



# TaIEval



Presentation for Students

by

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# TalEval Computerized Grading

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

# TalEval Grades by Skill Not Patient

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

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

**TalEval Knows!**

# TalEval Benefits

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

# Commission on Dental Accreditation

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

# Commission on Dental Accreditation

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

# Objective Grading Method

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



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

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

## Grade Entry

Student:   ☐ Include Inactive Students Edit Existing Grade:

Date:\*



Select a Patient:\*



[Add Patient](#)

Clinic:\*

Instructor:\*

Treatment Phase:\*

Quad /Sextant:

Special Needs:

☒ No ☐ Yes

Details:

AAP Classification:

☐ 0 ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐ VII ☐ VIII

Debridement Skill Level

Calculus

Perio

☒ N/A

☒ N/A

☐ 0

☐ 0

☐ I

☐ I

☐ II

☐ II

☐ III

☐ III

☐ IV

☐ IV

Critical Error:

Extra Credit:

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

Recare On Date: - or Recare In:

☐ Months

☐ Weeks

Comments

Auto Calc

Total

# TalEval Grade Form

- TalEval uses the Dental Hygiene Process of Care created by the American Dental Hygiene Association as its guideline for grading
- Four Major Categories
- 14 Main Sub Competencies
- 140 individual procedural items

# TalEval Grade Form

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

# Assessment

## Risk

SubCompetency		±	✓	X	N/A	
Further QUESTIONS Findings	1	<input checked="" type="radio"/>	<input 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"/>	<input type="radio"/>
Vital Signs (TAKES THEM)	3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOTIFIES Instructor of risk factors before check-in	4	<input checked="" type="radio"/>	<input 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"/>	<input type="radio"/>
Documents medications and contraindications	6	<input checked="" type="radio"/>	<input 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"/>	<input type="radio"/>
Documents a concise statement "summary of health"	8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UPDATES history at successive and recall appts	9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Eoio

SubCompetency		±	✓	X	N/A	
Technique - visual, palpation, auscultation, order	10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I.D. ABNORMALITY, measures, describes, DOCUMENTS	11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment UPDATE at successive and recall appts.	12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Oocl

SubCompetency		±	✓	X	N/A	
Angle's classification	13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overjet - Underbite	14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overbite - Openbite	15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crossbite	16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deviations	17	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parafunctional habits	18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study Models: interpretation	19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Perio

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

## Rad

SubCompetency		±	✓	X	N/A	
PRESCRIPTION prior to taking radiographs	29	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APPROVAL prior to taking retakes	30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation/correlation: EO/IO perio + hard tissue exam	31	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NAME/DATE on radiographs computerized records	32	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technique/ process	33	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CONFERS with Dr. on diagnosis	34	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Hrd tis










SubCompetency		±	✓	X	N/A	
Missing teeth I.D.	35	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restoration I.D.	36	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caries I.D.	37	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABNORMALITY I.D., rotations, versions, migrations	38	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UPDATES at successive and recall appointments	39	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Dep

SubCompetency		±	✓	X	N/A	
Supra underassessed /overassessed	40	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sub underassessed/overassessed	41	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft deposit assessment and indices	42	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of stain	43	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UPDATES AT SUCCESSIVE APPOINTMENTS	44	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Planning

TP

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

# Implementation

Prev

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

Pain C

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

Inst

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

Calc

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

# Evaluation

## QA

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

## Ethics/Prof

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



# Comments Box for Instructors

Assessment

Save Grade

New Grade

Delete Record

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

Risk

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

Eoio

SubCompetency		±	√	X	N/A	
Technique - visual, palpation, auscultation, order	10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
I.D. ABNORMALITY, measures, describes, DOCUMENTS	11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Assessment UPDATE at successive and recall appts.	12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Instructors enter comments by clicking on comments windows

