input type="radio"/> Routine Evaluation/Care <input type="radio"/> Pathology <input type="radio"/> Pain / Infection <input type="radio"/> Other
Local Anesthesia Yes N/A _____ cart(s) Lido 2% with epi 1:100,000 _____ cart(s) Septo 4% with epi 1:200,000 _____ cart(s) Prilocaine 4% with epi 1:200,000 <u>1.5</u> cart(s) Carbocaine 3% no vasoconstrictor Comments _____	Maxillary Injections <input type="radio"/> PSA <input type="radio"/> MSA <input type="radio"/> ASA <input type="radio"/> Infraorbital <input checked="" type="radio"/> AMSA <input checked="" type="radio"/> GP L <input type="radio"/> NP	Mandibular Injections <input type="radio"/> IA to include lingual <input checked="" type="radio"/> Mental/Incisive <input type="radio"/> Buccal <input type="radio"/> Gow-gates Other injections in max or mand <input checked="" type="radio"/> Infiltration L <input checked="" type="radio"/> Intraseptal

Comments Patient did well w/ nitrous and anesthesia  
Used 1/3 carp GP, 2/3 AMSA, 1/3 carp mental - 2 ml each on infiltration  
and intraseptal. No positive aspiration. Tidal Volume 7. Started at  
4:17 pm ended 4:25 pm. 5 minutes of oxygen. Patient needs caution for tenacious calc.

Instructor [Signature] Student [REDACTED] Date 5.6.17

Pt only has a few teeth in both UL & LL but  
very tenacious. Rec'd resorb w/ correction

# TAFT COLLEGE DENTAL HYGIENE FACULTY CLINICAL PROGRESS REPORT

**Directions:** Based upon your clinical experience/interactions with the student named, provide the following information. This information will be compiled for each student and provided at midterm conferences.

STUDENT: [REDACTED]

STRENGTHS:

→ A very pleasant personality.  
→ Very teachable

WEAKNESSES:

?

SUGGESTED AREAS FOR IMPROVEMENT:

Congratulations Ms. RDH!  
Enjoy your future!

ADDITIONAL COMMENTS / OBSERVATIONS:

Student is at 75% in 3rd & 4th

FACULTY: Deana Crig

DATE: 5/8/2017

# **TAFT EXHIBIT 23**

Taft College Dental Hygiene Program – Class of 2017 Clinical Requirement Status

Student Number	Clinical Patient Requirements Needed	Local Anesthesia Clinical Requirements Needed	Nitrous Oxide – Oxygen Sedation Clinical Requirements Needed
1	Moderate Arch – 0 Heavy Quadrant – 0	ASA – 0 MSA – 0 AMSA – 1 PSA – 1 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 2 Inferior Alveolar (IA)/Gow Gates – 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 2 Intraseptal - 1	1 experience
2	Moderate Arch – 4 Heavy Quadrant – 2	ASA – 0 MSA – 0 AMSA – 3 PSA – 0 GP – 2 Nasopalatine (P-ASA) – 2 Supraperiosteal - 4 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 4 Incisive - 4 Intraseptal - 4	3 experiences
3	Moderate Arch – 1 Heavy Quadrant – 4	ASA – 0 MSA – 0 AMSA – 2 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 2	1 experience

Taft College Dental Hygiene Program – Class of 2017 Clinical Requirement Status

		Supraperiosteal - 0 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 3 Intraseptal -0	
4	Moderate Arch – 1 Heavy Quadrant – 0	ASA – 0 MSA – 0 AMSA – 0 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 0 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 2 Intraseptal -0	1 experience
5	Moderate Arch – 2.5 Heavy Quadrant – 0	ASA – 0 MSA – 0 AMSA – 0 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 0 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 1 Intraseptal -1	1 experience
6	Moderate Arch – 0	ASA – 0	2 experiences

