

## TalEval Dental Hygiene Process of Care Evaluation Grading & Outcomes Assessment System

Since every dental hygiene program must demonstrate compliance with the American Dental Association Commission on Accreditation (ADACODA) Standards for accreditation, the TalEval serves as the ultimate tool for assisting faculty in demonstrating compliance with ADACODA standards. TalEval is the only computerized program of its kind in the world. The site team's verbal commendation of the TalEval at the Tallahassee Community College Dental Hygiene Program ADACODA Accreditation site visit of November 18-20, 2008, gives great credibility to the TalEval grading system.

Dental hygiene programs are in need of paperless grading systems since they are more cost effective, less cumbersome, and beneficial for clinical infection control. Not only does the TalEval serve such purposes, it also serves as an asset to demonstrating compliance with the following ADACODA standards:

Standard 1-1	Outcomes assessment
Standard 2-9 A6	Instruction
Standard 2-17	Tracking Patient Types and Numbers
Standard 2-17 A3	Clinical demands Increasing over the course of the curriculum
Standard 2-17	Dental Hygiene Process of Care on-going evaluation
Standard 2-25	Student self-assessment
Standard 3-5 A10	Faculty Calibration
Standard 6-2	Quality Assurance

### Objective Grading Format

TalEval is an objective grading system that includes a comprehensive "Itemized list" of procedures from ADACODA Standard 2-19. See the "TalEval Schematic of Evaluation" for the overall picture of the:

<b>4 Major Categories</b> >	<b>Assessment</b>	<b>Planning</b>	<b>Implementation</b>	<b>Evaluation</b>
<b>14 Subcategories</b> >	<b>Risk Assessment</b> EO/IO Occlusal Periodontology Radiology Hard Tissue Deposit Assessment	<b>Treatment Plan</b>	<b>Prev/Supportive</b> Pain Control Instrumentation	<b>Calculus removal</b> Quality Assurance Ethics

The "Itemized List" includes #1 – 140 under each of the 14 Subcategories. You may change the itemized list under the subcategories by going to the "Set-up" list on TalEval website.

Instructors go through the "Itemized list" when they evaluate student clinical performance and the list assures that instructors do not forget to observe every aspect of the care process. When instructors go through the list, they mark each item list under 14 different categories using a symbol as follows:

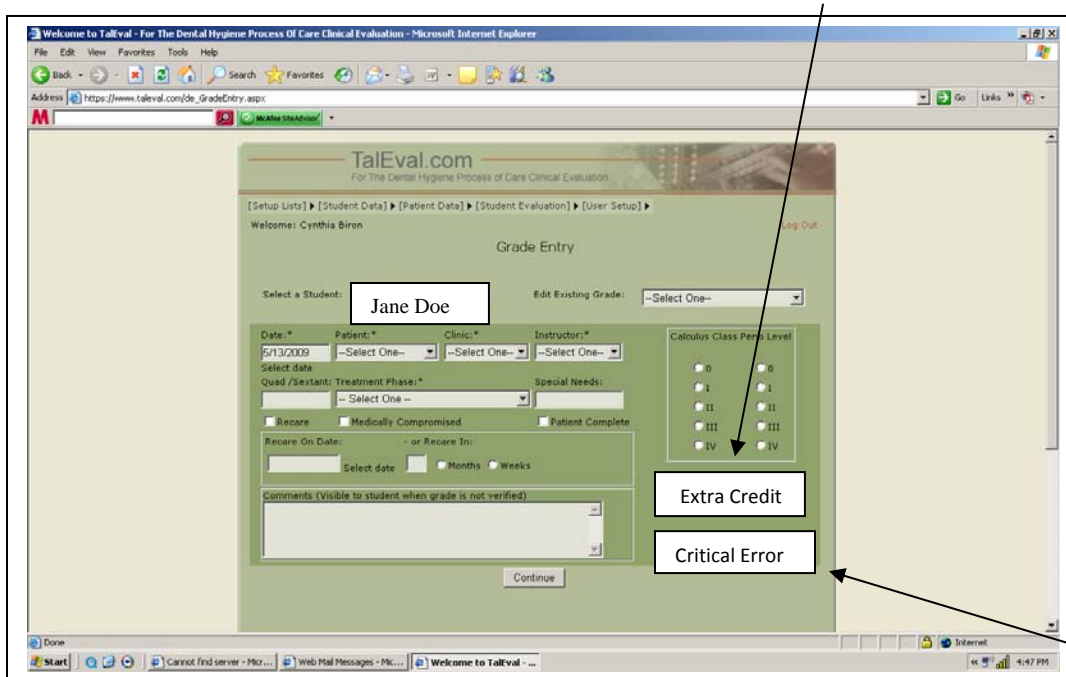
- Evaluation Symbols:
- +** for accuracy
  - ✓** for a single minor error
  - x** for multiple errors in a category
  - N** Indicates item: Not performed or observed

No math is conducted by the instructor at the time of the evaluation. The weights of the symbols above are unknown at the time of the evaluation. Weights are not assigned until all data is gathered over the course of the term (approximately 6-8 weeks). At that end of the term the total number of errors are calculated using mean of individual and total class performances. A tally is performed by the TalEval

software. The program uses the data collected to deduct points lost from errors against points gained for performance on patients with various levels of periodontal conditions ranging from healthy to advanced periodontitis. *Critical errors are in italics* An example Subcategory **Risk Assessment**:

I. Risk Assessment		±	√	X	N/A
Further Questions Findings	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses references	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital Signs	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Notifies Instructor of risk factors before check-in</i>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents appropriately in medical alert box	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Documents medications and contraindications</i>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents lifestyle risk factors	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents a concise statement "summary of health"	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Updates history at successive and recall appts</i>	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional performance points may be added by a pre-established criteria set forth by the faculty from each program. These points may be added in the "Extra Credit" in the header of each "Grade Entry Form"



