
Oregon TECH

**Bachelors of Science Degree in Dental Hygiene
Assessment Report
2019-2020**





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Section 1 – Program Mission and Educational Objectives

The Oregon Institute of Technology Dental Hygiene Program provides an educational environment that fosters respect and encourages critical thinking. Its mission is to educate students to become primary healthcare providers who are well prepared to serve the public in multiple roles and who are empowered to become life-long learners.

- **Mission Alignment**

- The Oregon Institute of Technology Dental Hygiene Program offers extensive and innovative, professionally focused hands-on dental clinic experience with opportunities for off-campus rotations to practice their dental hygiene skills while working alongside licensed practitioners and dentists.
- Additionally, the students design, plan, implement, and manage community oral health for under-served communities. This community project gives our students real-world experiences far beyond what most dental hygiene programs offer.
- Further in their education in the program, our students have an opportunity to travel abroad for two weeks in what we refer to as International Externship Program or IEP. Our seniors provide oral hygiene care in countries such as Romania, Ukraine, Moldova, Costa Rica, Honduras, Peru, Guatemala, Nicaragua, and Jamaica.
- In the meantime, our dental hygiene students earn enough clinical hours to be licensed with an Expanded Practice Permit when they graduate and pass national and state exams, which is a highly sought-after requirement in our field of work.

Section 2 – Program Description and History

- The Oregon Tech Dental Hygiene program began in 1970 as an Associate of Applied Science (AAS) program. Beginning in 1985, students had the option of completing a Bachelor of Science (BS) degree, and in 2003 the program began awarding the BS degree only.
- In 2005, Oregon Tech entered a partnership with ODS to provide a Dental Hygiene AAS program in La Grande. The partnership ended in 2017. In total 200 students graduated from the program.
- In 2009, Oregon Tech entered an agreement with Chemeketa Community College to offer the OT DHBS program in Salem. A committee of the Commission on Dental Accreditation conducted a special focused site evaluation on November 4, 2011. The accreditation status of the program at the time of the site visit was “approval without reporting requirements.” The program accepted its first cohort of students fall term 2011. The program accepts 20 students annually.

- All students must complete prerequisite courses to be eligible for application to the program. Acceptance to the program is selective. Applicants are accepted each spring and begin course work fall term. Seating is limited to 22 students at Klamath Falls and 20 at Salem.

Program Enrollment and Graduation Rates: AASDH, La Grande

ENROLLMENT					
Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	5 Year Difference
25	26	21	23	26	Maximum = 26 Minimum = 21
GRADUATES					
2011	2012	2013	2014	2015	Average
21 (84%)	24 (92.31%)	18 (85.71%)	23 (100%)	21 (80.77%)	88.43%

Program Enrollment and Graduation Rates: BSDH, Klamath Falls and Salem

ENROLLMENT					
Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015	SUB TOTAL
KF = 24	KF = 24	KF = 23	KF = 18	KF = 20	109
SLM = 20	SLM = 21	SLM = 21	SLM = 20	SLM = 20	102
Total = 44	Total = 45	Total = 44	Total = 38	Total = 40	211
ENROLLMENT					
Fall 2016	Fall 2017	Fall 2018	Fall 2019		TOTAL
KF = 20	KF = 22	KF = 20	KF = 22		84/95%
SLM = 20	SLM = 20	SLM = 20	SLM = 20		80/100%
Total = 40	Total = 42	Total = 40	Total = 42		98%
GRADUATES					
2014	2015	2016	2017	2018	TOTAL/AVE
KF = 22	KF = 16	KF = 18	KF = 14	KF = 20	97/89%
SLM = 20	SLM = 19	SLM = 20	SLM = 18	SLM = 19	96/94%
95.5%	82%	97.7%	67%	97.5%	88%
GRADUATES					
2019	2020				TOTAL/AVE
KF = 17	KF = 22				39/77%
SLM = 20	SLM = 20				40/100%
88%	100%				94%

Board and Licensure Exam Results

National Board Dental Hygiene Examination					
Class, 2014	Class, 2015	Class, 2016	Class, 2017	Class, 2018	
KF = 100%	KF = 100%	KF = 100%	KF = 93%	KF = 100%	
SLM = 100%	SLM = 100%	SLM = 100%	SLM = 100%	SLM = 100%	
National Board Dental Hygiene Examination					
Class, 2019	Class, 2020				
KF = 100%	KF = 100%				
SLM = 95%	SLM = 100%				
WREB Anesthesia					
Class, 2014	Class, 2015	Class, 2016	Class, 2017	Class, 2018	
KF = 100%	KF = 95%	KF = 96%	KF = 100%	KF = 100%	
SLM = 100%	SLM = 100%	SLM = 100%	SLM = 100%	SLM = 100%	
DH Anesthesia					
Class, 2019	Class 2020				
KF = 100%	KF = 100%				
SLM = 95%	SLM = 100%				
WREB DH Clinical Examination					
Class, 2014	Class, 2015	Class, 2016	Class, 2017	Class, 2018	
KF = 91%	KF = 100%	KF = 96%	KF = 93%	KF = 100%	
SLM = 100%	SLM = 100%	SLM = 100%	SLM = 100%	SLM = 100%	
DH Clinical Examination					
Class, 2019	Class 2020				
KF = 100%	KF = 100%				
SLM = 100%	SLM = 100%				
DH Restorative					
Class, 2014	Class, 2015	Class, 2016	Class, 2017	Class, 2018	
KF = %2/5	KF = 50%	KF = 85.7%	KF = 60%	KF = 75%	
SLM = %	SLM = 52.6%	SLM = 95%	SLM = 72.2%	SLM = 100%	
DH Restorative					
Class, 2019	Class 2020				
KF = 100%	KF = 100%				
SLM = 100%	SLM = 100%				

Employment Rates and Salaries

(Oregon Tech Dental Hygiene Graduate Outcomes 2017-2019 (3 years combined))

Employed	Continuing Education	Looking for Work	Not Seeking	Median Salary	Success Rate
86%	7%	7%	1%	\$66,500	93%

Industry Relationships	
<ul style="list-style-type: none"> • Zooka Toothcare for Kids • Klamath Health Partnership • Plum Ridge Extended Care • Boys & Girls Club • Salem Free Clinic 	<ul style="list-style-type: none"> • Northwest Family Services • Compassion Connect • OHSU School of Nursing • Cascade Health Alliance • Klamath Basin Oral Health Coalition
<ul style="list-style-type: none"> • Dentsply Sirona Preventative • Hu-Friedy • Phillips Sonicare • Crest Oral-B 	<ul style="list-style-type: none"> • Colgate • Q-Optics • A-Dec • OralDNA • GlaxoSmithKline (GSK)

Oregon Tech Dental Hygiene Advisory Board Meeting, Klamath Falls	
Date: 2019/20	
Committee Members <ul style="list-style-type: none"> • Debra Bishop, RDH • Susie Daniels, RDH • Traonna Larson, RDH • Brenna Chavarin, RDH • Daniel Gailis, DMD • Tanya Williams, DMD • Jeff Pardy, MBA, RRT • Amanda Blodgett, MBA • John L. Baumann (Jack), DVM • Patricia Card (Patty) 	Ex Officio Members <ul style="list-style-type: none"> • Paula Russell, BSDH-EP, M.Ed • Jeannie Bopp, RDH, BSDH, MS© • Krista Beaty, RDH, BSDH, MS • Darlene Swigart, EPDH, MS • Elizabeth Wells, RDH, BSDH, MS© • Andrew (Drew) Bernhard, DDS • Heather Schudel, RDH, M.Ed

Oregon Tech Dental Hygiene Advisory Board, Salem	
Date: 2019/20	
Committee Members <ul style="list-style-type: none"> • Dana Nolan • Sean Reisig, DDS • Jill Lomax, DA • Meagan Newton, EPDH • Erik Rojas, EPDH • Natasha Lunt, RDH • Selma Moon Pierce, DDS 	Non-Voting Member <ul style="list-style-type: none"> • Paula Hendrix, EPDH, M.Ed

