

**TO:** Education, Personnel and Student Life Committee

Aly Richards, Chair  
Jim Masland, Vice-Chair  
Shavonna Bent  
Janette Bombardier  
Lynn Dickinson  
Karen Luneau

**FROM:** Yasmine Ziesler, Chief Academic Officer



**RE:** EPSL Meeting on March 24, 2018

**DATE:** March 16, 2018

The EPSL Committee of the VSC Board of Trustees will meet on Saturday, March 24, 2018 at 9:00 a.m. at the Couture Room, Room 108, 1 Abenaki Way, Community College of Vermont, Winooski, Vermont. Materials for the meeting are attached.

I can be reached at (802) 224-3025 if you have any questions.

Thank you.

cc: VSC Board of Trustees  
Council of Presidents  
Academic Deans  
Student Affairs Council

**Vermont State Colleges Board of Trustees  
Education, Personnel, and Student Life Committee Meeting  
Couture Room, Room 108, 1 Abenaki Way  
Community College of Vermont, Winooski, Vermont**

**Saturday, March 24, 2018**

**AGENDA**

1. Call to order
2. Approval of the December 1, 2017 minutes
3. Information Updates: System Academic Retreat and Admissions Guarantee
4. Vermont Tech: [Policy 102](#) New Program Proposal for Dental Therapy
5. [Policy 109](#) Annual Enrollment and Cost Effectiveness Review of Programs
6. VSC Faculty Fellow recommendations for awards
7. Honorary Doctorate awards ([Policy 107](#))
8. Faculty Emeritus award ([Policy 204](#))
9. Follow up to Long Range Planning Committee discussion of associate degree awards
10. Other business
11. Comments from the public

**MATERIALS**

1. December 1, 2017 minutes
2. Informational Items
  - a. VSC System Retreat: "Paths to Graduation"
  - b. VSC Career and College Ready Admissions Guarantee
3. Vermont Tech Policy 102 New Program Proposal for Dental Therapy
4. Policy 109 Program Enrollment Reviews
  - a. Board Guide to Academic Program Oversight
  - b. College Summary Reports
  - c. 2017-2018 Data Report
5. VSC Faculty Fellow recommendations and resolutions
6. Honorary Doctorate recommendations and resolutions
7. Faculty Emeritus award
8. Memo: Options to Address Students Leaving with Debt and No Degree

**Item 1:**

**Approval of December 1, 2017 Minutes**

**UNAPPROVED minutes of the VSC Board of Trustees Education, Personnel, and Student Life Committee meeting Friday, December 1, 2017 at Castleton University, Castleton, Vermont**

*Note: These are unapproved minutes, subject to amendment and/or approval at the subsequent meeting.*

The VSC Board of Trustees Education, Personnel, and Student Life Committee met on Friday December 1, 2017 at Castleton University, Castleton, Vermont

Committee Members present: Aly Richard (Chair), Jim Masland, Shavonna Bent, Lynn Dickinson, Karen Luneau, Shavonna Bent, and Janette Bombardier via conference call

Presidents: Pat Moulton

From the Chancellor's Office: Yasmine Ziesler, Chief Academic Officer  
Sophie Zdatny, General Counsel  
Jeb Spaulding, Chancellor  
Nancy Shaw, Director of Human Resources

From the colleges:

Molly Willard, Project Manager for Agricultural Training, Vermont Tech  
Allan Rodgers, Interim Dean of Academic Affairs, Vermont Tech  
Nolan Atkins, Provost, Johnson and Lyndon  
Jonathan Spiro, Academic Dean, Castleton

1. Call to Order

Chair Richards called the meeting to order at 9:36 a.m.

2. Approval of the August 23, 2017 minutes

**Trustee Luneau moved and Trustee Masland seconded the approval of the minutes. The minutes were approved unanimously.**

3. Vermont Tech: Policy 102 New Program Proposal for A.A.S. in Forestry

Chair Richards led a discussion of the 2017 reports, beginning with a summary of the process and overall recommendations by Chief Academic Officer Yasmine Ziesler. A question was asked about adding representatives from K-12 education to the review committees and Ziesler and the academic deans present agreed this was a good idea for future years. Many of the programs reviewed this year were in STEM fields for which generating student interest is a challenge. There was additional discussion about the importance of teacher education to address

this challenge, and Chair Richards noted that teacher education would be a focus topic for an upcoming EPSL meeting.

CAO Ziesler then reviewed the proposed modification of the PReCIP review process for the 2018 cycle. **Trustee Masland made a motion to recommend to the board for approval the programs and process outlined for the 2018 cycle of Policy 101 reviews as included in the committee materials, seconded by Trustee Dickinson. The motion was approved unanimously.**

Chair Richards asked for a motion supporting a resolution commending all who worked on the 2017 PReCIP review cycle. **Trustee Dickinson moved to recommend to the board for approval the resolution commending the work of the committees on the Policy 101 review process for 2017 as included in the committee materials, seconded by Trustee Luneau. The motion was approved unanimously.**

4. Policy 101 “PreCIP” 2017 Reports and 2018 Reviews

Vermont Tech President Patricia Moulton introduced the A.A.S. in Forestry proposal for consideration. Allan Rodgers noted Molly Willard, Project Manager for the Institute for Applied Agriculture and Food Systems, was one of the lead authors and architects of the well-documented proposal. The proposal includes an outlined articulation with a four-year degree at UVM as well as a dual enrollment course, “Burls to Boards,” part of Career and Technical Education (CTE) center programs. As Willard explained, no program like this currently exists in Vermont, and with recent legislation, foresters are now required to have an associate degree to be licensed in the state. **Trustee Luneau moved to recommend to the board for approval the new A.A.S. in Forestry per Policy 102 as proposed by Vermont Technical College in the committee materials, seconded by Trustee Masland. The motion was approved unanimously.**

5. Information Item: Affordable Care Act provisions and Proposed Revision to Policy 202

General Counsel Sophie Zdatny provided an overview of Policy 202 explaining the criteria for the contracting of part-time faculty at the Community College of Vermont. The policy currently states no CCV instructor may be contracted to teach more than 11 credits, with the proposed change to add in, “or across the VSC system as a whole” in any given semester. Nancy Shaw, Director of Human Resources discussed the Affordable Care Act provisions, explaining the implications for the VSC, which is a single employer, if someone is unintentionally given a combination of teaching assignments that creates full time employees. The proposed revision will be on the agenda for action at the next EPSL meeting.

Trustee Bombardier left the meeting call at 11:00am.

6. Follow up to Long-Range Planning Committee discussion of “automatic associate degree award” concept

Yasmine Ziesler, Chief Academic Officer, explained the data provided on the student credit progress graph for Vermont State Colleges, mapping student credits and retention history for discussion of the “automatic associate degree award” concept. The committee discussed different approaches to this option, including the central importance of advising.

7. “Start to Finish” initiative update

Yasmine Ziesler, Chief Academic Officer provided an update to the committee on Start to Finish initiative. Staff and faculty recently attended a conference hosted by Complete College America. The outcome is to launch messaging and advising campaigns to support increased enrollment intensity, and for full-time students, successful completion of 30 credits per year.

8. Other business

There was no other business.

9. Comments from the public

There were no public comments.

Chair Richards adjourned the meeting at 11:50 a.m.

## Item 2:

### Informational Items

- a. VSC System Retreat: “Paths to Graduation”
- b. VSC Career and College Ready Admissions Guarantee

## CALL FOR PROPOSALS

**2018 VSC System Retreat  
May 23, 2018  
Castleton University**

### **Paths to Graduation: Supporting Student Planning, Purpose, and Persistence**

While retention and graduation rates across the VSC System are comparable to similar institutions nationwide, there is a growing body of national evidence for specific strategies that can significantly increase student success, many of which are in some stage of implementation across our system. This year's retreat is focused on sharing and expanding our collective expertise in developing robust student **planning** and advising tools, student **purpose** in defined academic pathways and program outcomes, and student **persistence** within courses and through programs to completion.

We are seeking proposals for one-hour concurrent sessions that address any of the questions below by **sharing successes and lessons learned** from work already underway within our system; or **presenting a workshop or structured dialogue** among attendees to brainstorm and develop new efforts.

#### **Planning**

- What tools or advising strategies are most effective to ensure students enroll in and complete coursework on an intentional schedule to ensure on-time or intended-time (for part-time students) graduation?
- How do we best work with students who struggle to stay on track to meet their intended degree-completion goals?
- How do online, hybrid, telepresence, or other course delivery modes support students in accessing and completing courses towards on/intended-time graduation, and what are we learning about effective teaching in these modes?
- What strategies are needed to best address the particular needs of our diverse student populations (e.g. first-years, sophomores, "post-traditional" part-time students, international students, first-generation and low-income students)?
- How could we be more intentional in our practices and policies related to course scheduling and curriculum design to support students' planning needs?

#### **Purpose**

- What are the ways we can spark and maintain student motivation via career development activities, integration and alignment of connections with general education, or other strategies?
- How do we best articulate and refine program learning outcomes, high-impact experiences, and post-graduation placements to help students clarify their sense of purpose in pursuing a degree?



- How do we best structure degree programs and align requirements and skills support (for example in mathematics) so that students experience purposeful progress?

### **Persistence**

- What strategies, tools, and information are most critical to support student persistence within an individual course?
- How can we use data to better inform our efforts to support students' completion of all attempted credits, persist from one semester to the next, and/or revise goals to ensure success?
- How can we help students leverage the full resources and opportunities within the VSC to persist in achieving their goals?

### **Proposal Submissions**

Please include the following in no more than two pages, and email to [Yasmine.Ziesler@vsc.edu](mailto:Yasmine.Ziesler@vsc.edu) by **April 2, 2018** for review by Retreat Planning Committee members.

1. All presenters' contact information: name, title, college, email address, phone number
2. Proposed title of session
3. Intended audience for session
4. Brief session description for inclusion in the retreat program
5. Summary description of the session structure and format
6. A/V or other technology needs

### **Retreat Planning Committee Members**

Jennifer Alberico, CCV  
Kelley Beckwith, CU  
Kim Carey, CU  
Rosemary Distel, VTC  
Gillian Galle, CU  
Harriet Johnson, OC  
Sara Kinerson, NVU

Cathy Kozlik, CU  
Eric Sakai, CCV  
Brent Sargent, VTC  
Trish van der Spuy, CU  
Margo Warden, NVU  
Yasmine Ziesler, OC

*This year's academic retreat was developed with additional support from Complete College America and in alignment with the VSCS Board of Trustees' **Start to Finish** initiative, the goals of which are to increase academic success and retention in the first year, support on-time completion of a VSCS degree or other credential of value, and support students' progression within the system to further learning.*



## Career and College Ready Admissions Guarantee

The VSCS supports the career and college readiness standards and personalized learning focus of Vermont's preK-12 public education system, and will guarantee general admission<sup>1</sup> to all Vermont high school graduates who seek to enroll in the VSCS within one year of high school graduation and who:

have reached the college ready benchmark on one of the approved tests as outlined in Vermont's ESSA plan (SAT, ACT, AP, IB, CLEP, ASVAB);

OR

successfully complete at least two dual enrollment courses with a grade of C or higher;

OR

achieve college-ready placement levels on Accuplacer assessments administered at the VSCS.

## More Options for Students

Vermont high school students who meet Vermont's career and college ready standards at the end of their junior year are eligible for Early College.

Students who have not yet achieved Vermont's career and college ready standards may still be admitted under the VSCS Basic Academic Skills Policy, which requires all colleges to ensure access to skills assessments, developmental instruction and support, and completion of a developmental program during students' first year of enrollment.

## Looking Ahead

The VSCS is currently working in partnership with the Vermont Agency of Education to develop these additional options as part of the VSCS Career and College Ready Admissions Guarantee:

Students who successfully complete a state-endorsed CTE certification aligned with a VSCS academic program;

OR

Students who successfully complete a career and college readiness bridge course in grade 12.

<sup>1</sup> Specific programs such as nursing may have enrollment limits or additional admissions criteria.

### Item 3:

Vermont Tech Policy 102 New Program Proposal for  
Dental Therapy

**Vermont Tech  
Outline of Materials for Dental Therapy Program Proposal**

**1. Executive Summary Memo**

**2. Policy 102 Proposal**

**3. Attachments to Policy 102 New Program Proposal**

- A. Market Research Report from EAB
- B. Dental Therapy Curriculum
- C. Draft Program Budget
- D. Library Costs for Master's Program
- E. Course Descriptions
- F. Competencies for the Dental Therapist

**4. Additional Background Information**

- G. Introductory History of Dental Therapy in Vermont
- H. Dental Therapy Interest and Need
- I. Is the Degree Worth the Cost?
- J. Vermont Department of Health Census of Dentists Summary Report:  
<http://www.healthvermont.gov/sites/default/files/documents/pdf/DDS17ppt.pdf>

To: VSC EPSL Committee

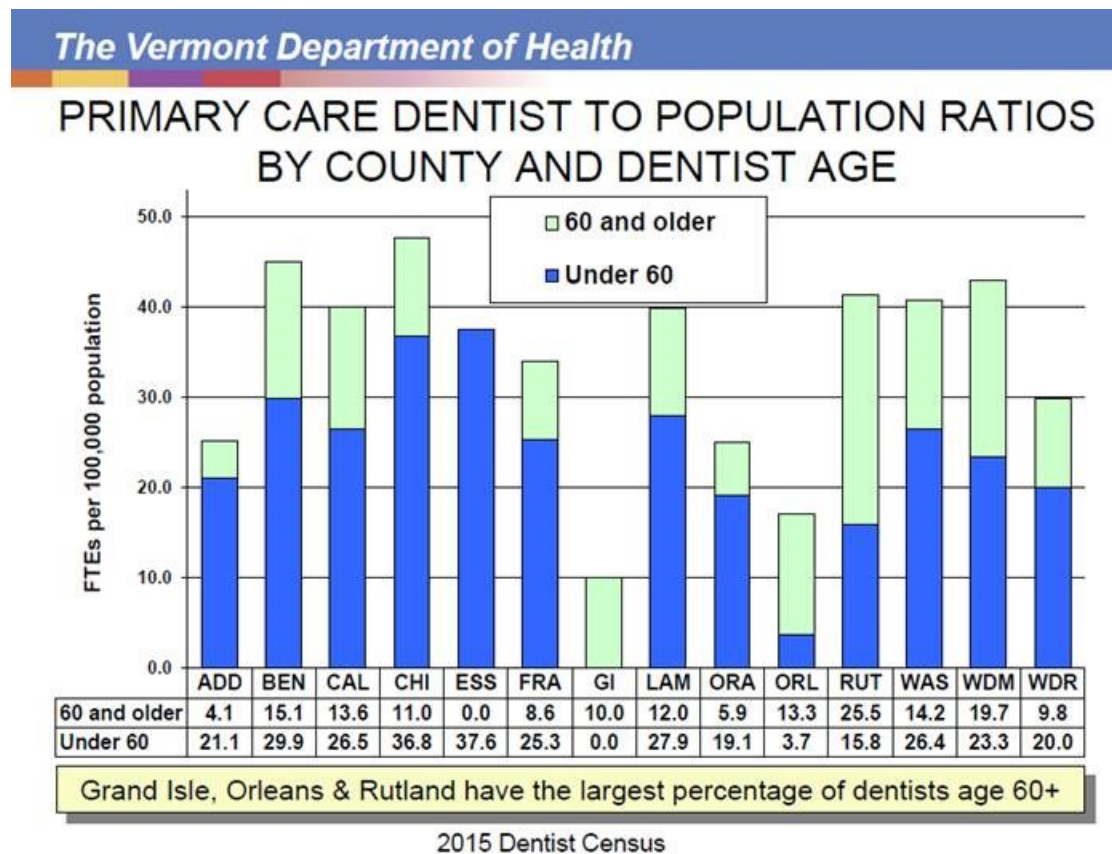
From: Cheyanne Warren, Dental Therapy Program Director and Ellen Grimes, Dental Hygiene Program Director

Date: 1/31/2018

Re: B.S. in Oral Health Science & M.S. in Dental Therapy. The Dental Therapy Masters degree is a proposed program that will offer an additional opportunity for students interested in a profession in oral health. This is a career laddering program for practicing dental hygienists or a fast-track program for a student interested in earning a bachelor's and a master's degree in four years. This program is in direct response to the following:

1. Vermont Legislature signed S.20 into effect on June 20<sup>th</sup>, 2016. After a five-year campaign by the Vermont Oral Health Care for All Coalition, Vermont became the third state, joining Maine and Minnesota, to allow dentists to hire these midlevel providers. Dental therapists also work with dentists caring for Native American tribes in Alaska, Oregon, and Washington. Currently, there is no educational program that exists that meets our legislative requirements. We anticipate that the two programs in Minnesota will eventually become accredited by CODA which would then satisfy our states requirements. Due to our current timeline, we may become the first program of this kind to become accredited by CODA in the United States. Alaska is also working on accreditation but their program is not the same and does not meet our requirements here in Vermont.

Like millions of people across the country, many Vermonters have limited access to oral health care. Nearly 100,000 people in the state went without care in 2011 and 2012, and 38 percent of children covered by the state's Medicaid program received no dental health services in 2014. In addition, many dentists in Vermont are nearing retirement age at a rate that far exceeds recruitment. (See figure below) This phenomena has been coined "the silver tsunami". Dental therapy is such a powerful antidote to our state's dental care crisis because it puts providers in communities where people struggle to get the care they need. Once they graduate, dental therapists will be able to practice in a range of settings, such as community health centers, school-based health clinics, private practices, nursing homes, mobile dental vans and hospitals.



FINANCIAL STRATEGY 1. Attached is a budget that includes a student total of 10 students for the program. We are working towards partnering with Maine and Oregon for distance education which would increase this number. This budget includes a capital financial investment of \$300,000, which is additional but not necessary for the program.

2. Many of the courses intended for the B.S. in Oral Health Science are pre-existing and a few of the Master's courses are also pre-existing. 3. We currently are working on a HRSA grant to help offset the cost of a simulation lab. This grant also is intended to help with finding community rotation training sites which will aid in recruitment and job placement post degree completion. HRSA-018-014 Oral Health Workforce grant (\$1,600,000.00) we also intend to apply for grants from Delta Dental, Henry Schein, and Dental Trade Alliance.

#### ENROLLMENT

We anticipate that the goals of enrollment will be met quickly. We have sent out surveys to licensed hygienist in the state and have had encouraging responses that would show around fifty potential applicants. In addition, Maine does not have any program to educate dental therapists and has shown a great deal of interest in our program. WE

currently are working on a partnership with Maine to provide distance education in the near future. I have also been contacted from students in other states as far as Missouri. As more legislation gets passed in other states and as awareness about this new profession grows I anticipate that these numbers will grow exponentially.

#### INDUSTRY DEMAND

1. With S.20, the State of Vermont is attempting to address the access to oral health care issue that is faced not only in Vermont but all over the country in rural areas and for low income populations. In addition, this new dental provider helps provide quality oral health care at a fraction of the cost compared to our current delivery system. This new dental professional has a sustainable future. In the foreseeable future, the demand for this program will be high.
2. Our program offers two educational pathways that we anticipate will fluctuate over time. Initially, we anticipate most of our applicants will be practicing hygienists. Over time, we predict that this type of applicant will slow to a steady rate with an increase in the number of students that have not yet completed their dental hygiene career. That is just one of the reasons we created both tracts.

#### VSC MISSION

1. The proposed Masters of Dental Therapy degree complies with the mission of the VSC and Vermont Technical College.
2. The proposed program also provides career laddering with the current dental hygiene degree(s) and some of the students from the Master's program will also be enrolled in classes already offered in the hygiene program as well as general education requirements offered by the college. This will strengthen enrollment in across the board.
3. Our courses build on the current strength of Vermont Tech in offering a "hands-on" approach in this curriculum. These students will be workforce ready immediately post-graduation.
4. The A through R General Education Assessments have been considered in the development of the proposed program.

**VERMONT STATE COLLEGES  
POLICY 102 NEW PROGRAM PROPOSAL**

**Part I: General Information**

1. **Institution:** Vermont Technical College
2. **Name of new program:** Dental Therapy
  - a) **Individual(s) with responsibility for program development:** Cheyanne E. Warren,  
Ellen B. Grimes
  - b) **Academic Department(s):** Dental Hygiene
3. **Proposed start date of program:** Summer 2019
4. **Title of degree to be conferred (if applicable):** Master's in Dental Therapy, Bachelor's in Oral Health Science
5. **Brief description of proposed program (150 words or less):**

Dental Therapy will build on our existing dental hygiene degree in order to academically and clinically prepare students to enter the new dental profession of dental therapy. The program will extend the existing dental hygiene curriculum from 6 terms to 11 terms totaling 168 credit hours to complete both degrees. If an enrolling student has previously graduated from an accredited dental hygiene program and fulfilled the required pre-requisites, they may be granted "advanced standing" to which they would be enrolled in a four-term program totaling 69 credit hours to complete the Master's in Dental Therapy Degree. In addition, we would like to change the department to "The Department of Oral Health Sciences" with programs in dental hygiene and dental therapy. This change will mimic current trends in educating dental professionals and provide a more marketable degree. It will also make it clearer to students seeking each degree where they may have overlap in their curriculum and what courses are unique to their field.



## **Part II: Rationale**

### **1. How the program will strengthen the institution (refer to institutional mission, institutional priorities and existing institutional programs) and how the perceived interest in the program at the institution was determined:**

The Mission of the Dental Therapy Program at Vermont Technical College is as follows: We are committed to excellence in education by considering each student's individual abilities as future oral health professionals and by providing an environment where students can thrive and be inspired every day. Our mission is to educate and prepare students intellectually, technically, and ethically to meet the oral health care needs and challenges of the future. Our purpose is to create a learning environment that fosters collaboration, lifelong learning, informed citizens and leaders, and oral health care professionals who provide quality care to diverse populations in a variety of settings.

The College's Mission and institutional values and objectives statements provided the foundation for the development of the program's mission and goals. The goals of the program are consistent with those of the College in that the outcomes are to prepare the graduate to work in the profession, promote ethical and social responsibility, and encourage continuing formal education and lifelong learning.

The interest in the program development at VTC began with the legislative initiative that began over the past decade to introduce this new profession of Dental Therapy to Vermont. This legislation was proposed as a way to increase access to care and more affordable dental care for Vermonters especially children. As the legislation moved forward, Vermont Technical College emerged as a clear front runner in possible education sites. This was because VTC offers the only dental hygiene program in the state and due to the facility and infrastructure necessary to develop this program, the most logical and feasible site in the State of Vermont would be at VTC. In addition, a study was conducted by an outside group to research the market demand for a dental therapy program. The results of this study are attached.

### **2. Specific student, educational and/ or employment need(s) to be addressed, including in-person, hybrid, low-residency, or distance mode(s) of program delivery, and whether these needs are local, state, regional, national or global (attach documentation of need in the form of supporting data from external or internal sources such as professional organizations, feedback from corporate partners, or market research):**

The method of program delivery will be primarily in-person; however, we hope in the future to potentially partner with a program in Maine to expand our enrollment and provide distant education for their students. We are currently working on a contract with Maine to develop this model. If any additional states in New England or the Northeast region pass the same legislation as Vermont and Maine, we could also potentially partner with other existing dental hygiene programs to help educate their students. (See attached document for market research.)

**3. How the program will strengthen the System. If the program approximates existing programs within the System, describe why the development of an additional program will serve particular need(s). If it is a distinct program that expands System offerings, please describe what value it offers, any intended collaboration with other VSC colleges or organizations in planning or delivering this program, and, if appropriate, indicate specific benefits to the State of Vermont):**

The State of Vermont passed legislation in June of 2016 to support the creation of a new dental professional called a “dental therapist”. This legislation was passed with the goal of creating this new program by building on Vermont Technical College’s dental hygiene curriculum. Vermont Technical College is the only educational institution in the state that educates a dental professional and the legislation determined that this new professional would need to be a dental hygienist in order to become a dental therapist. This is a distinct program that expands system offerings and the additional educational and clinical resources that will be added by offering this program will strengthen our existing dental hygiene program and draw local, regional and national attention. This should also strengthen our application pool in our department and may even strengthen the applicant pool in other areas as well. In addition, we would be offering another Master’s degree at VTC which will also strengthen our system. Lastly, the State of Vermont has done some research that indicates that a majority of dentists in the state are at or near retirement age and we will experience a large shortage of providers in the state over the next decade. The dental therapist will be able to address this shortage in the workforce and alleviate some of the burden and hopefully increase or maintain access to dental care for Vermonters.

### **Part III: Program Description**

#### **1. Specific program objectives, including career and learning outcomes for students:**

##### Institutional Effectiveness

- To use a systematic approach in order to plan, evaluate, and identify programs and services, measure program outcomes, and use data and assessment results to inform decision-making.

##### Student Achievement Outcomes

- To provide a curriculum that integrates general education, biomedical sciences, oral health sciences and the knowledge of current dental therapy theory, practice, and the provision of oral health care.
- Demonstration of success through passage of clinical boards.

##### Patient care

- Prepare dental therapy graduates who are competent to provide patient-centered, comprehensive, evidence-based oral health care in an ethical and professional manner.
- Provide a clinical education based on a model of prevention designed to promote optimal oral and systemic health.

##### Research

- Provide students with an interdisciplinary, evidence-based curriculum, reflective of contemporary health care delivery.
- Educate a diverse population of learners in a patient-centered, student-friendly atmosphere that fosters active and self-directed learning, critical thinking and self-assessment

##### Service

- Prepare dental therapy graduates to respond to the evolving oral health care needs of a culturally diverse community by demonstrating a commitment to civic engagement.
- Provide students with opportunities for service-learning activities in a community that promotes the mission of the school, college and profession.

