

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

The TalEval grading method and tracking software system serves as the ultimate tool for assisting faculty in grading students in the clinical setting and demonstrating compliance with the Commission on Dental Accreditation (CODA) Standards for accreditation. TalEval is a web based system that can be accessed with any electronic device that utilizes internet access.

Dental hygiene programs and dental assisting programs are in need of paperless grading systems as 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 in demonstrating compliance with the following CODA standards:

Standard 1-1	Planning and Outcomes Assessment
Standard 2-1	Instruction for learning through progressive skill development
Standard 2-14	Patient Care Competencies <ul style="list-style-type: none">• Objective grading format• Clinical demands Increasing over the course of the curriculum
Standard 2-17	Dental Hygiene Process of Care on-going evaluation <ul style="list-style-type: none">• Tracking Patient Types and Numbers
Standard 2-24	Student self-assessment
Standard 2-22	Ethics and Professionalism
Standard 2-27	Faculty Calibration
Standard 6-2	Quality Assurance

Two Different Grading Methods

The grade form is the same with either of the two grading methods. The difference is in the mathematical computations. Each school will select one method for their student class.

The “Objective Method” is an objective grading system that utilizes a mathematical formula based on three different factors:

1. Mean of total class performance in every skill set
2. Deduction of “Critical Errors” in every skill set for individual student performance.
3. Points gained from patient treatment types (calculus and periodontal skill levels)

The “Grade for Appointment Method” is similar to the subjective grading methods used in most schools whereby the instructor knows in advance what each error costs the student and those deductions are made at each patient appointment. With the TalEval Grade for Appointment Method the school faculty can choose weights to be deducted for each clinical skill error by entering those points in the set-ups. They can use this method as 100% of clinic grade without adding in point values for levels of patient difficulty or they can add the patient point values at the end of the clinic semester/term.

There is a separate grade form with an itemized list for Dental Assisting program clinical evaluations. Dental Assisting programs must choose the “Grade for Appointment Method” for their students.

In off campus rotation clinics for either dental assisting or dental hygiene students, students can log-in to TalEval and grade themselves and it will appear in the TalEval database as an “Unverified Grade”. Only a staff member of the off campus rotation or a college instructor can “Verify” that the student’s grading of his/herself is accurate. This is another feature in TalEval that helps with accreditation requirements of a program demonstrating that students are taught to self-assess their clinical performance.

Having students’ self-assess (self-grade) makes it easier for the busy staff at an externship rotation to handle the task of grading students. The externship staff will simply log-in to TalEval, view the student’s “Unverified Grade”, radio button in additional errors if necessary, enter comments, and when they click “Save” the grade is then “Verified”.

The Grading Format

Even though there are two separate Grading Methods and mathematical formulas to select from, the actual grading technique is the same as it includes a comprehensive “Itemized list” of procedures from the Dental Hygiene Process of Care which includes the following: 4 Major Categories with 14 Subcategories as Main Competencies

Assessment	Planning	Implementation	Evaluation
I) Risk Assessment II) EO/IO III) Occlusal IV) Periodontology V) Radiology VI) Hard Tissue VII) Deposit Assessment	VIII) Treatment Plan	IX) Prev/Supportive X) Pain Control XI) Instrumentation XII) Calculus Removal	XIII) Quality Assurance XIV) Ethics/Prof

The “Itemized List” includes #1 – 140 under each of the 14 Subcategories (Main Competencies). The 1-140 individual items may be changed and if so must be renumbered since grading comments on errors must reference Item Numbers. In the event a student challenges their TalEval grade with the college administration and in a court of law, the written comments in TalEval would serve as legal documentation. Therefore it must be specific and precise according to errors referenced per Item Number.

Changing the titles of the 14 Subcategories (Main Competencies) is permitted in the set-ups, but not recommended. The American Dental Hygiene Association (ADHA) criteria for the Dental Hygiene Process of Care is the basis for terminology in TalEval.

For instance, ADHA describes the assessment and charting of the dentition as “Hard Tissue Assessment”. So “Hard Tissue” is the term used in TalEval.

In “Treatment Planning”, TalEval lists “Dental Hygiene Diagnosis” as its first item as that is the term used by the ADHA.

All of the Main Competencies and items 1-140 can be changed by anyone who is an administrator accessing their TalEval database.

However, we highly recommend you do not change the format at all for the first six months of using TalEval. The original format that is on your TalEval database when purchased has been tested for nine years and is very effective in evaluating students in the clinical setting and also for producing tables and charts that are easy to read. Changing existing Subcategories (Main Competencies) titles to longer titles might skew a chart or table off the computer screen. With experience the user more fully understands when changes are really necessary and how to make changes that provide excellent outcomes assessment reports.

The Grading Procedure

Instructors go through the COMPREHENSIVE “Itemized list” when they evaluate student clinical performance and the list assures that instructors do not forget to observe every aspect of the process of care. This in itself provides Quality Assurance in Patient Care. When instructors go through the list, they mark each item listed 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

Rating with symbols is more objective than rating with numbers. It allows the instructor to focus on the student performance of the skill at the time of the evaluation. The best way to evaluate is NOT to think about the grade, just

note the single error in an item by clicking on the radio button in the ✓ column. The multiple errors are entered by clicking on the radio button in the X column. Errors must be referenced by Item # and documented in the Grade Header "Comments" box.

