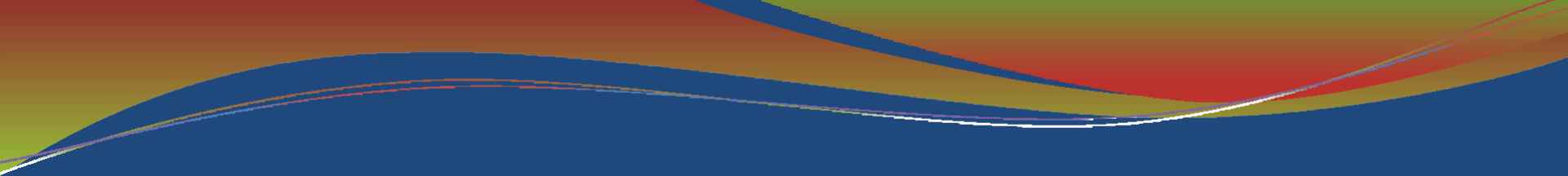# TalEval

Presentation for Students

by

Cynthia Biron, RDH, EMT, MA

TalEval Computerized Grading

- Points lost for errors are offset by points gained by patient treatment
  - More patients treated = higher points
- TalEval Objective Grading Format Grades Students in two ways:
  - Comparison of how total class performs in each skill at each DH clinical education level
  - Individual student performance according to Critical Errors (Critical Error points only affect student making the errors).

TalEval Grades by Skill Not Patient

- TalEval grades student performance of Each Skill over the treatment of a variety of patient types
  - All Ages
  - Healthy to Medically Compromised
  - Healthy to Severely infected Periodontal Status
  - Special Needs
  - Recare
- TalEval conducts an ongoing evaluation of student performance of skills over 6-7 weeks (usually midterm) A midterm and final TalEval grade are averaged together to get the TalEval Grade

Is your competency in each skill maintained throughout all patient types?

TalEval Knows!

TalEval Benefits

- Objective grading format
- Patient treatment tracking
- Conducts surveys
- Paperless
- Web based
- Reports generated:
  - Learning outcomes
  - Total class performance per skill
  - Individual student performance per skill
  - Progression of skill development per class and per student
  - Instructor performance and calibration
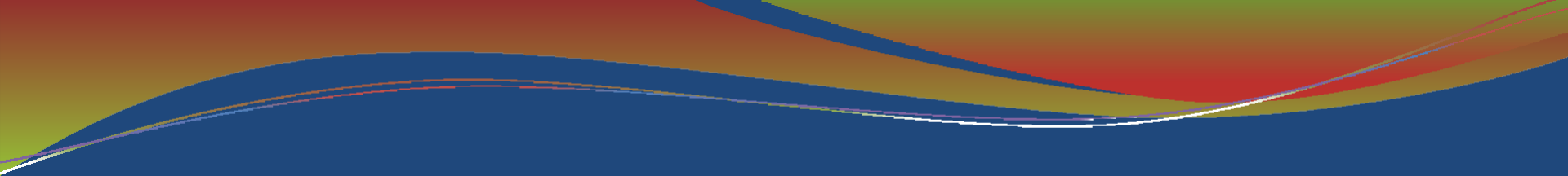
Commission on Dental Accreditation

- Standards requiring faculty to report evidence of:
  - Student performance in classes, boards, employment after graduation
  - Patient Treatment
    - Quality Assurance in Patient Care
  - Ethics & Professionalism
  - Curriculum changes based on findings from grading, board performances, surveys from students, patients, and employers

Commission on Dental Accreditation

- Protects the public – Serves the Greater Good
- They are the gatekeepers to the profession
- They set standards and hold DH Programs to them
  - Graduates must be clinically safe , competent and ethical
  - It is the faculty's responsibility to safeguard the public
  - TalEval is a tool to help them meet that responsibility

Objective Grading Method

- Instructor does not know the weight of error they find at the time of the grading. They must call it as they see it.
  - Evaluates skills over a variety of patient types for specific timeframe (6-7 weeks) grading period
  - Weights are determined by the statistical mean at the end of each 6-7 week grading period
  - There is no daily patient grade
- Allows students to have a bad day without a major set back to their clinic grade
- Points gained from patient treatment offset points lost from errors

To Get a High Grade in TalEval you focus on treating lots of patients. The higher the Debridement Skill Level – the more points you get!

Most of the outcomes data comes from this Grade Entry Header. It must be completely filled out correctly by ONE instructor.

Grade Entry

Student: Doe, Jane ☐ Include Inactive Students   Edit Existing Grade: --Select One--

Date:*
5/21/2017

Select a Patient:*
--Select One-- Add Patient

Clinic:*
--Select One--

Instructor:*
--Select One--

Treatment Phase:*
-- Select One --

Special Needs:
⦿ No ○ Yes
Details:

Quad /Sextant:

AAP Classification:
○ 0 ○ I ○ II ○ III ○ IV ○ V ○ VI ○ VII ○ VIII

Recare: ☐ Patient Complete: ☐ ASA: ⦿ N/A ○ I ○ II ○ III ○ IV

Recare On Date: - or Recare In:
○ Months ○ Weeks

Comments

Debridement Skill Level

	Calculus	Perio
N/A	⦿	⦿
0	○	○
I	○	○
II	○	○
III	○	○
IV	○	○

Critical Error: Extra Credit:

Auto Calc
Total

TalEval Grade Form

- TalEval uses the Dental Hygiene Process of Care created by the American Dental Hygiene Association as its guideline for grading

- Four Major Categories

- 14 Main Sub Competencies

- 140 individual procedural items

TalEval Grade Form

- The instructor observes the student during the process of care and uses the radio button grade form to mark errors and write comments
- A check mark indicates a single error
- An X mark indicates more than one error in the procedural item

Assessment

Risk

SubCompetency		±	√	X	N/A	
Further QUESTIONS Findings	1	◉	○	○	○	...
USES references	2	◉	○	○	○	...
Vital Signs (TAKES THEM)	3	◉	○	○	○	...
NOTIFIES Instructor of risk factors before check-in	4	◉	○	○	○	...
Documents appropriately in medical alert box	5	◉	○	○	○	...
Documents medications and contraindications	6	◉	○	○	○	...
Documents lifestyle RISK factors	7	◉	○	○	○	...
Documents a concise statement "summary of health"	8	◉	○	○	○	...
UPDATES history at successive and recall appts	9	◉	○	○	○	...

