

Accreditation Requirements for Dental Hygiene Programs

Effective July 2001

Updated with Practice Outcomes Assessment- November 2001

Updated November 30, 2004

Updated November 30, 2005

Updated November 30, 2006

Updated November 30, 2007

Updated November 30, 2008

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Accreditation Requirements Dental Hygiene

The Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada (CDAC) is a partnership with membership from the public and organizations representing oral health care professionals, educators who prepare them and regulators responsible for their competence and continuing safe practice. The CDAC, in consultation with its partners, develops and approves requirements for educational programs preparing dentists, dental specialists, dental interns/residents, dental hygienists and dental assistants. The CDAC also develops and approves requirements or standards for institutional dental services. The CDAC reviews educational programs and dental services by means of structured, on-site visits following receipt of submissions presenting detailed information in the required format. Programs and services meeting or exceeding the requirements are granted accredited status.

Mission

The CDAC is dedicated to the evaluation and improvement of educational programs located in post-secondary institutions and health facilities that prepare oral health providers to serve the Canadian public.

Basic Process

The starting point within accreditation is the CDAC's development, approval and ongoing revision of accreditation requirements. Educational programs and dental services are invited to apply for review against current requirements. Programs applying submit detailed documentation outlining evidence addressing the accreditation requirements. A site visit is then arranged, and an accreditation survey team conducts interviews with faculty members, students and other stakeholders, to secure additional information. This process clarifies issues arising from the submission and generally verifies that the documentation reflects the program or service. The survey team then submits a report to the CDAC. The CDAC then determines the eligibility of the program or service for accreditation.

Responsibilities of Accredited Programs or Services

Programs or services invite the CDAC to conduct a review to assess eligibility for accreditation. Once initially accredited, the CDAC notifies programs or services when reassessment is required, in order to maintain accredited status.

Programs or services must submit reports to the CDAC as requested following an accreditation survey. Programs or services must also, on their own initiative, inform the CDAC, in writing, of any significant changes, completed or pending, in supporting facilities, resources, complement, curriculum or structure.

The CDAC requires the cooperation of programs in studies related to the improvement of the accreditation process and in the administration of specific national mechanisms identified as important to the common interests of education and accreditation and of dental, dental specialties, dental hygiene and dental assisting organizations. Educational programs are expected to cooperate in completing the CDAC's Annual Program Review.

Clarification of Terms

Particular attention should be paid to the wording of each requirement. For example, a requirement may take the form of either a "must" or a "should" statement. There is a significant difference between the two. "Must" statements reflect the importance of a particular requirement. The CDAC defines the terms as follows:

Must or the CDAC expects:

These words or phrases indicate requirements that are *essential or mandatory*.

Should:

This word implies that compliance with the requirement is highly desirable.

May or Could:

These words imply freedom or liberty to follow an alternative to the requirement.

Curriculum Approach

Competency Based Education (CBE), Evidence Based Education (EBE) and Outcomes Based Education (OBE) are terms applied to educational programs which build curriculum, student learning experiences, and evaluation methods from documents that describe the knowledge, skills and values that a student must possess to graduate. These documents include descriptions of all competencies/abilities that a beginning practitioner must consistently perform accurately and efficiently.

Programs preparing health practitioners must also include consideration of the cognitive (foundation knowledge including clinical, biomedical and behavioural sciences), the affective (values associated with professional responsibility) and psychomotor (pre-clinical and clinical) dimensions. These abilities may be expressed through competencies or learning outcomes.

Respect for Educational Innovation And Autonomy

The CDAC strives to ensure that its accreditation requirements and processes do not constrain innovation or program autonomy. The expertise of educators in the development and implementation of educational programs, curriculum and learning experiences is fully acknowledged. For this reason, the CDAC places its emphasis upon assessment of the program's ability to meet its stated objectives and outcomes.

The CDAC requires each educational program to demonstrate that it has established a mission statement that addresses education, client care and research in the context of the program's mission. Discussion of professional ethics should be integrated within the program's teaching, research and client care activities. The accreditation process assesses the program's ability in discharging its mission and in meeting its objectives and outcomes based on the following criteria:

- An appropriate mission statement must be in place, with related program objectives and outcomes.
- Abilities statements (e.g. competencies, learning outcomes) must be included in the program's philosophy, objectives and outcomes.
- Student learning experiences must be consistent with the stated program philosophy, objectives and outcomes.
- Student evaluations must be consistent with the stated program philosophy, objectives and outcomes.
- Student outcomes and other assessments must be used in program revision.

0.0 Program Information

0.1 Please provide the following information:

- Name of Institution
- Mailing and website addresses
- Telephone and fax numbers, e-mail address(es) and the name of site visit coordinator
- Name of President or Chief Executive Officer along with telephone number
- Name of Dean or equivalent along with telephone number
- Name of Program Director or equivalent along with telephone number
- Date program was established
- Provincial authority under which the institution operates
- Program length
- Excerpts from the calendar pertinent to the program
- Name of the Privacy Officer and provide the position job description

0.2 Describe how the Recommendations and Suggestions that resulted from the last accreditation survey report have been addressed.

1.0 Institutional Structure

Requirement

1.1 The dental hygiene program must be established at a post-secondary institution recognized by the appropriate governmental agency.¹ The program must be identified as a recognized faculty/school/division/department of the parent institution. It is expected that the position of the program in the administrative structure will be consistent with that of other comparable programs within the institution. There must be provision for direct communication between the program and the parent institution regarding decisions that directly affect the program. Faculty members should have the opportunity to participate on institution committees.

Institutions offering diploma-level dental hygiene education should be capable of forming articulation agreements or collaborative partnerships with recognized degree-granting institutions.

1- Effective November 21, 2005, programs requesting an accreditation site visit or accreditation status from the CDAC must provide documentation that the program is established at an institution recognized by the appropriate Ministry of Education or governmental agency in the province. Applications failing to provide this information will be considered incomplete and will not be considered by the CDAC.

Documentation Required

- a) Attach as an appendix, the senior organizational chart of the institution (include the names of the individuals currently holding these positions).
- b) Attach as an appendix, an organizational chart of the program.
- c) Attach as an appendix, the terms of reference for the decision-making body that oversees the program.
- d) Attach as an appendix, a list of institution committees in which faculty members participate.
- e) Attach as an appendix a list of the articulation agreements or collaborative partnerships that exist between the institution and recognized degree-granting institutions.

Requirement

- 1.2 The program must define its own mission statement, consistent with that of the parent institution.

Documentation Required

Provide a copy of the mission statement or equivalent for the parent institution and a copy of the mission statement or equivalent for the program.

Requirement

- 1.3 Specific program objectives and outcomes must be consistent with the mission statement. Competencies or learning outcome statements must be included in the program's objectives and outcomes.

Documentation Required

Provide a copy of the competencies and/or learning outcomes established by the program.

Requirement

- 1.4 The parent institution must recognize the unique costs involved in dental hygiene education. Documentation must be submitted providing revenue and expense data for the program.

Documentation Required

- a) Describe or provide copies of the procedures used in determining the budget of the program.
- b) Provide a copy of the current program budget including year-to-date details of revenues and expenditures.
- c) Describe any significant changes in the budget over the past five years.

