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 has internet access.

Dental hygiene programs need a paperless grading system 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 Dental Hygiene Standards:

Standard 1-1	Planning and Outcomes Assessment
Standard 2-11	Established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.
Standard 2-12	Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.
Standard 2-13	Graduates must be competent in providing the dental hygiene process of care • Objective grading format • Clinical demands Increasing over the course of the curriculum
Standard 2-14	Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease. • Patient care requirements including average, minimum and maximum degrees of difficulty for each patient category (TalEval Calculus and Perio Skill Levels) • Tracking Patient Types and Numbers
Standard 2-19	Ethics and Professionalism
Standard 3-7, 2	Faculty Calibration
Standard 3-9	A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.
Standard 6-5, 2	Program ensures that continuous recognition/certification in CPR with AED for all students, is maintained

TalEval 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)

In off campus rotation clinics for 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 dental hygiene 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".

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The Grading Format`

The grading experience includes a comprehensive **"Itemized list"** of procedures from the Dental Hygiene Process of Care which includes the following:

4 Major Categories>	Assessment	Planning	Implementation	Evaluation
14 Subcategories> Main Competencies	Risk Assessment EO/IO Occlusal Periodontology Radiology Hard Tissue Deposit Assessment	Treatment Plan	Prev/Supportive Pain Control Instrumentation Calculus removal	Quality Assurance Ethics & Professionalism

The "Itemized List" includes Items #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 or 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 per Item Number.

Please do **NOT** change titles of the 14 Subcategories (Main Competencies) or add Subcategories beyond 14 as the mathematical formula is based on 14 categories.

The American Dental Hygiene Association (ADHA) criteria for the Dental Hygiene Process of Care is the format used in TalEval. It is also the original format seen by the Commission on Dental Accreditation (CODA) when they review self-study documents of schools using TalEval. Major changes in the appearance of your TalEval reports may be be questioned by those who have frequently seen it only in the original format. Most schools use TalEval in its original format. You may change, eliminate or add to the **140 "Items"** under the 14 Subcategories (Main Competencies) but do NOT add to the 14 Subcategories. The statistical equation programmed into TalEval is based on 14 Subcategories.

Terms used in the ADHA Dental Hygiene Process of Care are those used 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. The **140 "Items"** can be changed by anyone who is an administrator in 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 thirteen years and is very effective in evaluating in the clinical setting and producing tables and charts that are easy to read. Changing titles to longer names will 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.

Your TalEval outcomes assessment reports can be used as Exhibits in your accreditation self-study document to provide supportive documentation for demonstrating compliance with CODA DH Accreditation Standards.

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 provides Quality Assurance in Patient Care (Standard 6-2). 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 in a skill item

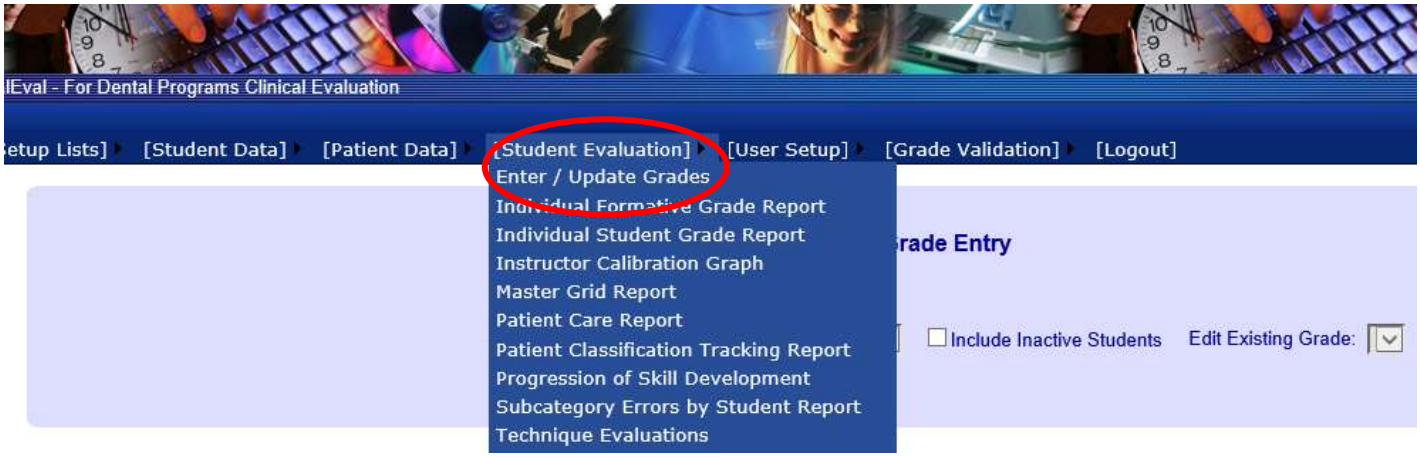
X for multiple errors in a skill item

N Indicates item: Not performed or observed

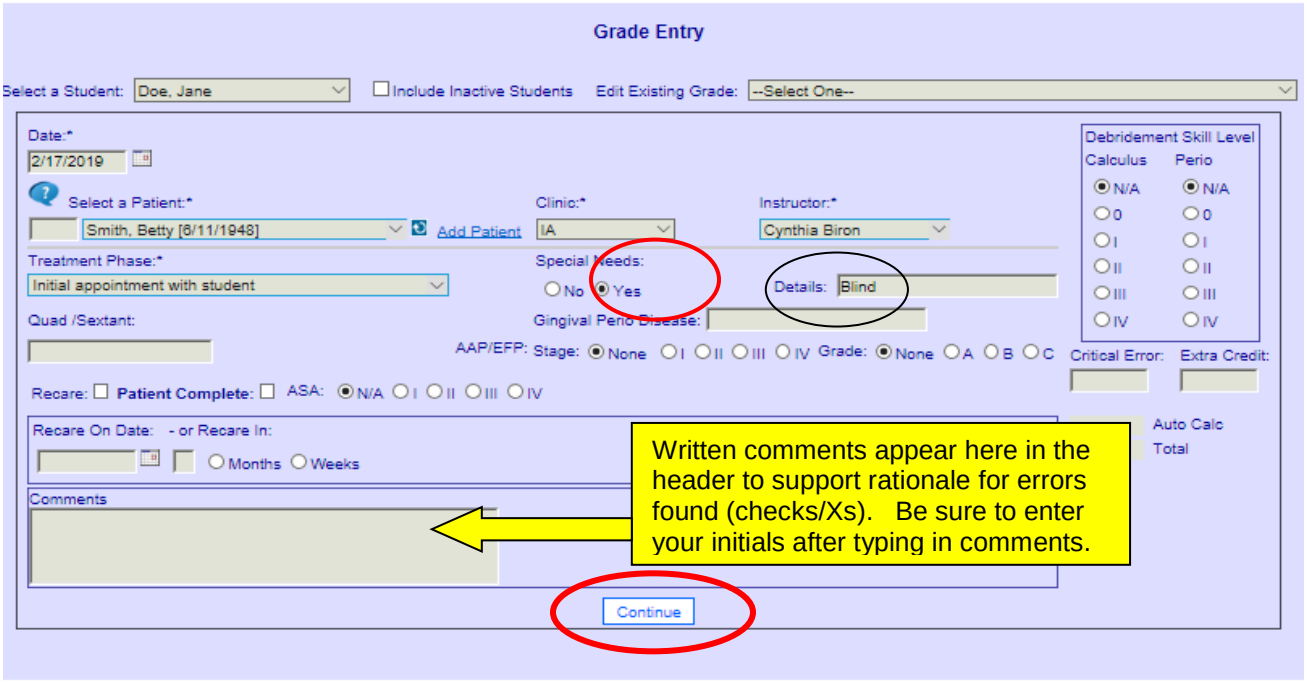
Rating with symbols is more objective than rating with numbers. It allows the instructor to focus on the student performance of the skill at the time of the evaluation. The best way to evaluate is NOT to think about the grade, just note the single error in an item by clicking on the radio button in the ✓ column. The multiple errors are entered by clicking on the radio button in the **X** column. The "Comment Box" also appears as soon as you click on ✓ or **X** buttons. When you click on the comment box and type in comments, the errors are automatically referenced by Item # and documented in the Grade Header "Comments" box.