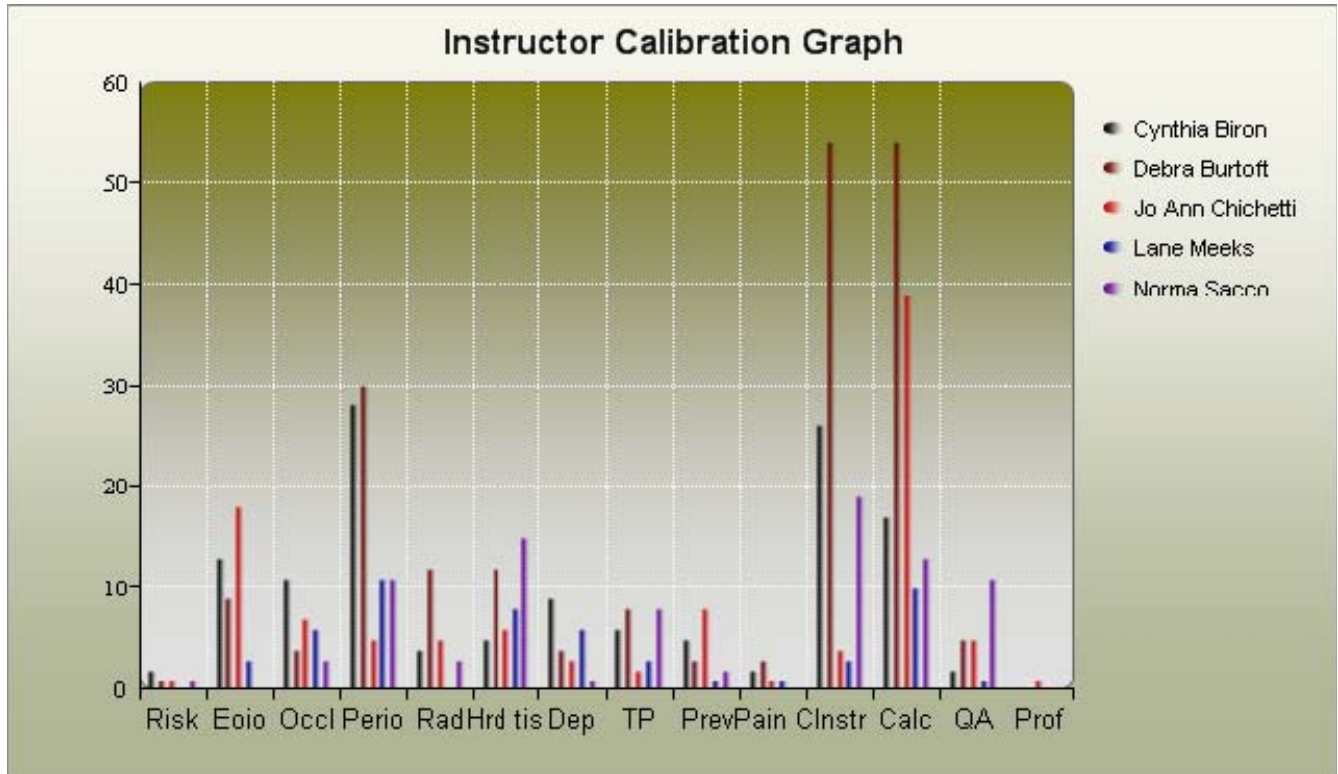
Individual student evaluations are further adjusted by entering points to be deducted in the **Critical Error** box on the grade header

### Patient Tracking

The TalEval system also tracks patient treatments by each student. The tracking report includes each student's patient care appointment and records a list according to patient age, gender, classification, ASA levels, Special needs, completion and recare.

### Instructor Calibration

The TalEval also provides a bar graph demonstrating instructor calibration by showing the categories where each faculty member marked errors. Instructors are able to discuss their own findings to enable each instructor to understand how to be more astute at recognizing errors in every category in the dental hygiene process of care.



### Outcomes Assessment

Reports generated by the TalEval system provide visual assessments of individual student and total class performance in every category to determine if students are progressing as expected for each level of their clinical dental hygiene education. The findings from these reports assist the faculty in making decisions to revise the curriculum.

**(See itemized checklist grading form or website [www.taleval.com](http://www.taleval.com))**

### Points Deducted as a Result of Errors

Evaluation symbols are assigned for every aspect of the dental hygiene process of care. The symbols assigned for each item in the dental hygiene process of care evaluation form are substantiated by documentation of the specific item on page three of the evaluation form, "Instructor Comments".

1. At the time the symbols ( ✓ and/or ✕ ) are assigned, their value is unknown by the instructor, as the value of the symbols in each category of the dental hygiene process of care is not determined until the entire class performance is plotted on a grid, and weights determined by the proficiency of the class at each level of their clinical education are computed. This system affords more objectivity in the daily evaluation process than having one instructor assigning a numerical grade at the time of the patient treatment.

2. At midsemester and the end of the semester, the symbols assigned for patient treatment by the entire class are plotted on a grid in their respective categories.
3. The more ✓ and x symbols assigned per category, the less value the symbol has in its respective category. Categories where students' skills are just "developing" would be evidenced by a greater number of (✓ and x) findings.
4. Categories where students have mastery of skills would be evidenced by a fewer number of (x and ✓) symbols and more frequent assignment of (+) symbols.
5. The X and ✓ symbols assigned result in points lost from the total grade.

**Points Gained from Productivity in Treatment of Each Patient Classification**

Points lost are offset by points gained from productivity through treatment of a specific number and classification of patients. Patient points are determined according to level of periodontal involvement and calculus deposits. The semesters of clinic in the two-year dental hygiene program include one semester of preclinic and three semesters of patient treatment clinics named Clinic I, II and III respectively. The clinics are subdivided at six week intervals and designated as: Clinic I-A, I-B, II-A, II-B, III-A, and III-B.

Students are expected to be more proficient in clinical skills as they progress through each six weeks of clinic. Therefore, the points gained for patient treatment decrease in value every six weeks, as the student becomes more competent through experience, they are required to provide care to more periodontally involved patients with a greater degree of accuracy in assessment, planning, implementation and continuing care and recare of patients.