##### Professionalism

- To prepare dental therapy graduates to make an essential and unique contribution as an integral member of a health care team.

- Provide students with the skills to advance the foundation and practice of dental therapy through a commitment to scientific inquiry and lifelong learning.
- Prepare dental therapy graduates to assume leadership roles in professional organizations.
- Model professional behaviors consistent with ethical and legal expectations of the dental therapy profession.

For a detailed list of program competencies, see attached.

**2. How the program will integrate professional, liberal and career study:**

Our four-year program requires a complimentary balance of general education requirements as well as the professional program requirements and community external rotations. Our four-term Master's only degree will have the same prerequisites as our four-year program so it will satisfy the same program requirements.

**3. What peer programs or model curricula served as a basis for the proposal:**

The Dental Therapy program at Metropolitan State University and The University of Minnesota School of Dentistry. These two programs are the only two programs in the country that would apply to the profession in our state.

**4. How the program will assess its effectiveness in achieving student learning outcomes:**

Employment rates and employer feedback. Passage rate for clinical board exams and outcomes assessments. In addition, alumni, employer and patient satisfaction surveys will provide meaningful feedback regarding program effectiveness.

**5. How the program incorporates current standards and/or emerging directions in the field, and what the program will require to maintain licensure, certification, or accreditation standards with external entities, if any.**

The profession requires that all educational programs be externally accredited by the Commission on Dental Accreditation every seven years. Once CODA accreditation is achieved, a copy of our program requirements will be available for review. In order to meet these standards, we will need to continually provide an evidenced based curriculum and maintain our clinical facility to meet the standards required to provide quality dental care. This will include continuing education for faculty and knowledge of any changes in the methods or delivery of quality dental care. The dental profession achieves this through professional organizational membership on a local and national level.

**6. Program outline; include brief descriptions of all new courses:**

<b>Course Name &amp; Number</b>	<b>Credits</b>	<b>New or Existing?</b>
DHY 1011: Pre-Clinical Dental Hygiene	5	E
DHY 1021: Oral Tissues I (want to change pre-fix to OHS)	3	E
BIO 2011: Anatomy & Phys. I	4	E
BIO 1030: Nutrition	3	E
ENG 1061: English Composition	3	E
DHY 1012: Clinical Dental Hygiene I	5	E
DHY 1022: Oral Tissues II/ Medical Emergencies (want to change pre-fix to OHS)	3	E
BIO 2012: Anatomy & Phys. II	4	E
DHY 2211: Dental Materials (need to change pre-fix to OHS)	3	E
MAT 1040: Math for Allied Health	2	E
DTY 5011: Operative DT I/lab (2:3)	5	N
DTY 5001: Cariology	1	N
DTY 5018: Diagnostic Radiology	2	N
STY 5002: Principles of Pediatric Dentistry	1	N
ELE XXXX: AH/SS Elective	3	E
DHY 2721: Clinical Dental Hygiene II	4	E
BIO 2121: Microbiology	4	E
DHY 2030: Periodontics (need to change pre-fix to OHS)	3	E
DHY 1030: Principles of Oral Radiology (2:1) (need to change to OHS 2016)	3	E
DTY 5012: Operative DT II/Lab (1:3)	4	N
DHY 2722: Clinical Dental Hygiene III/LA	4	E
DHY 2020: Pharmacology/General Pathology (need to change pre-fix to OHS)	3	E
PSY 1010: Intro to Psychology	3	E
CHEM 1020: Intro to Chemistry	4	E
ENG 2080: Technical Communications	3	E
DTY 5020: Clinical Practice Seminar I	3	N
DTY 5021: Clinical Dental Therapy I	1	N
DTY 5013: Health Assessment & Diagnostic Reasoning	3	N
DTY 5014: Medial & Dental Emergencies for DT (1.5/.5)	2	N
MAT 1221 or MAT 2021	3	E
DHY 3821: Clinical Dental Hygiene IV	6	E
DHY 2210: Community Oral Health I (need to change pre-fix to OHS)	2	E
CIS 1XXX: Computer Science Elective	3	E
HUM 2020: Bioethics	3	E
DTY 5022: Clinical Practice Seminar II	1	N
DTY 5023: Clinical DT II	4	N
DTY 5XXX: DAU Assist 3 sections for total 2 credits	2	N
DTY 6020: Advanced Practice Seminar	1	N

DTY 6021: Advanced Clinical DT	3	N
OHS 3020: Advanced Periodontics (Need to change pre-fix to OHS)	3	E
DTY 6001: Community Outreach Experience Sections A-E total 9 credits	9	N
DTY 6002: Advanced Specialty Practices	3	N
DTY 5030: Pharmacology Principles of Clinical Applications	3	N
DTY 5040: Ethics and Jurisprudence	1	N
DHY 4010: Advanced Community Oral Health (need to change pre-fix to OHS)	3	E
DHY 3010: Evidence Based Decision Making (need to change pre-fix to OHS)	3	E
DHY 5213: Practice Management the Dental Professional (need to change pre-fix to OHS and from 4213 to 5213)	3	E
DHY 4237: Research Methods in Oral Health (need to change pre-fix to OHS and cross list at 5000 level)	3	E
DTY 6010: Capstone Project	4	N

7. **TOTAL CREDITS in proposed program:** 123/69

8. **TOTAL GENERAL EDUCATION CREDITS beyond those in the program:** 45

9. **TOTAL CREDITS for the degree:** 168/69

10. **For associate and baccalaureate degree programs, provide a 2- or 4-year degree map showing intended semester-by-semester sequence of courses including program courses, general education requirements, and electives. For graduate degree programs, describe the intended timeframe and sequence for completion of the degree.**

See Attached Document

**Part IV: Budget Considerations**

1. **Expenditures for the proposed program:** See Attached Budget

2. **Revenue/sources to meet new expenditures:** See Attached Budget

**Part V: Enrollment, Marketing and Public Relations Considerations**

a. **Projected enrollment for new program:**

	<b>Year One</b>	<b>Three Years Out</b>	<b>Four Years Out</b>
<b>Full-Time</b>	<b>10</b>	<b>18</b>	<b>22</b>
<b>Part-Time</b>	<b>0</b>	<b>2</b>	<b>2</b>
<b>In-State</b>	<b>8</b>	<b>16</b>	<b>18</b>
<b>Out-of-State</b>	<b>2</b>	<b>4</b>	<b>6</b>

**2. Describe how you arrived at these projections:**

We included our four-year projections because that is the point in our program where we have the same projected numbers enrolled and achieve steady state. As is detailed in the curriculum map, we have two separate enrollment patterns. One is a four-term enrollment with advanced standing students for a Master’s degree where we plan on allowing 6-8 out of our 10 students total into this program. The other is an 11-term program for a Bachelor’s Degree and a Master’s Degree which we plan on accepting 2-4 students out of our 10 total. With this type of enrollment pattern, after four years, we would expect to have 24 students maximum in the total program at one time. Our clinic and faculty limitations, as well as market demand would preclude us from graduating more than 10 students per year. However, our long range goal is to establish a distance education program. We expect to have enough interest between Vermont, Maine and nationally to support this enrollment.

**3. Describe the marketing strategies for the new program.**

The program currently is self-promoted through our dental hygiene program. We also sent out a poll to all practicing hygienists in the state. The survey was sent to 720 hygienists in the state and we received 141 responses. Of the 141 responses, 57 were below the age of 40. 52 responses indicated that they would be somewhat to very likely to pursue this degree in the next five years. 45 people asked for more information about the program as it becomes available. A similar poll was completed in Maine asking how many students would travel to Vermont to complete a DT program with approximately 40 people interested and 5 willing to move out of state for the program. We also have noticed that since the passage of the Vermont Legislation allowing this new profession, the program has received both local and national attention. The program will also be marketed at the annual and possibly the regional dental professional society meetings, as well as FQHC’s around the state. In addition, we may eventually market to high schools and career fairs. Lastly, the Kellogg foundation and the Vermont Oral Health Coalition for All, and the Vermont Oral Health Coalition is currently

working on developing implementation and marketing strategies towards dentists in Vermont. The VOHC4A is preparing a "Toolkit" for dentists and other educational strategies are being developed.

**4. Competition:**

- a. **In state and region**-None
- b. **Web-based**-None

**5. How the program will impact enrollments in existing programs at the College:**

We believe it will strengthen all programs by the addition of the Master's degree and through the publicity received from this new profession and program being offered exclusively at Vermont Technical College. If we successfully make it through the Commission on Dental Accreditation (CODA) standards and receive CODA approval, we will be the first program of its kind in the United States to do so. We expect that dental hygiene will have the greatest impact. This program will only accommodate 10 students total per year and 4 of the 10 in the undergraduate track. We anticipate that students who normally would want to complete the dental hygiene program may also want to complete this program after they graduate. This would happen either through knowledge of the program as they are attending the dental hygiene program or if they were unable to gain admission into the dental therapy program, they may apply and complete the dental hygiene program first and then try to apply to the dental therapy Master's only program after they have graduated.

**6. How the program will impact enrollments in existing programs at other VSC colleges:**

Some students that may be interested in our program may need to take prerequisites at other VSC colleges.

**7. How the program will impact existing and/ or future external relations:**

The profession of Dental Therapy is not yet supported by the Vermont State Dental Society. We expect that through our advisory committee, several of the different Vermont Oral Health Coalitions, The Kellogg Foundation, Pew Charitable Trusts and most of all the people who will benefit to increased access to quality dental care will be able to positively impact this program and how it is externally perceived.





MARKET RESEARCH BRIEF

# Market Demand for a Bachelor of Science in **Dental Therapy**

Assessment of Opportunities for Program  
Development in Vermont

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# 1) Research Methodology

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## Project Challenge

Leadership at Vermont Technical College approached the Forum as they considered launching a bachelor's-level program in dental therapy. Through a combination of qualitative interviews with administrators of competitor programs and quantitative data analytics, the Forum sought to assess the market viability of a bachelor's-level dental therapy program at Vermont Technical College.

EAB's market research function provides insights which guide strategic programmatic decisions at member institutions. The Forum combines qualitative and quantitative data to help administrators identify opportunities for new program development, assess job market trends, and align curriculum with employer and student demand.

EAB reports rely primarily on labor market data from the Burning Glass Labor/Insight™ tool (description below). Reports occasionally use data from the United States Census Bureau and United States Bureau of Labor Statistics data to explore occupation and job trends. Market research reports may also incorporate Integrated Postsecondary Education Data System (IPEDS) data to assess student enrollment, demographics, and completion rates across competitor programs.

## Methodology and Definitions

**Methodology:** Unless stated otherwise, this report includes data from online job postings from March 2015 to February 2016. The Forum identified the top 200 titles, skills, and employers for Minnesota.

**Definitions:** "Regional data" and "region" refer to the state of Minnesota. The Forum identified Minnesota as the target region for the report since only universities in Minnesota currently enroll students in academic programs in dental therapy. Currently, only Minnesota, Maine, and Alaska recognize dental therapy as a profession.

"Mid-level dental practitioner" refers to a dental therapist, advanced dental therapist, dental health aide therapist, or advanced dental hygiene practitioner who may perform both restorative and preventive health care with a limited scope of operative practice. Australia terms mid-level practitioners as oral health therapists, rather than dental therapists.

Annual growth in job postings is measured in the change between July 2013 and December 2015 by six-month halves (i.e., 2013 H2 is July 2013 to December 2013).

## Burning Glass Labor/Insight™

### **EAB's Partner for Real-Time Labor Market Data**

This report includes data made available through EAB's partnership with Burning Glass Technologies, a Boston-based leader in human capital data analytics. Burning Glass Technologies specializes in the use of web spidering technology to mine more than 80 million online job postings and analyze real-time employer demand. Under this partnership, EAB may use Burning Glass's proprietary Labor/Insight™ tool to answer member questions about employer demand for educational requirements, job titles, and competencies over time, as well as by geography. The tool considers job postings "unspecified" for a skill, industry, employer, geography, certification, or educational requirement when the job posting did not advertise for one of these particular job characteristics. Unspecified postings represent null values and should be excluded from the total number (n value) of job postings analyzed in the query. A

more complete description of the tool is available at

<http://www.burningglass.com/products/laborinsight-market-analysis/>.

For more information about the Labor/Insight™ tool, please contact Betsy Denious, Director of Business Development Learning & Policy at [bdenious@burning-glass.com](mailto:bdenious@burning-glass.com) or 301-525-6596.

## Project Sources

The Forum consulted the following sources for this report:

- American Dental Association ([ada.org](http://ada.org))
- American Dental Hygienists' Association ([adha.org](http://adha.org))
- Bureau of Labor Statistics ([bls.gov](http://bls.gov))
- EAB's internal and online research libraries ([eab.com](http://eab.com))
- National Center for Education Statistics (NCES) (<http://nces.ed.gov/>)
- Academic Program Websites:
  - Bachelor of Oral Health, University of Otago,  
<http://www.otago.ac.nz/dentistry/undergraduate/oral-health/index.html>.
  - Bachelor of Oral Health Therapy, University of Newcastle,  
<https://www.newcastle.edu.au/degrees/bachelor-of-oral-health-therapy/whystudy-with-us>.
  - Master of Science in Advanced Dental Therapy, Metropolitan State University,  
<http://www.metrostate.edu/msweb/explore/gradstudies/masters/msadt/>.
  - Master of Science in Advanced Dental Therapy, University of Minnesota,  
<http://dentistry.umn.edu/programs-admissions/dental-therapy/index.htm>
- Literature on Dental Therapy:
  - A Review of Global Literature on Dental Therapists: In the Context of the Movement to Add Dental Therapists to the Oral Health Workforce in the United States, W.K. Kellogg Foundation, April 2012,  
[http://www.wkkf.org/~media/pdfs/dental%20therapy/nash%20dental%20the\\_rapist%20literature%20review.ASHX](http://www.wkkf.org/~media/pdfs/dental%20therapy/nash%20dental%20the_rapist%20literature%20review.ASHX)
  - Dental HPSA Designation Overview, Health Resources and Services Administration,  
<http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html>.
  - Early Impacts of Dental Therapists in Minnesota: Report to the Minnesota Legislature,  
<http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf>.
  - The Benefits of Dental-Hygiene Oral Health Provider Models, American Dental Hygienists' Association,  
[http://www.adha.org/resourcesdocs/75112\\_Hygiene\\_Based\\_Workforce\\_Models.pdf](http://www.adha.org/resourcesdocs/75112_Hygiene_Based_Workforce_Models.pdf).
- Legislation on Dental Therapy:
  - Senate Bill 20, Vermont State Legislature,  
<http://legislature.vermont.gov/assets/Documents/2016/Docs/BILLS/S-0020/S0020%20As%20Passed%20by%20the%20Senate%20Official.pdf>.
  - H.P. 870-L.D. 1230, Maine State Legislature,  
<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0870&item=14&snum=126>.

## Profiled Institutions

The Forum interviewed dental therapy program directors at the following institutions:

### A Guide to Institutions Profiled in this Brief<sup>1</sup>

Institution	Location	Approximate Institutional Enrollment (Undergraduate/Total)	Classification
<b>Metropolitan State University*</b>	Midwest	7,600 / 8,300	Master's Colleges and Universities (medium programs)
<b>University of Minnesota</b>	Midwest	34,300 / 51,100	Research Universities (very high research activity)
<b>University of Newcastle</b>	Australia	24,500 / 40,200	Not applicable
<b>University of Otago</b>	New Zealand	15,100 / 22,000	Not applicable

\*Profiled via secondary research



1) National Center for Education Statistics.

## 2) Executive Overview

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**Key Observations** **The lack of access to oral health care in 12 of Vermont's 14 counties suggests a need for dental therapists to provide care for underserved communities.** The Health Resources and Services Administration identified over 85 percent of counties in Vermont as dental health provider shortage areas. In

Minnesota, which established dental therapy as a profession in the state, 82 percent of counties constitute dental health professional shortage areas. Dental therapists provide health care access to underserved and minority communities, as well as to children. Within their scope of practice, dental therapists typically find employment in federally qualified health centers and serve minority populations.

**If the state legislature passes legislation to authorize dental therapists to practice in Vermont, develop a bachelor's-level dental therapy program at Vermont Technical College to prepare students for employment in the field.**

The Vermont State Legislature's proposed requirements for dental therapists in Vermont would require registered dental hygienists to finish at least bachelor's-level coursework in dental therapy. Design a program to confer the required coursework and clinical requirements, as set out in the state statute. Profled universities in Minnesota confer master's degrees in dental therapy due to Minnesota employer demand for advanced dental therapists that require less supervision than dental therapists. The proposed scope of practice in Vermont does not make such a distinction and therefore, administrators at Vermont Technical College should not offer a master's-level program.

**Highlight increased patient access and lower wait times as benefits of employing dental therapists to dentists and health clinics to encourage employers to hire dental therapists.** A report to the Minnesota State Legislature detailed the benefits to dental practices and clinics that hired dental therapists; dental therapists increased access for new patients and lowered appointment wait times. Administrators at the **University of Minnesota** report that dental practices that hire a dental therapist commonly hire additional dental therapists and encourage other practices to hire dental therapists as well. Partner with dental clinics around **Vermont Technical College** to employ dental therapists and encourage those employers to advertise the benefits of dental therapists to a dental practice to their colleagues.

**Ensure program curriculum instills skills in operative care, pharmacology, and community health to prepare dental therapists to serve the local community.** Include courses on clinical practice in the dental therapy curriculum, and ensure graduates gain clinical experience. Partner with local dentists to pair students with a practicing dentist that may oversee their clinical practice. Dental therapists may obtain authorization to prescribe some medications to patients; include pharmacology coursework to ensure students learn best practices in pharmacology.

## 5) Trends in Policy on Dental Therapy

### Shortage Areas Twelve of the Fourteen Counties in Vermont Qualify as in Vermont Dental Health Professional Shortage Areas

The Health Resources and Services Administration identified 12 of Vermont’s 14 counties as dental health professional shortage areas (DHPSAs) as of 2015. The demonstrated lack of access to oral health services for underserved and minority populations in Vermont suggests that mid-level dental health practitioners, such as dental therapists, may alleviate the shortage of oral health providers. In

comparison, 71 of the 87 counties in Minnesota, which passed legislation to allow practicing dental therapists in 2009, qualify as DHPSAs. All but one of Maine’s 16 counties, which passed similar legislation in 2014, qualify as DHPSAs as well. Of counties designated as DHPSAs, Caledonia, Washington, and Windsor counties border Orange County and **Vermont Technical College**.

Dental health professional shortage areas refer to counties, population groups, or non-profit facilities that:

- Do not reside in a “rational area service area” for the delivery of oral health care
- Serve communities with population to full-time equivalent dentist ratios of at least 4,000:1
- Employ over-utilized dental professionals and facilities that are unable to meet dental care needs of the local population
- Include federally recognized Native American tribes (automatic designation)<sup>2</sup>

Administrators at the **University of Minnesota** note that the United States faces fundamental issues of access to dental care, particularly for minority and low-income populations. As of 2015, the Health Resources and Services Administration identified 4,900 DHPSAs nationwide. The Health Resources and Services Administration estimates universities would need to produce 7,300 additional dentists to meet the national need for oral health professionals.

#### Dental Health Professional Shortage Areas in Vermont

*Health Resources and Services Administration<sup>1</sup>*

- Bennington County
- Caledonia County
- Chittenden County
- Essex County
- Franklin County
- Lamoille County
- Orange County
- Orleans County
- Rutland County
- Washington County
- Windham County
- Windsor County

2) Dental HPSA Designation Overview, Health Resources and Services Administration, <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html>.

## States with Dental Therapy

### **Minnesota and Maine Passed Legislation to Allow Dental Therapists to Treat Traditionally Underserved Populations**

Both Minnesota and Maine limit where and in what conditions dental therapists may practice. In Minnesota and Maine, dental therapists primarily function to assist underserved communities, individuals without health insurance, and minority populations. State statutes in Minnesota and Maine prohibit dental therapists from employment in private practices unless at least 50 percent of their clients use Medicaid. Dental therapists in Maine and Minnesota may work in federally qualified health centers, community clinics, elder care centers, and pediatric clinics without limitation.

Efforts to implement dental therapy in Minnesota began in 2000 after the Surgeon General released a report detailing the gravity of the oral health care shortage in the United States. In 2008, the Minnesota legislature agreed to approve legislation which created the dental therapist profession in the state. The **University of Minnesota** and private groups (i.e., W.K. Kellogg Foundation, Association of American Public Health Dentistry) championed the final legislation approved by the state legislature in 2009. Administrators at the University of Minnesota note that program administrators developed the dental therapy program concurrently with the legislation so that when the legislation passed in May 2009, they could begin program enrollments that same September (i.e., September 2009). A report to the Minnesota State Legislature in 2014 found that clinics with few dentists that added dental therapists to the practice saw significantly increased access for new patients to oral health care. From August 2011 to July 2013, the 32 licensed dental therapists in Minnesota treated a total of 6,338 new patients. The report also notes an expanded capacity to serve children and other underserved populations, as well as reductions in waiting times for dental appointments in clinics with dental therapists.<sup>3</sup>

Maine signed dental therapy legislation into law in 2014. Prior the passage of the legislation, representatives from Maine traveled to Minnesota to observe changes following the introduction of the dental therapist profession. Maine faces an oral health provider crisis, as 40 percent of the state's dentists approach retirement age. Over 50 percent of children in Maine lack dental care, as well.<sup>4</sup> Since the passage of dental therapy legislation, however, no academic institutions in the state established programs to train dental therapists.

## Pending Legislation

### **Twelve State Legislatures May Implement Dental Therapist Workforce Models in 2016-2017**

While only Alaska, Minnesota, and Maine currently allow dental therapists to practice mid-level oral health care (i.e., primarily restorative care with some operative responsibilities), at least twelve state legislatures may pass legislation to allow dental therapists to practice in 2016 and 2017. The North Dakota and Texas state legislatures do not meet in 2016. Additionally, Native American tribal communities in Oregon may implement dental therapy to serve their populations, similar to the efforts in Alaska.

The rise of legislation to create hybrid and mid-level oral health practitioner workforce models reflects the lack of access to oral health care faced by communities across the United States. A 2010 study of oral health practitioners found that 84 percent of U.S.

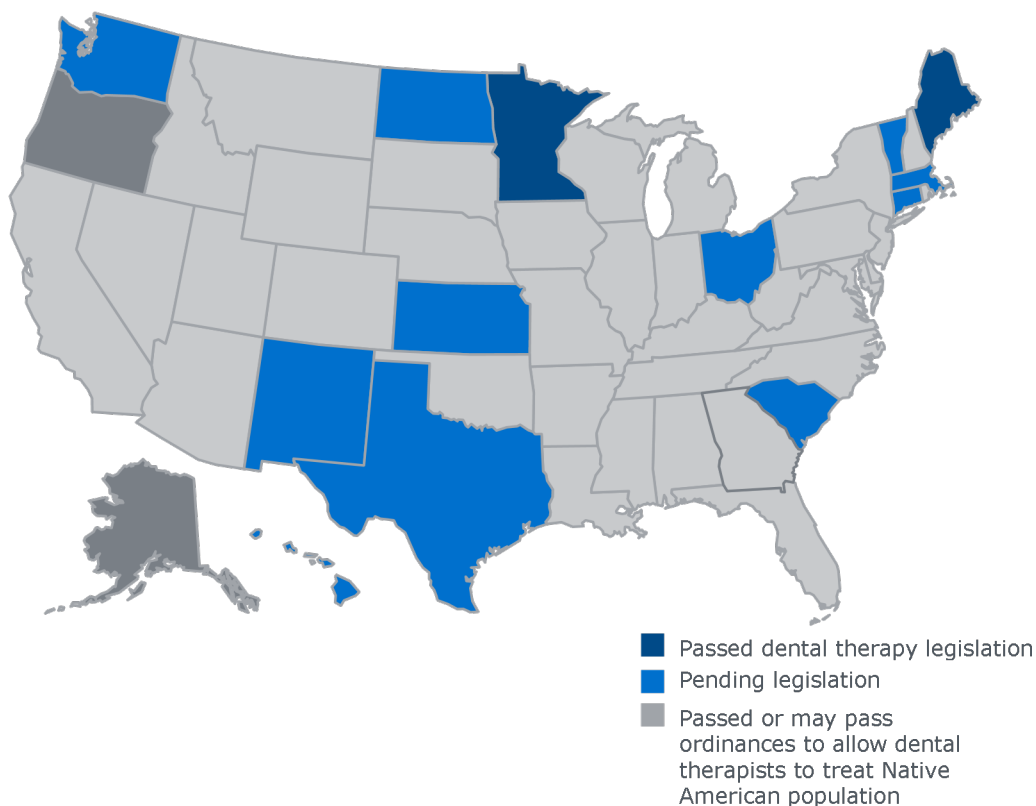
3) The Early Impacts of Dental Therapists in Minnesota.

4) Dental Hygiene Therapists Help Fill Dental Shortage in Maine, The Council of State Governments, <http://knowledgecenter.csg.org/kc/content/dental-hygiene-therapists-help-fill-dentist-shortage-maine>.

dentists do not work in community clinics but rather private practices and do not participate in government sponsored dental coverage plans.<sup>5</sup> Dental therapy legislation typically includes limitations on what communities a dental therapist may work with and what populations they may serve. For example, a dental therapist may only be allowed to treat children and teenagers or may only be allowed to work in clinics that treat predominantly underserved populations.

