

Course Outcomes Guide

Course/Program Title: DHY 202 – Dental Hygiene Clinical III

Date: Fall 2018

Course/Program Team: Jennifer Suminski, Raychene Michaels, Tiffany Harrison, Lucinda Oberholzer, Rhonda Hull, Lisa Varella, Dr. John Stull, Dr. Ebrahim Gaibie, Dr. David Williams

Expected Learning Outcomes:

- Apply comprehensive dental hygiene process of care strategies that incorporate assessment, planning, implementation and self-evaluation for the child, adolescent, adult, geriatric, special needs and medically compromised patients.
- Demonstrate competence in assessing periodontal diseases and implementing non-surgical periodontal therapy treatment and disease prevention strategies.
- Apply critical thinking and problem solving skills in a variety of clinical situations.

Assessment: (How do or will students demonstrate achievement of each outcome? Please attach a copy of your assessment electronically.)

Students are evaluated on all areas of clinical performance by meeting the minimum course requirements for number and type of patient, skills assessments, radiography performance, clinical engagement and attendance. Patient care is assessed using the software program TalEval and all other portions of the total course grade are evaluated using Moodle.

We have customized TalEval to fit our clinical procedures and evaluate each student on 109 aspects of patient care for each patient encounter. TalEval is a comprehensive, objective grading format that gathers data about the student's performance on specific procedures and items over a span of time on a variety of patients of various levels of difficulty. Student's skill performance is compared to all the times they performed the skill on all patients treated. TalEval measures all the items of patient care over each half of the semester and generates a grade based on the mean and the standard deviation.

	<u>Minimum Points</u>	<u>Weighted Total</u>
Clinical Patient Score	2000	80%
Radiography & Critique	750 (minimum)	5%
Skills Assessments	488 (minimum)	10%
CA Rotations and Clinic Engagement	225	5%
Total	3,463 points	100%

Validation: (What methods have you used or will you use to validate your assessment?)

1. TalEval – This software program is used by many dental hygiene programs across the country and meets several CODA accreditation standards including: 1-1 outcomes assessments, 2-15 through 2-17 process of care; 3-9 instructor calibration; and 6-2 quality assurance.

Goal - 100% of students achieve an average of 75% or higher on the Dental Hygiene Process of Care

Goal - 100% of students achieve an average of 80% or higher on Skills Assessments

Goal - 100% of students achieve an average of 75% or higher on Radiography skills

Results: (What do your assessment data show? If you have not yet assessed student achievement of your learning outcomes, when is assessment planned?)

1. Average Scores of Classes in each Weighted Grade Category

Cohort	DHPOC (80%)	Skills Assess (10%)	Radiology (5%)	Engagement (5%)
Fall 2016 (n=20)	85.7%	92.3%	94.7%	98.0%
Fall 2017 (n=19)	83.5%	93.5%	90.7%	93.7%
Fall 2018 (n=19)	83.5%	98.0%	93.5%	99.7%

2. Course Pass Rate Analysis

Cohort	Letter Grade A n (%)	Letter Grade B n (%)	Letter Grade C n (%)	Letter Grade D-F n (%)	Letter Grade I n (%)
Fall 2016 (n=20)	0 (0%)	10 (50%)	3 (15%)	0 (0%)	7 (35%)
Fall 2017 (n=19)	1 (5%)	16 (85%)	1 (5%)	1 (5%)	0 (0%)
Fall 2018 (n=19)	0 (0%)	16 (84%)	0 (0%)	1 (5%)	2 (11%)

Follow-up: (How have you used or how will you use the data to improve student learning?)

This is the fourth time this course has been conducted and the faculty have addressed design and implementation weaknesses from semester to semester. Due to administrative changes, several course design changes were implemented, but all of the course category values remained the same. The main change which may have impacted grade values were the number of skills assessments that had to be completed during the Fall 2018 semester as compared to previous semesters. The course requirements for patient number was on-target for this year. Students were challenged, but able to meet all requirements. The faculty will be revising course procedures and expectations in course syllabi and teaching materials used to prepare students for all clinical courses.

TalEval will no longer continue to be utilized to evaluate student's clinical performance due to several technical issues we ran into this semester. The recommended default median performance level of 80 was used this semester to calculate DHPOC student grades.

The radiography evaluation forms were revised over the summer of 2017, based on the changes to DHY 104 Radiography, to reduce grade inflation and have the grading schema more accurately reflect performance. The increased rigor has been reflected in the student's radiography grades. As from previous years, the two adjunct faculty who teach DHY 104 – Dental Radiology, are responsible for grading all radiographs for all clinics. This creates consistent expectations and evaluation for students and will continue for the foreseeable future.

The overall course categories values between cohorts have remained fairly constant taking into consideration the changes that were made during the various semesters.

The dental hygiene program has 2 full time faculty and 10 adjuncts who meet one to two times per year to formally calibrate. Expectations of the treatment plan and student performance expectations for various skills assessments are two of the most commonly misunderstood aspects of clinic and this tends to cause confusion between faculty and students. Although many positive changes were made to streamline clinical courses, the current system still needs some improvement. I will work with the program coordinator and clinical adjunct faculty to help create a more uniform process for evaluating students so that their scores truly reflect their clinical skills and we have a consistent method for grading students.

I work consistently with the program coordinator on the regular communication of expectations, changes and course information with students and faculty. This has improved since last year, but continued improvement is still needed. Clear expectations, communication, and processes are key to running the clinical portion of the program with fewer misunderstandings.

Overall Grade Distribution:

The current grading system makes it nearly impossible to earn an A in clinic. I am confident with the decision to move away from using TalEval that a better representation of each student's clinical abilities will be evident and accurately reflected. The evaluation processes for each grade category for clinical courses should be evaluated for validity and reliability as a measure of student performance.

Budget Justification: (What resources are necessary to improve student learning?)

Please see Kelanie Yordy for any budget justification for the dental hygiene program clinic equipment.