See Table of Patient Point Values Next Page

**Clinic I A**

Calculus Class	Points Per Appointment	Periodontal Skill Level	Points Per Patient
0	.25	0	.0
I	1.00	I	.10
II	2.00	II	.50
III	2.25	III	.75
IV	NA	IV	NA

**Clinic I B**

Calculus Class	Points Per Appointment	Periodontal Skill Level	Points Per Patient
0	.15	0	0
I	.75	I	.05
II	1.50	II	.25
III	2.00	III	.50
IV	2.50	IV	NA

**Clinic II A**

Calculus Class	Points Per Appointment	Periodontal Skill Level	Points Per Patient
0	.10	0	0
I	.25	I	0
II	.75	II	.20
III	1.25	III	.45
IV	1.75	IV	.50

**Clinic II B**

Calculus Class	Points Per Appointment	Periodontal Skill Level	Points Per Patient
0	.05	0	0
I	.15	I	0
II	.50	II	.15
III	1.00	III	.40
IV	1.50	IV	.45

**Clinic III A**

Calculus Class	Points Per Appointment	Periodontal Skill Level	Points Per Appointment
0	.05	0	0
I	.10	I	0
II	.50	II	.10
III	1.00	III	.35
IV	1.50	IV	.40

**Clinic III B**

Calculus Class	Points Per Appointment	Periodontal Skill Level	Points Per Appointment
0	.05	0	0
I	.05	I	0
II	.50	II	.05
III	1.00	III	.30
IV	1.50	IV	.35

**Evaluation system Increases in demand as students progress through the curriculum**

**Clinic                      Student must detect:**

I (Week 1-12)	90% of Supragingival calculus	80% of Subgingival calculus
II-A (Week 1-6)	95%	80%
II-B (Week 7-12)	100%	85%
III-A (Week 1-6)	100%	90%
III-B (Week 7-12)	100%	95%

Grade according to Clinic Level: If percentage expected for each level the grade is +

**Clinic                      Student must remove:**

I (Week 1-12)	90% of Supragingival calculus	80% of Subgingival calculus
II-A (Week 1-6)	95%	80%
II-B (Week 7-12)	100%	85%
III-A (Week 1-6)	100%	90%
III-B (Week 7-12)	100%	95%

**How Does the TalEval Arrive at the Grade?**

First it counts up the **√s** and **X's** of each students performance as shown here on the:

**TalEval Individual Student Formative Grid**

**Student: Jane Doe.**

Date	CalcClass	PerioLevel	Quad	Fac	Risk	Ioio	Occl	Perio	Rad	Hrd tis	Dep	TP	Prev	Pain C	Instr	Calc	QA	Prof
04/15/09	II	I	Q3	NM	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0
04/13/09	I	0	q1,2,3,4	NS	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	1/0	0/0	2/0	0/0	0/0	0/0
04/08/09	I	0	1,2,3,4	MO	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
04/01/09	II	II	S4,5,6	NM	0/0	0/0	0/0	1/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
03/30/09	I	0	3,4	MO	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
03/18/09	I	I	3,4	MO	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0
03/02/09	I	I	s5,6	NS	0/0	0/0	1/0	0/0	0/0	1/2	1/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0
02/25/09	I	0	s5,6	MO	0/0	0/0	1/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
Totals					0/0	0/0	3/0	1/0	0/0	<b>2/3</b>	3/0	0/0	3/0	0/0	2/0	0/1	0/0	0/0

The number 2 is the amount of **√s**

The number 3 after the **/** is the amount of **X's**

See Jane's  $\checkmark$ s and X's entered across the top row of the grid

TalEval Summative Master Grid Clinic I (First Six Weeks of Patients)

Student	Risk	Eoio	Occl	Perio	Rad	Hrd tis	Dep	TP	Prev	Pain	Inst	Calc	QA	Prof
Jane	0/0	0/0	3/0	1/0	0/0	2/3	3/0	0/0	3/0	0/0	2/0	0/1	0/0	0/0
Lanette	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
Tammy	0/0	1/0	0/0	3/0	0/0	1/3	3/0	0/0	0/0	0/0	3/0	1/0	2/0	0/0
Kathy	0/0	1/0	2/1	3/1	0/0	2/0	1/0	0/0	0/0	0/0	0/0	0/0	3/0	0/0
Joan	1/0	0/0	0/0	2/0	0/0	4/2	0/0	0/0	1/0	0/0	4/0	0/2	1/0	0/0
Kim	1/0	2/0	2/0	2/0	0/0	4/0	1/0	0/0	1/0	0/0	3/0	2/0	3/0	0/0
Janet	0/0	1/0	0/0	1/0	0/0	4/1	0/1	0/0	1/0	0/0	2/1	0/0	1/0	1/0
Anne	0/0	1/0	2/0	1/0	0/0	3/2	2/0	0/0	1/0	0/0	2/0	1/0	0/0	0/0
Nancy	1/0	0/0	0/0	4/0	0/0	2/0	1/0	0/0	0/0	0/0	0/0	1/0	0/0	1/0
Rita	1/0	0/0	2/0	4/0	0/0	4/3	0/0	0/0	0/0	0/0	3/0	0/2	2/1	0/0
Sharon	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
Kaylin	0/0	0/0	0/0	1/0	0/0	4/1	2/0	0/1	1/0	0/0	2/0	2/1	3/1	0/0
Mary	2/0	1/0	1/1	4/2	0/0	0/4	0/0	0/0	3/0	0/0	2/0	0/0	1/0	1/0
Jean	1/0	1/0	1/0	2/0	0/0	1/0	4/0	0/0	1/0	0/0	1/0	0/0	0/0	0/0
Sandy	0/0	0/0	0/0	1/0	0/0	1/0	0/0	0/0	0/0	0/0	1/0	1/0	1/0	0/0
Annie	0/0	1/0	1/0	0/0	0/0	3/0	0/0	0/0	0/0	0/0	3/0	2/0	0/1	1/0
Pauline	1/0	1/0	2/1	3/0	0/0	4/5	0/0	1/1	2/0	0/0	1/0	3/0	4/0	0/0
Diane	0/0	1/1	0/0	2/1	0/0	3/0	0/0	1/0	1/0	0/0	5/0	0/0	2/0	0/0
Tammy	0/0	0/0	0/0	0/1	0/0	1/1	2/0	0/0	0/0	0/0	0/0	0/1	1/0	0/0
Beth	0/0	0/0	1/0	2/1	0/0	2/0	1/0	1/1	0/0	0/0	0/0	2/0	1/0	0/0
Andrea	1/0	1/0	0/2	6/0	0/0	2/0	2/0	1/0	0/0	0/0	1/0	1/0	1/0	1/0
Total $\checkmark$ / X	9/0	12/1	17/5	42/6	0/0	47/25	22/1	4/3	15/0	0/0	35/1	16/7	26/3	5/0
Each X = 2 $\checkmark$ s X Converted total $\checkmark$ s is:	9 +0 9	12 +2 14	17 +10 27	42 +12 54	0	47 +50 97	22 +2 24	4 +6 10	15 +0 15	0	35 +2 37	16 +14 30	26 +6 32	5 +0 5
7.14 ÷ Total $\checkmark$ s = weight	7.14 ÷ 9	7.14 ÷ 14	7.14 ÷ 27	7.14 ÷ 54	7.14 ÷ 0	7.14 ÷ 97	7.14 ÷ 24	7.14 ÷ 10	7.14 ÷ 15	7.14 ÷	7.14 ÷ 37	7.14 ÷ 30	7.14 ÷ 32	7.14 ÷ 5
Weight of $\checkmark$ s per category is:	0.79	0.51	0.26	0.13	-	0.07	0.30	0.71	0.48	-	0.19	0.24	0.22	1.43

