Assurance of Student Learning Report 2023-2024	
College of Health and Human Services	School of Nursing and Allied Health
Program of Dental Hygiene-BS Degree (524)	
Program Director-Dr. Joseph W. Evans	
Is this an online program? ☐ Yes ☒ No	Please make sure the Program Learning Outcomes listed match those in CourseLeaf . Indicate verification here ☒ Yes, they match! (If they don't match, explain on this page under **Assessment Cycle)**

Use this page to list learning outcomes, measurements, and summarize results for your program. Detailed information must be completed in the subsequent pages. Add more Outcomes as needed.			
Program Student Learning Outcome 1: The dental hygiene graduate will be competent in utilizing critical thinking, problem solving, and evidence-based decision making in the dental hygiene process of care.			
Instrument 1	Direct: Patient case study presentation		
Instrument 2	Direct: National Board Dental Hygiene Examination (NBDHE)		
Instrument 3			
Based on your results, check whether the program met the goal Student Learning Outcome 1.		☒ **Met**	☐ **Not Met**
Program Student Learning Outcome 2: The dental hygiene graduate will be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications.			
Instrument 1	Direct: Clinic Evaluation Form		
Instrument 2	Indirect: Student Exit Surveys		
Instrument 3			
Based on your results, check whether the program met the goal Student Learning Outcome 2.		☒ **Met**	☐ **Not Met**
Program Student Learning Outcome 3: The dental hygiene graduate will be able to perform self-assessment to maintain professional standards and encourage life-long learning.			
Instrument 1	Direct: Process Evaluations		
Instrument 2	Indirect: Student Exit Surveys		
Instrument 3			
Based on your results, check whether the program met the goal Student Learning Outcome 3.		☒ **Met**	☐ **Not Met**
Assessment Cycle Plan:			
Nothing will change in terms of the timeline as everything will be the same next cycle. At the time of submission of this report, National Board Dental Hygiene Examination (NBDHE) results have not been received. Updates to Program Student Learning Outcome 1 will be included in next year's report.			

Program Student Learning Outcome 1				
Program Student Learning Outcome	**The dental hygiene graduate will be competent in utilizing critical thinking, problem solving, and evidence-based decision making in the dental hygiene process of care.**			
Measurement Instrument 1	Direct measure of student learning: Students in Dental Hygiene 371 Clinical Dental Hygiene III provide a presentation of a case study patient treated during the previous semester in Dental Hygiene 370 Clinical Dental Hygiene II. Material considered when selecting the case study patient include: reason for choosing the patient, background of the patient, personal social history relevant to the patient's dental health and dental philosophy needs, summary of dietary analysis and recommendations made to the patient, and a periodontal reevaluation of the patient to determine if the patient benefited from the therapy provided by the student. The oral presentation is provided in the form of a narrative describing the patient's chief complaint, results of the examination, treatment plan, therapy, and results of therapy. The presentation includes radiographic images and clinical intraoral photographs. Postoperative photos are taken at the beginning of the periodontal reevaluation appointment. The case study patient information is presented in an oral format in class using Microsoft Power Point. Students are evaluated on the ability to analyze these factors and link the concepts to approaches that will be used on a routine basis in the clinical practice setting.			
Criteria for Student Success	Students should be able to satisfy the completion of the case presentation by meeting evaluation values pertaining to different aspects within the scope of patient treatment. Students must earn an average a 80% or greater to achieve competency for the presentation.			
Program Success Target for this Measurement	100%		**Percent of Program Achieving Target**	100%
Methods	Presentations were completed by all BS students (27) participating in the course and analyzed. Criteria were used to evaluate student performance with the total value calculated to determine overall competence of the student in relation to critical thinking, problem solving, and evidence-based decision making in the dental hygiene process of care. Criteria evaluated included: Patient Selection (perio, risk factors, calculus class/special needs), Patient's Medical/Dental Findings (medical history, dental history, periodontal evaluation, restorative evaluation), Radiographs (interpretation of findings, patient education), Treatment Planning (sequencing, appointment scheduling, address patient needs), Appropriate Therapy/Patient Education (oral hygiene aids, antimicrobials, charts/pamphlets, recommendations/referrals, incorporation of risk factors/periodontal disease), Reevaluation (assessment, patient progress/prognosis, specialist referrals, maintenance schedule), Analysis of Dietary Findings (potential acid production), Charts (clarity, accuracy, completion), and Overall Presentation (appearance, ability to answer questions, preparedness, grammar, eye contact, professionalism).			
Measurement Instrument 2	Direct measure of student learning: A minimum of 85% of students will pass the NBDHE exam on their first attempt.			
Criteria for Student Success	Students at the end of the program should achieve a score of 75 or higher in order to pass the NBDHE. This exam is a national standardized test which covers the various components of the dental hygiene curriculum. Passing this exam is a component that must be completed for the student to earn their dental hygiene license after graduation. Critical thinking, problem solving, and evidence-based decision making in the dental hygiene process of care are criteria examined.			
Program Success Target for this Measurement	85%		**Percent of Program Achieving Target**	Results of the exam were not received at the time of completing the report. This information will be added to next year's report.
Methods	Results for each student are provided from the NBDHE to the program director. A collective student breakdown of the average score of the entire exam as well as the average score for each subject section of the exam is provided to the program director.			
Measurement Instrument 3				