### States with Dental Therapy Legislation

American Dental Hygienists' Association<sup>6</sup>



## Dental Therapy Fifty-Four Countries Currently Utilize Mid-Level Oral Health Practitioners Such as Dental Therapists

Countries determine the scope of practice of mid-level oral health practitioners (i.e., dental therapist, oral health therapist) based on the needs for the local population. Administrators at the **University of Otago** note that dental therapists may not treat adults, only children and adolescents (e.g., individuals younger

### Requirements for Dental Therapists in New Zealand

- Diploma in Dental Therapy
- Register with Dental Council of New Zealand
- Renew practicing certificate annual

than 18). In New Zealand, dental therapists find employment with District Health Boards and provide community oral services.

Due to agreements between Australian and New Zealand, students from the

- 5) A Review of Global Literature on Dental Therapists: IN the Context of the Movement to Add Dental Therapists to the Oral Health Workforce in the United States, W.K. Kellogg Foundation, April 2012, <http://www.wkkf.org/~media/pdfs/dental%20therapy/nash%20dental%20therapist%20literature%20review.ASHX>.
- 6) The Benefits of Dental-Hygiene Oral Health Provider Models, American Dental Hygienists' Association, [http://www.adha.org/resourcesdocs/75112\\_Hygiene\\_Based\\_Workforce\\_Models.pdf](http://www.adha.org/resourcesdocs/75112_Hygiene_Based_Workforce_Models.pdf).

University of Otago may practice dental therapy in Australia. The first dental therapists in Alaska studied at the University of Otago. Administrators at the **University of Newcastle** note that historically, dental therapists in Australia only treated children and adolescents; the scope of practice now includes adults to meet the need for additional oral health practitioners for adults. Students may attain postgraduate certification in adult practice to treat adults in Australia.

Research by the W.K. Kellogg Foundation found that in other countries, dental therapists most commonly function in school-based programs for children. Other countries with dental therapists include the United Kingdom, Anguilla, the Bahamas, Canada, Hong Kong, Singapore, and South Africa.<sup>7</sup>

## Stakeholders in Different Dental Professional Associations Hold Opposing Legislation Views on Dental Therapy Legislation

The American Dental Association (ADA) opposes dental therapists; the ADA states that only dentists possess the qualifications to perform irreversible dental procedures.<sup>8</sup>

The American Dental Hygienists' Association (ADHA) supports the use of mid-level dental practitioners, especially those based on dental hygienists.<sup>9</sup> In 2006, the American Public Health Association and American Public Health Dentists' Association publically supported the use of dental therapists in Alaska to meet the health needs of Alaska natives.<sup>10</sup>

- 7) A Review of Global Literature on Dental Therapists.
- 8) The American Dental Association.
- 9) The Benefits of Dental Hygiene-Based Oral Health Provider Models.
- 10)<sup>10</sup> A Review of Global Literature on Dental Therapists.

## 4) Characteristics of Dental Therapy Programs

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### Degree Level

#### **Develop a Bachelor’s-Level Dental Therapy Program if the Legislation Passes to Meet the Proposed Requirements for Dental Therapists in Vermont**

Offer a bachelor’s degree program in dental therapy to meet the requirements for dental therapists in Vermont to complete an educational program accredited by the Commission on Dental Accreditation (CODA).<sup>11</sup> As Vermont does not distinguish between standard and advanced dental therapists and the Bureau of Labor Statistics reports the typical educational attainment of dental hygienists as an associate’s degree, offer a bachelor’s-level program to prepare students for employment.<sup>12</sup> If dental hygienists in Vermont typically attain bachelor’s degrees, consider a master’s program to appeal to students that do not seek to obtain a second bachelor’s degree.

Both the **University of Minnesota** and **Metropolitan State University** offer master’s degrees in advanced dental therapy. Administrators at the University of Minnesota report that they previously offered a bachelor’s-level program but transitioned to the master’s-level program to meet employer demand for advanced dental therapists, who require less supervision than dental therapists. The University of Minnesota will begin a joint Bachelor of Science in Dental Hygiene and Master of Science in Advanced Dental Therapy program in 2016. The current master’s program typically takes 28 months to complete and administrators at the University of Minnesota expect the joint degree program will take 32 months for full-time students.

### Program Curriculum

#### **Include Courses in Oral Health Practice, Pharmacology, and Community Awareness to Prepare Students to Practice in Clinics**

The dental therapy programs at **Metropolitan State University**, the **University of Minnesota**, the **University of Newcastle**, and the **University of Otago** confer skills in oral health practice, pharmacology, and community relations. Program curricula include extensive coursework in operative practice with laboratory (i.e., lab) experiences (i.e., Operative Lab, Advanced Oral Therapy). The dental therapy scope of practice in Minnesota, Maine, and New Zealand provides dental therapists with a limited ability to prescribe medications; the proposed scope of practice for dental therapists in Vermont includes similar responsibilities.

Administrators note dental therapy focuses largely on oral health promotion, especially for children and underserved communities. Include coursework that educates dental therapists on particularly underserved communities (i.e., Native Americans, Maori) and their specific oral health needs. Confer skills in oral health promotion and education to help combat oral health provider shortages by improved personal oral health care.

Administrators at Metropolitan State University divide the dental therapy master’s program into three phases: the science of health care delivery, clinical practice

development, and leadership and synthesis. Students spend the most time in the clinical practice development phases which consists of 31 credits. The program at the

11) Senate Bill 20, As Passed by the Vermont Senate, <http://legislature.vermont.gov/assets/Documents/2016/Docs/BILLS/S-0020/S0020%20As%20Passed%20by%20the%20Senate%20Official.pdf>.  
12) Bureau of Labor Statistics.

University of Minnesota offers specific coursework in oral and maxillofacial radiology, periodontology, and coursework in pediatric dentistry.

The Commission on Dental Accreditation will accredit dental therapy programs which will lead to standardization of requirements and coursework as more states adopt dental therapy.

## Curricular Requirements of Dental Therapy Programs

*Profiled Institutions*

Oral Health Practice	Pharmacology	Community and Culture
<ul style="list-style-type: none"> <li>• Operative Practice                             <ul style="list-style-type: none"> <li>– Advanced Oral Health Therapy</li> <li>– Cariology and Applied Nutrition in Dental Therapy Care</li> <li>– Oral Surgery</li> </ul> </li> <li>• Treatment Planning                             <ul style="list-style-type: none"> <li>– Designing for Quality Healthcare</li> <li>– Dental Therapy Treatment Planning</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Human Disease and Pharmacology</li> <li>• Pharmacology Principles of Clinical Application</li> <li>• Local Anesthesia and Pain Management</li> <li>• Clinical Pharmacology</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion                             <ul style="list-style-type: none"> <li>– Oral Health and Oral Health Promotion</li> <li>– Dental Public Health</li> </ul> </li> <li>• Traditionally Underserved Populations                             <ul style="list-style-type: none"> <li>– Maori Society</li> <li>– Oral Health Literacy and Cultural Competency</li> <li>– Indigenous Oral Health</li> </ul> </li> </ul>

## Frequently Requested Skills

### Employers Seek Dental Therapists with Dental Hygiene Skills

Vermont’s proposed dental therapy model requires dental therapists to first attain licensure in dental hygiene. The dental hygiene requirement may appeal to prospective employers that cannot afford to hire both dental therapists and dental hygienists. Other than ‘dentistry’ and ‘therapy,’ employers most commonly demand dental therapists with ‘dental hygiene’ skills in Minnesota in the past year. Administrators at the **University of Minnesota** note that employer demand for hybrid dental hygienist-dental therapists heavily influenced the decision to implement the dual degree program in dental hygiene and dental therapy. Administrator’s report that some rural clinics express demand for dental therapists but cannot afford to hire both dental therapists and dental hygienists. Employers in Minnesota increasingly seek dental therapists with ‘collaboration’ and ‘patient care’ skills.

### Top Skills for Dental Therapists

March 2015-February 2016, Regional Data<sup>13</sup>

n= 12 job postings, 3 unspecified job postings



### Trends in Top Skills for Dental Therapists

January 2014-December 2015, Regional Data<sup>14</sup>

Skills	Number of Job Postings in 2014	Number of Job Postings in 2015
Dentistry	14	8
Therapy	11	8
Dental Hygiene	8	7
Collaboration	2	3
Patient Care	2	3

The proposed requirements for

## Program Requirements

### Ensure Dental Therapy Students Complete 1,000 Clinical Hours of Practice to Meet Requirements for Licensure in Vermont

dental therapists in Vermont require fewer clinical hours than dental therapy requirements in Maine, with 1,000 required hours. Develop partnerships with local dentists and health clinics to oversee student clinical hours. Consider a partnership with a local dental school to ensure students gain the requisite clinical experience.

Maine requires dental therapists to undergo at least 2,000 hours of clinical practice under the supervision of a licensed dentist prior to dental therapy licensure. In Minnesota, students do not need to complete a specified number of clinical hours to achieve dental therapy licensure; advanced dental therapists in Minnesota must complete 2,000 hours of clinical experience to achieve certification. Students in the oral health therapy program at the **University of Newcastle** typically complete 500 hours of supervised dental practice throughout the degree program.



13) Burning-Glass Labor/Insight™. 14)  
 Burning-Glass Labor/Insight™.

The required number of credits for master’s-level dental therapy programs vary. The **Metropolitan State University** program consists of 44 graduate credits, while the program at the **University of Minnesota** consists of 91 credits. At the **University of Otago**, the three-year bachelors of oral health program consist of 360 points; students typically complete between 108 and 144 points in an academic year. At the University of Newcastle, the three-year bachelors of oral health therapy program consists of 240 units; a typical class accounts for 10 units.

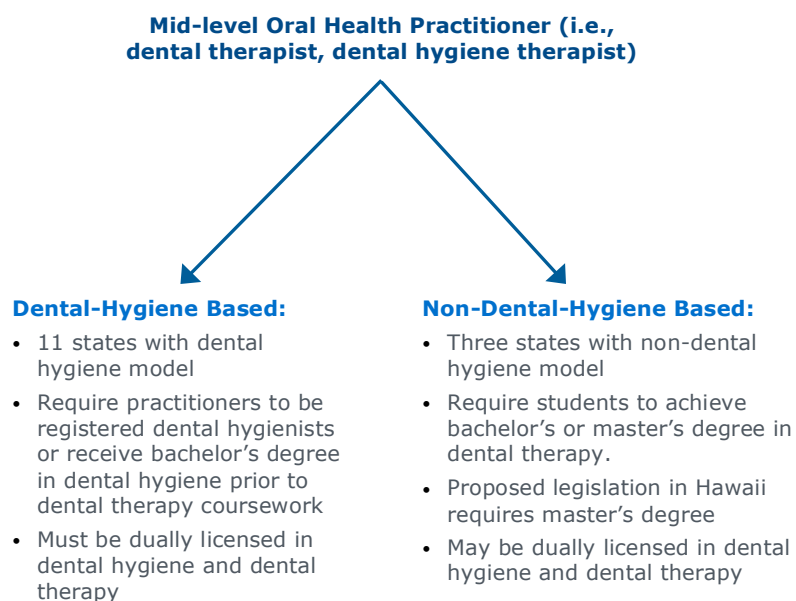
Students at all profiled universities must complete a licensure exam to practice dental therapy. In Minnesota, students must pass a competency-based clinical exam. Students complete the exam alongside dental hygiene and dental students. Students complete the operative portion of the exam with dental students, and examiners grade the exams without knowledge of whether a student studied dental therapy or dentistry.

**Difference in Scope of Practice of Dental Therapist and Advanced Dental Therapist**

- **Dental Therapist:**
  - Bachelor’s degree; licensed dental therapist
  - Indirect supervision (i.e., dentist in office but not required to observe)
- **Advanced Dental Therapist:**
  - Master’s-degree; licensed dental therapist; certified advanced dental therapist
  - Certification requires 2,000 additional hours of clinical experience
  - General supervision (i.e., dentist not required to be in office)

**Hygiene-Based vs. Non-Hygiene-Based Dental Therapy Models**

*American Dental Hygienists’ Association<sup>15</sup>*



15)The Benefits of Dental-Hygiene Oral Health Provider Models,

## Program Cost

### Dental Therapy Programs Typically Cost Less Than 15,000 Dollars per Year

Program costs for dental therapy programs vary based on the university and number of program credits. The Bachelor of Oral Health program at the **University of Otago** costs approximately \$10,037 per year (i.e., \$14,971 in New Zealand dollars). The Bachelor of Oral Health Therapy program at the **University of Newcastle** costs approximately \$18,890 per year (i.e. \$24,630 in Australian dollars). The program at **Metropolitan State University** costs \$465.97 per credit, or approximately \$20,502 in total. The program at the **University of Minnesota** costs \$7,922 per year for instate students and \$12,254 per year for out-of-state students.

## Student Characteristics

### Students without Dental Hygiene Backgrounds Typically Possess Biology Degrees

Administrators at the **University of Minnesota** note that no prior or current students in the master's program in advanced dental therapy possess certification in dental hygiene or studied dental hygiene as undergraduates. Instead, students in the master's program typically possess biology degrees; administrators report that dental therapy students often prepare for the dental therapy program with a course of study similar to that of pre-dental students. At **Metropolitan State University**, all students must possess dental hygiene licenses prior to program admittance. As state requirements would necessitate students possess prior licensure as dental hygienists to begin practice dental therapy, either require students to possess dental hygiene licenses prior to admittance to the program at **Vermont Technical College** or develop a dual dental hygiene-dental therapy program to ensure students earn both licenses.

In the program at the University of Minnesota, most students enter straight from their undergraduate studies as they possess limited opportunities to work in the field prior to attaining the master's in advanced dental therapy. Administrators at the **University of Otago** highlight the aging population of dental therapists in New Zealand and the need for younger practitioners to enter programs.

## Student Enrollments

### The *University of Minnesota* Typically Enrolls Eight Students per Year in the Master of Science in Advanced Dental Therapy Program

As of 2014, 32 individuals in Minnesota possess dental therapist credentials and six of those individuals possess advanced dental therapist credentials.<sup>16</sup> Administrators at the **University of Minnesota** note that they aim to enroll eight students per year in the Master of Science in Advanced Dental Therapy program. Currently, the program enrolls 15 students, eight of whom will graduate in 2016 and seven who will graduate in 2017. Six students graduated from the program in December of 2015.

Administrators at the **University of Otago**, in New Zealand, enroll 50 students per year in the Bachelor of Oral Health program. Administrators at the **University of Newcastle**, in Australia, enroll between 30 and 60 students each year.

©2016 Impacts of Dental Therapists in Minnesota: Report to the Minnesota Legislature, <http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf>.

The decline in **Licensed Dental Therapists in Minnesota per Year\***

2014 *Regional Data*<sup>17</sup>

Minnesota program to a master's-level program for advanced dental therapists as the required length of time to complete the program and attain licensure grew.

Year	Number of New Licensed Dental Therapists in Minnesota
2011	6
2012	12
2013	11
2014	3

Program Marketing

**Advertise the Dental Therapy Program at Dental Conferences to Secure Enrollments and Develop Employer Partnerships**

Administrators at the **University of Minnesota** market the dental therapy program at dental conferences to increase interest in the program for both prospective students and employers. Administrators note that individuals interested in dentistry, such as students in pre-dental clubs, learn about dental therapy from such events. Market the program to students in associate's-level dental hygiene programs that may be interested in the attainment of additional dental qualifications. Administrators at the University of Minnesota note that not all employers possess the resources to employ both a dental hygienist and dental therapist, individuals with both credentials may attain employment more easily. Administrators at the University of Minnesota report that when dental therapy legislation passes, administrators of related programs must take the time to inform high school guidance counselors and undergraduate academic advisors in the local community about the details of the profession in order to reach prospective students since few people in the community know about dental therapy.

17) Early Impacts of Dental Therapists in Minnesota: Report to the Minnesota Legislature, <http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf>.

### 3) Trends in Employer Demand

Employer Demand over Time

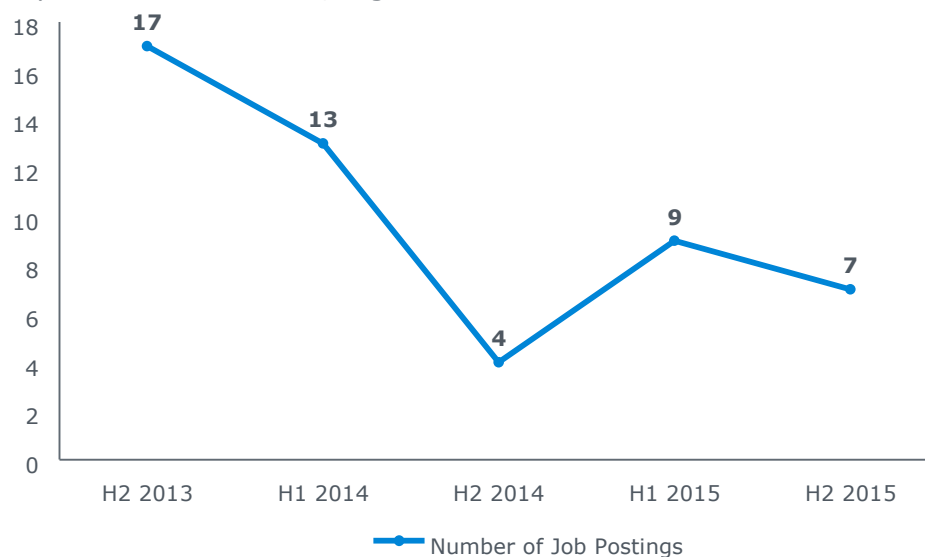
#### Since H2 2014, Employers Post Between Four and Nine Jobs for Dental Therapists per Year

While employer demand in Minnesota declined between H2 2013 and H2 2015, job postings from H2 2013 and H2 2013 include postings by the **University of Minnesota** and **Metropolitan State University** for faculty for their dental therapy programs. Regional demand for dental therapists fluctuates yearly. Between H2 2014 and H2 2015, employers demanded between four and nine dental therapists.

A report to the Minnesota State Legislature on the early impacts of dental therapy found that clinics that employed dental therapists reported they would hire additional dental therapists. Dental providers with dental therapy staff report limitations in space and equipment as the largest barriers to the addition of new dental therapy providers to a practice. Employers expressed particular interested in advanced dental therapists due to the limited supervision required in the advanced dental therapist scope of practice.<sup>1</sup>

#### Trends in Employer Demand for Dental Therapists

July 2013-December 2015, Regional Data<sup>2</sup>



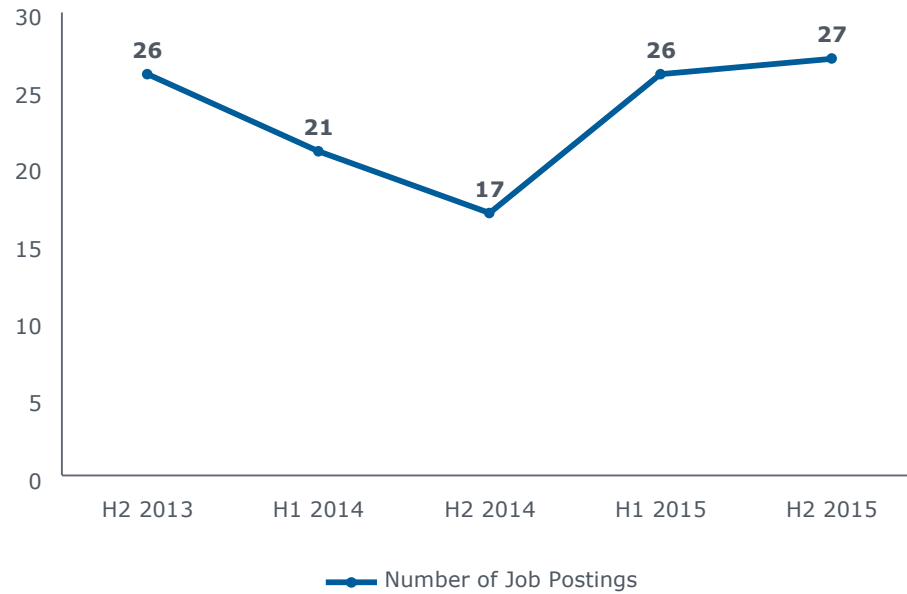
<sup>1</sup> ) Early Impacts of Dental Therapists in Minnesota.

<sup>2</sup> ) Burning-Glass Labor/Insight™.

National employer demand for dental therapists increased four percent (i.e., one job posting) between H2 2013 and H2 2015. Only employers in Minnesota and Kentucky seek dental therapists for employment. The Forum was unable to identify legislation that authorized dental therapists to practice in Kentucky.

### Trends in Employer Demand for Dental Therapists

July 2013-December 2015, National Data<sup>20</sup>



20) Burning-Glass Labor/Insight™.

## Top Titles

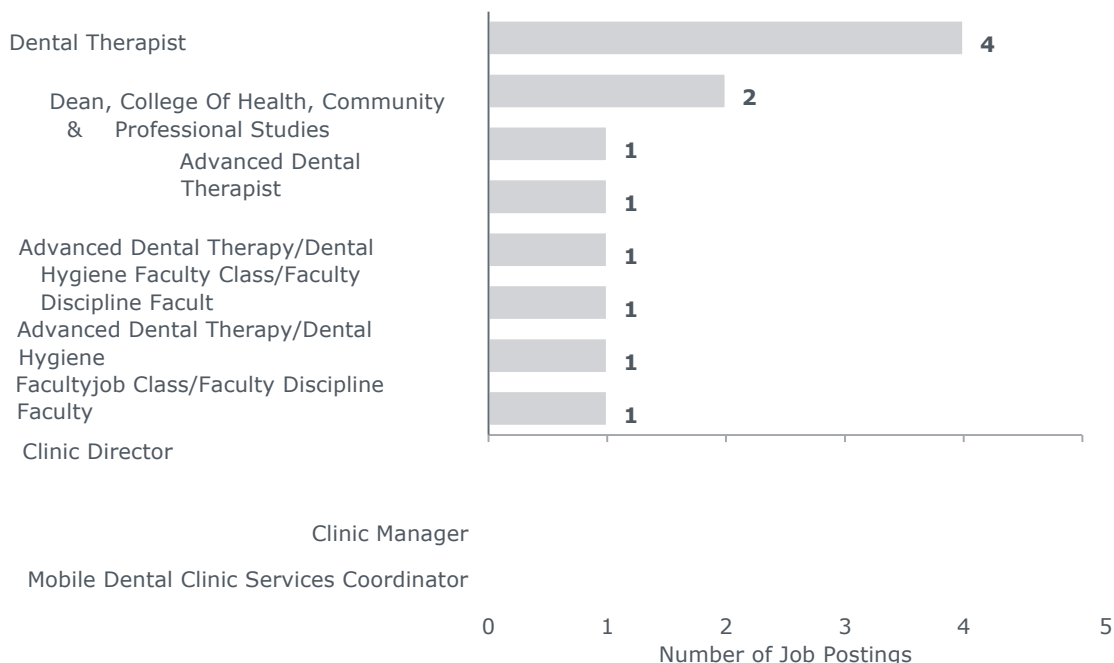
### Employers in Minnesota Posted Four Jobs in the Last 12 Months for 'Dental Therapists'

In the last 12 months, employers posted four jobs for 'dental therapists' and one job for an 'advanced dental therapist.' Other top titles include dental therapy faculty positions and 'clinic director' and 'clinic manager' positions. Administrators at the **University of Minnesota** note that all program students find placement after graduation. Administrators in the dental therapy program work with dental offices in Minnesota to find placements for dental therapy students (i.e., not all employers may reach the stage where they create an actual job posting). Of December 2015 graduates of the dental therapy master's program at the University of Minnesota, fifty percent found employment by March of 2016.

#### Top Titles for Dental Therapists

March 2015-February 2016, Regional Data<sup>21</sup>

n= 12 job postings, 0 unspecified job postings



## Top Employers

### Federally Qualified Community Health Centers Seek Dental Therapists

Administrators at the **University of Minnesota** report that they faced difficulty initially with placements for dental therapy graduates. However, administrators report that as dental therapy has become established in Minnesota, dental practitioners now seek dental therapists for their practices. Dentists who employ dental therapists become the most outspoken supporters of dental therapists and encourage their peers to hire dental therapists. Administrators at the University of Minnesota also note that managers of dental practices that employ dental therapists contact program administrators to hire additional dental therapists for their practices. Much of the placement for dental therapists in Minnesota occurs through referrals such as these through program administrators.

The report to the Minnesota State Legislature on the early impacts of dental therapists identifies the employers of the 32 registered dental therapists as hospitals, community clinics (including Federally Qualified Health Centers), and private practices. Private practices employ five registered dental therapists in Minnesota.<sup>22</sup>

21) Burning-Glass Labor/Insight™.