Showcase Learning Experiences

- Bilingual Health Day - Collaboration with Chemeketa Community College nursing students
 - Students were able to provide free dental hygiene services to patients during a community outreach program that included other specialty services that day
 - bone density testing
 - pre-diabetes screening
 - ITIN renewal assistance
 - OHP assistance
 - Free immigration consultation
 - Blood pressure screening
 - HIV testing
 - Dental
 - Dental hygiene services - \$41,505 in dental hygiene treatment services
 - Flu shots
 - Primary care
 - Vision care
- Northwest Family Services OIT @ Chemeketa Community College Free Dental Day
 - Students provided \$40,861 in dental hygiene services
 - Many of the patients treated came back as regular dental hygiene patients
- Students from Klamath Falls worked collaboratively with respiratory therapy students during medical emergencies learning how to provide breathing support for a medically emergent patient
- Zooka Children's Clinic: dental hygiene services to also include sealant placements
- Klamath Open Door: dental hygiene services
- Merrill Elementary School Screening and Fluoride application day – October 3, 2019
- Merrill Health Fair Interprofessional collaboration with OHSU nursing students – October 19, 2019
- Conger Elementary sealant day collaboration with community partner Konnect Dental Kare – November 7, 2019
- Mills Elementary sealant day collaboration with community partner Konnect Dental Kare – November 21, 2019
- Community Health:
 - Teen Parent/Early College Family Resource Fair
 - Chemeketa Disabled students on dental hygiene clinic tour
 - Child Development Center of Western Oregon University educating staff as well as learning lab with preschoolers
 - Merrill Health Festival provided oral hygiene education to include oral cancer screenings
 - Klamath Basic Community Baby Shower provided oral hygiene education and oral prenatal care
 - Englewood Elementary School presentation of oral hygiene instruction and nutrition to grades K-5.
 - Micro lab with OHSU nursing for junior capstone collaboration component. Spring term, junior dental hygiene students and junior students from OHSU school of nursing partnered to provide home visits and screenings of Lakeview

senior center. To provide patient education, evaluate oral health care and need, also to consider access to care.

- Gervais Elementary School-health fair screenings (420 children) in a rural community that is considered a Title 1 school, due to more than 95% of the students qualifying for free or reduced lunch. The project addressed the unmet needs of the elementary school students. The families of many of these students did not regularly seek medical or dental care due to several barriers including, but not limited to financial restraints, transportation, language and access to care.
 - The dental hygiene students were awarded a grant to purchase toothbrushes, floss, fluoride, and PPE.
 - Collaborating with OHSU nursing students from Monmouth campus the hygiene students taught the OHSU nursing students how to do the following:
 - Dental screenings, screening the children for cavities and signs of abuse
 - Educate the children on proper oral health routines and care
 - Fluoride varnish placement
 - Provided each child with a toothbrush, toothpaste, and a fluoride varnish
 - The OHSU nursing students directed the hygiene students in the following:
 - Height and weight measurements
 - Sleep hygiene
 - Nutritional health
- Senior capstone presentations: senior dental hygiene students choose a patient, provided clinical care and recommendations as well as worked collaboratively with the patient's primary care providers to research and share considerations for a systemic disease or condition.
- Medical Emergency continuing education course, presentation and video
- Off campus experience
 - Klamath Falls: White City VA, Jackson County Children Clinic, Open Door
 - Salem: Boys & Girls Club, Salem Free Clinics

International Externship Program (IEP):

Klamath Falls group: Six students and two faculty members from Oregon Institute of Technology's dental hygiene program in Klamath Falls traveled to Montego Bay, Jamaica in September 2019 to provide dental care to underserved populations in rural areas. Through this trip, these students experienced the power of compassion, teamwork, and giving of their knowledge and skills to change the lives of others less fortunate.

Salem group: Eleven students and one faculty member traveled to Grenada in September 2019. They treated everyone with the care they deserved, they worked hard and made positive changes by providing \$166,483 in dental care.

Success Stories

- [Oregon Tech's Dental Hygiene Bachelor Degree Completion Program was ranked #1 again for Best Online Colleges Offering Bachelor's in Dental Hygiene Degrees](#) (Ranked #1 in 2019 and #8 in 2018)
 - The 23 online colleges on this list are the best value options for online bachelor's degrees in dental hygiene, based on their tuition and alumni-reported salaries.
- Adjunct faculty member, Brenna Chavarin - alumni spotlight "Bridge the Gap Between the Dental Needs of Her Community and Access to Dental Care" December 2019
- Darlene Swigert, EPDH, MS Oregon Tech Foundation recognition for outstanding teaching!
- Jessica Luebbers, RDH, EPDH, PhD publish in *Journal of Interprofessional Care: Physicians' Perceptions of the Role of the Dental Hygienist in Interprofessional Collaboration: a pilot study*
- Darlene Swigert, EPDH, MS: International Symposium on Dental Hygiene and International Dental Hygiene Educators Forum
Brisbane, Australia, August 2019
- Krista beaty RDH, BSDH, MS •testing site coordinator for CRDTS, candidates from other schools come for boards testing, increasing revenue for the department, restorative continuing education course
- First annual dental career fair presented by Tonja Willey, EPDH, MS at Chemeketa Community College (CCC) for dental hygiene students and CCC dental assisting students.

New Faculty

- Abigail Rollins, DMD dental hygiene instructor and restorative lead
- Molly Morse, MPH, RDH adjunct faculty

Curriculum Changes

- Teaching didactic classes remotely via Zoom
- Clinic protocol in response to COVID-19 pandemic
- Annual update of student handbook Annual update of clinic manual
- Advising
- New Student Interviews on Zoom
- Moved pharmacology from fall of sophomore year to fall of junior year; the pharmacology class was replaced with humanities elective.
- Prevention IV & V had name changes to: Emerging Oral Health Topics and Vulnerable Populations.
- IEP not able to travel outside the country in 2020 to provide dental hygiene services because of COVID-19.

Section 3 – Program Student Learning Outcomes

PSLO <i>CODA Standard</i>	Definition
	<p>The American Dental Hygienist Association (ADHA) addresses six competencies dental hygienists should demonstrate. ADHA Standards for Clinical Dental Hygiene Dental hygiene faculty met on September 18, 2019 to review the program student learning outcomes, which are based on the Commission on Dental Accreditation (CODA) Standard 3, Dental Hygiene Educational Program. The seventh competency is from the American Dental Educators Association (ADEA) that ensures the health and safety of the patient and oral health professional in the delivery of care. The following is a list and definitions of the outcomes, and explanation of changes made during the meeting.</p>
1 – Communicate <i>Standard 2-15</i>	<p>Graduate will be competent in communication and collaborating with other members of the health care team to support comprehensive patient care.</p> <p>Intent: The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs). Students should understand the roles of members of the health-care team and have educational experiences that involve working with other health-care professional students and practitioners.</p> <p>Examples of evidence to demonstrate compliance may include:</p> <ul style="list-style-type: none"> • student experiences demonstrating the ability to communicate and collaborate effectively with a variety of individuals, groups and health care providers. • examples of individual and community-based oral health projects implemented by students during the previous academic year • evaluation mechanisms designed to assess knowledge and performance of interdisciplinary communication and collaboration
2 – Critical Thinking <i>Standard 2-23</i>	<p>Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.</p> <p>Changed from: Graduate will be competent in critical thinking and problem solving related to comprehensive care and management of patients.</p> <p>Intent: Critical thinking and decision-making skills are necessary to provide effective and efficient dental hygiene services. Throughout the curriculum, the educational program should use teaching and</p>

