# Dental Hygiene

# Educational Effectiveness

# Assessment Plan

**This plan combines program outcomes**

**from the AAS and BSDH-completion programs**

**New Version 1**

**Version 3**

**(based on previous BSDH outcomes)**

**Version 7**

**(based on previous AAS outcomes)**

**Adopted by**

**The Dental Hygiene Faculty:**

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## Mission Statement

The mission of the UAA Dental Hygiene Program is to educate students in dental hygiene to the Bachelor of Science degree level. The educational objectives of the Dental Hygiene Program are to produce graduates who:

1. Have the technical skills and professional demeanor to perform occupational-related procedures.
2. Demonstrate academic and clinical proficiency necessary to succeed on national and regional examinations.
3. Are prepared to perform occupational-related procedures in various settings.
4. Meet the occupational requirements of employers.
5. Prepare students for graduate education.

## Program Introduction

To become licensed in dental hygiene in the State of Alaska, students must graduate from an American Dental Association (ADA) accredited dental hygiene program. The ADA has specific accreditation standards that must be met to maintain accreditation status. The UAA Dental Hygiene Program went through accreditation renewal in 2007 and received approval without reporting requirements.

## Assessment Process Introduction

This document defines the expected student learning outcomes for the dental hygiene program and outlines a plan for assessing the achievement of the stated outcomes. ADA accreditation requires publicly posted program competencies that demonstrate required skills and knowledge. These competencies must be assessable and specific courses or activities must be identified that assess each competency. Development of the outcomes in this plan consisted of initial faculty development of program competencies to meet accreditation standards, then application of these competencies as outcomes in the UAA Assessment Plan to provide congruency.

The program competencies and assessment tools were reviewed by faculty prior to the Commission on Dental Accreditation site visit in October 2007 and 2014 and were accepted by the ADA. They are reviewed yearly by faculty in response to institutional changes, professional emphasis, student performance in school and on national and regional examinations, and changes in professional research data. Evaluation and revision are made during program faculty meetings or special meetings as needed. The Dental Advisory Committee is consulted as needed and formal meetings are held once each semester.

Assessment of outcomes is done at the end of the academic year. Faculty meet to share instrument data from their courses and to discuss student performance in each outcome area. After frank discussion, faculty grade student performance based on the assessment instrument data and faculty discussion. Suggestions for improvement are also made at this time for implementation in the following academic year, or as soon as is practical. An assessment report is written after the meeting and sent out to faculty for review and approval.

## Program Outcomes

At the completion of this program, students are able to:

1. Provide and document dental hygiene care in a legal and ethical manner.

2. Exhibit professional behavior, including time management, risk management, and respect of patients and co-workers.

3. Critically evaluate scientific literature and research relevant to dental hygiene.

4. Collect, analyze, and record data on the general and oral health status of patients.

5. Use critical decision making skills to develop a dental hygiene diagnosis, which will provide a basis for interventions that are within the scope of dental hygiene practice and determine the need for referral to appropriate health professions as needed.

6. Formulate a dental hygiene care plan, including a planned sequence of educational, preventive, and therapeutic services based on the dental hygiene diagnosis in collaboration with the patient and other health care providers.

7. Deliver preventive and therapeutic care to achieve and maintain oral health utilizing

 established infection control procedures, pain control measures, and ergonomic practices.

8. Evaluate the effectiveness of the implemented services, and modify as needed.

9. Promote the profession of dental hygiene through service and affiliations with professional organizations.

10. Assess, plan, implement, and evaluate complex community oral health projects to diverse populations.

### Table 1: Association of Assessment Measures to Program Outcomes

| **Outcomes** | Written examination | Case presentation | Professionalism grade | Literature review | Competencies | ADHA membership | Community projects |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Provide and document dental hygiene care in a legal and ethical manner. | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Exhibit professional behavior, including time management, risk management, and respect of patients and co-workers. | 0 | 0  | 1 | 0 | 0 | 0 | 0 |
| Critically evaluate scientific literature and research relevant to dental hygiene.  | 0 | 1 | 0 | 1 | 1 | 0 | 0 |
| Collect, analyze, and record data on the general and oral health status of patients. | 1 | 1 | 0 | 0 | 1 | 0 | 0 |
| Use critical decision making skills to develop a dental hygiene diagnosis, which will provide a basis for interventions that are within the scope of dental hygiene practice and determine the need for referral to appropriate health professions as needed.  | 1 | 1 | 0 | 0 | 1 | 0 | 0 |
| Formulate a dental hygiene care plan, including a planned sequence of educational, preventive, and therapeutic services based on the dental hygiene diagnosis in collaboration with the patient and other health care providers. | 1 | 1 | 0 | 0 | 1 | 0 | 1 |
| Deliver preventive and therapeutic care to achieve and maintain oral health utilizing established infection control procedures, pain control measures, and ergonomic practices. | 0 | 1 | 0 | 0 | 1 | 0 | 1 |
| Evaluate the effectiveness of the implemented services, and modify as needed. | 0 | 1 | 0 | 0 | 1 | 0 | 1 |
| Promote the profession of dental hygiene through service and affiliations with professional organizations. | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Assess, plan, implement, and evaluate complex community oral health projects to diverse populations.  | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

0 = Measure is not used to measure the associated outcome.