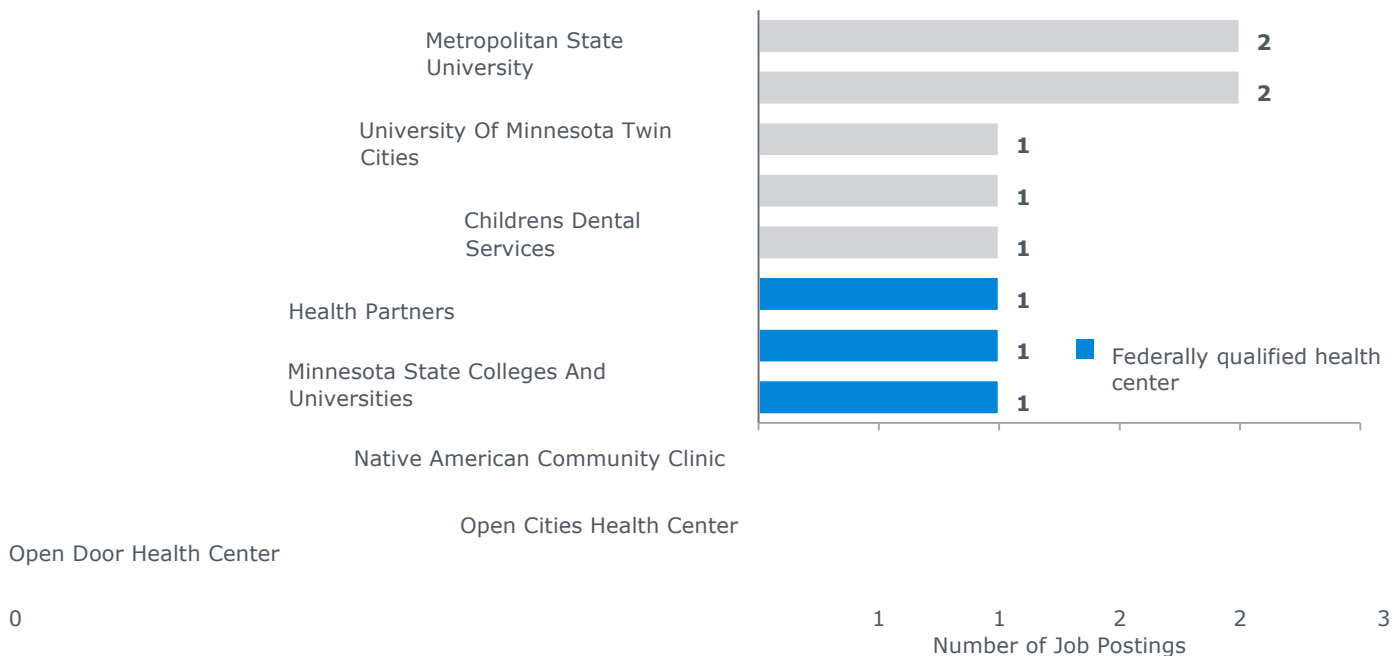
22) Early Impacts of Dental Therapists in Minnesota: Report to the Minnesota Legislature 2014, <http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegrspt.pdf>.

Analysis of employer demand reveals that federally qualified health centers, such as Open Cities Health Center and Open Door Health Center, seek dental therapists.

**Top Employers for Dental Therapists** *March*

*2015-February 2016, Regional Data<sup>23</sup>*

n= 12 job postings, 2 unspecified job postings



23) Burning-Glass Labor/Insight™.

## Appendix A: Networking Contacts

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### **University of Minnesota**

Karl Self

*Program Director* 612-625-2161

[selfx001@umn.edu](mailto:selfx001@umn.edu)

### **University of Newcastle**

Janet Wallace *Senior Lecturer*

[janet.wallace@newcastle.edu.au](mailto:janet.wallace@newcastle.edu.au)

### **University of Otago**

Alison Meldrum *Senior*

*Lecturer; Convenor*

[alison.meldrum@otago.nc.nz](mailto:alison.meldrum@otago.nc.nz)



1 <sup>st</sup> Year Dental Therapy Curriculum					
Fall		Spring		Summer	
DHY 1011: Pre-Clinical Dental Hygiene	5	DHY 1012: Clinical Dental Hygiene I	5	DTY 5011: Operative DT I/Lab (2:3)	5
OHS 1021: Oral Tissues I	3	OHS 1022: Oral Tissues II/Medical Emergencies	3	DTY 5002: Principles of Pediatric Dentistry	1
BIO 2011: Anatomy & Phys. I	4	OHS 2211: Dental Materials	3	DTY 5018: Diagnostic Radiology	2
BIO 1030: Nutrition	3	BIO 2012: Anatomy & Phys. II	4	DTY 5001: Cariology	1
ENG 1061: English Composition	3	MAT 1040: Math for Allied Health	2	ELE XXXX :AH/SS Elective	3
Total	18		17		12

2 <sup>nd</sup> Year Dental Therapy Curriculum					
Fall		Spring		Summer	
DHY 2721: Clinical Dental Hygiene II	4	DHY 2722: Clinical Dental Hygiene III/LA	4	DTY 5021: Clinical Dental Therapy I (1:4)	4
OHS 2016/1030: Principles of Oral Radiology (2:1)	3	OHS 2020: Pharmacology/General Pathology	3	DTY 5020: Clinical Practice Seminar I	1
DTY 5012: Operative DT II/ Lab (1:3)	4	PSY 1010: Intro to Psychology	3	DTY 5014: Medical & Dental Emergencies for DT (1.5/.5)	2
BIO 2121: Microbiology	4	CHEM 1020: Intro to Chemistry	4	MAT 1221 or MAT 2021	3
OHS 2030: Periodontics	3	ENG 2080: Technical Communications	3	ELE 3XXX: AH/SS Elective	3
		DTY 5XXX: DAU Assist CDT2	1		
Total	18		18		13

Green= Gen. Ed. Req/Elective Black= Dental Hygiene Requirements Red= Dental Therapy additional Requirements

3 <sup>rd</sup> Year Dental Therapy Curriculum					
Fall		Spring		Summer	
DHY 3821: Clinical Dental Hygiene IV	6	DHY 3822: Clinical Dental Hygiene V	6	DTY 5020: Advanced Practice Seminar	1
OHS 2210: Community Oral Health I	2	OHS 2211: Community Oral Health II	1	DTY 6021: Advanced Clinical DT (1:3)	3
CIS 1XXX: Computer Science Elective	3	OHS 3040: Oral Pathology	3	DTY 6001A: Community Outreach Experience	1
HUM 2020: Bioethics	3	OHS 3020: Advanced Periodontics	3	DTY 6002: Advanced Specialty Practice	3
DTY 5013: Health Assessment & Diagnostic Reasoning	3	DTY 5023: Clinical DT II (1:3)	4	DTY 5030: Pharmacology Principles of Clinical Applications	3
DTY 5XXX: DAU Assist CDT 1	1	DTY 5022: Clinical Practice Seminar II	1	DTY 5020: Ethics and Jurisprudence	1
Total	18		18		12

**\*132 Cr. (Associates in DH/BS in Oral Health Granted Here)**

4 <sup>th</sup> Year Dental Therapy Curriculum			
Fall		Spring	
DTY 6001B: Community Outreach Experience	6	DTY 6001C: Community Outreach Experience	2
OHS 4010: Advanced Community Oral Health	3	OHS 5213: Practice Mgmt for the Dental Professional	3
OHS 3010: Evidence Based Decision Making	3	OHS 4237/5237: Research Methods in Oral Health	3
		DTY 6010: Capstone Project	4
Total	12	Total	12

**\*168 Credit hours for Integrated program (BS in Oral Health and Master's in DT)**

<b>Dental Therapy for the Practicing Hygienist (Advanced Standing Master's)</b>							
<b>Summer</b>		<b>Fall</b>		<b>Spring</b>		<b>Summer</b>	
DTY 5011: Operative DT I/Lab (2:3)	5	DTY 5012: Operative DT II/Lab (1:3)	4	DTY 5022: Clinical Practice Seminar II	1	DTY 6020: Advanced Practice Seminar	1
DTY 5030: Pharmacology Principles of Clinical Applications	3	DTY 5021: Clinical Dental Therapy I	4	DTY 5023: Clinical Dental Therapy II	4	DTY 6001D: Community Outreach Experience	5
DTY 5018: Diagnostic Radiology	2	OHS 4010: Advanced Community Oral Health	3	OHS 4213: Practice Mgmt for the Dental Professional	3	DTY 6021: Advanced Clinical Dental Therapy	3
DTY 5002: Principles of Pediatric Dentistry	1	OHS 3010: Evidence Based Decision Making	3	DTY 6001B: Community Outreach Experience	4	DTY 6002: Advanced Specialty practices	3
DTY 5XXX: DAU Assist CDT 1	2	DTY 5013: Health Assessment & Diagnostic Reasoning	3	OHS 4237: Research Methods in Oral Health	3	DTY 6010: Capstone Project	4
DTY 5001: Cariology	1			OHS 3020: Advanced Periodontics	3	DTY 5020: Ethics and Jurisprudence	1
DTY 5014: Medical & Dental Emergencies for the DT/Lab (1.5:5)	2						
DTY 5020: Clinical Practice Seminar I	1						
<b>Total</b>	<b>17</b>		<b>17</b>		<b>18</b>		<b>17</b>

\*69 credit hours for MS in Dental Therapy

**Prerequisites for Advanced Standing students that have a BS**

- Appropriate documentation of an active dental hygiene license;
- Evidence of current professional liability insurance;
- Evidence of required immunizations;
- Evidence of current CPR certification;
- Evidence of HIPAA training;
- Evidence of minimum of 1500 hours of clinical dental hygiene experience or requirement of additional courses and dental hygiene practice while in the program;
- Evidence of successful background study
- Evidence of current health insurance
- Evidence of foundation in biomedical sciences
- Completion of Local Anesthesia credentialing

**Prerequisites for Advanced Standing students that don't have a BS (include above)**

81 Credit hours (40 must satisfy VTC general ed. Requirements) Arts and humanities at 3000 level (could be co-requisites), MATH 2021 or MATH 1221 (6 credits total including at least one of 2021 or 1221), General Chemistry, Computer Information Science (3 credits), Psychology, Sociology and Oral/Written Communications.

\*Credit for Experience APL may be granted in certain circumstances

**Parameters & Assumptions**

Retention		85.0%
FTE/HC		85.0%
Aid %		5.0%
Year 1 Tuition Rate w/fees	\$	38,000
Tuition Rate Annual Inflation		3.0%
<b>Equipment Life (yrs)</b>		
		20
<b>FY16 Cost Ratio (Instruction/All)</b>		
		58%
<b>B/E Instructional Margin</b>		
		74%

	Year		
<b>Enrollment</b>	<b>1</b>	<b>2</b>	<b>3</b>
Entering Class	10	10	10
Total HC	10	14	24
FTE	8.5	11.9	20.4
<b>Revenue</b>			
Tuition Rev	\$ 323,000	\$ 465,766	\$ 822,410
Financial Aid	\$ (16,309)	\$ (23,517)	\$ (41,525)
Clinic Revenue	\$ 82,000	\$ 100,000	\$ 120,000
<i>Net Rev</i>	<i>\$ 388,691</i>	<i>\$ 542,249</i>	<i>\$ 900,885</i>

**510A : Salaries & Wages**

Director	\$ 90,000	\$ 92,925	\$ 95,945
PT Faculty	\$ 58,000	\$ 95,000	\$ 98,088
Adm St	\$ -	\$ 28,000	\$ 28,910

**510B/520 : Benefits**

Group Insurance	\$ 17,500	\$ 17,500	\$ 17,500
Other benefits	\$ 27,030	\$ 35,482	\$ 36,635

**540A : Supplies & Other Services**

53110 : Supplies	\$ 4,500	\$ 4,590	\$ 4,682
53120 : Educational Supplies	\$ 35,000	\$ 35,700	\$ 36,414
53130 : Copying	\$ 1,800	\$ 1,836	\$ 1,873
53171 : Hazmat Items	\$ 600	\$ 612	\$ 624
53210 : Memberships	\$ 4,000	\$ 4,080	\$ 4,162
53220 : Subscriptions	\$ 500	\$ 510	\$ 520
53230 : Hospitality/Meals	\$ 1,800	\$ 1,836	\$ 1,873
53261 : General Advertising	\$ 10,000	\$ 10,200	\$ 10,404
53310 : Telephone	\$ 1,000	\$ 1,020	\$ 1,040
53320 : Postage/Shipping	\$ 1,000	\$ 1,020	\$ 1,040
53560 : Repairs-Equipment	\$ 1,200	\$ 1,224	\$ 1,248
Library Costs	\$ 7,594	\$ 5,684	\$ 5,930
53650 : Leases/Rents-Equipment	\$ -	\$ -	\$ -
53890 : Miscellaneous	\$ 200	\$ 204	\$ 208
53945 : General Profession Services	\$ 5,000	\$ 5,100	\$ 5,202

**540B : Travel**

54100 : General/Mileage Reimburse	\$ 6,000	\$ 6,120	\$ 6,242
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**540C : Equipment**

55110 : Instructional/Sci	\$ 15,000	\$ 15,000	\$ 15,000
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<i>Expenses</i>	<i>\$ 287,724</i>	<i>\$ 363,644</i>	<i>\$ 373,541</i>
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<b>Program Revenue net of Expense</b>	<b>\$ 100,967</b>	<b>\$ 178,605</b>	<b>\$ 527,343</b>
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<i>Contribution Margin</i>	<i>35%</i>	<i>49%</i>	<i>141%</i>
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<i>Target Margin</i>	<i>74%</i>	<i>74%</i>	<i>74%</i>
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<i>Target Revenue net of Expenses</i>	<i>\$ 211,565</i>	<i>\$ 267,389</i>	<i>\$ 274,667</i>
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<i>Target Revenue</i>	<i>\$ 499,289</i>	<i>\$ 631,033</i>	<i>\$ 648,208</i>
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<i>Target Student HC</i>	<i>16</i>	<i>20</i>	<i>20</i>
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<b>Target Entering Class</b>	<b>11</b>	<b>11</b>	<b>11</b>
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### Dental Therapy Masters

Draft Estimate for Library Resources to support the program

Estimate - need to request an exact quote

Type	Name	Description	Year 1	Year 2	Year 3
Journal	<a href="#">Dental clinics of North America</a>	Journal from Elsevier via Sciencedirect Platform	\$800	\$840	\$882
Database	Anatomy TV - Dental modules only *	Interactive A&P and dental anatomy resource	1294	1358	1426
Books	Books	Books to supplement curriculum	3000	750	750
Video	Streamed Video	<a href="#">Dental Education in Video or other DVD's ?</a>	2500	2625	2756
			\$7,594	\$5,573	\$5,814

\* Hartness plans to subscribe the general A&P module anyway

Prepared by: J. Kearns

8/21/2017

## Dental Therapy Course Descriptions (23 Courses for 69 Credits)

### **DTY 5011: Operative Dental Therapy I lecture (2)**

Operative Dentistry is one of the branches of dentistry that deals with the art and science of the diagnosis, prevention, treatment, and prognosis of diseases or trauma to teeth. Operative Dentistry is indicated primarily for dental caries, malformed, discolored or fractured teeth and replacement or repair of existing restorations. Treatment should restore proper tooth morphology, function, esthetics and harmonious relationship with the surrounding tissues.

Lectures provide basic restorative philosophy and techniques in cavity design, instrumentation, and restorative materials used in modern dentistry. These lectures are designed to augment the preclinical projects conducted in the laboratory which provide simulation of clinical conditions.

### **DTY 5011L: Operative Dental Therapy I Lab (3) = 6 actual hours per week**

The objective of the Operative Dentistry Therapy Laboratory course is to develop an understanding of the normal, healthy oral-craniofacial system and to introduce fundamental didactic and psychomotor skills, relative to operative dentistry procedures, in order to restore the dentition to its healthy state. This is accomplished through the review of individual tooth anatomy and the study of occlusion to define normal and healthy.

Students are given the opportunity to commence the clinical practice of operative dentistry based on the didactic material presented in lecture. The course will include a variety of preclinical projects. Each student is expected to achieve competency in the restoration of teeth with various restorative materials to include a minimum of glass ionomer, silver amalgam, and composite resin. Students' application of knowledge of proper patient management is assessed.

### **DTY 5018: Diagnostic Radiology (2)**

This course is intended to provide the foundations and principles necessary for the dental therapist to be able to systematically diagnose dental radiographs. This course will also aid to prepare students with the radiographic features of different types of oral pathology which will be reinforced during OHS-3040. Presentation of dissimilar pathosis that appear similar on radiographs, identification of dental materials, features of quality restorations, carious lesions, normal and abnormal anatomy, mixed dentition, pathological lesions, impactions, fractures and infections.

### **DTY 5001: Cariology (1)**

The biochemical basis for understanding the mechanisms of dental caries will be presented. Topics include tooth ultrastructure, tooth chemistry, plaque metabolism, immunology, protective functions of saliva, enzymes, caries risk assessment, the roles of fluoride, and mechanisms of de- and re-mineralization.

**DTY 5002: Principles of Pediatric Dentistry (1)**

The goal of this course is to provide the student with the fundamentals of comprehensive care of the pediatric and adolescent patient. Comprehensive means the diagnosis and treatment planning, development of an appropriate preventative program, observation and appropriate management of the developing occlusion, and behavior management for healthy and special needs children.

**DTY 5012: Operative Dental Therapy II (1)**

This course is a continuation of Operative DT I and focus on the didactic principles of more advanced tooth preparation to include pulpotomies, direct and indirect pulp caps and beginning dental laboratory skills. The student will be introduced to concepts of final impressions, preformed and chairside fabricated provisionals, fitting of stainless steel crowns, space maintainers, occlusal guards, tissue conditioning and soft reline, and splinting of teeth. This course will continue to focus on the importance of occlusion.

**DTY 5012L: Operative Dental Therapy II Lab (3) = 6 actual hours per week**

This is the laboratory component of the principles and procedures outlined in the didactic portion of this course. Students will commence in a series of hands on projects in order to demonstrate competency in more advanced clinical restorative procedures.

**DTY 5020: Clinical Practice Seminar I (1)**

Lectures/seminars will focus on reinforcing principles already presented in Operative Dental Therapy I and prepare students for patient management and getting ready for their clinical chairside experience in DTY 5021.

**DTY 5021: Clinical Dental Therapy I (4) = 12 actual clinical hours**

Clinical competencies for cavity preparation and caries removal, restorations on primary and permanent teeth, pulp vitality testing, administration of nitrous oxide, application of desensitizing medication or resin, radiographic interpretation, treatment planning, OHI, patient management, pain management, fabrication of athletic mouth guards and soft occlusal guards.

**DTY 5XXX: Dental Axillary Assistant (2) = 4 actual clinical hours**

Clinical experience where DT students will assist other DT students in the clinic. This is a peer learning and team building experience which will help orient dental therapy students to the clinic before their first clinical experience as well as give students the experience of what 4 handed dentistry will be like.

**DTY 5013: Health Assessment & Diagnostic Reasoning (3)**

This lecture course applies the theory and scientific principles of providing patient care including patient management, clinic utilization, time management and quality of care

appropriate to the dental therapist's scope of practice. Case scenarios and case studies will build the knowledge base for the student to apply dental therapy assessment and treatment employing critical decision making skills to reach conclusions about the patient's needs related to oral health and disease. In addition, the course will assist the dental therapy student in methods to work collaboratively with dentists, dental health team members and other health providers. Students will discuss clinical application with patient care involving the assessment, planning, implementation and evaluation of clinical procedures in dental therapy. The course builds upon knowledge gained and skills developed in all dental therapy program courses.

### **Medical & Dental Emergencies for the Dental Therapist (1.5)**

This course provides the dental therapist with the knowledge and training to respond rapidly and appropriately to medical emergencies in the dental clinic. Recognition of signs, symptoms, principles and acute management of the following medical emergencies including scenarios such as: fainting, anaphylaxis, respiratory arrest, cardiac arrest, epileptic seizure, diabetic coma, shock, angina, myocardial infarction; foreign body airway obstruction and local anesthetic overdose. Recording and reporting a health emergency. Emergency packs including drug kits, first aid kits and equipment (such as oxygen cylinders, airways) and Basic life support and CPR for the health care provider will be discussed.

### **Medical Emergencies Lab (.5) =1 actual clinical hours**

Mannequin and non-mannequin based clinical scenarios for the medical emergency in a dental office will be presented and students will have the opportunity to respond.

### **DTY 5022: Clinical Practice Seminar II (1)**

Lectures/Seminars will focus on clinical experiences and restorative techniques designed to supplement DTY 5023 and reinforce the clinical skills and techniques from DTY 5011, 5012 and 5021.

### **DTY 5023: Clinical Dental Therapy II (4) =12 actual clinical hours**

Continued clinical experience with the goal of performing additional procedures, such as tissue conditioning and soft relines, atraumatic restorative therapy, dressing changes, pulpotomies on primary teeth, indirect and direct pulp capping on primary and permanent teeth, stabilization of teeth subjected to trauma, preparation and placement of stainless steel crowns and preformed crowns, placement of space maintainers, repair of defective prosthetic devices,

### **DTY6020: Advanced Practice Seminar (1)**

This lecture/seminar based course will present students with challenging patient based scenarios. In addition, students will prepare 3 treatment plans from actual clinical patients

including one pediatric patient. They will be required to present one treatment plan to the class.

**DTY6021: Advanced Clinical Dental Therapy (3) = 9 actual clinical hours**

This clinical course hopes to encompass the entire scope of clinical practice for the dental therapist and the student should have clinical experiences that challenge them to practice at the upper limits of dental therapy. All required clinical competencies must be finished during this course.

**DTY 6001: Community Outreach Experience (9) = 27 actual clinical hours**

Community clinical experiences provide students with foundation knowledge in general principles of public health and community health within a private practice/community clinic setting. This clinically based course allows the dental therapy student to provide primary and preventive oral health care services under dental supervision. This community-based learning experience is directed at a special needs population at an approved site. Examples of clinic learning sites are in cities and surrounding suburban/rural communities that offer opportunities to a wide variety of provider settings that may include government, corporations, profit and non-profit agencies. Students gain added knowledge and develop skills through a structured work experience providing competent professional dental treatment, managing patient-centered dental problems and applying communication problem-solving and relationship skills. Specific application to the following dental public health concepts: access to care, cost, quality of care and different types of care delivery.

**DTY 6002: Advanced Specialty Practices (3)**

This course will be broken into three sections. The first will focus on pediatric dentistry which will reinforce the didactic treatment planning skills they have previously learned in DTY 5002 as well as the clinical skills they have learned in DTY 5011, DTY 5012, DTY 5021, DTY 5022, but have a more intensive focus on treatment planning, diagnosis, referrals, patient management and advanced techniques in pediatric dentistry. This clinical course attempts to expose the student to many components of pediatric dentistry, including but not limited to diagnosis, prevention, restorative dentistry, pulp therapy, management of the developing occlusion, behavior guidance, and care of special children.

Next they learn more advanced techniques and complications related to oral surgery procedures. This will reinforce medical history, pain management, diagnosis, treatment planning, referrals, proper armamentarium and various techniques.

Lastly, this course will cover removable prosthodontics. Dental therapy students will be taught how to identify if a device can or should be repaired, treatment planning, referrals, common problems with removable complete and partial dentures, techniques for making interim RPD's, Essix type appliances, flippers, hard and soft relines and managing patient expectations.



This is a didactic course; however, clinical competency examinations related to the course will occur during DTY 6021: Advanced Clinical Dental Therapy.

**DTY 5030: Pharmacology Principles of Clinical Applications (3)**

This course is designed to teach the student about different drugs used in dentistry, the mechanism of drug action, appropriate use, interactions with other drugs or systemic conditions, and some basic pharmacology terminology. Pharmacotherapeutics will be presented to the dental therapy student in a meaningful, practical manner. Emphasis will be placed on clinical efforts, dosages, adverse effects and contraindications of drugs commonly prescribed in dentistry or which patients may be taking under direction of other health care providers or under self-direction. Information will be presented from a perspective including the pharmacological basis for drugs, the need for and use of a medical history and legal aspects related to these subjects.

**DTY 5040: Ethics and Jurisprudence (1)**

Ethical and legal issues related to the practice of dentistry will be well examined. Case situations will be evaluated to determine appropriate management in accordance with the principles of dental ethics and jurisprudence. Additional focus will be on ethical issues that may be unique to Dental Therapy, as well as common issues that are shared among other dental professionals. Review and interpretation of dental practice acts and licensure requirements are included. The students will integrate current knowledge of the dental therapy field with additional information on employment issues, such as dental office procedures, collaborative management agreements, resumes, staff relationships, and career opportunities.

**DTY 6010: Capstone Project (4)**

During their final semester, students will prepare a practice portfolio and case documentation from any of their previous clinical experiences. The portfolio should include at least 3 case documentations. In addition, they will write their own collaborative management agreement, cover letter and resume for future employers. Students should also present an ideal dental therapy team practice model based on their individual ideal practice and the community in which they hope to practice. This would include salary expectations and potential savings for the practice. Students will be required to create a short video that communicates to the audience what a dental therapist does and how they are an important team member of the dental profession that could be used as an educational tool. Lastly, as a group, students will organize and deliver care for a “free dental day” at the VTC Clinic.

**OHS 4213: Practice Management for the Dental Professional (3)- We would like to change to 5213**

This course is designed to enhance the ability of the student to provide optimum patient care while functioning within an interdisciplinary dental team or alternative practice setting. This is accomplished through learning skills including communication, teamwork, funding, and

business and management practices. The student will focus on the skills and knowledge necessary for managing a dental practice or an alternative setting in order to understand those functions that are necessary to improve the delivery of services to patients. The student will research traditional and alternative practice settings and develop and present their own ideal practice plan.