Grade Entry

[print report](#)

Select a Student: Edit Existing Grade:

Date:*

Filtered Patients List:* [Add Patient](#) Clinic:* Instructor:*

Treatment Phase:* Special Needs:

Quad /Sextant:

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

Recare On Date: - or Recare In: Months Weeks

Comments

1: Always further question the "yes" responses on the medical history. Aspirin therapy is a risk for bleeding, note in the medical alert box. 11: Missed the lesion on the lingual frenum.

Calculus Class Perio Level
 N/A 0 I II III IV
 N/A 0 I II III IV
 Critical Error: Extra Credit:
 2.00 Auto Calc
 2.00 Total

[Save Header Changes](#)

Write comments in header to support reason for giving checks/Xs. Then click save

APPOINTMENT COMMENTS		
Date	Patient	Comment
6/11/2015		Nice continuation appointment with this patient. Accurate assessment of quad 2 and re-assessment of quads cleaned previously. 23/28 calc. assessed. 82% . 16/16 calc. removed. 100%. DB
6/11/2015		Accurate assessment of perio and calculus. Nice work with this patient today. calc. removed. 100%. Clean! DB
6/4/2015		36-multiple class V restorations, 37-suspicious areas #31, #2, He was difficult to chart--he had a lot of demineralization, Calculus assessment (104/110) 95% and calculus debridement (20/20) 100%. Great job today. You did a great job on your perio summary. MPO
6/4/2015		22-multiple 7mm pockets--remember to use your radiographs to help you see the bone levels, Great job today. Calculus assessment (26/32) 81% and calculus debridement (11/11) 100%. MPO
6/3/2015		Calculus assessment (29/32) 91% and calculus debridement (15/15) 100%. Great job today. MBO
6/3/2015		Calculus assessment (26/28) 93% and calculus debridement (15/16) 94% (#29M). Great job today. MBO
5/27/2015		36-Remember to dental chart the entire dentition, 41-underassessed subcalculus remember to stand higher on your fulcurm so that the working end falls down to the base of the sulcus and roll the instrument more so that the 1/3 tip stays adapted to the interproximal surface, Calculus assessment (16/24) 67% and Calculus debridement (24/24) 100%. MPO
5/27/2015		10-bilateral linea alba, 22-#2-3F 2mm not 4mm, Calculus assessment (23/28) 82% and calculus debridement (18/18) 100%. MPO
5/21/2015		Nice patient interaction today. Patient is missing many teeth. Accurate calc. assessment. Please remember to note recession on the periodontal chart (21). calc. removed. 100%. DB
5/21/2015		Nice interaction with this special needs patient today. Accurate periodontal assessment. Calc overassessed- mostly thick plaque. 100/112 calc. assessed. 89%. 21/24 calc. removed. 88%. DB
4/15/2015		13-use canine relation when 1st molars are missing, 36-composite fillings were hard to see on the max anterior teeth. Great job with debridement! MBO
4/15/2015		Great job with all of the assessment and definitive debridement. MBO
4/8/2015		Great job today on assessment and calculus removal. MPO
4/8/2015		Great job today on assessment and calculus removal. MPO
4/6/2015		Graded Patient 1
3/25/2015		14-overjet 5mm, 15-moderate overbite. Have the pt bite down on their back teeth. You may have to tell the pt. to bite down on back teeth, 36-Sealants not present on premolars and decay not present on #1. Great job with debridement today. MBO
3/25/2015		17-deviation to the left, 56-Provide OHI to your patient before debridement, 59-Please complete a plaque index on your patient before debridement. Great job with debridement. MBO

Reference Item #s to provide supportive documentation for every error found. This is required to maintain a legal document.

The Objective Method

No math calculations are conducted by the instructor at the time of the evaluation. The weights of the symbols above are unknown at the time of the evaluation if you are utilizing The Objective Grading Method. Weights are not assigned until all data is gathered over half of the term/semester (approximately 6-7 weeks). At the end of that timeframe, the total number of errors are calculated using mean of individual and total class performances. Typically the first half of the term (i.e. Clinic IA) becomes the midterm grade, and the last half of the term (Clinic IB) becomes the second grade. The two grades are averaged together to form the Clinic I grade. The 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 who present with various levels of periodontal conditions ranging from healthy to advanced periodontitis with light to heavy amounts of calculus deposits.

TalEval is programmed for mathematical computations on the average number of patients seen in 5-7 weeks. Longer grading periods inflate the grades as they do not allow for the advantage of progression of student skill development which requires a decrease in patient point values to appropriately adjust the grade as the student advances through the clinical education levels.

Examples of how to set up the grading periods for your clinics:

If Clinic I is DEN201 and it is a 15 week semester, weeks 1-7 is DEN201A and weeks 8-14 is DEN 201B. The 15th week could be finals week and/or make-up clinics and/or clinic clean up. A 16 week semester could be divided into 3 Clinical Grading Periods of 5 weeks (IA, IB, IC) each and the 16th week could be the finals week with make-up clinics.

If your program has 10 week terms instead of semesters, each grading period should be 5 weeks. Week 1-5 is Clinic DEN201A and week 6-10 is Clinic DEN201B. Make up clinics could be on additional days of the week within the 10 week term.