Eoio

SubCompetency		±	√	X	N/A	
Technique - visual, palpation, auscultation, order	10	◉	○	○	○	...
I.D. ABNORMALITY, measures, describes, DOCUMENTS	11	◉	○	○	○	...
Assessment UPDATE at successive and recall appts.	12	◉	○	○	○	...

Occl

SubCompetency		±	√	X	N/A	
Angle's classification	13	◉	○	○	○	...
Overjet - Underbite	14	◉	○	○	○	...
Overbite - Openbite	15	◉	○	○	○	...
Crossbite	16	◉	○	○	○	...
Deviations	17	◉	○	○	○	...
Parafunctional habits	18	◉	○	○	○	...
Study Models: interpretation	19	◉	○	○	○	...

Perio

SubCompetency		±	√	X	N/A	
Gingival description: condition, color, size, shape, texture	20	◉	○	○	○	...
Recession measurements	21	◉	○	○	○	...
Pocket measurement accuracy	22	◉	○	○	○	...
C.A.L. Measures zone of attached gingiva, notes clinical attachment level	23	◉	○	○	○	...
Bleeding points noted	24	◉	○	○	○	...
Mobility accurately classified and documented	25	◉	○	○	○	...
Furcation involvement (symbols on chart)	26	◉	○	○	○	...
Etiological Factors	27	◉	○	○	○	...
Accuracy of summary statement of perio status documented	28	◉	○	○	○	...

Rad

SubCompetency		±	√	X	N/A	
PRESCRIPTION prior to taking radiographs	29	◉	○	○	○	...
APPROVAL prior to taking retakes	30	◉	○	○	○	...
Interpretation/correlation: EO/IO perio + hard tissue exam	31	◉	○	○	○	...
NAME/DATE on radiographs computerized records	32	◉	○	○	○	...
Technique/ process	33	◉	○	○	○	...
CONFERS with Dr. on diagnosis	34	◉	○	○	○	...

Hrd tis

SubCompetency		±	√	X	N/A	
Missing teeth I.D.	35	◉	○	○	○	...
Restoration I.D.	36	◉	○	○	○	...
Caries I.D.	37	◉	○	○	○	...
ABNORMALITY I.D., rotations, versions, migrations	38	◉	○	○	○	...
UPDATES at successive and recare appointments	39	◉	○	○	○	...

Dep

SubCompetency		±	√	X	N/A	
Supra underassessed /overassessed	40	◉	○	○	○	...
Sub underassessed/overassessed	41	◉	○	○	○	...
Soft deposit assessment and indices	42	◉	○	○	○	...
Assessment of stain	43	◉	○	○	○	...
UPDATES AT SUCCESSIVE APPOINTMENTS	44	◉	○	○	○	...

Planning

TP

SubCompetency		±	√	X	N/A	🖊
Formulates, presents dental hygiene diagnosis	45	⦿	○	○	○	...
Prioritizes on patient's needs, changes as needed	46	⦿	○	○	○	...
Has realistic goals for the process of care	47	⦿	○	○	○	...
Plans the correct number/sequence of appointments	48	⦿	○	○	○	...
PLANS for pain control and stress reduction	49	⦿	○	○	○	...
Plans timeframe for recare appointments	50	⦿	○	○	○	...
Explains the need for referral to a specialty practice	51	⦿	○	○	○	...
Explains plan, alternatives, expected outcomes, expenses	52	⦿	○	○	○	...
Patient CONSENT of plan confirmed with signatures	53	⦿	○	○	○	...

Implementation

Prev

SubCompetency		±	√	X	N/A	✎
EDUCATES patient on conditions, needs, and commitment	54	◉	○	○	○	...
Overall health condition CONSIDERED in insruction	55	◉	○	○	○	...
Correct toothbrush and technique taught	56	◉	○	○	○	...
CORRECT interdental aids and techniques taught	57	◉	○	○	○	...
Presentation - delivery, LAY TERMS, visual aids, etc.	58	◉	○	○	○	...
Plaque index explained to patient	59	◉	○	○	○	...
Patient as plaque free as possible after OHI	60	◉	○	○	○	...
Tobacco cessation as NEEDED utilizing current methodology	61	◉	○	○	○	...
Dietary Counseling and lifestyle concerns	62	◉	○	○	○	...
Selective coronal polishing: explains, uses correct techniques	63	◉	○	○	○	...
Topical fluoride treatment: explains correct data	64	◉	○	○	○	...
Fluoride self care instruction as indicated	65	◉	○	○	○	...
Care of restorations, oral appliances, dentures	66	◉	○	○	○	...
Pit & Fissure sealants as prescribed, techniques, results	67	◉	○	○	○	...
Antibacterial placement agents (Arestin, etc.)	68	◉	○	○	○	...
Chemotherapeutic agents (chlorhexidine, etc.)	69	◉	○	○	○	...
Desensitizing indications, products, techniques	70	◉	○	○	○	...
UPDATES at successive and recare appointments	71	◉	○	○	○	...

Inst

SubCompetency		±	√	X	N/A	✎
Appropriate indications for ultrasonics, deposits, health status, risks	80	◉	○	○	○	...
Explanation of procedure to patient	81	◉	○	○	○	...
Equipment preparation: PT/OP protections, safety/tip selection	82	◉	○	○	○	...
Pt/op positioning-neutral wrist, clock/handle position with ultrasonic	83	◉	○	○	○	...
Technique-placement and movement of ultrasonic tip/fulcrum	84	◉	○	○	○	...
Retraction of soft tissue, avoids spray on patients face	85	◉	○	○	○	...
Fluid control suction, pt. not swallowing fluid, debris during ultrasonic or hand instrumentation	86	◉	○	○	○	...
Pt/op positioning-neutral wrist during hand instrumentation	87	◉	○	○	○	...
Retraction/indirect vision	88	◉	○	○	○	...
Instrument selection, correct for area (end/edge) sharpness	89	◉	○	○	○	...
Grasp (no split) fulcrum finger advanced, "C" thumb-index	90	◉	○	○	○	...
Fulcrum placement, use, pivot, not traveling	91	◉	○	○	○	...
Parallelism- facial/lingual(way tooth grows)	92	◉	○	○	○	...
Subgingival insertion at line angle, toe leads at 0 degrees	93	◉	○	○	○	...
Exploratory stroke first, reposition under deposit	94	◉	○	○	○	...
Adaptation: face of toe third on tooth	95	◉	○	○	○	...
Activation: whole hand as unit, press while opening	96	◉	○	○	○	...
Angulation 45-80 not closing on face during stroke	97	◉	○	○	○	...
Pressure: lt-mod scaling, very light planing, no scraping	98	◉	○	○	○	...
Stroke control: <2mm bite scaling/long light shave planing	99	◉	○	○	○	...
Vertical or oblique strokes for scaling, horizontal for planing	100	◉	○	○	○	...
HANDS STEADY, no visible shaking or trembling	101	◉	○	○	○	...
Removal of extrinsic stain and biofilm	102	◉	○	○	○	...
Finish by flossing, and uses subgingival irrigation PRN	103	◉	○	○	○	...