Criteria for Student Success			
Program Success Target for this Measurement		**Percent of Program Achieving Target**	
Methods			
Based on your results, highlight whether the program met the goal Student Learning Outcome 1.		☒ **Met**	☐ **Not Met**

Results, Conclusion, and Plans for Next Assessment Cycle (Describe what worked, what didn't, and plan going forward)

Results: Expectations are high within the program to meet this goal as utilmately students must achieve this Student Learning Outcome to pass the NBDHE in order to earn a dental hygiene license. Results were met based on the limited measurement instrument information for this particular cycle. Results of the NBDHE have not been received at the time of submission of this report. These results will be indicated on next year's ASL report with an update to this outcome. Students did achieve 80% or higher on measurement instrument 1 which were the case study presentations.

Conclusions: Continued to stress to all students the importance of studying ahead of time for the NBDHE. Discussed that each student should seek instructor help if struggling with a concept or understanding material. Recommended the opportunity to attend national board review courses, provided information to the American Dental Hygienists' Association online board review course, and suggested study materials outside of course material provided by instructors. Discussed that WKU Student Services provided test taking approaches for those students who struggle with exams. These items were encouraged throughout matriculation through the program. Students were allowed to take the NBDHE beginning April 29, 2024. Results from the case study presentations indicate students gained the knowledge needed to be successful with this item and matriculate through the completion of the program. The competency value of 80% was increased for this evaluation cycle as compared to 74% used in previous years with students still being successful in this regard. A thorough conclusion will not be indicated until NBDHE results are received. These results will be updated on next year's ASL report.

Plans for Next Assessment Cycle: We will continue to monitor progression of our students through results with these items in the future. The program will continue to be proactive with providing various avenues and resources to students that will be beneficial for the success needed on the NBDHE exam. Subject scores are provided yearly to faculty depicting strengths and weakness for each testing cycle. Faculty will continue to use resources available to provide the most up to date information within the profession while guiding our students throughout the process. Introducing students to new techniques, approaches, and technology is important as the field of dental hygiene is constantly evolving.