**OHS 2016/1030 Principles of Oral Radiology (3) 2:1- Want to change the course code but this is an existing course**

Principles of Oral Radiology, is one of two courses that prepares the student with the foundation knowledge and skills needed for the appropriate use of diagnostic imaging in dental practice including radiation physics, principles of image formation, radiographic equipment and technique, radiographic quality evaluation, radiation biology and protection, and basic principles of radiographic interpretation. It is an introductory didactic course with a laboratory component that will begin the process of providing the knowledge and understanding of radiology including the physics of radiology, radiology biology and radiographic technique. DXTTR manikins are utilized in this laboratory training for the development of skills to attain preclinical laboratory competency using primarily paralleling, receptor-size collimation intraoral techniques. Students are introduced to interpretation basics, radiographic landmarks & dental materials, film errors & corrections, localization techniques, occlusal projections, pediatric techniques, bisecting angle techniques, and demonstrations of alternate techniques for various difficult cases. Radiation health & safety, recognition of common medical history risks, infection control, and good record keeping are reinforced. Upon completion of the radiology course series the student will be a competent operator of dental x-ray machines with the ability to produce the highest quality diagnostic images with the minimum amount of radiation.

**OHS 4010: Advanced Community Oral Health (3) - Existing Course**

This course provides a comprehensive introduction to evidence based public health practices through the study and evaluation of existing public health programs. Emphasis will be placed on the role of evidence based research as the key to start up and maintenance of successful dental public health programs. The various components of this course aim to stimulate interaction among learners around important problems and issues facing public health today, with an emphasis on community oral health practices.

**OHS 3010: Evidence Based Decision Making (3) - Existing Course**

This course will provide fundamental knowledge about Evidence Based Decision Making in the practice of dental hygiene. It will provide tools and skills needed to locate and review research articles and abstracts quickly and easily so that the student can interpret the literature to provide the best possible care and achieve optimum outcomes for patients. Steps in the evidence based decision making process include: asking an answerable clinical question, search for the highest quality, relevant information from the literature to answer the clinical question,

read and critically appraise the evidence for its validity and relevance and decide and apply the results of the appraisal in your practice.

**OHS 5237: Research Methods in Oral Health (3)- Currently DHY 4237 we would like to modify**

This course prepares students with the knowledge of the methodology of research. The course includes strengths and limitations of quantitative and qualitative research methods while developing methodological skills and proficiencies related to research including the development of a review of the literature and research proposal.

**OHS 3040: Advanced Periodontics (3) - Existing Course**

## Domains

1. **Critical Thinking- Assessment, Judgement and Evidence-Based Practice-** The dental therapist uses sound scientific methods and accesses evidence-based information when making decisions and providing patient care. The dental therapist translates research findings into practical applications during patient care.
2. **Professionalism, Ethics and Community Responsibility-** The dental therapist demonstrates professional behaviors consistent with dental hygiene parameters of care, legal regulations and the ADA Code of ethics. The dental therapist possesses the values and exhibits behaviors that embody service to the public, professional involvement, and lifelong learning.
3. **Communication and Interpersonal Skills -** Effective communication skills are essential for all dental professionals. The dental therapist demonstrates effective and thorough communication. A key element of patient-centered care is that the language used by the dental therapist be easily comprehended and match the patient's requirements and expectations. The dental therapist understands that patients should feel valued as people due to their demonstration of "care, concern, and interest" and by encouraging and supporting patients to participate in their own care.
4. **Health Promotion and Advocacy-** The dental therapist contributes to health policies that address disparities in oral health and access to care for the underserved. The practitioner supports and applies health policy at the institutional, local, state, regional, and national levels.
5. **Management of Oral Healthcare Delivery-** The dental therapist integrates practice management, finance principles, and health regulations to analyze, design and develop initiatives that will improve clinical outcomes and the quality and safety of care. The practitioner demonstrates effective business skills for healthcare and practice environments
6. **Patient Care-** The dental therapist demonstrates competence in providing primary oral healthcare and case management for diverse populations. Practitioners use the process of care and target the underserved including those with special needs using a multidisciplinary approach.
  - A. **Preventative Oral Health Care**
  - B. **Therapeutic Care**
  - C. **Pharmacological and Emergency Management**

The statements below define the entry-level competencies for the beginning dental therapist:

### 1. Critical Thinking- Assessment, Judgement and Evidence-Based Practice:

#### Graduates must be competent to:

- 1.1 Identify conditions requiring consultation and treatment that the dental therapist is competent to provide.
- 1.2 Identify conditions requiring treatment by dentists, physicians, other healthcare providers, and manage referrals.
- 1.3 Utilize critical thinking and problem-solving skills.
- 1.4 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.
- 1.5 Documentation of existing oral conditions and care are provided (recordkeeping).
- 1.6 Perform and obtain commonly used tests and procedures such as radiographs, pulp vitality tests, dental impressions, caries risk assessments, etc.
- 1.7 Evaluate patients' oral health knowledge: healthcare professional availability and barriers to seeking and using care such as personal, family, economic, geographic.

- 1.8 Apply health education, counseling and promotion theories to achieve positive health behaviors in individuals, families, and communities.
- 1.9 Recognize health conditions and provide interventions that prevent disease and promote healthy lifestyles for individuals, families, and communities.
- 1.10 Design care plans to reduce risk and promote health that are appropriate to age, developmental stage, culture, health history, ethnicity and available resources.
- 1.11 Provide treatment and referral based on previously approved clinical protocols and assessment of individuals' general and dental health and social and personal circumstances.
- 1.12 Identify and use the full range of available dental, medical, and other healthcare resources available in the community.

## **2. Professionalism, Ethics and Community Responsibility**

### **Graduates must be competent to:**

- 2.1 Apply ethical and legal standards in the provision of dental care.
- 2.2 Practice within one's scope of competence and consult with or refer to professional colleagues when indicated.
- 2.3 Demonstrate a professional and ethical consciousness by utilizing standards of practice that best serve the public.
- 2.4 Demonstrate professional, legal and ethical behavior by maintaining confidentiality of patient information and using secure information technology and communication networks..
- 2.5 Assume responsibility for decisions made that affect the patient's health and welfare.
- 2.6 Promote diversity in the dental therapy workforce.
- 2.7 Pursue continuous learning, including periodic reassessment of needed training and continued competency.
- 2.8 Advocate for and participate in needs assessment, oral epidemiology surveys, and establish systems to promote oral health at a community level.

## **3. Communication and Interpersonal Skills**

### **Graduates must be competent to:**

- 3.1 Apply appropriate interpersonal and communication skills.
- 3.2 Apply psychosocial and behavioral principles in patient-centered health care.
- 3.3 Communicate effectively with individuals from diverse populations.
- 3.4 Use telehealth and other technology to communicate with supervising dentists and other healthcare providers.

## **4. Health Promotion and Advocacy**

### **Graduates must be competent to:**

- 4.1 Provide prevention, intervention, and educational strategies.
- 4.2 Participate with dental team members and other health care professionals in the management and health promotion for all patients.
- 4.3 Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings.
- 4.4 Articulate health policies and advocate change from the perspectives of the underserved and other stakeholders.
- 4.5 Promote the role of the dental therapist in the healthcare system.

## **5. Management of Oral Health Care Delivery**

### **Graduates must be competent to:**

- 5.1 Create business plans for oral healthcare delivery that enhance the fiscal viability of a practice.
- 5.2 Integrate principles of human and material resource management to create an efficient, effective, and equitable practice environment.
- 5.3 Adhere to reimbursement guidelines and regulations.
- 5.4 Apply quality assurance, assessment, and improvement concepts.
- 5.5 Comply with local, state and federal regulations including OSHA and HIPAA.
- 5.6 Develop a catastrophe preparedness plan for the dental practice.
- 5.7 Seek financial advice and sources of funding for operational expenses in the delivery of oral healthcare.
- 5.8 Implement protocols for records management, occupational and environmental safety, and periodic systems review.
- 5.9 Maintain accountability for quality to ensure patient safety and minimize liabilities.
- 5.10 Implement principles of continuous quality improvement.

## **6. Patient Care**

### **A. Preventative Oral Health Care**

#### **Graduates must be competent to:**

- 6.1 Utilize universal infection control guidelines for all clinical procedures.
- 6.2 Follow a protocol for caries prevention and therapeutic intervention based on age, risk factors, and cooperation.
- 6.3. Deliver customized oral homecare instruction.
- 6.4. Discuss substance abuse counseling, including tobacco cessation and offer appropriate referrals.
- 6.5. Fabricate athletic mouth guards particularly in school settings.

6.6. Place sealants and apply fluorides.

## **B. Therapeutic Care**

7.1 Extract primary teeth and mobile permanent teeth.

7.2 Remove sutures and change dressings.

7.3 Replant and stabilize teeth.

7.4 Restore primary and permanent teeth with amalgam and composite restorations.

7.5 Fabricate and place temporary crowns.

7.6. Prepare and place preformed crowns.

7.7 Perform direct or indirect pulp cap as necessary

7.8 Perform pulp therapy as necessary in an emergency setting.

7.9 Repair defective prosthetic appliances.

7.10 Re-cement permanent crowns.

7.11 Perform Interim Therapeutic Restoration procedure.

## **C. Pharmacological and Emergency Management**

8.1 Administer topical and local anesthetic.

8.2 Administer nitrous-oxide analgesia.

8.3 Dispense analgesics, anti-inflammatory agents, and antibiotics necessary for oral health under the direction of the supervising dentist.

8.4 Recognize and manage complications arising during performance of oral therapy.

8.5 Recognize and manage medical emergencies occurring during oral therapy.

## Appendix

### Glossary of Terms

*Critical thinking:* the process of assimilating and analyzing information; this encompasses an interest in finding new solutions, a curiosity with an ability to admit to a lack of understanding, a willingness to examine beliefs and assumptions and to search for evidence to support these beliefs and assumptions, and the ability to distinguish between fact and opinion.

*Competency:* a complex behavior or ability essential for the general dentist to begin independent, unsupervised dental practice; it assumes that all behaviors and skills are performed with a degree of quality consistent with patient well-being and that the general dentist can self-evaluate treatment effectiveness.

*Curriculum guidelines (content):* the relevant and fundamental information that is taught for each category of foundation knowledge; these are to be used as curriculum development aids and should not be construed as recommendations for restrictive requirements.

*Domain:* broad, critical category of activity for the general dentist.

*Emerging technologies:* current and future technologies used in patient care including technologies for biomedical information storage and retrieval, clinical care information, and technologies for use at the point of care.

*Evidence-based dentistry:* an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence relating to the patient's oral and medical condition and history integrated with the dentist's clinical expertise and the patient's treatment needs and preferences.

*Foundation knowledge and skills:* the basic essential knowledge and skills linked to and necessary to support a given competency; these would serve to help guide curriculum in dental schools, help assist educators in removing irrelevant, archaic information from current curricula, aid in including important new information, and help test construction committees develop examinations based upon generally-accepted, contemporary information.

*General dentist:* the primary dental care provider for patients in all age groups who is responsible for the diagnosis, treatment, management, and overall coordination of services related to patients' oral health needs.

*Health promotion:* public health actions to protect or improve oral health and promote oral well-being through behavioral, educational and enabling socio-economic, legal, fiscal, environmental, and social measures; it involves the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health; includes education of the public to prevent chronic oral disease.

*Informatics:* applications associated with information and technology used in health care delivery; the data and



knowledge needed for problem solving and decision making and the administration and management of information and technology in support of patient care, education, and research.

*Interprofessional health care:* the delivery of health care by a variety of health care practitioners in a cooperative, collaborative, and integrative manner to ensure care is continuous and reliable.

*Management:* includes all actions performed by a health care provider that are designed to alter the course of a patient's condition; such actions may include providing education, advice, treatment by the general dentist, treatment by the general dentist after consultation with another health care professional, referral of a patient to another health care professional, monitoring treatment provided, and may also include providing no treatment or observation.

*Patient-centered care:* the ability to identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision-making and management; and continuously advocate disease prevention, wellness, and promotion of healthy life styles, including a focus on population health.

*Problem-solving:* the process of answering a question or achieving a goal when the path or answer is not immediately obvious using an acceptable heuristic or strategy such as the scientific method.

*Special needs care:* an approach to oral health management tailored to the individual needs of people with a variety of medical conditions or physical and mental limitations that require more than routine delivery of oral care; special care encompasses preventive, diagnostic, and treatment services.

## **Introductory History of Dental Therapy in Vermont**

Seven years ago a coalition was formed in Vermont to address the access to dental care issue primarily for Medicaid patients. Although 80% of Vermont dentists claim to accept Medicaid, most of them limit the number of patients they accept and some limit patients to just children. With more people enrolling in Green Mountain Care (Vermont Medicaid) more clinicians will be needed to treat them. In addition, 50% of the dentists in the state are over the age of 50 and as there is not dental school in our state, as a result, a lack of dentists is and continues to be an issue. The Vermont Oral Health Coalition for All was funded by the W.K. Kellogg Foundation and its purpose was to pass legislation to create a new mid-level dental provider called a dental therapist. A dental therapist is between a hygienist and a dentist and can perform some of the procedures that previously only a dentist could perform, such as drill and fill teeth, extract baby teeth and severely periodontally diseased teeth, place temporary restorations and crowns and adjust partial dentures. They work under a dentist (no more than 2 per dentist) and they cannot set up their own practice. They can work without a dentist on-site or at a remote location, as long as they have a collaborative management agreement with the supervising dentist and have practiced for more than 1000 hours.

Throughout the legislative process Vermont Tech has been supportive of the concept as long as the providers had to be a dental hygienist prior to becoming a dental therapist. Each VTC President has also been apprised of the possibility of our offering the curriculum and have been supportive as long as the program would at least break even financially. The legislation was finally passed and was signed by the governor in June of 2016 (at the VTC Dental Hygiene Clinic).

When the legislation was originally introduced there were no accreditation standards; but in 2015 the Commission on Dental Accreditation developed Dental Therapy program accreditation standards which stated that the program must be at least three years in length and the program director must be a dentist or dental therapist. As the current dental hygiene program director was neither it was necessary to hire a dentist or dental therapist to develop the program and put together the required accreditation documentation. As the college was in financial difficulty at the time, I knew that it was unlikely that they would approve hiring a program director for a program that wouldn't be enrolling students for several years so I applied for a one year grant from the W.K. Kellogg Foundation to cover the salary and some other items and the grant was approved last November, but since it was several months before we actually hired a program director the grant was extended for six months. We expect that the Kellogg Foundation will also approve an additional year as we expect that the program will not begin until May of 2019. Dr. Cheyanne Warren (a dentist) was hired on May 3<sup>rd</sup> and has been working on the VTC/VSC new program development documentation, as well as the CODA accreditation documentation. We hope to be the first (or second as a program in Alaska which is very different from ours is also working on accreditation) accredited Dental Therapy program in the United States which will be a benefit for Vermont Tech. Maine passed very similar legislation to ours in 2015, but there is no program that plans to offer the curriculum so we believe that our program will attract out of state students from Maine. In addition, currently Massachusetts is working on passing legislation for dental therapists, so it is important that we do not delay developing our program so that we can serve students from there, as well. The only other state that licenses dental therapists with a curriculum that is similar to ours is Minnesota and they are planning on applying for CODA accreditation in 2019-2020.

## Dental Therapy Interest and Need

We sent a survey out to all the hygienists in Vermont that currently are licensed and have had about a 20% response rate so far.

Of those 141 total responses, 21 hygienists felt like they would **very likely** to enroll in our program in the next 5 years.

31 more said they would be **somewhat likely** to enroll in the next five years.

The biggest factor for the other 89 hygienists was age. Most hygienists that are over 40 were more reluctant to return to school due to financial impact in the short term.

10 provided the name of the dentist they worked for thinking they would be supportive and the names that were provided were additions to the names we already had from older surveys. It is also important to note that this support comes without education about our program or how dental therapy will help the dentist.

In Maine, a survey completed two years ago before our program was even a possibility, found that they had at least 40 hygienists that were looking for a program and 5 who would defiantly be willing to move out of state for that program.

In addition, I have had over a dozen students from Vermont, Maine and Michigan who are actively seeking as much information about our program as possible and have declared intentions to apply to our program as soon as it becomes available.

A survey was sent out to all dentists in Vermont re-newing their licence this year. Of 391 licence renewals which include specialists, 29 dentists said they were interested in working with a dental therapist. We felt this is great newss considering the previous opposition and the lack of education so far. Each dentist may supervise two dental therapists and many of the respondents were in multi-doctor practices which would increase exposure of other providers to DTs.

We know that in MN, almost 40% of applicants in one of the two programs have been out of state. We anticipate becoming a regional educational site.

A recent program on VPR stated that 48 million people in the US currently are unable to find a dentist in rural areas. We know in Vermont it is more than not having a dentist in a rural area, it's not having a dentist that is willing to see enough Medicaid in many areas rural and urban. Dental Therapy provides a great solution to providing a cost-effective way for the dentist to increase their bottom line and expand their practice to reach more Medicaid and underinsured.

## **Is the Degree Worth the Cost?**

How does our Master's degree for Dental Therapy Compare? Is it worth the cost?

According to Forbes, if your total undergraduate debt plus your grad school debt are greater than your first-year salary, then the cost of school is too high. We anticipate the four-term 1.25-year Master's program to cost approximately \$50k or \$12k per term. The average cost for an undergraduate degree per year (2 semesters) is 25k. Our 11-term combined undergraduate degree with the master's degree in dental therapy will cost about \$50k less than the national average.

Another consideration would be if the debt cannot be re-paid in ten years or by retirement, then the cost is too high.

The typical graduate borrowed \$29,400 for a four-year degree and \$57,600 for a graduate degree in 2012, according to the New America Foundation.

When conducting a search, the national average median salary for a dental hygienist is 71k which equates to \$36-46/hr depending on a 32-40 hour work week.

A general dentist earns a median salary of 146k and works an average of 32 hours/week.

Based on interviews with employers and dental therapists working in Minnesota, a dental therapist would expect to make somewhere in between this range safely projecting 85-100k or \$45-65/hr depending on a 32-40 hour work week. At a minimum, a new DT would expect to make \$10 more per hour than they would as a new dental hygienist. This would be the equivalent of \$15-20k more annually including a standard 4 weeks vacation.

I have researched several online graduate school calculators that are all trying to determine if the return on investment ROI is worth it for a student. I found the following to be the most accurate.

<https://www.learnvest.com/knowledge-center/grad-school-calculator/#content>

The average age of a graduate student is 33.

Using the calculator, considering a current salary of 71k, completing our DT program in 1.25 years and earning a salary of 90k as a DT. A student who borrows 60k in student loans and has an interest rate of 6.8% with a 10 year payback will expect to earn 460k more than if they hadn't returned to graduate school. This also would assume retirement at age 65. This calculator using the same parameters would still make sense from a financial stand point until an age of 53. If the student did not have to take loans it would make even more sense. Some of the calculators I found would even project that this degree would be worth the ROI until age 58.

I believe these calculators and averages are useful estimates however reality can be very different. For example, I believe the average dentist salary to be conservative based on my experience. I think a good rule of thumb would be that your total amount borrowed should not exceed one-year salary post degree for it to be cost effective. I believe we have a program that achieves that.

## Item 4:

### Policy 109 Program Enrollment Reviews

- a. Board Guide to Academic Program Oversight
- b. College Summary Reports
- c. 2017-2018 Data Report

## A VSC Board Member's Guide to Academic Program Oversight

Fundamentally, the role of the Board as it relates to academic programs is to ensure educational quality. A [2014 report](#) by the Association of Governing Boards offers these recommendations for boards to follow in meeting this responsibility:

1. Develop board capacity...through regular, intentional discussions.
2. Ensure policies and practices promote educational quality.
3. Ensure that learning is assessed, data are used, and improvements tracked.
4. Approve and monitor necessary financial resources.
5. Develop an understanding of academic programs.
6. Focus on the total educational experience.
7. Understand accreditation.

There are three primary policies guiding academic program oversight at the VSC:

### **Policy 101 (Program Review and Continuous Improvement Process)**

Policy 101 defines board standards for high-quality programs and directs a process at the college and system level to ensure continuous quality improvement. This process results in recommendations for each program on a five-year cycle that are provided to EPSL for discussion.

#### Key questions for board members in reviewing Policy 101 reports:

- How does the program assess student learning, and what does the program's data on student learning outcomes indicate?
- What strategies are being used for continuous improvement?
- How does the program meet board standards for quality?

### **Policy 102 (Approval of New Degrees and Majors)**

Policy 102 directs a process for new program development that ensures alignment with the mission of the VSC, encourages system collaboration in planning, and supports flexible, nimble program development. EPSL reviews each new program proposal after it has undergone consultation and endorsement by the Chancellor and Council of Presidents and determines whether to recommend a proposal for board approval.

#### Key questions for board members in reviewing Policy 102 new program proposals:

- Is the new program aligned with and in support of VSC and college mission and strategic planning directions?
- Will the program provide a clear and viable career path for graduates?
- Will it assist in meeting State needs and/or serve a new student market?
- Will the new program strengthen the college and complement, extend and/or diversify the offerings of the VSC?

### **Policy 109 (Annual Enrollment and Cost Effectiveness Review)**

Policy 109 directs Presidents to review program enrollment and cost data on an annual basis and with the Chancellor provide summary reports to EPSL, including information on any programs identified for closure. EPSL reviews these reports and determines whether to recommend any actions to the board.

#### Key questions in reviewing Policy 109 summary data and reports:

- What are the current program enrollment trends and how are the colleges responding to these?
- How are the colleges managing resource needs and costs related to program staffing (faculty:student ratio) and delivery (average class size)?
- Do we have the right mix of programs within each college and across the system?

#### Notes on selected elements in Policy 109 summary data reports:

**Full-Time Faculty:** for all colleges except CCV, the department is the organizational unit of work and decision-making. Full-time faculty develop curriculum, advise students in the major, and may have advising responsibilities for undeclared students beyond the department. Department chairs, included in the full-time faculty count, have first responsibility for course scheduling and hiring and supervision of part-time faculty.

**Department Class Size Average:** The department class size average reflects all program and general education courses taught by department-affiliated faculty, full-time and part-time, and is driver of instructional cost. Excluded from this measure are course credits offered as independent studies and internships, and instances of combined courses (one faculty member teaching students enrolled in two different levels of a course simultaneously) are treated as single courses for class size average calculations.

**% Full-Time Students:** the percentage of students in the program who are enrolled full-time (defined as a minimum of 12 credits per semester). This measure serves as a proxy for the proportion of traditional versus post-traditional (i.e. attending part-time) students being served.

**% Vermonters:** the percentage of students with Vermont residency. This measure serves as a proxy for tuition revenue and admissions reach of the program.

Castleton University  
**Policy 109 (2017-18)**

Every semester, the Chief Academic Officer at CU meets separately with the Dean of Enrollment, the Registrar, and the Director of Finance to review:

- (a) the programs that prospective students tell Admissions Officers they wish we would offer;
- (b) campus wide trends in declarations of majors, enrollments by discipline, and average class size per discipline; and
- (c) expenditures on part-time faculty salaries and full-time faculty overloads.

**New Programs in 2017-18**

In response to information from our Admissions Officers, we created a new major in **Graphic Design** this year. This is a joint venture of the Art Department and the Communication Department. We have hired a full-time professor of Graphic Design and will construct a state-of-the-art Graphic Design Lab in Summer '18.

**Concerns**

Our overarching concern is that enrollment at CU has declined approximately 8% in the last year. Almost every program has witnessed a decline in enrollment. Accordingly, in an effort to broaden their appeal and ensure that students can graduate in four years, many disciplines are revising their offerings, lowering their credit totals, updating delivery methods, consolidating concentrations, and creating career-oriented courses and internships.

For example:

**Business Administration**

- The Masters in Accounting will become a fully online program in Fall 2018, pending approval from NEASC.
- Changed "Business Administration with a Concentration in Accounting" to "Accounting"
- Changed "Business Administration with a Concentration in Management" to "Management"
- Changed "Business Administration with a Concentration in Marketing" to "Marketing"
- Added a minor in Creative Marketing, a minor in Social Media Marketing, and minor in Finance

**Communication**

- Changed the names of all programs (Associates, Bachelors, Minors) from "Communication" to "Media & Communication"

**Health Education**

- Changed "Health Education" to "Health Promotion"

**MUSIC**

- Reduced the credits required for the Music major from 49 to 43 credits.
- Reduced the credits required for the Music Performance major from 65 to 55 credits.
- Revised the offerings of the Musical Theater major so the courses will now be equal parts Music, Theater, and Dance

**Practice in Physical Education**



-Changed “Practice in Physical Education” to “Physical Education”

Sociology

- Eliminated the concentration in Community Studies and the concentration in Power and Conflict
- Added an internship or completion of a Civic Engagement course as a requirement for Sociology majors
- Added a minor in Anthropology, a minor in Public Policy, and a minor in Activism, Advocacy & Social Change

**Policy 109 Summary from Northern Vermont University  
7 March, 2018**

During the fall 2017 semester, the faculty focus at NVU has been the development of a new General Education program along with NVU's first Strategic Plan. Now that this work is largely complete, we are turning our attention to the following three questions:

1. What additional academic opportunities does unification afford our students?
2. How can we more uniquely distinguish NVU in the higher-education market place?
3. How can we decrease our instructional costs and administrative workload?

To address these questions, our first task is to engage in a substantial department restructuring conversation with faculty. The end result of this conversation is to produce NVU department structures that best serve our students and the university. The department structures will group like-faculty across both campuses together to engage in meaningful curriculum revision. The revision will include streamlining programs, program consolidation and archival, concentration removal, identifying new program opportunities, and collaborative course offerings engaging student cohorts on both campuses.

Our Business Departments are at the leading edge of this work. They have created unified Business Administration and Accounting degrees that will be offered and taught on both campuses within a single Business department. Pending approval, these degrees will be offered starting the fall 2018 semester.