1 = Measure is used to measure the associated outcome.

## Assessment Measures

A description of the measures used in the assessment of the program outcomes and their implementation are summarized in Table 2 below. The measures and their relationships to the program outcomes are listed in Table 1, above.

There is a separate appendix for each measure that shows the measure itself and describes its use and the factors that affect the results.

### Table 2: Program Outcomes Assessment Measures and Administration

| **Measure** | **Description** | **Frequency/ Start Date** | **Collection Method** | **Administered by** |
| --- | --- | --- | --- | --- |
| Written examination | Paper or computerized testing in various courses (DH A202, DH A222, DH A310, DH A311, DH A321) used for evaluating student knowledge. These are summative assessments. | As necessary | Grading | Faculty |
| Case presentation | Student oral and written presentation of a clinical case. These are both formative and summative assessments, as the students demonstrate what they have learned up to that point in time, and also receive constructive feedback to improve their knowledge and skills for future cases. | Once per semester/ starts 3rd semester | Grading | Faculty |
| Professionalism grade | Grade in clinical and laboratory courses based on grading rubric. The final grade is based on formative assessment throughout each semester. | Throughout each semester in applicable courses | Grading | Faculty |
| Literature review | Written and class discussion on professional literature assignments. | Throughout the two year curriculum | Discussion and written assignments | Faculty |
| Competencies | Skill-based assessments in laboratory and clinical courses. These are summative, as students demonstrate competence in skills learned each semester. | As necessary | Grading by observation using rubrics | Faculty |
| ADHA membership | Student membership in the American Dental Hygiene Association. | Once per year in May | Contact with local component | Faculty |
| Community projects | Summative assessment of student group projects involving community involvement. | Spring semester | Project grading, Participation | Faculty |

## Assessment Implementation & Analysis for Program Improvement

General Implementation Strategy

This assessment plan is already in place. The Program’s 2007 American Dental Association’s accreditation site visit resulted in development of Program Competencies (outcomes) and evaluation mechanisms (assessment measures). Minor revisions have been made, but the framework and essential components of this plan mirrors the one that was approved by the Commission on Dental Accreditation Site Visit teams in 2007 and again in 2014. The current revision adds outcomes for related instruction (required by NWCCU accreditation standards) and aligns outcome wording that had undergone minor revision during a catalog copy change.

Method of Data Analysis and Formulation of Recommendations for Program Improvement

Didactic and clinical faculty meet at the end of the academic year to review the plan in regard to outcomes, measurement instruments, and process. Discussion of outcome achievement by students stimulates suggestions for program improvement and honest evaluation of both student performance and the assessment process. The information from this meeting is used by the Assessment Coordinator to generate an assessment report. The report is sent electronically to faculty for review and comment, then uploaded onto the appropriate website before the established institutional deadline Modification of the Assessment Plan

The faculty may decide to alter the assessment plan to meet institutional requirements, program needs, or external accreditation standards. Changes may be made to any component of the plan, including the outcomes, assessment measures, or any other aspect of the plan. Changes must meet American Dental Association standards, and corresponding changes to posted Program Competencies must be made. The changes will be approved by the faculty of the program. The modified assessment plan will be submitted through the curriculum software and proceed through the established review/approval process.

## Appendix A: Written examination

Measure Description:

Paper or computerized testing in various courses (DH A202, DH A222, DH A310, DH A311, DH A312, DH A321) used for evaluating student knowledge. These are summative assessments.

Factors that affect the collected data:

1. Standardized evaluation method that is common to all students
2. Student test-taking skills may impact quality of data

How to interpret the data:

Answer keys are used to grade examinations.

Examinations provide data on knowledge and application of knowledge.