Taft College Dental Hygiene Program – Class of 2017 Clinical Requirement Status

	Heavy Quadrant – 1	MSA – 0 AMSA – 0 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 0 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 2 Intraseptal -0	
7	Moderate Arch – 1 quad Heavy Quadrant – 0	ASA – 0 MSA – 0 AMSA – 1 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 1 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 2 Intraseptal -1	0 experiences
8	Moderate Arch – 2 Heavy Quadrant – 4	ASA – 0 MSA – 0 AMSA – 3 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 0 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0	2 experiences

Taft College Dental Hygiene Program – Class of 2017 Clinical Requirement Status

		Buccal - 0 Mental - 2 Incisive - 2 Intraseptal -0	
9	Moderate Arch – 0 Heavy Quadrant – 3	ASA – 0 MSA – 0 AMSA – 0 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 0 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 2 Intraseptal -0	2 experiences
10	Moderate Arch – 0 Heavy Quadrant – 0	ASA – 0 MSA – 0 AMSA – 1 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 2 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 2 Intraseptal -1	3 experiences
11	Moderate Arch – 3 Heavy Quadrant – 1	ASA – 0 MSA – 0 AMSA – 2 PSA – 0	2 experiences

Taft College Dental Hygiene Program – Class of 2017 Clinical Requirement Status

		GP – 0 Nasopalatine (P-ASA) – 1 Supraperiosteal - 1 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 2 Intraseptal -1	
12	Moderate Arch – 1 Heavy Quadrant – 4	ASA – 0 MSA – 0 AMSA – 1 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 2 Supraperiosteal - 0 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 3 Intraseptal -2	3 experiences
13	Moderate Arch – 0 Heavy Quadrant – 1	ASA – 0 MSA – 0 AMSA – 1 PSA – 0 GP – 1 Nasopalatine (P-ASA) – 3 Supraperiosteal - 0 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 3 Incisive - 3	1 experiences

Taft College Dental Hygiene Program – Class of 2017 Clinical Requirement Status

		Intraseptal -1	
14	Moderate Arch – 0 Heavy Quadrant – 0	ASA – 0 MSA – 0 AMSA – 2 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 1 Supraperiosteal - 1 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 3 Intraseptal -1	2 experiences
15	Moderate Arch – 0 Heavy Quadrant –3	ASA – 0 MSA – 0 AMSA – 0 PSA – 4 GP – 3 Nasopalatine (P-ASA) – 4 Supraperiosteal - 3 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 3 Intraseptal -4	2 experiences
16	Moderate Arch – 0 Heavy Quadrant –3	ASA – 0 MSA – 0 AMSA – 0 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 0	0 experiences

Taft College Dental Hygiene Program – Class of 2017 Clinical Requirement Status

		Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 2 Intraseptal -0	
17	Moderate Arch – 2 Heavy Quadrant – 1	ASA – 0 MSA – 0 AMSA – 3 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 2 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 2 Incisive - 3 Intraseptal -3	2 experiences <ul style="list-style-type: none"> <li>Program director recorded same experience in 2 different N2O-O2 sections (2243 &amp; 2134)</li> </ul>
18	Moderate Arch – 4.5 Heavy Quadrant – 1	ASA – 0 MSA – 0 AMSA – 1 PSA – 0 GP – 0 Nasopalatine (P-ASA) – 0 Supraperiosteal - 2 Inferior Alveolar (IA)/Gow Gates - 0 Lingual - 0 Buccal - 0 Mental - 3 Incisive - 3 Intraseptal -2	1 experience
19	Moderate Arch – 2 Heavy Quadrant – 2	ASA – 0 MSA – 0	1 experience <ul style="list-style-type: none"> <li>Program director recorded 2</li> </ul>