With regard to enrollments, noticeable enrollment declines at NVU-L are observed in our Electronic Journalism Arts, English, Exercise Science, Music Business and Industry, and Mountain Recreation Management programs. The majority of these programs enroll a large proportion of out-of-state students who are being offered substantial financial incentives to remain in state. Enrollment increases are observed at NVU-L in our Computer Information Systems program and the new Early Childhood Education program. At NVU-J, enrollment declines are observed in Psychology, English, Health Sciences, and Music. The NVU-J Creative Writing program has seen a modest enrollment increase. A new Sustainability Studies certificate has been approved along with a BFA in Fine Woodworking and Design at NVU-J.

# VERMONT TECH

## VSC Policy 109 Narrative

March 16, 2018

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Vermont Technical College is actively engaged in a number of strategic discussions to enhance enrollments, student experiences, currency, and program quality. The College is also undergoing a planning process to develop a five-year strategic plan. Academic planning, including “right sizing” of the college is included in the strategic discussions.

### New Programs

The college is in the process of proposing two new programs: an Associate degree in *Forestry* and a Masters of Science degree in *Dental Therapy*. Both are responses to Vermont legislative changes which have introduced two new licensed occupations.

### Program Density

A preliminary review of the number of programs offered by Vermont Tech, in comparison to similar institutions, suggest that the college should consider reducing the number of degree programs through program closure, mergers, consolidations, or certification, by approximately 8 programs over the next five years. The President has identified two low enrolled associate programs - Landscape Design & Sustainable Horticulture, and Equine Studies – for closure or consolidation review as soon as the next academic year.

### Academic Structure

Vermont Technical College is reviewing a schools model for academic programs, such as a School of Engineering, or a School of Healthcare Science. This is being discussed as part of our strategic planning process. The pros and cons of this model are being discussed with faculty and other stakeholders. An initial review suggests that some marketing and brand benefits may results from adopting this model. An initial study by Beacon Associates supports a positive brand impact.

### NEASC Accreditation Preparation

The College is beginning a 2018 – 2019 self-study process in preparation for its ten-year accreditation review in 2020. Chief among its areas of focus is curriculum mapping and outcomes assessment. In addition, the College has reviewed its 19 baccalaureate degree outcomes and has refined these to nine broader outcomes to facilitate review and assessment.

# Memorandum

**To:** Jeb Spaulding, Chancellor  
**From:** Joyce M. Judy, President  
**Date:** March 12, 2018  
**Subject:** Annual Policy 109 Enrollment Report

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This memo contains a summary of CCV's approach to analyzing enrollment and program sustainability as related to VSC Policy 109. It also includes major actions and/or changes to programs as a result of this process, including program closures. The official data related to CCV's program enrollment is attached.

## CCV's Approach to Program Sustainability

CCV has key goals for all its academic programs—that they remain accessible to students across the state, students can complete them in a timely manner, and course enrollments meet levels that support best pedagogical practice and sound fiscal sense for the College.

CCV curriculum committees and the academic dean's office actively monitor enrollment trends and cancellation data during registration and at the 5<sup>th</sup> week of the semester as part of ongoing analysis of program effectiveness. These trends are once again reviewed during the College's annual processes of year-long course planning and curriculum change.

In order to reduce the barriers that impede student progress toward completion of their programs, the College's Academic Council has prioritized the development of streamlined degree programs, particularly as they can be utilized to eliminate financial and programmatic hurdles for students within the system. To that end, CCV continues to build 2+2 agreements in order to provide students with a clear and predictable pathway to relevant bachelor's degrees. The College is also exploring how its certificates can be utilized to create momentum within degree programs.

## Major Actions and/or Changes to CCV Programs

Over the last few years, CCV has worked diligently to evaluate and take action on its low enrolled programs, particularly those with fewer than 50 students. At this point, all associate degree programs have 50+ students. However, the College continues to pay close attention to programs with fewer than 100 students enrolled:

### Design & Media Studies:

Several years ago the College began work on streamlining three of its historically small art and communication programs into a single program. The revised program was launched in fall of 2017 to great excitement among faculty and students. As students complete their previous programs in graphic design, visual art, and multimedia communication, CCV expects to see increases in Design and Media Studies.

### Administrative Management:

The Administrative Management program underwent Policy 101 Program Review in 2016. The curriculum committee continues to explore strategies for greater recruitment and retention in the AMG program, including the creation of additional advising materials and experiential learning opportunities.

### Environmental Science:

The Environmental Science program underwent Policy 101 Program Review in 2017. As a result, the curriculum committee made several changes to the program, including the elimination of its sustainable building technology focus area. The strength of the program resides in its rigorous preparation of students for the UVM and Castleton 2+2 pathways. This strength was further enhanced by changes in the program's core biology requirements. The committee continues to explore strategies for improving recruitment and retention.

**Three year enrollment trend**

**Indicator of student population served (traditional vs. post-traditional)**

**Indicator of market reach of program**

**Indicator related to cost of instruction**

**Policy 109 Data Report  
Castleton University**

College-Wide Summary	Total Faculty*	2016 Enr.	Prior Year Enr.	2 Years Prior	% Full-time Students	% Vermonters	Total Degrees Awarded	2015-16 Average Class Size
	94	1,999	1,951	1,955	92%	70%	498	17.3

Department	Program Level	Major	Full-Time Faculty	Head Count Fall 2016	Fall 2015	Fall 2014	% Full Time	% Vermonters	Second Majors	Degrees Awarded 2015-2016	Dept. Class Size Average	Notes
<b>Art</b>			4								15.8	
	Bachelors	Art		30	31	29	97%	68%	2	7		
<b>Business Administration</b>			6								19	
	Associates	Business Administration		12	10	6	100%	58%		3		
	Bachelors	Business Administration		303	286	290	97%	73%	6	69		
	Bachelors	Computer Information Systems		25	24	27	96%	72%		10		
	Masters	Accounting		8	6	9	75%	50%		3		
<b>Communication</b>			5								16	
	Associates	Communication		2	1		100%	50%				
	Bachelors	Communication		73	72	88	95%	64%	1	20		
<b>Education</b>			7								15.6	
	Bachelors	Career & Technical Education		2	4		0%	100%		0		Program suspended
	Bachelors	Multidisciplinary Studies		105	93	89	99%	90%		15		
	Masters	Education		40	22	34	20%	90%		9		
<b>English</b>			9								15.6	
	Bachelors	English		36	23	12	94%	67%	1	0		
	Bachelors	Literature		6	9	13	67%	83%		6		
	Bachelors	Philosophy		6	8	7	50%	67%	1	2		
	Bachelors	Spanish		8	7	11	100%	63%	4	2		
<b>Health, Human Movement, and Sport</b>			8								16.5	
	Bachelors	Athletic Training		72	72	72	97%	53%	1	6		
	Bachelors	Health Education		6	6	3	100%	67%		4		
	Bachelors	Health Science		99	112	126	98%	72%		32		
	Bachelors	Practice of Physical Education		65	45	55	100%	54%		12		
	Bachelors	Sports Administration		89	95	79	94%	58%	1	18		
	Masters	Athletic Leadership		38	23	5	21%	45%		5		

**Departments are primary unit of decision-making that impacts cost (staffing, curriculum design, delivery)**

## Policy 109 Data Report

### Castleton University

College-Wide Summary	Total Faculty*	2017 Headcount Enrollment	2016 Headcount Enrollment	2015 Headcount Enrollment	% Full-time Students	% Vermonters	Total Degrees Awarded	2016-2017 Average Class Size
	92	1,869	1,999	1,951	91%	70%	422	17.4

Department	Program Level	Major	Full-Time Faculty	Fall 2017	Fall 2016	Fall 2015	% Full Time	% Vermonters	Degrees Awarded	Dept. Class Size Average Fall 2017-Spring 2018	Program Notes
<b>Art</b>			<b>3</b>							<b>11</b>	
	Bachelors	Art		23	30	31	91%	61%	6		
<b>Business Administration</b>			<b>8</b>							<b>19</b>	
	Associates	Business Administration		4	12	10	75%	50%	1		
	Bachelors	Business Administration		260	303	286	97%	74%	72		
	Bachelors	Computer Information Systems		30	25	24	97%	63%	6		
	Masters	Accounting		6	8	6	83%	67%	9		
<b>Communication</b>			<b>4</b>							<b>15</b>	
	Associates	Communication		1	2	1	100%	0%	0		
	Bachelors	Communication		61	73	72	95%	69%	19		
<b>Education</b>			<b>7</b>							<b>19</b>	
	Bachelors	Career & Technical Education		1	2	4	0%	100%	0		<i>Closing out program.</i>
	Bachelors	Multidisciplinary Studies		105	105	93	98%	86%	20		
	Masters	Education		47	40	22	43%	87%	8		
<b>English &amp; World Languages</b>			<b>8</b>							<b>18</b>	
	Bachelors	English		27	36	23	96%	59%	5		
	Bachelors	Literature		1	6	9	0%	100%	3		
	Bachelors	Philosophy		5	6	8	60%	80%	1		
	Bachelors	Spanish		5	8	7	100%	80%	2		
<b>Health, Human Movement, and Sport</b>			<b>8</b>							<b>13</b>	

*Phased replacement to  
Kinesiology/Pre-Athletic  
Training.*

Bachelors	Athletic Training	35	72	72	97%	49%	9	
Bachelors	Kinesiology	31			100%	48%		
Bachelors	Health Education	9	6	6	100%	67%	0	
Bachelors	Practice of Physical Education	68	65	45	100%	60%	11	
Bachelors	Sports Administration	51	89	95	94%	53%	18	
Bachelors	Sport Management	23			100%	70%		
Masters	Athletic Leadership	36	38	23	17%	28%	15	
<b>History, Geography, Economics, and Politics</b>		<b>8</b>						<b>19</b>
Bachelors	Global Studies	12	5	8	100%	92%	0	
Bachelors	History	39	43	33	97%	69%	4	
Bachelors	Political Science	19	17	15	95%	84%	5	
Bachelors	Social Studies	1	2	3	100%	100%	0	
<b>Mathematics</b>		<b>4</b>						<b>19</b>
Bachelors	Mathematics	31	35	41	94%	68%	8	
<b>Music</b>		<b>2</b>						<b>12</b>
Bachelors	Music	8	9	6	100%	63%	0	
Bachelors	Music Education	9	9	11	89%	67%	3	
Masters	Music Education	0	2	8			2	
<b>Natural Sciences</b>		<b>12</b>						<b>14</b>
Bachelors	Biology	61	64	45	97%	61%	11	
Bachelors	Chemistry	11	9	8	100%	73%	0	
Bachelors	Ecological Studies	17	12	13	94%	76%	6	
Bachelors	Environmental Science	21	26	28	100%	62%	6	
Bachelors	Exercise Science	73	81	91	93%	56%	26	
Bachelors	Geology	8	7	10	100%	50%	1	
Bachelors	Health Science	91	99	112	100%	67%	32	
<b>Nursing</b>		<b>7</b>						<b>20</b>
Associates	Nursing	0	1	47			6	<i>Program terminated</i>
Bachelors	Nursing	213	209	169	76%	85%	27	
<b>Psychological Sciences</b>		<b>4</b>						<b>15</b>
Bachelors	Psychology	95	94	109	97%	66%	16	
Masters	School Psychology	10	4		90%	90%	0	<i>New 2016</i>

<b>Sociology, Social Work, &amp; Criminal Justice</b>		12						17
Associates	Criminal Justice	7	6	1	57%	100%	1	
Bachelors	Criminal Justice	73	89	95	97%	62%	11	
Bachelors	Social Science	11	15	8	91%	64%	8	
Bachelors	Social Work	57	61	68	93%	91%	20	
Bachelors	Sociology	21	26	36	100%	81%	9	
Bachelors	Women's and Gender Studies	0	1	1			0	
<b>Theater Arts</b>		3						12
Bachelors	Theater	25	25	24	96%	64%	4	
Masters	Theater	0	0	5			3	
Masters	Arts Administration	5	9		60%	60%	3	
Associates	General Studies	7	2	6	100%	0%		
Bachelors	Undeclared	109	111	113	94%	78%		

*On hiatus  
 New 2016*

*\*Total faculty count includes faculty librarians or fulltime program directors (nursing, education).*



## Policy 109 Data Report

### Johnson State College

College-Wide Summary	Total Faculty*	2017 Headcount Enrollment	Fall 2016	Fall 2015	% Full-time Students	% Vermonters	2016-2017 Total Degrees Awarded	2016-2017 Average Class Size
	39	1,448	1,479	1,471	67%	80%	412	13.5

Department	Program Level	Major	Full-time Faculty	Fall 2017	Fall 2016	Fall 2015	% Full-time	% Vermonters	2016-2017 Degrees Awarded	Dept. Class Size Average Fall 2017-Spring 2018	Program Notes
<b>Behavioral Science</b>			6							14	
	Bachelors	Anthropology & Sociology		27	27	23	93%	85%	2		
	Bachelors	Psychology		202	230	246	54%	93%	26		
	Bachelors	Wellness & Altern Medicine		124	78	64	57%	43%	16		
	Masters	Counseling		85	91	82	39%	95%	28		
<b>Business &amp; Economics</b>			3							12	
	Certificate	Accounting		3	1	1	33%	67%	1		
	Certificate	Non-Profit Management		0					4		
	Certificate	Small Business Management		1			100%	100%			
	Associates	Business Management		5	2	4	60%	100%	1		
	Bachelors	Business (multiple concentrations)		206	229	189	67%	89%	49		
	Bachelors	Hospitality & Tourism Mgmt		0	2	6			4		<i>changed to Bus. Concentration</i>
<b>Education</b>			4							6	
	Bachelors	Childhood Education		87	91	104	87%	83%	16		
	Masters	Education		36	43	58	14%	94%	22		
	CAGS	Education		2	1	1	0%	100%	1		
<b>Environment &amp; Health Science</b>			7							11	
	Bachelors	Biology		45	42	49	91%	67%	3		

Bachelors	Environmental Science	25	23	26	92%	76%	7		
Bachelors	Health Science	40	43	57	93%	68%	11		
Bachelors	Outdoor Education	38	44	44	97%	24%	10		
<b>Fine Arts</b>								5	12
Associates	Woodworking & Furniture Design	2			100%	50%			
Bachelors	Art	34	30	32	94%	82%	6		
Bachelors	Media Arts	24	22	25	100%	79%	5		
Bachelors	Studio Art	21	35	25	90%	86%	10		
Bachelors	Woodworking & Furniture Design	10			70%	10%		<i>New 2017</i>	
Masters	Studio Art	7	4	7	71%	43%	1		
<b>Performing Arts</b>								4	7
Associates	Technical Theater	4	6	6	100%	50%			
Bachelors	Music	21	29	27	76%	76%	5		
Bachelors	Music Education	4			100%	100%			
Bachelors	Musical Theater	10	10	14	100%	20%	3		
Bachelors	Theater & Drama	17	14	16	94%	71%	1		
<b>Humanities</b>								5	16
Bachelors	History	20	11	17	90%	95%	3		
Bachelors	Political Science	25	20	20	92%	84%	5		
<b>Mathematics</b>								3	17
Bachelors	Mathematics	17	14	11	88%	82%	3		
<b>Writing &amp; Literature</b>								4	12
Bachelors	Communications & Community Media	17	16	14	94%	53%	4		
Bachelors	Creative Writing	31	23	21	94%	74%			
Bachelors	English	9	13	13	89%	89%	5		
Associates	General Studies	6	12	3	83%	100%	11		
Bachelors	Interdisciplinary Studies	39	46	53	38%	100%	16		
Bachelors	Liberal Arts	0	1	2			1	<i>discontinued</i>	
Bachelors	Professional Studies	129	129	119	23%	93%	53		
Bachelors	Undeclared	75	97	91	99%	95%			

\*Total faculty count includes faculty librarians or fulltime program directors (nursing, education).

## Policy 109 Data Report

Lyndon State College

College-Wide Summary	Total Faculty*	2017 Headcount Enrollment	Fall 2016	Fall 2015	% Full-time Students	% Vermonters	Total Degrees Awarded	2016-2017 Average Class Size
	49	1032	1166	1198	89%	58%	226	16.1

Department	Program Level	Major	Full-time Faculty	Fall 2017	Fall 2016	Fall 2015	% Full-time	% Vermonters	Degrees Awarded 2016-2017	Dept. Class Size Average Fall 2017-Spring 2018	Program Notes
<b>Atmospheric Sciences</b>			2 (+1 visiting)							14	
	Bachelors	Atmospheric Sciences		73	68	76	96%	11%	27		
<b>Business</b>			3							16	
	Associates	Business Administration		4	7	9	75%	100%	8		
	Bachelors	Accounting		25	28	24	92%	72%	7		
	Bachelors	Business Administration		64	80	86	88%	75%	14		
	Bachelors	Sports Management		26	9	1	92%	42%	0		In transition to one Sport Mgmt major
	Bachelors	Sport Leadership		5	18	26	100%	80%	5		
<b>Education</b>			3							9	
	Associates	Special Education		1	3	2	0%	100%	2		
	Bachelors	Early Childhood Education		19	12		84%	95%	2		New 2016 Includes Special Ed concentration option In teach-out
	Bachelors	Elementary Education		65	70	74	94%	94%	6		
	Bachelors	Physical Education		0	2	4			2		
	Masters	Curriculum and Instruction		4	8	9	50%	100%	2		
	Masters	Education		11	14	17	0%	100%	5		
<b>Electronic Journalism Arts</b>			3							10	
	Associates	Electronic Journalism Arts		0	1	3			1		
	Bachelors	Electronic Journalism Arts		46	66	85	93%	30%	19		
<b>English, Philosophy, Film Studies</b>			4.5							13	
	Bachelors	English		15	20	28	80%	67%	3		

<b>Exercise Science</b>		4						9	
Bachelors	Exercise Science		56	68	86	91%	55%	15	
<b>Mathematics and Computer Information Systems</b>		3						13	
Bachelors	Computer Information Systems		36	25	26	83%	61%	5	
Bachelors	Mathematics		6	3	11	100%	50%	1	
<b>Mountain Recreation Management</b>		4						12	
Bachelors	Mountain Resource Mgmt		101	124	117	85%	22%	22	
<b>Music Business &amp; Industry</b>		3						13	
Associates	Music Business & Industry		3	2	1	67%	33%	0	
Associates	Music and Self-Promotion		0	1	2			1	<i>In teach-out</i>
Bachelors	Music Business & Industry		84	107	117	88%	32%	12	
<b>Psychology &amp; Human Services</b>		4						16	
Associates	Human Services		3	5	5	100%	100%	2	
Bachelors	Appl Psychology & Hum Service		96	98	89	92%	79%	11	
Bachelors	Human Services		1	3	8	0%	100%	2	<i>In teach-out</i>
<b>Science</b>		4						15	
Bachelors	Environmental Science		21	22	17	95%	71%	3	
Bachelors	Natural Science		17	12	17	94%	59%	3	
Bachelors	Sustainability Studies		7	11	15	100%	43%	4	
<b>Social Sciences</b>		4						17	
Bachelors	Criminal Justice		48	57	49	96%	73%	11	
Bachelors	Global Studies		21	20	20	90%	76%	3	<i>Includes students in former Social Sciences program</i>
<b>Visual Arts</b>		5.5						13	
Associates	Photography		2	4		100%	100%	3	
Associates	Visual Communications		5	3	4	60%	60%	0	
Associates	Visual Arts		0	4	3			2	
Bachelors	Animation/Illustration		37	42	38	100%	51%	8	
Bachelors	Cinema Production		31	28	23	97%	55%	1	
Bachelors	Visual Communications		13	18	18	85%	85%	7	<i>Program has become Graphic Design</i>
Bachelors	Graphic Design		29	24	28	90%	83%	3	

<b>General</b>									15.1
Associates	General Studies / Pre-Nursing	25	24	16	92%	84%	1		
Bachelors	Explorations	24	20	23	96%	79%		<i>Entry program, not major</i>	
Bachelors	Liberal Studies	2	9	11	100%	100%	7		
Masters	Liberal Studies	7	9	5	0%	57%	1		

*\*Total faculty count includes faculty librarians or fulltime program directors (nursing, education).*

## Policy 109 Data Report

Vermont Tech

College-Wide Summary	Total Faculty*	2017 Enrollment	Prior Year Enr.	2 Years Prior	% Full-time Students	% Vermonters	Total Degrees Awarded	2016-2017 Average Class Size
	70	1404	1445	1373	75%	84%	579	12.6

Department	Program Level	Major	Total Faculty	Fall 2017 Headcount	Fall 2016 Headcount	Fall 2015	% Full-time	% Vermonters	Degrees Awarded 2016-2017	Dept. Class Size Average Fall 2017-Spring 2018	Program Notes
<b>Agriculture</b>			2							12	
	Certificate	Forestry		1	4		100%	100%	0		
	Associates	Agribusiness Mgmt Technology		7	5	6	100%	86%	2		
	Associates	Dairy Farm Management		26	22	18	96%	73%	6		
	Bachelors	Diversified Agriculture		22	16	17	91%	82%	3		
<b>Landscape and Sustainable Horticulture</b>			1							4	
	Associates	Landscape and Horticulture		11	14	7	100%	55%	3		
	Bachelors	Landscape and Horticulture		0	2	5			2		<i>Discontinued</i>
<b>Automotive Tech &amp; Diesel</b>			3							8, 10	
	Certificate	Diesel Power Technology		7	1		100%	100%	1		
	Associates	Automotive Technology		32	36	46	88%	88%	9		
	Associates	Diesel Power Technology		26	34	31	88%	65%	14		
<b>Aviation</b>			1							11	
	Bachelors	Professional Pilot Technology		48	39	40	96%	73%	5		
<b>Business</b>			3							14	
	Associates	Business		13	17	22	92%	85%	11		
	Associates	Entrepreneurship		1	1		100%	100%	0		
	Bachelors	Applied Business Management		16	16	9	31%	88%	3		
	Bachelors	Business		67	56	62	84%	81%	20		
	Bachelors	Entrepreneurship		7	5		86%	57%	0		<i>New 2016</i>

<b>Computers &amp; IT</b>		3							11
Associates	Computer Information Tech	8	6	11	75%	100%	1		
Associates	Computer Engineering Tech	6							
Associates	Computer Software Engineering	12	9	8	67%	100%	1		
Bachelors	Computer Information Technolgy	37	43	43	92%	76%	11		
Bachelors	Computer Software Engineering	57	48	64	88%	84%	8		
Post-graduate Ce	Computer Networking	0					0	<i>New 2016</i>	
Post-graduate Ce	Advanced Software Development	0	1				1	<i>New 2016</i>	
Post-graduate Ce	Software Development	2	2		0%	100%	0	<i>New 2016</i>	
Post-graduate Ce	Web Development	2	3		0%	100%	2	<i>New 2016</i>	
Masters	Computer Software Engineering	6	7		33%	83%	0	<i>New 2016</i>	
<b>Construction Management</b>		4							10
Associates	Construction Management	21	20	17	90%	67%	4		
Bachelors	Construction Management	41	45	46	95%	63%	11		
<b>Dental Hygiene</b>		3							14.1
Associates							16		
Bachelors	Dental Hygiene	80	76	61	48%	76%	9		
<b>Engineering Technology</b>		11							15
Associates	Arch & Bldg Engineering Tech	6	6	12	67%	100%	1		
Bachelors	Architectural Engineering Tech	29	30	34	97%	72%	7		
Associates	Computer Engineering Technolgy	7	7	5	100%	57%	4		
Bachelors	Computer Engineering Technolgy	37	26	23	92%	76%	3		
Associates	Civil & Environmentl Engin Tech	30	40	40	93%	93%	16		
Associates	Electrical Engineering Technolgy	18	30	37	61%	100%	15		
Associates	General Engineering Tech	1	3	1	0%	100%	5		
Bachelors	Electrical Engineering Tech	40	36	28	68%	93%	5		
Bachelors	Electromechanical Engineering T	68	64	74	90%	84%	6		
<b>Mechanical</b>		4							7
Associates	Mechanical Engineering Techn	39	36	38	90%	100%	20		
Bachelors	Manufacturing Engineering Tech	27	23	17	81%	81%	8	<i>New 2015</i>	
Bachelors	Renewable Energy	22	10	8	77%	77%	1	<i>New 2015</i>	
Bachelors	Mechanical Engineering Techn						6	<i>Discontinued</i>	
Bachelors	Sustainable Design	1	2	5	100%	100%	1	<i>Discontinued, in teach-out</i>	

<b>Equine Studies</b>		1						6	
Associates	Equine Studies	20	27	11	100%	75%	4	<i>New 2015 In teachout</i>	
Bachelors	Equine Studies	3	8	13	67%	67%	5		
<b>Fire Science &amp; Paramedicine</b>		1							
Associates	Fire Science	14	21	17	86%	79%	3	7	
Certificate	Paramedicine	10	12	12	80%	100%	0		
<b>Nursing</b>		15							
Associates	Nursing	133	146	147	34%	85%	140		
Bachelors	Nursing	69	81	54	7%	93%	16		
Certificate	Practical Nursing	155	169	150	97%	91%	138		
<b>Respiratory Therapy</b>								12.1	
Associates	Respiratory Therapy	35	31	29	60%	94%	9		
<b>Veterinary Tech</b>		1						14	
Associates	Veterinary Technology	66	68	65	92%	73%	22		
<b>General Education (including English, math, science)</b>		16						12, 15	
Bachelors	Undeclared	40	41	40	85%	95%			

*\*Total faculty count includes faculty librarians or fulltime program directors (nursing, education).*



## Policy 109 Data Report

Community College of Vermont

College-Wide Summary Associate Degree Enrollment	Fall 2017 Enrollment	Fall 2016 Enrollment	Fall 2015 Enrollment	% Full-time Students	% Vermont- ers	Total Degrees Awarded 2016- 17	2016-17 Average Class Size	2016-2017 Class Size Average for all Core Program Courses
	2,888	3,064	3,364	26%	98%	567	12.8	12.9

Concentration	Associate's Degree Programs	Fall 2017	Fall 2016	Fall 2015	% Full-time Students	% Vermont Students	2016-2017 Degrees Awarded	<i>New or Closed Program Notes</i>
<b>Arts and Communication</b>								
	Graphic Design	43	79	79	14%	98%	16	Streamlined into a single program - 2017
	Design and Media Studies	54			28%	93%		Streamlined into a single program - 2017
	Multimedia Communication	13	35	18	31%	92%	2	Streamlined into a single program - 2017
	Visual Art	8	38	41	13%	100%	7	Streamlined into a single program - 2017
<b>Science and Allied Health</b>								
	Environmental Science	72	88	71	32%	92%	14	
	Medical Assisting	151	163	184	23%	94%	28	
	STEM Studies	204	176	172	27%	92%	23	
<b>Social Science and Professions</b>								
	Criminal Justice	113	110	114	33%	92%	20	
	Early Childhood Education	297	294	253	12%	96%	42	
	Emergency Mgmt & Planning	1	2	7	0%	100%	1	closed - 2015
	Human Services	213	243	257	17%	97%	44	
<b>Business</b>								
	Accounting	120	120	131	15%	94%	22	
	Administrative Management	72	59	83	10%	96%	10	
	Applied Business Practices	0	3	9			3	closed - 2016
	Business	303	339	345	19%	92%	71	
	Hospitality & Tourism Mgmt	2	10	21	50%	100%	4	closed - 2016

**Technology**

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Computer Systems Management	117	113	120	23%	95%	14	
Network Administration	17	32	41	24%	100%	2	closed -2017

**General Studies**

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Liberal Studies	780	812	917	24%	94%	188	
Undeclared**	308	348	501	22%	91%		
<b>TOTAL</b>	<b>2,888</b>	<b>3,064</b>	<b>3,364</b>				

\*CCV Certificate program enrollments (8 certificates of 24 to 32 credits, n=386 students) and non-matriculated students not included.