Sample exam questions are provided on the following pages:

1. In choosing the oral physiotherapy aids that meet the patient’s needs, the clinician must explain to the patient:
	1. What is present in the oral cavity
	2. What disease process is occurring
	3. How the use of OPT aids will help the patient
	4. Explain the consequences if the aids are not used
	5. **⌦**All of the above
2. In choosing OPT aids for the patient, it is best to:
	1. Provide every aid available to ensure the patient has access to the various aids
	2. Provide at least four various aids that will help in attaining and maintaining oral health
	3. Explain brushing and flossing only. This will keep it simple for the patient
	4. **⌦**Individualize selection and use of aids based on patient’s needs while keeping it simple for the patient
3. A patient presents himself for tooth brushing instruction. He is a fifteen-year-old with full orthodontic appliances. Upon inspecting his mouth you find generalized plaque on the orthodontic work. Which method of tooth brushing would you recommend to clean the orthodontic appliances?
	1. Circular
	2. **⌦**Charters
	3. Bass
	4. Modified Stillmans
	5. Leonards
4. A patient has completed periodontal surgery. The dentist directs you to provide homecare instruction to the patient emphasizing cleaning of the surgical site, but not to disrupt healing. From the list below, what toothbrushing technique would be recommended?
	1. Bass technique with extra soft bristle brush
	2. Modified Stillmans technique with a extra soft bristle brush
	3. **⌦**Charters technique with a extra soft bristle brush
	4. Circular technique with a extra soft bristle brush
5. The most common design of today’s toothbrush is:
	1. **⌦**Flat bristled, multitufted, end rounded
	2. Flat bristled, multitufted, end flattened
	3. Rippled, multitufted, flat bristled, end flattened
	4. Rippled, single tufted, end rounded
6. End rounding refers to:
	1. **⌦**The design of the individual toothbrush bristle
	2. The grouping together of a number of bristles
	3. The shape of the head of the toothbrush
	4. The shape of the handle of the toothbrush
	5. None of the above
7. End rounding is important because by using this type of toothbrush bristle \_\_\_\_\_ can be minimized.
	1. Overhangs
	2. **⌦**Gingival recession
	3. Plaque removal
	4. b and c together
8. Power toothbrushes are indicated for patients who: 1) have fine motor skills impaired; 2) are physically compromised; 3) are mentally compromised; 4) are medically compromised; 5) patients with periodontal disease
	1. 1 only
	2. 2 and 3
	3. 1, 2, and 3
	4. 1, 2, 3, and 4
	5. **⌦**all of the above
9. When using the toothbrush, acute or chronic tissue problems along the facial gingival margin surfaces of premolars and canines can be attributed to:
	1. Incorrect bristle angulation
	2. Incorrect placement of the toothbrush bristles
	3. Too vigorous a brushing stroke
	4. Use of a hard bristle brush
	5. **⌦**All of the above
10. The situation below may be caused by improper tooth brushing. If tooth brushing technique is corrected, the situation **will heal** to normal, healthy tissue.
	1. Gingival recession
	2. **⌦**Rolled firm gingiva
	3. Gingival clefting
	4. Abrasion of the cementum
11. Which type of heart murmur(s) would usually necessitate antibiotic premedication: 1) organic; 2) functional; 3) congenital
	1. 1 only
	2. 2 only
	3. 3 only
	4. **⌦**1 and 3
	5. All of the above
12. Angina pectoris is:
	1. **⌦**Transitory in nature
	2. Irreversible
	3. Signifies a portion of heart muscle dies
	4. Indicates hypertrophic cardiomyopathy
13. Angina pectoris is usually treated with:
	1. CPR
	2. Antihistamine
	3. **⌦**Nitroglycerin
	4. Insulin
14. When can a patient who has experienced a myocardial infarction be seen for dental hygiene therapy?
	1. 1-3 months after the attack
	2. 3-6 months after the attack
	3. **⌦**6 months or longer after the attack
	4. None of the above. Patients with history of coronary thrombosis shouldn’t be treated
15. Your patient indicates she needs to sleep propped up in bed with 4 pillows so that she can breathe while she sleeps. This statement would alert you to which medical situation?
	1. Myocardial infarction
	2. Cardiac arrhythmias
	3. Hypertension
	4. **⌦**Congestive heart failure
	5. Coronary heart disease
16. Gingival hyperplasia may be exhibited by patients who:
	1. Have diabetes
	2. **⌦**Have epilepsy
	3. Suffered a myocardial infarction less than six months ago
	4. Are allergic to penicillin
17. When recording the blood pressure, the lower reading:
	1. **⌦**Reflects the minimal pressure that is constantly sustained by the arteries
	2. Is the maximal pressure that the arteries undergo when the heart is working
	3. That is most influenced by external factors
	4. Refers to the pressure in the blood level at the point of ventricular contraction
18. In the UAA dental hygiene clinic, at which point would you consult with the clinic dentist about a patient’s blood pressure? When the reading is:
	1. 90/60
	2. 120/80
	3. 135/85
	4. 139/80
	5. **⌦**140/90
19. Which of the following is true of sickle scalers?
	1. It is not suitable for heavy calculus
	2. It allows very good tactile sensitivity
	3. **⌦**It is difficult to adapt to curved surfaces
	4. It is always used subgingivally on facial surfaces of anteriors
	5. All of the above
20. Which design feature(s) of the sickle limit(s) its use in subgingival areas?
	1. A sharp pointed tip
	2. Straight cutting edges
	3. Sharp back of blade
	4. Bulky blade
	5. **⌦**All of the above
21. When inserting an instrument subgingivally the face of the instrument is inserted at \_\_\_ degree angulation.
	1. **⌦**Nearly 0 degrees
	2. 45 degrees
	3. less than 90 and more than 45 degrees
	4. 90 degrees
	5. greater than 90 degrees
22. When moving or inserting an instrument into the sulcus, which stroke is used?
	1. A channeling stroke
	2. **⌦**A gentle exploratory stroke
	3. A gentle probing stroke
	4. A working stroke
23. “Area-specific” curets:
	1. **⌦**Are designed to adapt to a specific area or tooth surface
	2. Have two cutting edges per blade
	3. Are the only curets suitable for root planing
	4. Are used only in specific areas of the United States
24. A curet designed to scale and root plane anterior teeth with deep pockets will have a
	1. Short, angled shank
	2. Long, angled shank
	3. Short, straight shank
	4. **⌦**Long, straight shank
25. The best way to examine the dorsum of the tongue is to:
	1. Ask the patient to say “ah” and depress the tongue with the mouth mirror
	2. Use a dental mirror for indirect vision
	3. **🟐**Extend the tongue fully by grasping the tongue with a gauze square and use direct vision
	4. Palpate between the thumb and index finger
26. The submandibular salivary glands are best examined by:
	1. Transillumination
	2. Digital palpation
	3. Bidigital palpation
	4. Manual palpation
	5. **🟐**Bimanual palpation

