



Education Subcommittee Meeting Minutes *Saturday, June 10, 2017*

Embassy Suites Irvine
2120 Main Street
Irvine, CA 92614

Education Subcommittee Members Present:

Michelle Hurlbutt, Chairperson, Registered Dental Hygienist (RDH) Educator
Susan Good, Public Member
Timothy Martinez, Public Health Dentist

Education Subcommittee Member Absent:

Sandra Klein, Public Member

DHCC Staff Present:

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

Public Present:

Ana Garcia Brady, Student, Taft College Dental Hygiene Program (TCDH)
Diana Champion, Faculty Member, TCDH
Yvonne Chavez, Student, TCDH
Edward Cramp, Legal Counsel for Concorde Career College – Garden Grove (CCC-GG)
Debra Daniels, President, Taft College
Nicholas Ewell, President, CCC-GG
Natalie Ferrigno, West Los Angeles College
Glenda Flora
JoAnn Galliano, RDH, Education Consultant
Arezou Goshtasbi, DDS, Program Director, CCC-GG
Jeanice Howard, California Dental Hygiene Educators' Association (CDHEA)
Sandra Jennings, TCDH
Vickie Kimbrough, California Dental Hygienists' Association (CDHA)
Michelle Matthews, Clinic Technician, TCDH
Mary McCune, California Dental Association (CDA)
Aubree Often, TCDH
Arlene Parker, RDH, CDHA,
Maryann Pedersen, CDHA
Kathy Royce, Dean of Health Sciences, Shasta College
Kelly Reich, Western Regional Examining Board (WREB)
Annette Stelter, Orange County Dental Hygienists' Society (OCDHS)
Klara Studer, Student, TCDH

Roll Call and Establishment of a Quorum

Michelle Hurlbutt, Chairperson of the Education Subcommittee, called the meeting to order at 12:00 p.m. She took roll call and a quorum was established with three members present. Sandra Klein was absent and excused.

Public Comments for Items Not on the Agenda

There were no comments from the public.

Chairperson's Report

Chair Hurlbutt stated that there would be no Chairperson's Report for this meeting.

Approval of the May 6, 2017, Education Subcommittee Minutes

Motion: Susan Good moved to approve the May 6, 2017, Education Subcommittee Meeting Minutes.

Second: Timothy Martinez.

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

Vote: The motion to approve the May 6, 2017, Education Subcommittee Meeting Minutes passed 3:0.

| Name | Aye | Nay | Abstain |
|-------------------|------------------------|-----|---------|
| Michelle Hurlbutt | X | | |
| Susan Good | X | | |
| Sandra Klein | <i>Absent /Excused</i> | | |
| Timothy Martinez | X | | |

Discussion, Possible Action, and Recommendation to the Full Committee on Concorde Career College - Garden Grove & Substantial Changes to their Program

Dr. Adina Pineschi-Petty, Education Specialist for the Dental Hygiene Committee of California (DHCC), reported that during spring 2017, the administrators at Concorde Career College – Garden Grove (CCC-GG) repeatedly failed to adhere to their legal requirement per California Code of Regulations (CCR), Title 16, Division 11, Article 3, § 1105.3 (a)(2)(B), which states that an RDH education program in California must notify the DHCC within ten days of changes to their organizational structure, administrative responsibility, etc. Additionally, the administrators at CCC-GG failed to adhere to their legal requirement per CCR, Title 16, Division 11, Article 3, § 1105.1 (a)(1), which precludes hiring a program director whose license has been disciplined by the DHCC.

Dr. Pineschi-Petty stated that since the administrators at CCC-GG were recently reminded of their legal responsibilities, they had taken measures to come into compliance. Nonetheless, a pattern of noncompliance had become apparent since at least fall of 2016. She therefore concluded her report with the recommendation that the DHCC revoke approval of the RDH education program at CCC-GG due to continued noncompliance when left without oversight.