- d) Comment on the adequacy of the present budget. If program revenues are solely based on program tuition, how does the program deal with revenue shortfalls?
- e) Describe the process for the replacement of old/or the purchase of new equipment and resources.
- f) Describe the process and rationale used to establish clinic fees, if applicable.

Requirement

- 1.5 The program must establish structures and processes for ongoing planning, evaluation and improvement of the quality of the program. Membership and terms of reference for committees must be established and published, recognizing that the parent institution has ultimate responsibility and authority. Committees should include representatives from the program, students and, where appropriate, qualified individuals from the parent institution, and the profession.

Documentation Required

Describe the committee structures and processes that provide for ongoing planning, evaluation and improvement of program quality. Attach as an appendix, the membership, terms of reference and frequency of meetings of these committees.

Requirement

- 1.6 The program must evaluate the degree to which its objectives and outcomes are being met through a formal process. Results of this process must be used to improve program quality.

Documentation Required

Describe the process(es) used to evaluate the program relative to its stated objectives and outcomes, and identify how this process is used to improve program quality.

Requirement

- 1.7 A program advisory committee must be established for dental hygiene programs in the college/institute system. Terms of reference for this committee must be defined in accordance with college/institute policies. The collective membership of the committee is intended to provide information and advice to support both the program and dental hygiene education. The voting membership must consist of non-faculty members.

Documentation Required

- a) List the members of the program advisory committee indicating their educational backgrounds and the constituent group or organisation represented, if applicable.
- b) Provide a brief description of the role of the program advisory committee.

- c) Provide the minutes of meetings held in the past two (2) years.

Requirement

- 1.8 The parent institution may seek financial support from external sources. External contracts must not compromise the programs' stated objectives and outcomes or restrict the research requirements established by the parent institution. To eliminate any perception of bias or breach of ethics that may be a consequence of accepting and administering such funds, the parent institution must involve program administration and maintain transparency in relation to the process to seek external funding sources and any conditions attached to the acceptance of such funds. External funding must not determine the selection of students, design and content of the curriculum, choice of techniques and materials used in teaching and the appointment of academic or administrative staff.

Documentation Required

Describe the impact of external funding on student selection, program curriculum, the selection of teaching materials and academic appointments.

2.0 Educational Program

2.1.0 Admissions

Requirement

- 2.1.1 Admission must be based on specific selection criteria, which must be established and published prior to the consideration of applicants. The criteria must be readily available to advisors and applicants, and be applied equitably during the selection process. Criteria for admission must include academic preparation with completion of a high school program or equivalent being the minimum standard assessed. Faculty members must be involved and or have input in establishing these criteria. Selection criteria should encourage recruitment of a diverse student population with appropriate academic preparation and aptitude.

Documentation Required

- a) Provide the admissions policy that identifies the pre-requisites for admissions and how applicants are selected.
- b) Identify the individual(s) primarily responsible for admissions.
- c) Attach as an appendix, the application information provided to potential applicants.

Requirement

- 2.1.2 An admission committee and/or an equivalent process must be established to select candidates for admission to the program. This committee should include representatives from the program as well as other individuals who are qualified to define and evaluate admissions procedures and criteria.

A candidate's previous academic performance should not be the sole criterion for admission. Admissions committees should consider non-academic criteria in the overall assessment of applicants for admission. The process should employ tests and measurements designed to select students who have the capacity for success in the program. For applicants whose primary language is not the language of instruction in the institution, the results of a language proficiency examination must be considered in the admissions process.

Documentation Required

- a) Describe the role of the admissions committee. Include the membership and terms of reference for this committee.
- b) Identify the language proficiency examination used for applicants whose primary language is not the one of instruction and describe how it is used in the admissions process.
- c) Describe any changes to the admissions process since the last accreditation visit.
- d) Describe the selection interview used in the admissions process.

Requirement

- 2.1.3 The CDAC encourages participation in and the development of mechanisms and studies designed to identify and retain students.

Documentation Required

Describe the mechanisms in place to assist students experiencing academic difficulties and to retain students in the program.

Requirement

- 2.1.4 It is recognized that a student may transfer, with credit, from one accredited program to another. If the program accepts such transfer students, the program must ensure that transfer students are admitted into the appropriate year to permit the students to meet program outcomes.

Documentation Required

If the program accepts transfer students from other accredited programs, attach as an appendix, the established criteria used for the admission of transfer students.

Requirement

- 2.1.5 The assessment criteria for students admitted with advance standing must be readily available to advisors and applicants, and applied equitably during the assessment process. A program accepting such students must establish assessment criteria for these students.

Documentation Required

If the program accepts advanced standing students (e.g. through a prior learning assessment process, etc.), attach as an appendix, the criteria for admission.

Requirement

- 2.1.6 The number of students enrolled in the program must be proportionate to the resources available. These resources include adequate physical facilities, faculty members and support staff and availability of clients.

Documentation Required

- a) Indicate the program's maximum student enrolment and the number of student intakes each year. Using the format below as a guide, indicate the beginning and completion dates for each student intake each year and the current number of students enrolled in the programs at the institution.

	Male	Female	Total
Intake dates: start/finish 1 st year dental hygiene or intake			
Intake dates: start/finish 2 nd year dental hygiene or intake			
Intake dates: start/finish 3 rd year dental hygiene or intake			
Other dental related programs			
Total			

- b) For programs applying for “a program survey” indicate the specific student intake, identifying the program start and completion dates, that is the focus of the application
- c) Comment on adequacy of resources to support current enrollment.

2.2.0 Curriculum Management

Requirement

- 2.2.1 The program must have a written plan for the ongoing review and evaluation of the curriculum, which includes:
- a) defined competencies/learning outcomes;
 - b) a mechanism for the input from faculty members, students, administrators, the curriculum committee and other appropriate sources;
 - c) a mechanism for the evaluation of all courses describing how they contribute to the competencies/learning outcomes; and
 - d) a mechanism to ensure the incorporation of evidence-based practice and emerging information.

Documentation Required

Provide the program's curriculum management plan, policies, and procedures that describe:

- a) the ongoing curriculum review and evaluation process used by the program;
- b) how input is obtained from faculty members, students, administrators, the curriculum committee and other appropriate sources;
- c) how decisions involving curriculum are made; and how the program ensures that curriculum decisions are consistent with the program's stated objectives and outcomes;
- d) the process used to implement curriculum revisions; and
- e) the mechanism used to incorporate evidence-based practice and emerging information.

In addition provide copies of minutes of the curriculum committee or equivalent and summary data of students' evaluation of instruction for the last two (2) years. Copies of students' evaluation of instruction must be available on-site.

Requirement

- 2.2.2 Written documentation of the curriculum must be provided to students at the beginning of each course. This documentation must include course descriptions, content outlines, course objectives and outcomes, learning activities and evaluation procedures.

Documentation Required

Describe when students receive written information and what type of information is provided to students about the courses.

Requirement

- 2.2.3 Teaching strategies and student learning activities must be effectively integrated and coordinated so that the students' educational experiences are comprehensive and promote their ability to demonstrate decision-making and critical thinking skills.