# Instructor Comments Documented

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

APPOINTMENT COMM

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

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

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

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

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

**Clinic I A**

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

**Clinic I B**

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

**Clinic II A**

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

**Clinic II B**

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

**Clinic III A**

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

**Clinic III B**

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

Example of  
grades of a class  
weeks before  
graduation

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

Student Name	# of Errors	Times Weight from Master Grid Compilation	Total	Extra Error	Calc/Perio Points	Level	Final
Names Hidden	4	0.285000	1.08	-1.00	17.70	82.00	97.64
	2	0.245000	0.49	-0.25	14.65	82.00	95.91
	1	0.130000	0.13	-0.25	11.50	82.00	93.12
	3	0.190000	0.57	-0.75	12.00	82.00	92.68
	5	0.168000	0.83	-1.25	12.60	82.00	92.52
	4	0.175000	0.70	-1.00	10.50	82.00	90.80
	6	0.168333	1.01	-1.25	9.30	82.00	89.04
	1	0.130000	0.13	-0.25	7.20	82.00	88.82
	1	2.380000	2.38	0.00	8.10	82.00	87.72
	0	0.000000	0.00	0.00	5.65	82.00	87.65
	0	0.000000	0.00	0.00	5.60	82.00	87.60
	2	0.130000	0.26	-0.50	5.80	82.00	87.04
	9	0.241111	2.17	-1.75	8.80	82.00	86.88
	5	0.722000	3.61	-0.75	8.90	82.00	86.54
	5	0.268000	1.34	-0.50	6.20	82.00	86.38
	5	0.482000	2.41	-0.50	7.05	82.00	86.14
	9	0.583333	5.25	-1.50	9.95	82.00	85.20
	6	0.258333	1.55	-1.25	5.35	82.00	84.55
	11	0.538181	5.92	-1.75	6.20	82.00	80.53
	11	1.288383	14.15	-1.50	7.80	82.00	74.15
	20	0.648500	12.97	-4.25	8.65	82.00	73.43



Example of class TalEval grade spreadsheet for 6 weeks

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

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

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

These statistics are from an actual class, but none of the names listed are names of anyone in the class

Susie had the same number of //X's as Louise – but Susie's high patient points gave her an A

Louise's low patient points gave her a C

Heidi had the least //X's (2), but she had very low patient points – she got a C

Johnny had the most //X's in categories that were \*Difficult – but high patient points gave him a B

Brenda had 14 //X's in categories that were \*\*Easy – but she had low patient points – she barely passed

\*Difficult categories = entire class is striving to develop – evidenced by many students getting //X's

\*\*Easy categories = entire class seems to have mastery – evidenced by hardly any students getting //X's

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

If your errors are in \*Difficult categories, they do NOT cost much to your grade. See Johnny

If your errors are in \*\*Easy categories, they do cost a lot to your grade. See Meghan

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

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

# Master Summative Grade Report

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

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

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

# Individual Student Grade Report

Categories	# of Errors	Times Weight from Master Grid Compilation	Remediation Variable	Total
Risk	0	0	0	0
Eoio	0	2.38	0	0
Oocl	0	3.57	0	0
Perio	1	1.43	0	1.43
Rad	0	0	0	0
Hrd tis	4	0.38	0	1.44
Dep	1	0.31	0	0.31
TP	2	3.57	P	7.14
Prev	0	0	0	0
in C	0	0	0	0
t	0	0	0	0
ic	2	0.13	0	0.26
	0	0	0	0
ics/Prof	1	3.57	P	3.57
al:	11		0	14.15

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

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

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

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

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

Calculus Points: 6.55 + Perio Points: 1.25 - Critical Error Points: 1.5 + Extra Credit: 0 = 6.3 + Score: 65.85  
**72.15 for Clinic: III B**

