

IUSD Dental Hygiene Program - Associate Degree
2011-12 PRAC Assessment Report

DH Competency	Related PULs	Assessment Tools	2011-12 Outcomes	Planned Changes for 2012-13
1. Apply a professional code of ethics in all endeavors.	PUL 6	Course Completion rates (esp.H218 & H344); Student Self-assessment of competency at graduation; Clinic grades SPCC cases involving DH students; daily clinic grading; clinic procedural management reports	no SPCC cases reported; no specific trends in procedural management reports; faculty recommendations for increasing assessment of student's professional behavior within the context of terminology involving ethical principles and values. Didactic faculty discussed class disruptions by talking, and cell phone usage as a "civility" issue that should be addressed in course syllabi.	Oncourse Project Site created for all DH clinic faculty to share information about progress of students in clinic, both professionally and clinically; Faculty and DH2 students will receive additional instruction in relating ethical principles to clinical treatment of patients; Clinic gradesheets will be assessed for increased comments by faculty on professional behavior of students--both positive and negative to assess if student's professionalism is being addressed during clinical instruction. Recommendations for handling classroom disruptions from cell phones and students leaving were discussed in faculty meetings to establish consistent guidelines among course directors.
2. Adhere to state and federal laws, recommendations, regulations and safety practices in the provision of dental hygiene care.	PUL 6	Course Completion rates; Student Self-assessment of competency at graduation; Clinic grades (professionalism) Satisfactory completion of IN law exam for licensure; Infection Control Reports, reported HIPAA violations, clinical grades	All benchmarks met for this competency.	No specific changes planned.
3. Provide dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidenced-based practice.	PUL 2, 3 4	Course Completion rates (esp H252); Student Self-assessment of competency at graduation; Clinic grades; clinical competencies; CODA Self-Study	CODA Self study encouraged analysis of specific curricular elements and assessments that were currently in place that supported the development of our students' critical thinking and evidence-based practice and to add additional new elements.	Critical thinking components added to Clinical Competency Exams on Nutritional Counselling, Periodontal Case Write-up, Patient Ed (Part I). Specific objectives related to critical thinking and evidence-based practice will be added to the DH2 Clinical Case Study assignment. A curriculum-wide analysis of specific course assignments and other assessments related to critical thinking and evidence-based practice standards is currently underway.
4. Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.	PUL 2,3, 4	course completion rates; clinic grades, clinical competencies,	All benchmarks met for this competency.	No specific changes planned.

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5. Continuously perform self-assessment for life-long learning and professional growth.	PUL 4	H218, H219, H301, H302 self-assessments, competency self-assessments	CODA Self-Study encouraged analysis of curricular elements and assessments promoting student self-assessment	Self assessment and reflective assignments added to H218, H219, H221, H301 and H302 clinic courses to encourage student reflection on competency development at different phases of the curriculum.
6. Advance the profession through service activities and affiliations with professional organizations.	PUL 4 & 6	community outreach reports; service learning participation, SADHA membership	Membership in SADHA, the student American Dental Hygiene Association has been down for the past two years, but community outreach activities and service learning activities are still robust and show widespread student involvement.	Opportunities for orientation to the professional association and its benefits will be increased for the Class of 2014 during Fall 2012 to try to increase participation rates. Membership in SADHA will be mandatory for future classes.
7. Provide quality assurance mechanisms for health services	PUL 2, 3 & 4	chart audits	chart audits with Class of 2012 revealed significant problems with management of patient appointments and meeting recall apptmt needs. Availability of radiology appointments continues to be a problem as noted on student's exit surveys, clinic journals, and specific surveys on clinical issues. Length of appointments: Students and faculty concerned about length of time needed for appointments in the DH clinic due to clinical procedures and students' readiness for private practice schedules.	Initiated planned chart review for all students in Class of 2013 including formal written chart audit with faculty advisors to occur each semester of the program; met with all students to describe identified problems, answer questions and provide rationale for formal chart reviews and suggestions for improvement; supervising dentist initiated ways to communicate more effectively with students and advisors regarding problems with chart management as they occurred. Instructions for chart management will be added to Jan 2013 Clinic Manual. radiology: exit survey results will be shared with school administration; periodic surveys will be planned for 2012-13 and clinical faculty instructed to note any patient for whom radiographs could not be completed during regular appointments for treatment. Length of appointment: discussed strategies for making appointment procedures more efficient, reducing waiting time for faculty and dds checks. Will include question about adjusting to private practice schedules in alumni survey to determine the importance of this issues to recent graduates.