An X is equal to the value of two  $\checkmark$ s

The formula for calculating weight of  $\checkmark$  is  $7.14 \div \text{number of } \checkmark \text{ in a category} = \text{weight of } \checkmark \text{ for the category}$

## Where does the number 7.14 come from?

There are 14 Subcategories in the DH Process of Care – Risk Management, EIOI, Occlusal Assessment, etc. 100 divided by 14 = 7.14 This is how TalEval computes the grade according to the Mean

## How is the grade finalized?

In the beginning of the term, eighty (80) points are given as the baseline for the “Minimum Performance Level” (MPL). Each individual student can gain points in their MPL from “Extra Credit” or lose points in their MPL from “Critical Errors”.

A twenty (20) point maximum can be gained for treating patients.

### Student: Jane Doe. Individual Student Grade Report

Categories	# of Checks / X's	Times Weight from Master Grid Compilation	Total
Risk	0	0.79	0
Eoio	0	0.51	0
Occl	3	0.26	0.78
Perio	1	0.13	0.13
Rad	0	0	0
Hrd tis	8	0.07	0.56
Dep	3	0.29	0.87
TP	0	0.6	0
Prev	3	0.48	1.44
Pain C	0	0	0
Instr	2	0.19	0.38
Calc	2	0.22	0.44
QA	0	0.21	0
Prof	0	1.43	0
<b>Tally of checks:</b>			<b>4.60</b>

**Minimum Performance Level:** 80 - 4.60 points lost = 75.40 Raw score

#### Next add Patient Care Points

Calculus Class Appts	Calc Pts per Appt	Perio Level Appts	Perio Pts per Appt
I - 6	6 x 0.75 = 4.50	0 - 4	4 x 0.00 = 0.00
II - 2	2 x 1.50 = 3.00	I - 3	3 x 0.05 = 0.15
		II - 1	1 x 0.25 = 0.25
<b>Total Patient Points Gained</b>	<b>7.50</b>		<b>0.40</b>

**Calculus Points: 7.50 +**

**Perio Points: 0.40 =**

**Extra Credit: 2:00**    **Critical Errors: .50**    + **Raw Score of 75.40**    = **84.80** for Clinic: IB

The **Minimum Performance Level (MPL)** starts out at 80 – Then the “Tally” of checks (4.60) was subtracted from the **MPL** and the **Patient Points (7.90)** and **Extra credit (2:00)** added and **Critical Errors (.05)** subtracted. The final grade = **84.80**

## Instructor's Guide to the TalEval Grading & Outcomes Assessment System

The TalEval is a major component of our "On-going Outcomes Assessment Plan" and "Quality Assurance in Patient Care Assessment Plan". Both plans are necessary for meeting ADA Accreditation guidelines.

It is of primary importance that the faculty be calibrated on this evaluation process to determine specific areas of strength and weakness in students' performance of all aspects of dental hygiene care. The TalEval serves as a valid assessment tool for evaluating student performance. The validity of the assessment is contingent upon adherence to the evaluation procedures described in this guide.

### **Directions for the TalEval:**

The TalEval is a sequential listing of items to evaluate in each category of all the aspects of dental hygiene patient care. Each item is assigned a mark of evaluation by the instructor:

- +** for accuracy
- ✓** for a single minor error
- X** for multiple or major errors
- N** Indicates item:  
Not performed this appointment  
or  
Not observed this appointment

At the time of the evaluation, the instructor does not know the weights of evaluation marks, (✓ X), as they are determined at midterm and at the final week of the semester when the findings are presented on a master grid and calculated according to class performance in each category.

The evaluation at each clinic session is objective rather than subjective, as no grade is assigned at each clinic. Every category of dental hygiene care is evaluated on the TalEval form at each patient appointment. Each student's performance is plotted on a grid to provide a data collection that serves as an assessment tool for determining individual student performance and total class performance. Examples on how to evaluate each item in every category are presented in this guide.