To Enter a Student Grade

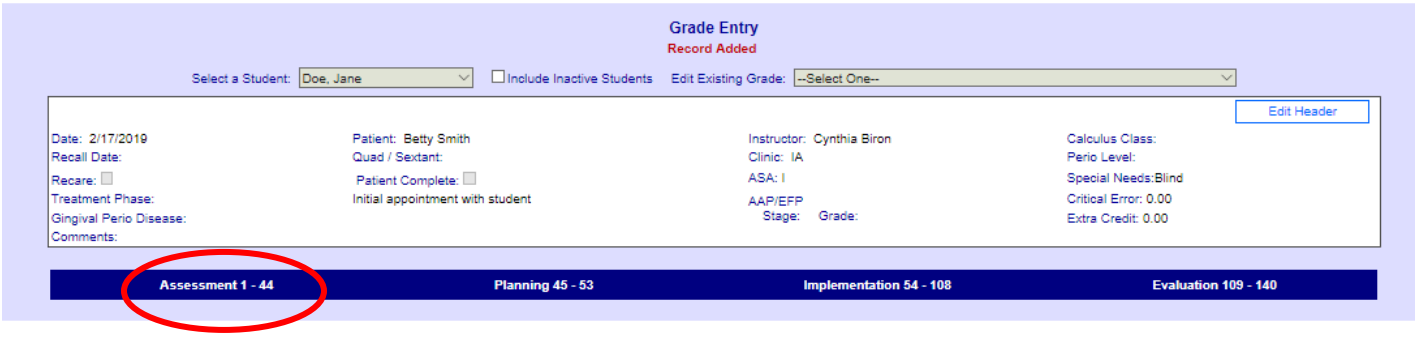
Go to the Dropdown Menu and click on "Student Evaluation" pull down menu and then click on "Enter/Update Grades"



This is the **"Grade Entry Header": Instructors must fill it out correctly!!!!!**
Reports generated by TalEval software are dependent on the entries into this **"Grade Entry Header"** screen.



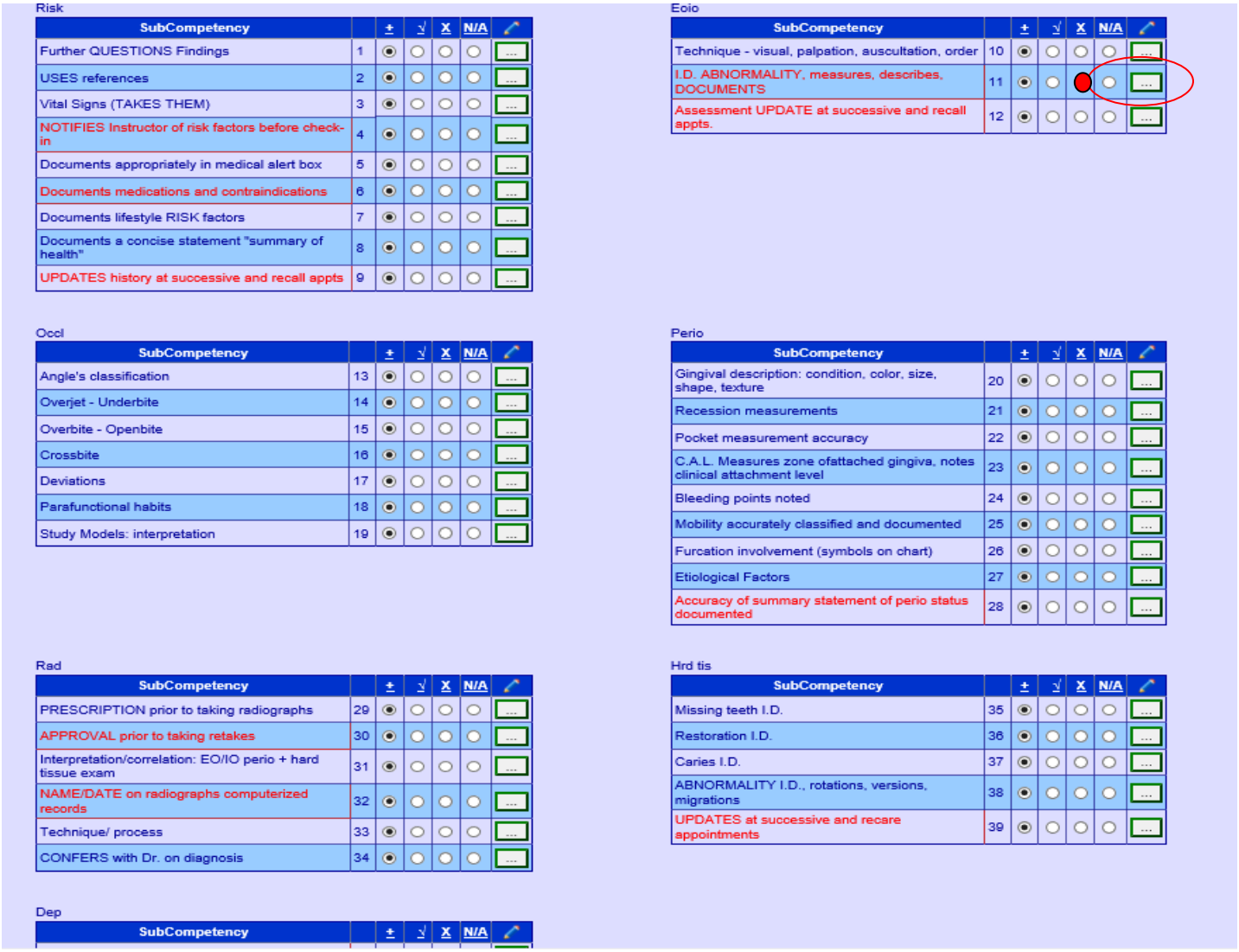
After you click "Continue" at the bottom of the **Grade Entry** Screen you see this:



To begin the grading:
Click on Assessment

After you click on Assessment you will see the grading form that includes 1-44 "Items" listed under the Assessment Subcategories (Main Competencies) and the radio buttons for clicking/grading.