Pain C

SubCompetency		±	√	X	N/A	✎
INDICATIONS/CONTRAINDICATIONS - clinician's judgement	72	◉	○	○	○	...
EXPLAINS the need, procedure, post op. precautions	73	◉	○	○	○	...
SELECTION of type of local anesthetic	74	◉	○	○	○	...
Topical anesthetic APPLICATION	75	◉	○	○	○	...
Local anesthesia set up/administration TECHNIQUE	76	◉	○	○	○	...
Sedation: preparation/monitoring	77	◉	○	○	○	...
Antianxiety measures (presedation) clinician's JUDGEMENT	78	◉	○	○	○	...
DOCUMENTS record: type, amount, effectiveness, reactions	79	◉	○	○	○	...

Calc

SubCompetency		±	√	X	N/A	✎
% supra removed	104	◉	○	○	○	...
% sub removed	105	◉	○	○	○	...
NO LACERATIONS	106	◉	○	○	○	...
no burnished calculus	107	◉	○	○	○	...
self evaluates (air, explores) states where calculus remains	108	◉	○	○	○	...

Evaluation

QA

SubCompetency		±	√	X	N/A	
Organization, sequence in appointment procedures	109	⦿	○	○	○	...
Equipment preparation set up/break down	110	⦿	○	○	○	...
DOCUMENTATION, entries incomputerized record control	111	⦿	○	○	○	...
No gloves at check in, gloves on at check out	112	⦿	○	○	○	...
Reason for visit discussed & documented	113	⦿	○	○	○	...
Treatment record page documented	114	⦿	○	○	○	...
Patient's name/date on every page	115	⦿	○	○	○	...
Makes certain all chart entries have signatures	116	⦿	○	○	○	...
Completes student QA chart review	117	⦿	○	○	○	...
Treatment plan followed to completion	118	⦿	○	○	○	...
Student evaluation of care (treatment results documented)	119	⦿	○	○	○	...
Continued/comprehensive care - referrals recommended	120	⦿	○	○	○	...
Recare appointment times scheduled	121	⦿	○	○	○	...

Ethics/Prof

SubCompetency		±	√	X	N/A	
Attendance, arrives on time/does not leave early	122	⦿	○	○	○	...
Time management	123	⦿	○	○	○	...
Infection control and PATIENT SAFETY	124	⦿	○	○	○	...
ALL CRITICAL Appearance, demeanor, attitude, composure, judgment	125	⦿	○	○	○	...
Consent forms SIGNED	126	⦿	○	○	○	...
Discretion and patient PRIVACY	127	⦿	○	○	○	...
Patient management, rapport, compassion	128	⦿	○	○	○	...
Teamplayer self directed, helps	129	⦿	○	○	○	...
Accepts fair, negative feedback	130	⦿	○	○	○	...
Recognizes the need to learn	131	⦿	○	○	○	...
Acknowledges and CORRECTS errors	132	⦿	○	○	○	...
Practices effective communication skills	133	⦿	○	○	○	...
Proper grammar spoken and written	134	⦿	○	○	○	...
Practices WITHIN LIMITS of knowledge and skills	135	⦿	○	○	○	...
FOLLOWS, rules, laws and regulations	136	⦿	○	○	○	...
Meets commitments	137	⦿	○	○	○	...
Reports misconduct	138	⦿	○	○	○	...
Completes assignments on time	139	⦿	○	○	○	...
Makes learning a top priority	140	⦿	○	○	○	...

Comments Box for Instructors

Save Grade

New Grade   **Delete Record**

* Items specified as CRITICAL under SETUP LISTS - COMPETENCY SUB CATEGORIES, will appear in Red below.

Risk

SubCompetency		±	√	X	N/A	✎
Further QUESTIONS Findings	1	◉	○	○	○	...
USES references	2	◉	○	○	○	...
Vital Signs (TAKES THEM)	3	◉	○	○	○	...
NOTIFIES Instructor of risk factors before check-in	4	◉	○	○	○	...
Documents appropriately in medical alert box	5	◉	○	○	○	...
Documents medications and contraindications	6	◉	○	○	○	...
Documents lifestyle RISK factors	7	◉	○	○	○	...
Documents a concise statement "summary of health"	8	◉	○	○	○	...
UPDATES history at successive and recall appts	9	◉	○	○	○	...

Eoio

SubCompetency		±	√	X	N/A	✎
Technique - visual, palpation, auscultation, order	10	◉	○	○	○	...
I.D. ABNORMALITY, measures, describes, DOCUMENTS	11	◉	○	○	○	...
Assessment UPDATE at successive and recall appts.	12	◉	○	○	○	...

Instructors enter comments by clicking on comments windows

Instructor Comments Documented

09/06/2012	Archer, Joan	0	83	No	I	0	1-4	Recare appointment	Yes	Yes	
09/04/2012	Chrow, Ann	0	65	No	II	0	1-4	Recare appointment	Yes	Yes	
08/30/2012	Eddy, Joyce	0	47	No	I	I	1-4	Recare appointment	Yes	No	
08/28/2012	Doyle, Chris	0	61	No	I	I	1-4	Recare appointment	Yes	Yes	
03/12/2012	Cannerday, Dan	0	71	No	II	0	2,3	Continuing care appointment.	Yes	No	

A running report of written feedback given to students by faculty is kept on file