\*\*Excludes 130 Early College Students

## Item 5:

VSC Faculty Fellow recommendations and resolutions

## **Vermont State Colleges System**

### **Faculty Fellows, 1987-2018**

- 2017-2018 Adam Chill, Associate Professor of History, Castleton  
Barclay Tucker, Professor of Visual Arts, Lyndon State College
- 2016-2017 Andre Fleche, Associate Professor of History, Castleton University  
Alexandre Strokanov, Professor of History, Lyndon State College
- 2015-2016 Janet Bennion, Professor of Anthropology, Lyndon State College  
Tyrone Shaw, Associate Professor of Writing & Literature, Johnson State College
- 2014-2015 Jason Shafer, Professor of Atmospheric Sciences, Lyndon State College  
Patricia van der Spuy, Professor of African and World History, Castleton State College
- 2013-2014 Peter Kimmel, Professor of Natural Sciences, Castleton State College
- 2012-2013 Ken Leslie, Professor of Art, Johnson State College  
Jim Bozeman, Professor of Mathematics, Lyndon State College
- 2011-2012 Linda Olson, Professor of Sociology, Castleton State College  
Pat Shine, Professor of Psychology, Lyndon State College
- 2010-2011 Gina Mireault, Professor of Psychology, Johnson State College  
Harry McEnerny, Professor of Theater Arts, Castleton State College
- 2009-2010 Elizabeth Dolci, Professor of Biology, Johnson State College  
Mark Fox, Professor of Biology, Castleton State College
- 2008-2009 Carrie Waara, Professor of History, Castleton State College
- 2007-2008 Steve Blair, Associate Professor of Music, Johnson State College  
Tom Conroy, Professor of Communication, Castleton State College
- 2006-2007 Denny Shramek, Professor of English, Castleton State College
- 2005-2006 Bob Johnson, Professor of Philosophy, Castleton State College  
Linda Mitchell, Professor of Business Administration, Lyndon State College

- 2004-2005     Abbess Rajia, Professor of Mathematics, Castleton State College  
                   Leslie Kanat, Professor of Geology, Johnson State College
- 2003-2004     John Knox, Professor of Mathematics, Vermont Technical College  
                   Glenn Sproul, Professor of Mathematics, Johnson State College
- 2002-2003     Dr. Kit Cooke, Associate Professor of Humanities, Johnson State College  
                   Paul Albro, Professor of Business Administration, Castleton State College
- 2001-2002     Dr. Gina Mireault, Associate Professor of Psychology, Johnson State College  
                   Dr. Lori Werdenschlag, Associate Professor of Psychology, Lyndon State College
- 2000-2001     Marjorie Ryerson, Associate Professor of Communications, Castleton State  
                   College  
                   Russell Longtin, Professor of Theater, Johnson State College
- 1999-2000     Leslie Kanat, Associate Professor of Geology, Johnson State College  
                   Pei-heng Chiang, Professor of Political Science, Castleton State College
- 1998-1999     Tony Whedon, Professor of Writing and Literature, Johnson State College  
                   Albert Robitaille, Professor of Civil Engineering Technology, Vermont Technical  
                   College
- 1997-1998     Professor Patrick Max, Director of the Calvin Coolidge Library, Castleton State  
                   College  
                   Maris Wolff, Professor of Fine and Performing Arts, Johnson State College
- 1996-1997     Dr. Judith M. Meloy, Associate Professor of Education, Castleton State College  
                   Dr. Cyrus B. McQueen, Associate Professor of Biology, Johnson State College
- 1995-1996     Dr. Robert Aborn, Professor of Music, Castleton State College  
                   Dr. James Bozeman, Assistant Professor of Mathematics and Computer Science,  
                   Lyndon State College
- 1994-1995     Dr. Herb Propper, Professor of Fine and Performing Arts, Johnson State College  
                   Dr. Matthew Zimet, Associate Professor of Science, Vermont Technical College
- 1993-1994     John Gillen, Professor of English, Johnson State College

Dr. John DeLeo, Associate Professor of Recreation Resource Management,  
Lyndon State College

- 1992-1993 William Ramage, Associate Professor of Art, Castleton State College  
Dr. Peter Kramer, Professor of Health Sciences, Johnson State College
- 1991-1992 Dr. Holman Jordan, Professor of History, Castleton State College  
Alvin Shulman, Professor of Music, Lyndon State College
- 1990-1991 Dr. Stephen Butterfield, Professor of English, Castleton State College  
Dr. Donald Tobey, Professor of Business and Economics, Johnson State College
- 1989-1990 Dr. Robert Gershon, Professor of Theater Arts, Castleton State College  
Dr. Albert Toborg, Professor of History, Lyndon State College
- 1988-1989 Dr. Joyce Thomas, Associate Professor, Castleton State College  
Susan Halligan, Associate Professor, Johnson State College
- 1987-1988 Thomas Smith, Professor of English, Castleton State College  
Paul Calter, Professor of Mathematics, Vermont Technical College



January 30, 2018

Jeb Spaulding, Chancellor  
PO Box 7  
Montpelier, VT 05601

Dear Chancellor Spaulding:

It is with great personal pleasure that I write this letter of nomination for Dr. Hans Haverkamp in support of his candidacy as VSC Faculty Fellow. I have known Hans for approximately three of the eleven years he has served as a faculty member at Johnson State College. Throughout this time, I have followed Dr. Haverkamp's work closely and can definitively state that he is one of the most remarkable colleagues I have had the good fortune to know across my twenty-eight years in higher education.

Dr. Haverkamp's students frequently characterize him as one of the best educators encountered at Johnson State College. He is informative, enthusiastic, challenging, and motivating. Additionally, he is highly knowledgeable and up-to-date in his field, providing real-world applications of the material covered in class. Dr. Haverkamp consistently holds high expectations which I applaud. He has an exceptionally strong commitment to students. He is always the person to raise questions about ways to facilitate movement toward program excellence. He epitomizes the qualities that I seek in faculty and that I expect from my administrative team.

Dr. Haverkamp's Chair of Environmental & Health Sciences writes the following regarding his teaching:

*Dr. Haverkamp's commitment to high impact learning experiences for our students is clearly evident in the involvement of undergraduates in his research. Every summer, since his arrival in 2007, Hans has mentored 2-5 undergraduates as they carry out research on exercise in asthmatic patients. Students have co-authored two original manuscripts and several posters at national meetings. Students have also regularly presented at local, regional, and national meetings. Clearly students are involved in all aspects of the research experience.*

As a scholar, Dr. Haverkamp is also exemplary. He has established a clear research agenda in health sciences with a focus on asthma. His most recent co-authored publications have been published in the book, *Doping, Performance-Enhancing Drugs and Hormones in Sport* (2017) as well as *The Journal of Clinical Exercise Physiology* (2016); *The Journal of Applied Physiology* (2016) – generally considered the premier journal devoted to the physiology of exercise in health; *Respiratory Physiology and Neurobiology* (2016) with a separate article published in the same journal in 2015. He has also presented his research at four annual meetings of the American College of Sports Medicine.

Dr. Haverkamp has consistently been engaged both within Johnson State College and the broader professional community. Within the New England branch of the American College of Sports Medicine, Hans served for four years as the Vermont state representative and as its chair of Marketing and Sponsorship for two years. Within Johnson State College, Hans currently serves as Chair of the Faculty Assembly, member of the President's Council, and member of the Unification Transition Team.

There is no doubt in my mind regarding Dr. Haverkamp's ability to excel as a VSC Faculty Fellow. Dr. Haverkamp has clearly demonstrated the initiative, stamina and intellect to achieve success in this role. As such I give him my highest recommendation, one I reserve for a limited but talented few. If you should require additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Elaine C. Collins".

Elaine C. Collins, President  
Johnson State College



VERMONT STATE COLLEGES  
BOARD OF TRUSTEES  
RESOLUTION

Vermont State Colleges Faculty Fellowship  
Hans Haverkamp

- WHEREAS, Article 42 of the current Agreement with the Vermont State Colleges Faculty Federation calls for the Board of Trustees to recognize up to two tenured faculty for “outstanding accomplishments in teaching and learning” by establishing Vermont State Colleges Faculty Fellowships; and
- WHEREAS, The VSC Faculty Fellows committee, comprised of EPSL Committee Chair Aly Richards, VSC Chief Academic Officer Yasmine Ziesler, and VSCFF President Lisa Cline, reviewed the nominations received for VSC Faculty Fellowships; and
- WHEREAS, The committee recommends that Dr. Hans Haverkamp, Associate Professor of Environmental and Health Sciences at Johnson State College, be awarded a VSC faculty fellowship; therefore be it
- RESOLVED, That Dr. Hans Haverkamp, Professor of Environmental and Health Sciences at Johnson State College, be awarded a VSC Faculty Fellowship for the academic year 2018-2019 with all the associated rights and privileges.



# Castleton University

February 24, 2018

Jeb Spaulding, Chancellor  
Vermont State Colleges  
P.O. Box 7  
Montpelier, VT 05601

Dear Chancellor Spaulding,

It is my great pleasure to nominate Dr. Sherrill Blodget, Associate Professor of Music, for the Vermont State Colleges Faculty Fellow award for 2018-2019. Professor Blodget is a dedicated teacher, an engaged artist, a supportive mentor, and an important—and beloved—contributor to the cultural life of Castleton University and the State of Vermont.

Since her arrival at Castleton University in 2008, Dr. Blodget has consistently achieved excellence in every facet of her career: she has developed and taught a wide variety of courses; led numerous ensembles to achieve a high level of virtuosity; served with distinction as chair of the Music Department; and performed exemplary service for our university, our community, and the arts. Small wonder, therefore, that when we announced that we were accepting nominations for the VSC Faculty Fellow, Dr. Blodget's colleagues immediately nominated her, as she is a perfect fit for this award.

First of all, Professor Blodget has a strong record of teaching and mentoring a diverse array of students. She has taught a vast range of music courses, including Global Music, Applied Voice, Applied Conducting, Musical Pit Vocal, Performance Lab, Chorus, Senior Recital, Chamber Singers, and various graduate-level courses. And Sherrill is a stellar teacher—partly because she has a natural affinity for teaching, and partly because she conscientiously strategizes about how to improve her pedagogy, revise the content of her courses, and enhance her students' professional growth. It is not surprising, therefore, that Professor Blodget's course evaluations are extremely high, as her adoring students appreciate her high level of commitment to their education. It is impressive that she garners these favorable scores while challenging her students to meet her high expectations. Her students report that she inspires them to perform many hours of homework outside of class every week, and this holds true even in her introductory General Education courses. Students comment on the course evaluations that Professor Blodget loves teaching and is excited about doing it. They report that they value her expertise, energy, and commitment to excellence.

Dr. Blodgett routinely takes her students to state and national conferences and she has trained them to audition successfully for conducting competitions at national conferences. To quote one of hundreds of student testimonials: "Dr. Sherrill Blodget has changed my life and inspired me to pursue a fulfilling career in music. College was a difficult time for me, and I know that without her support I would not be where I am today."



# Castleton University

In addition, Sherrill Blodget is a top-notch, internationally recognized choral conductor (who just returned from a residency at the University of the Republic in Uruguay, where she represented the United States as part of the prestigious International Conductors Exchange Program). She is a member of numerous professional organizations and served as president of the Vermont chapter of the American Choral Directors Association. She also serves on the Executive Board of the National Collegiate Choral Organization.

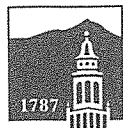
It is a truism that under Professor Blodget's direction, the performances of the Castleton University chorale and chamber singers elicit the highest possible praise from colleagues and community members. Thanks to her preternatural talent, the ensembles led by Sherrill attain an extraordinarily high level of professionalism. Professor Blodget also tours all over New England with our ensembles, and has taken our students on musical tours of Cuba, Italy, and the Bahamas.

In addition to her exemplary accomplishments with our students, Professor Blodget regularly serves as a guest clinician and conductor at high schools, churches, and music festivals. She is detail-oriented and passionate when working with such groups, and she instills in musicians the formidable idea that music has the power to unite people of all backgrounds and abilities. Of particular note was the key role she played in the Vermont Collegiate Choral Consortium (consisting of ensembles from Castleton University, Middlebury College, the University of Vermont, Johnson State College, and St. Michaels College) in which 160 singers, professional soloists, and a chamber orchestra held performances throughout the state that reached a stunning level of virtuosity.

As chair of the Castleton University Music Department, Dr. Blodgett has successfully revised and modernized our music curriculum; she has raised pedagogical standards; and she has been adept at dealing with sensitive personnel issues. She has also served on department review committees and search committees. She is universally viewed as a collaborative colleague.

She also performs a great deal of service outside her department, including stints as chair of numerous search committees, the Graduate Education Steering Committee, the Graduate Council, and the university's Cultural Affairs Committee. Most recently, Sherrill is serving in a voluntary capacity on a Presidential Task Force to consolidate academic programs across the curriculum and thereby create efficiencies and strengthen our offerings. As one of her colleagues states: "Highly organized yet flexible, demanding but patient, creative and funny, Sherrill is an extraordinary teacher and musical director and an outstanding member of the Castleton faculty."

Castleton's Reappointment, Promotion, and Tenure Committee "enthusiastically" recommended that Dr. Blodget receive tenure in 2014. The committee declared: "The Castleton community truly is a better place for the commitment and inspirational work of Professor Sherrill Blodget." The committee went on to "commend Professor Blodget for going above and beyond expectations for service to the university and community."

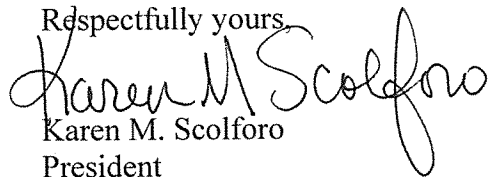


# Castleton University

Similarly, the Academic Dean (Dr. Anthony Peffer) in his recommendation in favor of tenure in 2014, stated that after “reviewing Professor Blodget’s extensive and exemplary teaching, scholarship, and service activities,” he was compelled to state that “by all accounts, she is successfully elevating the quality of student experience and achievement, garnering increasing recognition for her department and the college, and serving as a leader and role model for colleagues on and beyond campus. It is thus with the greatest enthusiasm and deep thanks for the consistently high quality of her work that I recommend Sherrill Blodget for tenure and promotion to the rank of associate professor.”

In summary, Sherrill Blodget is a very bright and highly talented teacher. She has a terrific work ethic, a dynamic personality, and is absolutely dedicated to her students, her department, her institution, and the arts in Vermont. I am therefore delighted to recommend Dr. Blodget’s appointment as a VSC Faculty Fellow. We are very proud that she is a member of our faculty, and I trust you will agree that she embodies the best of our values and continually furthers our mission to provide high quality, student-centered education to the residents of our state and region.

Respectfully yours,

  
Karen M. Scolforo  
President

VERMONT STATE COLLEGES  
BOARD OF TRUSTEES  
RESOLUTION

Vermont State Colleges Faculty Fellowship  
Sherrill Blodget

- WHEREAS, Article 42 of the current Agreement with the Vermont State Colleges Faculty Federation calls for the Board of Trustees to recognize up to two tenured faculty for “outstanding accomplishments in teaching and learning” by establishing Vermont State Colleges Faculty Fellowships; and
- WHEREAS, The VSC Faculty Fellows committee, comprised of EPSL Committee Chair Aly Richards, VSC Chief Academic Officer Yasmine Ziesler, and VSCFF President Lisa Cline, reviewed the nominations received for VSC Faculty Fellowships; and
- WHEREAS, The committee recommends that Dr. Sherrill Blodget, Associate Professor of Music at Castleton University, be awarded a VSC faculty fellowship; therefore be it
- RESOLVED, That Dr. Sherrill Blodget, Associate Professor of Music at Castleton University, be awarded a VSC Faculty Fellowship for the academic year 2018-2019 with all the associated rights and privileges.

## Item 6:

Honorary Doctorate recommendations and resolutions

## Memorandum

February 20, 2018

To: Education/Personnel/Student Life (EPSL) Committee of the Board of Trustees  
From: Dr. Karen M. Scolforo, President, Castleton University  
Re: 2018 Honorary Doctorate Nominees  
cc: Church Hindes, Jeb Spaulding, Yasmine Ziesler

I have selected the 2018 Castleton Commencement Speakers, both of which I hope to award honorary doctorates (L.H.D. – Doctor of Humane Letters). As per the VSC Policy 107 requirement for Honorary Degrees, both candidates are Vermont residents who have made significant contributions to the state of Vermont, the nation, and the world; both are critically-acclaimed Vermont writers; both have statewide, national, and worldwide reputations; both have made significant contributions to the liberal arts, of which Castleton University boasts a rich history. Pending approval by the Board of Trustees, these honorary doctorates will be conferred at Castleton University's 2018 Commencement ceremony, at which both recipients will serve as co-keynote speakers.

Chris Bohjalian is the #1 New York Times bestselling author of 20 books. His work has been translated into over 30 languages. His books have won a variety of awards, including Best Books of the Year by *The Washington Post*, the *St. Louis Post-Dispatch*, the *Hartford Courant*, the *Milwaukee Journal-Sentinel*, *Publishers Weekly*, *Library Journal*, *Kirkus Reviews*, *Bookpage*, and *Salon*.

Chris Bohjalian has received the following awards: the Walter Cerf Medal for Outstanding Achievement in the Arts; the ANCA Freedom Award for his work educating Americans about the Armenian Genocide (of which Chris is a direct decendent); the ANCA Arts and Letters Award for *The Sandcastle Girls*, as well as the Saint Mesrob Mashdots Medal; the New England Society Book Award for *The Night Strangers*; the New England Book Award; Russia's Soglasie (Concord) Award for *The Sandcastle Girls*, a Boston Public Library Literary Light; a finalist for the Lambda Literary Award for Trans-Sister Radio; a Best Lifestyle Column for "Idyll Banter" from the Vermont Press Association; and the Anahid Literary Award. His novel, *Midwives*, was a number one New York Times bestseller, a selection of Oprah's Book Club, and a New England Bestsellers Association Discover pick. He is a Fellow of the Vermont Academy of Arts and Sciences. Chris Bohjalian has also written for a wide variety of magazines and newspapers, including *The New York Times*, *The Washington Post*, *Cosmopolitan*, *Reader's Digest*, and *The Boston Globe Sunday Magazine*. He was a weekly columnist in Vermont for *The Burlington Free Press* from 1992 through 2015 (with permission from Chris Bohjalian's website). Chris graduated *Phi Beta Kappa* and *Summa Cum Laude* from Amherst College. He has been awarded Honorary Degrees as well from Amherst and Champlain Colleges. He lives in Vermont with his wife, the photographer Victoria Blewer. Their daughter, Grace Experience, is a young actor in New York City.

Stephen P. Kiernan, as a journalist and a novelist, has published nearly four million words. His newspaper work has garnered more than forty awards, including the George Polk Award and the Scripps Howard Award for Distinguished Service to the First Amendment. He is the author of the novels *The*

*Hummingbird, The Curiosity, and The Baker's Secret*, and two nonfiction books, *Last Rights* and *Authentic Patriotism*.

Stephen is a graduate of Middlebury College. He received his Master of Arts degree from Johns Hopkins University and a Master of Fine Arts degree from the University of Iowa Writers' Workshop. He has chaired the Young Writers Project, served on the Vermont Legislative Committee on Pain and Palliative Care, and served on the advisory board of the New Hampshire Palliative Care Initiative (with permission from Stephen Kiernan's website).

Stephen travels the country speaking and consulting on how to expand use of hospice, palliative care and advance directives.

Stephen has performed on the guitar since he was ten years old. He has recorded three CDs of solo instrumentals, and composed music for dance, the stage, and documentary films. He lives in Vermont with his two sons.

As demonstrated through the biographical data on both of these amazing honorary doctorate candidates, both have contributed greatly to our state, our nation, and our world. Both have opened dialogue about difficult, albeit important, topics. Both have engaged our students to do and be more. Both will serve as role models and inspirations to everyone in attendance at the 2018 Castleton University Commencement ceremony.

I respectfully request approval to award Doctor of Human Letters degrees to Chris Bohjalian and Stephen P. Kiernan. Thank you for your consideration.



VERMONT STATE COLLEGES  
BOARD OF TRUSTEES  
RESOLUTION

Castleton University Conferral of Honorary Degree

- WHEREAS, Chris Bohjalian is an award-winning and #1 New York Times bestselling author of 20 books, a Fellow of the Vermont Academy of Arts and Sciences, and former columnist for the *Burlington Free Press*;
- WHEREAS, Chris Bohjalian's work has been translated into over 30 languages, making a significant contributions to the liberal arts of which Castleton University boasts a rich history; and
- WHEREAS, Chris Bohjalian has contributed greatly to our state and will serve as inspiration to everyone in attendance at the 2018 Castleton University Commencement Ceremony; and
- WHEREAS, President Scolforo has requested that Chris Bohjalian be awarded an honorary degree in accordance with the criteria set forth in Policy 107; therefore, be it
- RESOLVED, That the VSC Board of Trustees authorizes Castleton University to award Chris Bohjalian an honorary Doctor of Humane Letters degree at its May 2018 commencement ceremony.

VERMONT STATE COLLEGES  
BOARD OF TRUSTEES  
RESOLUTION

Castleton University Conferral of Honorary Degree

- WHEREAS, Stephen Kiernan is a critically-acclaimed Vermont writer and graduate of Middlebury College who has published nearly four million words, garnering more than forty awards for his newspaper work; and
- WHEREAS, Stephen Kiernan has made significant contributions to the liberal arts, of which Castleton University boasts a rich history; and
- WHEREAS, Stephen Kiernan has contributed greatly to our state and has engaged Castleton students to do and be more; and
- WHEREAS, President Scolforo has requested that Stephen Kiernan be awarded an honorary degree in accordance with the criteria set forth in Policy 107; therefore, be it
- RESOLVED, That the VSC Board of Trustees authorizes Castleton University to award Stephen Kiernan an honorary Doctor of Humane Letters degree at its May 2018 commencement ceremony.



March 8, 2018

Jeb Spaulding, Chancellor  
Vermont State Colleges System  
PO Box 7  
Montpelier, VT 05601

Dear Chancellor Spaulding,

On behalf of the Lyndon State College community, it is my sincere pleasure to nominate Mr. Jim Cantore as recipient of the Doctor of Science Honorary degree (Sc.D.). Mr. Cantore demonstrates the highest level of excellence as a meteorologist. He is exceptionally worthy of this recognition and meets all the criteria set forth by the VSCS in Policy 107.

**The nominee has some attachment/connection with the Vermont State Colleges and the State of Vermont**

Mr. Cantore graduated from Lyndon State College in 1986 with a B.S. in Meteorology.