Critical Errors

In the table below, *Critical errors are in red* and are only suggestions. Each school faculty chooses their own critical errors. An example Subcategory (Main Comp) Risk Assessment:

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

Two Ways to Address Critical Errors:

1. Designated by each school's faculty and pre-set by going into the TalEval set-ups and clicking on the box that says "Critical Errors". Then enter the weights that will automatically be deducted when a student makes the error.

	Sub-Category	Active?	Critical Error? Points Deducted
Edit Delete	Further QUESTIONS Findings	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Edit Delete	USES references	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Edit Delete	Vital Signs (TAKES THEM)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Update Cancel	NOTIFIES Instructor of ri	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.50
Edit Delete	Documents appropriately in medical alert box	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Edit Delete	Documents medications and contraindications	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Edit Delete	Documents lifestyle RISK factors	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00

2. Critical Errors that require further point deductions may be added into the Critical Error box located on the Grade Header

Critical Error deductions are never added by TalEval to the total class data to affect the weights of the grades. They are only deducted at the Summative and Formative Grade Evaluations when each student's grade is calculated. Critical errors are the most crucial part of evaluating individual student clinical performance and students are not compared to one another in the critical error component of TalEval. TalEval counts the number of times all the students make any type of error and that affects the mean, but the additional points lost for critical errors only affects the grade of the student who makes the error(s).

It is important for the faculty of every school to **pre-weight critical errors** for quality assurance in patient care as well as assessment of individual student performance.

The two Critical Error options perform the same function in either grading methods. Critical errors are deducted from the total grade. Therefore, it is recommended that the weights for critical errors should be less than 1.00 point each unless it is situation of pure negligence on the part of the student providing patient care. If the faculty as a whole decides to consider a lot of the 140 items as Critical Errors, as little as .10 might be the pre-weighted amount assigned in the set-ups for Critical Errors unrelated to patient safety.

Always remember that Critical Error points are deducted from the total TalEval grade. Therefore they cost the student a lot and can be the total reason a student does not pass the clinical course.

Instructors who arbitrarily decide to deduct points in the Critical Error Box of the Grade Header must do so knowing the risk of failing the student for the clinical course. This is a subjective grading decision an instructor would be accountable for in the event it causes the student to fail in clinic.

The Objective Grading Method

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 X) 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 ✓ and X symbols.
5. The ✓ and X symbols assigned result in points lost from the total grade.
6. When only 1 or 2 students have errors in a category it is an indication that they must be remediated in the skill sets in that category. After remediation, the grades should be edited to give back the heavy points lost from the isolated errors.

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 five-seven week intervals and designated as **Clinic Grading Periods:** I-A, I-B, II-A, II-B, III-A, III-B. These designations can be changed to different clinic numbers or externship clinic names or even course numbers. Each program faculty decides what to name their Clinic Grading Periods, but each period should be a maximum of seven(7) weeks in length as the built in mathematical calculations are designed for that length of time, patient treatment appointments, and point values added to a student's grade at each grading period relative to the level of expected student clinical performance.

Students are expected to be more proficient in clinical skills as they progress through the clinical education. Therefore, the points gained for patient treatment decrease in value every grading period, 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 Grading Period (Approximately 5- 7 Weeks)

Calculus Class	Points Per Patient	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 Grading Period (Approximately 5- 7 Weeks)

Calculus Class	Points Per Patient	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 Grading Period (Approximately 5- 7 Weeks)

Calculus Class	Points Per Patient	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 Grading Period (Approximately 5- 7 Weeks)

Calculus Class	Points Per Patient	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 Grading Period (Approximately 5- 7 Weeks)

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 Grading Period (Approximately 5- 7 Weeks)

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 Grading Periods Per Semester

Student must detect:

I (2 Grading Periods)	90% of Supragingival calculus	80% of Subgingival calculus
II-A	95%	80%
II-B	100%	85%
III-A	100%	90%
III-B	100%	95%

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

Clinic Grading Periods Per Semester

Student must remove:

I (2 Grading Periods)	90% of Supragingival calculus	80% of Subgingival calculus
II-A	95%	80%
II-B	100%	85%
III-A	100%	90%
III-B	100%	95%

How Does the TalEval Arrive at the Objective Grade?

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

TalEval Individual Student Formative Grid

Student: Jane Doe.

Date	CalcClass	PerioLevel	Quad	Fac	Risk	Eoio	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	2/3	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 “Median Performance Level” (MPL). The “Median” performance is the middle of where the grades fall when plotted in a linear pattern. As in the statistical measurements of “Mean, Median, Mode”. 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
Tally of checks:			4.60

Median 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
Total Patient Points Gained	7.50		0.40

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 **Median 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**

Final Grade Report for Objective Grading Method

This is an actual report from a school. Student names have been blocked.