## Appendix B: case presentation

Measure Description:

Student oral and written presentations of a clinical case. These are required the second, third, and fourth semesters. They are both formative and summative assessments, as the students demonstrate what they have learned up to that point in time, and also receive constructive feedback to improve their knowledge and skills for future cases.

Factors that affect the collected data:

Patient cooperation: Patients must return for multiple appointments so the student can complete the required tasks. If a patient is non-compliant, the student may have to start over at a late date and compromise the quality of the case presentation.

How to interpret the data:

The grading rubric used to evaluate the case presentation is on the following page.

The data quantify student knowledge and ability to comprehensively apply knowledge and skills learned.

This measure demonstrates students’:

Legal and ethical behavior in a clinical situation

Ability to acquire and critically analyze clinical information

Critical thinking skills in developing a dental hygiene diagnosis and need for referral

Ability to formulate a dental hygiene care plan, include collaboration with other health care providers

Ability to deliver care and maintain the oral health of patients

Related instruction skills in communication, computation, and relationship-building

Ability to evaluate the effectiveness of services rendered, and the knowledge to modify treatment as needed based on patient response

**CASE PRESENTATION ASSIGNMENT**

The objective of the case presentation is to acquire a periodontal patient, collect all pertinent data, analyze all factors involved in the case, and develop a comprehensive treatment plan. The patient’s treatment plan is completed in clinic and the results are documented following healing.

In your first semester of clinical work, you will do a portion of a case presentation that will involve selection of a patient with normal periodontal condition to gingivitis. A more advanced periodontal condition may be presented if available, but is not required. All assessments (EOIO, dental, perio) must be completed by the student doing the case presentation. Radiographs may be exposed by another clinician. First year case presentations do not include treatment rendered or post-op evaluation findings. Second year case presentations include post-op photos and patient response to treatment. Please do not used clinical abbreviations in the formal written paper, e.g. pt, max, man. Please do not use animation in slide presentation. Additional details will be given in the periodontics course, DH A311.

Required materials and data for case presentation. Information in oral presentation and written report should be the same:

* Comprehensive medical and dental examination
* Photographic documentation of case to include pre-op pictures—please include after

 objective data is presented in oral presentation

* Full mouth (18 films) radiographic survey—include after pre-op photos in oral presentation
* Complete periodontal charting at initial exam (and after treatment for 2nd year)
* Post-op photos for 2nd year cases

Copies of the written case presentation with a color periodontal chart should be made for all instructors and should include the following, with headings (*in this order)*:

 Subjective Data

 Personal profile—narrative format

 Chief complaint—narrative format

 Medical History—narrative format

 Dental History—narrative format

 Objective Data

 Extraoral examination

 Intraoral examination

 Dental examination—should include existing teeth, restorations, and pathology

 Occlusal summary

 Periodontal summary—narrative format

 Radiographic summary

 Diagnosis (aka assessment) of dental and periodontal needs—narrative format

Treatment plan—should not include exams, should address everything in assessment, including referrals

 Prognosis—narrative format

 Copy of periodontal charting pre-treatment (1st & 2nd year) and post-treatment (2nd year)

 Treatment rendered (2nd year)

 Periodontal summary of post-treatment evaluation; post-Tx photos (2nd year)

Each 1st year student will be allowed 20 minutes and each 2nd year student will be allowed 30 minutes to present the entire case and answer all questions.

