# CSN Dental Sciences & Dental Faculty Practice Consultant Review

Key Findings, Conclusions & Recommendations

**NSHE Board of Regents – Health Sciences Committee**

November 20, 2026

# Purpose of the Review

A combined assessment of Dental Hygiene, Dental Assisting, and the Dental Faculty Practice

### Academic Programs

Assess clinical learning support, student experience, patient requisition, program capacity, and external clinical partnerships.

### Dental Faculty Practice

Evaluate financial performance, staffing, operations, technology, patient flow, community service, and academic integration.

### Future State

Identify a practical path that strengthens the academic mission, improves sustainability, and makes best use of CSN's clinical resources.

# Executive Summary

**Organize CSN's dental clinical resources around the needs of the academic programs rather than maintaining the DFP as a separate standalone operation.**

- Prioritize and strengthen Dental Hygiene and Dental Assisting.
- Treat DFP space, equipment, personnel, technology, and patient relationships as institutional resources to evaluate and redeploy.
- Expand collaboration with UNLV and other partners where it advances student education and program growth.
- Define the ideal future state before making major capital, staffing, or technology decisions.

# Dental Hygiene: Key Findings & Priorities

### Capacity

Current capacity is 20 students, down from 30 previously. The review recommends planning toward restoration of 30 students per cohort.

### Faculty

Five FTE currently support the program, down from seven previously. Additional faculty capacity is needed to support growth.

### Clinical Patients

Students face difficulty obtaining the patient mix needed for some clinical requirements, particularly heavier calculus and periodontal needs.

- Improve screening, patient routing, and marketing of Dental Hygiene services.
- Expand UNLV, community, and potential distance-site clinical opportunities.
- Evaluate DFP resources for redeployment to support DH enrollment and clinical capacity.

# Dental Assisting: Preserve a Strong Clinical Model

### DFP Externships

Approximately 20% of 2025–2026 externship assignments occurred at the DFP, with positive student experiences.

### UNLV Partnership

Approximately 27% of externship assignments occurred at UNLV; leadership expressed willingness to expand placement capacity.

### External Network

The program maintains affiliation agreements with approximately 30 additional externship facilities.

- Protect high-quality externship access throughout any DFP transition.
- Expand UNLV placements and specialty exposure where capacity permits.
- Maintain the broad external affiliation network and consider structured pre-program orientation.

# Dental Faculty Practice: What Changes

### Current-State Conclusion

The DFP should not be sustained in its current standalone form. The issue is broader than operating losses: staffing, academic integration, workflow, utilization, and strategic alignment all support redesign.

### What CSN Retains

Clinical space, 11 operatories, equipment, technology, provider positions, hygiene capacity, patient relationships, and operational infrastructure remain valuable resources that can support a redesigned academic clinical model.

# Eight Recommendations

1. Strengthen & formalize the UNLV relationship
2. Strengthen & expand Dental Hygiene
3. Preserve & expand Dental Assisting strengths
4. Redeploy DFP assets around the academic mission
5. Create an integrated clinical & revenue-cycle model
6. Complete future-state financial & operational modeling
7. Evaluate expanded-function education opportunities
8. Evaluate external operation of the DFP

# Considerations for Potential Implementation

### Students

Protect DA externship capacity and DH clinical-requirement access.

### Patients

Maintain continuity of care and appropriate transfer/retention of clinical records.

### People

Complete HR review before reassignment or elimination of positions.

### Compliance

Complete formal review before material curricular, clinical, or regulatory changes.

### Technology

Sequence system changes after future-state workflow and partnership requirements are defined.

### Community

Preserve intentional access-to-care and community-service functions.

## UNLV: Strategic Partnership, Not a Pre-determined Operating Model

- CSN already has meaningful clinical connectivity with the UNLV School of Dental Medicine.
- Explore expanded clinical and educational opportunities for DH and DA students.
- Consider potential use of available CSN clinical space by UNLV programs.
- Determine the scope and structure collaboratively
- Keep CSN's planned DH and DA growth as a non-negotiable design constraint.

# CSN & UNLV Dental Program – Vision for a Strategic Partnership

- **Transition from the Standalone Exclusive CSN DFP Model:** Explore moving away from the current CSN Dental Faculty Practice structure and redeploying some of its resources to support CSN's academic mission.
- **Expanded CSN–UNLV Partnership:** CSN and UNLV see each other as key strategic partners through shared clinical space, reciprocal student rotations, and expanded educational opportunities.
- **Integrated, Education-Focused Patient Care:** A model under consideration prioritizes CSN Dental Hygiene services while UNLV dental students provide examinations, diagnoses, and comprehensive treatment under faculty supervision at the CSN clinical site.
- **Preservation and Expansion of Student Clinical Experiences:** Increase access to diverse patients, periodontal cases, specialty care, and high-quality clinical placements for CSN students.
- **Modernized and Sustainable Clinical Operations:** Support integrated patient workflows, electronic health records, billing and collections, continuity of care, and a financially sustainable future model.