

Assurance of Student Learning Report 2020-2021

College of Health and Human Services

School of Nursing and Allied Health

Program of Dental Hygiene-AS Degree (226)

Program Director-Dr. Joseph W. Evans

Use this page to list learning outcomes, measurements, and summarize results for your program. Detailed information must be completed in the subsequent pages.

Student Learning Outcome 1: The dental hygiene graduate will be competent in utilizing critical thinking, problem solving, and evidence-based decision making in the dental hygiene process of care.

Instrument 1	Direct: Patient case study presentation
Instrument 2	Direct: National Board Dental Hygiene Examination (NBDHE)
Instrument 3	

Based on your results, check whether the program met the goal Student Learning Outcome 1. Met Not Met

Student Learning Outcome 2: The dental hygiene graduate will be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications.

Instrument 1	Direct: Clinic Evaluation Form
Instrument 2	Indirect: Student Exit Surveys
Instrument 3	

Based on your results, check whether the program met the goal Student Learning Outcome 2. Met Not Met

Student Learning Outcome 3: The dental hygiene graduate will be able to perform self-assessment to maintain professional standards and encourage life-long learning.

Instrument 1	Direct: Process Evaluations
Instrument 2	Indirect: Student Exit Surveys
Instrument 3	

Based on your results, check whether the program met the goal Student Learning Outcome 3. Met Not Met

Program Summary (Briefly summarize the action and follow up items from your detailed responses on subsequent pages.)

Overall, the results from this assessment indicate that the program success target percentages are being reached and/or exceeded the self-reported assessment goals in each category. **Student Learning Outcome 1:** Continued to stress to all students the importance of studying ahead of time for the NBDHE. Discussed that each student should seek instructor help if struggling with a concept or understanding material. Recommended the opportunity to attend national board review courses, provided information to the American Dental Hygienists' Association online board review course, and suggested study materials outside of course material provided by instructors. Discussed that WKU Student Services provided test taking approaches for those students who struggle with exams. These items were encouraged throughout matriculation through the program. Due to COVID-19 parameters leading to WKU not having a Spring Break during Spring 2021, students were delayed taking this exam until the last week of April 2021.

Student Learning Outcome 2: Each student's progress is tracked by monitoring process evaluations, assignments, competencies, and clinical patient requirements. Students are expected to demonstrate steady competency progression throughout each semester while also completing all requirements within a timely manner. The faculty may require any student who is not demonstrating adequate progression at a competency level or struggling with certain material or clinical aspect to seek remediation during the open clinical lab sessions or work with an individual instructor pertaining to clinical issues. Faculty also relay information to the program director when a student is having difficulty meeting parameters and a meeting with the student could be provided to discuss possible approaches to help the student be successful. Faculty continue to emphasize outside of class assistance via instructor or remediation sessions as well as encourage students to recruit patients to satisfy specific requirements if needed. In response to the COVID-19 pandemic beginning in August 2020, all didactic content during this interruption was delivered via remote learning while maintaining continued compliance with Commission on Dental Accreditation (CODA) Standards. All didactic content was delivered via distance education with lectures, seminars, exams, quizzes, assignments, case studies, presentations, and continuing education modules enabling the program to continue to provide this content and evaluate student competence. Laboratory and clinical sessions were offered in a face to face format while maintaining social distancing parameters. Course sequencing was not altered as all required courses were taken and completed in the order mandated by the program. Temporary flexibility guidelines set forth by CODA allowed for alternative assessment methods that enabled the program to continue to provide curricular content and evaluation of student competence. Clinical and laboratory sessions were presented in a routine face to face delivery during the 2020-2021 period as compared to temporary clinical and laboratory modifications which occurred for the 2019-2020 session. The lecture and seminar components were continuously presented via an online distance learning approach. Each student was required to complete and present a case study using a patient scenario and history overseen by the course coordinator. A rubric was used to evaluate these presentations and offer feedback to each student. Items provided continued assessment of these students in regard to the course while continuously complying with CODA Accreditation Standards. All students within the Class of 2021 completed all requirements and successfully achieved competency upon evaluated assignments. Graduate surveys are evaluated and compared to previous classes when completed in May. When comparing feedback of graduate survey information between 2020 and 2021 in relation to goals of the program associated with this learning outcome, it appears students continue to feel well prepared/prepared. One goal listed that correlated with the student learning outcome was does the program prepare dental hygienists who possess the reasoning, judgment and leadership skills necessary to identify problems, develop solutions to problems, implement these solutions, and evaluate the effectiveness of these solutions through formulating a dental hygiene assessment and developing a treatment plan. All students in both 2019-2020 and 2020-2021 felt well prepared/prepared with this goal. An increase from twenty-one to twenty-four students feeling well prepared was recorded in 2020-2021 when compared to 2019-2020 as six felt prepared in 2019-2020 with two feeling prepared in 2020-2021. Another goal related to this student learning outcome was does the program prepare dental hygienists who can function in the increasingly complex, interdisciplinary healthcare system and who are able to meet the dental hygiene care needs of the elderly, culturally diverse, disadvantaged, and physically challenged. Twenty-six respondents in 2020-2021 and nineteen in 2019-2020 stated they felt well prepared while eight graduates in 2019-2020 stated they felt prepared to effectively communicate with, educate, and treat all patients from a wide variety of backgrounds. The values indicate these goals were consistently met when comparing this information.