Evaluation of presentation is dependent on:

 Completeness of evaluation and summary of data

 Recognition of disease activity or stability in case

 Comprehensive nature of treatment plan

 Quality of write-up, organization, and presentation of case

Please refer to grading rubric for case presentation.

**Case Presentation Grading Rubric**

| **Written Report and Oral Presentation (100 points total)** | **Points Possible** | **Comments** | **Points** |
| --- | --- | --- | --- |
| **Grammar, terminology** 1-2 errors=8-9; 3-4 errors =6-7; >4 errors=0-5 | 10 |  |  |
| **Professional presence** Professional dress, demeanor, slides | 5 |  |  |
| **Content**  | - |  |  |
| **Organization/sequencing/format** | 10 |  |  |
| **Completeness of relevant info** | - |  |  |
| *Subjective Data*CC, personal, medical, dental profiles, obtained by the student making presentation | 10 |  |  |
| *Objective Data Summaries*EO, IO, Dental, Occlusion, Perio (including post-tx measurements for 2nd year only), Accretions (Plaque scores are encouraged), Radiographs, Photos: pre/post (post 2nd year only) and good quality; all but radiographs must be obtained by the student making presentation | 15 |  |  |
| *Diagnosis (Assessment)*Lists needs, problems, contributing factors of perio/dental condition, and risk assessments, nutritional analysis (prn) | 15 |  |  |
| *Treatment Plan*Systemic, emergency, debridement, OHI, referrals prn, hard tissue finishing (e.g. Fl, removal of overhangs and defective restorations), re-eval of periodontal therapy, maintenance/recall interval | 20 |  |  |
| *Prognosis* | 5 |  |  |
| *Treatment rendered, post treatment evaluation periodontal summary—2nd year only* | Included in treatment plan score |  |  |
| **Ability to knowledgably answer questions** | 5 |  |  |
| **Professional conduct during other presentations** (Can be a negative grade if student has multiple incidences of unprofessional conduct.) | 5 |  |  |
| **Ethics related to patient care** | Appropriate | Not appropriate |  |
|  | Notes on ethics: |  |
|  |  |  |  |
| **Point Total** | **100** |  |  |

## Appendix c: Professionalism Grade

Measure Description:

Grade in clinical and laboratory courses. An example grading rubric is provided. The final grade is based on formative assessment throughout each semester.

Factors that affect the collected data:

1. Ability of faculty to observe and record student behavior: If faculty do not observe and record infractions, then the data is irrelevant. It is fairly impossible to observe all students at all times.
2. Faculty calibration for grading: Some subjectivity is inherent in this process, and can result in variances.

How to interpret the data:

Example criteria for professionalism grading is listed on the following page, but varies from course to course..

Professionalism is essential in dental hygiene. Dental employees are expected to:

Be timely, well-groomed, and respectful

Exhibit professional manners and good judgment

Maintain proper infection control and accurate records

Be responsible for equipment and supplies

The professionalism grade provides this information regarding our students’ behavior.

