

MASTER SYLLABUS

Course Discipline Code & No: DEN 205 Title: Expanded Duties for the RDA  
 Effective Term F 2008  
 Division Code: HAT Department Code: DEN Org #: 15100  
 Don't publish:  College Catalog  Time Schedule  Web Page

Reason for Submission. Check all that apply.  
 New course approval  Reactivation of inactive course  
 Three-year syllabus review/Assessment report  Inactivation (Submit this page only.)  
 Course change

Change information: Note all changes that are being made. Form applies only to changes noted.  
 Consultation with all departments affected by this course is required.  Total Contact Hours (total contact hours were: \_\_\_\_\_)  
 Course discipline code & number (was \_\_\_\_\_)\*  Distribution of contact hours (contact hours were:  
 \*Must submit inactivation form for previous course. lecture: \_\_\_\_\_ lab \_\_\_\_\_ clinical \_\_\_\_\_ other \_\_\_\_\_)  
 Course title (was \_\_\_\_\_)  Pre-requisite, co-requisite, or enrollment restrictions  
 Course description  Change in Grading Method  
 Course objectives (minor changes)  Outcomes/Assessment  
 Credit hours (credits were: \_\_\_\_\_)  Objectives/Evaluation  
 Other \_\_\_\_\_

Rationale for course or course change. Attach course assessment report for existing courses that are being changed.  
 All course outcomes and objectives have been realigned with assessment and evaluation measures. Assessment measures have been further specified.

Approvals Department and divisional signatures indicate that all departments affected by the course have been consulted.

Department Review by Chairperson  New resources needed  All relevant departments consulted  
 Print: Kathy Weber Faculty/Preparer Signature: [Signature] Date: 4/9/08  
 Print: Connie Foster Department Chair Signature: [Signature] Date: 4/10/08

Division Review by Dean  
 Request for conditional approval  
 Recommendation  Yes  No [Signature] Date: 4/16/08  
 Dean's/Administrator's Signature

Curriculum Committee Review  
 Recommendation  Tabled  Yes  No [Signature] Date: 5/13/08  
 Curriculum Committee Chair's Signature

Vice President for Instruction Approval  
[Signature] Date: 5/22/08  
 Vice President's Signature  
 Approval  Yes  No  Conditional

Do not write in shaded area.  
 Log File 4/14/08 Ecopy  Banner 5/27 C&A Database \_\_\_\_\_ C&A Log File 5/27 Basic skills  Contact fee   
 Please return completed form to the Office of Curriculum & Assessment and email an electronic copy to [sjohn@wccnet.edu](mailto:sjohn@wccnet.edu) for posting on the website.

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**\*Complete ALL sections which apply to the course, even if changes are not being made.**

<b>Course:</b> DEN 205	<b>Course title:</b> Expanded Duties for the RDA
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<b>Credit hours:</b> <u>  2  </u> If variable credit, give range: _____ to _____ credits	<b>Contact hours per semester:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; border-bottom: 1px solid black;">Student</td> <td style="text-align: center; border-bottom: 1px solid black;">Instructor</td> </tr> <tr> <td>Lecture:</td> <td style="text-align: center;">15</td> <td style="text-align: center;">15</td> </tr> <tr> <td>Lab:</td> <td style="text-align: center;">45</td> <td style="text-align: center;">45</td> </tr> <tr> <td>Clinical:</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Practicum:</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>Other:</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td><b>Totals:</b></td> <td style="text-align: center;">60</td> <td style="text-align: center;">60</td> </tr> </table>		Student	Instructor	Lecture:	15	15	Lab:	45	45	Clinical:	—	—	Practicum:	—	—	Other:	—	—	<b>Totals:</b>	60	60	<b>Are lectures, labs, or clinicals offered as separate sections?</b> <input type="checkbox"/> Yes - lectures, labs, or clinicals are offered in separate sections <input checked="" type="checkbox"/> No - lectures, labs, or clinicals are offered in the same section	<b>Grading options:</b> <input checked="" type="checkbox"/> P/NP (limited to clinical & practica) <input type="checkbox"/> S/U (for courses numbered below 100) <input type="checkbox"/> Letter grades
	Student	Instructor																						
Lecture:	15	15																						
Lab:	45	45																						
Clinical:	—	—																						
Practicum:	—	—																						
Other:	—	—																						
<b>Totals:</b>	60	60																						

**Prerequisites.** Select one:

- College-level Reading & Writing                     
  Reduced Reading/Writing Scores                     
  No Basic Skills Prerequisite  
(Add information at Level I prerequisite)                      (College-level Reading and Writing is not required.)

**In addition to Basic Skills in Reading/Writing:**

Level I (enforced in Banner)

Course	Grade	Test	Min. Score	Concurrent Enrollment <small>Can be taken together)</small>	Corequisites <small>Must be enrolled in this class also during the same semester)</small>
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____	<input type="checkbox"/>	_____

Level II (enforced by instructor on first day of class)

Course	Grade	Test	Min. Score
<input type="checkbox"/> and <input type="checkbox"/> or _____ <small>Current RDA License</small>	_____	_____	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	_____	_____

**Enrollment restrictions** (In addition to prerequisites, if applicable.)

- and  or Consent required                     
  and  or Admission to program required                     
  and  or Other (please specify):  
 Program: \_\_\_\_\_

**Please send syllabus for transfer evaluation to:**

Conditionally approved courses are not sent for evaluation.  
 Insert course number and title you wish the course to transfer as.