	<p>learning methods that support the development of critical thinking and problem-solving skills.</p> <p>Examples of evidence to demonstrate compliance may include:</p> <ul style="list-style-type: none"> • evaluation mechanisms designed to monitor knowledge and performance; • outcomes assessment mechanisms demonstrating application of critical thinking skills; • activities or projects that demonstrate student experiences with analysis of problems related to comprehensive patient care; • demonstration of the use of active learning methods that promote critical appraisal of scientific evidence in combination with clinical application and patient factors.
<p>3 – Professionalism, Ethical Practice <i>Standard 2-19 and 2-20</i></p>	<p>2-19 Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.</p> <p>Intent: Dental hygienists should understand and practice ethical behavior consistent with the professional code of ethics throughout their educational experiences.</p> <p>Examples of evidence to demonstrate compliance may include:</p> <ul style="list-style-type: none"> • documents which articulate expected behavior of students such as policy manuals, college catalog, etc. • evaluation of student experiences which promotes ethics, ethical reasoning and professionalism • evaluation strategies to monitor knowledge and performance of ethical behavior <p>2-20 Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.</p> <p>Intent: Dental hygienists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.</p> <p>Examples of evidence to demonstrate compliance may include:</p> <ul style="list-style-type: none"> • evaluation mechanisms designed to monitor knowledge and performance concerning legal and regulatory concepts • outcomes assessment mechanisms

	<p>Changed from: 2-20 Graduate will be competent in applying ethical, legal, and regulatory concepts in the provision and and/or support of oral health care services.</p>
<p>4 – Lifelong Learning <i>Standard 2-21</i></p>	<p>Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.</p> <p>Intent: Dental hygienists should possess self-assessment skills as a foundation for maintaining competency and quality assurance.</p> <p>Examples of evidence to demonstrate compliance may include:</p> <ul style="list-style-type: none"> • written course documentation of content in self-assessment skills • evaluation mechanisms designed to monitor knowledge and performance • outcomes assessment mechanisms <p>Changed from: Graduate will demonstrate competent knowledge and self-assessment skills necessary for life-long learning.</p>
<p>5 – Provision of Oral Health Care <i>Standard 2-12, 2-13 and 2-14</i></p>	<p>2-12 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, geriatric, and special needs patient populations.</p> <p>Intent: An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, developmental, intellectual or social conditions may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student. Clinical instruction and experiences should include the dental hygiene process of care compatible with each of these patient populations.</p> <p>Examples of evidence to demonstrate compliance may include:</p> <ul style="list-style-type: none"> • program clinical and radiographic experiences, direct and non-direct patient contact assignments, and off-site enrichments experiences • patient tracking data for enrolled and past students • policies regarding selection of patients and assignment of procedures • student clinical evaluation mechanism demonstrating student competence in clinical skills, communication and practice management. <p>2-13 Graduates must be competent in providing the dental hygiene process of care which includes:</p> <ol style="list-style-type: none"> a) comprehensive collection of patient data to identify the physical and oral health status;

- b) analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs;
- c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
- d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
- e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
- f) complete and accurate recording of all documentation relevant to patient care.

Intent:

The dental hygienist functions as a member of the dental team and plays a significant role in the delivery of comprehensive patient health care. The dental hygiene process of care is an integral component of total patient care and preventive strategies. The dental hygiene process of care is recognized as part of the overall treatment plan developed by the dentist for complete dental care.

Examples of evidence to demonstrate compliance may include:

- Program clinical and radiographic experiences
- Patient tracking data for enrolled and past students
- Policies regarding selection of patients and assignment of procedures
- Monitoring or tracking system protocols
- Clinical evaluation system policy and procedures demonstrating student competencies
- Assessment instruments
- Evidence-based treatment strategies
- Appropriate documentation
- Use of risk assessment systems and/or forms to develop a dental hygiene care plan

2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

Intent:

The total number and type of patients for whom each student provides dental hygiene care should be sufficient to ensure competency in all components of dental hygiene practice. A patient pool should be available to provide patient experiences in all classifications of periodontal patients, including both maintenance and those newly diagnosed. These experiences should

	<p>be monitored to ensure equal opportunity for each enrolled student.</p> <p>Examples of evidence to demonstrate compliance may include:</p> <ul style="list-style-type: none"> • program clinical and radiographic experiences • patient tracking data for enrolled and past students • policies regarding selection of patients and assignment of procedures • monitoring or tracking system protocols • clinical evaluation mechanism demonstrating student competence <p>Changed from: Graduate will be competent in providing the dental hygiene process of care for a wide range of patient profiles and all types of classifications of periodontal diseases.</p>
<p>6 – Community Health <i>Standard 2-16</i></p>	<p>Graduates must demonstrate competence in:</p> <ol style="list-style-type: none"> a) assessing the oral health needs of community-based programs b) planning an oral health program to include health promotion and disease prevention activities c) implementing the planned program, and, d) evaluating the effectiveness of the implemented program. <p>Intent: Population based activities will allow students to apply community dental health principles to prevent disease and promote health.</p> <p>Examples of evidence to demonstrate compliance may include:</p> <ul style="list-style-type: none"> • student projects demonstrating assessing, planning, implementing and evaluating community-based oral health programs • examples of community-based oral health programs implemented by students during the previous academic year • evaluation mechanisms designed to monitor knowledge and performance <p>Changed from: Graduate will be competent in assessing, planning, implementing, and evaluating community based oral health programs, including health promotion and disease prevention activities.</p>
<p>7 – Disease Prevention <i>ADEA HP.5</i></p>	<p>Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies</p> <p>Intent: Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.</p>

Section 4 – Curriculum Map

Dental Hygiene Student Learning Outcomes Table										
F – Foundation										
P – Practice										
C – Capstone										
COURSE	ESLO 1 PSLO 1	ESLO 2 PSLO 2	ESLO 3 PSLO 3	PSLO 4	PLSO 5	PSLO 6	PSLO 7	ELSO 4	ELSO 5	ESLO 6
DH-221, 222, 240, 241, 242, 244, 380	F									
DH-223, 267, 321, 322, 323, 340, 341, 381, 421, 422	P									
DH-423	C									
DH-223, 340		F								
DH-267, 321, 341, 351, 352, 421, 475		P								
DH-422, 423, 462, 476		C								
DH-223, 380, 351			F							
DH-267, 321, 351, 352, 381, 382			P							
DH-383, 421, 422, 423			C							
DH-221				F						
DH-340, 421, 462				P						
DH-422, 423, 463				C						
DH-223, 240, 241, 242, 267, 340					F					
DH-321, 341					P					
DH-421, 422, 423					C					
DH-380						F				
DH-381, 382						P				
DH-383						C				
DH-240, 241, 242							F			
DH-340							P			
DH-341							C			
SPE 321								F		
DH-380								P		
DH-267, 381, 382, 383								C		
MATH 243									F	
DH-475									P	
DH-476									C	
DH-421										F
DH-422										P
DH-423										C

Section 5 – Assessment Cycle

Outcome	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
PSLO 1 Communicate	DH-423 Capstone (direct) Grad Survey (indirect)			DH-323 ??? assignment (direct) Exit Survey (indirect)	
PSLO 2 Critical Thinking		DH-423 Capstone (direct) DH-476 (direct) Exit Survey (indirect)			•
PSLO 3 Ethics			DH-383 Portfolio (direct) DH-423 Capstone (direct) Exit Survey (indirect)		
PSLO 4 Lifelong Learning			DH-323 Professionalism Portion of Capstone, & Research Portion (direct) Attend ODHA (indirect)		
PSLO 5 Provision of Oral Healthcare	DH-423 Capstone (direct) Grad Survey (indirect)			DH-423 Capstone & Pt Tracker Sheets Make Pie Chart (direct) Exit Survey (indirect)	
PSLO 6 Community Health		DH-383 Portfolio (direct) Exit Survey (indirect)			•
PSLO 7 Disease Prevention			DH-323 CaMBRA (direct) Reflection (indirect)		

