

## Course Outcomes Guide

**Course/Program Title:** DHY 111 – Dental Hygiene Clinical II

**Date:** Spring 2018

**Course/Program Team:** Jennifer Suminski (lead), Nancy Stannert, Kelanie Yordy, Amie Cardello, Marlaina Lantzy, and Dr. Paul Kane

### Expected Learning Outcomes:

- Apply critical thinking and problem solving skills to a variety of clinical procedures and clinical practice situations.
- Promote good oral and systemic health practices to all dental patients.
- Demonstrate professional and ethical patient treatment skills in various clinical practice 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 evaluations, 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>
DHPCE- Clinical Patient Care Score- patients	1,400	75%
Radiography & Critique	476	10%
Skill Evaluations (16 @ various points each + 3 P/F)	300	10%
CA Rotations/Clinic Engagement	150	2%
<b>Total</b>	<b>2,326</b>	<b>100%</b>

### 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 Evaluations**

**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?)**

I have chosen to compare data from the three cohorts I have taught.

1. Average Scores of Classes in each Weighted Grade Category

<b>Cohort</b>	<b>DHPOC (75%)</b>	<b>Skills Evals (10%)</b>	<b>Radiology (10%)</b>	<b>Engagement (3%)</b>	<b>Attendance (2%)</b>
<b>Spring 2016 (n=20)</b>	85.0%	97.6%	95.9%	94.4%	94.4%
<b>Spring 2017 (n=18)</b>	86.6%	94.1%	95.6%	97.9%	99.5%
<b>Spring 2018 (n=19)</b>	86.3%	93.2%	91.1%	99.0%	N/A

2. Course Pass Rate Analysis

<b>Cohort</b>	<b>Letter Grade A n (%)</b>	<b>Letter Grade B n (%)</b>	<b>Letter Grade C n (%)</b>	<b>Letter Grade F n (%)</b>
<b>Spring 2016 (n=20)</b>	6 (30%)	13 (65%)	1 (0.05%)	0 (0%)
<b>Spring 2017 (n=18)</b>	5 (27.8%)	13 (72.2%)	0 (0%)	0 (0%)
<b>Spring 2018 (n=19)</b>	3 (15.8%)	16 (84.2%)	0 (0%)	0 (0%)

**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. Additional design and implementation challenges were identified this semester, but were relatively minor compared to the previous year. 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 Clinic II.

TalEval will continue to be utilized to evaluate student's clinical performance. The recommended default medial performance level of 80 was adjusted to 80.5 this semester. It may be adjusted up next year, based on the rigor of the course and the continued trend in grade distribution of mostly B's.

The radiography evaluation instruments 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. This semester the radiography grade category was 4% points lower than the previous year's class average, reflecting the increase rigor in radiography grading. As from the previous year, the same two adjunct faculty are still responsible for grading all radiographs for all clinics. They are also the same faculty who teach DHY 104 Radiology Lab. This creates consistent expectations and evaluation for students and will continue for the 2018-2019 academic year.

Skills Evaluations are revised annually, based on revisions to DHY 102 Clinic I. The faculty will make minor changes for Fall 2019 based on both faculty and student feedback. Due dates and consequences for missed deadlines were amended to encourage on-time student completion and a greater emphasis on mandatory remediation for weak areas.

The overall class average on Skills Evaluations was 93.2%, which is lower than last year's average of 94.1%. During the Spring 2018 semester, we had 18 occurrences of late skills evaluation completions. This statistic was significantly higher than last year and I am not sure what contributed to this, even with pushing back due dates on two evaluations due to a snow day. I still feel that evaluation criteria needs to be reviewed for changes and the way that faculty evaluate students need to be addressed. The dental hygiene program has 2 full time faculty and 10 adjuncts who meet one to two times per year to calibrate, and I don't feel like this is enough. Expectations of the treatment plan and prevention case presentations are two of the most commonly misunderstood aspects of clinic and this causes confusion between faculty and students. The current system needs improvement, and I will work with the program coordinator to dedicate time with clinical adjunct faculty to 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.

As lead instructor for Clinics I and II, I work consistently with the program coordinator on consistent communication of expectations, changes and course information with students and faculty. This has improved since last year and last semester, but continued improvement is still needed. I am working with the program coordinator on designing clinic references and creating processes that help the program run more smoothly. Clear expectations, communication, and processes are key to running the clinical portion of the program with fewer glitches and misunderstandings.

#### Overall Grade Distribution:

The current grading system makes it nearly impossible to earn an A in clinic and there is a mismatch between Skills Evaluation Scores (93.2% average), Patient Care grades (86.3%), overall course grade and students actual ability level. 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 Marlaina Lantzy's SLOA budget justification for the clinic equipment for the DHY 221 course.