Median Performance Level: 80

[Print R](#)

Student Name	# of Checks / X's	Times Weight from Master Grid Compilation	Total	Extra Error	Calc/Perio Points	Level	Final
	2	0.400000	0.80	0.00	15.30	80.00	94.50
	2	0.400000	0.80	0.00	11.15	80.00	90.35
	3	0.216666	0.65	0.00	9.80	80.00	89.15
	2	0.220000	0.44	0.00	8.65	80.00	88.21
	6	0.348333	2.09	0.00	10.20	80.00	88.11
	9	0.277777	2.50	0.00	10.10	80.00	87.60
	8	0.337500	2.70	0.00	10.10	80.00	87.40
	4	0.220000	0.88	0.00	8.20	80.00	87.32
	3	1.393333	4.18	0.00	11.25	80.00	87.07
	2	0.220000	0.44	0.00	7.50	80.00	87.06
	4	0.220000	0.88	0.00	7.65	80.00	86.77
	4	0.220000	0.88	0.00	7.30	80.00	86.42
	3	0.230000	0.69	0.00	7.05	80.00	86.36
	5	0.356000	1.78	0.00	7.85	80.00	86.07
	1	3.570000	3.57	0.00	9.60	80.00	86.03
	5	0.752000	3.76	0.00	9.65	80.00	85.89
	2	2.025000	4.05	0.00	9.25	80.00	85.20
	7	0.320000	2.24	0.00	6.70	80.00	84.46
	10	0.331000	3.31	0.00	7.60	80.00	84.29
	6	0.610000	3.66	0.00	7.80	80.00	84.14
	0	0.000000	0.00	0.00	3.80	80.00	83.80
	1	2.380000	2.38	0.00	5.85	80.00	83.47
	6	1.000000	6.00	0.00	5.80	80.00	79.80
	7	1.694285	11.86	0.00	5.45	80.00	73.59
	10	1.811000	18.11	0.00	11.15	80.00	73.04

The Grade by Appointment Method

The weight of each item is pre-set in the TalEval Set-ups

	Sub-Category	Active?	Critical Error? Points Deducted
Edit Delete	Further QUESTIONS Findings	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Edit Delete	USES references	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Edit Delete	Vital Signs (TAKES THEM)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Update Cancel	NOTIFIES Instructor of ri	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 0.50
Edit Delete	Documents appropriately in medical alert box	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Edit Delete	Documents medications and contraindications	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00
Edit Delete	Documents lifestyle RISK factors	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.00

The grading method is subjective in that the instructor knows exactly what each ✓ and ✗ costs to the student's individual grade conducted during the appointment.

The grading method is totally subjective if the average of all the patient appointment grades equals 100% of the total grade.

To make this grading method less subjective it should weigh only 80-90% of the total grade.

At the Summative Evaluation (midterm or end of semester grade report) the patient point values are added to the average of the "Grade for Appointment" averages.

Each program faculty sets up their own point deductions. Here is the way TalEval was tested for this grading option:

Each patient appointment is worth 100 points

Each check (single error) in a non-critical item was set at 1.50 points

Each ✗ (multiple error) in a non-critical item was set at 3.00

Each check (single error) in a critical error item was set at 3.00

Each ✗ for (multiple error) in a critical item was set at 4.00

In the cases of patient safety or negligence i.e. conscious sedation monitoring, local anesthesia, the weights were set at 5.00 for every error.

The student could have had 6 single checks (errors) in non-critical items and got a grade of 94 for the appointment. If they had 6 ✗s (multiple errors) in non-critical items they got a grade of 82 for the appointment.

Although the grades appeared high at the time of the appointment, they were like weekly quiz grades and the average of them only weighed 80 percent of the grade, a 90 average would generate the grade as follows:

$90 \times .80 = 72$ and it would take 18 patient points to maintain a final clinic grade of 90%

Why? All A's are not equal. A student with mostly easy patients should not receive A's for clinic. They must demonstrate proficiency on more difficult patients to be considered an "A" clinician. Having the factor of patient points gives students the incentive to treat more difficult patients. Having the factor of patient points means there

is an unknown factor for instructors and therefore they need to call the errors as they see them and not be thinking about the numerical grade.

Hrd tis	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Dep	0	0.00	1	3.00	0	0.00	0	0.00	3.00
TP	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Prev	2	3.00	0	0.00	0	0.00	0	0.00	3.00
Pain C	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Instr	6	9.00	0	0.00	0	0.00	0	0.00	9.00
Calc	0	0.00	1	3.00	0	0.00	3	9.00	12.00
QA	1	1.50	0	0.00	0	0.00	0	0.00	1.50
Prof	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Total:									36.00

Grade: (100 * 12 - 36.00) / 12 grades = 97.00

Calculus Class Appts	Calc Pts per Appt	Perio Level Appts	Perio Pts per Appt
I - 2	2 x 0.15 = 0.30	0 - 2	2 x 0.00 = 0.00
II - 1	1 x 0.50 = 0.50	I - 5	5 x 0.00 = 0.00
III - 4	4 x 1.00 = 4.00	II - 5	5 x 0.15 = 0.75
IV - 5	5 x 1.50 = 7.50		

Grade: 97.00 x 0.80% (weight) = 0.78 + 0.75 (Perio Points) + 12.30 (Calculus Points) + 0 (Extra Credit) = **13.83** for Clinic: IIB

Date	Patient Name	Age	Calc	Perio	PC	RC	SN	Grade
11/29/2012	Doyle, Chris	61	II	I	Yes	Yes		89.50
11/27/2012	Mallone, Lisa	12	I	0	Yes	No		100.00
11/15/2012	Ducote, Jean	58	IV	II	Yes	No		98.50
11/13/2012	Fallon, Charlotte	42	III	I	Yes	No		98.50
11/08/2012	Ducote, Jean	58	IV	II	No	No		100.00
11/06/2012	Fallon, Charlotte	42	III	I	No	No		97.00
11/01/2012	Ducote, Jean	58	IV	II	No	No		95.50
10/30/2012	Fallon, Charlotte	42	III	I	No	No		100.00
10/25/2012	Ducote, Jean	58	IV	II	No	No		92.50
10/23/2012	Fallon, Charlotte	42	III	I	No	No		97.00
10/18/2012	Raffner, David	11	I	0	Yes	No		97.00
10/16/2012	Ducote, Jean	58	IV	II	No	No		98.50