Student Learning Outcome 3: Students are provided daily, weekly, and routine feedback from laboratory, preclinical, and clinical performance with instructor comments on evaluation forms. Students are expected to demonstrate steady competency progression throughout each semester while also completing all requirements within a timely manner. The faculty may require any student who is not demonstrating adequate progression at a competency level or struggling with certain material or clinical aspect to seek remediation during the open clinical lab sessions or work with an individual instructor pertaining to clinical issues. Faculty also relay information to the program director when a student is having difficulty meeting parameters and a meeting with the student could be provided to discuss possible approaches to help the student be successful. Dental hygiene graduates appear to be able to perform self-assessment to maintain professional standards and encourage life-long learning. Students will continue to be individually monitored by faculty during their matriculation through the program. Any student recognized by faculty who may be struggling with a specific concept will be assisted by an instructor and referred to mandatory remediation as needed. Items identified in 2020-2021 as areas where students seemed to seek assistance to continue to improve their skills while matriculating through the program included taking advantage of open lab sessions to practice cavitation adaptation/usage on a typodont, radiographic technique, and chairside instrumentation. This was not an unusual trend to see when compared to the previous year as many students wanted to practice as much as possible outside of the classroom/clinical courses to continually improve their skills.

Student Learning Outcome 1

Student Learning Outcome	The dental hygiene graduate will be competent in utilizing critical thinking, problem solving, and evidence-based decision making in the dental hygiene process of care.		
Measurement Instrument 1	Direct measure of student learning: Students in Dental Hygiene 371 Clinical Dental Hygiene III provide a presentation of a case study patient treated during the previous semester in Dental Hygiene 370 Clinical Dental Hygiene II. Material considered when selecting the case study patient include: reason for choosing the patient, background of the patient, personal social history relevant to the patient's dental health and dental philosophy needs, summary of dietary analysis and recommendations made to the patient, and a periodontal reevaluation of the patient to determine if the patient benefited from the therapy provided by the student. The oral presentation is provided in the form of a narrative describing the patient's chief complaint, results of the examination, treatment plan, therapy, and results of therapy. The presentation includes radiographic images and clinical intraoral photographs. Postoperative photos are taken at the beginning of the periodontal reevaluation appointment. The case study patient information is presented in an oral format in class using Microsoft Power Point. Students are evaluated on the ability to analyze these factors and link the concepts to approaches that will be used on a routine basis in the clinical practice setting.		
Criteria for Student Success	Students should be able to satisfy the completion of the case presentation by meeting evaluation values pertaining to different aspects within the scope of patient treatment. Students must earn an average a 74% or greater to achieve competency for the presentation.		
Program Success Target for this Measurement	100%	Percent of Program Achieving Target	100%
Methods	Presentations were completed by all students (2) participating in the course and analyzed. Criteria were used to evaluate student performance with the total value calculated to determine overall competence of the student in relation to critical thinking, problem solving, and evidence-based decision making in the dental hygiene process of care. Criteria evaluated included: Patient Selection (perio, risk factors, calculus class/special needs), Patient's Medical/Dental Findings (medical history, dental history, periodontal evaluation, restorative evaluation), Radiographs (interpretation of findings, patient education), Treatment Planning (sequencing, appointment scheduling, address patient needs), Appropriate Therapy/Patient Education (oral hygiene aids, antimicrobials, charts/pamphlets, recommendations/referrals, incorporation of risk factors/periodontal disease), Reevaluation (assessment, patient progress/prognosis, specialist referrals, maintenance schedule), Analysis of Dietary Findings (potential acid production), Charts (clarity, accuracy, completion), and Overall Presentation (appearance, ability to answer questions, preparedness, grammar, eye contact, professionalism).		
Measurement Instrument 2	Direct measure of student learning: A minimum of 85% of students will pass the NBDHE exam on their first attempt.		
Criteria for Student Success	Students at the end of the program should achieve a score of 75 or higher in order to pass the NBDHE. This exam is a national standardized test which covers the various components of the dental hygiene curriculum. Passing this exam is a component that must be completed for the student to earn their dental hygiene license after graduation. Critical thinking, problem solving, and evidence-based decision making in the dental hygiene process of care are criteria examined.		
Program Success Target for this Measurement	85%	Percent of Program Achieving Target	100%
Methods	Results for each student are provided from the NBDHE to the program director. A collective student breakdown of the average score of the entire exam as well as the average score for each subject section of the exam is provided to the program director. The average overall exam score and individual average subject scores for the students who attempted the exam (BS and AS) for this cycle (26) were at or above the national average. Both AS students passed the NBDHE on the first attempt. These values suggest the program is meeting the goal of providing an academic atmosphere conducive to the development of a high degree of dental hygiene knowledge and clinical skill.		
Measurement Instrument 3			