ESLO 1 Communicate			DH 423 (direct) DH-323 (direct) Exit Survey (indirect)		
ESLO 2 Inquire/ Analysis		DH-476 Rubric (direct) Exit Survey (indirect)			•
ESLO 3 Ethics			DH-383 Portfolio (direct) DH-423 Capstone (direct) Exit Survey (indirect)		
ESLO 4 Teamwork	DH-383 Faculty Eval (direct) Peer Survey (indirect)		DH-382 Teamwork Eval Rubric (direct) Exit Survey (indirect)		
ESLO 5 Quant. Reason.		Gen Ed Course (direct) Exit Survey (indirect)			•
ESLO 6 Diversity				DH-423 Capstone & Clinic Tracking Cultural Competency Presentation (direct) DH-322/3 Direct Case presentation (direct) Exit Survey (indirect)	

Assessment Cycle Changed from:

Dental Hygiene B.S. Six Year Cycle for PSLOs and ESLOs						
Outcome	2017-18	2018-19	2019-2020	2020-2021	2021-2022	2022-2023
PSLO 1 Communicate			DH 423 Indirect exit survey			DH 323 Indirect exit survey
PSLO 2 Critical Thinking	Direct: DH 476 Indirect exit survey			DH476 Indirect exit survey		
PSLO 3 Ethics		Direct: DH 275 Indirect: exit survey			DH 275 Indirect exit survey	
PSLO 4 Lifelong Learning		DH 383- rubric Indirect exit survey			DH 383 Indirect exit survey	
PSLO 5 Provision of Oral Healthcare			DH 423 Indirect exit survey			DH 341 Indirect exit survey
PSLO 6 Community Health	DH 383- rubric Indirect exit survey			DH 383 Indirect exit survey		
PSLO 7 Disease Prevention					DH 341 Indirect exit survey	
ESLO 1 Communicate						DH 323 Indirect exit survey

ESLO 2 Inquire/ Analysis	DH 476 Rubric Indirect exit survey					
ESLO 3 Ethics		Direct: DH 275- rubric Indirect exit survey				
ESLO 4 Teamwork			DH 267 Indirect exit survey			
ESLO 5 Quant. Reason.				DH 476 Indirect exit survey		
ESLO 6 Diversity					DH 423 Indirect exit survey	

Section 6 – Assessment Activity

<p>ESLO #4 Teamwork Klamath Falls and Salem, DH 383 Elizabeth Wells and Dora Sandoval PSLO #1 Communications Klamath Falls and Salem, DH 423 Jeannie Bopp and Tonja Willey PSLO #5 Oral Hygiene Care Klamath Falls and Salem, DH 423 Jeannie Bopp and Tonja Willey</p>
<p>ESLO #4: Oregon Tech students will collaborate effectively in teams or groups.</p>
<p>Assignment overview: See addendum for complete assignment and rubric <u>Assignment from DH-383 (junior dental hygiene Community Health class)</u> ESLO #4: Oregon Tech students will collaborate effectively in teams or groups.</p>
<p>Assessment – direct measure. Only the final assignment is evaluated for this ESLO.</p>

Performance Criteria	Assessment Method	Measurement Scale	Performance Target	Results% KF	Results% SLM
Identify and achieve goal/purpose	Teamwork assignment in DH 383 evaluated by course instructors using Oregon Tech's Teamwork Rubric	1-4 according to attached criteria	100% of students score 3-4	100%	
Assume roles and responsibilities				100%	
Communicate effectively				100%	
Reconcile disagreement				100%	
Share appropriately				100%	
The indirect measure was the student exit survey in responding to the PSLO, 100% of students polled rated themselves as high proficiency.					
Performance Criteria: ESLO Teamwork					
Performance Criteria	Assessment Methods	Measurement Scale	Minimum Acceptable Performance	Results KF %	Results SLM%
Work effectively with groups and teams	Student Exit Survey	High proficiency	100% students scoring proficiency or high proficiency	100%	100%
		Proficiency		N/A	N/A
		Some proficiency		N/A	N/A
		Limited proficiency		N/A	N/A

Assignment: (see assignment in appendix)

- Rubric: This rubric is evaluated twice per term from DH 380, 381, 382, 383. This is done by two instructors of community health (lead and assistant). (see attached rubric in appendix)
- Sample: COVID affected how the students communicated however how we assess their teamwork did not change. the data recorded on each rubric was representative of the "team" and the community health class for that year.
- Reliability: The lead and assistant faculty members for that class always assess each team using the same rubric. This was consistent for both campuses.
- Multiple Sites: Our process is identical.

- Performance Target: The performance target for DH 383 (last term) is at proficient (100%). This is set lower for previous terms however by the last term the groups should be proficient.
- Performance Level: All teams met the 100% score for this past year. There is no exceeding score option.
- History of Results: The history of this assessment is that for the last 3 years (all the data known), our groups have scored at 100% by DH 383. Groups score lower in previous terms.
- Faculty Discussion: Discussions take place after each term and during regarding a need for a change in the rubric or method of evaluation/ collaboration.
- Interpretation: Due to this course being a 4-term course our students can work together for a long period of time. This enables them to grow as a team. Our teamwork evaluations are always at 100% by the last term. I feel by allowing students to form their groups, select their population, create their own norms, goals, and objectives, this allows them to learn teamwork in a positive manner.

PSLO #1:					
Graduate will be competent in communication and collaborating with other members of the health care team to support comprehensive patient care.					
Assessment – direct measure. Only the final assignment is evaluated for this PSLO.					
PSLO #1 Communication					
Performance Criteria	Assessment Method	Measurement Scale	Performance Target	Results% KF	Results% SLM
Purpose and Audience	Communications assignment in DH 423 evaluated by course instructors using Oregon Tech's Communication Rubric				
Focus and Organization					
Support and Documentation					
Style and Conventions					
Visual Communication (where appropriate)					
Justification (Self-Assessment)					
			100% of students scoring 75% or higher (225/300)	100% of students earned 75% or higher (300-264) out of (225/300)	

PSLO #5: Oral Hygiene Care

2-12 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, geriatric, and special needs patient populations.

2-13 Graduates must be competent in providing the dental hygiene process of care which includes:

- a) comprehensive collection of patient data to identify the physical and oral health status;
- b) analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs;
- c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
- d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
- e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
- f) complete and accurate recording of all documentation relevant to patient care.

2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

Assessment – direct measure. Only the final assignment is evaluated for this PSLO.

PSLO #5 Oral Hygiene Care

Performance Criteria	Assessment Method	Measurement Scale	Performance Target	Results% KF	Results% SLM
Definition of project/introduction	Capstone assignment in DH 423 evaluated by course instructors using Senior Capstone Rubric	1-300	100% of students to score 75% or better (225/300)	100% of students earned 75% or higher (300-264) out of (225/300)	
Application of knowledge					
Analysis and critique of research					
Knowledge of patient management					
Interprofessional collaboration					
Diverse Perspective					
Ethical Decision Making					

Results				
Summary/Conclusion				
Reflections				

Activity

Assignment:

Outline

- The introduction makes a strong case for the value the capstone provides to the discipline, as well as presenting excellent detail of capstone foundation
- Logically articulates how knowledge in dental hygiene patient management can provide solutions for a health issue or problem
- Clearly articulates how the patient management decisions are based upon reliable and valid research and applied knowledge
- Displays excellent familiarity with a full range of critical thinking; engages with it substantively and productively. Exceptional understanding of the project content
- Presented excellent collaboration with a healthcare provider outlining strong learning, goals, teamwork, and support throughout patient care. The student showed exceptional professional collaboration to maximize the management of the case

Assessment

- Present patient selection criteria, demographics, health history, dental history, assessment, diagnosis, treatment plan
- Explain factors, effects, causes of disease, efforts for a cure
- Present outcome: treatments, clinical considerations, prognosis
- Evaluate: assessment of patient care, treatment, and outcome
- Present application of knowledge for assessment of the patient, evaluate, treatment plan, and educate

Outcome

- Identify the problem(s)
- Intervention – how was it addressed and treated
- Comparative Intervention - from research what options were available for address and treatment of periodontal/dental disease
- Outcome – re-evaluation. What can be done to maintain periodontal condition, how can you educate patients on the subject, what clinical procedures or methods can be used to treat and maintain the disease.