Grade By Appointment Report

Select a Student:

Select one or more Clinics*: IA IIA IIIA IB IIB IIIB

Include Detail:

From Date*:

To Date*:

Deduct Points from this value:*

Apply this weight to the average grade:*

[Print Report](#)

Category	# Single Errors	TOTAL Points Single	# Multiple Errors	TOTAL Points Multiple	# Critical Single Errors	TOTAL Points Critical Single	# Critical Multiple Errors	TOTAL Points Critical Multiple	Total Points Deducted
Risk	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Eoio	0	0.00	0	0.00	1	3.00	0	0.00	3.00
Occl	1	1.50	0	0.00	0	0.00	0	0.00	1.50
Perio	2	3.00	0	0.00	0	0.00	0	0.00	3.00
Rad	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Hrd tis	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Dep	0	0.00	1	3.00	0	0.00	0	0.00	3.00
TP	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Prev	2	3.00	0	0.00	0	0.00	0	0.00	3.00
Pain C	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Instr	6	9.00	0	0.00	0	0.00	0	0.00	9.00
Calc	0	0.00	1	3.00	0	0.00	3	9.00	12.00
QA	1	1.50	0	0.00	0	0.00	0	0.00	1.50
Prof	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Total:									36.00

Grade: (100 * 12 - 36.00) / 12 grades = 97.00

Calculus Class Appts	Calc Pts per Appt	Perio Level Appts	Perio Pts per Appt
I - 2	2 x 0.15 = 0.30	0 - 2	2 x 0.00 = 0.00
II - 1	1 x 0.50 = 0.50	I - 5	5 x 0.00 = 0.00

78 + 13.83 = 91.83
92 = A

Select a Student: **Applebee, Mary**

Select one or more Clinics*: IA IIA IIIA
 IB IIB IIIB

Include Detail:

From Date*: **01/09/2012**

To Date*: **02/22/2012**

Deduct Points from this value:* **100**

Apply this weight to the average grade:* **80**

[Print Report](#)

Category	# Single Errors	TOTAL Points Single	# Multiple Errors	TOTAL Points Multiple	# Critical Single Errors	TOTAL Points Critical Single	# Critical Multiple Errors	TOTAL Points Critical Multiple	Total Points Deducted
Risk	2	3.00	0	0.00	1	3.00	0	0.00	6.00
Eoio	0	0.00	0	0.00	1	3.00	1	4.00	7.00
Occl	1	1.50	0	0.00	0	0.00	0	0.00	1.50
Perio	3	4.50	1	3.00	0	0.00	0	0.00	7.50
Rad	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Hrd tis	0	0.00	2	6.00	1	3.00	0	0.00	9.00
Dep	1	1.50	0	0.00	1	2.00	0	0.00	3.50
TP	1	1.50	0	0.00	0	0.00	0	0.00	1.50
Prev	4	6.00	1	3.00	0	0.00	0	0.00	9.00
Pain C	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Instr	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Calc	1	1.50	0	0.00	0	0.00	0	0.00	1.50
QA	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Prof	0	0.00	0	0.00	4	12.00	0	0.00	12.00
Total:									58.50

Grade: $(100 * 9 - 58.50) / 9 \text{ grades} = 93.50$

**$75 + 4.75 = 79.75$
 $80 = C$**

Calculus Class Appts	Calc Pts per Appt	Perio Level Appts	Perio Pts per Appt
0 - 4	$4 \times 0 = 0$	0 - 6	$6 \times 0 = 0$
I - 3	$3 \times 0 = 0$	0 - 2	$2 \times 0.00 = 0.00$
II - 2	$2 \times 2.00 = 4.00$	I - 1	$1 \times 0 = 0$

Grade: $93.50 \times 0.80\% \text{ (weight)} = 0.75 + 0.00 \text{ (Perio Points)} + 4.00 \text{ (Calculus Points)} + 0 \text{ (Extra Credit)} = 4.75 \text{ for Clinic: IA}$

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

The TalEval grading system 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 CODA 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 the process of dental hygiene care. 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 grading:

The TalEval grading system consists of 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

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.

+ and N symbols do not affect the grades. They simply tell you if the procedure was performed, Only the symbols ✓, X, and Patient Points have an effect on the grades.

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 Δ , Δ , Δ ♦

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 Grading Period

Student must detect:

I	90% of Supragingival calculus	80% of Subgingival calculus
II-A	95%	80%
II-B	100%	85%
III-A	100%	90%
III-B	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 +**

Allows patient to 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 Fl 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 (pre sedation) 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 & Debridement

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 circumferencial 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	90% of Supragingival calculus	80% of Subgingival calculus
II-A	95%	80%
II-B	100%	85%
III-A	100%	90%
III-B	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 + Of 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

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.