Her TalEval Score

# Patient Type Tracking

01/02/2017 - 05/05/2017

Clinic IIIA

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

Heading Legend: PC - Patient Complete

SN - Special Needs

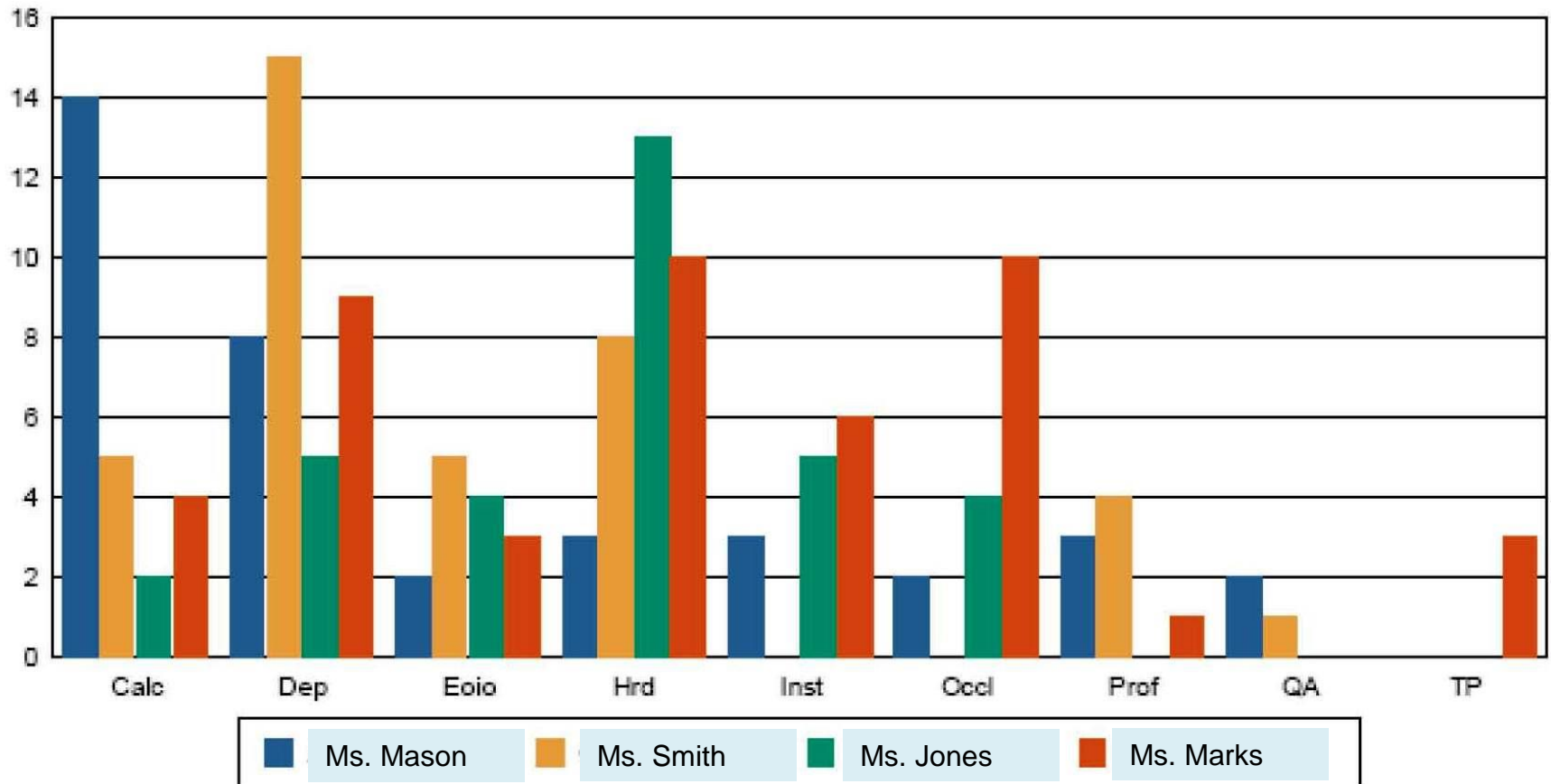
RC - Recare



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

Clinic: IB