Program Student Learning Outcome 2	
Program Student Learning Outcome	**The dental hygiene graduate will be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications.**
Measurement Instrument 1	Direct measure of student learning: Student expectations are indicated on the Clinical Evaluation Form. A formal course sequence in scientific principles of dental hygiene practice is integrated throughout the curriculum including DH 271 Clinical Dental Hygiene I, DH 370 Clinical Dental Hygiene II, and DH 371 Clinical Dental Hygiene III. These courses are integrated with corresponding clinical sessions to develop skills in the dental hygiene sciences and patient treatment. As each student matriculates through the Program, the performance level expectations from the beginning to the end of students' clinical experiences increases. The Western Kentucky University Program of Dental Hygiene has a tracking system to ensure that graduates are competent in providing dental hygiene care for all types of classifications of periodontal disease, different age groups of patients, and patients with special needs. These patient characteristics are included in the requirements and a minimum number of each must be completed at a competent level for graduation.
Criteria for Student Success	Students should achieve a minimum number of "mastery" level interactions for various procedures and patient types. Upon meeting these parameters, students will achieve a level of competency in relation to providing health care to a conglomerate of various patient needs.

Program Success Target for this Measurement	100%	**Percent of Program Achieving Target**	100%
Methods	As each student matriculates through the Program, the performance level expectations from the beginning to the end of students' clinical experiences increases. These expectations are indicated on the Clinic Evaluation Form. A Clinic Evaluation From must be competed for each patient treatment interaction. Each clinical procedure evaluated is represented by a value indicating the maximum amount of errors a student can obtain for that particular procedure while still achieving a "Mastery." As a student progresses to the next higher clinical course, the value of each error decreases meaning less errors can occur for each procedure for each subsequent clinical course. As an example, for a patient classified as SRP II, a student in Clinic I is allowed to leave three pieces of calculus and still receive a mastery for that procedure. A student in Clinic II can leave no more than two pieces of calculus and a student in Clinic III can leave only one piece of calculus. This is also seen with radiographs exposed clinically as each semester a passing grade to earn credit for a series of images increases for each subsequent clinical course. The performance level is expected to be higher for each clinical course in the curriculum as these courses are taken in order. Meeting these criteria give an indication that clinical competence is being achieved for the student's level of experience in relation to that particular clinical course within the curriculum. Students treat a variety of patients including pedodontic, adolescent, and adult in Clinical Dental Hygiene I with calculus classifications required being Class I and II. This provides the opportunity for students to take these newly learned skills into the clinical setting and become acclimated to the environment while treating patients that correlate to their current skill level. By Clinical Dental Hygiene II DH 370, completed services are fully integrated and program requirements include a successive order of clinical skill competence, resulting in continued comprehensive dental hygiene treatment. Students are introduced to more difficult calculus classifications Class III and IV, periodontal patients, senior patients, and patients with special needs. Clinical Dental Hygiene III DH 371 provides for the continuation in the study of dental hygiene theory and practice which results in a continued increase of confidence, understanding, and approach by each student. The Western Kentucky University Program of Dental Hygiene has developed a tracking system to ensure that graduates are competent in providing dental hygiene care for all types of classifications of periodontal disease. Certain patient characteristics are included in the requirements for graduation. These characteristics include treating patients who exhibit gingivitis as well as patients presenting with various levels of periodontal disease. Students are required to attend all clinical sessions assigned in the course syllabi. During each patient encounter, the student is required to complete a Clinic Evaluation Form which includes patient classification information as well as the treatment rendered for each visit. All students met the standard of each item required for patient treatment indicating competency in this aspect.		
Measurement Instrument 2	Indirect measure of student learning: Data from student exit surveys will demonstrate at least 90% agreement that future graduates meet program outcome.		
Criteria for Student Success	Student exit surveys should indicate that the upcoming dental hygiene graduate is well prepared or prepared in providing oral health care to individuals at all stage of life and for all periodontal classifications.		
Program Success Target for this Measurement	90%	**Percent of Program Achieving Target**	100%
Methods	Student exit surveys are provided the last week of classes before graduation. The goals of the program are listed with descriptions under each asking the student if they feel well prepared, prepared, not prepared, or do not know in relation to various components of these goals. Surveys were provided with all BS students (27) earning degrees responding. One goal listed that correlated with the student learning outcome was does the program prepare dental hygienists who possess the reasoning, judgment and leadership skills necessary to identify problems, develop solutions to problems, implement these solutions, and evaluate the effectiveness of these solutions through formulating a dental hygiene assessment and developing a treatment plan. Twenty-four of the respondents felt well prepared with three indicating they felt prepared. Another goal related to this student learning outcome was does the program prepare dental hygienists who can function in the increasingly complex, interdisciplinary healthcare system and who are able to meet the dental hygiene care needs of the elderly, culturally diverse, disadvantaged, and physically challenged. Twenty-four respondents stated they felt well prepared and three responents stated they felt prepared to effectively communicate with, educate, and treat all patients from a wide variety of backgrounds.		
Measurement Instrument 3			