Documentation Required

Provide a concise description of the teaching methods and learning activities used in the program.

Requirement

- 2.2.4 The CDAC recognizes that extramural educational experiences to community health care settings and other health related settings are essential and are complementary to the existing core program within the institution. Scheduling must be done to ensure student progress within the core program is not compromised by these experiences.

Documentation Required

Describe the types of extramural experiences established and how they are scheduled.

2.3.0 Curriculum Content

Requirements 2.3.1 to 2.3.21

- 2.3.1 The CDAC recognizes that there may be various educational models, however the dental hygiene education program must be a minimum of two (2) academic years in length or equivalent. Equivalence must be documented to identify achievement of the same outcomes.
- 2.3.2 The curriculum must include foundation knowledge in the following areas:
- a) behavioural sciences
 - b) biomedical sciences
 - c) oral health sciences
 - d) dental hygiene theory and practice

This foundational knowledge must be integrated throughout the program and must be of sufficient depth, scope, quality and emphasis to ensure achievement of the program's defined objectives and outcomes. Particular attention must be given to the interrelationship of knowledge, especially to the application of theoretical and empirical information into the clinical and community health curricula, so that the program comprises a related body of knowledge rather than a collection of individual and separate subjects. The sequencing of learning experiences must be managed in a rational and logical way. Foundation knowledge must be established early in the dental hygiene program, and must be of appropriate scope

and depth to permit students to demonstrate competence in all defined program competencies.

Program scheduling must provide sufficient pre-clinical and clinical sessions appropriately distributed and sequenced throughout the program to permit students to achieve competence providing dental hygiene care for clients. Students must begin pre-clinical activities early in the program. Clinical activities must then be scheduled for students to provide dental hygiene care for clients until competence is achieved.

2.3.3 The program must develop competencies or learning outcomes to express the abilities expected of program graduates. Various approaches may be used to define these abilities; however they must address the following elements of the dental hygiene practice:

- a) professional conduct;
- b) safe, ethical and professional practice environment;
- c) communication;
- d) collaborative practice/teamwork;
- e) systematic inquiry and theoretical reasoning;
- f) dental hygiene process of care (including dental hygiene assessment, dental hygiene diagnosis, dental hygiene planning, dental hygiene implementation and evaluation of dental hygiene services);
- g) interceptive, therapeutic and supportive clinical therapy;
- h) health promotion for individuals and communities; and
- i) education for individuals and groups.

These ability statements must be of sufficient depth, scope and quality to reflect an entry-to-practice level/standard. The program must include, at a minimum, the provincial scope of practice consistent with the dental hygiene regulatory requirements determined by the provincial authority responsible for dental hygiene regulation. Programs are encouraged to provide information with respect to the scope of dental hygiene practice, on the national level.

Behavioural Sciences

2.3.4 Behavioural science content (including oral and written communications, psychology, sociology, education and health promotion and community programming) must be included in the curriculum.

2.3.5 Behavioural science content must be of sufficient scope and depth so that knowledge can be applied to client-centred approaches for promoting, improving and supporting the oral health and wellness of diverse client populations and to develop the communication skills to function successfully in a multi-cultural work environment.

Biomedical Sciences

- 2.3.6 Biomedical science content (including content in anatomy, physiology, chemistry, biology, biochemistry, microbiology, immunology, general pathology, nutrition and pharmacology) must be included in the curriculum to provide background for evidence based practice decisions.
- 2.3.7 Biomedical science instruction must support an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems.
- 2.3.8 The biomedical knowledge base must emphasize the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.
- 2.3.9 Information on abnormal biological conditions must be provided to support understanding of the etiology, epidemiology, diagnosis, pathogenesis, prevention, treatment and prognosis of oral and oral-related disorders and pathologies.
- 2.3.10 Biomedical science knowledge must be of sufficient depth and scope for graduates to apply advances in modern biology to clinical and community practice, and to integrate new medical knowledge and therapies relevant to oral health care and to health promotion.

Oral Health Sciences

- 2.3.11 Curriculum content (including content in tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, dental specialties, pain and anxiety management, and dental materials) must be of sufficient scope and depth to permit graduates to apply knowledge or develop science based, client centred approaches for promoting, improving and supporting oral health and wellness.

Dental Hygiene Theory and Practice

- 2.3.12 Dental hygiene theory content must be of sufficient scope and depth for graduates to apply the fundamental principles of dental hygiene theory as they pertain to client-centred approaches for promoting, improving and supporting oral health. Dental hygiene theory must be sequenced throughout the program to ensure the integration of theory and practice. Graduates must have the ability to provide realistic and rational dental hygiene services for individuals and groups.
- 2.3.13 Students must develop the ability to use fine motor skills in the assessment, implementation and evaluation of clinical dental hygiene care.
- 2.3.14 Graduates must be able to critically review literature important for dental hygiene services.

- 2.3.15 Graduates must have the ability to make decisions regarding dental hygiene services that reflect critical thinking and problem solving.
- 2.3.16 Graduates must be able to take responsibility for decisions and actions pertaining to dental hygiene services.
- 2.3.17 Students must have the ability to manage dental hygiene clinical care for children, adolescents, adults, seniors and clients who are medically-compromised.
- 2.3.18 Graduates must have the ability to create a positive learning environment for individuals and groups to explore their values and beliefs, and to expand their knowledge and skills about health.
- 2.3.19 Graduates must have the ability to promote and support the health and wellness of individuals and groups.
- 2.3.20 Graduates must be able to work collaboratively to provide oral health services to individuals and groups.
- 2.3.21 Graduates must be able to apply the principles of ethical reasoning and professional responsibility as they pertain to client services and practice management. Graduates must recognize the role of lifelong learning, self-assessment and peer-assessment in maintaining continued competence.

Documentation Required

2.3.1 to
2.3.21

- a) Provide as an appendix the list of required textbooks purchased by the students program.
- b) Provide as an appendix a copy of the Pre-clinic and Clinic Manual.
- c) Provide as an appendix a copy of the Student Manual.
- d) Provide as an appendix the timetables for each year of the program.
- e) Provide as an appendix, a list of all courses, by year and semester/term, offered by the program and the faculty member responsible. For example:

<u>Course Name</u>	<u>Year</u>	<u>Semester</u>	<u>Faculty member</u>
Dental Anatomy DH 01	I	Fall	Ms. Jones

- f) Provide as an appendix, a complete description of all courses presented in the dental hygiene program. Index and list alphabetically, the section as follows:

Section A	-Behavioural Sciences
Section B	-Biomedical Sciences
Section C	-Oral Health Sciences

Section D -Dental Hygiene Theory and Practice

The description of each course must include:

- 1) course title, number and academic year offered
 - 2) number of: lecture hours, laboratory hours, pre-clinic hours, clinic hours, seminar hours, other instructional hours and total course hours
 - 3) academic unit responsible for the course
 - 4) names of instructors
 - 5) course objectives and outcomes
 - 6) content outline
 - 7) evaluation procedures
 - 8) required texts and materials
 - 9) instructor/student ratios for learning activities in the course (e.g. lectures, laboratory, pre-clinic, clinic and seminar sessions)
- g) Attach as an appendix evidence that supports the relationship between the curriculum content and the program's defined learning outcomes/ability statements.