Criteria for Student Success			
Program Success Target for this Measurement		Percent of Program Achieving Target	
Methods			
Based on your results, highlight whether the program met the goal Student Learning Outcome 1.		<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Actions (Describe the decision-making process and actions for program improvement. The actions should include a timeline.)			
Continued to stress to all students the importance of studying ahead of time for the NBDHE. Discussed that each student should seek instructor help if struggling with a concept or understanding material. Recommended the opportunity to attend national board review courses, provided information to the American Dental Hygienists' Association online board review course, and suggested study materials outside of course material provided by instructors. Discussed that WKU Student Services provided test taking approaches for those students who struggle with exams. These items were encouraged throughout matriculation of the program.			
Follow-Up (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.)			
All students pursuing the AS degree passed the NBDHE on the first attempt as well as completed all patient case study presentations at competency.			
Next Assessment Cycle Plan (Please describe your assessment plan timetable for this outcome)			
This outcome will be assessed again in 2022 during the 2021-22 assessment cycle. Data to be collected will include students measurement of competency with patient case study presentations using information from DH 370 Clinical Dental Hygiene II and DH 371 Clinical Dental Hygiene III and percentage of students passing the NBDHE on their first attempt. The dental hygiene program director will be responsible for collecting and providing data and information associated with this outcome.			

Student Learning Outcome 2			
Student Learning Outcome	The dental hygiene graduate will be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications.		
Measurement Instrument 1	Direct measure of student learning: Student expectations are indicated on the Clinical Evaluation Form. A formal course sequence in scientific principles of dental hygiene practice is integrated throughout the curriculum including DH 271 Clinical Dental Hygiene I, DH 370 Clinical Dental Hygiene II, and DH 371 Clinical Dental Hygiene III. These courses are integrated with corresponding clinical sessions to develop skills in the dental hygiene sciences and patient treatment. As each student matriculates through the Program, the performance level expectations from the beginning to the end of students' clinical experiences increases. The Western Kentucky University Program of Dental Hygiene has a tracking system to ensure that graduates are competent in providing dental hygiene care for all types of classifications of periodontal disease, different age groups of patients, and patients with special needs. These patient characteristics are included in the requirements and a minimum number of each must be completed at a competent level for graduation.		
Criteria for Student Success	Students should achieve a minimum number of "mastery" level interactions for various procedures and patient types. Upon meeting these parameters, students will achieve a level of competency in relation to providing health care to a conglomerate of various patient needs.		
Program Success Target for this Measurement	100%	Percent of Program Achieving Target	100%
Methods	As each student matriculates through the Program, the performance level expectations from the beginning to the end of students' clinical experiences increases. These expectations are indicated on the Clinic Evaluation Form. A Clinic Evaluation Form must be competed for each patient treatment interaction. Each clinical procedure evaluated is represented by a value indicating the maximum amount of errors a		

	<p>student can obtain for that particular procedure while still achieving a “Mastery.” As a student progresses to the next higher clinical course, the value of each error decreases meaning less errors can occur for each procedure for each subsequent clinical course. As an example, for a patient classified as SRP II, a student in Clinic I is allowed to leave three pieces of calculus and still receive a mastery for that procedure. A student in Clinic II can leave no more than two pieces of calculus and a student in Clinic III can leave only one piece of calculus. This is also seen with radiographs exposed clinically as each semester a passing grade to earn credit for a series of images increases for each subsequent clinical course. The performance level is expected to be higher for each clinical course in the curriculum as these courses are taken in order. Meeting these criteria give an indication that clinical competence is being achieved for the student’s level of experience in relation to that particular clinical course within the curriculum. Students treat a variety of patients including pedodontic, adolescent, and adult in Clinical Dental Hygiene I with calculus classifications required being Class I and II. This provides the opportunity for students to take these newly learned skills into the clinical setting and become acclimated to the environment while treating patients that correlate to their current skill level. By Clinical Dental Hygiene II DH 370, completed services are fully integrated and program requirements include a successive order of clinical skill competence, resulting in continued comprehensive dental hygiene treatment. Students are introduced to more difficult calculus classifications Class III and IV, periodontal patients, senior patients, and patients with special needs. Clinical Dental Hygiene III DH 371 provides for the continuation in the study of dental hygiene theory and practice which results in a continued increase of confidence, understanding, and approach by each student. The Western Kentucky University Program of Dental Hygiene has developed a tracking system to ensure that graduates are competent in providing dental hygiene care for all types of classifications of periodontal disease. Certain patient characteristics are included in the requirements for graduation. These characteristics include treating patients who exhibit gingivitis as well as patients presenting with slight, moderate, or severe periodontal disease. Students are required to attend all clinical sessions assigned in the course syllabi. During each patient encounter, the student is required to complete a Clinic Evaluation Form which includes patient classification information as well as the treatment rendered for each visit. All students met the standard of each item required for patient treatment indicating competency in this aspect.</p>		
Measurement Instrument 2	Indirect measure of student learning: Data from student exit surveys will demonstrate at least 90% agreement that future graduates meet program outcome.		
Criteria for Student Success	Student exit surveys should indicate that the upcoming dental hygiene graduate is well prepared or prepared in providing oral health care to individuals at all stage of life and for all periodontal classifications.		
Program Success Target for this Measurement	90%	Percent of Program Achieving Target	100%
Methods	<p>Student exit surveys are provided the last week of classes before graduation. The goals of the program are listed with descriptions under each asking the student if they feel well prepared, prepared, not prepared, or do not know in relation to various components of these goals. Surveys were provided with all BS and AS students (26) earning degrees responding. One goal listed that correlated with the student learning outcome was does the program prepare dental hygienists who possess the reasoning, judgment and leadership skills necessary to identify problems, develop solutions to problems, implement these solutions, and evaluate the effectiveness of these solutions through formulating a dental hygiene assessment and developing a treatment plan. Twenty-four of the respondents felt well prepared with two indicating they felt prepared. Another goal related to this student learning outcome was does the program prepare dental hygienists who can function in the increasingly complex, interdisciplinary healthcare system and who are able to meet the dental hygiene care needs of the elderly, culturally diverse, disadvantaged, and physically challenged. All twenty-six respondents stated they felt well prepared to effectively communicate with, educate, and treat all patients from a wide variety of backgrounds.</p>		
Measurement Instrument 3			
Criteria for Student Success			
Program Success Target for this Measurement		Percent of Program Achieving Target	
Methods			

Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.		<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Actions (Describe the decision-making process and actions planned for program improvement. The actions should include a timeline.)			
Each student's progress is tracked by monitoring process evaluations, assignments, competencies, and clinical patient requirements. Expectations are explained to the student in the Dental Hygiene Manual and also discussed in all laboratory and clinical syllabi. Clinical coordinators keep records of student progression and routinely review these items while also providing the student opportunities to review this information throughout each semester. Students are provided daily, weekly, and routine feedback from laboratory, preclinical, and clinical performance with instructor comments on evaluation forms, assignments, competencies, and clinical evaluation forms. Students are expected to demonstrate steady competency progression throughout each semester while also completing all requirements within a timely manner. The faculty may require any student who is not demonstrating adequate progression at a competency level or struggling with certain material or clinical aspect to seek remediation during an open clinical lab session or work with an individual instructor pertaining to clinical issues. Faculty also relay information to the program director when a student is having difficulty meeting parameters and a meeting with the student could be provided to discuss possible approaches to help the student be successful. Faculty will continue to emphasize outside of class assistance via instructor or remediation sessions as well as encourage students to recruit patients to satisfy specific requirements if needed.			
Follow-Up (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.)			
Students continue to complete all requirements in a timely manner. Updated graduate surveys for the upcoming graduating class will be evaluated and compared to previous classes once completed in May. When comparing these values to May 2020 graduates it appears the program continues to strive in receiving positive feedback concerning preparation as well as competence in providing oral health care to individuals at all stages of life and for all periodontal classifications.			
Next Assessment Cycle Plan (Please describe your assessment plan timetable for this outcome)			
This outcome will be assessed again in 2022 during the 2021-22 assessment cycle. Data to be collected will include information from Clinical Evaluation Forms entered into a tracking system to ensure that graduates are competent in providing dental hygiene care for all types of classifications of periodontal disease, different age groups of patients, and patients with special needs. Student exit surveys will also be used to determine if the dental hygiene graduate is well prepared or prepared in providing oral health care to individuals at all stages of life and for all periodontal classifications. The dental hygiene program director will be responsible for collecting information from Clinical Evaluation Forms from lead course instructors of DH 271 Clinical Dental Hygiene I, DH 370 Clinical Dental Hygiene II, and DH 371 Clinical Dental Hygiene III and providing data as well as information associated with this outcome. The dental hygiene program director will also be responsible for conducting and collecting information from the student exit surveys as well as providing this information associated with the outcome.			

Student Learning Outcome 3			
Student Learning Outcome	The dental hygiene graduate will be able to perform self-assessment to maintain professional standards and encourage life-long learning.		
Measurement Instrument 1	Direct measure of student learning: During laboratory and preclinical courses, students are required to self-evaluate for each process evaluation. Emphasis is placed on the mastery of a skill instead of grade performance. Each process evaluation and module evaluation includes a self-evaluation component with students being required to complete the self-evaluation prior to instructor evaluation. When completing some tasks with a student partner in Preclinical Dental Hygiene and Dental Materials I and II, the partner is also required to provide peer evaluation in relation to the confidence of the student partner. In the clinical setting, students are required to self-evaluate their preparation, performance, and approach to various services within in the clinic before instructor evaluation as well as self-evaluating radiographs in association with errors and possible retakes before their instructor will evaluate.		
Criteria for Student Success	Students should be able to identify if they understand each concept detailed on the process evaluation. The instructor's evaluation follows the student's self-evaluation. The student can then compare their own evaluation with the instructor. This approach instills the mindset for continuous self-evaluation by the student for learning purposes not only through the completion of process evaluations, yet also in preparing for various competencies that must be passed throughout the curriculum.		
Program Success Target for this Measurement	100%	Percent of Program Achieving	100%