APPOINTMENT COMM

Date	Patient	Comment
10/4/2012	Bucksby, Harold	Wow! I see improvement since our last session. You have a great patient/ clinician relationship with this patient. Your assessments were right on, and I was happy to see you adapting the explorer, ultrasonic inserts, and hand instruments properly and reaching the bottom of the pocket. Great session! RS
10/2/2012	Ducote, Jean	This is a challenging case. Missed furcation involvement #30 (26). Please evaluate with a furcation probe and document on chart. Several pockets deeper than noted. So much calculus makes it difficult to get an accurate reading. Lift probe away and position beyond deposit, or for more accurate reading, you might need to reassess after removal of deposits, prior to patient dismissal (22). Nice use of ultrasonic for deposit removal. Hand instruments must be sharp for fine scaling after use of ultrasonic (89). Some deposits remained at checkout #30 M and D (105). (TB)
9/27/2012	Bucksby, Harold	Excellent updated assessments. This was a terrific one-on-one session with instrumentation. You adapted the ultrasonic insert very well, and removed most of the calculus today. I'm glad we were able to spend some time, and allow you to feel more confident with using the ultrasonic. TN
9/25/2012	Berry, Jason	I'm glad you were able to see this patient for a re-care visit. As discussed in Periodontology, research shows that patients with periodontal pockets should receive preventive care at least every three months. Patient centered treatment dictates that we provide individualized treatment plans and recare schedules (50). Please plan the timeframe for recare appointments for this patient with this in mind. JW
9/20/2012	Bucksby, Harold	Please note lesion on ventral surface of tongue. Oral assessment should be updated at each visit (12). (41) Under-assessed sub. calculus in proximal surfaces of teeth #s 5-8. This patient is probably the most challenging case you have seen. Stay high on fulcrum and flame-walk explorer with a very light grasp to help feel these deposits. I'm glad you were able to use the ultrasonic scaler today. Be careful to keep the tip moving, being sure to place the tip to the depth of the pocket to reach all subgingival calculus (84). RS
9/18/2012	Itak, Parko	Accurate updates of histories and assessments. It is important for this patient to seek comprehensive care for his periodontal health, as well as the suspicious areas noted. Recognizing the need for this type of referral and discussing it with the patient is a very important part of comprehensive care (120). TB
9/13/2012	Bucksby, Harold	(41)-underassessed sub quad 4. Remember, if there is recession present, radiographic evidence of bone loss, and pocketing of 4 mm, then the classification is periodontitis, not gingivitis (28). (83)-pt. position is too high. Remember the patient should be below your elbow at the belly button level. Great job on calculus removal--When the teeth are long and tilted lingually, i makes calculus removal difficult, but you removed most of it! TN
9/11/2012	Cannerday, Dan	Please remember to update dental charting. Missed new composite restorations #3,#15 (36, 39). All other updates correct. This appointment went very well. Great patient rapport and oral hygiene education. Very nice deposit removal and follow-through of treatment plan. JW
9/6/2012	Archer, Joan	Excellent update of medical history, vital signs, and periodontal assessment. Great appointment today! RS
9/4/2012	Chrow, Ann	Please remember to note all new medications and research to determine drug classification and possible interactions or contraindications (6). Nice assessment and thorough removal of deposits. TB
8/30/2012	Eddy, Joyce	Great job of updating the patient assessments. Correctly assessed 105/112 areas for supra and subgingival deposits (94%). Be sure to keep instrumentation strokes short, controlled. All strokes should end on tooth (99). Don't forget to floss patient prior to check-out (103). TN
8/28/2012	Doyle, Chris	Nice re-assessment of periodontal tissues for this re-care appointment. The tissue margins have improved in color and there is much less bleeding upon probing. I'm glad you have motivated this patient to improve his oral hygiene. Please remember to have patient sign treatment plan consent prior to treatment (53). Remember to isolate, air dry, and ask patient to lower chin to help spot supramarginal calculus deposits in sext. 5 (83, 105). JW
3/12/2012	Cannerday, Dan	Need to document aphthous ulcer (11). Nice instrumentation session today. I'm glad we were able to work on closing for insertion and keeping the instrumentation stroke short and controlled. You take instruction well! Please make certain all chart entries have signatures (116). DW

Students get points
every time they perform
a debridement when the
Calc/Perio skill level is
entered in the header
after each area is
debrided

Clinical requirements
must get more
demanding as the student
progresses through the
curriculum

Therefore,
less points are given
per patient skill level treated
at each interval of the
clinical education

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

Example of grades of a class weeks before graduation

Note students with the highest Calc/Perio Points got the highest scores

Student Name	# of Errors	Times Weight from Master Grid Compilation	Total	Extra Error	Calc/Perio Points	Level	Final
Names Hidden	4	0.265000	1.06	-1.00	17.70	82.00	97.64
	2	0.245000	0.49	-0.25	14.65	82.00	95.91
	1	0.130000	0.13	-0.25	11.50	82.00	93.12
	3	0.190000	0.57	-0.75	12.00	82.00	92.68
	5	0.166000	0.83	-1.25	12.60	82.00	92.52
	4	0.175000	0.70	-1.00	10.50	82.00	90.80
	6	0.168333	1.01	-1.25	9.30	82.00	89.04
	1	0.130000	0.13	-0.25	7.20	82.00	88.82
	1	2.380000	2.38	0.00	8.10	82.00	87.72
	0	0.000000	0.00	0.00	5.65	82.00	87.65
	0	0.000000	0.00	0.00	5.60	82.00	87.60
	2	0.130000	0.26	-0.50	5.80	82.00	87.04
	9	0.241111	2.17	-1.75	8.80	82.00	86.88
	5	0.722000	3.61	-0.75	8.90	82.00	86.54
	5	0.268000	1.34	-0.50	6.20	82.00	86.36
	5	0.482000	2.41	-0.50	7.05	82.00	86.14
	9	0.583333	5.25	-1.50	9.95	82.00	85.20
	6	0.258333	1.55	-1.25	5.35	82.00	84.55
	11	0.538181	5.92	-1.75	6.20	82.00	80.53
	11	1.286363	14.15	-1.50	7.80	82.00	74.15
	20	0.648500	12.97	-4.25	8.65	82.00	73.43

Example of class TalEal grade spreadsheet for 6 weeks

Students with the greatest calc/perio points (patient points) get the highest score

Each school's faculty determines the percentage the TalEval Grade weighs in the final clinic grade. For some schools it is 75% of the grade and case based presentations and other requirements form the other 25% of clinic grade.