Patient Classification Tracking

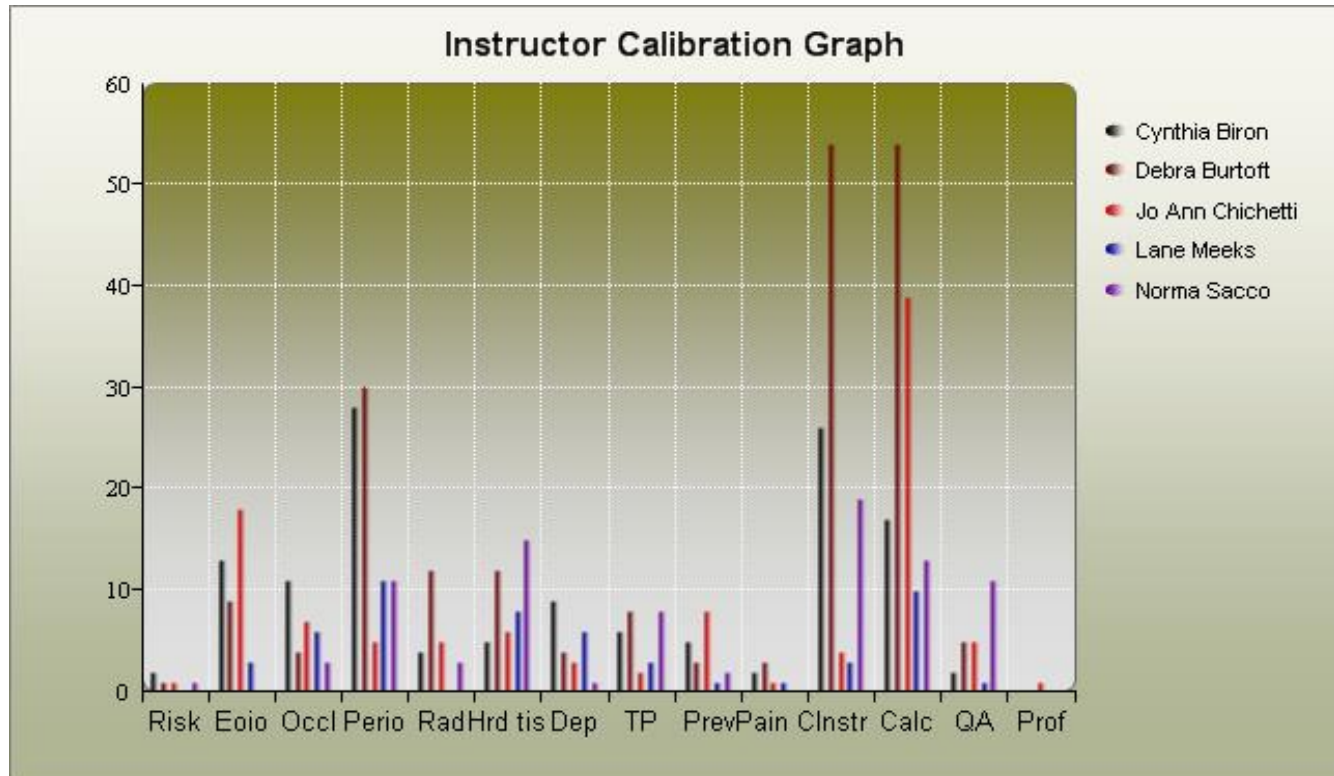
08/22/2012 - 10/05/2012

Clinic IIA

Student	CALCS							PERIO							SN	PC	RC	0-11	12-17	18-59	60+
	0	I	III	IV	II		Total	0	I	II	III		Total								
Barfield, Crystal	0	1	5	0	2	0	8	0	2	6	0	0	8	0	2	0	0	3	4	1	
Beville, Kevanne	0	1	4	0	0	0	5	1	2	2	0	0	5	0	1	0	0	0	7	0	
Burkes, Jamie	0	0	1	0	5	0	6	0	4	2	0	0	6	0	2	0	0	0	5	1	
Calva, Dulce	0	0	0	1	6	0	7	0	4	3	0	0	7	3	0	0	0	0	7	1	
Cummings, Brittany	0	0	5	0	3	0	8	0	0	7	1	0	8	0	3	0	0	0	7	1	
Dasilva, Thais	0	1	1	0	5	0	7	1	3	2	1	0	7	0	3	0	0	0	5	3	
Dobson, Chelsea	0	1	2	0	5	0	8	0	4	4	0	0	8	0	4	0	0	0	6	2	
Dowling, Danielle	0	1	0	0	5	0	6	1	2	3	0	0	6	3	4	0	0	0	1	4	
Evans, David	1	2	0	0	3	0	6	2	2	2	0	0	6	0	3	0	0	0	4	3	
Hagood, Hannah	0	1	0	2	2	0	5	1	0	2	2	0	5	0	2	0	0	0	4	2	
Haifa, Haya	0	0	2	1	4	0	7	2	3	2	0	0	7	1	2	0	0	0	7	1	
Landrum, Paige	0	3	4	1	0	0	8	0	2	2	4	0	8	2	3	0	0	0	5	3	
Maki, Kara	0	2	3	0	2	0	7	1	1	0	5	0	7	0	2	0	1	0	6	0	
Martinez, Gaby	0	0	4	0	4	0	8	0	3	5	0	0	8	1	1	0	0	0	6	2	
McKenzie, Alyssa	0	1	5	0	1	0	7	1	4	2	0	0	7	2	2	0	0	0	8	0	
Moffett, Stephanie	0	1	2	0	2	0	5	0	0	4	1	0	5	0	2	0	0	0	4	1	
Montague, Teale	0	1	3	1	3	0	8	0	1	7	0	0	8	0	1	0	0	0	7	0	
Price, Kelly	1	2	1	0	1	0	5	0	2	2	1	0	5	0	1	0	0	0	5	0	
Rogers, Cherrelle	0	0	1	0	7	0	8	0	4	2	1	0	7	0	1	0	0	0	10	0	
Schilling, Riane	0	0	0	0	4	0	4	0	3	1	0	0	4	1	2	0	0	0	3	1	
Stallings, Heather	0	1	2	0	3	0	6	0	2	4	0	0	6	1	3	0	0	0	6	1	
Stone, Nichole	0	1	0	0	4	0	5	0	5	0	0	0	5	0	3	0	0	0	4	1	
Szczepanski, Katrina	0	0	4	0	0	0	4	0	3	1	0	0	4	0	0	0	0	0	6	0	
Williams, Krista	0	2	2	0	1	0	5	2	3	0	0	0	5	0	2	0	0	0	5	0	
Wright, Kerline	0	0	3	0	1	0	4	0	1	3	0	0	4	0	0	0	0	0	6	0	
Total	2	22	54	6	73	0	157	12	60	68	16	0	156	14	49	0	1	3	138	28	