The Error found under **Item # 11** marked by radio button X invites you to comment in the box



Risk

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

Eoio

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

Occl

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

Perio

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

Rad

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

Hrd tis

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

Dep

SubCompetency		±	√	X	N/A	

If you find a single error: Click on the button under the ✓ column
If you find more than one error in a single item: Click on the button under the **X** column.

You would continue grading a student in the other Major Categories: Planning, Implementation & Evaluation

Every comment ever enter by any instructor during any grading session is store in the Patient Care Report

Here is an example of all the comments made by all the instructors of one student graded in all clinics:

APPOINTMENT COMMENTS

Date	Patient	Comment
6/11/2015	Fisher, Stephen	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	Graham, Kenneth	Accurate assessment of perio and calculus. Nice work with this patient today. calc. removed. 100%. Clean! DB
6/4/2015	Hodgins, Timothy	36-multiple class V restrotations, 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	Glen, Jerry	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	Fisher, Stephen	Calculus assessment (29/32) 91% and calculus debridement (15/15) 100%. Great job today. MBO
6/3/2015	Glen, Jerry	Calculus assessment (26/28) 93% and calculus debridement (15/16) 94% (#29M). Great job today. MBO
5/27/2015	Fisher, Stephen	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	Glen, Jerry	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	Ling, Debra	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	Rudolph, Ricky	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	Smith, Ola	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	Smith, Ola	Great job with all of the assessment and definitive debridement. MBO
4/8/2015	Gordon, Jerry	Great job today on assessment and calculus removal. MPO
4/8/2015	Kambo, Roopali	Great job today on assessment and calculus removal. MPO
4/6/2015	Mawhinney, John	Graded Patient 1
3/25/2015	Harris, Dizavier	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	Pla, Lorenzo	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

You can see why an instructors initials are so important for documentation! Please remember to enter your initials!

TalEval Grading Method continued

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.

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.

The first half of the term (i.e. Clinic IA) is the midterm grade, the last half of the term (Clinic IB) becomes the second grade. The two grades are averaged together to form the TalEval Clinic I grade. The program uses the data collected to deduct points lost from errors against points gained for performance on patients with periodontal conditions from healthy to advanced periodontitis with light to heavy amounts of calculus.

> 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

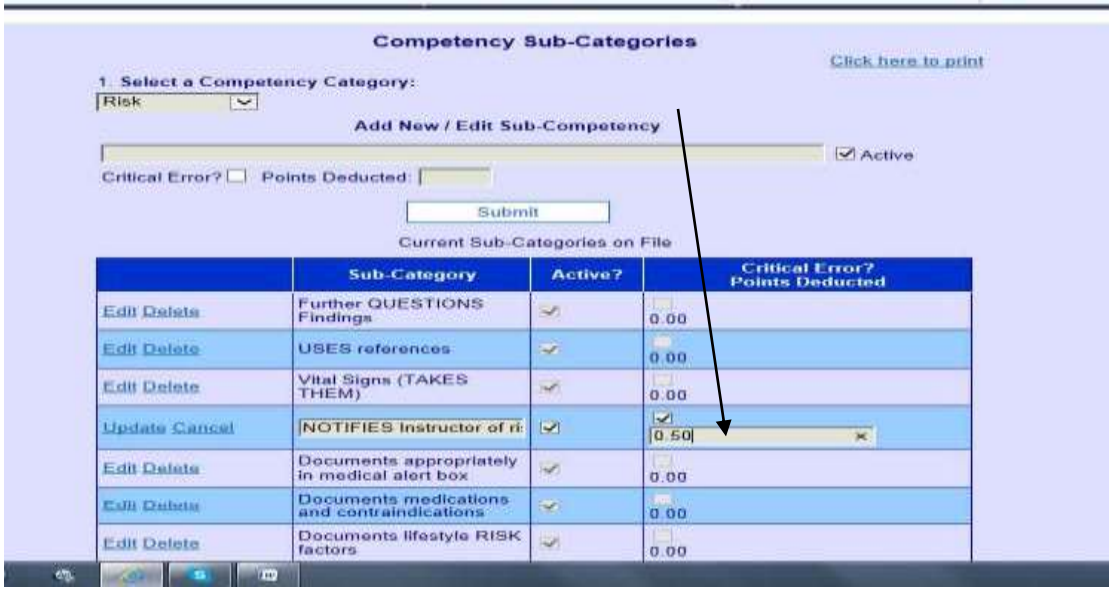
In the table below, *Critical errors are in red* and are only *suggestions. Each school faculty chooses their own critical errors.* An example Subcategory (Main Comp) Risk Assessment:

I. Risk Assessment		+	√	X	N/A
Further Questions Findings	1	◉	○	○	○
Uses references	2	◉	○	○	○
Vital Signs	3	◉	○	○	○
Notifies Instructor of risk factors before check-in	4	◉	○	○	○
Documents appropriately in medical alert box	5	◉	○	○	○
Documents medications and contraindications	6	◉	○	○	○
Documents lifestyle risk factors	7	◉	○	○	○
Documents a concise statement "summary of health"	8	◉	○	○	○

Two Ways to Address Critical Errors:

1. Pre-set in your TalEval database

Weights that will automatically be deducted when a student makes the error.



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

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 Evaluation when the half term/semester of the 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 this 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).

Ultimately you can use TalEval as a Formative eval (pass/fail) or a Summative eval with a numerical grade. CODA is not prescriptive in how you grade, just that a student treat every patient type with no critical errors. That is what deems a student competent in treating all patient types.

The TalEval database is set up with critical errors deduction points when it is purchased. The critical errors can be changed in set-ups.

TalEval grades students using two methods simultaneously. Individual Student Performance by Critical Errors and comparison of expected performance at level of DH Clinical education with comparison to class performance.

CODA Standards 2-11, 2-12 and 2-14 speak to students' competency in treating all types of patients from light, moderate and heavy deposits of calculus and varying degrees of periodontal disease as well as all age groups, special needs and recare patients with no critical errors.

The AAP/EPF Classification of Gingival and Periodontal Diseases does not delineate “Debridement Skill Levels” which are more important in evaluating student debridement skills. TalEval does not track AAP/EFP Classifications, it tracks Debridement Skill Levels.

