

Annual Report for Assessment of Outcomes

Submitted: June 1, 2011

SAC: Dental Hygiene

Outcomes Assessed: Dental Hygiene AAS

1. Describe changes to teaching practices implemented as a result of learning outcomes assessments that were carried out in the previous academic year.

Results of 2008-2009 Assessment of Critical Thinking focused Outcome 9:

- *“Examine and self assess one’s own academic skill, professional competence and personal beliefs as they impact self and others to grow personally and professionally.”*
- *Senior Capstone Project: Academic Portfolio*

Learning Objective: Students develop a portfolio representative of their accomplishments over the two years of training; project includes choosing 5 learning assignments that demonstrate 5 of the 12 program competencies; included with each assignment is a student reflection of the particular assignment and how it applies to future goals.

- *Assessment occurs utilizing a grading rubric.*
- *Some students did not begin the project early enough and were rushed at the end.*
 - *Instructor added a “Portfolio Outline and Progress Report” for students to get early instructor feedback and get them headed in the right direction to begin their project.*
- *Some students did not include the reflection piece, or missed the essence of the importance of reflection on one’s own journey*
 - *Instructor included examples of what a typical reflection might look like*

2. Identify the outcomes assessed this year, and describe the methods used. What were the results of the assessment (i.e., what did you learn about how well students are meeting the outcomes)?

The outcomes assessed this year are #'s 1, 2, 4, 5 and 7. (Please refer to page 5 for DH Degree Outcomes) The assessment methods used are described below.

***Outcome #1** was assessed by using the rubrics for the assignments (Formal Research Paper, the Table Clinic, Oral Presentation, Peer Review as well as feedback from the Dental Hygiene Advisory Board members who were the participants for the final oral presentation).*

The research paper was done in two stages: Rough Draft and Final Draft. This method allowed for timely and pertinent feedback for correction and guidance to produce the kind of paper that was expected. This procedure was extremely helpful for many of the students who had not done a research paper of this

type before. Improvements made between the two stages resulted in high quality papers (in content as well as formatting & grammar) in comparison to the previous year where no rough draft stage was submitted for critiquing.

Table clinics and the oral presentations were done in two stages as well: Dress Rehearsal to classmates and “Opening Night” performance to the Dental Hygiene Advisory Board. Many of the students are very apprehensive when it comes to public speaking. By providing them the opportunity to present their table clinics to each other in the classroom, allows them to have the experience of speaking to their friends in the safe environment of the classroom before the “real” presentation. During this time, they are given feedback on their table clinics, their appearance (professionalism is very important) as well as speaking. They have the opportunity to incorporate any improvements before their final presentation to the Board and therefore give a more polished presentation with confidence that they’ve done it before.

The members of the Board have been very open with sharing their impressions of the presentations. The common theme of the comments has been that they (the members of the Board) have been surprised that these were indeed first year students. The poise of their presentations, the students’ knowledge of their topics, their professional appearances, as well as their confidence in presenting has resulted in confirmation that the students have reached their goal to become proficient in communicating with other healthcare professionals using a variety of mediums.

Additionally, students reported (informally) that they were very pleased that they would be able to speak publicly in this type of venue, as well as being extremely proud of the quality of work that they were able to produce.

Outcome 2 - Periodontal Patient Management

Students utilize the Dental Hygiene Process of Care for a clinical patient who demonstrates periodontal disease; the student completed a worksheet and discusses each stage of care with an instructor, using formative review and summative review at the end using a grading rubric.

We learned that the Periodontal Case Management paperwork involved is extremely time consuming and cumbersome

Outcome #4: *Patients with varying degrees of complicated medical health histories, as well as many different kinds of physical limitations, were assigned to students for care. For many students the thought of being responsible for the care of someone with compromised health issues or disabilities can be uncomfortable in many ways and can sometimes reveal the presence of attitudes of generalizations or stereotyping. As a healthcare provider, one must treat all patients equally. Using the Modified Care Patient Worksheet students evaluate all aspects of the presenting oral conditions in conjunction with the medical health issues affecting a patient. The student researches this patient’s conditions with the emphasis of becoming familiar with any potential adverse incidents that may occur during the delivery of hygiene treatment. A treatment plan is developed, along with potential modifications that might be necessary for each appointment, and after review with the instructor is further modified (if needed) and approved. The student carries out each step of the treatment plan and reports on if the treatment went as planned or if any modifications were used. Patient prognosis and student self-reflection is also included in the assignment, as well as discussion with an instructor of the overall assignment.*

One challenge faced during this assignment includes the lack of previously identified patients as “Medically Compromised.” This prevented students from being assigned these patients at the beginning of the term and would have prevented some very anxious moments of worrying if students were going to be able to complete this assignment.

While this assignment does provide students with the experience of treating patients with complicated health issues and disabilities, it is evident that this assignment is limited in its scope to provide students with the experience of caring for individuals of different cultures, thereby lacking in providing an experience that would give students an understanding of how overgeneralizations and stereotyping can affect them, their patients, and the delivery of healthcare; as well as gaining an understanding of the difference cultures may have in patients’ attitudes and beliefs toward oral health.

We also found that a rubric was not conducive to accurately evaluating the rich learning experiences found in the various nuances present with and between each student and their patient.

Outcome 5 - Mock Board Clinical Testing

Students identify a patient who qualifies for a clinical case utilizing WREB testing guidelines prior to their actual exam in June. Evaluation is done by three independent examiners and mirrors the WREB exam procedures. Students must achieve 75% accuracy or repeat until successful prior to graduation.