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.



There should always be a similar amount of errors between the two categories Instrumentation and Calculus Removal. If just Calculus Removal errors are noted and not Instrumentation, it shows emphasis on end product evaluation without process evaluation.

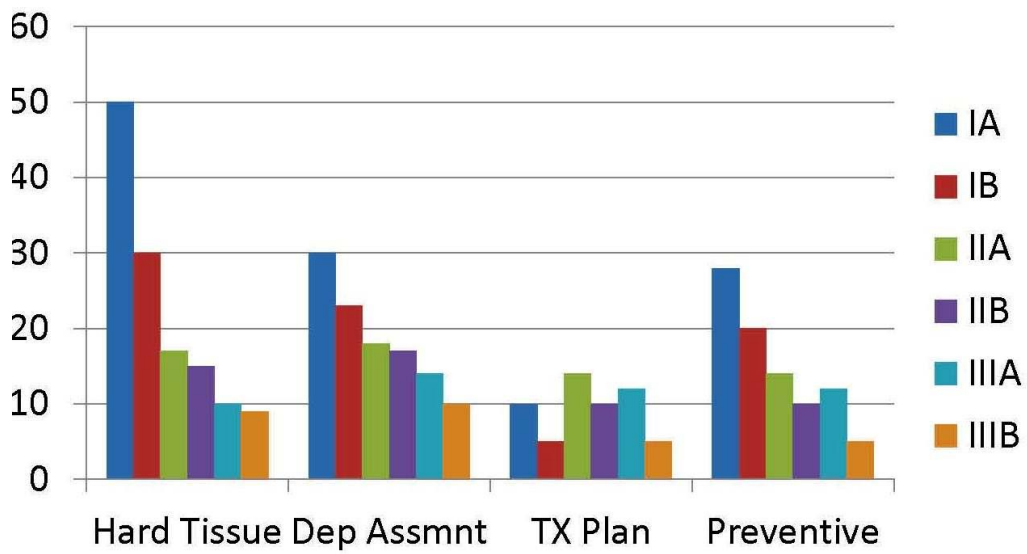
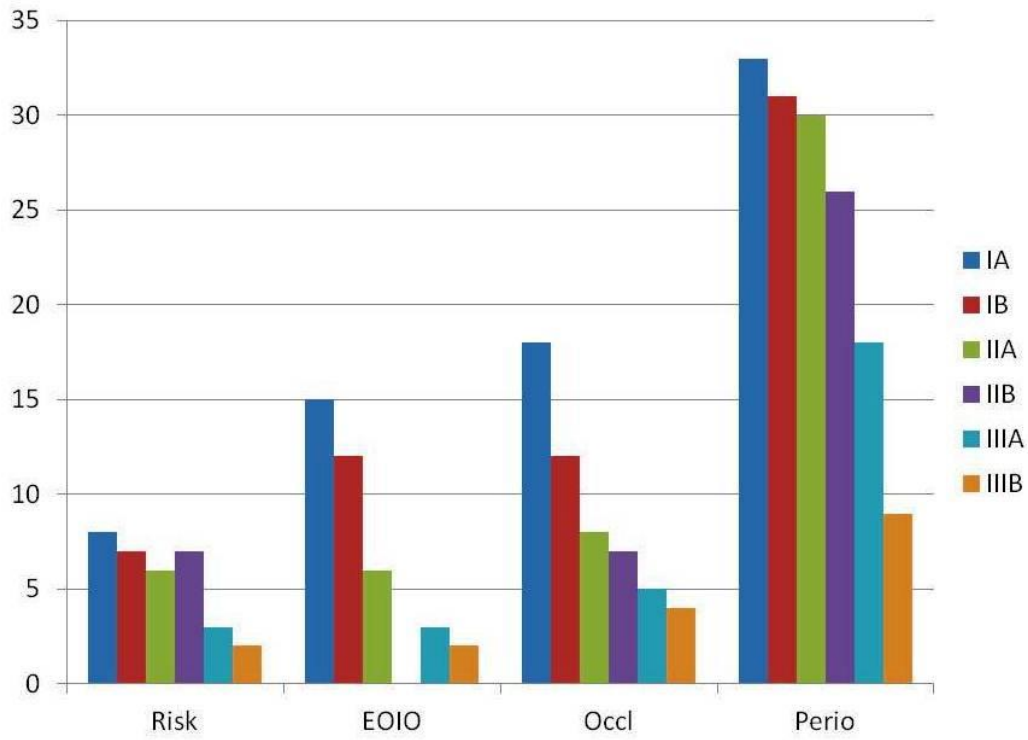
Outcomes Assessment