Student Name	# of Checks / X's	Times Weight from Master Grid Compilation	Total	Extra Error	Calc/Perio Points	Level	Final
Susie	15	0.379333	5.69	0.00	18.65	80.00	92.96
Kathy	3	0.080000	0.24	0.00	8.90	80.00	88.66
Chrisy	12	0.178333	2.14	0.00	9.30	80.00	87.16
Johnny	22	0.182272	4.01	-1.00	11.20	80.00	86.19
April	12	0.235833	2.83	0.00	8.90	80.00	86.07
Anna	8	0.177500	1.42	0.00	7.30	80.00	85.88
Michael	19	0.287894	5.47	0.00	11.00	80.00	85.53
Suzanne	6	0.276666	1.66	0.00	6.80	80.00	85.14
Andrea	9	0.193333	1.74	0.00	6.85	80.00	85.11
Noreen	9	0.645555	5.81	0.00	10.45	80.00	84.64
Meghan	4	1.845000	7.38	0.00	11.90	80.00	84.52
Stacy	7	0.324285	2.27	0.00	6.35	80.00	84.08
Louise	15	0.377333	5.66	0.00	9.20	80.00	83.54
Heidi	2	0.185000	0.37	0.00	3.45	80.00	83.08
Mary	20	0.303000	6.06	0.00	8.70	80.00	82.64
Nadia	8	0.350000	2.80	0.00	5.40	80.00	82.60
Diane	7	0.275714	1.93	0.00	3.10	80.00	81.17
MaryAnn	14	0.335714	4.70	-1.00	6.60	80.00	80.90
Brenda	14	0.670000	9.38	0.00	5.45	80.00	76.07

These statistics are from an actual class, but none of the names listed are names of anyone in the class
Susie had the same number of //X's as Louise – but Susie's high patient points gave her an A
Louise's low patient points gave her a C
Heidi had the least //X's (2), but she had very low patient points – she got a C
Johnny had the most //X's in categories that were *Difficult – but high patient points gave him a B
Brenda had 14 //X's in categories that were **Easy- but she had low patient points – she barely passed
*Difficult categories = entire class is striving to develop – evidenced by many students getting //X's
**Easy categories = entire class seems to have mastery – evidenced by hardly any students getting //X's

To get a high grade in TalEval you need to treat many patients, especially difficult Calculus/Perio patients

If your errors are in Difficult categories, they do NOT cost much to your grade. See Johnny
If your errors are in Easy categories, they do cost a lot to your grade. See Meghan

Example of a Difficult category – Deposit Assessment and/or Debridement on Class III Calc/Perio patients

Examples of Easy categories – proper dress for clinic, giving a fluoride treatment

Master Summative Grade Report

Student	Pain C	Prev	Eoio	TP	Risk	Perio	Calc	Dep	Inst	Occl	QA	Ethics/Prof	Rad	Hrd tis
	0/0	0/0	0/0	0/0	0/0	0/2	0/1	3/0	0/0	0/1	0/0	0/0	0/0	1/1
	0/0	1/0	0/0	0/0	0/0	3/0	1/0	1/0	0/0	0/0	0/0	0/0	0/0	0/1
	0/0	0/0	2/0	0/0	0/0	3/1	1/0	1/0	0/0	2/1	0/0	2/0	0/0	0/1
	0/0	0/0	2/0	0/0	0/0	2/0	1/0	0/0	0/0	2/0	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	0/0	0/0	0/0	0/0	0/0
	0/0	0/0	2/0	0/0	0/0	1/2	1/0	0/0	0/0	2/1	0/0	0/0	0/0	1/3
	0/0	0/0	1/0	1/0	0/0	3/2	1/0	2/1	0/0	0/0	0/0	0/0	0/0	0/1
	0/0	0/0	0/0	0/0	0/0	0/1	1/1	0/0	0/0	1/0	0/0	0/0	0/0	0/0
	0/0	0/0	0/0	0/0	0/0	1/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
	0/0	0/0	0/0	0/0	0/0	2/0	1/1	1/0	1/0	0/1	1/1	0/0	0/1	1/0
	0/0	0/0	0/0	0/0	0/0	1/2	0/2	0/0	0/0	0/0	0/0	0/0	0/0	0/0
	0/0	0/0	0/0	0/0	0/0	1/0	1/0	2/0	0/0	2/0	0/0	2/0	0/0	0/1
	0/0	0/0	0/0	0/0	0/0	7/1	1/1	0/0	0/0	1/0	0/0	0/0	0/0	0/0
			0/0	0/0	0/2	0/0	1/0	0/0	0/2	0/0	0/0		0/0	0/1
			0/0	0/0	2/2	2/1	1/1	0/0	1/0	0/0	1/0		0/0	2/0
			0/0	0/0	6/3	0/1	1/2	0/0	2/1	0/0	1/0		0/0	0/1
			0/0	0/0	0/2	0/0	2/0	0/0	1/0	0/0	0/0		0/0	1/1
			0/0	0/0	0/1	0/2	1/1	1/0	0/0	0/0	0/0		0/0	1/2
			0/0	0/0	2/0	4/1	0/1	0/0	2/0	0/0	0/0		0/0	0/0
			0/0	0/0	0/2	1/0	1/0	0/0	0/0	0/0	0/0		0/0	1/1
	0/0	0/0	1/0	0/0	0/0	2/1	1/0	1/0	0/0	0/0	0/0	0/0	0/0	0/2
Totals:	0/0	1/0	10/2	3/0	0/0	36/24	18/11	18/6	2/0	16/7	1/1	6/0	0/1	8/16
Weight:	-	7.14	0.51	2.38	-	0.09	0.18	0.24	3.57	0.24	2.38	1.19	3.57	0.18

Names Hidden

Faculty is able to view total class performance as well as individual student performance and see students with possible need of remediation: Errors in Red

Allows faculty to view total class performance as well as individual student performance

Individual Student Grade Report

Categories	# of Errors	Times Weight from Master Grid Compilation	Remediation Variable	Total
Risk	0	0	θ	0
Eoio	0	2.38	θ	0
Occl	0	3.57	θ	0
Perio	1	1.43	θ	1.43
Rad	0	0	θ	0
Hrd tis	4	0.36	θ	1.44
Dep	1	0.31	θ	0.31
TP	2	3.57	ρ	7.14
Prev	0	0	θ	0
n C	0	0	θ	0
	0	0	θ	0
lc	2	0.13	θ	0.26
	0	0	θ	0
nics/Prof	1	3.57	ρ	3.57
tal:	11		θ	14.15

This student has made errors in categories which should have been mastered at this level of her DH clinical education.

She also made critical errors that cost 1.5 point loss to total TalEval Grade

Score: Median Performance Level: 80 – 14.15 points = 65.85

She did not gain enough Patient points to offset errors made.