**Professionalism Grading Rubric**

| **CRITERIA** | **PTS** | **CRITERIA** | **PTS** |
| --- | --- | --- | --- |
| **Is punctual in attendance at each class session. (see note)** 10: Always on time  5: Late by <15 minutes 1-3 times (unexcused)0: Late by < 15 minutes more than 3 times (unexcused) -10: Each additional unexcused tardy <15 minutes-25 : Each unexcused. tardy 15-60 mins late; >60 mins = absence-50: Each unexcused absence |  | **Maintains complete and accurate records.** 10: Student & patient records are complete and orderly. 5: Student & patient records mostly complete and somewhat organized 0: Student & patient records not complete or organized |  |
| **Is appropriately attired and groomed.** 10: Always appropriately attired and groomed 5-9: Occasional grooming/uniform errors 0: > 5 grooming/uniform errors |  | **Performs lab duties as scheduled.**5: Always performs tasks and rarely needs reminding 3: May forget tasks and sometimes needs reminding 0: Often forgets tasks and requires much supervision |  |
| **Interacts with peers and faculty in a professional manner.** 10: Always professional interaction 5: Occasional unprofessional interaction 0: Frequent unprofessional interaction or single major incident-5: For each additional major incident |  | **Maintains instruments and supplies in an appropriate condition.** 5: Instruments & supplies neat and in excellent condition 3: Instruments & supplies sometimes disorganized 0: Instruments & supplies usually disorganized and/or in  poor condition |  |
| **Promotes team relationships.** 5: Excellent team player—always helps others  3: Good team player—often helps others 0: Poor team player—puts self interests before others |  | **Performs daily operatory maintenance as specified.** 5: Daily operatory maintenance always performed 3: Daily operatory maintenance usually performed 0: Daily operatory maintenance often not performed, or  reminders are often needed |  |
| **Exhibits good judgment.** 5: Makes wise decisions 3: Occasionally exhibits poor judgment 0: Often exhibits poor judgment |  | **Manages time in a manner which allows optimum learning.**5: Excellent time management; Uses time wisely 3: Good time management; occasionally wastes time 0: Poor time management: often wastes time |  |
| **Maintains OSHA standards.**10: Rarely has lapse in infection control 5: Lapses in infection control average ~ 1/week 0: Commonly has lapses in infection control |  | **Completes requirements by due dates.**10: All requirements/assignments completed by due dates5-9: Occasionally late on a requirement/assignments 0: Frequently late on requirements/assignments |  |
| **Completes tasks within a reasonable time.**10: Always or almost always finishes in given time period 5: Often takes additional time to complete tasks 0: Almost always takes additional time to complete tasks |  | **NOTE:** Excused tardy may include weather-related events but must be accompanied by lead faculty notification PRIOR to class start time or else will be treated as an unexcused tardy.**NOTE**: Early departure from class without faculty permission will be counted as an unexcused tardy. |  |
| **Column totals:** |  |  |  |

**Professionalism Total Grade:**

## Appendix d: literature reviews

Measure Description:

Written and class discussion on professional literature assignments

Factors that affect the collected data:

1. Written literature evaluation is mostly objective based on rubric, providing a stable effect on results.
2. Class discussion is varied and quality is dependent of literature selection.
3. Student participation can vary depending on interest and personality.

How to interpret the data:

A rubric for the written literature review is on the following page.

The written report and class discussion provide insight into student understanding of proper research methodology and student ability to critically analyze scientific literature.

**Criteria for Professional Literature Review**

|  | **Criteria** | **Pts** | **Self Evaluation** | **Instructor Evaluation** |
| --- | --- | --- | --- | --- |
| **A** | **Overall description of the article** |  |  |  |
|  | 1 | Title concise and descriptive |  |  |  |
|  | 2 | Author’s affiliations & credentials noted |  |  |  |
|  |  | a | Researcher has satisfactory reputation for well-conducted research |  |  |  |
|  |  | b | Researcher is not affiliated with a commercial firm |  |  |  |
|  | 3 | Article found in reputable, peer-reviewed journal |  |  |  |
|  |  | a | Journal has an editorial review board; articles are peer-reviewed prior to publication |  |  |  |
|  |  | b | Journal is affiliated with a learned society, professional group, specialty group, or reputable scientific publisher |  |  |  |
|  |  | c | Journal is not a “popular” magazine sponsored by a cause or published by a commercial firm |  |  |  |
|  |  | d | Concisely written using a scientific style |  |  |  |
|  | 4 | Data published indicate current knowledge & are not outdated by more recent research |  |  |  |
| **B** | **Author has qualifications to write the article** |  |  |  |
|  | 1 | Author’s current or past position supports expertise in a particular area |  |  |  |
|  | 2 | If reporting research results, there is evidence of finances & facilities to support the research |  |  |  |
| **C** | **References are available for articles** |  |  |  |
|  | 1 | References are comprehensive, accurate, & reputable |  |  |  |
|  | 2 | Given the topic, there is an appropriate number of current references, although older references may be indicated for historical purposes or because |  |  |  |
| **D** | **Research problem is clearly, accurately, & completely described** |  |
|  | 1 | Purposes of the study are clearly stated |  |  |  |
|  | 2 | There is a thorough review of the literature |  |  |  |
|  | 3 | Important terms &concepts are defined adequately |  |  |  |
|  | 4 | Hypotheses or objectives are adequate & clearly stated; hypothesis or objective follow directly from the problem statement |  |  |  |
| **E** |  | **Prospective & retrospective research require a different evaluation & materials & methods section** |  |  |  |
|  | 1 | Characteristics of the population sampled are described; allocation of groups outlined if a clinical trial |  |  |  |
|  | 2 | Sampling techniques are described & adequate |  |  |  |
|  | 3 | There is evidence of no bias in selection or assignment of objects or persons in the sample |  |  |  |
|  | 4 | Research design is described; there is control indicated for variables that might influence the results; comparability of experimental & control groups is evident’ limitations of the design are pointed out |  |  |  |
|  | 5 | Tests & instruments used give reasonable measures of the factors under study |  |  |  |
|  |  | a | Tests & instruments used are valid & reliable |  |  |  |
|  |  | b | Conditions in which measurements are made are described |  |  |  |
|  |  | c | Duration of study is appropriate |  |  |  |
|  | 6 | All factors needed to test the hypotheses or achieve the objectives are included in the analysis |  |  |  |
|  |  | a | Statistical tests are described; general-purpose computer programs for data analysis are specified |  |  |  |
|  |  | b | Hypotheses are tested through statistical analysis |  |  |  |
|  | 7 | Findings are presented in a clear manner |  |  |  |
|  |  | a | Data tables & figures are clear, easy to understand, & titled |  |  |  |
|  |  | b | Data are presented in a straightforward manner; authors report statistical method used & reason for selection |  |  |  |
|  | 8 | Discussion highlights significant issues from the research |  |  |  |
|  |  | a | Author may speculate on the significance of the findings |  |  |  |
|  |  | b | Strengths & limitations of the study are stated |  |  |  |
|  |  | c | Treatment or study complications & adverse effects are reported |  |  |  |
|  |  | d | Results are related to the current literature & implications for practice or the profession |  |  |  |
|  | 9 | Conclusions are supported by the methods used & the findings |  |  |  |
|  |  | **Total Points** |  |  |  |