## ASSESSMENT

### Category I. Risk Assessment Medical/ Dental Histories

- Item 1 Further questions findings**  
Circles yes answers in red and further questions patients about those items on questionnaire +  
Failure to circle yes answers in red or further question patients about a “yes” answer ✓  
Both of the above and/or errors on more than one “yes answer X
- Item 2 Uses reference**  
Refers to drug handbook, medical dictionary, medline, etc. to research disease processes, drugs patient is taking +  
Failure to research an unknown disease process or medication ✓  
Failure to research disease process and medication for its treatment X
- Item 3 Vital Signs**  
Uses proper techniques for taking accurate vital signs +  
Uses inappropriate technique for taking a vital sign ✓  
Uses inappropriate techniques for taking more than one vital sign X  
Forgets to take vital signs and proceeds with appointment X
- Item 4 Notifies instructor of risk factors**  
Student notifies instructor if vital signs or medical history findings require a consult with patient’s physician prior to treatment +  
Failure to notify instructor of patient condition or disease that is a risk for treatment X
- Item 5 Documents Appropriately in the Medical Alert Box**  
Accurate documentation in the medical alert box +  
Documenting a non-alert finding in “Alert Bos” ✓  
More than one non-alert finding in “Alert Box” X  
Failure to document a risk factor in the “Alert Box” X
- Item 6 Documents medications and contraindications to treatment**  
All information on medications patient is taking is documented +  
Incomplete by one omission or one inaccuracy ✓  
More than one omission or inaccuracy X
- Item 7 Documents lifestyle risk factors such as tobacco use, alcohol and/or**  
Documents all lifestyle risk factors +  
Incomplete by omission of risk factor(s) X
- Item 8 Health Summary**  
Documents health summary section of medical history with a statement that summarizes the patients overall health condition **+ Or One ✓ item**
- Item 9 Updates at Successive and Recall Appointments**  
Asks appropriate questions and checks vital signs +  
Does not do either of the above X

**Category II. Extra/Intra Oral Assessment**

- Item 10**      **Technique: visual, palpation, auscultation, order, thoroughness +**  
Performs assessment using correct techniques +  
One error in technique ✓  
Two or more errors in techniques X
- Item 11**      **Identifies abnormality: measures, describes, documents**  
Measures, describes and documents all findings +  
Failure to measure or describe one non-pathological finding in record ✓  
Failure to measure, describe or document one risk (possible pathology) finding or one or more nonpathological finding X
- Item 12**      **Assessment Update at Successive and Recare Appointments**  
Documents all changes in Extra/Intra Oral Assessment at each appointment +  
Incomplete by one omission or one inaccuracy of non risk factor finding ✓  
More than one omission or inaccuracy or one pathological risk factor X

**Category III. Occlusal Assessment**

- Item 13**      **Angle's Classification or Jaw Relationship**  
Angles or skeletal classification of I, II, III  
Left or right side inaccurate ✓  
Both left and right sides different and inaccurate X
- Item 14**      **Overjet/Underbite**  
Measurements documented **+ Or One ✓ item**
- Item 15**      **Overbite/Openbite**  
Measurements documented **+ Or One ✓ item**
- Item 16**      **Crossbite**  
Records teeth numbers of specific areas affected **+ ✓ or X item**
- Item 17**      **Deviate versions**  
Recorded as facial, lingual, midline, torso **+ ✓ or X item**  
Deviate swallow noted
- Item 18**      **Parafunctional Habits**  
Questions and documents: nail biting, bruxism, chewing pens, hair pins +  
Fails to document one habit ✓  
Fails to document more than one habit X
- Item 19**      **Study Models**  
Uses proper technique for taking impressions and completing study models +  
Incorporates study models in occlusal assessment+  
Fails to do one of the above ✓  
Fails to do two of the above X

## **Category IV. Periodontal Assessment**

Recognizes changes as follows:

If correct = +, 1 error = ✓, more than one minor error = X one acute pathology missed X

### **Item 20 Gingival description:**

#### Color:

Differentiates pink from light to bright red, or pigmented oral soft tissues

#### Size:

Describes and differentiates enlargement, shrinkage and/or gingival changes whether localized to margins or papillae

#### Shape margin/papillae:

Describes changes in shape to margins (flat, irregular to rounded) or papillae (knife-like to bulbous, blunted or cratered)

#### Consistency:

Describes as spongy, edematous, firm or indurated, ulcerated, etc.

#### Texture:

Describes tissue as smooth and shiny (punched out rete pegs), or fibrotic

### **Item 21 Recession measurements**

Measures all areas of recession and determines the "clinical attachment level" (CAL)

### **Item 22 Pocket measurement accuracy**

Accurate measurements of pocket depths, documents depths of 4mm or greater in red

### **Item 23 C.A.L. Measures attached gingiva and notes clinical attachment levels.**

Documents all areas of <1 mm of attached gingiva

### **Item 24 Bleeding points**

Records all areas of bleeding on probing with red pencil notations on periodontal chart

### **Item 25 Mobility**

Accurately records mobile teeth according to classifications I, II, III +

### **Item 26 Furcation Involvements**

Records all furcation involvements according to classifications  $\Lambda$ ,  $\Delta$ ,  $\Delta$   $\blacklozenge$

### **Item 27 Etiological Factors**

Documents etiological factors such as bacterial plaque and local irritants, systemic disorders, tobacco use, or malocclusion.

### **Item 28 Accuracy of summary of statement of periodontal status +**

Inaccurate summary or failure to update at each appointment **+ Or One ✓ item**

**Category V. Radiographic Process & Assessment**

- Item 29 Prescription Prior to Taking Radiographs +**  
Failure to obtain prescription prior to taking radiographs **X**
- Item 30 Technique/process/retake approval +**  
Error in one of the above ✓  
Error in more than one of the above **X**
- Item 31 Interpretation/correlation with EO/IO, perio and hard tissue exam**  
Error in one of the above ✓  
Error in more than one of the above **X**
- Item 32 Name/date on radiographs and computerized records +**  
Failure to label radiographs **X**
- Item 33 Cumulative radiation record completed + OR One ✓ item**
- Item 34 Confers with Dr. on diagnosis +**  
Failure to notify Dr. for diagnosis **X**

**Category VI. Hard Tissue Exam**

- Item 35 Missing teeth I.D.**  
Correctly identifies and charts which teeth are missing (extracted or unerupted)  
**+ ✓ or X item**
- Item 36 Restoration I.D.**  
Correctly identifies and charts restoration materials, surfaces restored, crowns, abutments, pontics of bridges, or sealants **+ ✓ or X item**
- Item 37 Caries I.D.**  
Correctly identifies and charts areas suspicious as carious lesions **+ ✓ or X item**
- Item 38 Abnormality Identification**  
Any findings not noted other than caries, missing teeth, or restorations, such as: fractures, erosions, abrasions, attrition, hypocalcifications, mottled enamel, rotations, imperfections, supernumerary teeth, and any anomalies **+ ✓ or X item**
- Item 39 Assessment Update at successive and recall appointments**  
Failure to update **X**