		Target	
Methods	<p>As the student continues matriculation through the program, performance skills continue to build on those previously mastered and expectations continue to increase in relation to performance. In the laboratory setting, students are introduced to various concepts and modalities throughout each course. Students must complete laboratory assignments with many having a process evaluation to accompany. Students are introduced to these procedures and are expected to self-evaluate before being checked by an instructor. These concepts build upon the other with some labs culminating in a final exam where competency must be shown in a particular aspect before being able to proceed. For example, students learn various fundamentals involved with radiology and must combine these skills to pass a lab competency exam at the end of Radiology I. In Preclinical Dental Hygiene, students are introduced to fundamental skills including positioning of both patient and operator, instrument design, instrumentation, and the approach to patient treatment. Students progress with process evaluations and modules learning individual concepts along the way. A competency exam is proctored at the beginning of Clinical Dental Hygiene I combining all of these skills to determine student comprehension and must be passed to proceed to patient treatment. An instrumentation exam is also implemented in Clinical Dental Hygiene I which must be passed at a score of 83 or higher before patient treatment can begin. The basic skills mastered in the previous labs and Preclinical course are continued in Clinical Dental Hygiene I. Students focus on assessment skills, treatment planning, preventive counseling, risk assessments, scaling, and radiographic technique. As the student continues matriculation through the Program when taking Clinical Dental Hygiene II and Clinical Dental Hygiene III, the evaluation scale becomes more rigorous. It is expected that as the student's abilities increase, the grading criteria should also reflect an increased level of evaluation. The opportunities to perform self-assessment are distributed throughout the curriculum. First year students are required to do a self-evaluation on their process evaluations in Pre-Clinical Dental Hygiene (DH 270), Dental Radiology I (DH 201), Dental Materials and Expanded Functions I and II (DH 210 & DH 226) and a portion of Pain Control in Dentistry (DH 309). The instructor's evaluation follows the student's self-evaluation. The student can then compare their own evaluation with the instructor. This approach instills the mindset for continuous self-evaluation by the student for learning purposes not only through the completion of process evaluations, yet also in preparing for various competencies that must be passed throughout the curriculum.</p>		
Measurement Instrument 2	Indirect measure of student learning: Data from student exit surveys will demonstrate at least 90% agreement that future graduates meet program outcome.		
Criteria for Student Success	Student exit surveys should indicate that the upcoming dental hygiene graduate is well prepared or prepared to be able to perform self-assessment to maintain professional standards and encourage life-long learning.		
Program Success Target for this Measurement	90%	Percent of Program Achieving Target	100%
Methods	<p>Student exit surveys are provided the last week of classes before graduation. The goals of the program are listed with descriptions under each asking the student if they feel well prepared, prepared, not prepared, or do not know in relation to various components of these goals. Surveys were provided with all BS and AS students (26) earning degrees responding. One goal listed that correlated with the student learning outcome was does the program prepare individuals who are capable of meeting the needs of society, dentistry, and dental hygiene now and in the future. Twenty-five students responded that they felt well prepared to work effectively to solve problems, make decisions, and support members of the dental team with one respondent stating they felt prepared. Another goal related to this student learning outcome was does the program prepare dental hygienists who are literate, capable of problem-solving, decision making, and motivated to be life-long learners. Twenty-three of the respondents stated they felt well prepared staying current using evidence-based decision making with three respondents stating they felt prepared.</p>		
Measurement Instrument 3			
Criteria for Student Success			
Program Success Target for this Measurement		Percent of Program Achieving Target	
Methods			

Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 3.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Actions (Describe the decision-making process and actions for program improvement. The actions should include a timeline.)		
<p>Students are provided daily, weekly, and routine feedback from laboratory, preclinical, and clinical performance with instructor comments on evaluation forms. Students are expected to demonstrate steady competency progression throughout each semester while also completing all requirements within a timely manner. The faculty may require any student who is not demonstrating adequate progression at a competency level or struggling with certain material or clinical aspect to seek remediation during open clinical lab sessions or work with an individual instructor pertaining to clinical issues. Faculty also relay information to the program director when a student is having difficulty meeting parameters and a meeting with the student could be provided to discuss possible approaches to help the student be successful.</p>		
Follow-Up (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.)		
<p>Dental hygiene graduates appear to be able to perform self-assessment to maintain professional standards and encourage life-long learning when compared to graduates last year. Surveys from the upcoming graduating class will be compared to recent graduates. Students will continue to be individually monitored by faculty during their matriculation through the program. Any student recognized by faculty who may be struggling with a specific concept will be assisted by an instructor and referred to mandatory remediation as needed.</p>		
Next Assessment Cycle Plan (Please describe your assessment plan timetable for this outcome)		
<p>This outcome will be assessed again in 2022 during the 2021-22 assessment cycle. Information to be collected will be from process evaluations in DH 270 Pre-Clinical Dental Hygiene, DH 201 Dental Radiology I, DH 210 Dental Materials and Expanded Functions I, DH 226 Dental Materials and Expanded Functions II, and DH 309 Pain Control in Dentistry. Self-assessment clinical skills will also be evaluated in DH 271 Clinical Dental Hygiene I, DH 370 Clinical Dental Hygiene II, and DH 371 Clinical Dental Hygiene III. Student exit surveys will also be used to determine if the dental hygiene graduate is well prepared or prepared to be able to perform self-assessment to maintain professional standards and encourage life-long learning. The dental hygiene program director will be responsible for collecting information from lead course instructors and providing data as well as information associated with this outcome. The dental hygiene program director will also be responsible for conducting and collecting information from the student exit surveys as well as providing this information associated with the outcome.</p>		