2.4.0 Preparation for Practice

Requirement

- 2.4.1 A graduate of the program must be competent to manage the oral health care for a range of clients within the life cycle, including children, adolescents, adults and seniors. Students should be provided with opportunities to manage medically-compromised clients and clients with disabilities and/or chronic conditions. Faculty members, staff and students must at all times give priority to client safety. Designated individuals must be responsible for identifying unacceptable risk and providing appropriate management. Graduates must be provided with sufficient experiences to develop competency within the contemporary scope of dental hygiene practice.

Documentation Required

- a) Describe how the program manages client assignment.
- b) Describe how student's clinical experiences are monitored.
- c) Describe the process to identify risk, ensure client safety and provide appropriate management.
- d) Describe how the program ensures that each student is provided with sufficient experiences to develop competency within the scope of dental hygiene practice.

Requirement

- 2.4.2 The program must take primary responsibility for client recruitment and must maintain a client pool that provides students with an appropriate variety of client experiences that include children, adolescents, adults and seniors. Availability of clients who are medically-compromised and clients with disabilities and/or chronic conditions is encouraged. Student experiences with clients must be monitored to ensure adequate experiences for each student prior to graduation.

Documentation Required

- a) Provide evidence that the program assumes primary responsibility for client recruitment and that the client pool available for educational purposes is sufficient to permit students to achieve competency.
- b) Describe how students' clinical experiences are monitored. As an appendix, provide documentation outlining these processes and the tracking of these experiences. Provide on-site copies of the program's clinical monitoring systems.
- c) Provide evidence that students have been provided with varied clinical experiences sufficient to achieve competency within the contemporary scope of dental hygiene practice.
- d) Describe opportunities for students to manage medically-compromised clients and clients with disabilities and/or chronic conditions, within the scope of dental hygiene practice.
- e) Identify any shortages of clients, and what strategies have been implemented to ensure that students have sufficient experiences to develop competency.

Requirement

- 2.4.3 Students must be competent to manage health and wellness promotion activities for individuals and groups.

Documentation Required

Describe how students achieve competence in the area of health and wellness promotion.

Requirement

- 2.4.4 Students must be competent to manage learning experiences for individuals and groups pertaining to oral and general health.

Documentation Required

Describe how students achieve competence in the area of oral and general health education.

Requirement

- 2.4.5 Students must have exposure to varied dental hygiene practice settings.

Documentation Required

Describe how students are exposed to varied dental hygiene practice settings.

2.5.0 Evaluation

Requirement

- 2.5.1 Reliable and valid systems of student evaluation must be applied as the basis for judgments that govern student promotion and graduation. Processes must be defined which ensure that students are individually evaluated in terms of their achievement of program competencies/learning outcomes. The program must show evidence of scheduled formative and summative evaluation of clinical experiences and opportunities for remediation. Institutional due process policies with respect to academic standards must be followed.

Documentation Required

- a) Describe the student evaluation system(s).
- b) Describe how the program ensures that students are evaluated in terms of their achievement of the program's competencies/learning outcomes.
- c) Describe how information about student evaluation is transmitted to students.
- d) Describe the program's evaluation philosophy identifying the use of formative and summative evaluations and remediation activities. Describe how formative and summative evaluations and remediation sessions are scheduled for students.
- e) Provide documentation of the academic (promotion) policies including due process policies and a description of how decisions about academic progress and promotion are made and communicated to students.
- f) Describe how the program uses student feedback to assess and revise the evaluation system.
- g) Attach as an appendix, results of the National Dental Hygiene Certification Examination (NDHCE) for each graduating class since the last accreditation site visit.
- h) Provide data for the last five years regarding student attrition, specifically student failures, students required to repeat a term/semester/year, student withdrawals and student dismissals.

3.0 Administration, Faculty and Faculty Development

3.1.0 Program Administration

Requirement

- 3.1.1 The dean/program administrator/or equivalent must be an individual who has the educational background, professional experience, authority and responsibility necessary to fulfill the program's objectives outcomes.

Documentation Required

Attach as an appendix, a current curriculum vitae and the job description of the dean or equivalent.

Requirement

3.1.2 Program Director

The program director or the individual assigned the responsibilities for the day-to-day program activities; effective January 1, 2007 must be a dental hygienist with an educational credential at minimum one level higher than the credential granted to program graduates (i.e. a Bachelor's degree if the program credential is a Diploma). This individual must have experience and/or training in educational theory and methodology and the professional experience, authority and responsibility necessary to achieve the program objectives and outcomes.

Program directors appointed prior to January 1, 2007 who do not possess this minimum credential should demonstrate significant progress towards its obtainment. Effective January 1, 2012 all program directors must have obtained an educational credential at minimum one level higher than the credential granted to program graduates.

This individual must have the necessary time to oversee program administration, operation, supervision, evaluation and revision. Teaching contact hours must be less than that of faculty members who do not have administrative responsibilities.

Documentation Required

- a) Provide current curriculum vitae for the program director identifying the director's educational credentials and training in educational theory and methodology.
- b) Provide a copy of the job description for the program director.
- c) Provide details of the teaching contact hours of the program director and the teaching contact hours of other faculty members in the program.

Requirement

- 3.1.3 When a new program is being planned, a full time program director, who meets the credentials outlined in 3.1.2, must be appointed four to six months in advance of the program's admission of students to allow time for developing curriculum, recruiting faculty members, preparing facilities, ordering equipment, making clinical program arrangements and establishing admission procedures.

Documentation Required

If the program is a new program, identify when the program director was appointed.

3.2.0 Faculty and Faculty Development

Requirement

- 3.2.1 The professional education of the faculty members, their preparation and experience for practice, teaching, scholarship, and research (if applicable) must be adequate to meet the program objectives and outcomes. The program must be staffed by a core of qualified full time faculty members who possess, or are working towards, a baccalaureate or higher degree. Faculty members assigned responsibilities for program instruction must have current content knowledge and experience related to their instructional assignments and training in educational theory and methodology. Faculty members assigned responsibilities for program preclinical and clinical instruction must be registered/licensed with their respective regulatory authority. There must be mechanisms for the appointment, review and reappointment of faculty members, including those with administrative positions.

Documentation Required

- a) Attach as an appendix, the program's profile or definition for full time and part time faculty members.
- b) List alphabetically the names of the core of full time faculty members and all part time faculty members (with .5 or greater FTE appointments) teaching in the program.
- c) Provide current curricula vitae for all faculty members with 0.5 or greater Full-Time Equivalent (FTE) appointments identifying their educational credentials and experience, and training in educational theory and methodology. Provide evidence that these individuals have continuous employment and are permanent faculty members complement. Programs may provide curricula vitae for part time faculty members with less than 0.5 FTE in the documentation, however current curricula vitae for these faculty members must be provided on-site during the survey.
- d) Provide evidence (copies of faculty member's registration/license/permit) that all faculty members assigned responsibilities for pre-clinical and clinical instruction are registered /licensed with their respective regulatory authority.