Calculus Class Appts	Calc Pts per Appt	Perio Level Appts	Perio Pts per Appt
I – 1	1 x 0.05 = 0.05	II – 6	6 x 0.05 = 0.30
II – 5	5 x 0.50 = 2.50	III – 2	2 x 0.30 = 0.60
III – 1	1 x 1.00 = 1.00	IV – 1	1 x 0.35 = 0.35
IV – 2	2 x 1.50 = 3.00		

Her TalEval Score

lus Points: 6.55 + Perio Points: 1.25 – Critical Error Points: 1.5 + Extra Credit: 0 = 6.3 + Score: 65.8

72.15 for Clinic: IIIB

Patient Type Tracking
01/02/2017 - 05/05/2017
Clinic IIIA

Student	CALCS							PERIO						SN	PC	RC	0-11	12-17	18-59	60+
	0	I	II	III	IV		Total	0	I	II	III	IV	Total							
	0	1	2	6	1	0	10	1	0	6	3	0	10	1	5	0	0	0	6	4
	0	0	1	11	0	0	12	0	1	5	6	0	12	0	2	0	0	0	11	1
	0	0	1	1	3	0	5	0	1	1	3	0	5	0	0	0	0	0	6	0
	0	0	3	5	0	0	8	0	0	7	1	0	8	0	1	0	0	0	9	0
	0	1	6	6	1	0	14	1	4	7	1	1	14	0	8	0	0	0	10	4
	0	0	3	7	1	0	11	1	3	6	1	0	11	0	2	0	0	0	10	1
	0	2	2	5	2	0	11	0	1	5	3	2	11	0	6	0	0	0	7	5
	0	1	1	8	2	0	12	1	1	2	8	0	12	0	1	1	0	0	10	3
	1	0	5	4	2	0	12	0	2	6	4	1	13	0	7	0	0	0	11	3
	1	1	3	2	0	0	7	1	2	4	0	0	7	3	4	0	0	0	7	2
	0	0	3	4	0	0	7	0	0	6	1	0	7	0	2	0	0	0	6	2
	0	1	6	1	0	0	8	1	5	2	0	0	8	1	4	0	0	0	8	2
	0	1	2	5	1	0	9	0	0	5	4	0	9	0	5	0	0	0	3	6
	0	0	5	4	0	0	9	0	4	4	0	1	9	0	2	0	0	0	8	2
	0	0	3	6	0	0	9	0	1	7	1	0	9	0	3	0	0	0	10	0
	0	3	4	1	1	0	9	0	2	6	1	0	9	1	4	0	1	0	5	4
	0	0	0	6	4	0	10	0	0	2	8	0	10	0	2	0	0	0	10	0
	0	0	2	2	0	0	4	0	1	1	1	1	4	0	1	0	1	0	4	0
	0	0	2	6	1	0	9	0	4	0	4	1	9	0	1	0	0	0	9	0
	0	2	3	3	2	0	10	0	1	4	3	2	10	0	3	1	0	0	8	2
	0	0	9	4	0	0	13	0	3	3	7	0	13	0	5	0	0	0	8	4
Total	2	13	66	97	21	0	199	6	36	89	60	9	200	6	68	2	2	0	166	45

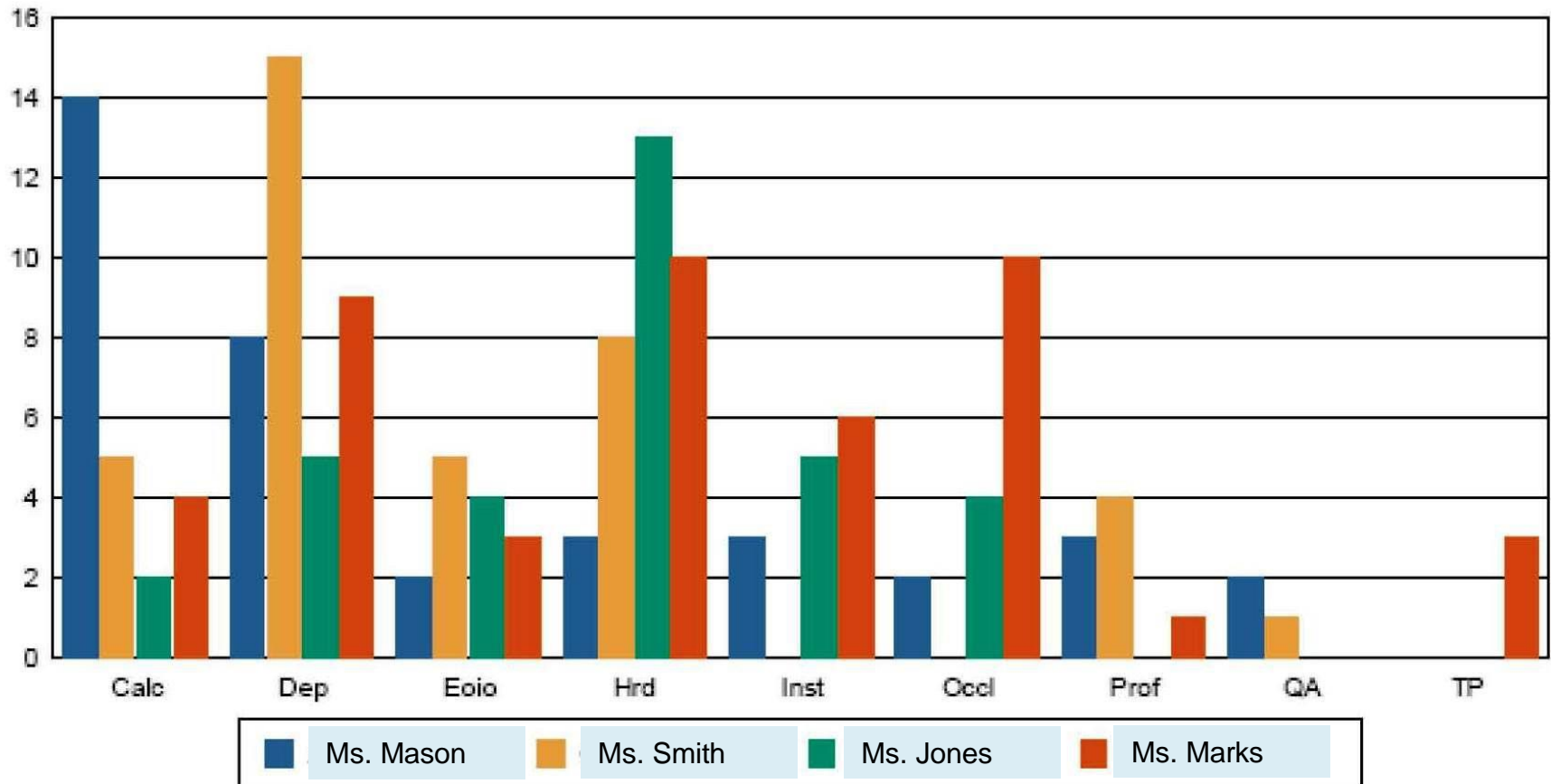Heading Legend: PC - Patient Complete   SN - Special Needs   RC - Recare

Clinic: IB

Instructors are also being tracked according to the category and number of errors they find for all students in one clinic grading period.