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

Public Comment: JoAnn Galliano, Education Consultant for the DHCC, commented that although the recommendation to withdraw approval may seem harsh, the violations had been repeated and sustained over a period of time. She noted that there had been three different program directors appointed over the past year and the DHCC was not timely notified of them despite having warned CCC-GG administrators after the first violation.

Nicholas Ewell, Campus President of CCC-GG; Arezou Goshtasbi, DDS, Program Director at CCC-GG; and Edward Cramp, Legal Counsel for CCC-GG, came forward to present comments. Mr. Ewell admitted that CCC-GG had undergone some problems, but he also stated that there were numerous improvements in the program and that he had recently put additional measures in place to bring the program into full compliance. He specifically noted that while the notifications to the DHCC regarding the two program directors prior to appointment of Dr. Goshtasbi were tardy, the notification to DHCC regarding the recent appointment of Dr. Goshtasbi was well within the allowed timeframe. He stated that he expected Dr. Goshtasbi's appointment to be long-term and stable to fill the position.

Dr. Goshtasbi promised that she would continue to work closely with the DHCC to make sure all the outstanding deficiencies at CCC-GG would be corrected and that she would make continued compliance a top priority.

Chair Hurlbutt asked why Dr. Goshtasbi's predecessor, Dr. Kirsten Roling, was hired as a program director at CCC-GG when the law required that a program director have no disciplinary action against his or her license and there was publicly-available evidence of disciplinary action against Dr. Roling's license.

Mr. Ewell replied that he was aware of the discipline against Dr. Roling's license but that he had interpreted the law to mean that there could be no *current* discipline against a license. Dr. Roling's violations have taken place around twenty years in the past. Mr. Ewell stated that once he was made aware that the law meant that in order for a candidate to be eligible for a program director position there could be no disciplinary action against that person's license *whatsoever*, he then dismissed Dr. Roling and hired a person whose license had no discipline.

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

Public Comment: Glenda Flora stated that she was an original member of the Advisory Committee for CCC-GG and that she was dissatisfied with the lack of communication from administrators at CCC-GG to the Advisory Committee.

There were no further comments.

Motion: Susan Good moved to recommend to the Full Committee to revoke approval of the RDH education program at Concorde Career College – Garden Grove for continued noncompliance.

Second: Timothy Martinez

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

The Subcommittee discussed the record of repeated violations, some serious and some minor, at CCC-GG along with promises on the administrators' part to improve. The administrators had not provided sufficient oversight to fulfill these promises and as a result, the program continued to commit violations. Further, the Subcommittee stated that they would have preferred that there were an intermediary option between approving and withdrawing approval, particularly since the administrators had made some progress toward remediation.

Noreen Marks, Legal Counsel for the DHCC, advised that there may be an intermediary option for the DHCC to approve or revoke approval contingent upon specific conditions.

Edward Cramp requested approval of the program with a condition such as demonstrated full compliance by a specified reasonable date of the DHCC's choosing.

The Subcommittee expressed interest in considering the suggestions to apply conditions to approval or revocation of approval and they noted that a better time to engage in discussion on this matter may be in the Full Committee session.

Vote: The motion to recommend to the Full Committee to revoke approval of the RDH education program at Concorde Career College – Garden Grove for continued noncompliance passed 2:0.

| Name | Aye | Nay | Abstain |
|--------------------------|-----------------------|------------|----------------|
| Michelle Hurlbutt | | X | |
| Susan Good | X | | |
| Sandra Klein | <i>Absent/Excused</i> | | |
| Timothy Martinez | X | | |

Discussion, Possible Action, and Recommendation to the Full Committee on Shasta College Faculty Compliance to Maintain Approval by DHCC

Dr. Pineschi-Petty reported that there had been two faculty members teaching in the RDH education program at Shasta College who did not meet the minimum qualifications for their positions as stated in CCR, Title 16, Division 11, Article 3, § 1105.1(b). The DHCC notified Shasta College’s administrators that they must bring their program into compliance. On May 31, 2017, the administrators at Shasta College presented remediation proof that the program had been brought into compliance. Dr. Pineschi-Petty recommended that the DHCC monitor faculty biosketches for a reasonable period of time to ensure that the program remained in compliance, but to take no additional action in the absence of further evidence of noncompliance.