Taft College Dental Hygiene Program – Class of 2017 Clinical Requirement Status

		<p>AMSA – 0                  PSA – 0                  GP – 0                  Nasopalatine (P-ASA) – 1                  Supraperiosteal - 2                  Inferior Alveolar (IA)/Gow Gates - 0                  Lingual - 0                  Buccal - 0                  Mental - 2                  Incisive - 2                  Intraseptal -2</p>	<p>of the same experiences in 2                  different N2O-O2 sections                  (2243 &amp; 2134)</p>
20	<p>Moderate Arch – 0                  Heavy Quadrant – 1</p>	<p>ASA – 0                  MSA – 0                  AMSA – 0                  PSA – 0                  GP – 0                  Nasopalatine (P-ASA) – 0                  Supraperiosteal - 0                  Inferior Alveolar (IA)/Gow Gates - 0                  Lingual - 0                  Buccal - 0                  Mental - 2                  Incisive - 2                  Intraseptal -0</p>	<p>0 experiences</p>
21	<p>Moderate Arch – 5                  Heavy Quadrant – 2</p>	<p>ASA – 0                  MSA – 0                  AMSA – 1                  PSA – 1                  GP – 1                  Nasopalatine (P-ASA) – 1                  Supraperiosteal - 1                  Inferior Alveolar (IA)/Gow Gates - 0                  Lingual - 0                  Buccal - 0</p>	<p>2 experiences</p>

Taft College Dental Hygiene Program – Class of 2017 Clinical Requirement Status

		<p>Mental - 3 Incisive - 3 Intraseptal -1</p>	
	<p>TCDH Program Requirements: Moderate Arches – 5 Heavy Quadrants – 5</p>	<p>DHCC Clinical Requirements: Anterior Superior Alveolar (ASA)/Infraorbital – 4 Middle Superior Alveolar (MSA) - 4 Anterior Middle Superior Alveolar (AMSA) - 4 Posterior Superior Alveolar (PSA) - 4 Greater Palatine (GP) - 4 Nasopalatine (P-ASA) - 4 Supraperiosteal - 4 Inferior Alveolar (IA)/Gow Gates - 4 Lingual - 4 Buccal - 4 Mental- 4 Incisive - 4 Intraseptal – 4</p>	<p>DHCC Clinical Requirements: 3 Experiences</p>

1. Of the random 16 charts audited for adolescent patient experiences, 10 patients qualified for an adolescent experience (62%)
  - a. Ages of patients that did not qualify were:
    - i. 43
    - ii. 20
    - iii. 21
    - iv. 25 (2)
    - v. 23
  
2. Of the random 14 experiences audited for nitrous oxide-oxygen sedation experiences, 4 qualified for a nitrous oxide-oxygen sedation experience (28%)
  - a. Times which did not qualify:
    - i. 5 minutes (3)
    - ii. 15 minutes
    - iii. Unknown (6)



**Saturday, June 10, 2017**

**Dental Hygiene Committee of California**

**Education Subcommittee Meeting**

**Agenda Item 5**

**Discussion and Possible Recommendation to  
the Full Committee regarding Maintaining or  
Withdrawing Approval of Concorde Career  
College – Garden Grove: Substantive  
Changes to their Dental Hygiene Educational  
Program**



## MEMORANDUM

<b>DATE</b>	June 10, 2017
<b>TO</b>	Education Subcommittee
<b>FROM</b>	Adina A. Pineschi-Petty DDS, Educational Specialist
<b>SUBJECT</b>	<b>EDU 5 Concorde Career College – Garden Grove Dental Hygiene Program Director</b>

### BACKGROUND

Concorde Career College – Garden Grove (CCC-GG) is required to notify the Dental Hygiene Committee of California (DHCC) of any change in the accountability to a Dental Hygiene program within 10 days of the change within the Program Director status per the California Code of Regulations (CCR) Title 16, Division 11. Section 1105.3 (a)(2)(B) which states: a) Each dental hygiene program holding a certificate of approval shall: (2) Notify the Committee within ten (10) days of any: (B) Change in the organizational structure, administrative responsibility, or accountability in the dental hygiene program, the institution of higher education in which the dental hygiene program is located or with which it is affiliated that will affect the dental hygiene program.

Dr. Bina, the former CCC-GG DH Program Director, was released from duty on, or about, May 4, 2016. The DHCC was informed on, or about, June 22, 2016, that Dr. Goshtasbi was placed as the Interim Program Director from CODA, as CCC-GG did not notify the DHCC of this change in administrative responsibility.