## Instructor Calibration Graph

Legend: Ms. Mason, Ms. Smith, Ms. Jones, Ms. Marks

TalEval shows if an instructor is overly focused in one category or not focusing on certain categories. They MUST mark every error they see!

Progression of Skill Development

This graph shows the total number of errors found by all instructors grading all students in each clinic level. At each level less errors are found as students progress through their clinical education.
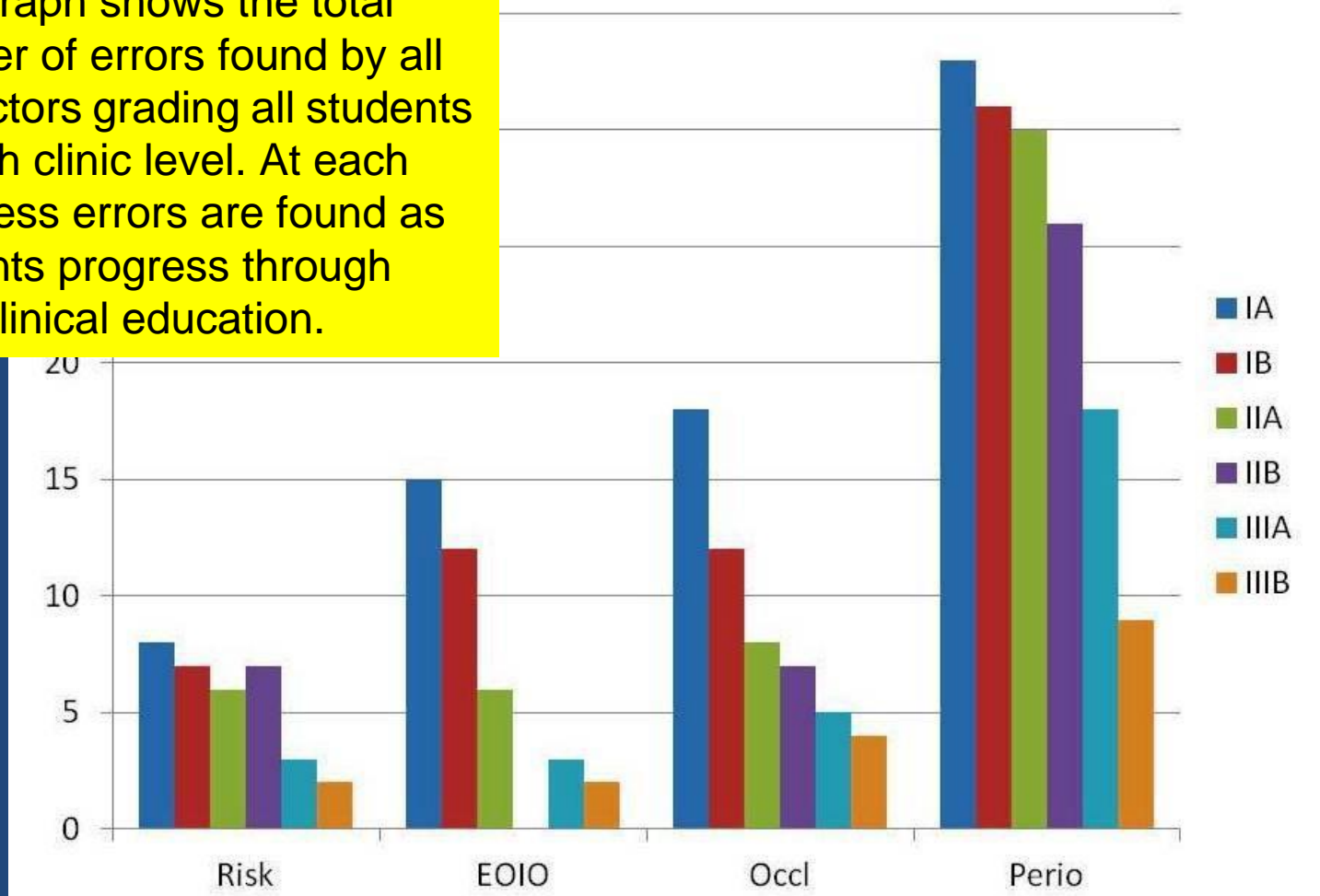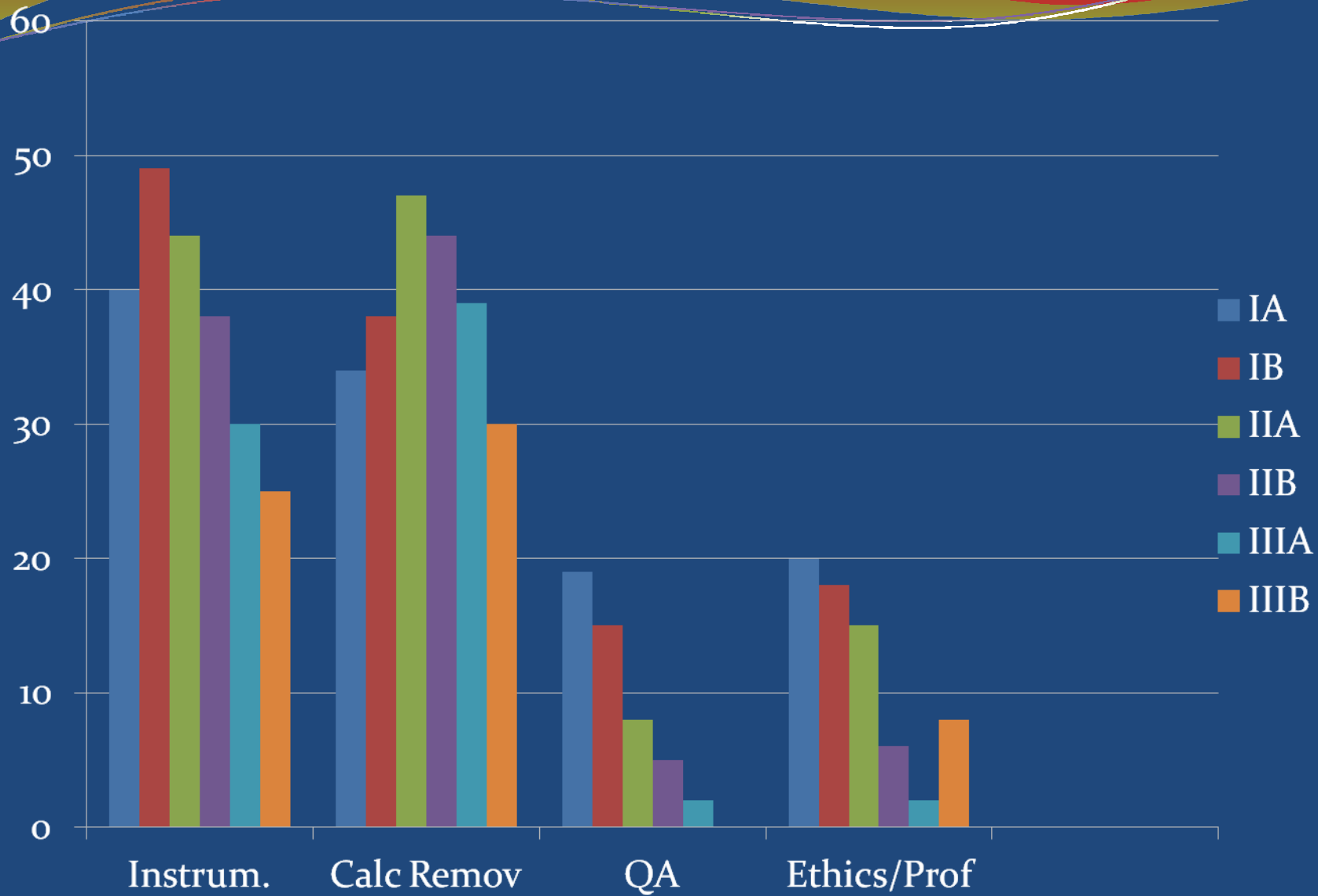