Chair Hurlbutt asked if any member of the public or the Subcommittee objected to the recommendation that no further action be taken. There were no objections.

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

Public Comment: Kathy Royce, Dean of Health Sciences at Shasta College, stated that the problem arose because of a misunderstanding in interpreting the regulation for faculty education requirements; but that when she became aware that the program was not in compliance with the law she took action and brought the program into compliance. She

added that she would continue to ensure that the program remains in compliance with all laws.

Discussion, Possible Action, and Recommendation to the Full Committee Regarding Maintaining or Withdrawing Approval of Taft College Dental Hygiene Education Program: Program Deficiencies

Dr. Pineschi-Petty presented a report summarizing multiple violations of law and standards taking place at Taft College Dental Hygiene Program (TCDH). The report was comprised of documented student and faculty complaints, records of evidence the DHCC's investigators attained during multiple site visits to TCDH to substantiate whether the complaints held merit, and excerpts from the various sections of law and Commission on Dental Accreditation (CODA) standards.

Dr. Pineschi-Petty notified the Subcommittee that she and Ms. Galliano conducted a follow-up site visit to TCDH on June 9, 2017, for the purpose of ascertaining whether the infection control and patient privacy violations had been remedied so that TCDH students could safely treat patients in their clinic over the summer. Keeping the clinic open during the summer was of particular urgency since there were many students who would not be able to graduate on time due to discovered deficiencies in their training. TCDH had proposed to offer an additional session over the summer to help those students to complete outstanding competencies so they could graduate and enter the workforce as soon as possible. Dr. Pineschi-Petty and Ms. Galliano reported that the visit on June 9, 2017, showed that TCDH had indeed remedied their infection control violations and made sufficient patient privacy arrangements to allow the clinic to operate during the summer term.

The following is a general summary of the violations, as reported by Dr. Pineschi-Petty:

- Program Completion –TCDH's curriculum was designed so that students were required to pass 75% of a set number of performance evaluations (PEs) for each semester. The PEs were graded on a pass or fail basis rather than a numerical score scale. The content evaluated in PEs for a particular semester was designed to build upon knowledge, skills, and abilities attained in earlier semester(s).

Evidence showed that students were being allowed to graduate without achieving a passing grade on 75% of the minimum performance evaluations (PEs) for *each semester* - instead, faculty member(s), or the program director, were averaging the total completed PEs across *multiple* semesters.

Evidence showed that grading for PEs was only based on the passing PEs – the PEs a student attempted and failed were not recorded in grade calculations and students were allowed an unlimited number of attempts to pass a PE.

Evidence showed that students who failed to achieve a passing grade on 75% of the PEs for each semester were being automatically progressed to the next semester where they would be exposed to and evaluated on new material designed to build upon knowledge, skills, and abilities that they had (at least partially) failed to attain in the previous semester(s). During the semester(s) following a deficiency, the student's deficient number of PEs would be added to the baseline PEs required for that semester, resulting in a heavier load on a student who had already presented to be struggling in the program.

Evidence showed that students also were not being required to complete all the legally-mandated clinical PEs *over the course of the program*. Dr. Stacy Eastman, the program director at TCDH during the time of this violation, had stated to the DHCC's education specialist that until late spring 2017, students at TCDH were not being required to adhere to the legal requirements that had been promulgated in 2013. **See more on this below in "Administrative Involvement" and in "Class of 2017 Clinical Requirement Status."*

Ms. Galliano stated that a comprehensive audit of student records revealed that no student in the graduating class had fulfilled the legally-mandated amount of PEs for administration of local anesthesia. **See more on this below in "Class of 2017 Clinical Requirement Status."* There were various discrepancies; for example, in at least three cases (for three separate students), the records showed that when a student completed a PE with a particular patient in a particular clinic session on a single date, the student then received credit (signed off by instructors) for this one instance across multiple semesters. **See more on this below in "Grading Policies" and "Document Alteration."*

Public Comment: Klara Studer, who identified herself as a student at TCDH, stated that she believed there were some students who did complete 100% of their requirements; however she did not offer any evidence to support her claim.