## Appendix E: competencies

Measure Description:

Skill-based assessments in laboratory and clinical courses. These are summative, as students demonstrate competence in skills learned each semester.

Factors that affect the collected data:

1. Scoring is somewhat subjective.
2. Poor faculty calibration can result in grading variation.
3. Students get nervous and may not perform to their best ability.

How to interpret the data:

Each skill has a specifically designed task analysis that lists each step or criteria. Faculty observe each student on each task, and students must perform to a pre-determined skill level to pass. This data demonstrates student skill competency.

A sample task analysis sheet is provided on the following page.





Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (15 points required to pass.)

**Student Teaching Competency**

| **Task** | **Scoring Basis** | **Self-evaluation** | **Peer-evaluation** | **Faculty evaluation** |
| --- | --- | --- | --- | --- |
| Organize/prepare for classes | Well prepared with all materials and well thought-out plan for class time | 4-5 |  |  |  |
| Lacked 1-2 materials or plan was lacking details | 3 |  |  |  |
| Lacked 3 or more materials and/or plan was poorly developed | 1-2 |  |  |  |
| Assess student performance in lab or clinical activities | Well engaged with students and able to distinguish performance levels. | 4-5 |  |  |  |
| At times was engaged with students and/or was able to distinguish performance levels. | 3 |  |  |  |
| Unengaged with students and/or was unable to distinguish performance levels. | 1-2 |  |  |  |
| Cultivate student skills through one-on-one interaction | Focused time and effort on individual students, spending equal amount of time with each student. Able to ascertain student weaknesses and provide appropriate instruction. | 4-5 |  |  |  |
| At times focused on students; Spent unequal between students; Sometimes ascertained weaknesses and provided appropriate instruction. | 3 |  |  |  |
| Usually not focused on students. Spent unequal time between students; Usually could not distinguish student weaknesses nor help instruct. | 1-2 |  |  |  |
| Evaluatedstudent competence | Provided fair and consistent evaluations. | 4-5 |  |  |  |
| At times provided fair and consistent evaluations. | 3 |  |  |  |
| Rarely provided fair and consistent evaluations. | 1-2 |  |  |  |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scoring: 0-2=unacceptable; 3-5=acceptable

| **AREA** | **SELF** | **INSTRUCTOR** | **Marginal Ridge** |
| --- | --- | --- | --- |
| **Occlusal** |  |  | Mesial (high—low—wide—narrow—shape) |
|  |  | Distal (high—low—wide—narrow—shape) |
|  |  | **Fossa** |
|  |  | Mesial (position—excess—overcarved—shape—define) |
|  |  | Central (position—excess—overcarved—shape—define) |
|  |  | Distal (position—excess—overcarved—shape—define) |
|  |  | **Triangular Ridges** |
|  |  | Transverse –Mesial High—low—wide—narrow—location—shape—bulky |
|  |  | Oblique or Distal transverseHigh—low—wide—narrow—location—shape—bulky |
| **Proximal** |  |  | **Spillway** |
|  |  | Mesial (location—high—low—defined) |
|  |  | Distal (location—high—low—defined) |
|  |  | **Contact** |
|  |  | Mesial (broad—small—high—low—open) |
|  |  | Distal (broad—small—high—low—open) |
|  |  | **Embrasure** |
|  |  | Mesio-buccal or lingual (excess—over) |
|  |  | Disto-buccal or lingual (excess—over) |
|  |  | Gingival—(mesial—distal) (excess—over) |
| **Margins** |  |  | **Cavosurface** |
|  |  | Mesial (flashing—sub) |
|  |  | Central (flashing—sub) |
|  |  | Distal (flashing—sub) |
|  |  | **Gingival Floor** |
|  |  | Mesial (excess—sub) |
|  |  | Distal (excess-sub) |
| **TOTAL** |  |  | **AVERAGE (divide by 19)** |

## Appendix F: American dental hygiene association

Measure Description:

Inquiry to American Dental Hygiene Association (ADHA) regarding the membership status of the two student cohorts. The request is for a numerical value only, not for names.