Criteria for Student Success			
Program Success Target for this Measurement		**Percent of Program Achieving Target**	
Methods			
Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.		☒ **Met**	☐ **Not Met**

Results, Conclusion, and Plans for Next Assessment Cycle (Describe what worked, what didn't, and plan going forward)

Results: These results were expected. It is important that students must be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications. Working with patients in our clinical setting allows students to learn these components while building confidence and gaining knowledge thoughout this process. Students indicated on their exit surveys this aspect was satified upon graduation.

Conclusions: Each student's progress is tracked by monitoring process evaluations, assignments, competencies, and clinical patient requirements. Students are expected to demonstrate steady competency progression throughout each semester while also completing all requirements within a timely manner. The faculty may require any student who is not demonstrating adequate progression at a competency level or struggling with certain material or clinical aspect to seek remediation during the open clinical lab sessions or work with an individual instructor pertaining to clinical issues. Faculty also relay information to the program director when a student is having difficulty meeting parameters and a meeting with the student could be provided to discuss possible approaches to help the student be successful. Faculty continue to emphasize outside of class assistance via instructor or remediation sessions as well as encourage students to recruit patients to satisfy specific requirements if needed. All lecture, seminar, clinical, and laboratory sessions were presented in a routine face to face delivery during the 2023-2024 period. All students within the Class of 2024 completed all requirements and successfully achieved competency upon evaluated assignments. Graduate surveys are evaluated and compared to previous classes when completed in May. When comparing feedback of graduate survey information between 2023 and 2024 in relation to goals of the program associated with this learning outcome, it appears students continue to feel well prepared/prepared. One goal listed that correlated with the student learning outcome was does the program prepare dental hygienists who possess the reasoning, judgment and leadership skills necessary to identify problems, develop solutions to problems, implement these solutions, and evaluate the effectiveness of these solutions through formulating a dental hygiene assessment and developing a treatment plan. All students in both 2022-2023 and 2023-2024 felt well prepared/prepared with this goal. Twenty-four students feeling well prepared was recorded in 2023-2024 and was a decrease of two when compared to 2022-2023 leaving three feeling prepared in 2023-2024 when compared to two feeling prepared in the 2022-2023 cohort. Another goal related to this student learning outcome was does the program prepare dental hygienists who can function in the increasingly complex, interdisciplinary healthcare system and who are able to meet the dental hygiene care needs of the elderly, culturally diverse, disadvantaged, and physically challenged. Twenty-four respondents in 2023-2024 and twenty-seven in 2022-2023 stated they felt well prepared while three graduates in 2023-2024 and one graduate in 2022-2023 stated they felt prepared to effectively communicate with, educate, and treat all patients from a wide variety of backgrounds. The values indicate these goals were consistently met when comparing this information. As mentioned in last year's ASL report, a mannequin clinical mock board exam was introduced during the Spring 2024 semester for the first time which allowed students the opportunity to go through the motions before taking the actual clincal board exam in April. This also allowed faculty members another opportunity to calibrate for grading purposes and to provide students feedback on what could be improved for the actual exam. The pass rate for the clinical board exam was 100%. The implementation of this mock exam seemed to be beneficial for all members of the program.