As the students progress through the clinical education they make less errors in each skill
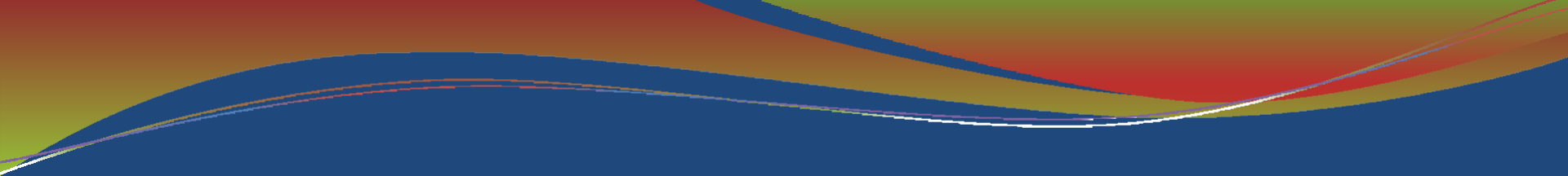
Progression of Skill Development
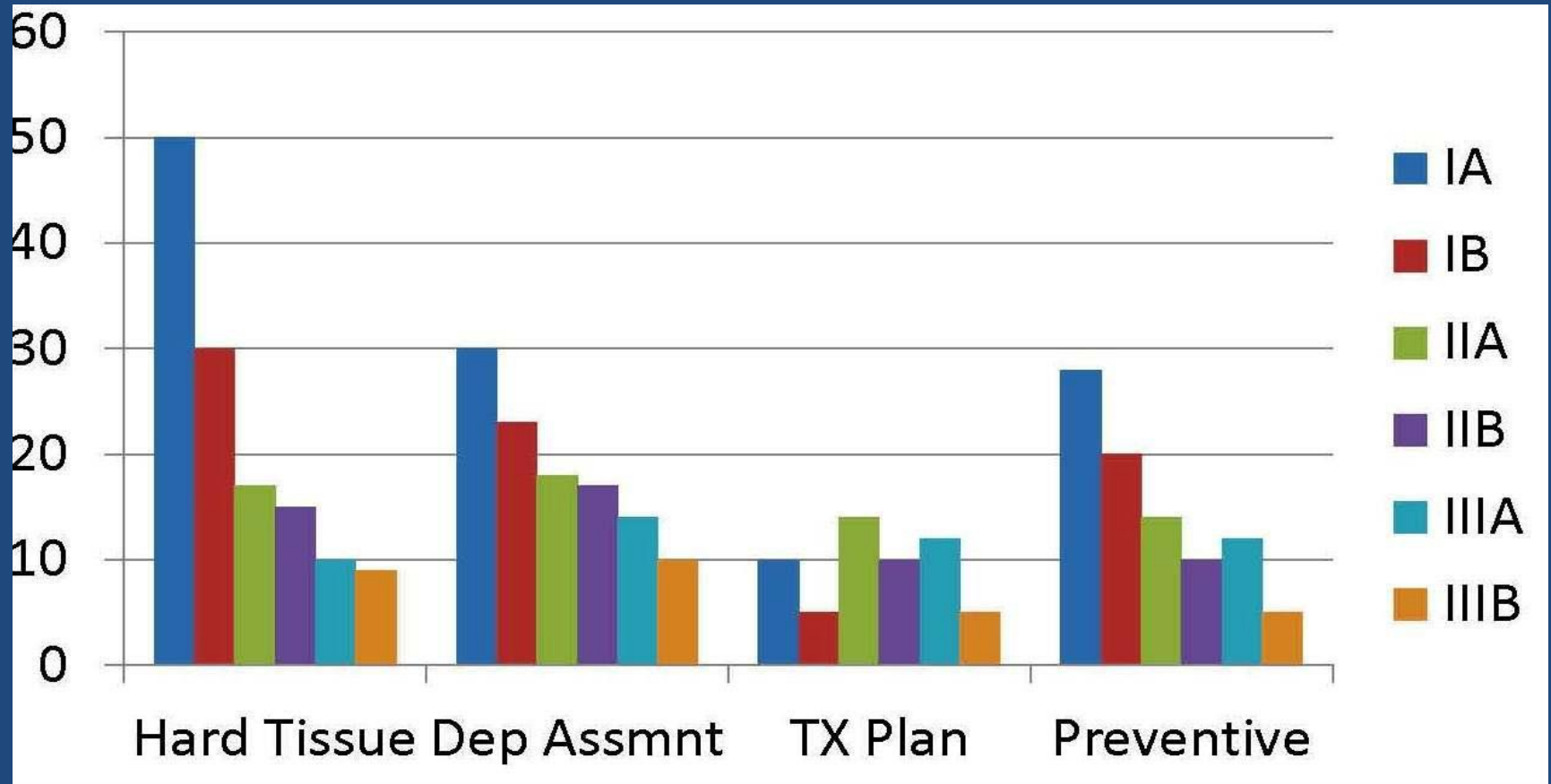
As the students progress through the clinical education they make less errors in each skill

As the students progress through the clinical education they make less errors in each skill

TalEval helps instructors identify student needs for improvement as well as areas mastered.

Thank You!