- e) Provide the mechanisms for the appointment, review and reappointment of full time faculty members, including those with administrative positions.
- f) Describe the review and appointment/reappointment process for part time faculty members. Provide the mechanisms for the appointment, review and reappointment of part time faculty members, including those with administrative positions.

Requirement

3.2.2 The number and distribution of faculty members must be sufficient to meet the program's stated objectives and outcomes. Student contact time must allow the faculty members sufficient time for:

- teaching preparation;
- student evaluation and counselling;
- development of subject content and appropriate evaluation criteria;
- program development and review; and
- professional development.

Documentation Required

- a) Provide evidence that the faculty member complement is sufficient to meet the program's stated objectives and outcomes.
- b) Describe how faculty members' workloads are determined to permit sufficient time for:
 - teaching preparation;
 - student evaluation and counselling;
 - development of subject content and appropriate evaluation criteria;
 - program development and review; and
 - professional development.
- c) Identify any areas where there is insufficient coverage and the strategies implemented to address these areas.

Requirement

3.2.3 A process must be in place for faculty evaluation that measures the performance of faculty members in teaching, scholarship and service within the context of the organisation's mission.

Documentation Required

Describe the process in place for evaluation of faculty member performance.

Requirement

3.2.4 The faculty to student ratios must be adequate to ensure that neither student learning nor the

health and safety of clients is compromised.

Documentation Required

Provide the faculty/student ratios in relation to the maximum student enrollment per intake in each of the following areas: lectures, pre-clinic, clinic, laboratory and seminar sessions.

Requirement

- 3.2.5 Faculty members must be involved in continuing professional development. The program must show evidence of an ongoing faculty development plan.

Documentation Required

Describe:

- a) the professional development opportunities available to faculty members;
- b) the budget support available for professional development opportunities; and
- c) how faculty members are supported or encouraged in these initiatives.

Requirement

- 3.2.6 There must be opportunities for faculty members to meet on a regular basis to discuss program issues.

Documentation Required

Provide a list of full faculty meeting dates held within the past two years and provide copies of the meeting minutes for the past two (2) years.

Requirement

- 3.2.7 The program must have a process to calibrate faculty members with respect to the consistent evaluation of students.

Documentation Required

Describe the program's calibration activities and provide a copy of the program's policies and procedures for calibration and copies of calibration activities for the last two (2) years.

4.0 Educational Support and Services

4.1.0 Physical Facilities

Requirement

- 4.1.1 Physical facilities and equipment must be adequate to support the didactic, laboratory, pre-clinical and clinical objectives of the program. The adequacy of facilities will be evaluated in relation availability and student enrolment. If other programs utilize the same facilities, the program must provide evidence that the existing facilities are sufficient to meet the needs of the program.

Documentation Required

- a) Provide a floor plan of the program facilities, including the number and capacity of lecture rooms, clinics, laboratory facilities, offices, storage and locker space. Identify any areas in which there is insufficient space.
- b) Specify the number of dental units available for the program using the following format:
 - Units with radiology facilities
 - Units without radiology facilities
 - Total units
 - Number of units shared with other programs
 - Number of units for dental hygiene only
- c) Describe how clinical facilities are shared with other programs, if applicable. If the program has multiple enrollments describe the facility usage, the scheduling of class, lab, and clinical activities.

Requirement

- 4.1.2 Didactic, clinical and other program facilities should ideally be located in reasonable physical proximity to one another.

Documentation Required

- a) Describe where all teaching, clinical activities, instruction occur.
- b) Identify areas of the physical facilities that should be improved in order to enhance the program.

Requirement

- 4.1.3 If the program does not have a clinical facility on site, it will be necessary for the program to use an off-campus clinical facility. Specific requirements for administration, faculty members, facilities, patients and instruction must be identified. Policies and procedures for operation the off-campus clinical facility must be consistent with the objectives/outcomes of

the program. A formal agreement between the educational institution and any agency or institution providing the off-campus facility must be negotiated and confirmed in writing. Such agreement(s) must include clearly defined provisions for renewing and terminating the agreement to ensure program continuity. The program administrator must retain authority and responsibility for instructional requirements and assignment of students.

Documentation Required

- a) Describe off-campus student clinical experiences and include information on the location, arrangements for supervision, evaluation, length of time each student is assigned and the types of patients and the treatment provided.
- b) Provide a list and copies of all the affiliation agreements between the institution and the agency or site where students provide off-site clinical experiences.

- 4.1.4 Adequate space must be available for administrative functions of the faculty members and secretarial and clinical support staff. The location and size of offices should be conducive to the effective use of time and resources for teaching preparation and student counselling. Space must be available for storage of office, clinic and laboratory supplies and equipment, instructional media, and student, client and Program records.

Documentation Required

Provide commentary to supplement the floor plan provided in 4.1.1 confirming the adequacy of space.

Requirement

- 4.1.5 The institution must make provision for the acquisition and/or replacement of clinical and laboratory equipment, supplies, reference materials and teaching aids.

Documentation Required

Provide information to supplement the policies provide in 1.4 to describe the program's plan for the repair and/or replacement of clinical and laboratory equipment, supplies, reference materials and teaching aids.

4.2.0 Learning Resources

Requirement

- 4.2.1 A professionally administered library must be available. The library must be accessible to both students and faculty members during and after scheduled hours of instruction and/or via electronic format.

Documentation Required

- a) Provide the name, curriculum vitae and job description of the primary individual(s) who administers the library that supports the program.
- b) Provide during the site visit, a complete list of the currently held dental related journals and library holdings.
- c) Provide the library schedule describing when students and faculty members have access the physical library resources.
- d) Provide details of student access to computers with internet and database access and access to electronic journals.

Requirement

- 4.2.2 The library must be responsive to and supportive of the teaching and research activities of the program. The CDAC encourages development and use of computerized/electronic methods of information retrieval.

Documentation Required

- a) Describe the ways in which the library is responsive and supportive of the teaching and research activities of the program (e.g. acquisition process for books and journals).
- b) Describe how the faculty members promote student use of available library resources.

Requirement

- 4.2.3 Students and faculty members must have access to electronic and other multi-media resources.

Documentation Required

Describe how the program provides access to electronic and other multi-media resources.

4.3.0. Didactic and Clinical Support

Requirement

- 4.3.1 Student learning must not be compromised by an over reliance on students to provide institutional service, clinical productivity solely to enhance revenue, teaching and/or research, which cannot be justified as an educational requirement of the program. Teaching clinics must provide the necessary supplies and equipment required for client comfort and safety.

Documentation Required

Describe student obligations to provide instructional treatment and/or support services within the program. Provide evidence that there are adequate documented protocols to ensure student and client safety.

Requirement

- 4.3.2 Sufficient qualified support personnel must be assigned to the program to support both instruction and client care. Adequate administrative, secretarial, clerical and other support staff must be available to assist faculty members and students to meet program objectives and outcomes. Adequate maintenance and custodial staff must be available.

Documentation Required

Describe the number and types of support staff assigned to the program and comment on adequacy.

4.4.0 Student Issues

Requirement

- 4.4.1 Students must have rights, responsibilities and privileges comparable with those of other students at the institution.

Policies must exist concerning student representation on appropriate committees.

The program must have methods to identify and address student concerns.