Plans for Next Assessment Cycle: For the upcoming year, the program will strive to continue to provide an atmosphere conducive to learning and building skills in the clinical setting. Upon return for the upcoming 2024-2025 academic year, faculty will meet for clinical calibration exercises to provide a cohesiveness within the grading process. These exercises are conducted each year. The program will continue to offer the clinical mock board exam based on the positive feedback received after the first attempt during the Spring 2024 semester.

Program Student Learning Outcome 3			
Program Student Learning Outcome	**The dental hygiene graduate will be able to perform self-assessment to maintain professional standards and encourage life-long learning.**		
Measurement Instrument 1	Direct measure of student learning: During laboratory and preclinical courses, students are required to self-evaluate for each process evaluation. Emphasis is placed on the mastery of a skill instead of grade performance. Each process evaluation and module evaluation includes a self-evaluation component with students being required to complete the self-evaluation prior to instructor evaluation. When completing some tasks with a student partner in Preclinical Dental Hygiene and Dental Materials I and II, the partner is also required to provide peer evaluation in relation to the confidence of the student partner. In the clinical setting, students are required to self-evaluate their preparation, performance, and approach to various services within in the clinic before instructor evaluation as well as self-evaluating radiographs in association with errors and possible retakes before their instructor will evaluate		
Criteria for Student Success	Students should be able to identify if they understand each concept detailed on the process evaluation. The instructor's evaluation follows the student's self-evaluation. The student can then compare their own evaluation with the instructor. This approach instills the mindset for continuous self-evaluation by the student for learning purposes not only through the completion of process evaluations, yet also in preparing for various competencies that must be passed throughout the curriculum.		
Program Success Target for this Measurement	100%	**Percent of Program Achieving Target**	100%
Methods	As the student continues matriculation through the program, performance skills continue to build on those previously mastered and expectations continue to increase in relation to performance. In the laboratory setting, students are introduced to various concepts and modalities throughout each course. Students must complete laboratory assignments with many having a process evaluation to accompany. Students are introduced to these procedures and are expected to self-evaluate before being checked by an instructor. These concepts build upon the other with some labs culminating in a final exam where competency must be shown in a particular aspect before being able to proceed. For example, students learn various fundamentals involved with radiology and must combine these skills to pass a lab competency exam at the end of Radiology I. In Preclinical Dental Hygiene, students are introduced to fundamental skills including positioning of both patient and operator, instrument design, instrumentation, and the approach to patient treatment. Students progress with process evaluations and modules learning individual concepts along the way. A competency exam is proctored at the beginning of Clinical Dental Hygiene I combining all of these skills to determine student comprehension and must be passed to proceed to patient treatment. An instrumentation exam is also implemented in Clinical Dental Hygiene I which must be passed at a score of 83 or higher before patient treatment can begin. The basic skills mastered in the previous labs and Preclinical course are continued in Clinical Dental Hygiene I. Students focus on assessment skills, treatment planning, preventive counseling, risk assessments, scaling, and radiographic technique. As the student continues matriculation through the Program when taking Clinical Dental Hygiene II and Clinical Dental Hygiene III, the evaluation scale becomes more rigorous. It is expected that as the student's abilities increase, the grading criteria should also reflect an increased level of evaluation. The opportunities to perform self-assessment are distributed throughout the curriculum. First year students are required to do a self-evaluation on their process evaluations in Pre-Clinical Dental Hygiene (DH 270), Dental Radiology I (DH 201), Dental Materials and Expanded Functions I and II (DH 210 & DH 226) and a portion of Pain Control in Dentistry (DH 309). The instructor's evaluation follows the student's self-evaluation. The student can then compare their own evaluation with the instructor. This approach instills the mindset for continuous self-evaluation by the student for learning purposes not only through the completion of process evaluations, yet also in preparing for various competencies that must be passed throughout the curriculum.		
Measurement Instrument 2	Indirect measure of student learning: Data from student exit surveys will demonstrate at least 90% agreement that future graduates meet program outcome.		
Criteria for Student Success	Student exit surveys should indicate that the upcoming dental hygiene graduate is well prepared or prepared to be able to perform self-assessment to maintain professional standards and encourage life-long learning.		
Program Success Target for this Measurement	90%	**Percent of Program Achieving Target**	96.3%