**Category VII. Deposit Assessment**

Grade according to Clinic Level: If percentage expected for each level the grade is +

If <10% inaccurate ✓

If > 10% inaccurate **X**

**Clinic**

**Student must detect:**

I (Week 1-12)	90% of Supragingival calculus	80% of Subgingival calculus
II-A(Week 1-6)	95%	80%
II-B (Week 7-12)	100%	85%
III-A (Week 1-6)	100%	90%
III-B (Week 7-12)	100%	95%

- Item 40      **Supragingival underassessed/overassessed + ✓ or X item**
- Item 41      **Subgingival underassessed/overassessed + ✓ or X item**
- Item 42      **Soft deposit assessment + ✓ or X item**
- Item 43      **Assessment of stain + ✓ or X item**
- Item 44      **Updates at successive and recare appointments + ✓ or X item**

## PLANNING

### Category VIII. Treatment Planning

- Item 45      **Formulates and presents dental hygiene diagnosis +**  
                 Inaccurate assessment ✓  
                 Inappropriate presentation ✓  
                 Failure to formulate or failure to present X
- Item 46      **Prioritizes on patient needs, makes changes as needed**  
                 Makes inappropriate change ✓  
                 No change made when findings indicate the need X
- Item 47      **Has realistic goals for the process of care + Or One ✓ item**
- Item 48      **Correct number and sequence of appointments**  
                 Prepares a realistic treatment plan regarding the correct number of appointments  
                 and the proper sequence of treatment procedures +  
                 Unrealistic plan of too few appointments, or too many appointments planned ✓  
                 Inappropriate number of appointments and poor sequence of procedures X  
                 No treatment plan in place X
- Item 49      **Plans for pain control and stress reduction +**  
                 Lets patient dictate need for local anesthesia or stress reduction protocol ✓  
                 Proceeds with treatment even though patient is in need of pain control as evidenced by patient  
                 behavior and reaction to treatment X
- Item 50      **Plans timeframe for recare appointments +**  
                 Inappropriate timeframe scheduled for recare appointments ✓  
                 No recare appointments planned or scheduled X
- Item 51      **Explains the need for referral to specialty practices +**  
                 Inappropriate referral made ✓  
                 No referral made when one is necessary X
- Item 52      **Clearly explains alternatives, outcomes, expenses + ✓ or X item**
- Item 53      **Patient consent confirmed with signatures**  
                 Responsible for 3 signatures: Patient, Student, Faculty + ✓ or X item

## IMPLEMENTATION

### Category IX. Preventive and Supportive Treatment

- Item 54** Educates patient on conditions, needs, and commitment **+ OR One ✓ item**  
Missing one of the above ✓  
Missing two or more of the above ✓  
No presentation given to the patient on this information X
- Item 55** Overall health status considered in instruction  
Failure to consider health problem placing patient at risk X
- Item 56** Selects the correct toothbrushing method **+ OR One ✓ item**
- Item 57** Interdental Aids  
Selects interdental aids appropriate for patient needs, especially when pocket depths are greater than 3mm.(Perio Aide, toothpicking), or diastemas(Proxy brush), or crowding of teeth that makes plaque removal more difficult. (Informs patient that floss alone will not remove plaque in pocket depths greater than 3mm) **+ ✓ or X item**
- Item 58** Presentation  
When educating patients, visual aids are used to explain progression of the disease  
Uses terminology that is appropriate for patient age and educational level. Defines terms and/or presents in lay terms as needed. **+ ✓ or X item**
- Item 59** Plaque index  
Completes an accurate plaque index on every new patient, and every returning patient and explains the plaque score to the patient +  
Completed plaque index is inaccurate ✓  
Fails to complete a plaque indices X
- Item 60** Patient as plaque free as possible after instruction **+ or X only item**
- Item 61** Tobacco cessation utilizing current methodology +  
Failure to present information to patient X
- Item 62** Dietary counseling and lifestyle concerns as indicated **+ OR One ✓ item**
- Item 63** Selective coronal polishing: explains, uses correct techniques **+ ✓ or X item**
- Item 64** Topical fluoride treatment: explains, and uses correct techniques **+ ✓ or X item**
- Item 65** FI self care instruction if needed **+ OR One ✓ item**
- Item 66** Care of restorations, oral appliances, dentures **+ ✓ or X item**
- Item 67** Pit & fissure sealants as prescribed, using correct materials, techniques, placement +
- Item 68** Antibacterial placement agents (Arestin, etc.) **+ ✓ or X item**
- Item 69** Chemotherapeutic agents (chlorhexidine, etc.) **+ OR One ✓ item**
- Item 70** Desensitizing products, techniques (varnishes, MI Paste, etc.) **+ ✓ or X item**

Item 71 Updates at successive and recare appointments **+ Or One ✓ item**

**Category X. Pain Control**

Item 72 Indications/contraindications – clinician’s judgement **+ Or One ✓ item**

Item 73 Explains the need, procedure, post op. precautions **+ ✓ or X item**

Item 74 Selection of type of local anesthetic **+ Or One ✓ item**

Item 75 Topical anesthetic application **+ ✓ or X item**

Item 76 Local anesthesia set up/administration technique **+ ✓ or X item**

Item 77 Sedation: preparation/monitoring **+ ✓ or X item**

Item 78 Antianxiety measures (presedation) clinician’s judgement **+ ✓ or X item**

Item 79 Documents record noting analgesia, anesthesia: type, amount, effectiveness, reactions **+ Or One ✓ item**

**Category XI. Instrumentation - Ultrasonics**

Item 80 Appropriate indications for ultrasonics: deposits, lavage, health status, risks +