The DHCC was informed that CCC-GG hired a new program director and on May 17, 2017, the DHCC requested information on the new program director from CCC-GG and was notified of the requirements for program director that may be found in CCR Title 16, Division 11 Section 1105.1 (a).

On May 22, 2017, the DHCC received an electronic submission of the requested information from CCC-GG Dental Hygiene Program Director Kirsten Roling, DDS.

- a. According to the Contract Letter, she assumed her position as of March 15, 2017, approximately two months prior to the notification of the DHCC.
- b. Section 1105.1 (a)(1) states that the program director should: Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions.
  1. Dr. Roling holds California Dental License #42088 issued by the Dental Board of California (DBC).
  2. Dr. Roling's license has had previous disciplinary action.
  3. Revocation on October 8, 2000.

On May 25, 2017, the DHCC notified CCC-GG that if CCC-GG continues to retain Dr. Roling as Program Director, CCC-GG risks the DHCC's approval of the CCC-GG Dental Hygiene Program and for your graduates to obtain a California license in dental hygiene.

#### **STAFF RECOMMENDATION**

It is staff's recommendation that the Dental Hygiene Committee of California revokes approval for the Dental Hygiene Program at Concorde Career College – Garden Grove for continued noncompliance.



**Saturday, June 10, 2017**

**Dental Hygiene Committee of California**

**Education Subcommittee Meeting**

**Agenda Item 6**

**Discussion and Possible Recommendation to  
the Full Committee regarding Maintaining or  
Withdrawing Approval of Shasta College  
Dental Hygiene Educational Program: Faculty  
Compliance Requirements**



## MEMORANDUM

<b>DATE</b>	June 10, 2017
<b>TO</b>	Education Subcommittee
<b>FROM</b>	Adina A. Pineschi-Petty DDS, Educational Specialist
<b>SUBJECT</b>	<b>EDU 6 Shasta College Dental Hygiene Faculty Academic Requirement Status</b>

### BACKGROUND

On March 27, 2017, Shasta College Dental Hygiene Program (Shasta) Director Charles Cort was notified by the Dental Hygiene Committee of California (DHCC) that two faculty members did not possess baccalaureate degrees and were out of compliance of the California Code of Regulations §1105.1(b) which states:

*"Program Faculty" means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S Department of Education or Council for Higher Education Accreditation,..."*

Shasta was informed that "The priority of the DHCC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHCC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. With the deficiencies listed above for the faculty of Shasta College, you risk the DHCC's approval for your school and for your graduates to obtain a California license in dental hygiene if the deficiencies are not corrected." Shasta was given until May 1, 2017 to submit a plan to correct deficiencies.

On May 1, 2017, Kathy Royce RN MN, Dean of Shasta College Health Sciences, submitted a plan via electronic mail stating that all faculty members would have baccalaureate degrees by August 2019, to allow for the two faculty members to attain their baccalaureate degrees.

On May 22, 2017, the DHCC notified Shasta that their remediation plan was insufficient and would allow the two faculty members to teach out this semester (Spring 2017), but that they may not teach in future semesters in the Shasta College Dental Hygiene Program until a baccalaureate degree is granted.

On May 31, 2017, the DHCC notified Shasta that the Shasta College Dental Hygiene Program will be on the agenda of the DHCC Meeting on Saturday, June 10, 2017.

On May 31, 2017, the DHCC received an electronic mail from Shasta stating “While we are disappointed with the decision to not grant us the remediation time for our faculty to obtain their bachelor's degree, upon receipt of your second letter, we noticed the two faculty members and are in the process of replacing them with faculty who do have a bachelor's degree. As we complete the hiring process, we will update the Biosketches on file with DHCC.”

### **STAFF RECOMMENDATION**

The DHCC staff recommends at this time to monitor and follow-up with Shasta for compliance.



**Saturday, June 10, 2017**

**Dental Hygiene Committee of California**

**Education Subcommittee Meeting**

**Agenda Item 7**

**Future Agenda Items**



**Saturday, June 10, 2017**

**Dental Hygiene Committee of California**

**Education Subcommittee Meeting**

**Agenda Item 8**

**Adjournment of the Education Subcommittee**