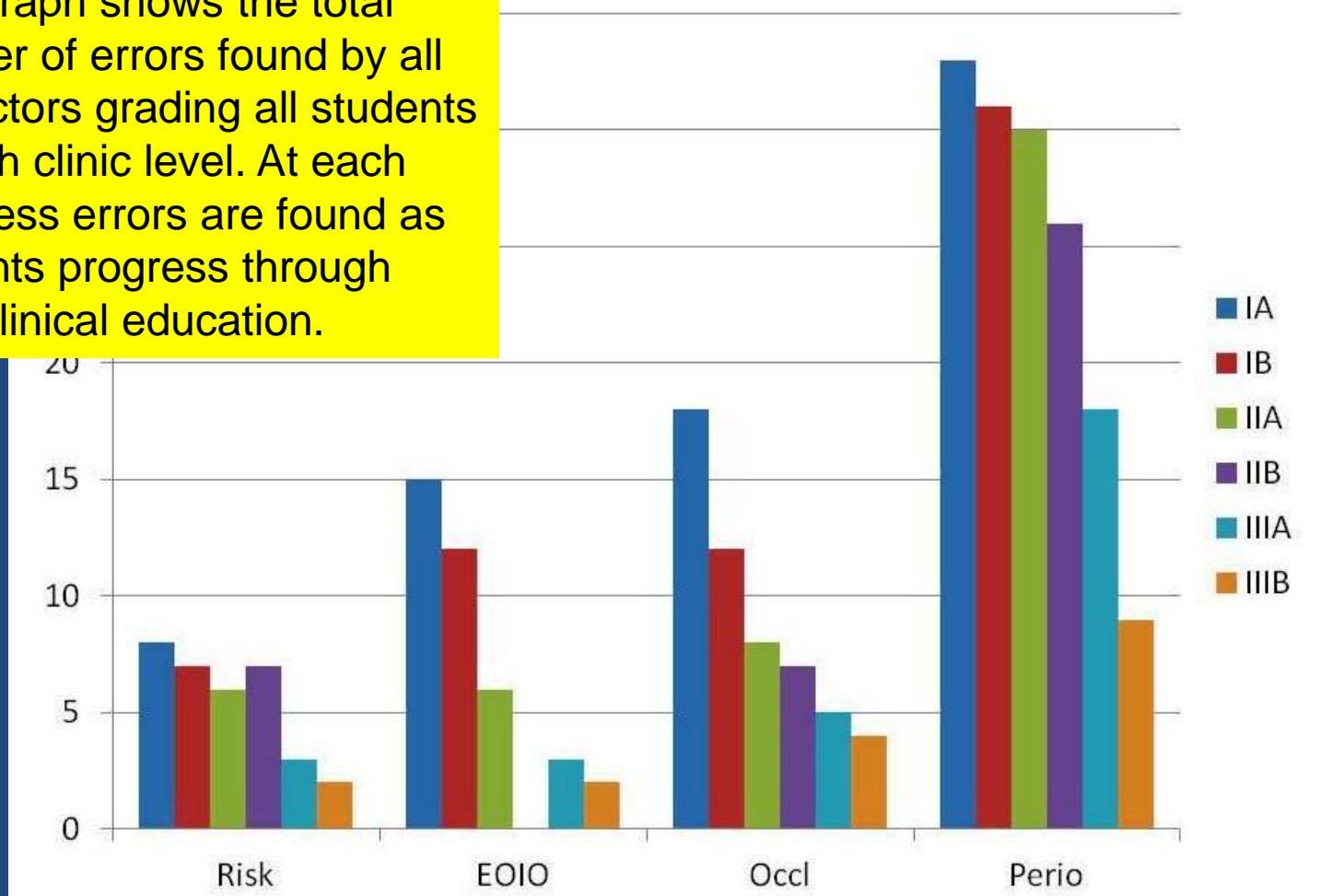
## Instructor Calibration Graph



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

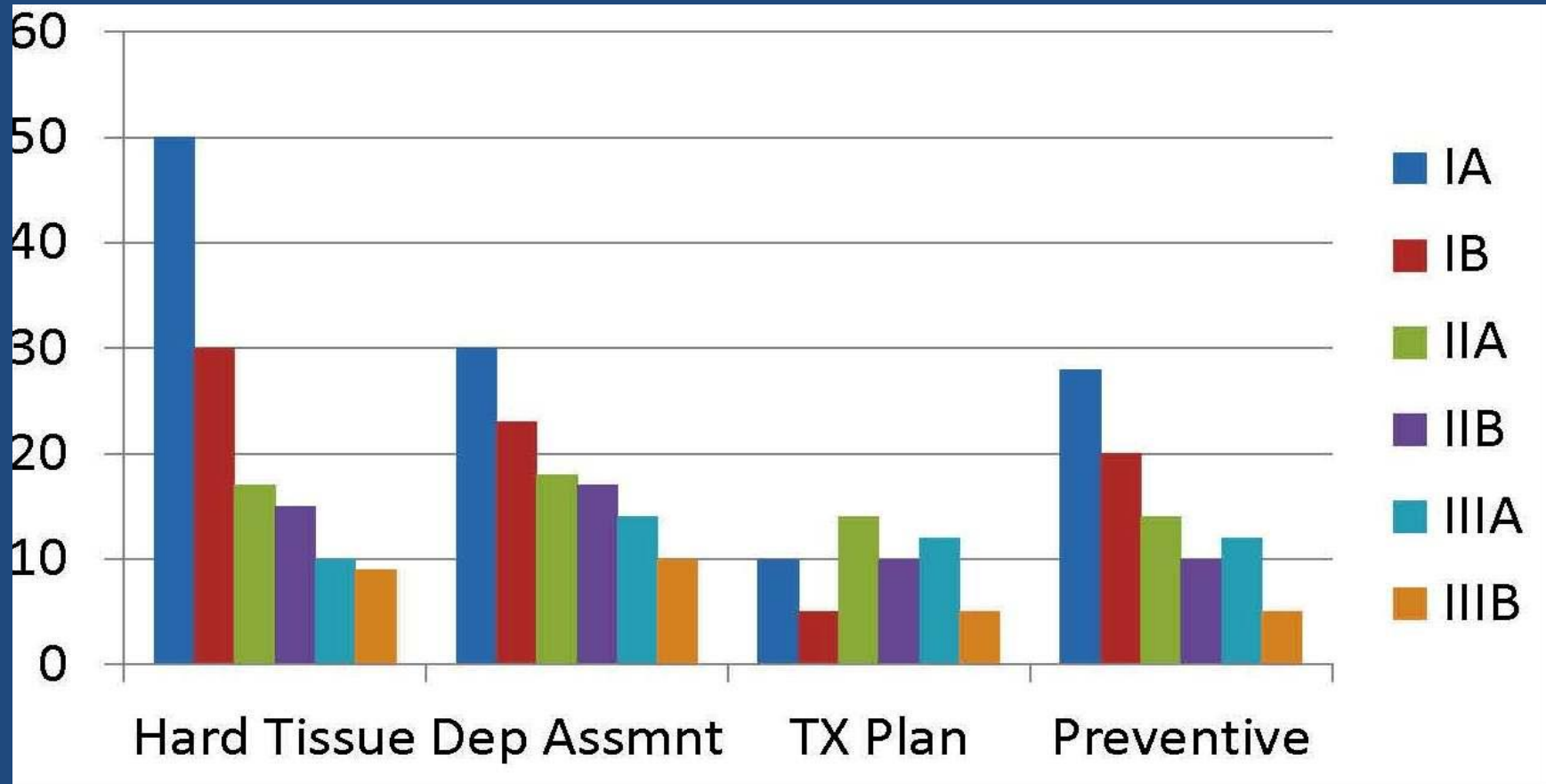
# Progression of Skill Development

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

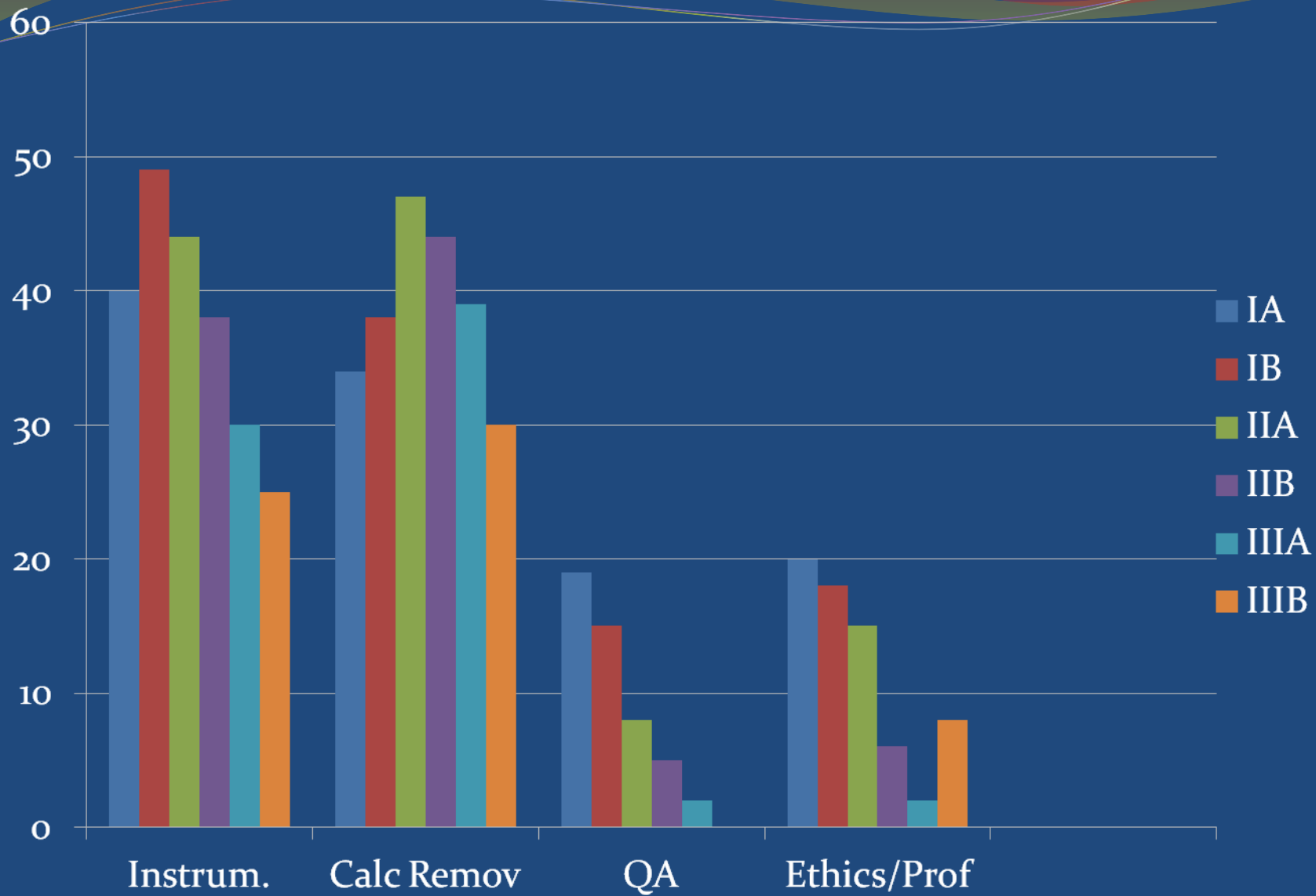


As the students progress through the clinical education they make less errors in each skill

# Progression of Skill Development



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



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

# Details on TalEval

For a thorough explanation of the details on TalEval students should review the TalEval DH Grading & Outcomes Assessment Guide

Here is the link: <https://www.dhmethod.com/wp-content/uploads/2017/05/TalEval-DH-Grading-Outcomes-Assessment-Guide-2017.pdf>

The top of the slide features several overlapping, wavy lines in shades of blue, green, and purple, creating a decorative header effect.

**Thank You!**