Item 81 Explanation of procedure to patient **+ Or One ✓ item**  
Describes procedure and explains need for suction and avoidance of swallowing water and debris +  
Failure to explain ✓

Item 82 **Equipment preparation, tip selection and patient/operator protection and safety**  
Correctly sets up ultrasonic equipment (water control etc.) and drapes patient and gives paper towels, and safety glasses.+  
Forgets one item ✓  
Forgets more than one item X

Item 83 **Pt/op positioning-neutral wrist. Clock/handle position**

Item 84 **Technique – placement and movement of tip/fulcrum**  
Places side of tip on deposit and moves continuously to avoid heating up tooth surface and does so with fulcrum maintained. **+ ✓ or X item**

Item 85 **Retraction of soft tissue, avoids spray on patient’s face**  
**+ ✓ or X item**

Item 86 **Fluid Control suction, patient not swallowing water, debris**  
**+ ✓ or X item**

## Hand Scaling

### Item 87 Patient – Operator Positioning

All aspects of positioning are correct +  
One or the other is incorrect ✓  
Both patient and operator positioning are incorrect X

### Item 88 Indirect Vision

Uses indirect vision with dental mirror +  
Isolated incidence of not using indirect vision where needed to assure proper positioning and good visibility ✓  
Repeated incidence of not using indirect vision where needed X

### Item 89 Instrument Selection – correct end/edge - sharpness

Selects appropriate instrument and correct end/edge for specific areas and tooth surfaces+  
Isolated incidence of not selecting appropriate instrument and end/edge ✓  
Instruments not sharp ✓  
Repeated incidences of not selecting appropriate instrument and end/edge X

### Item 90 Grasp

Grasp is correct at all times+ (fingers all together, no split, fulcrum finger advanced, thumb and index forming soft “C”)  
Grasp is incorrect in one area of the mouth, or with one particular instrument ✓  
Grasp is incorrect in more than one area of the mouth with instrument X

### Item 91 Fulcrum

Fulcrum is rigid (support beam), fixed (not traveling during instrumentation), in proper position and correctly used throughout instrumentation +  
Isolated area of inability to employ fulcrum, or using weak fulcrum (bent, traveling during instrumentation), or not in the correct place for area working ✓  
If repeatedly failing to employ fulcrum in correct manner X

### Item 92 Parallelism

Terminal shank is parallel to the long axis of the tooth during instrumentation +  
Isolated area of not placing instrument parallel to long-axis of the tooth ✓  
Repeatedly failing to keep instrument parallel to long-axis of the tooth X

### Item 93 Ease of Insertion (places instrument on “Get Ready Zone” to line up for insertion)

Inserts instrument subgingivally at proper line angle, with no pressure, and as close to 0 degrees as possible to avoid tissue trauma +  
One isolated insertion error ✓  
More than one insertion error X

### Item 94 Exploratory stroke

Uses a light exploratory stroke with scaling instrument to detect calculus, and positions toe 1/3 of working end of instrument under the deposit before activating +  
Isolated incidence of not using exploratory stroke ✓  
Repeated incidence of not using exploratory stroke X

### Item 95 Adaptation

Toe 1/3 is consistently adapted during instrumentation +  
Isolated area of not adapting instrument to tooth ✓

Repeatedly failing to adapt instrument to tooth **X**

**Item 96**

**Activation**

Employs fulcrum and lateral pressure while opening

+ ✓ or **X** item

**Item 97**

**Angulation**

Instrument is inserted at 0 degrees, activation is initiated at 0 degrees and face of instrument is opened to 60-80 degrees during activation **+**

Isolated area of not initiating at 0, or opening to 60-80(closing on face) ✓

Repeatedly incorrect in angulation **X**

**Item 98**

**Pressure during activation**

Uses light to moderate pressure, no scraping or heavy pressure during activation **+**

One incident of scraping instead of short controlled bite or longer lighter shave ✓

Repeated incidents of scraping instead of short controlled bites or longer light shaving **X**

**Item 99**

**Stroke Control**

The scaling stroke is less than 2mm. long and ends with instrument on the tooth **+**

Lifting the instrument off the tooth at stroke's end ✓

Repeatedly lifting the instrument off the tooth at stroke's end **X**

**Item 100**

**Vertical and Oblique working strokes**

Uses vertical and oblique working strokes to remove calculus deposits. Only uses horizontal or circumferential strokes for fine scaling, and multi-directional strokes for root planing **+**

Failure to use productive vertical or oblique working strokes for calculus removal in one area ✓

Failure to use productive vertical or oblique working strokes for calculus removal in more than one area **X**

**Item 101**

**Hands Steady - Not shaking when performing instrumentation**

Does not shake during instrumentation, regardless of nervousness during performance, as hands are in control when performing instrumentation **+**

Isolated incidence of shaking during instrumentation ✓

Repeatedly shaking during instrumentation **X**

**Item 102**

**Gauze, Rinse Suction**

Takes every precaution to prevent patient from swallowing blood or loose calculus by using gauze and suction to absorb blood and collect loose deposits. Rinses and uses suction to avoid patient swallowing blood, or deposits. Finishes deep scaling procedures by using irrigation with Peridex or Listerine **+**

Failure to do any one of the above: gauze, suction, rinse, irrigate ✓

Failure to do more than one of the above **X**

**Item 103**

**Finishes by flossing and using subgingival irrigation **+****

Failure to do one of the above ✓

Failure to do both of the above **X**

## **Category XII. Calculus Removal**

Grade according to Clinic Level: If percentage for each level the grade is + not met ✓  
If more than 10% of level expected remains X

I (Week 1-12)	90% of Supragingival calculus	80% of Subgingival calculus
II-A (Week 1-6)	95%	80%
II-B (Week 7-12)	100%	85%
III-A (Week 1-6)	100%	90%
III-B (Week 7-12)	100%	95%

**Item 104      Supragingival removal + ✓ or X item**

Within 10% of requirement ✓  
Greater than 10% of requirement X

**Item 105      Subgingival removal + ✓ or X item**

Within 10% of requirement ✓  
Greater than 10% of requirement X

**Item 106      No lacerations + ✓ or X item**

One laceration ✓  
More than 1 laceration X

**Item 107      No burnished calculus + ✓ or X item**

One surface of burnished calculus ✓  
More than one surface of burnished calculus X