Public Comment: Diana Champion, an instructor at TCDH, stated that it was customary that when a student did not successfully complete 75% of the PEs for a particular semester, that student would have to complete the missing PEs the following semester, in addition to having to complete 75% of the regularly scheduled PEs for the new semester.

The Subcommittee noted that TCDH performed a disservice to its students by having moved them along in their program without requiring that the students achieve a standard of proficiency along the way. They explained that not only did this practice deny students the opportunity to build greater competencies on a solid foundation, but the practice also set some students up for failure late in the program as their unmet requirements for graduation could accumulate to an unachievable

level. The Subcommittee agreed that TCDH had not fulfilled its responsibilities in the area of program completion.

Relevant law and standards being violated: California Code of Regulation (CCR) Title 16, Division 11 § 1105(c); CODA 2-12, CODA 2-14; & CODA 2-18.

- Grading Policies – Evidence showed lack of a central grading database administered by faculty. Instead, students *self*-reported completion of PEs for their instructors to sign off. Additionally, PEs lacked clear grading rubrics.

Public Comment: Ms. Champion described the holistic rubric used for grading PEs. Toward the beginning of the program a student would be allowed more errors during the PE, then as the student progressed there would be fewer errors allowed, and finally, there would be no errors allowed by the conclusion of the program.

When pressed for details, Ms. Champion was unable to answer how many errors a student was specifically allowed to make at a given point in the program or what type of error would be considered an automatic failure for a particular type of clinical experience. It was unclear whether the number and type of errors were being measured objectively against a published standard, or whether they were being assessed on a subjective basis by individual instructors.

The Subcommittee agreed that TCDH's grading policies were deficient.

Relevant laws and standards being violated: CCR Title 16, Division 11, § 1105.1(e)(1); CCR Title 16, Division 11, § 1105.2(b)(1-3); CODA 2-6; & CODA 2-7.

- Administrative Involvement – According to students, TCDH informed the class of 2017 (less than a month from their expected graduation date) that there were *new* state requirements for soft tissue curettage, local anesthetic, and nitrous oxide-oxygen (SLN) and that the class would need to stay for summer school to fulfill the new requirements because satisfying these requirements was being added as a condition for graduating from the program. In fact, California had not promulgated any new requirements for SLN since 2013.

Evidence shows that TCDH had failed to update their syllabus to include the 2013 requirements and then imposed mandatory summer school (scheduled for *after* the expected graduation time) in order to attempt to remedy their oversight. **See corresponding issue above in "Program Completion."*

As a result, the class of 2017 sent a complaint letter to the DHCC. In this letter, students outlined events listed above and described the leadership at TCDH as "disorganized," "confusing," and "unresponsive." At least one student "felt bullied

[by the program director].” The class as a group wrote that they felt “we have no support.”

The Subcommittee agreed that TCDH had not fulfilled its responsibilities in the area of administrative involvement.

Relevant law and standards being violated: CCR Title 16, Division 11, § 1105(i); CODA 2-6; CODA 2-7; & CODA 2-18.

- Sufficiency of Patient Pool – Students raised concerns that their patient pool was not sufficient for completion of clinical requirements. DHCC investigators discovered that CODA had notified TCDH (based on a February 2-3, 2016, site visit) that TCDH was not in compliance with standard 2-12 (pertaining to clinical experiences on child, adolescent, adult, geriatric, and special needs patients).

TCDH’s official reply to CODA (signed by the program director, vice president of instruction, and interim superintendent) guaranteed that TCDH had implemented four specific measures to come into compliance. DHCC’s site visits in early to mid-2017 showed no evidence of TCDH having implemented any measures to comply in this area.

The Subcommittee agreed that there was considerable doubt whether TCDH had done all that was reasonable to meet its responsibility to ensure graduates were competent in providing dental hygiene care for the specified categories of patents enumerated in CODA’s standards.