- |  |   |
|--|---|
| <input type="checkbox"/> E.M.U. as _____ | <input type="checkbox"/> _____ as _____ |
| <input type="checkbox"/> U of M as _____ | <input type="checkbox"/> _____ as _____ |
| <input type="checkbox"/> _____ as _____  | <input type="checkbox"/> _____ as _____ |

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<b>Course</b> DEN 205	<b>Course title</b> Expanded Duties for the RDA
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<b>Course description</b> State the purpose and content of the course. Please limit to <u>500</u> characters.	This course is designed for the current registered dental assistant in the state of Michigan who must meet the requirements of the Public Health Code Section 333.16611.	
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<b>Course outcomes</b> List skills and knowledge students will have after taking the course.	<b>Outcomes</b> (applicable in all sections)	<b>Assessment</b> Methods for determining course effectiveness
	1. Identify intraoral functions and procedures as outlined in the Public Health Code	Multiple-choice test
<b>Assessment method</b> Indicate how student achievement in each outcome will be assessed to determine student achievement for purposes of course improvement.	2. Perform intraoral functions and procedures as outlined in the Public Health Code	Review of performance ratings using performance evaluation criteria

<b>Course Objectives</b> Indicate the objectives that support the course outcomes given above.	<b>Objectives</b> (applicable in all sections)	<b>Evaluation</b> Methods for determining level of student performance of objectives
	Identify intraoral functions and procedures as outlined in the Public Health Code	Multiple-choice test
<b>Course Evaluations</b> Indicate how instructors will determine the degree to which each objective is met for each student.	1. Identify the delegable duties of a credentialed and non-credentialed dental assistant in the State of Michigan.	Multiple-choice test
	2. Identify terms that relate to delegation of duties to dental auxiliaries according to the Administrative Rules.	Multiple-choice test
	Perform intraoral functions and procedures as outlined in the Public Health Code	Individual student performance, using performance validation criteria.
	1. Perform aspectic technique according to OSHA and CDC guidelines.	Individual student performance, using performance validation criteria.
	2. Perform intraoral functions and procedures as outlined in the Public Health Code.	Individual student performance, using performance validation criteria.

**List all new resources needed for course, including library materials.**

<b>Student Materials:</b>		
<b>List examples of types</b>		<b>Estimated costs</b>
Texts	Modern Dental Assisting, Bird and Robinson, Elsevier, 2005.	\$ 325
Supplemental reading	Handbook of Nitrous Oxide and Oxygen Sedation, 2nd ed., Clark & Brunick, Mosby 1999 – Optional	
Supplies		
Uniforms		
Equipment	Sturdevent's Operative Dentistry or any other operative dentistry text book	
Tools	available in your office.	
Software	Dental Kit Fee \$200	

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**Equipment/Facilities:** Check all that apply. (All classrooms have overhead projectors and permanent screens.)

Check level <u>only</u> if the specified equipment is needed for <u>all</u> sections of a course. <input type="checkbox"/> Level I classroom Permanent screen & overhead projector  <input type="checkbox"/> Level II classroom Level I equipment plus TV/VCR  <input checked="" type="checkbox"/> Level III classroom Level II equipment plus data projector, computer, faculty workstation	<input type="checkbox"/> Off-Campus Sites <input type="checkbox"/> Testing Center <input type="checkbox"/> Computer workstations/lab <input type="checkbox"/> ITV <input type="checkbox"/> TV/VCR <input type="checkbox"/> Data projector/computer <input type="checkbox"/> Other _____
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**Assessment plan:**

Learning outcomes to be assessed (list from Page 3)	Assessment tool	When assessment will take place	Course section(s)/other population	Number students to be assessed
Identify intraoral functions and procedures as outlined in the Public Health Code	Multiple-choice test	Annually, beginning at the end of Winter 2009	All sections	All
Perform intraoral functions and procedures as outlined in the Public Health Code	Review of performance ratings using performance evaluation criteria	Annually, beginning at the end of Winter 2009	All sections	All

**Scoring and analysis of assessment:**

- Indicate how the above assessment(s) will be scored and evaluated (e.g. departmentally developed rubric, external evaluation, other). Attach the rubric/scoring guide.  
 Outcome 1: Multiple choice items on final exam scored through BlackBoard  
 Outcome 2: Performance validations are rated with numerical scores based on a departmental rubric. Scores are added to obtain a total.
- Indicate the standard of success to be used for this assessment.  
 Outcome 1: 85% of the students will correctly answer each item. Items with scores lower than 85% will be targeted for review.  
 Outcome 2: 90% of the students will correctly perform skills on first attempt.
- Indicate who will score and analyze the data (data must be blind-scored). Faculty assigned to teach the course will analyze the data. Written test responses are multiple choice and are scored through BlackBoard. An item analysis is generated from the scored data. Performance validation data is numerical; total scores are used.
- Explain the process for using assessment data to improve the course. The results of the analysis of assessment findings and recommendations will be presented at a program meeting in the spring/summer semester. Faculty will take action as needed to modify the course curriculum, based on the recommendations made.