Documentation Required

- a) Provide copies of documentation supplied to students describing their rights, responsibilities and privileges. Provide a list of the Institution's facilities available for student use (i.e. learning resources, lounge, cafeteria, washrooms, lockers, health clinic, day care, etc.).
- b) Provide copies of policies concerning student representation on appropriate committees.
- c) Provide copies of policies describing the process(es) in place to identify and address student concerns.

Requirement

- 4.4.2 There must be an institutional policy which provides for due process for students with respect to grievances.

Documentation Required

Provide the institution policy that provides for due process if a student has a grievance.

Requirement

- 4.4.3 Students must have an opportunity to participate in the evaluation of the teaching effectiveness of faculty members.

Documentation Required

Describe student participation in the evaluation of the teaching effectiveness of faculty members and provide a sample of the data collection form.

Requirement

- 4.4.4 Student membership and participation in provincial and national dental hygiene organizations should be encouraged.

Documentation Required

Describe how student membership and participation in provincial and national dental hygiene organizations is encouraged.

Requirement

- 4.4.5 Counselling and health services must be available to all students.

Documentation Required

Describe how students access counselling and health services.

Requirement

- 4.4.6 Prior to admission, students must receive general information concerning the expected costs of the program.

Documentation Required

Describe how students are provided with information related to the costs of dental hygiene education. Provide data on the estimated costs to students for each year. The following table may be used as a guide.

	DH I	DH II	DH III (if applicable)
Tuition (a) resident (b) non-resident			
General fee			
Instruments: (a) purchase (b) rental			
Laboratory fees			
Diploma fees			
Locker fees			
Textbooks			
Miscellaneous fees for student associations, etc.			
Clinic attire			
Additional items			

5.0 Clinic Administration

5.1.0 Clinic Operations

Requirement

- 5.1.1 There must be an individual identified as responsible for client relations, clinical care and clinic administration. This individual must have access to relevant faculty decision-making groups and have appropriate committee appointments. This individual must have effective working relationships with other administrators.

Documentation Required

- a) Provide the name of the individual responsible for the clinic and his/her job description.
- b) Describe his/her status and access in relation to relevant faculty decision-making groups.
- c) Describe how he/she has effective working relationships with other administrators.

Requirement

- 5.1.2 Client treatment records must be comprehensive and adequate for teaching purposes and consistent with current regulatory requirements for record keeping.

Documentation Required

Provide as an appendix, a copy of a blank client treatment record.

Provide confirmation that client authorization for his/her chart to be reviewed as part of the accreditation process has been obtained.

5.2.0 Health and Safety Provisions

Requirement

5.2.1 Written policies and procedures relating to quality assurance to ensure the safe use of ionizing radiation must be in place and be compliant with applicable regulations for radiation hygiene and protection.

Mechanisms must be in place to monitor compliance of these policies and protocols by faculty members, staff and students. The design and construction of radiology facilities must provide adequate protection from ionizing radiation for the client, operator and others in close proximity. The program must ensure that it is in compliance with provincial and federal regulations relating to radiation protection. Where provincial or federal regulations are not in force, the program must show evidence that radiography equipment is routinely inspected to ensure the safe use of ionizing radiation, and that the radiology facilities are designed in such a way to ensure that occupational and public exposure is not in excess of the current recommendations of the International Commission on Radiological Protection (ICRP).

In addition, the program must identify a radiation protection officer and have in place a quality assurance program that includes daily monitoring of radiographic quality.

Radiographs must be prescribed based on the specific needs of the client taking into account the existence of any current radiographs. Radiographs must be exposed solely for diagnostic purposes, not to achieve instructional objectives.

Documentation Required

- a) Provide a copy of the job description of the radiation protection officer.
- b) Provide copies of policies and protocols related to prescription of radiographs.
- c) Provide a copy of the quality assurance program used at the institution.
- d) Provide on-site reports of the radiation safety inspections undertaken since the last accreditation survey.

Requirement

- 5.2.2 Policies and/or protocols must exist relating to Fire and Safety Procedures, Hazardous Materials and Waste Management, Infection Control and Medical Emergency Procedures. Such policies and/or protocols must be consistent with related elements of the didactic program, related regulation, legislation and by-laws of the various jurisdictions and must be readily available for faculty members, staff and students. Mechanisms must be in place to monitor compliance of these policies and protocols by faculty members, staff and students.

Documentation Required

Provide as an appendix, copies of policies and/or protocols outlined in 5.2.2. Describe how these policies and/or protocols are monitored for faculty members, staff and students.

Requirement

- 5.2.3 Students, faculty and appropriate staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis and hepatitis B prior to contact with clients and/or infectious objects or materials in an effort to minimize the risk to clients and dental personnel. All individuals who provide client care should follow standards of risk management.

Documentation Required

Describe steps that are taken to ensure compliance with institutional immunization requirements by students, faculty members and staff against infectious diseases prior to contact with clients.

Requirement

- 5.2.4 The program should develop (or adopt provincial policies if applicable) and implement policies and procedures related to individuals who have bloodborne infectious disease(s).

Documentation Required

Provide a copy of the institution's policies and procedures related to faculty members, staff and students who have bloodborne infectious disease(s).

Requirement

- 5.2.5 Students, faculty members and staff involved with the direct provision of client care must be certified in basic life support procedures.

Documentation Required

Provide documentation that identifies the process used to monitor that all faculty members, staff and students are certified in basic life support.

5.3.0 Client Care and Quality Assurance

Requirement

5.3.1 The program must have written policies and/or protocols related to the following:

- a) Audit of client care
- b) Collection of fees
- c) Confidentiality of Client Information
- d) Consultative Protocols
- e) Informed Consent
- f) Client Assignment
- g) Client Continuing and Recall Care
- h) Client Records
- i) Professional Decorum

Such policies and protocols must be consistent with related elements of the didactic program and provincial requirements and readily available for the students, staff and faculty members. Mechanisms must be in place to monitor compliance with these policies and protocols by faculty members, staff and students.

Documentation Required

Provide as an appendix to this section, copies of policies and/or protocols outlined in 5.3.1. Describe how these policies and/or protocols are monitored for faculty, staff and students.

Requirement

5.3.2 The program must have policies and mechanisms in place that provide quality assurance and education for clients about their comprehensive treatment needs. Clients accepted for dental hygiene care must be advised of the scope of care available at the facility and be appropriately referred for procedures that cannot be provided by the program.

The primacy of total dental hygiene care for the client must be well established in the management of the clinical program, assuring that the rights and best dental interests of the client are protected. The quality assurance process should ensure that the following are in place:

- a) client-centred care;
- b) an ongoing review of a representative sample of clients/client care records; and
- c) client review policies, procedures, client satisfaction and outcomes.

Documentation Required

Describe quality assurance mechanisms in place within the program. Provide evidence (questionnaires, satisfaction surveys etc.) that the quality assurance program supports ongoing improvement in client-centred care.

Requirement

- 5.3.3 Treatment undertaken by students prior to advancement and graduation must be reasonably expected to be beneficial for the health and care of clients.

Documentation Required

Describe mechanisms that ensure that student education requirements are beneficial for the health and care of clients.