Objective

- Utilize diagnostic tools and interpret the findings
- Analyze subjective and objective information by determining an appropriate dental hygiene diagnosis, treatment plan, and prognosis
- Provide a sound rationale for an analysis
- Incorporate systemic or environmental conditions of patient as it relates to their oral health
- Collaboration with allied health professionals on patient health conditions
- Learn to locate, educate, and incorporate resources for patient knowledge and inclusion in health conditions

Each of the PSLOs assessed this cycle are evaluated in the dental hygiene Capstone Project.

PSLO #1-communication:

Graduate will be competent in communication and collaborating with other members of the health care team to support comprehensive patient care. The students are to collaborate with the healthcare provider of the patient they are working with on their Capstone project.

PSLO #5: Oral Hygiene Care

2-12 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, geriatric, and special needs patient populations.

2-13 Graduates must be competent in providing the dental hygiene process of care which includes:

- a) comprehensive collection of patient data to identify the physical and oral health status;
- b) analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;
- c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
- d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
- e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
- f) complete and accurate recording of all documentation relevant to patient care.

2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

(see assignment in appendix)

How it fits with class context

The dental hygiene students are to see a variety of different types of patients during their three years in the program and the main one they work with during their senior year who is identified as their "Capstone Project." This one patient must have a medical condition that they will research and work with the patient's healthcare provider to serve the patient in a better way than just leaving either one of the disciplines to work with the patient's health. Since healthcare does not start from the neck down, our students want to incorporate the full health of the patient with their medical professional. The dental hygiene student is able to supply many critical evaluation

items to the medical professional to help each them make a better overall treatment plan for the shared patient.

Rubric (see attached rubric in appendix)

The rubric is used to grade the presentation and to show the student how well they did in each of the sections that were graded. The rubric helps the student to know how to proceed with the Project and how their progression towards mastery is reflected in the Capstone Project.

Data collection & research design

The senior dental hygiene students begin their senior year in the summer term. At that time the student begins to search for the patient they will work with as their Capstone Patient. They can begin working on their patient as early as the summer term or for most students they find their patient during the fall term of their senior year. The fall term the student will need to perform all the assessment collection and have a plan for treatment of this patient completed. They present a written document explaining the process they have found up to the treatment plan portion of the treatment. During the winter term, the students finish the treatment and reevaluation of the response their patient had to their treatment. The finally is the presentation to their instructors, invited dental colleagues from the community, invited colleagues from the college and university as well as the junior students from their selected campus. There are 22 senior students from the Klamath Falls campus and 20 students from the Salem campus who presented their Capstone Projects at the end of the winter term 2020. It is a fantastic learning experience for the underclassmen to witness how professionals present case studies as their “senior buddies” are exhibiting their projects. It can be a very emotional time for the senior students to see how far they have come in their journey toward becoming licensed professionals. They realize all the hard work they put into their project has improved (usually) the overall health of their patient.

Reliability

The senior clinic leads trained the scorers on how to use the Capstone rubric. The rubrics were scored live by two individuals from the Salem campus, the senior clinic lead and the academic coordinator of applied technology programs from Chemeketa. The presentations were given on a day when all the other fulltime faculty were either in clinic or teaching classes and not able to be present for the presentations. Then, the clinical dentist and junior clinic lead scored the submitted PowerPoints for the final data for Salem. In Klamath Falls there were 22 students who presented live to five faculty members.

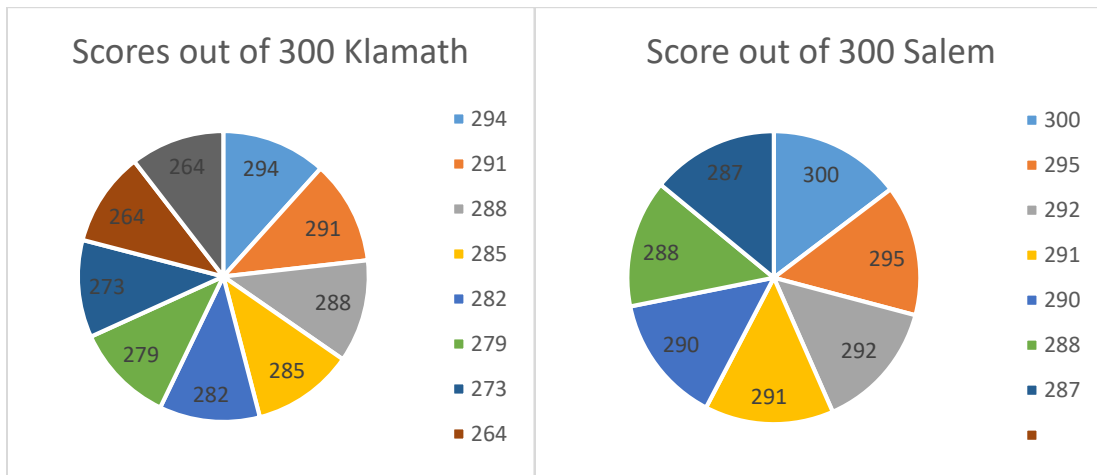
Multiple sites

Both the Klamath Falls and Salem programs used the exact same assignment and rubric for grading.

Performance Targets

The desired target for 100% of the students was to score a minimum of 75% (225/300) on their presentation. Last year, for the class graduating in 2019 we had the same desired target of 100% of the students to score a minimum of 75% (37.5/50). The class of 2019 scored 97.13%, but the Capstone Project for 2020 has had a substantial upgrade to a more robust representation of the Capstone Project. The improvement was not just in the amount of the points awarded, but the overall assignment and scope of the project.

Presentation of Results
PSLO #1 Communications Data



Site	Klamath	Salem
Averages	94.45%	99.63%

In Klamath there were some confidentiality, HIPAA, violations which lowered the class average.

History of Results

In the past, the Capstone was called a Perio Project which had each student find and treat a patient with moderate to severe periodontitis. It seemed like they all gave the same presentation with slightly different information. It was not challenging for them at all. They basically had a cookie cutter presentation they gave. Although it was enlightening to see the improvements they made in their patient’s health, it was for lack of a better word, boring. The former Perio Project was worth 50 points, the new Capstone Project is worth 300 points and draws in an assortment of patients with different ailments for the students to work with their healthcare provider and the patient.

Faculty Discussion

The two senior clinic leads discussed over phone conversation on March 9, 2020 the pros and cons of the Projects. It was decided that the new way of presenting the Capstone is so much more rewarding for the students and the listeners to have different types of conditions instead of all students having only one type of patient with the criteria of moderate to severe periodontitis. The results were provided to the full-time faculty casually right after the term and then more formally during Convocation on Wednesday, September 16, 2020.

This information would have been related to the advisory committee in the spring, but because of Covid-19, there was not an advisory meeting. The next meeting is scheduled in January 2021.

Interpretation

Overall, the assessment went very well with the exception of confidentiality, HIPAA, violations and students’ interpretation of their own self-assessment of how well they did in their treatment

of their Capstone Project patient. The students seemed to have interpreted the self-assessment piece as the overall how things went instead of using a critical eye to view themselves for self-improvement. This was the consensus of the faculty for both campuses and the two clinic leads. There were five faculty in Klamath and four faculty in Salem interpreting the results. One of the interpreters in Salem was very generous in their grading which skewed the scale a bit. This will need to be addressed more aggressively in future gradings.

Section 7 – Date-Driven Action Plans: Changes Resulting from Assessment

Action Drivers

Our targets were met, but improvement is still needed in a few areas. The first area is for the assessment collector to have the information out to the instructors ahead of their class to give them an opportunity to know what to save for assessment and what needs to be discarded. The second area is to remind instructors that certain criteria need to be assessed from both the university and department's rubrics. The third area is for all students to reflect on how they will keep their patient's information confidential and private (HIPAA compliance). The fourth area is to help students learn what self-assessment means to reflect on what they are doing for their project to make it better or worse. The fifth area is better training for those who are grading the Capstone Project rubrics by having a separate training prior to the presentations for effective training and calibration exercise.