Relevant standards at issue: CODA 2-12 & CODA 2-14.

- Infection Control – Numerous violations of infection control laws were noted over the course of DHCC’s site visits and examination of student complaints - however, DHCC’s June 9, 2017, site visit confirmed that the violations either had been remedied or were in an acceptable stage of remediation. Due to these assurances, the Subcommittee agreed to temporarily set aside the issue of infection control violations so that remediation efforts could come to fruition and be evaluated.

Relevant laws at issue: CCR Title 16, Division 11, § 1105.2(d)(3)(A); CCR Title 16, Division 11, § 1105.2(d)(3)(C); CCR Title 16, Division 11, § 1105(b)(1-3, 5-6, 8, 10-14, 17, 19-20, 22); & California Occupational Safety and Health Administration (Cal OSHA) CCR § 5193(d)(3)(H).

- Qualified Support Staff – Evidence showed that the students were responsible for overseeing sterilization and there were no faculty or other staff responsible for overseeing sterilization. The clinical aid was not a registered dental assistant and she had admitted to not having been trained in Infection Control Practices.

Dr. Pineschi-Petty reported that during the June 9, 2017, site visit she discovered that TCDH had made substantial progress to remediate. They had hired an infection control consultant to review infection control procedures and to assist with creating new procedures as needed; they had arranged for an eight-hour infection control course for faculty and other staff that would be administered prior to the first day of the fall semester; and they had hired a dedicated sterilization staff member.

The Subcommittee agreed to temporarily set aside the issue of whether TCDH had met their requirements in the area of providing a qualified support staff so that remediation efforts could come to fruition and be evaluated.

Relevant law and standards at issue: CCR Title 16, Division 11, § 1105(i); CODA 3-11; & CODA 3-12.

- Patient Privacy – Evidence showed that patient files had not been stored securely and patient treatment units were spaced less than three feet apart. However, DHCC's June 9, 2017, site visit revealed that remediation steps were underway such that TCDH was able to offer reasonable assurance that the summer session would be able to proceed without patient privacy violations.

Due to these assurances, the Subcommittee agreed to temporarily set aside the issue of patient privacy violations so that remediation efforts could come to fruition and be evaluated.

Relevant law and standard being violated: Health and Safety Code, Division 2, Chapter 2, Article 3, § 1208.18(a); & CODA 6-6.

- Full-Time Assignment of Program Director – Evidence showed that the program director (who was in place until May 31, 2017), was not working full-time in the capacity of program director. TCDH administrators stated that the program director worked flexible hours two days a week to oversee grant sites directly related to the program at TCDH - however, the DHCC's special investigator ascertained that the program director was in private practice those two days of the week, and separate evidence suggests that she had never visited the grant sites. Additionally, the contract for the program director that TCDH provided to DHCC was not signed and TCDH was unable to provide an official duty statement for the program director.

The Subcommittee agreed to consider setting aside this issue since the program director under whose authority these violations took place had resigned effective May 31, 2017, and as of June 5, 2017, a new interim program director had taken over.

Relevant law being violated: CCR Title 16, Division 11, § 1105.1(a).

Documentation Alteration – DHCC’s audit of anesthesia records revealed that patient names were covered up with correction tape, written over in different handwriting from the rest of the document, and initialed. Also, student files were missing completed requirements lists, patient checklists, and PE completion sheets.

Separately, there was evidence of instructors signing off to award credit for a single clinical experience across multiple semesters. **See more on this above in “Program Completion.”*

The Subcommittee agreed that in at least some cases there were breaches in document integrity and that evidence suggested that those breaches likely originated with faculty or the previous program director.

Relevant law being violated: CCR Title 16, Division 11, § 1105.1(e)(1).

Class of 2017 Clinical Requirement Status – A comprehensive audit of all available student records for the graduating class revealed that no student had completed all the legally-mandated clinical requirements for graduation. This audit was conducted four days before the students’ expected completion date and at this point in the program, it would be reasonable to expect students to have completed all or almost all of their clinical requirements. There were very few remaining opportunities in the allotted course time for the students to finish outstanding clinical requirements.