WESTERN KENTUCKY UNIVERSITY
DENTAL HYGIENE PROGRAM
CLINIC EVALUATION FORM

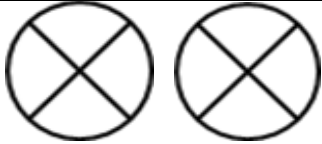
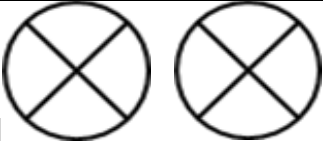
Patient Name: _____ Pt.#: _____		RECALL DATE <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>	Student: _____ #: _____
Consultation		Date: _____	Sig: _____
ASA Classification I II III IV	Patient Classification Pedo Adolescent Adult Senior SN (0-9) (10-21) (22-54) (55+)	Date: _____	Sig: _____
Calculus Classification: Pedo I II III IV Other: _____		Date: _____	Sig: _____
Perio Classification: _____ N/A			
Perio Maintenance: Slight Moderate Severe		SN <input type="checkbox"/> Yes <input type="checkbox"/> No	
EagleSoft® review needed? Yes or No		Date reviewed: _____	Sig: _____
Radiographic review needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date reviewed: _____	Sig: _____
Type: <input type="checkbox"/> PAN <input type="checkbox"/> FMS <input type="checkbox"/> BW <input type="checkbox"/> Other		Date <u>all</u> radiographs reviewed: _____	Sig: _____
Treatment Completed		Date: _____	Sig: _____

PROCEDURES TO BE EVALUATED: KEY: M=MASTERY N= NON MASTERY U=UNATTEMPTED ()=ALLOWED ERRORS

	Visit(s)	1	2	3	4	5	Faculty Comments
	DATE						
	TIME IN						
	TIME OUT						
	Instructor Initials For Start Check						
1.	Med/Dent History (2/1/1)						
2.	Extra/Intra Oral Exam (2/1/1)						
3.	Dental Charting (*)						
4.	Periodontal Assessment (3/2/1)						
5.	Calculus Detection (4/3/2)						
6.	Radio Asses/Patient Needs (1/0/0)						
7.	Treatment Planning (3/2/1)						
8.	Reassessment (1/0/0)						
9.	Periodontal Reassessment (2/1/0)						
10.	Patient Education (2/1/0)						
11.	Pedo (2/1/0)						
12.	SRP Class I (2/1/0)						
13.	SRP Class II (3/2/1)						
14.	SRP Class III (-/4/3)						
15.	SRP Class IV (-/6/5)						
16.	Plaque and Stain Removal (2/1/1)						
17.	Safety/Prevent Disease Trans (1/0/0)						
18.	Patient/Time Management (2/1/1)						Student Action Needed
19.	Record Completion (2/2/1)						
20.	Topical Fluoride (1/0/0)						
21.	Sealants [total #:]						
22.	Nitrous Oxide						
23.	Intraoral Photographs						

0-15 Items 1/0/0 * 16-30 Items 2/1/0* 31+ Items 3/2/1*

Treatment Plan

#	#	MIDLINE	#	#
Right Facial			Left Facial	
				
Right Lingual			Left Lingual	

Calculus Classification: _____

AAP Periodontal Classification: _____

Check the numbered column to indicate what procedure/service you plan to complete at each visit.

PROCEDURE/SERVICES	Treatment visit(s)					
	1	2	3	4	5	6
Reassess: Medical History <input type="checkbox"/> BP <input type="checkbox"/> Other <input type="checkbox"/>						
Prerinse: Listerine® <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Biotene® <input type="checkbox"/> Listerine zero® <input type="checkbox"/>						
Periodontal Reassessment						
Premedicate						
EagleSoft						
Radiographs Film <input type="checkbox"/> ScanX <input type="checkbox"/> CCD <input type="checkbox"/> BW # ____ Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> FRS # ____ Occlusal ____ PAN ____ PA(s) # ____						
Retakes # ____ Film <input type="checkbox"/> ScanX <input type="checkbox"/> CCD <input type="checkbox"/>						
PHP						
Patient Education:						
Nitrous Oxide/Oxygen Sedation						
Local Anesthesia Topical <input type="checkbox"/> Injections <input type="checkbox"/> Oraqix® <input type="checkbox"/>						
Scale, Ultrasonic: Quadrant <input type="checkbox"/> Full Mouth <input type="checkbox"/>						
Scale, Hand: Quadrant <input type="checkbox"/> Full Mouth <input type="checkbox"/>						
Plaque and Stain removal: TB <input type="checkbox"/> Floss <input type="checkbox"/> PX Cup <input type="checkbox"/> PX Brush <input type="checkbox"/> Air Polisher <input type="checkbox"/> PX paste: coarse <input type="checkbox"/> medium <input type="checkbox"/> fine <input type="checkbox"/> superfine <input type="checkbox"/> pumice <input type="checkbox"/> toothpaste <input type="checkbox"/>						
Subgingival Irrigation: Listerine® <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Other ____						
Teeth selected for Sealants: Dentist ____						
Fluoride: APF <input type="checkbox"/> NAF <input type="checkbox"/> Varnish <input type="checkbox"/>						
Dietary Counseling						
Study Models						
Subgingival Medicament Placement (e.g. Arestin®)						
Intra/Extra Oral Photos						
Other:						
Referral for:						
Establish Recall						