Action Specifics

During the DH 421, 422, and 423 course the instructors will need to reinforce the Capstone Project rubric which includes keeping all patient information confidential, HIPAA compliant. The other portion of this same class will need more fortification of self-reflection or self-judgment that they are able to write and talk about to others and how they would improve themselves.

Reassessment will be done during mid-March 2021 with the Capstone Project presentations at both campuses with Jeannie Bopp and Tonja Willey leading the reassessment. For accountability, this will take place during the planning and the course effectiveness discussion between the two clinic leads.

Planning and Budgeting

Each of the senior clinic leads, along with all the other clinic leads in the dental hygiene department, who are highlighted here are given only two (2) workload units for each of their clinics which are scheduled four (4) hours long. This four-hour time frame does not include any of the set up for Covid-19 screening, setting doors with props to keep them open so that people do not touch the doors for cross contamination prevention, temperature taking, Covid-19 questioning all students and faculty each morning, getting out all the forms and paperwork, unlocking the clinic doors, drawers, clinic gown closet, storage, chart room, as well as planning, scheduling, rescheduling students and locations that happen on a daily basis for the department to run this program. It would be very helpful to have the workloads count for the actual time used to run each of the clinics.

Improvements in Assessment Process

The first area is for the assessment collector to have the information out to the instructors ahead of their class to give them an opportunity to know what to save for assessment and what needs to be discarded. The raw data from Klamath Falls was discarded after the grades were entered. This is something I need to work on starting today. The second area is to remind instructors that certain criteria need to be assessed from both the university and department's rubrics. I also will need to mark my calendar to send out reminders to the instructor whose class will be assessed so that they are ready to go and can send in their report earlier. Other items would be to have the assessment criteria given to the assessment coordinators earlier in the year. It would be very helpful to have an annual training on the upcoming assessment so that it makes the collection and reporting process easier.

Our indirect assessment method of using the exit survey was very ineffective this year. There were only 2.38% of the graduates who participated in the exit survey. During convocation on September 16, 2020, the department had a discussion on how to improve these numbers in the future. The idea was to have the two senior clinic leads contact the graduates and encourage them to fill out the exit survey. The department chair, Paula Russell, will let the leads know when the survey is released so that the graduates will be able to look for it in their email.

Past assessment of the ethics class was one that the students increased their ability to use the ADHA Core Values of autonomy, confidentiality, societal trust, non-maleficence, beneficence, justice, and veracity without being prompted in their writing. This was a very easy re-evaluation by which both campuses took the same assignment they used the year before, and asked the students to write their papers. The students had three weeks of training to help them be successful. This year 75% of the students were able to increase their use of the ADHA Core Values and key concepts in their assignment. We will continue to reinforce the ADHA Core Values with the ethics class.

Section 8 – Closing the Loop: Evidence of Improvements in Student Learning

The PSLO #1 Communication and PSLO #5 Oral Care had been stagnant in the department for several years. At the end of spring of 2019 during the department wide retreat, the department chair recommended a major overhaul on the senior Capstone to include collaboration with healthcare professionals. This is to meet the Commission on Dental Accreditation (CODA) requirement 2-15 “Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care.

Intent: The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs). Students should understand the roles of members of the health-care team and have educational experiences that involve working with other health-care professional students and practitioners. Examples of evidence to demonstrate compliance may include:

- student experiences demonstrating the ability to communicate and collaborate effectively with a variety of individuals, groups and health care providers.

- examples of individual and community-based oral health projects implemented by students during the previous academic year
- evaluation mechanisms designed to assess knowledge and performance of interdisciplinary communication and collaboration”

The changes in the Senior Capstone meet the requirements of CODA by adding the element of healthcare collaboration to the project. The most of the students were successful in their collaboration effort with their Capstone Patient’s healthcare provider. Some students were not able to collaborate with that particular patient’s healthcare provider, but were able to communicate and work with another patient’s healthcare provider. Very few of the students did not have contact with any other health care professionals. This was a great improvement from what we had seen in past years Periodontal Projects. The change to the Senior Capstone to include the healthcare provider collaboration along with the student to find a client who has a medical condition that they work with and research has been a great improvement and learning experience for every student.

Appendix A:

Direct assessment activity:

Dental Hygiene 380-383, four term community health program planning assignment.

Students in the foundational term of Community Dental Health identify a target population. As a formed group for that target population each group amongst themselves:

- Identify team roles
- Outlines a team covenant including communication, participation, conflict resolution, and group norms.
- Groups assess the target population utilizing secondary and primary data, create surveys, interviews, and indices forms to collect data regarding needs of the population
- Interpret needs assessment results and create a GOAL and several measurable long-term Objectives for this population.
- Once goals and objectives are created the group creates a program plan including lesson plans, implementation plans, and funding considerations.
- Each group schedules and implements per their population’s needs and their approved program plan objectives.
- Teamwork is assessed twice per term by two different faculty members. Once at Mid-term and once at finals week from DH 380- DH 383.
- At the end of DH 383 the following portfolio is created and submitted by members of the group for their specific group:

I. Introductions

- a) Cover page with name of project, names of project coordinators, school, date
- b) Table of Contents
- c) Description of project
- d) Introduction letters from each student (why you chose this project)
- e) Team covenant

II. Needs Assessment

- a) Population profile
- b) Community Health Issues
- c) Methods used to obtain information for needs assessment---all forms used to collect data (blank Surveys/Questionnaires/Observation Plan/indices)

III. Needs Analysis (Results of Needs Assessment)

- a) Summary of data collected
- b) Description of where original data is kept (indices, surveys)
- c) General needs, prioritized needs and contributing factors

IV. Program Plan

- a) Goals, objectives and strategies
- b) Projected budget
- c) Funding Plan
- d) Timeline
- e) **Outline of your plan** for evaluating your project, both summative and formative

V. Program Funding

- a) Copy of your grant proposal
- b) Copy of your logic model
- c) Description of any fundraising events held
- d) List of donations received and source
- e) The actual program budget that shows all revenue and expenses

VI. Program Implementation

- a) A list of contact persons with phone numbers and addresses, samples of any forms used for implementation.
- b) A list of all materials, videos, lesson plans, Power Points, etc., that were used, and where they are stored.
- c) Quality assurance: Policies and procedures, training, organizational checklists
- d) Photos of events and activities

VII. Program Evaluation

- a) Formative evaluation, Include all copies of formative evaluations
 - i. Include any notes that will be helpful to any future program coordinator working on this project.
- b) Summative evaluation
 - i. Evaluation of goals and objectives
- c) Personal evaluations
 - i. **Include personal evaluations from all team coordinators**

VIII. Appendices

- a) Year-end summary (A 3-page summary providing the following information)
 - i. Project Title

- ii. Project Team Coordinators
 - iii. Target Group---full description of target group
 - iv. Goals and Objectives of Project
 - v. Project Implementation (Brief description of strategies used and a timeline)
 - vi. Project Outcome: In a chart show total number of persons served, number of services provided, value of services if provided in private practice)
 - vii. Budget: In a chart show beginning balance, items used to carry out project and their value—donated or purchased; in-kind services and value; source of funds
 - viii. Project Evaluation: Provide a brief description of the strengths and weaknesses of your project
 - ix. Future Recommendations: In a paragraph or bulleted list provide suggestions for improvement of the project
- b) Miscellaneous
- i. Brochures, photos

Indirect assessment #4 Teamwork ESLO activity:				
Exit Survey				
ESLO 4. Teamwork: Work effectively with groups and teams				
Oregon Tech Essential Student Learning Outcomes				
How much has your experience at Oregon Tech contributed to your knowledge, skills, and personal development in these areas?				
Question	Very much	Quite a bit	Some	Very Little
	43%	33%	20%	0%

ESLO 4 Teamwork:

Oregon Tech students will collaborate effectively in teams or groups.