TalEval users often refer to the following chart when determining Debridement Skill Levels:

Debridement Skill Levels (Not AAP Classification)
Developed by Jill S. Nield-Gehrig, RDH, MA
Author: *Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation*

CALCULUS FORMATION; REFERENCE GUIDE

Granular | Nodule | Spicule | Band | Finger-Like Projection | Proximal Ledge

1. Calculus Deposits Skill Level: Circle the Calculus Deposit Skill Level

0	No Calculus	Slight Calculus – requires little or no scaling
I	Simple	Supragingival calculus extending only slightly below the free gingival margin
II	Light/Moderate	Moderate amount of supragingival and subgingival calculus, or subgingvial calculus only
III	Moderate	Abundance of supragingival and subgingival calculus, or subgingival calculus only
IV	Heavy	Generalized supragingival and subgingival ledges around cervical thirds of crowns and bands on most root surfaces

2. Periodontal Skill Level: Circle Periodontal Skill Level

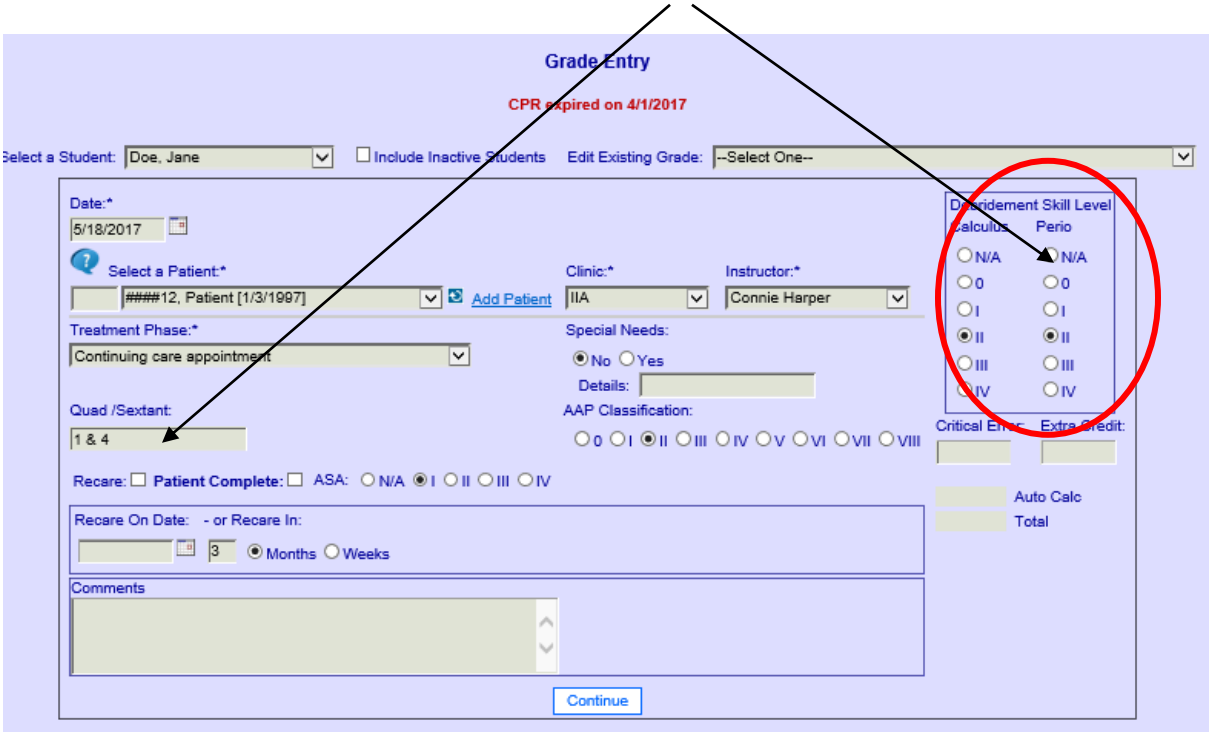
	Probing Depths	Bleeding	Mobility
0	<4 mm	None	No
I	4 mm	Localized Points	No/Slight
II	5 mm	Generalized Points	Slight +1
III	6 mm	Moderate - Heavy	Moderate 2
IV	7 mm	Heavy	Severe 3

You can name your program debridement skill levels A, B, C, D, E or as we have 0, 1, II etc.

Do not name them long names such as Simple, Moderate, Severe in your TalEval database as these longer terms will not fit the format of our reports.

See the limited space in the Grade Entry Header for “Debridement Skill Level” names:

The Debridement Skill Levels and areas debrided (sextants, quads, etc.) are entered at the appointments/clinic sessions in which they were completed. Categorize according to most difficult of quads when more than one was debrided in one clinic/grading session. Assess pocket measurements after calculus is removed as this is the method now used in state clinical board exams and it is the fairest way to provide accurate Debridement Skill Level points to the student.



Never enter a new **Grade Entry Header** for each quadrant debrided. This undermines the tracking of student productivity per patient appointment and inflates the student grades.

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 by giving back the heavy points lost from the isolated errors. Notes of remediation completion are entered in the comment box on Grade Entry screen. See page 13 for more information on Remediation Variable Probability.

Points Gained from Productivity in Treatment of Each Patient Category/Type

Points lost are offset by points gained from productivity through treatment of a specific number and category of skill level difficulty of patients. Patient points are determined according to level of periodontal involvement and amount of 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 must be a maximum of seven(7) weeks in length as the built in mathematical calculations are designed for that length of time and number of patient treatment appointments.

For Example:

Clinic IA Grading Period is approximately 12-14 patient appointment treatments for first year students.

Clinic II A Grading Period is approximately 4 patient treatment appointments per week for 6 to 7 weeks which would total 24 to 28 patient treatment appointments for the grading period.

Students are expected to be more proficient in clinical skills as they progress through each 5-7 week segments of clinic.

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 difficult categories of periodontally involved patients with a greater degree of accuracy in assessment, planning, implementation, and continuing care and recare of such patients.

The grading period must not exceed 7 weeks. Grades are inflated if with more experience students are getting the same number of points as they got when they treated the same category of patients as when they were less skilled.

See the Point Values pre-set in your TalEval Database on the next page.

Clinic I A Grading Period (Maximum of 7 Weeks)

Calculus Skill Level	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 (Maximum of 7 Weeks)

Calculus Skill Level	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 (Maximum of 7 Weeks)

Calculus Skill Level	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 (Maximum of 7 Weeks)

Calculus Skill Level	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 (Maximum of 7 Weeks)

Calculus Skill Level	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 (Maximum of 7 Weeks)

Calculus Skill Level	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 the student progresses 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 (Week 1-6 or 7)	95%	80%
II-B (Week 7-12 or 13)	100%	85%
III-A (Week 1-6 or 7)	100%	90%
III-B (Week 7-12 or 13)	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 (Week 1-6 or 7)	95%	80%
II-B (Week 7-12 or 13)	100%	85%
III-A (Week 1-6 or 7)	100%	90%
III-B (Week 7-12 or 13)	100%	95%