Dr. Pineshi-Petty reported that TCDH’s failure to update their course to include the 2013 laws on soft tissue curettage, administration of local anesthetic, and nitrous oxide-oxygen, as well as TCDH’s systematic failure to comply with CODA standards across many areas, has resulted in the students of a professional training program in California to not be able to graduate on time. All of the students in TCDH’s class of 2017 will be subject to a delayed graduation. Their eventual graduation will depend upon their completion of course requirements during the ad hoc summer school session or future semesters.

Public Comment: Ana Garcia Brady, who identified herself as a student at TCDH, stated that the problems at TCDH had resulted in emotional stress and financial burdens on students - particularly the students whose graduation dates were being delayed. She requested that the DHCC take some action to expedite remediation at TCDH so students could graduate as soon as possible after their normally scheduled graduation date. She also requested that the DHCC expedite TCDH graduates’ applications for licensure after they eventually graduate, as this would lessen the financial hardship of the unexpected delay into the workforce.

The Subcommittee agreed that TCDH had not fulfilled its responsibilities to the class of 2017.

The Subcommittee examined the report and discussed the nature and severity of the violations, then made the following determinations:

They agreed to temporarily set aside the issue of infection control in light of assurance from Dr. Pineschi-Petty and Ms. Galliano that the July 9, 2017, visit showed significant improvements in compliance with infection control laws. Similarly, and in light of evidence of remediation, the Subcommittee agreed to temporarily set aside the issues of whether there had been qualified support staff present in the clinic, whether patient privacy had been violated, and whether the former program director had been serving responsively and in a full-time capacity.

The Subcommittee then agreed that TCDH was deficient in the areas of program completion, grading policies, administrative involvement, documentation integrity, sufficiency of patient pool, and the class of 2017's clinical requirements status.

Chair Hurlbutt asked if the Subcommittee or the public would like to make any additional comments.

Public Comment: Dr. Debra Daniels, President of Taft College, stated that she understood the gravity of the situation and that TCDH was committed to coming into compliance. She noted that remediation projects were underway at TCDH. She specifically mentioned having replaced the program director, as well as taken on work both to revamp the clinic and change the grading process. + 3

Public Comment: Michelle Matthews, who identified herself as clinic technician from TCDH, stated that she would like to draw attention to Dr. Daniels' dedication to remediation at TCDH. She reported that Dr. Daniels had repeatedly shown up on site and helped with manual tasks such as painting the refurbished clinic to ensure that the remediation was moving along. Ms. Matthews also pointed out that Dr. Daniels was not part of the administration that had been in charge when the problems arose, as she had currently only been the College President for around ten months.

There were no further comments.

Chair Hurlbutt asked if, after hearing the discussion, the staff still recommended revoking approval. Dr. Pineschi-Petty replied that the staff's recommendation to revoke had not changed.

Motion: Susan Good moved to recommend to the Full Committee to withdraw approval of Taft College's Dental Hygiene Program due to violations in the areas of program completion, grading policies, administrative involvement, documentation integrity, sufficiency of patient pool, and the class of 2017's clinical requirements status.

Second: Timothy Martinez

Chair Hurlbutt asked if any member of the Subcommittee would like to comment. Ms. Good added that any discussion on timeframe, mitigation, or conditions would be discussed by the Full Committee.

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

Vote: The motion to recommend to the Full Committee to withdraw approval of Taft College's Dental Hygiene Program due to violations in the areas of program completion, grading policies, administrative involvement, documentation integrity, sufficiency of patient pool, and the class of 2017's clinical requirements status passed 3:0.

| Name | Aye | Nay | Abstain |
|--------------------------|-----------------------|------------|----------------|
| Michelle Hurlbutt | X | | |
| Susan Good | X | | |
| Sandra Klein | <i>Absent/Excused</i> | | |
| Timothy Martinez | X | | |

Future Agenda Items

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

Chair Hurlbutt adjourned the Education Subcommittee meeting at 3:03 p.m.