Definition

Teamwork encompasses the ability to accomplish group tasks and resolve conflict within groups and teams while maintain and building positive relationships within these groups. Team members should participate in productive roles and provide leadership to enable an interdependent group to function effectively.

Rubric used for #4 Teamwork ESLO

Performance Criteria	Capstone Level (4) The following are achieved <i>without prompting</i> from instructor:	Practice Level (3)	Foundation Level (2)	Pre-Foundation Level (1)	Pre-Foundation Level (0)
Identify and achieve goal/purpose	<ul style="list-style-type: none"> When appropriate, realistic, prioritized and measurable goals are agreed upon and documented. All team members share the common objectives/purpose. Team achieves goal. 	<ul style="list-style-type: none"> When appropriate, realistic, prioritized and measurable goals are agreed upon and documented. All team members share the common objectives/purpose. Team achieves goal. 	<ul style="list-style-type: none"> Group shares common goals and purpose. Few priorities are undocumented. Group achieves goal. 	<ul style="list-style-type: none"> Individuals share some goals but a common purpose may be lacking. Priorities may be unrealistic and documentation may be incomplete. Group may not achieve goal. 	<ul style="list-style-type: none"> Clear goals are not formulated or documented; thus all members don't accept or understand the purpose/task of the group. Group does not achieve goal.
Assume roles and responsibilities	<ul style="list-style-type: none"> Members consistently and effectively fulfill roles and responsibilities. Leadership roles are clearly defined and/or shared. Members move team toward the goal by giving and seeking information or opinions, and assessing ideas and arguments critically. Members are all self-motivated and complete assignments on time. Most members attend all meetings. Members reflect on group processes, provide feedback to other group members and make changes as necessary. 	<ul style="list-style-type: none"> Members consistently and effectively fulfill roles and responsibilities. Leadership roles are clearly defined and/or shared. Members move team toward the goal by giving and seeking information or opinions, and assessing ideas and arguments critically. Members are all self-motivated and complete assignments on time. Most members attend all meetings. Members reflect on group processes, provide feedback to other group members and make changes as necessary. 	<ul style="list-style-type: none"> Members often fulfill roles and responsibilities. Leadership roles are generally defined and/or shared. Generally, members are motivated and complete assignments in a timely manner. Many members attend most meetings. 	<ul style="list-style-type: none"> Some members may not fulfill roles and responsibilities. Leadership roles are not clearly defined and/or effectively shared. Some members are not motivated and some assignments are not completed in a timely manner. Meetings rarely include most members. 	<ul style="list-style-type: none"> Members do not fulfill roles and responsibilities. Leadership roles are not defined and/or shared. Members are not self-motivated and assignments are not completed on time. Many members miss meetings. Members continue processes that prove nonfunctional.

Performance Criteria	Capstone Level (4) The following are achieved <i>without prompting</i> from instructor.	Practice Level (3)	Foundation Level (2)	Pre-Foundation Level (1)	Pre-Foundation Level (0)
Communicate effectively	<ul style="list-style-type: none"> Members always communicate openly and respectfully. Members listen to each other's ideas. Members support and encourage each other. Communication patterns foster a positive climate that motivates the team and builds cohesion and trust. 	<ul style="list-style-type: none"> Members always communicate openly and respectfully. Members listen to each other's ideas. Members support and encourage each other. Communication patterns foster a positive climate that motivates the team and builds cohesion and trust. 	<ul style="list-style-type: none"> Members usually communicate openly and respectfully. Members often listen to most ideas. Members usually support and encourage each other. 	<ul style="list-style-type: none"> Members may not consistently communicate openly and respectfully. Members may not listen to each other. 	<ul style="list-style-type: none"> Members do not communicate openly and respectfully. Members do not listen to each other. Communication patterns undermine teamwork.
Reconcile disagreement	<ul style="list-style-type: none"> All members welcome disagreement and use difference to improve decisions. All members respect and accept disagreement and employ effective conflict resolution skills. Subgroups absent. 	<ul style="list-style-type: none"> All members welcome disagreement and use difference to improve decisions. All members respect and accept disagreement and employ effective conflict resolution skills. Subgroups absent. 	<ul style="list-style-type: none"> Many members welcome disagreement and use difference to improve decisions. Most members respect and accept disagreement and work to account for differences. Subgroups rarely present. 	<ul style="list-style-type: none"> Few members welcome disagreement. Difference often results in voting. Some members respect and accept disagreement and work to account for differences. Subgroups may be present. 	<ul style="list-style-type: none"> Members do not welcome disagreement. Difference often results in voting. Subgroups are present.
Share appropriately	<ul style="list-style-type: none"> All members contribute significantly to discussions, decision making and work. The work product is a collective effort; team members have both individual and mutual accountability for the successful completion of the work product. 	<ul style="list-style-type: none"> All members contribute significantly to discussions, decision making and work. The work product is a collective effort; team members have both individual and mutual accountability for the successful completion of the work product. 	<ul style="list-style-type: none"> Many members contribute to discussions, decision-making and work. Individuals focus on separate sections of the work product, but have a coordinator who ties the disparate parts together (they rely on the sum of each individual's work). 	<ul style="list-style-type: none"> Contributions are unequal although all members contribute something to discussions, decision making and work. Coordination is sporadic so that the final work product is of uneven quality. 	<ul style="list-style-type: none"> Contributions are unequal. Certain members dominate discussions, decision making, and work. Some members may not contribute at all. Individuals work on separate sections of the work product, but have no coordinating effort to tie parts together.

Performance Criteria	Capstone Level (4) The following are achieved <i>without prompting</i> from instructor:	Practice Level (3)	Foundation Level (2)	Pre-Foundation Level (1)	Pre-Foundation Level (0)
Develop strategies for effective action	<ul style="list-style-type: none"> Members use effective decision making processes to decide on action. Group shares a clear set of norms and expectations for outcomes. Group reaches consensus on decisions and produces detailed plans for action. 	<ul style="list-style-type: none"> Members use effective decision making processes to decide on action. Group shares a clear set of norms and expectations for outcomes. Group reaches consensus on decisions and produces detailed plans for action. 	<ul style="list-style-type: none"> Members usually use effective decision making processes to decide on action. Most of the group shares norms and expectations for outcomes. Group reaches consensus on most decisions and produces plans for action. 	<ul style="list-style-type: none"> Members sometimes use decision making processes to decide on action. Some of the members of the group do not share norms and expectations for outcomes. Group sometimes fails to reach consensus. Plans for action are informal and often arbitrarily assigned. 	<ul style="list-style-type: none"> Members seldom use decision making processes to decide on action. Individuals often make decisions for the group. The group does not share common norms and expectations for outcomes. Group fails to reach consensus on most decisions. Group does not produce plans for action.
Cultural Adaptation	<ul style="list-style-type: none"> Members always recognize and adapt to differences in background and communication style. 	<ul style="list-style-type: none"> Members always recognize and adapt to differences in background and communication style. 	<ul style="list-style-type: none"> Members usually recognize and adapt to differences in background and communication style. 	<ul style="list-style-type: none"> Members may recognize, but do not adapt to differences in background and communication style. 	<ul style="list-style-type: none"> Members do not recognize differences in background or communication style.

Appendix B:

Assignment used for #1 PSLO Communications and #5 PSLO Oral Care:

Capstone Presentation

Outline

Assessment

The introduction makes a strong case for the value the capstone provides to the discipline, as well as presenting excellent detail of capstone foundation

Logically articulates how knowledge in dental hygiene patient management can provide solutions for a health issue or problem

Clearly articulates how the patient management decisions are based upon reliable and valid research and applied knowledge

Displays excellent familiarity with a full range of critical thinking; engages with it substantively and productively. Exceptional understanding of the project content

Presented excellent collaboration with a healthcare provider outlining strong learning, goals, teamwork, and support throughout patient care. The student showed exceptional professional collaboration to maximize the management of the case

- Present patient selection criteria, demographics, health history, dental history, assessment, diagnosis, treatment plan
- Explain factors, effects, causes of disease, efforts for a cure
- Present outcome: treatments, clinical considerations, prognosis
- Evaluate: assessment of patient care, treatment, and outcome
- Present application of knowledge for assessment of the patient, evaluate, treatment plan, and educate

Outcome

- Identify the problem(s)
- Intervention – how was it addressed and treated
- Comparative Intervention - from research what options were available for address and treatment of periodontal/dental disease

- Outcome – re-evaluation. What can be done to maintain periodontal condition, how can you educate patients on the subject, what clinical procedures or methods can be used to treat and maintain the disease.