Recognizing the Need for Student Remediation in Clinical Skills

TalEval has a feature for recognizing **Remediation Variable Probability.** When one student appears to be the only one in the class making errors in a skill where the rest of the students have made no errors and are demonstrating a mastery of skill in that competency, there is a Remediation Variable Probability evidenced by high weight deduction for the student graded with the only error or errors. This could be an incorrect entry by an instructor or it could actually be that the student is still in the developing phase of learning the skill. In which case, when an entire class demonstrates mastery at that DH clinical educational level, there is question on need for remediation for the student who does not demonstrate mastery. To find such a discrepancy the first place to look is the Master Grid:

2/0 = two ✓s /no X's Numbers in Red are possible need for remediation

Student	Eoio	TP	Occl	QA	Rad	Hrd tis	Dep	Inst	Pain C	Ethics/Prof	Prev	Risk	Perio	Calc
r, Victoria	0/0	0/0	0/0	0/0	0/0	0/1	1/1	0/0	0/0	0/0	0/0	0/0	0/0	2/1
ndra	0/0	0/0	1/0	0/0	0/0	0/1	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/2
hannon	0/0	0/0	0/0	0/0	0/0	0/0	1/1	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Heather	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/1	1/0
Elizabeth	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	0/0
Jazzime	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
shley	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
yssa	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0
n, Alison	0/0	2/0	0/0	0/0	0/0	0/2	1/0	0/0	0/0	1/0	0/0	0/0	1/0	2/0
egina	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	1/1
Wolking, Pamela	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Daveda	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/0	1/0	2/0
Megan	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	4/0
shlee	0/0	0/0	1/0	0/0	0/0	1/1	0/1	0/0	0/0	0/0	0/0	0/0	0/0	3/1
numika	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
lexandra	0/0	0/0	0/0	0/0	0/0	1/0	3/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0
Kristina	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	1/0
elbi	2/0	0/0	0/0	0/0	0/0	1/0	1/2	0/0	0/0	1/0	0/0	0/0	1/0	4/3
ntonette	0/0	0/0	0/0	0/0	0/0	1/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0
, Suzana	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	3/1
on, Lance	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	1/0
	3/0	2/0	2/0	0/0	0/0	6/7	11/6	0/0	0/0	2/0	0/0	0/0	3/1	35/9
	2.38	3.57	3.57	-	-	0.36	0.31	-	-	3.57	-	-	1.43	0.13

Numbers that appear in Red show student errors and weights of errors due to isolated errors where mastery of skill is expected at this level of education. Always look at the **Master Grid** **WEEKLY** and right before releasing grades.

Here is how the **Individual Student Grade Report** appears when there is probability of a Remediation Variable. Note the probability symbol **(ρ)** in Red that denotes 3.57 points lost for 1 error in the category of Ethics/Professionalism:

Categories	# of Errors	Times Weight from Master Grid Compilation	Remediation Variable	Total
Risk	0	0	θ	0
Eoio	2	2.38	θ	4.76
Occl	0	3.57	θ	0
Perio	1	1.43	θ	1.43
Rad	0	0	θ	0
Hrd tis	1	0.36	θ	0.36
Dep	5	0.31	θ	1.55
TP	0	3.57	θ	0
Prev	0	0	θ	0
Pain C	0	0	θ	0
Inst	0	0	θ	0
Calc	10	0.13	θ	1.3
QA	0	0	θ	0
Ethics/Prof	1	3.57	ρ	3.57
Total:	20		θ	12.97

Score: Median Performance Level: 80 - 12.97 points = 67.03

Calculus Class Appts	Calc Pts per Appt	Perio Level Appts	Perio Pts per Appt
0 - 0	0 x = 0	0 - 0	0 x = 0
II - 7	7 x 0.50 = 3.50	I - 4	4 x 0.00 = 0.00
III - 3	3 x 1.00 = 3.00	II - 6	6 x 0.05 = 0.30
IV - 1	1 x 1.50 = 1.50	IV - 1	1 x 0.35 = 0.35

Calculus Points: 8.00 + Perio Points: 0.65 - Critical Error Points: 4.25 + Extra Credit: 0 = 4.4 + Score: 67.03 = 71.43 for Clinic: IIIB

*Remediation Variable: is noted when the weight of the error indicates only one or two students in the class are not demonstrating mastery of the competency skill at this time in their dental hygiene clinical education. ⊘ indicates no variable is shown. ρ indicates there a probability of lack of student skill development or the error was due to an incorrect grade entry by an instructor. Please print the student's Individual Formative Grade Report for details on the grade.

Before assuming the student made an error, pull up the Existing Grade form to view the instructor comments on the error made. If in fact the student made the error, remediation may be needed.

A remediation plan must be in effect for any skils in which students are deemed incompetent. It could be a written test combined with an individual techique evaluation conducted by one or more faculty members. When the student is deemed competent in the skill, the original Existing TalEval Grade is edited, removing the ✓ or X and documenting the student's completion of remediation in the comment box of the grade. Then the grade is run again without the big point loss for competencies now remediated. The original documentation is saved in the Patient Care Comments.

How Does the TalEval Arrive at the Objective Grade?

See Jane's √s and X's entered across the top row of the grid of the next page

TalEval Summative Master Grid Clinic I (First Six Weeks of

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 √ / 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 √s x Converted total √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 √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 √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 √s

The formula for calculating weight of ✓ is 7.14 ÷ number of ✓ in a category = weight of ✓ for the category

Where does the number 7.14 come from?

There are 14 Subcategories in the DH Process of Care – Risk Management, EOIO, 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".**

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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	Remediation Variable	Total
Risk	0	**0.79**	~~0~~	0
Eoio	0	**0.51**	~~0~~	0
Occl	**3**	**0.26**	~~0~~	0.78
Perio	**1**	**0.13**	~~0~~	0.13
Rad	0	**0**	~~0~~	0
Hrd tis	**8**	**0.07**	~~0~~	0.56
Dep	**3**	**0.29**	~~0~~	0.87
TP	0	**0.6**	~~0~~	0
Prev	**3**	**0.48**	~~0~~	1.44
Pain C	0	**0**	~~0~~	0
Instr	**2**	**0.19**	~~0~~	0.38
Calc	**2**	**0.22**	~~0~~	0.44
QA	0	**0.21**	~~0~~	0
Prof	0	**1.43**	~~0~~	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 =** 7.90 Patient pts.

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 and the 20 point differential to 100 allows for points lost from errors to be offset by points gained from patient treatment. 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**

The grades can be scaled by increasing or decreasing the MPL. The MPL will be between 75-85 depending on student class performance as well as the size of the class. MPL represents the performance by the middle of the class. It is not an arbitrary number.