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8. Communicate effectively with individuals and groups from diverse populations both orally and in writing.	PUL 1 & 5	H311 course outcomes, clinic grades, clinic competencies; record of treatment of special needs patients	Restorative tx planning: on exit survey students reported need for increased instruction for how to present need for restorative procedures to patients. Documenting patient diversity: Relying on students to document all special need patients they have seen is not providing complete data documentation.	Assess degree to which this information is addressed in H308 Dental Materials course and supplement in H219 Clinic course; objectives to be developed by Prof. Rackley & online instruction added as needed to provide introduction to restorative dentistry for Class of 2014. Special Needs Pt documentation: Closer oversight of documentation of tx of these patients will be instituted by students, faculty and clinical directors through repeated reminders to all involved. Faculty advisors also asked to assess progress in this area.
9. Provide accurate, consistent and complete documentation for assessment, diagnosis, planning, implementation and evaluation of dental hygiene services.		Clinic competency exams	Exit surveys for past several years have consistently listed identification of clinical decay to be an area where at least 10% of class list lack of competency. Instruction in H217 in caries detection had been increased in 2011-12 to include a 3 hr lab based on exit survey results of Class of 2011.	Class of 2013 will be asked to self-assess their competency in caries detection as part of the H221, H301 and on the exit survey in an effort to determine if improvements from the increased instruction are noted by students; clinical faculty inservice included instructions to emphasize caries detection during clinic sessions with patients.
10. Provide care to all clients using an individualized approach that is humane, empathetic, and caring.	PUL 1, 5, 6	Clinic grades, clinic competency exams, patient satisfaction survey	All benchmarks met for this competency.	No specific changes planned.
<u>Health Promotion 1: Individual.</u> provide planned educational services using appropriate interpersonal communication skills and educational strategies to promote optimal oral health.	PUL 1, 2, 3, 4, 5, 6	Clinic competency exams; consistency of students in acquiring DDS treatment plans for new patients when needed	Tx Planning: DDS Chart audits revealed that not all patients who need them are having DDS treatment plans documented in a timely manner. Patient Education: All graduates successfully completed clinical competency exams on patient education on time; Exit survey results met benchmarks. Faculty reported that students were not applying critical thinking in selection of OH aids. Patient Ed Part II Clinical Competency Exam: Last year we added "behavioral modification" instruction and criteria on the exam--all students passed the new exam criteria.	Treatment planning policies and procedures were discussed with DH2 students and clinical faculty at Fall 2012 orientation meetings. Dr. Stump will notify individual students and their advisors when initial treatment plans are deficient in chart records so they can be corrected. OH Aides: a form was devised for use in clinic for faculty to approve selection of OH aides for distribution to each patient based on rationale of student supported by assessment data (critical thinking)
<u>Health Promotion 2: Community:</u> The dental hygienist should be able to initiate and assume responsibility for health promotion, health education and disease prevention activities for diverse populations.	PUL 1, 2, 3, 4, 5, 6	H347 course grades and assignments		

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<p><u>Patient Care 1: Assessment.</u> Systematically collect, analyze and record data on the general, oral and psychological health status of a variety of patients/clients using methods consistent with medicolegal principles.</p>	<p>PUL 1, 2, 6</p>		<p>Health History, Pt Assessment, Dental Charting competency exams reviewed and minor changes were made. Faculty observations and clinical gradesheet feedback indicated that DH2 students were not maintaining skills on comprehensive palpation techniques for intra/extra-oral exams for patients. Caries Risk competency exam had been pilot tested in Fall 2011 & Spring 2012 and criteria and process had been modified for the Class of 2013. Salivary testing: Last year H217 course added didactic instruction in salivary testing for DH1 students, but clinical application not available until necessary supplies and faculty inservice could be provided. It was reported that CourseEval feedback from H217 indicated that students were satisfied with increased level of instruction in discriminating among and identifying fluorosis, decal and caries. Hoping that improved instruction will be reflected in Exit survey for Class of 2013.</p>	<p>Instructional module reviewing palpation technique will be added to H301 for Class of 2013 and more visual/demo instruction will be added for DH1 students in H219 for Class of 2014. Salivary Testing: Faculty Inservice will include module on teaching salivary testing in clinic and DH2 student will begin performing it on high risk patients. IUSD research project on salivary testing introduced to faculty with opportunities for them to participate in data collection on patients in our clinic who are diabetics. Numerous faculty agreed to participate.</p>
<p><u>Patient Care 2: Diagnosis.</u> Use critical decisionmaking skills to reach conclusions about the patient's/clients' dental hygiene needs based on all available assessment data.</p>	<p>PUL 2 & 4</p>		<p>Tobacco Cessation: Didactic improvements: Addition of "peer assessment" of patient-reported outcomes of the tobacco cessation counselling has increased students' understanding of potential outcomes that may follow these clinical advising appointments(as per CourseEval data) --will keep this assignment in for 2012-13 year. Instructional modules and procedures for the Tobacco Cessation Advising experience with faculty mentor have now been completed and implemented on the last two classes. Although it is an intense assignment, outcome data supports the curricular time devoted to this experience. Clinical application--analysis of patient treatment plans and chart records does not reflect student's inclusion of recommendations for tobacco cessation for those pts who report smoking behaviors.</p>	<p>Tobacco Cessation: Didactic instruction on the topic is adequate in the curriculum; clinical assignments were reviewed; clinical application must be stressed by faculty and documented for patients as needed. Changes in the medical history form in AxiUm will now ask about cessation to prompt student follow-up. Calibration for clinical faculty planned for Aug 2012 inservice. Online Instructional modules will be made available to all clinical faculty to increase faculty calibration on instruction in the clinic. It was recommended that we include a question about utilization of tobacco cessation training in the alumni survey.</p>