Faculty Signature INITIAL plan _____ Date _____

Faculty Signature REVISED plan _____ Date _____

Toothbrush Size _____ Floss _____

Receptionist Signature _____

EVALUATION FORM FOR CASE PRESENTATION

Presenter _____ **Evaluator** _____ **Score** _____

Patient Selection					
Perio	(5) Severe	(4) Moderate	(3) Slight	(2) Gingivitis	(1) Healthy(N/A)
Risk Factors	(5) Smoking plus one or more risk factors	(4) Smoking with no other risk factors	(3) more than one risk factor with no history of smoking	(2) one risk factor with no history of smoking	(1) no risk factors
Calculus Class Special Needs	(5) CC IV or CC III with special needs	(4) CC III or CC II with special needs	(3) CC II or CC I with special needs	(2) CC I	
Patient's Medical/ Dental Findings					
Medical History Dental History Periodontal Eval Restorative Eval	(10) Thoroughly and correctly presents findings (including clinical attachment levels) with no errors	(9) At least one error or omission	(8) At least two errors or omissions	(7) At least three errors or omissions	(6) 4 or more errors or omissions
Radiographs					
Interpretation of findings Patient education	(5) Thoroughly and correctly presents findings on FRS; high quality radiographs; uses for patient education	(4) At least one error or omission; high quality radiographs; uses for patient education	(3) At least one error or omission; average quality radiographs; uses for patient education	(2) At least two errors or omissions; average quality radiographs; uses for patient education	(1) 3 or more errors or omissions; poor quality films; does not incorporate into patient education
Treatment Planning					
Sequencing Appt. scheduling Address pt. needs	(10) Logical sequence; adequate # of appts.; all needs addressed	(9) At least one error or omission; logical sequence; adequate # of appts.	(8) At least two errors or omissions; logical sequence; adequate # of appts.	(7) Three or more errors or omissions; logical sequence; inadequate # of appts.	(6) Inappropriate sequence of tx; inadequate # of appts.

Appropriate Therapy/Patient Education OH aids Antimicrobials Charts/ pamphlets Recommend/ Referrals Incorp. risk factors/periodic dx.	(10) Appropriate incorporation of OH aids; appropriate use of antimicrobials; appropriate charts/pamphlets; necessary recommendations & referrals; incorporation of risk factors/periodic disease	(9) At least one error or omission	(8) At least two errors or omissions	(7) At least three errors or omissions	(6) 4 or more errors or omissions
Reevaluation Assessment Pt. progress/ prognosis Specialist referrals Maintenance schedule	(20) Thorough, well-detailed; appropriate referrals; proper prognosis & maintenance schedule	(18) At least one error or omission	(16) At least two errors or omissions	(14) At least three errors or omissions	(12) 4 or more errors or omissions
Analysis of Dietary Findings Potential acid production	(10) Thorough analysis: no errors or omissions	(9) Thorough analysis; one error or omission	(8) Thorough analysis; one or more errors or omissions	(7) Partial analysis; one error or omission	(6) Partial analysis; one or more errors or omissions
Charts Clarity Accuracy Completion	(5) Enhance the presentation; prepared in a professional manner; large enough to be seen by all; accurate and complete	(4) Contribute to presentation; size is appropriate for reading; appropriate information is included; some material is not supported by visual aids	(3) Poorly prepared or used inappropriately; too small to be easily seen; listeners may be confused	(2) So poorly prepared that they detract from presentation	(1) Inaccurate or incomplete; listeners may have been misled

<p>Overall Presentation Appearance Ability to answer questions Preparedness Grammar Eye Contact Professionalism</p>	<p>(15) Personal appearance is completely appropriate; responds to questions with enthusiasm and correct responses; prepared; no grammatical errors; correctly pronounces all words; maintains eye contact with audience, seldom returning to notes; maintains professionalism throughout; organized</p>	<p>(13) Personal appearance is appropriate; generally responsive to audience; misses some opportunities for interaction; no grammatical errors; correctly pronounces all words; maintains eye contact most of the time but frequently returns to notes</p>	<p>(11) Personal appearance is somewhat inappropriate; reluctantly interacts with audience; responds to questions inadequately; some grammatical errors and mispronunciation of words; occasionally uses eye contact, but still reads notes most of the time; audience has difficulty following presentation because student jumps around</p>	<p>(9) Personal appearance is inappropriate; does not engage audience; several grammatical errors and mispronunciations; very little eye contact; thoughts don't flow, not clear</p>	<p>(7) Personal appearance is inappropriate; avoids or discourages active audience participation; is not responsive to group; difficulty with grammar and pronunciation of words; reads all of report with no eye contact; mumbles, audience has difficulty hearing; confusing</p>
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Comments:

BITEWING RADIOGRAPHIC EVALUATION

Student: _____

Instructor: _____

Date: _____

Criteria:

	SE	IE	IR
1. *Wears film badge			
2. *Wears gloves, mask, glasses and appropriate attire			
3. *Determines need for two or four bitewing radiographs			
4. *Explains the necessity of radiographs and procedure to patient			
5. *Prepares operatory prior to radiographic procedures			
6. *Selects appropriate film size for exposure			
7. *Selects appropriate technique			
8. *Prepares film so that exposure side of the film packet is adjacent to the bite-tab on the film holding device			
9. *Uses disinfected/sterilized or disposable film holding device			
10. *Prepares the patient for radiographic exposure by:			
a. removing eyeglasses and removable dental appliances			
b. draping with lead apron			
c. applying thyroid collar			
11. *Properly positions the patient for exposure:			
a. midline is perpendicular to the plane of the floor			
b. occlusal plane in the mouth closed position is parallel with the plane of the floor			
12. *Selects correct kVp, mA, and time settings for each exposure prior to placement of film packet in patient's mouth			
13. Closes all doors labeled "Close Door During X-Ray Procedures."			
14. *Demonstrates correct placement of the film packet for exposure:			
a. positions the lower half of the film packet so the bite tab rests on the occlusal surface of the mandibular teeth			
b. stabilizes the bite tab while the patient is instructed to close slowly			
c. checks to be sure the packet is not dislodged			
d. premolar exposures -- the film packet is centered in the premolar area			
15. *Determines correct horizontal angulation to avoid overlapping			
16. *Determines correct vertical angulation to avoid elongation or foreshortening (uses			

approximately 5 to 10 positive angulation)			
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Criteria:

	SE	IE	IR
17. *Determines correct PID placement to avoid cone-cutting			
18. *Leaves the room during radiographic exposure			
19. *Presses exposure button for complete exposure cycle			
20. *Places exposed film in designated container in preparation for processing			
21. *Sanitizes operatory and processes film holding device in appropriate manner			
22. *Leaves equipment in proper position			
23. *Processes film			

* Critical item. Must reevaluate if missed.

SE = Self Evaluation
 IE = Instructor Evaluation
 IR = Instructor Reevaluation

Student (Exit) Survey 2021

With respect to your Dental Hygiene Education at WKU, please answer the following questions:

		Well Prepared	Prepared	Not Prepared	Do Not Know
Goal #1 Provide an academic atmosphere conducive to the development of a high degree of scientific knowledge and clinical skill.					
1	Obtain a complete medical/dental history				
2	Recognize medical conditions that require special precautions for treatment				
3	Manage medical emergencies				
4	Take and record vital signs				
5	Perform an extra/intra oral examination and record findings appropriately				
6	Perform dental charting and accurately record findings				
7	Evaluate the periodontium and record findings accurately				
8	Develop individualized oral hygiene regimens for patients				
9	Perform dietary counseling for caries control and/or general health				
10	Follow the highest standards of asepsis and sterilization				
11	Expose and process radiographic films				
12	Develop and maintain a recall system				
13	Sharpen instruments effectively				
14	Maintain equipment				
15	Take alginate impressions				
16	Apply pit and fissure sealants				
		Well Prepared	Prepared	Not Prepared	Do Not Know
Goal #2 Prepare dental hygienists who have a strong theoretical base in the basic and psychosocial sciences, and dental hygiene science.					
1	Detect and remove calculus				
2	Use ultrasonic instrumentation for calculus removal				
3	Control pain and anxiety				
4	Perform a polishing procedure using appropriate agents				
5	Administer appropriate chemotherapeutic agents				
6	Administer appropriate topical fluoride agents				
7	Document dental hygiene treatment accurately				
8	Evaluate outcomes of dental hygiene treatment				

Student (Exit) Survey 2021 (cont).

		Well Prepared	Prepared	Not Prepared	Do Not Know
Goal #3 Prepare individuals who are capable of meeting the needs of society, dentistry, and dental hygiene now and in the future.					
1	Work effectively to solve problems, make decisions, and support members of the dental team				
2	Implement emerging technology in dental hygiene practice				
Goal #4 Prepare dental hygienists who are literate, capable of problem-solving, decision making, and motivated to be life-long learners.					
1	Effectively evaluate dental literature				
2	Stay current using evidence-based decision making				
Goal #5 Prepare dental hygienists who possess the reasoning, judgment, and leadership skills necessary to identify problems, develop solutions to problems, implement these solutions, and evaluate the effectiveness of these solutions.					
1	Formulate a dental hygiene assessment and develop a treatment plan				
Goal #6 Prepare dental hygienists who can function in the increasingly complex, interdisciplinary health care system and who are able to meet the dental hygiene care needs of the elderly, culturally diverse, disadvantaged, and physically challenged.					
1	Effectively communicate with, educate, and treat all patients from a wide variety of backgrounds				
Goal #7 Prepare dental hygienists who possess the moral and ethical values requisite for the effective performance of responsibilities within dental hygiene, dentistry, and society.					
1	Display professional and ethical conduct				
2	Establish good rapport and a caring attitude towards patients				
Goal #8 Prepare dental hygienists who are committed to contributing actively to the betterment of the profession through professional involvement and continued education.					
1	Communicate effectively with patients and other health professionals				
2	Select and attend continuing education courses that increase knowledge and skills for better patient treatment				
3	Be actively involved in your professional organization				

What areas can be improved upon?