Last year we learned that the students must identify a patient who has heavier deposits for their mock cases as WREB changed their qualifications compared to previous years.

Outcome 7 – Service Learning Activities

Students are assigned by the instructor to participate in service-learning activities providing clinical care community rotation sites such as Boys and Girls Club, Russell Street HIV Clinic, and the Veteran’s Affairs Hospital. Assessment occurs through student self-reflection journals and off-site liaison/supervisor evaluations.

We learned that most students give positive feedback about service-learning and wanting to increase their participation at sites

3. Identify any changes that should, as a result of this assessment, be implemented towards improving students’ attainment of degree and certificate outcomes.

Outcome #1: *Due to such a positive response to the attainment of this outcome, there are no recommendations for improvement. However, the possibility of having the students critique each other’s rough draft as part of the research paper assignment might add another dimension to their learning.*

Outcome 2: *Suggests streamlining processes and worksheets to better allow the students to organize their patient case and discussions with instructors to achieve efficiency and effectiveness*

- *Instructor re-format the worksheet and train adjunct faculty with assignment changes*
- *Establish time set aside especially dedicated to perio patient management discussion*

Outcome #4: *Three plans to improve students' attainment of the outcome (as well as the assessment of this attainment) include:*

- *A new "Recare Slip" was created to include the "flagging" of a patient that is a good candidate for this assignment. It is filled out when the patient appointment sequence is completed. It is currently in use and will continue to be used throughout the year. This will ensure that when this assignment is assigned again next Spring term, there will be many patients available to assign to students at the beginning of the term.. This will alleviate any counter-productive stress and anxiety for the student, as well as guarantee that each student is allowed to experience this healthcare*
- *Inclusion of more interactions, discussion and assignments with culturally diverse populations within course DH 252.*
- *No rubric will be used in the evaluation of the success of this experience. However, a qualitative self-survey evaluation will be developed to guide discussion with an instructor and overall self-reflection upon this assignment.*

Outcome 5: *Suggests student preparedness for exam; suggests adjunct faculty training and calibration to evaluate students' patient submissions for Mock Exam; suggests lead instructor prepare students for new written test that WREB instituted this year.*

- *Instructor emphasized with students importance of appropriate patient selection for the Mock Board exam.*
- *Adjunct faculty were informed of problems with last years' WREB exam (6 students could not sit for their exam due to inappropriate (too easy) patient submissions. Lead instructor held training and calibration with faculty who participate as examiners for the Mock Board exam.*
- *To assist with preparedness for the real WREB exam, instructor has developed a new worksheet for each graduating student to write in their "plan" for taking the exam; this includes "scenario A, B and C" in the event their patient submission is not accepted, the need for back-up patients, etc.*
- *The lead instructor attended a workshop last year at WREB in Phoenix, AZ that presented the new format of the written test in order to better prepare students. This spring is the first year students take a written test; results are good with 100% pass rate.*

Outcome 7: *Suggests increase in service-learning sites*

- *Next year, dental sealants will be taught earlier in the curriculum to prepare students to begin sealant rotations at the Boys & Girls Club fall term, rather than wait for winter term.*
- *Next year will be our 2nd year of a pilot project working with ENDS (Exceptional Needs Dental Service) in partnership with Oregon Department of Health, educating staff of assisted living*

facilities to perform daily oral healthcare. Instructor will assign rotations to begin earlier in the year (this year rotations occurred spring term.)

- Our department has been approached by the Multnomah County Dental Services department to pilot a program to mentor dental hygiene students in order to increase the interest of graduates in the public health field. We would begin implementation 2012-2013, pending a grant from Kaiser Permanente.*
- Creston Dental Clinic for Children has expressed interest in a partnership to involve dental hygiene student clinical participation.*

Dental Hygiene AAS Degree Outcomes	Maps to a Core Outcome
1. Communicate effectively with patients, peers the public and other healthcare professionals using verbal, nonverbal and written language with clarity, coherence and purpose.	Communication
2. Apply scientific research methods to support evidence based treatment modalities with specific concern for oral health and overall health.	Critical Thinking & Problem Solving, Professional Competence
3. Identify problems, investigate and use appropriate methods of reasoning and develop creative and practical solutions to personal, professional and community issues regarding the delivery of oral health care.	Critical Thinking & Problem Solving
4. Understanding and identify personal and public overgeneralizations and stereotyping and how these attitude affect oral health beliefs and issues that arise from differences, while providing appropriate and effective care to diverse client populations in an increasing global marketplace.	Cultural Awareness
5. Competently assess, plan, implement and evaluate individual and/or community needs related to oral disease prevention and therapy in an ever-changing healthcare environment.	Professional Competence
6. Enhance knowledge as a life-long learner in healthcare by seeking peer support in professional associations, fulfilling continuing education and exploring career and educational advancements.	Professional Competence
7. Advocate for oral health and overall health for patients/communities by linking them with the appropriate resources and human services for individual needs and practice ethically within the scope of practice for dental hygienists as regulated by the State Dental Licensing Board.	Community & Environmental Responsibility, Cultural Awareness
8. Fulfill characteristics of a desired employee by demonstrating skills, teamwork, collaboration, respect, efficiency and customer/patient service.	Communication, Critical Thinking & Problem Solving, Cultural Awareness, Professional Competence
9. Examine and self-assess one's own academic skill, professional competence and personal beliefs as they impact self and others to grow personally and professionally.	Self-Reflection