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<p>Patient Care 3: Planning. Collaborate with the patient/client, and /or other health professionals to formulate a comprehensive dental hygiene care plan that is patient/client centered and based on current scientific evidence.</p>			<p>Review of student assessment sheets shows that comprehensiveness of treatment plans can be improved; Comp Care clinic experiences: In exit survey students report frustration that pre-DDS students did not always have patients scheduled for them and that they did not seem to know what DH students could do. Data from DH Clinical Director reported that 78% and 75% of appointments were scheduled by DDS students for DH students in Fall and Spring semesters, respectively. DH Students wanted better time utilization when assigned to Comp Care Clinics to work with DDS students.</p>	<p>Faculty calibration on elements to be included in student's tx plans on assessment form will be planned for Aug 2012 inservice. Written instructions on tx planning updated in DH clinic manual for Jan. 2013 and distributed to faculty. Comp Care Clinics: DH Clinic Director will provide orientation to DDS students for Fall 2012 to increase comprehensiveness of description of DH duties and inter-relationships between DH and DDS students in these assignments. It was suggested that "peer" feedback forms be completed by both DH and DDS students about the effectiveness of interactions between the DDS/DH student pairs to provide feedback to each and to improve compliance and quality of interactions.</p>

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<p>Patient Care 4: Implementation. Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. Assist in achieving oral health goals formulated in collaboration with the patient/client.</p>			<p>Instrument Sharpening, Fluoride tray and varnish application, Polishing, Cleaning Prosthesis competency exams reviewed with few changes. Faculty reviewed summary of "most commonly cited errors" from clinic grading forms in H301/H302 clinical courses; Local anesthesia experiences: assessment of numbers of injections students performed in the DH clinic should be increased and standardized. This is first year that students could provide anesthesia on clinic patients and it will serve as a baseline count of opportunities available in the DH clinic. Exit survey results of Class of 2012 indicated their desire to have more experience with injections and CoursEval comments from the H250 Local Anesthesia course indicated that students needed to review technique when returning from summer break, before providing injections to clinical patients. Use of Arrestin for periodontally-involved patients: noted from clinical grade sheets that most DH2 students had not had experience placing Arrestin on their patients. Question arose regarding whether we should increase recommendations to use Arrestin to support clinical experience with this chemotherapeutic therapy. Discussion of "grounding/validating" criteria of current Perio Part II Clinical Competency. Was it measuring readiness for board exam, e.g. "mock board", or competence in treating periodontal patients. Analysis and discussion led to consensus that we should have two separate clinical assessment tools--one as a mock board experience and a separate periodontal competency exam. For several years, students have reported on Exit Survey that they did not</p>	<p>common errors were discussed with clinical faculty along with suggestions for identifying the errors and correcting them with students. Selected clinical competency exams were modified to ensure that expectations of minimum skill achievement were clearly specified and evaluated on each competency exam. Local anesthesia experiences: Program will consult with IUSD Associate Dean for clinical affairs to pursue opportunities for DH students to provide local anesthesia for dental student's patients in the Comp Care Clinic. Minimum clinical experiences and check-off sheets were established and will be communicated to DH2 students in the Class of 2013 to ensure that all students have a minimum number of clinical experiences and that competency in these procedures is maintained or remediation is prescribed. A review lecture, based on students' questions and feedback of topics to review, as well as a practice lab on student partners will be scheduled for Aug 2012 to allow students to have additional practice before beginning the fall 2012 semester. Arrestin: all students will receive didactic instruction and individual packs of Arrestin for use on one selected patient during their second year. Students will be encouraged to assess need in their patients, include this in treatment plan for selected patient and evaluate results. Students may elect to do their clinical case study on their Arrestin patient. New Periodontal Competency Exam criteria: Clinical Directors and interested faculty will draft a new Perio</p>

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<p><u>Patient Care 5: Evaluation</u>. Evaluate the effectiveness of the implemented clinical, preventive and educational services and modify as needed.</p>	<p>PUL 1, 2,3, 4</p>	<p>Course Completion rates ; Student Self-assessment of competency at graduation; Clinic grades ; clinical competencies, especially Periodontal Written competency and Perio 3 clinical competency, Nutritional Counselling written competency.</p>	<p>Feedback from students and clinical faculty identified that first year students were not prepared to manage patients needing perio re-evaluation that they were assigned to in the H221 summer term after graduation of DH2 students. Analysis of sequencing of instructional material showed the need for this information to be added to the curriculum earlier in the program. Student responses from DH2 Perio eval write-ups indicated that many students were not objectively evaluating their patient's outcomes or their skills in improving patients' health outcomes.</p>	<p>Perio Re-evaluation instruction: Topics in perio tx planning and perio-re-eval will be added to H301 for Class of 2013 and then permanently placed in H221 for later classes. Instruction will include examples of criteria that should be considered when self-assessing hygienist's role in outcomes of patient care.</p>