**Item 108      At check out, states exactly where calculus remains + OR One ✓ item**

## **EVALUATION**

### **Category XIII. Evaluation and Quality Assurance**

**Item 109      Organization, appropriate sequence in appointment procedures**

**Item 110      Equipment preparation, organization and sequence**

Uses proper equipment and follows proper sequence during the appointment +  
Is not prepared with proper armamentarium for procedure ✓  
Failing to check-in or out, misses or performs one procedure out of order ✓  
More than one procedure or item missing or out of order X

**Item 111      Evaluation, documentation, computerized record control**

Prepared for evaluation: proper documents filled out and entered into computerized records +  
One missing item ✓  
More than one missing item X

- Item 112**      **Student should NOT be wearing gloves at check-in so they can document instructor notes and wearing gloves at check-out to assist instructor with instrument transfer and suctioning.**  
 Student following protocol on gloves, documenting and assisting when necessary +  
 Wearing gloves at check-in ✓  
 Not wearing gloves at check-out ✓  
 Not documenting instructor findings ✓  
 Not assisting when necessary ✓  
 More than one of the above X
- Item 113**      **Reason for visit discussed, documented +**  
 Failure to discuss or document reason for visit ✓  
 Failure to discuss and document reason for visit X
- Item 114**      **Treatment record page documented +**  
 One error in treatment record documentation ✓  
 More than one error in treatment record documentation X
- Item 115**      **Patient's name/date on every page**  
 Name and date on every page +  
 Name and date missing on one page ✓  
 Name and date missing on more than one page X
- Item 116**      **Signs forms, seeks instructor and patient for signatures**  
 Patient Bill of Rights and consent forms presented to patient and signed by patient +  
 Failure to present and/or get signatures on the above ✓  
 Failure to get signatures and answer questions pertaining to Bill of Rights X
- Item 117**      **Completes student QA chart review of previous record of treatment and documentation**  
 Chart review is complete, accurate and up to date +  
 One item missing or inaccurate or not updated ✓  
 Two or more of the above not completed X
- Item 118**      **Treatment Plan followed**  
 Patient treatment followed to completion as planned +  
 Patient care is fragmented and not according to timelines ✓  
 Patient's treatment is not completed X
- Item 119**      **Student evaluation of care (treatment results documented) +**  
 Student has an inaccurate assessment of results or rationale for results of prior patient treatment ✓  
 Student makes inappropriate plan to resolve problematic response to prior treatment ✓  
 Student fails to evaluate and update at all X  
 All entries on treatment record page are detailed, correct and signed by student +  
 One error in documentation of treatment record ✓  
 More than one error in documentation of treatment record X
- Item 120**      **Continued comprehensive care referrals recommended +**  
 Student fails to do either of the above X
- Item 121**      **Recare appointment times scheduled**  
 Student schedules recare appointment at appropriate interval and follows through with recare appointment +  
 Student fails to do either of the above X

#### **XIV. Ethics and Professionalism**

- Item 122      Attendance and punctuality**  
Student is in attendance and on time +  
Student is either late or leaves early ✓  
Student came in late and left early X
- Item 123      Time management**  
Student is using time wisely in the best interest of the patient +  
Student is not using time wisely and is wasting the patient's time X
- Item 124      Infection control and patient safety assured**  
Student follows all protocols for infection control and patient safety +  
Student does not follow protocols X
- Item 125      Appearance, demeanor, attitude, composure**  
Student is professional in all ways +  
Student is unprofessional with one isolated and minor appearance ✓  
Student has more than one appearance problem X  
Student is unprofessional in anyway in demeanor, attitude or composure X
- Item 126      Consent forms signed prior to any procedures, treatment**  
All forms signed +  
Any consent forms not signed X
- Item 127      Discretion and privacy of patient protected**  
Student is very discrete and protects patient privacy +  
Student is indiscrete or not protective of patient privacy X
- Item 128      Patient rapport and compassion**  
Student establishes patient rapport and shows compassion +  
Student establishes minimal patient rapport ✓  
Student fails to establish any patient rapport X  
Student does not show compassion X
- Item 129      Teamplayer, self-directed, helps**  
Student helps where needed without having to be told +  
Student wants to be helpful, but does not realize what he/she needs to do ✓  
Student is not self-directed or not a teamplayer X
- Item 130      Accepts fair, negative feedback**  
**Student welcomes fair, negative feedback +**  
Student does not accept the feedback X
- Item 131      Recognizes the need to learn**  
Student recognizes that they need to learn and improve +  
Student does not recognize or is unwilling to change X
- Item 132      Acknowledges and corrects errors**  
Student acknowledges errors and makes corrections +  
Student refuses to acknowledge errors X

- Item 133**      **Practices effective communication skills**  
Communicates with patient at their level of understanding +  
Uses technical terms when lay terms are necessary ✓  
Uses lay terms when patient has a background to understand technical terms ✓  
Fails to clarify conditions, procedures to patient X
- Item 134**      **Proper grammar spoken and written**  
Uses correct grammar when speaking and writing, and correct spelling when writing +  
One error in grammar or spelling ✓  
More than one error in grammar and/or spelling X
- Item 135**      **Practices within limits of knowledge and skills**  
Stays within limits of knowledge and skills +  
Practices beyond the limits of knowledge and skills X
- Item 136**      **Follows rules, laws & regulations**  
Follows all rules +  
Does not follow one or more rules X
- Item 137**      **Meets commitments**  
Is accountable and reliable in meeting all commitments +  
Failure to meet one or more commitments X
- Item 138**      **Reports misconduct**  
Reports misconduct to instructors, administration or law officials as indicated +  
Fails to report misconduct X
- Item 139**      **Completes assignments on time**  
Completes all assignments on time +  
Fails to complete one or more assignments on time X
- Item 140**      **Makes learning a priority**  
Values learning as a priority +  
During this session student is grade oriented or anxious to get through the appointment instead of being learning oriented X