**The nominee has a statewide, national, and a worldwide reputation**

Following his graduation from Lyndon State College, The Weather Channel gave Jim his first job in July of that year and he has worked there ever since. Mr. Cantore has become one of the most well-known meteorologists on television. Though he is best known for his live field coverage of major weather events (e.g., Hurricanes Ike, Gustav, Katrina, Isabel, Rita, Andrew, Floyd, Mitch, Bonnie, Irene, Sandy, and Matthew), his contributions go well beyond severe weather field reporting. He has reported from events such as the Space Shuttle Discovery launch, the Winter X Games, PGA tournaments, and NFL games. Mr. Cantore is a member of both the National Weather Association and the American Meteorological Society. He holds the AMS Television Seal of Approval. He also received the NOAA-David S. Johnson Award in 2002 for his innovative use of environmental satellite technology. Lyndon State College recognized Mr. Cantore with a Distinguished Alumni Award in 1999 acknowledging his significant, positive impact on his profession. Additionally, he was inducted as an inaugural member of the VSCS Hall of Fame in 2016. After NBC Universal's acquisition of The Weather Channel in 2008, Cantore has occasionally filled in for Al Roker on The Today Show. He was also in London hosting weather segments for NBC during the 2012 Olympics.

**The nominee has made significant contributions to a discipline or field of study offered within the Vermont State Colleges**

As indicated in the previous paragraph, Mr. Cantore has made significant and original contributions to meteorology as well as broadcast journalism. He has served as a role model for many students who have emulated his work as they followed in his well-respected footsteps.

I strongly recommend Mr. Jim Cantore for your full consideration as recipient of a Doctor of Science Honorary degree to be presented at Lyndon State College's 106<sup>th</sup> Commencement in May.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Elaine C. Collins".

Elaine C. Collins, Ph.D.  
President

VERMONT STATE COLLEGES  
BOARD OF TRUSTEES  
RESOLUTION

Lyndon State College Conferral of Honorary Degree

WHEREAS, Jim Cantore is a 1986 graduate of Lyndon State College in meteorology, received a Distinguished Alumni Award in 1999, and was inducted as an inaugural member into the Vermont State Colleges Hall of Fame in 2016; and

WHEREAS, The Weather Channel gave Jim Cantore his first job in July following his Lyndon State College graduation, and since then he has become one of the most well-known meteorologists on television, providing live field coverage of major weather events; and

WHEREAS, Jim Cantore has served as a role model for many Lyndon students who have emulated his work as they followed in his well-respected footsteps; and

WHEREAS, President Collins has requested that Jim Cantore be awarded an honorary degree in accordance with the criteria set forth in Policy 107; therefore, be it

RESOLVED, That the VSC Board of Trustees authorizes Lyndon State College to award Jim Cantore an honorary Doctor of Science degree at its 106<sup>th</sup> Commencement ceremony in May of 2018.



March 8, 2018

Jeb Spaulding, Chancellor  
Vermont State Colleges System  
PO Box 7  
Montpelier, VT 05601

Dear Chancellor Spaulding,

On behalf of the Johnson State College community, it is my sincere pleasure to nominate Mr. Walter Mosely as recipient of the Doctor of Humane Letters Honorary degree (L.H.D). Mr. Mosely demonstrates the highest level of excellence as a creative writer and activist. He is exceptionally worthy of this recognition and meets all the criteria set forth by the VSCS in Policy 107.

**The nominee has some attachment/connection with the Vermont State Colleges and the State of Vermont**

Mr. Mosely graduated from Johnson State College in 1975 with a B.S. in Political Science. He lived in Vermont for approximately 10 years before moving to New York in 1981.

**The nominee has a statewide, national, and a worldwide reputation**

Mr. Mosely is the author of more than 43 critically acclaimed books. He is best known for his best-selling mystery series. His work has been translated into 23 languages and includes literary fiction, science fiction, political monographs, non-fiction, and a novel for young adults. He is the winner of numerous awards including an O Henry Award, Grammy, PEN America's Lifetime Achievement Award, 2016 Grand Master recognition by the Mystery Writers of America, and 2017 Distinguished Career Award from Johnson State College recognizing his vast contributions to the dialogue on race and society. His compassion, understanding, tolerance, and advocacy for the creation of a just world where every individual is honored have led to his reputation of one of the most acclaimed and prolific crime writers of our time.

**The nominee has made significant contributions to a discipline or field of study offered within the Vermont State Colleges**

As indicated in the previous paragraph, Mr. Mosely has made significant and original contributions to creative writing and utilized his degree of political science to broaden understanding of race and society.

I strongly recommend Mr. Walter Mosely for your full consideration as recipient of a Doctor of Humane Letters Honorary degree to be presented at Johnson State College's 151<sup>st</sup> Commencement in May.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Elaine C. Collins".

Elaine C. Collins, Ph.D.  
President

Attachment

VERMONT STATE COLLEGES  
BOARD OF TRUSTEES  
RESOLUTION

Johnson State College Conferral of Honorary Degree

WHEREAS, Walter Mosely is a 1975 graduate of Johnson State College in political science, who has utilized his degree in political science through creative writing to broaden understanding of race and society; and

WHEREAS, Walter Mosely is the author of more than 43 critically-acclaimed books including literary fiction, science fiction, political monographs, non-fiction, and a novel for young adults; and

WHEREAS, Walter Mosely is the winner of numerous awards, an author whose compassion, understanding, tolerance, and advocacy for the creation of a just world have led to his reputation of one of the most acclaimed and prolific crime writers of our time; and

WHEREAS, President Collins has requested that Walter Mosely be awarded an honorary degree in accordance with the criteria set forth in Policy 107; therefore, be it

RESOLVED, That the VSC Board of Trustees authorizes Johnson State College to award Walter Mosely an honorary Doctor of Humane Letters degree at its 151<sup>st</sup> commencement ceremony in May of 2018.



Item 7:

Faculty Emeritus award



March 8, 2018

Jeb Spaulding, Chancellor  
Vermont State Colleges System  
PO Box 7  
Montpelier, VT 05601

Dear Chancellor Spaulding,

I am writing to request that Emeritus Status be awarded to Dr. William Doyle. Dr. Doyle joined Johnson State College in 1959. Dr. Doyle served as Professor of Political Science for over 40 years. His students have continued to pursue political, legal, and teaching careers. Over 80 of his students became involved in the Vermont State Legislature. In addition to his longstanding service to the Vermont State Colleges, Dr. Doyle has met all the criteria set forth by the VSCS in Policy 204 as outlined below:

**Clear evidence of outstanding teaching**

In a letter written to commemorate Dr. Doyle's retirement, one student wrote "to highlight some of [your] courses that have meant so much to Johnson State. These were only unique because of your expertise and involvement in the field of government. These courses included Campaign and Elections, Observation of the Legislature, and Canadian Politics – all rich with learning opportunities because of your networking, connections, and good relationships with many people (from the statehouse to leaders within the Canadian Parliament)."

By exposing students to politics and bringing them in direct contact with politicians, policymakers, and activists, Dr. Doyle was able to make his teaching real in a way that went way beyond the classroom. Numerous students have reflected about his helping to build confidence by giving them opportunities to write, to speak publicly, and to learn critical inquiry. These were gifts that they continued to use throughout their working career.

**Recognized record of professional achievement, growth, and development**

Dr. Doyle is also credited with longstanding service to the Vermont Legislature: Former Vermont Governor Jim Douglas noted that "Bill's Town Meeting Day survey has offered invaluable guidance to policymakers for decades. His balanced, moderate approach to public issues in his many years in the State Senate helped fashion legislation that has kept Vermont such a great place to live and work." Lamoille District Senator Richard Westman credited Dr. Doyle as a leader in the protection of democracy in Vermont. Across his years at Johnson State College, he has consistently brought into his classes, as guest lecturers, top government leaders and policymakers, allowing students to make important connections. His acclaimed video documentary series disseminated important local knowledge about each of our counties in

Vermont. Additionally, his book entitled *The Vermont Political Tradition* is widely considered the most accessible text for teaching Vermont politics.

**Clear evidence of college service beyond the normal or ordinary expectation**

There has been no greater cheerleader for Johnson State College than Dr. Doyle. His love of and pride in the college is legendary. One student wrote that “Dr. Doyle’s multiple lessons and gifts of compassion to his classmates and the students before and after him were felt by many people.” Many students refer to Dr. Doyle as a mentor. Many speak of the long-lasting positive influence he has had as a role model.

**Prospects for continuing service to the Vermont State Colleges**

Dr. Doyle hopes to continue to teach his two-week course in the Statehouse, where students observe the Legislature in action and sit in on committee meetings.

**Retired status**

Dr. Doyle will retire at the end of the 2017-2018 academic year.

Clearly, Dr. Doyle has left an indelible mark on Johnson State College and more broadly in Vermont. The Johnson State College community acknowledges his remarkable legacy and will always be grateful for his numerous contributions.

Thank you for your consideration.

Sincerely,



Elaine C. Collins, Ph.D.  
President

VERMONT STATE COLLEGES  
BOARD OF TRUSTEES  
RESOLUTION

Emeritus Status for Dr. William Doyle

- WHEREAS, Dr. William Doyle has taught at Johnson State College since 1959, serving as Professor of Political Science for over 40 years; and
- WHEREAS, Dr. William Doyle has made a positive impact on generations of students, giving them opportunities to write, to speak publicly, and to learn critical inquiry; and
- WHEREAS, Dr. William Doyle has brought students in direct contact with politicians, policymakers, and activists, with over 80 of his students becoming involved in the Vermont State Legislature; and
- WHEREAS, Dr. William Doyle is also credited with longstanding service to the Vermont Legislature, including providing invaluable guidance to policymakers for decades via his Town Meeting Day survey; and
- WHEREAS, Former Governor Jim Douglas notes that Dr. William Doyle's "balanced, moderate approach to public issues in his many years in the State Senate helped fashion legislation that has kept Vermont such a great place to live and work;" and
- WHEREAS, Lamoille District Senator Richard Westman credited Dr. William Doyle as a leader in the protection of democracy in Vermont; and
- WHEREAS, Dr. William Doyle has clearly left an indelible mark on Johnson State College and more broadly in Vermont; and
- WHEREAS, Dr. William Doyle meets the criteria established by the Board of Trustees for Emeritus Status; therefore be it
- RESOLVED, That the VSC Board of Trustees grants the title of Professor of Humanities Emeritus to Dr. William Doyle upon his retirement at the end of the 2017-2018 academic year.

Item 8:

Memo: Options to Address Students Leaving with  
Debt and No Degree

## MEMORANDUM

TO: Chancellor Jeb Spaulding  
Aly Richards, Chair  
Jim Masland, Vice Chair  
Shavonna Bent  
Janette Bombardier  
Lynn Dickinson  
Karen Luneau

FROM: Yasmine Ziesler

DATE: March 16, 2018

RE: VSC System Start to Finish Initiative and Options to Address Students Leaving with Debt and No Degree

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This memo provides information and recommendations related to the final discussion item on the agenda for the committee's March 24, 2018 meeting. The goal for this discussion is to develop a recommendation to the board in response to a request from the Long Range Planning Committee. Please do not hesitate to contact me if you have any questions while reviewing this memo in advance of the committee meeting.

## BACKGROUND

At its February 12, 2018 meeting, the Long Range Planning Committee (LRPC) discussed concerns about students who attend for several semesters, have significant debt, and leave with no credential. In contemplating ways to address these concerns, these four distinct goals were articulated:

1. ensure students with education debt leave with "something of value" to improve their future work and learning opportunities;
2. ensure recognition for the learning that students have achieved during their time enrolled;
3. improve institutional completion statistics by ensuring students are awarded any credential which they have earned; and
4. avoid negative impacts on college aspirations among a student's family and friends that may arise from that student's current experiences leaving the VSC with debt and "nothing to show for it."

As one potential strategy to address these goals, the committee asked the Education, Personnel & Student Life (EPSL) Committee to develop the concept of awarding general two-year degrees and report back to the board.

The goals articulated by the LRPC, an intervention such as the systematic awarding of a two year general “exit” degree, and the strategies necessary to implement such an intervention are all in alignment with the VSC System’s Start to Finish Initiative. Start to Finish was developed collaboratively with the guidance of the academic deans and designed to direct broad-based, multi-year efforts needed to achieve significant improvements in students’ success, retention, on-time degree completion, and progression within the system to further learning. The following model illustrates some of the potential and prerequisite work necessary to implement more specific interventions aligned with the desired student success outcomes.

**VSCS Start to Finish**

<p><b>FOUNDATIONS →</b></p> <p><i>Work we <b>need to do first</b> in building needed resources.</i></p>	<p><b>INTERVENTIONS →</b></p> <p><i>Actions that <b>depend on</b> these foundations.</i></p>	<p><b>OUTCOMES</b></p> <p><i>Improvements we expect <b>based on</b> our interventions.</i></p>
<ul style="list-style-type: none"> <li>• Implement “Think 30 credits” messaging.</li> <li>• Create transparent, semester-by-semester degree maps for all programs, with part-time maps also for CCV.</li> <li>• Identify critical progress indicators for students on these maps (GPA, completion of key gateway courses, specific minimum grades earned for degree).</li> <li>• Align programs to a shared VSC framework for general education requirements at the associate degree level.</li> <li>• Provide professional development for all advisors across the VSC.</li> </ul>	<ul style="list-style-type: none"> <li>• Intensive first-year student advising and early interventions to “think 30” and stay “on map.”</li> <li>• Faculty advisor redirection of “off-map” sophomore students to other programs within the college as well as elsewhere in VSC.</li> <li>• “You’ve earned it” invitation to sophomores to opt into receiving an associate degree (and/or first-year students into receiving a certificate).</li> </ul>	<ul style="list-style-type: none"> <li>• Increased % of full-time students earning 30 credits per year.</li> <li>• Increased % of part-time students maintaining desired enrollment intensity (e.g. 6 or 9 credits).</li> <li>• Increased retention to second and third year</li> <li>• Increased certificate and/or associate degree awards to students at risk of not persisting to bachelor's degree completion.</li> </ul>

If the highest-priority outcome the board is seeking is the awarding of some type of degree or credential to students who currently exit a bachelor’s program prior to completion, the ways in which our colleges might design their interventions vary depending on which of the four goals outlined above is the primary concern for the board. I am therefore providing the following summary outline of potential interventions for EPSL’s deliberation. Supporting information and data are provided in attached appendices as noted.

## **POTENTIAL STRATEGIES FOR CONSIDERATION**

1. Annually evaluate all enrolled students who achieved 61-75 credits and award a general associate degree to all who qualify, either “automatically” (without student consent) or with an “opt-in” consent process.

Implementing this strategy would entail an evaluation of all students at this credit threshold (see Appendix A: Student Credit Progress in the VSCS) for potential completion of an exit degree (see Appendix B: General Certificates and Degrees Offered in the VSCS), a process identical to that currently conducted by registrars as part of regular graduation preparations. It is probable that not all students evaluated would meet all requirements for the exit degree; those who did could either be awarded the degree “automatically” or be contacted and invited to consent to the degree award. Those students who did not meet all requirements could be contacted for further advising about the potential to complete such a degree.

This strategy would universally screen students who persist long enough to accumulate at least 60 credits, but would fail to catch the approximately 40-50% of all first-time full-time students who do not persist long enough to earn 60 credits. If the approach were to automatically award degrees without student consent, the vast majority of students receiving the degree would be those most likely to persist through to completion of the bachelor’s degree without intervention. Awarding degrees without student consent would likely produce the most immediate gain in federally-reported degree completion rates. Those students most at risk of not persisting would probably also be least likely to follow through on an opt-in consent process and thus there would be less potential gain in completion rates. It is also probable that those students at greatest risk of not persisting would also not have met all the requirements for the degree at the time of the screening, but the process would identify these students for additional advising intervention. At present, all colleges in the VSC require students’ consent to be awarded a degree via a graduation application process and thus automatically awarding the associate degree would represent a cultural and policy shift.

Potential risks associated with this strategy include the possibility that automatically receiving the degree will be a disincentive to some students to persist to bachelor’s degree completion; that the degree will be perceived by students as without value; and that the awarding of perceived “value-less” degrees will impact the reputation of other more specific associate degrees or the reputation of the college overall.

2. Annually identify at-risk students who achieve 31-45 credits and provide intensive advising with potential redirection to a different degree program or credential.

This strategy would apply to a larger overall population of students than the first strategy, but focus immediately on an advising intervention with only an at-risk



subset of those students (for example, all students with a cumulative GPA below a 2.5). The strategy would depend on robust faculty advisor participation and would be improved by advising software that provides faculty with a dashboard of their advisees, including most reliable contact information such as a cellphone number.

Based on the debt levels of students who leave the VSC without completing a degree (see Appendix C: Median Debt by Completion Status), it is likely that the vast majority of students who leave with debt and no degree are doing so prior to achieving 60 credits (median debt levels suggest approximately two years of typical loan award amounts), thus this earlier sophomore year intervention would potentially have a greater impact than the first strategy on the issue of debt and no degree.

The strategy would also be improved by each college having clear year-by-year degree maps for all degree programs aligned to a common general education core, so that a student who may benefit from redirection to an associate degree program will have already made substantial progress towards the graduation requirements at that level. This strategy could also be combined with the third strategy for those students at most risk of not persisting to complete an associate degree.

3. Develop and offer to students a 30-credit “VSC College and Career Core” Certificate, similar to CCV’s existing 24-credit Workplace Skills certificate, that would be aligned with a VSC-wide common 21-credit core of associate degree-level general education requirements.

Such a certificate would best be developed in consultation with Vermont employers to ensure its value as an employment credential. Assuming the credential was determined to have value, students completing such a certificate would exit with a credential that would enhance their employability and represent a concrete achieved milestone on the path to any VSC associate or bachelor’s degree, thus providing assurance about the value of their credits already achieved should they return to further their education anywhere within the VSC in the future.

Such a certificate could represent a desirable first credential to be achieved by all students, including CCV students and Early College students anywhere in the VSCS (243 were enrolled in Fall 2017), rather than one provided primarily as an exit option only.

## **RECOMMENDATIONS**

Of the three strategies, the second one represents essential foundation-setting actions of the Start to Finish initiative, and therefore my recommendation is that it be maintained as a first priority.

The first strategy, if the board determines this to be the top priority, would represent significant new work for registrar staff for a modest gain to a small

number of students. Given the several reputational risk considerations associated with this strategy, if the board continues to be interested in such an approach, I would recommend EPSL explore these risks in greater depth.

While the third strategy would also represent an expansion of effort beyond that currently outlined in the Start to Finish plan, the effort would be mutually beneficial to the second strategy. The third strategy would also benefit CCV students at risk of leaving with debt and no degree and could be implemented in conjunction with outreach to a CCV-specific definition of at-risk students (i.e. a CCV-specific variation of the second strategy). I therefore support the inclusion of this strategy in the Start to Finish initiative.

Appendix A: Student Credit Progress in the VSCS

<i>success/catch-up interventions: requires a clear year-by-year degree map and advising to leverage system resources</i>	<i>"auto" associate degree award?</i>	<i>"strong persisters" study?</i>	<i>"on track" annual progress</i>
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**CASTLETON**

	<24 credits	24-30 credits	31-45 credits	46-60 credits	61-75 credits	76-90 credits	>90 credits	Total
<b>2014</b>	0%	0%	0%	3%	6%	23%	68%	100%
# of cohort students, enrolled in 10/15/17	1	0	1	7	14	53	158	234
Total original cohort								371
<b>2015</b>	1%	1%	7%	31%	54%	4%	2%	100%
# of cohort students, enrolled in 10/15/17	2	3	21	92	163	12	7	300
Total original cohort								443
<b>2016</b>	7%	29%	58%	3%	3%	0%	0%	100%
# of cohort students, enrolled in 10/15/17	27	110	222	11	10	0	1	381
Total original cohort								475

Cohort retention rate (within VSCS)	
Retained to 4th year	# Not retained
63%	137
Retained to 3rd year	
68%	143
Retained to 2nd year	
80%	94

**JOHNSON**

	<24 credits	24-30 credits	31-45 credits	46-60 credits	61-75 credits	76-90 credits	>90 credits	Total
<b>2014</b>	1%	0%	3%	3%	11%	36%	47%	100%
# of cohort students, enrolled in 10/15/17	1	0	4	3	13	43	56	120
Cohort size								219
<b>2015</b>	3%	4%	8%	40%	34%	5%	5%	100%
# of cohort students, enrolled in 10/15/17	3	5	9	46	39	6	6	114
Cohort size								204
<b>2016</b>	13%	38%	42%	4%	3%	1%	0%	100%
# of cohort students, enrolled in 10/15/17	20	60	67	6	5	1	0	159
Total original cohort								208

Cohort retention rate (within VSCS)	
Retained to 4th year	# Not retained
55%	99
Retained to 3rd year	
56%	90
Retained to 2nd year	
76%	49

Appendix A: Student Credit Progress in the VSCS

<b>LYNDON</b>		<24 credits	24-30 credits	31-45 credits	46-60 credits	61-75 credits	76-90 credits	>90 credits	Total	<b>Cohort retention rate (within VSCS)</b>	
<b>2014</b>		0%	1%	1%	8%	8%	23%	60%	100%	Retained to 4th year	# Not retained
# of cohort students, enrolled in 10/15/17		0	1	1	12	12	35	92	153	56%	118
Cohort size									271		
<b>2015</b>		2%	3%	9%	41%	32%	10%	3%	100%	Retained to 3rd year	
# of cohort students, enrolled in 10/15/17		3	4	14	64	51	16	5	157	59%	110
Cohort size									267		
<b>2016</b>		21%	40%	32%	6%	2%	0%	0%	100%	Retained to 2nd year	
# of cohort students, enrolled in 10/15/17		40	78	61	11	3	0	0	193	74%	68
Total original cohort									261		
<b>VERMONT TECH</b>		<24 credits	24-30 credits	31-45 credits	46-60 credits	61-75 credits	76-90 credits	>90 credits	Total	<b>Cohort retention rate (within VSCS)</b>	
<b>2014</b>		2%	0%	2%	2%	8%	21%	66%	100%	Retained to 4th year	# Not retained
# of cohort students, enrolled in 10/15/17		1	0	1	1	5	13	41	62	75%	21
Cohort size									83		
<b>2015</b>		1%	2%	17%	27%	40%	8%	5%	100%	Retained to 3rd year	
# of cohort students, enrolled in 10/15/17		1	2	17	28	41	8	5	102	48%	110
Cohort size									212		
<b>2016</b>		8%	17%	62%	7%	7%	0%	0%	100%	Retained to 2nd year	
# of cohort students, enrolled in 10/15/17		13	28	101	11	11	0	0	164	77%	49
Total original cohort									213		

Note: cohort is first-time, full-time, fall-semester starting students (traditional IPEDS measure).

## **General Certificates and Degrees Offered in the VSCS**

### CCV Workplace Skills Certificate: 24 Credits

15 credits general education (critical thinking, writing, communication, math, computer applications)

- General education requirements meet VSC graduation standard at associate degree level in Oral Communication
- potential to meet VSC graduation standard at associate degree level in mathematics

9 credits early degree program exploration

### CCV Associate of Arts in Liberal Studies: 60 Credits

39 credits in general education (11 specific requirements with options for each)

Meet all 4 VSC graduation standards at the associate degree level

21 credits in any college-level courses

Minimum cumulative GPA of 2.0

15 credits must be earned at CCV

### Castleton University Associate of Arts in General Studies: 64 Credits

25 credits in general education (7 specific requirements with options)

39 credits in any college-level courses

Meet all 4 VSC graduation standards at the associate degree level

Minimum cumulative GPA of 2.0

15 credits must be earned at Castleton

### Johnson State College Associate of Arts in General Studies: 60 Credits

36 credits in general education (9 specific requirements with options)

24 credits in any 1000- or 2000-level courses.

Meet all 4 VSC graduation standards at the associate degree level

Minimum cumulative GPA of 2.0

30 credits must be earned at Johnson

### Lyndon State College Associate of Arts in General Studies: 60 Credits

25 credits in general education (8 specific requirements with options)

35 elective credits

Meet all 4 VSC graduation standards at the associate degree level

Minimum cumulative GPA of 2.0

15 credits must be earned at Lyndon

### **Applicable NEASC Standards**

4.18 Minimum of 20 credits general education in an associate's program

4.29 Minimum 60 credits for an associate degree

4.35 Prior experiential or non-collegiate sponsored learning is limited to 25% for credentials of 30 credits or fewer.

4.36 At least one-fourth of undergraduate credits are completed at the institution awarding the degree.

4.49 "The institution offering certificates, badges, and other forms of academic recognition based on competencies or courses offered for credit ensures the coherence and level of academic quality are consistent with its degree programs."

### Appendix C: Median Debt by Completion Status

	CCV		CU		JSC		LSC		VTC	
	Completers	Non-Completers	Completers	Non-Completers	Completers	Non-Completers	Completers	Non-Completers	Completers	Non-Completers
<b>2011-2012</b>	\$9,248	\$3,639	\$23,000	\$5,500	\$23,750	\$7,920	\$24,500	\$5,677	\$13,000	\$6,333
<b>2012-2013</b>	\$9,500	\$3,750	\$25,000	\$7,000	\$25,000	\$8,850	\$26,000	\$5,651	\$13,000	\$7,100
<b>2013-2014</b>	\$10,850	\$3,900	\$25,000	\$7,350	\$26,000	\$10,000	\$26,850	\$6,500	\$15,000	\$6,942
<b>2014-2015</b>	\$9,861	\$4,000	\$25,000	\$6,625	\$26,000	\$10,653	\$27,000	\$8,250	\$16,000	\$7,100
<b>2015-2016</b>	\$9,088	\$4,400	\$25,000	\$8,750	\$23,819	\$10,819	\$26,750	\$9,500	\$16,050	\$7,029

This is the median loan debt accumulated at the institution by all student borrowers of federal loans who separate (i.e., either graduate or withdraw) in a given fiscal year, measured at the point of separation. More specifically, the measure represents the sum of all undergraduate federal loans over students' college education at the institution for which the median debt is reported for.