Factors that affect the collected data:

Ability to contact and receive information from local/state/national organization. Currently the UAA Dental Hygiene Program and the components of the ADHA have a good working relationship.

How to interpret the data:

Membership in a professional association exposes the student to benefits of participation in a professional association and promotes the profession.

## Appendix G: Community projects

Measure Description:

Student group projects involving diverse community populations.

Factors that affect the collected data:

This measure is based on assessing, planning, implementing, and evaluating community oral health projects. Projects will, by nature, be different, which can make grading more difficult. A grading rubric for each stage of the project development helps maintain grading consistency.

How to interpret the data:

It is ethically responsible for professionals to participate in community service activities. By requiring students to participate in community activities for diverse groups, the Dental Hygiene Program exposes students to diversity, the need for community service, and the personal satisfaction that can be obtained.

An extensive grading rubric is used for evaluation of the community project; one section of it is included as a sample.

**CRITERIA SHEET XI**

**FORMAT FOR FINAL REPORT**

|  | Pts | Self EvaluationI | InstructorI | EvaluationII |
| --- | --- | --- | --- | --- |
| INTRODUCTION (14PTS) |  |  |  |  |
| 1. Population is clearly identified
 | 2 |  |  |  |
| 1. Population is described
 | 2 |  |  |  |
| 1. Oral problem described
 | 2 |  |  |  |
| 1. Statement of need or problems
 | 2 |  |  |  |
| 1. Library research incorporated-at least 3 journal articles

cited | 6 |  |  |  |
| ASSESSMENT (16PTS) |  |  |  |  |
| 1. Description of facility and its role in the community is

provided | 2 |  |  |  |
| 1. Personnel responsible described
 | 2 |  |  |  |
| 1. Dental health care mechanisms described
 | 2 |  |  |  |
| 1. Attitudes, knowledge, values summarized
 | 2 |  |  |  |
| 1. Issues re: dental health summarized
 | 3 |  |  |  |
| 1. Community profile provided
 | 5 |  |  |  |
| PLANNING (25 PTS) |  |  |  |  |
| 1. Problems clearly identified
 | 5 |  |  |  |
| 1. Limitations of students doing implementations identified
 | 2 |  |  |  |
| 1. Priorities listed
 | 3 |  |  |  |
| 1. Goals listed
 | 2 |  |  |  |
| 1. Objectives listed
 | 3 |  |  |  |
| 1. Solutions listed
 | 5 |  |  |  |
| 1. Presentation of plan to appropriate persons
 | 3 |  |  |  |
| 1. Target population identified and method of sampling

described | 2 |  |  |  |
| IMPLEMENTATION (15 PTS) |  |  |  |  |
| 1. Activities done to meet each goal are explained
 | 15 |  |  |  |
| EVALUATION (19 PTS) |  |  |  |  |
| 1. Evaluation mechanisms included in appendix
 | 2 |  |  |  |
| 1. Presentation of data is provided
2. summary of findings
3. tables and/or graphs appropriately labeled
4. extraneous variables mentioned
5. interpretation of results
 | 5324 |  |  |  |
| 3. Recommendations made | 3 |  |  |  |
| ADDITIONAL (11PTS) |  |  |  |  |
| 1. Title Page
 | 1 |  |  |  |
| 1. References: proper format employed
 | 10 |  |  |  |
|  |  | TotalPoints |  100 |  100 |
| REPORT FORMAT (16 pts) |  |  |  |  |
| 1. Agreement between use of singular and plural nouns

 and pronouns | 2 |  |  |  |
| 1. Use of the simple present tense or simple past tense

 only | 2 |  |  |  |
| 1. Use of the third person only
 | 2 |  |  |  |
| 1. No colons or semicolons
 | 2 |  |  |  |
| 1. Agreement between nouns, pronouns, and verbs
 | 2 |  |  |  |
| 1. Correct grammar
 | 2 |  |  |  |
| 1. Complete sentences (no fragments, comma slices, or

run on sentences | 2 |  |  |  |
| 1. Avoid the use of commas. When in doubt, do not use

 commas | 2 |  |  |  |
|  |  | Total Points |  16 |  16 |