6.0 Research and Scholarly Activities

Requirement

- 6.1 Opportunities for faculty members and student involvement in research and scholarly activities are encouraged. Such experiences should be consistent with and support the achievement of the program outcomes. Initiatives leading to the improvement of the educational program should be included. Activities in this area will be assessed in relationship to the institution's mission and mandate.

Documentation Required

List and describe briefly areas of research and scholarly activities being undertaken by the program as a whole. This may include educational research and/or projects, experiments in course content or length, use of technology, special laboratory or clinical procedures, development of instructional resources, etc.

7.0 Program Relationships

7.1.0 Relationships with Other Educational Programs

Requirement

- 7.1.1 Where other health science programs and/or baccalaureate/graduate/postgraduate educational programs exist, efforts should be made to integrate the didactic and clinical aspects of these programs wherever possible and/or appropriate, in order to foster effective working relationships.

Documentation Required

Describe the program's relationships with other health sciences educational programs that permit students to develop multidisciplinary working relationships, as appropriate, with other programs and students.

Requirement

- 7.1.2 The CDAC recognizes the potential value of faculty-based continuing education programs. Such programs should develop student awareness and appreciation of the necessity for continuing education as a professional responsibility. The demands of continuing education programs must not be allowed to jeopardize the quality of the program.

Documentation Required

Describe how student awareness and appreciation of the benefits of a faculty-based continuing education program are fostered. Describe how faculty members provide and/or participate in continuing education programs.

7.2.0 Relationships with Health Care Facilities and Other Health Care Agencies

Requirement

- 7.2.1 The program must have a functional relationship with at least one (1) health care facility, health unit and/or community service agency where students have opportunities to implement health and wellness promotion programs.

Documentation Required

Describe the relationship between the program and the community service agencies where students implement health and wellness promotion programs.

Requirement

- 7.2.2 Students should be exposed to the principles of collaboration with other oral health team members and health professionals from other disciplines.

Documentation Required

Describe opportunities that permit students to implement principles of collaboration with other oral health team members and health professionals from other disciplines.

7.3.0 Relationships with Regulatory Authorities and Dental Hygiene Organizations

Requirement

- 7.3.1 Students must be made aware of the regulatory framework for dental hygiene practice and of the distinct role of the regulatory authorities, and provincial and national dental hygiene associations. Faculty members should be encouraged to accept positions of responsibility in such organizations and their contributions should be supported and recognized by the program.

Documentation Required

- a) Describe how students are made aware of the role of the regulatory authorities.
- b) Describe how students are made aware of the role of provincial and national dental hygiene organizations.
- c) Describe how faculty members participate in positions of responsibility in these organizations, and how their contributions are supported and recognized by the program.

8.0 Practice Outcomes Assessment (POA)

Overview

The CDAC recognizes the linkages that exist in Canada between accreditation and the educational process, the external certification and licensure/registration processes. To maintain the validity of such linkages, the accreditation process must demonstrate its systematic and comprehensive review of arrangements for clinical and community practice educational outcomes.

Accreditation is a process that reviews educational programs and cannot examine each student in a program, which is the subject of an accreditation survey. The accreditation process can, however, review the outcomes of the educational program. The process of such a review is called the Practice Outcomes Assessment (POA).

Background

Historically the accreditation process has focused on the process aspects of teaching and learning. In recent years, however, the focus has expanded to include the outcomes of learning.

The POA focuses on the provision of clinical and community services in various practice settings. It is intended as a review of services provided by students within the program. The POA process permits each program to assess and provide evidence that students are progressing towards achieving the outcomes defined by the program. The POA permits the program to demonstrate the interrelationship between student learning activities, services provided and graduate outcomes.

The POA is scheduled within a student clinic environment. It provides the accreditation survey team an opportunity to meet clients, students and clinical faculty members. The POA includes the review of the chart audit process, observations/ discussions of clinical practice experiences, and the review of client feedback data. The community experiences are reviewed during the POA and includes the audit of community documents / reports, discussions related to community practice, and the review of client feedback data.

The POA process is intended to provide a comprehensive picture of the outcomes of student learning.

Preparation for POA

Documentation in preparation for POA is **not** submitted as part of the pre-survey documentation. The POA documentation noted below is to be provided on-site for review by the accreditation surveyors.

	What's Needed
Part 1: Selected Audit	<ul style="list-style-type: none">-10 completed charts that have been audited by the program -A summary of the audit process as well as changes/adjustments implemented as a result of the audit process -10 charts representing clients in treatment

Part 2: Random Chart Audit	-8-10 charts will be randomly selected by the accreditation survey team
Part 3: Assessment of Clinical Practice Outcomes a) Clinical Observation b) Client Feedback	-Observation of students in a clinical setting and discussions with faculty members, students and clients Summary of client feedback
Part 4: Community Practice Outcomes Assessment	-Summary of community health promotion and education initiatives -Summary of community feedback

The POA Process

To complete the POA, as part of the on-site accreditation survey, the CDAC requests that the institution designate a private office, conference room or work area for the accreditation survey team to review charts and conduct discussions and/or interviews. An appropriate location close to the clinic or the central conference room should be reserved for this purpose. The program is responsible for seeking client authorization for his/her chart to be reviewed as part of the POA process.

Part 1: Selected Chart Audit

- a) Prior to the site visit, 10 completed charts that have been audited are to be selected by the program. Chart selection should be limited to clients whose treatment has been completed within the last 15 months. These charts are intended to profile current clients assigned to final year students. In addition to the charts, a copy of the chart audit form should be provided as well as a brief summary outlining how the chart audit process is implemented. The summary should include commentary noting how information obtained from the chart audit process is utilized by the program. Revisions or adjustments to student learning activities as well as how this information is used to improve client care and clinic administration are requested.
- b) Prior to the accreditation site visit, the program is also requested to select 10 charts to represent clients currently “in treatment”. These charts are intended to profile current clients assigned to final year students.

In selecting charts, the program should attempt to include charts representing completed cases that demonstrate a variety of treatments and age groups and client care provided at off-site locations. Charts of clients who are medically-compromised should also be included, if possible. These charts are to be placed in the office or conference room assigned to the accreditation survey team on the first day of the visit. The program must also provide evidence that all applicable confidentiality and privacy laws and norms are respected and client authorization has been obtained to review each chart selected by the program.

Part 2: Random Chart Audit

During the accreditation site visit the survey team members will randomly select, with the assistance of faculty members, 8 to 10 charts. Selection of charts will focus on clients in treatment and those who have completed treatment within the last 12 months. These charts will be reviewed by the accreditation survey team in relation to the Chart Audit Guidelines as noted in Appendix I.

Part 3: Assessment of Clinical Practice Outcomes

This portion of the POA consists of two components:

a) Clinical Observation

This will consist of observations during one (1) or more clinical session(s) and discussions with students, faculty members and clients in the clinic. The program is requested to provide clinical attire for the accreditation survey team members.

The purpose of the clinical observation is to permit the accreditation survey team members to obtain an overview of clinic operations. As part of the overview, the team members will obtain feedback from faculty members, students, staff and clients. These individuals should be made aware that the accreditation survey team will be present during clinical session(s). The accreditation survey team has been provided with a list of questions to guide them in obtaining feedback. It must be emphasized that this process is an evaluation of clinic operations, policies/procedures and is not intended to be an evaluation of any individual faculty member and /or student. The accreditation survey team will verify the feedback obtained with those individuals responsible for clinical administration.