Final Grade Report

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

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

Instructor's Key to the 140 items of the Grade Form

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 Λ, 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 (Week 1-6)	100%	90%
III-B (Week 7-12)	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 ✔
Inapproprate 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 (presedation) 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 + or 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**

Reports Generated by TalEval

Reports can be used as Exhibits to demonstrate compliance with CODA Standards

Where to find the reports

All reports are found under the Student Evaluation dropdown menu

Individual Formative Grade Report

Jane Doe

Select a Clinic: From Date: To Date:
All Clinics 01/01/2019 02/17/2019
IIIA
Submit

Print Report

Date	Cal	Peri	Quad	Fac	Risk	Eoio	Occl	Perio	Rad	Hrd tis	Dep	TP	Prev	Pain C	Inst	Calc	QA	Ethics/Prof
02/12/19	II	II	Quad 1-4	LS	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
02/12/19	II	III	Quad 3	LS	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
02/07/19	III	III	Quad 1, 3, 4	MC	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
02/06/19				MC	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
02/05/19				CB	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
02/05/19	II	I	Q 1-4	CB	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
01/29/19	II	I	Quad 2-4	LS	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0
01/29/19				MC	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	0/0
01/24/19	II	III	q1&4	MC	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
01/23/19				CB	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0
01/15/19	I	I	4	DB	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
01/15/19				CB	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
01/10/19	I	II	q1-4	MC	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	1/0
01/09/19	II	II	q1-4	MC	1/0	0/0	0/0	1/0	0/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0
Totals					2/0	0/0	0/0	2/0	0/0	2/1	1/1	0/0	0/0	0/0	0/0	0/0	0/0	2/0

Individual Student Grade Report

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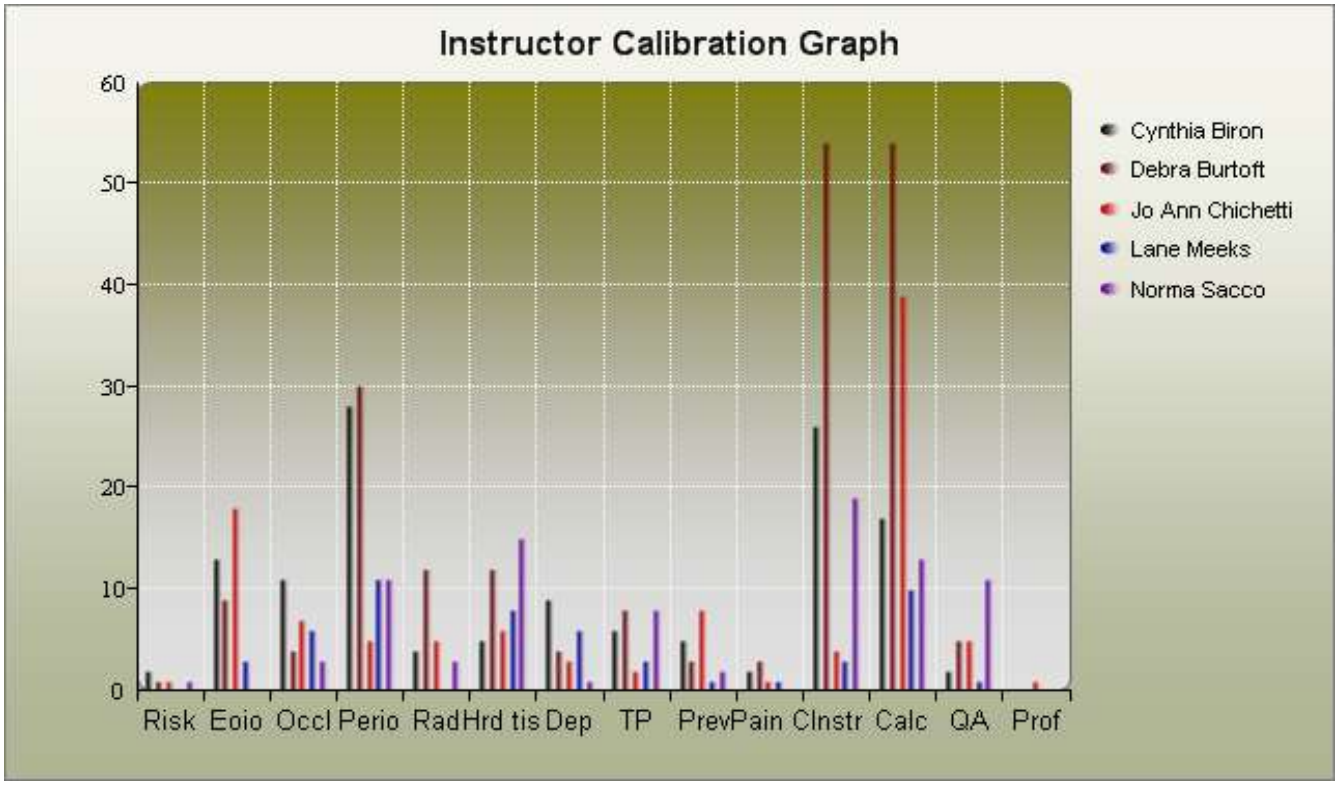
Instructor Calibration

The TalEval also provides a bar graft 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.

Master Grid Report

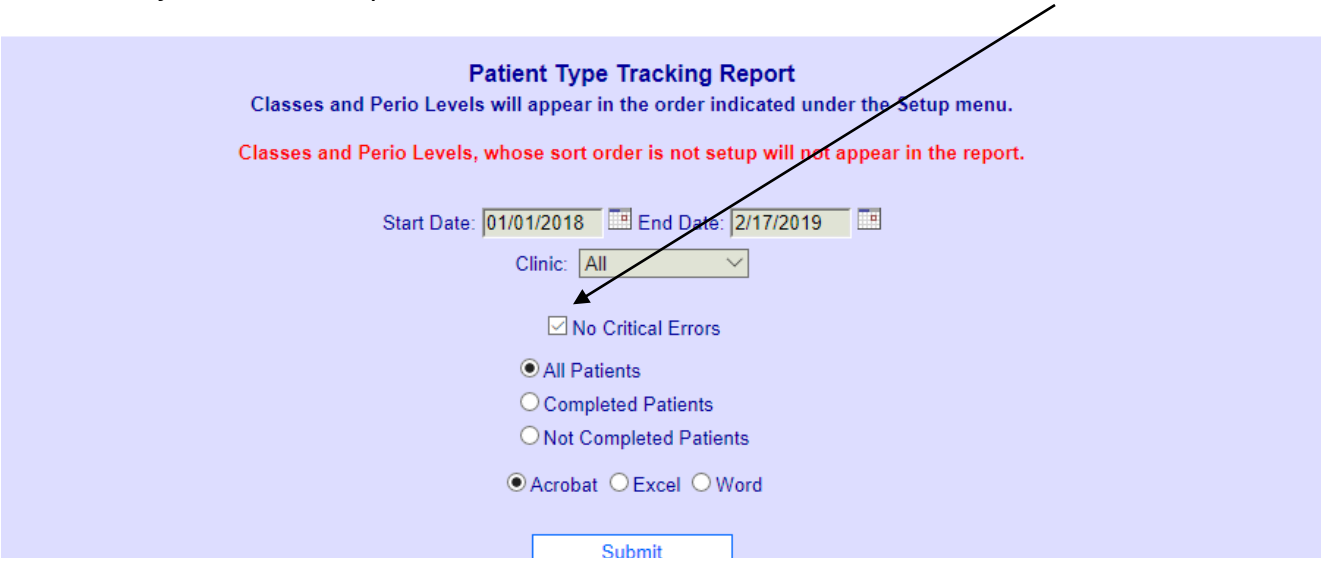
Page 12 of this document

Patient Care Report

Page 5 of this document

Patient Type Tracking Report

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, debridement skill level, Special needs, completion and recare. When the "No Critical Errors" box is checked, the report generated shows every patient type treated with no critical errors. When the "No Critical Errors" box is checked only the number of patients treated without critical errors are on the chart.