Objective

- Utilize diagnostic tools and interpret the findings
- Analyze subjective and objective information by determining an appropriate dental hygiene diagnosis, treatment plan, and prognosis
- Provide a sound rationale for an analysis
- Incorporate systemic or environmental conditions of patient as it relates to their oral health
- Collaboration with allied health professionals on patient health conditions
- Learn to locate, educate, and incorporate resources for patient knowledge and inclusion in health conditions

Rubric used for #1 PSLO Communications and #5 PSLO Oral Care

Capstone Project Assessment Rubric

Student Name: Evaluator Name: Date:							
Criteria	Not Presented	Some Competency	Score	Competent	Score	Superior Competency	Score
Definition of Project/Introduction	0 points	Introduction does not clearly explain the nature and structure of the capstone, its rationale and relevance to discipline.	/15	Introduction clearly presents the capstone, its nature, relevance and structure.	/17	Introduction makes strong case for the value the capstone provides to the discipline, as well as presenting excellent detail of capstone foundation.	/20
Application of Knowledge	0 points	Does not make a logical connection between dental hygiene patient management and the patient issue or problem.	/7	Makes a logical connection between the knowledge of dental hygiene patient management and the patient issue or problem.	/9	Logically articulates how knowledge in dental hygiene patient management can provide solutions for a health issue or problem.	/10
Analysis and Critique of Research	0 points	Either does not use or misuses educational studies, or uses unreliable or invalid research as major support for patient management decisions.	/15	Uses reliable and valid resources and applied knowledge appropriately to support decisions. Audience may need to infer connections.	/17	Clearly articulates how the patient management decisions are based upon reliable and valid research and applied knowledge.	/20

Knowledge of Patient Management	0 points	Does not indicate familiarity with capstone project condition. Has large gaps and shows little critical thinking of the capstone in the presentation. No substantive engagement.	/15	Displays familiarity with reasonably full range of critical thinking; demonstrates an appropriate knowledge and engagement with the project.	/17	Displays excellent familiarity with full range of critical thinking; engages with it substantively and productively. Exceptional understanding of the project content.	/20
Interprofessional Collaboration	0 points	Minimal or no collaboration with other health professional to support patient care and management. No learning demonstrated by student on developing learning or support from other health professional.	/38	Interprofessional collaboration presented but not fully developed to demonstrate good understanding or use of information obtained or how applied to patient case. Support healthcare provider had limited input or connection with patient care or management.	/42	Presented excellent collaboration with a healthcare provider outlining strong learning, goals, teamwork, and support throughout patient care. Student showed exceptional professional collaboration to maximize management of case.	/50
Diverse Perspective	0 points	Student shows bias with own perspective/preconceived judgements of patient or their condition. Was not open-minded to patient attitudes, supporting evidence, or best practice for patient care.	/38	Shows awareness of patient's perspective. Could have used better motivational interviewing or educational techniques to achieve patient engagement or better outcome of care. Presented knowledge of differences in perspectives with only average success in removing bias or barriers.	/42	No bias demonstrated by clinician. Shows awareness of patient's perspective. Shows exceptional learning outcomes through working with differing perspectives and how keeping an open-mind allowed for best outcomes in patient care and engagement.	/50
Ethical Decision Making	0 points	Student had some HIPPA violations. Student did not use or had limited use of evidence based research to support decisions and judgements made for patient care. All treatment options presented to patient were not present or not clear.	/38	Followed HIPPA guidelines. Used research relating to patient case with competent demonstration of knowledge gained or how it affected patient care and outcomes. Followed ethical scope of practice. Presented risks and benefits of treatment options for consent.	/42	Followed HIPPA guidelines. Presented thorough explanation of research and how incorporated into a case presentation, giving patient all risks and benefits of treatment. Student displayed exceptional ethical judgement with patient engagement and interaction with the case.	/50

Results	0 points	Outcomes minimally address project problem statement. Presentation minimally addresses research or patient management. Lack of organization, detail, understanding and/or accuracy.	/15	Outcomes address project problem statement. Presentation of evidence and persuasive reasoning makes connections with project condition and students management using critical thinking skills.	/17	Outcomes thoroughly address project problem statement. Presentation of evidence conveys a mastery of critical thinking skills and patient management. Structure provides a coherent and clear focus of new understanding.	/20
Summary/Conclusion	0 points	Capstone summary is minimally supported by results and/or findings; exhibits a lack of original ideas, personal interpretation of findings; and/or an inability to draw an inventive summary of patient management protocol.	/22	Summary sufficiently supported by results and/or findings while adequately and accurately summarizing the capstone.	/25	Summary presents carefully analyzed information to present inventive and originally developed decisions and/or conclusions supported by results and/or findings.	/30
Reflections	0 points	Student not able to accurately self-assess strengths and weaknesses; goals of capstone not addressed; has not created goals for improved outcomes. Does not demonstrate knowledge of capstone purpose or has weak reflection on critical thinking/problem solving.	/22	Student able to self-assess strengths and weaknesses. Lacks details in self-assessment/reflection in regards to learning and what could have improved outcomes. Average critical thinking and problem-solving skills demonstrated as well as understanding of project presented.	/25	Student is able to accurately assess the capstone project and self-assess strengths and weaknesses; fully describes capstone goals and considerations for improved outcomes. Demonstrates exceptional critical thinking skills and judgement with problem solving.	/30
Overall Comments:							
Total Score: ____/300							

Raw data #1 PSLO Communication and #5 PSLO Oral Care

Performance Criteria	High Proficiency (4) The work <i>meets listed requirements</i> for this criterion; little to no development needed.				Proficiency (3) The work <i>meets most requirements</i> ; minor development would improve the work.				Some Proficiency (2) The work needs moderate development in <i>multiple requirements</i> .				Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in <i>most requirements</i> .			
	Out of 20 students				Out of 20 students				Out of 20 students				Out of 20 students			
RAW DATA	4 graders				4 graders				4 graders				4 graders			
Purpose and Audience	20	20	20	20	0	0	0	0	0	0	0	0	0	0	0	0
Focus and Organization	20	20	20	20	0	0	0	0	0	0	0	0	0	0	0	0
Support and Documentation	20	20	20	20	0	0	0	0	0	0	0	0	0	0	0	0
Style and Conventions	20	20	20	20	0	0	0	0	0	0	0	0	0	0	0	0
Visual Communication (where appropriate)	20	20	20	20	0	0	0	0	0	0	0	0	0	0	0	0
Justification (Self-Assessment)	8	20	4	4	1	0	11	3	3	0	5	6	8	0	0	7
Score/24	24	24	24	24	23	0	23	23	22	0	22	22	21	0	0	21
Average	18	20	17.33	0.67	1.67	0	1.83	0.5	0.5	0	.83	1	1.17	0	0	1.17

Indirect Assessment Used for PSLO #1 Communication and PSLO #5 Oral Care				
Exit Survey Questions				
Program Student Learning Outcomes for Dental Hygiene B.S. How much has your experience at Oregon Tech contributed to your knowledge, skills, and personal development in these areas?				
	High Proficiency	Proficiency	Some Proficiency	Limited Proficiency
The dental hygiene graduate will be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care.	86%	14%	N/A	N/A
The dental hygiene graduate will be competent in assessing, planning, implementing and evaluating community based oral health programs including health promotion and disease prevention activities.	86%	14%	N/A	N/A
The dental hygiene graduate will be competent in providing oral health care to all stages of life and for all periodontal classifications.	86%	14%	N/A	N/A