The questions focus on the following areas: Professionalism, Teaching/Learning Environment, Evaluation, Clinical Policies/Procedures and Quality Assurance. Examples of the questions are noted in Appendix II.

b) Client Feedback

The accreditation survey team will also assess client feedback. The institution must provide

documentation related to client feedback that includes:

- initiatives undertaken to obtain client feedback;
- strategies to gain feedback from community groups and agencies; and
- how this information is used to improve program quality.

This information will be cross-referenced with the response to Dental Hygiene Requirement 1.6 (See Program Quality).

Part 4: Community Practice Outcomes Assessment

This portion will assess student experiences related to health promotion and education in the community practice context by documentary review and interviews.

The program must demonstrate student abilities in this area by providing documents such as:

- community needs assessments, lesson plans, reports etc.;
- products (i.e. pamphlets, papers, reports, bibliographies, videos, journals, photographs, etc.); and
- any other documentation identified by the program.

The program must provide documentation related to community feedback that includes:

- initiatives undertaken to obtain client feedback
- strategies to gain feedback from community groups and agencies
- how the information is used to improve Program quality.

The survey team will interview faculty members who have responsibilities for health promotion and education in the community context on:

- the theory that informs/supports students in their community practice roles;
- how faculty plan, supervise and evaluate these activities;
- how the program evaluates student competence in implementing the activities; and
- how community feedback is obtained related to these activities.

Suggested Guidelines for Dental Hygiene Chart Review

These are suggested guidelines that will be used by the accreditation survey team members. The standard of care must reflect the provincial regulatory requirements.

Within the client chart there is evidence (including ethical and legal considerations) of:

- client information
- medical history/appropriate medical alerts (readily identified)
- assessment findings
- dental hygiene treatment plan
- client consent
- entry, review and updating of record at each treatment
- faculty approval / authorization / supervision of services provided
- documentation that is clear and legible.

Assessment Procedures

Evidence in the chart that comprehensive assessment data has been gained (i.e. assessment data which would allow for the development of a dental hygiene treatment plan) and that:

- relevant general and oral health information was obtained.
- the client's beliefs and values regarding general and oral health were gained.
- the client's general and oral health strategies and priorities were assessed.
- consultations were initiated with other health care providers when indicated.
- supporting clinical data was obtained.
- risk factors related to the client's general and oral health were assessed.
- the need for dental radiographs was considered and obtained when indicated.
- dental hygiene diagnostic information has been recorded and conclusions about the assessment data are recorded.

Planning

Evidence in the chart of a comprehensive and validated dental hygiene treatment plan based on client need and that:

- the plan was developed through a collaborative process with the client.
- client goals were included.
- the plan (including the estimated fees) have been discussed with the client.
- the client has provided informed consent for the proposed plan.
- the sequencing of treatment is consistent with the program's philosophy.

- faculty members have approved the plan.

Implementation

Evidence in the chart that individualized/client centered care has been provided and that:

- changes in general and oral health were assessed throughout the treatment.
- the outcomes of previous sessions were evaluated.
- the treatment plan was reviewed and revised when appropriate.
- client consent was gained when a change or changes to plan were made.
- therapeutic and preventive care was provided when indicated.
- health promotion and educational services were provided when indicated.
- the client was referred if needed.
- entries were documented in a legal and ethical manner.
- faculty supervised the treatment provided.

Evaluation

Evidence in the chart that the outcomes of dental hygiene services were assessed to provide a basis for continuing care strategies and that:

- the treatment was provided as planned or amended and information about treatment options was discussed with the client and documented
- data was collected and analyzed regarding the outcomes of services provided based on current literature and theories.
- the client's ability/progress to meet individualized goals was assessed.
- plans were developed and recorded for continuing care.

Suggested Questions

The following information provides examples of the types of questions that may be posed during the clinical session to gain a better understanding of the clinical practice context in the program.

Professionalism

How do faculty assist students to develop professional communication strategies.

Describe how students are made aware of their role and responsibilities as a self-regulated professional.

As a student, what do you see as your role and responsibilities as a self-regulated professional.

What is your definition of professionalism.

Teaching/Learning Environment

Environment

What do you see as the positive aspects of your clinical learning environment. (i.e. what is good about what happens here.) How do faculty support the students in learning. As a student, what things help your learning in the clinical environment.

What is your role within the clinic. In your view, what are the most important aspects of your role as a clinical educator. What are the challenges you face as a clinical educator. Describe the learning environment you create with students.

Describe your approach to assisting students with difficulties.

Communication

Comment on the effectiveness of the communication and interaction that occurs among full time/part time/support staff/clinic administration and students.

Are there opportunities to express your concerns about clinical operations, client care to facility/clinic support and administration staff.

Feedback Mechanisms

Describe the feedback style you use with students. How do you manage the student group assigned to you.

As a student, are their opportunities to obtain the assistance you require from faculty members.

As a student, describe how faculty members provide feedback to assist and support your learning.

As a student, describe how faculty members assist you to be successful within the program.

Evaluation

Evaluation Processes

What are the positive aspects of the clinical evaluation system. What aspects of the clinical evaluation system present challenges. Is the evaluation system perceived as fair.

As a faculty member, do you receive the necessary support required to supervise and evaluate students.

Clinical evaluations may be stressful. Describe how faculty members and students help you manage the stress associated with assessments.

How do you promote self and peer assessment among the students.

How does the program determine student competency.

Are students concerned about achieving their clinical competencies. Does this concern/stress/impact the learning process.

Feedback

What opportunities do you have to provide feedback on student performance.

You are concerned that a student is not ready for an evaluation. What would you do.

As a student you are not successful in an evaluation. How is this handled/managed.

How are students made aware of their clinical progress.

Describe the opportunities you have as a student, to provide feedback on your performance.

Calibration

How well do you feel the faculty are calibrated in their expectations of students.

What are the students' perception of faculty calibration.

How often does the faculty meet for calibration purposes.

Clinical Policies/Procedures and Quality Assurance.

The accreditation survey team members may review the charts of patients in the clinic. These questions are initial questions for the individual responsible for clinic administration. Follow up on these issues can occur during the clinic observation.

What are your views about the manner in which the clinical infection protocols are implemented by faculty, students and support staff.

What are your views about the availability of equipment and supplies.

Are faculty and students familiar with the program's policies and procedures.

What are faculty/student ratios in your area.

How are the student caseloads monitored to assure that each student has sufficient patients to achieve competency.

If in the course of clinical treatment a student is deemed to be practicing in an unsafe manner, what mechanisms are in place to deal with this situation.

How are students provided with opportunities to demonstrate competency to expose and interpret dental radiographs.

For those procedures that are not provided within the institution, how are clients needing treatment referred to the appropriate outside agency. How are referrals managed.

How would describe/provide comments on clinic operations (e.g. clinical appointments, access to treatment, waiting time, infection control etc.).

How are faculty/staff/students prepared to deal with medical emergencies in the clinic.