Patient Type Tracking

01/01/2018 - 02/11/2019

Clinic All

No Critical Errors, All Patients

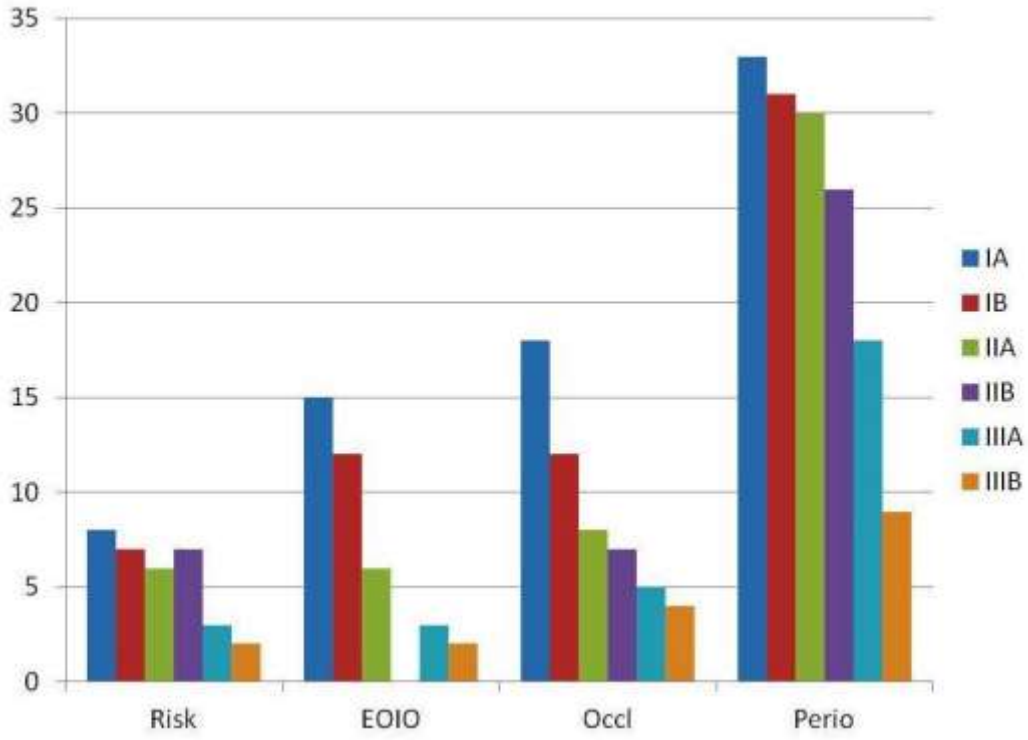
	CALCS						PERIO									Age Groups			
Student	0	I	II	III	IV	Total	0	I	II III	IV	Total	SN	PC	RC	0-11	12-17	18-59	60+
	8	12	28	8	0	**56**	12	18	20	6	0	**56**	0	63	14	12	5	44	15
ey	12	44	21	9	0	**86**	31	31	15	7	2	**86**	2	37	36	29	11	35	20
on, (	6	21	21	12	2	**62**	18	14	14	10	6	**62**	3	52	7	16	7	42	16
ny	3	17	19	8	1	**48**	12	15	13	4	4	**48**	4	51	4	9	5	34	15
tina	9	26	20	9	0	**64**	29	10	18	6	1	**64**	2	48	1	19	8	39	5
	9	36	18	7	2	**72**	32	14	15	9	2	**72**	3	63	10	22	13	28	12
	3	21	21	4	2	**51**	7	22	15	4	3	**51**	2	53	1	9	4	31	22
	12	35	17	8	2	**74**	30	20	19	3	2	**74**	6	69	3	20	5	25	14
	7	26	17	13	0	**63**	19	23	17	3	2	**64**	1	39	0	11	6	25	16
	7	31	19	8	0	**65**	28	12	19	6	0	**65**	0	31	1	11	9	24	14
	4	35	10	6	2	**57**	26	16	13	2	0	**57**	13	53	3	13	12	21	17
	5	41	31	15	1	**93**	24	32	28	7	2	**93**	2	67	1	26	12	36	25
	6	27	24	12	2	**71**	9	34	22	5	0	**70**	1	75	2	21	8	27	21
s	2	16	16	19	0	**53**	9	18	15	8	2	**52**	6	28	0	6	9	37	8
	7	28	20	9	1	**65**	14	25	15	9	2	**65**	4	64	3	23	4	38	18
	14	30	26	13	3	**86**	40	17	17	7	5	**86**	3	64	12	29	11	40	10

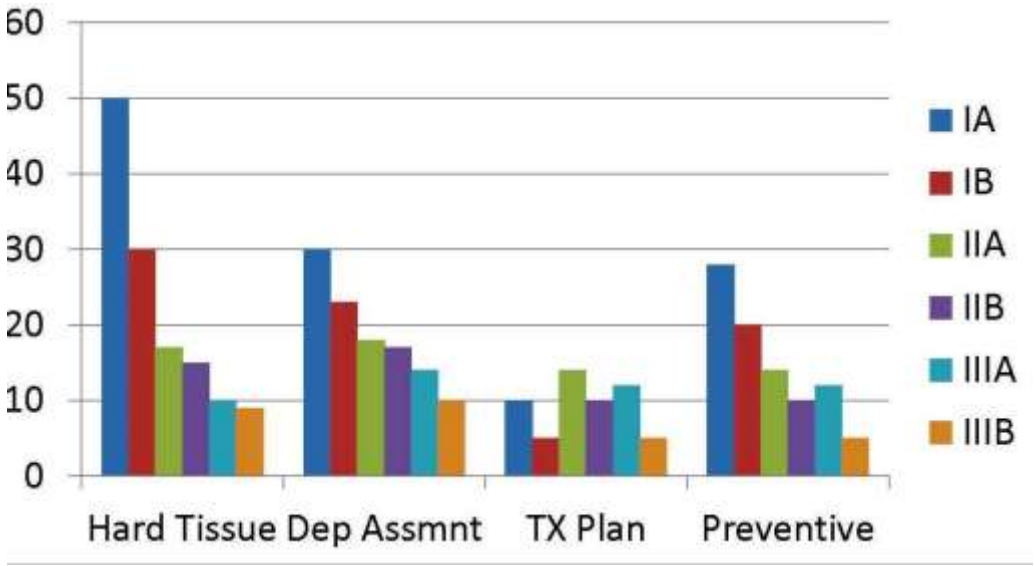
The above report should be used to demonstrate compliance with **DH Standards: 2-11, 2-12, 2-14**
Even when used as a summative evaluation, showing all patient types treated with **"No Critical Errors"** demonstrates student competency in TalEval.