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.

Progression of Skill Development

The graphs on the next two pages demonstrate trends in students' clinical skill development. Each graph shows the number of errors found in each category throughout the clinical experience. The bar graph should show the trend of less errors in each category at each term to indicate the students are mastering the skills.

Progression of Skill Development



Surveys for Outcomes Assessments

TalEval - For Dental Programs Clinical Evaluation template template

[Setup Lists] [Student Data] [Patient Data] [Student Evaluation] [User Setup] [Grade Validation] [Logout]

[Create Types](#) | [Create Survey](#) | [Survey Questions](#) | [Assign Surveys](#) | [Review Surveys](#)

Create Survey

Survey Name:

Survey Type:

Active:

Anonymous: Yes
 (Do not show who completed): No

Survey can be seen by the person it is about: Yes
 No

Survey Name	Survey Type	Anonymous	Visible to Subject	Questions	Assigned	Delete
ADA Student Survey First Year Students	Student Evals Self	No	Yes	30	No	<input type="checkbox"/> Select
ADA Student Survey Second Year Students	Student Evals Self	No	Yes	31	No	<input type="checkbox"/> Select
Instructor Evals Student	Instructor Evals Student	Yes	Yes	1	No	<input type="checkbox"/> Select
Student Evals Clinical Ext. Site	Student Evaluates Clinic	Yes	Yes	22	No	<input type="checkbox"/> Select
Student Evals Instructor	Student Evals Instructor	Yes	Yes	21	Yes	<input type="checkbox"/> Select
Student Evals Program	Student Evals Program	Yes	Yes	34	No	<input type="checkbox"/> Select
Student Evals Self	Student Evals Self	Yes	Yes	1	No	<input type="checkbox"/> Select

test site

[Create Types](#) | [Create Survey](#) | [Survey Questions](#) | [Assign Surveys](#) | [Review Surveys](#)

ADD/MODIFY Survey Questions

Survey Name:

Active:

Add Header:

Sort Order:

0	Please answer the following questions to provide information for the annual ADA survey.	<input type="button" value="Edit Header"/>
1	For questions 1-9, please indicate the highest level of education you have completed prior to enrollment in the dental hygiene curriculum. There should be eight answers of "no" and one answer of "yes" for the first nine questions.	<input type="button" value="Add Subtitle"/>
		<input type="button" value="Edit Subtitle"/>
		<input type="button" value="Add Question"/>

Sort Order	Question	Response	Active
1	Is your highest level of education prior to enrollment in the dental hygiene curriculum a GED or High school diploma?	- Yes - No - NA	delete
2	Is your highest level of education prior to enrollment in the dental hygiene curriculum LESS than one year of college?	- Yes - No - NA	delete
3	Is your highest level of education prior to enrollment in the dental hygiene curriculum ONE year of college?	- Yes - No - NA	delete
4	Is your highest level of education prior to enrollment in the dental hygiene curriculum TWO years of college?	- Yes - No - NA	delete
5	Is your highest level of education prior to enrollment in the dental hygiene curriculum an ASSOCIATE degree?	- Yes - No - NA	delete
6	Is your highest level of education prior to enrollment in the dental hygiene curriculum THREE years of college?	- Yes - No - NA	delete
7	Is your highest level of education prior to enrollment in the dental hygiene curriculum FOUR years of college?	- Yes - No - NA	delete
8	Is your highest level of education prior to enrollment in the dental hygiene curriculum a BACCALAUREATE degree?	- Yes - No - NA	delete
9	Is your highest level of education prior to enrollment in the dental hygiene curriculum a MASTER'S

Most Common Errors in the Use of TalEval

I. Setting "Grading Periods" for longer than seven weeks

1. TalEval is programmed for mathematical computations on the average number of patients seen in 5-7 weeks. Longer grading periods inflate the grades as they do not allow for the advantage of progression of student skill development which requires a decrease in patient point values to appropriately adjust the grade.

II. Incorrect entries into the Grade Header

1. Failure to reference Item Numbers in documenting errors in Comments Box
2. Failure to include initials at end of documentation in Comments Box
3. Filling out numerous Grade Headers and starting new Grade Entries for the same patient appointment
4. Grading on another instructor's initials (sharing student grading forms by one instructor checking student in and a different instructor checking student out on the same appointment session).
5. Selecting the wrong clinic in the Grade Header
6. Classifying the patient Calc and Perio before Implementation which includes debridement of an area
7. Failure to Click on Patient Completed and Patient Recare boxes
8. Failure to enter "Special Needs" patient into