Progression of Skill Development

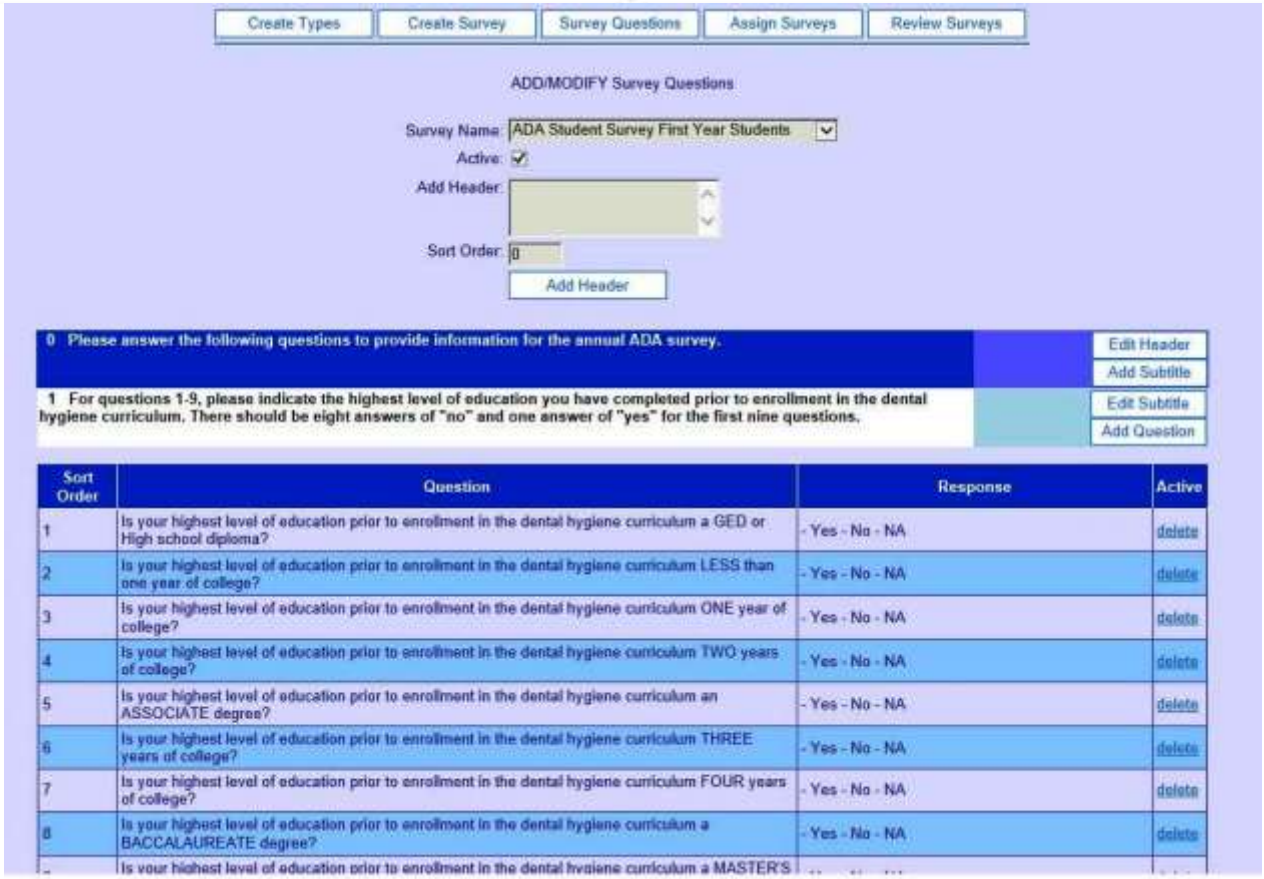
The graphs on the next two pages demonstrate trends in students' clinical skill development. Each graph shows the number of errors found in each category throughout the clinical experience. The bar graph should show the trend of less errors in each category at each term to indicate the students are mastering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

Progression of Skill Development





Surveys for Outcomes Assessments



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. Changing the existing Subcategories (main competencies) in TalEval which are designed for the objective format to make the TalEval ongoing process care of evaluation look like subjective individual competencies. This does not usually work well due to the difference between objective and subjective formatting. Most schools who do this usually request that their database be changed back to the original tried and true TalEval format. There is a learning curve with objective grading with TalEval and using it as designed expedites the learning process for instructors.

II. Incorrect entries into the Grade Entry Screen (more commonly called Grade Header)

1. Failure to enter comments after clicking radio button errors and failing to include initials at end of documentation in Comments Box
2. Filling out numerous Grade Headers and starting new Grade Headers for the same patient appointment
3. Grading on another instructors initials (sharing student grading forms by one instructor checking student in and a different instructor checking student out on the same appointment session Grade Header).
   a. Please be advised that in keeping with CODA Standard 6-2 Patient Care Services: Quality assurance in patient centered care is of paramount importance. Having more than one instructor probe and explore the same area in a patient's mouth in one appointment, so a student does not have to wait for the assigned instructor, is not patient centered care. Such practices have been conducted for faculty calibration courses at colleges and liability issues occurred. TalEval subscribes to quality assurance in patient centered care.
      i. One instructor – one student – one patient - per one three-four hour clinic grading session with one TalEval Grade Entry Header and all Quads debrided during the appointment in the same Grade Entry Header.
   b. Screening every patient prior to Initial Appointment with Assigned Student decreases waiting time for students as most assessments are updated.
4. Selecting the wrong clinic in the Grade Entry Header
5. Confusing AAP Classification (which can be entered in the header at any time) with Categorizing the Calc and Perio Debridement Skill Level which are only entered at the appointment/grading session after the debridement occurs.
6. Entering a new Grade Entry Header for every quadrant debrided. When quadrants differ in level of difficulty categorize according to the most difficult of all quads debrided in the one appointment and enter the quad numbers or sextants or even teeth #s in the Quads field. Whatever was completed in one grading appointment is entered into one Grade Entry Header Quads Field. Could be two teeth, 1 sextant, 1 quad, 2 sextants, 1-4 quads: all completed in one appointment go in the **one** Grade Entry Header. This is the only way we can track exactly how productive a student was in one appointment/clinic session and not inflate grades.
7. Categorizing the patient Calc and Perio skill level before (debridement of an area) Only when an area has been debrided do you know exactly how simple or difficult it was. Grades may be inflated or deflated if the exact category of level of skill of debridement is not entered. i.e. Furcations filled

with calculus are not detected on assessment, they are detected after removal of calculus, and then we know the debridement skill level was more difficult than originally assessed.

8. Failure to Click on Patient Completed and Patient Recare boxes in Grade Entry Header
9. Failure to enter “Special Needs” patient into Grade Entry Header