Methods	Student exit surveys are provided the last week of classes before graduation. The goals of the program are listed with descriptions under each asking the student if they feel well prepared, prepared, not prepared, or do not know in relation to various components of these goals. Surveys were provided with all BS (27) earning degrees responding. One goal listed that correlated with the student learning outcome was does the program prepare individuals who are capable of meeting the needs of society, dentistry, and dental hygiene now and in the future. Twenty-six students responded that they felt well prepared to work effectively to solve problems, make decisions, and support members of the dental team with one respondent stating they felt prepared. Another goal related to this student learning outcome was does the program prepare dental hygienists who are literate, capable of problem-solving, decision making, and motivated to be life-long learners. Twenty-one of the respondents stated they felt well prepared staying current using evidence-based decision making with five respondents stating they felt prepared and one respondent stating they were not prepared.		
Measurement Instrument 3			
Criteria for Student Success			
Program Success Target for this Measurement		**Percent of Program Achieving Target**	
Methods			
Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 3.		☒ **Met**	☐ **Not Met**

Results, Conclusion, and Plans for Next Assessment Cycle (Describe what worked, what didn't, and plan going forward)

Results: The overall general results were expected. It is important that the dental hygiene graduate be able to perform self-assessment to maintain professional standards and encourage life-long learning. Throughout the matriculation of the program, students learn the importance of self-evaluating various concepts in different courses. Student exit surveys indicated the majority of graduates feel prepared with this component.

Conclusions: Students are provided daily, weekly, and routine feedback from laboratory, preclinical, and clinical performance with instructor comments on evaluation forms. Students are expected to demonstrate steady competency progression throughout each semester while also completing all requirements within a timely manner. The faculty may require any student who is not demonstrating adequate progression at a competency level or struggling with certain material or clinical aspect to seek remediation during the open clinical lab sessions or work with an individual instructor pertaining to clinical issues. Faculty also relay information to the program director when a student is having difficulty meeting parameters and a meeting with the student could be provided to discuss possible approaches to help the student be successful. Dental hygiene graduates appear to be able to perform self-assessment to maintain professional standards and encourage life-long learning. Items identified in 2023-2024 as areas where students seemed to seek assistance to continue to improve their skills while matriculating through the program included taking advantage of open lab sessions to practice cavitron adaptation/usage on a typodont, radiographic technique, and chairside instrumentation. This was not an unusual trend to see when compared to the previous year as some students wanted to practice when possible outside of the classroom/clinical courses to continually improve their skills. Unusual that a student stated they were not prepared to stay current using evidence-based decision making as this response has not been indicated in previous assessment periods as the response has consistently been well prepared/prepared.

Plans for Next Assessment Cycle: Students will continue to be individually monitored by faculty during their matriculation throughout the program. Process evaluations will be reviewed annually for changes as needed as well as new process evaluations created supporting new concepts/approaches to be introduced within the curriculum. These process evaluations will contain areas for student self-evaluation for items associated within a particular component. Any student recognized by faculty who may be struggling with a specific concept will be assisted by an instructor and referred to mandatory remediation as needed. Will continue to emphasize how to employ evidence-based decision making so all students feel prepared with this concept.

Core Competencies Assessment

	DH 201	DH 204	DH 206	DH 210	DH 212	DH 222	DH 226	DH 230	DH 270	DH 271	DH 302	DH 303	DH 304	DH 307	DH 309	DH 323	DH 324	DH 370	DH 371
C1	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
C2	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
C3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X
C4	X	X	X	X	X		X	X	X	X	X		X	X		X		X	X
C5	X	X	X	X			X		X	X	X		X		X			X	X
C6	X	X	X			X			X	X	X						X	X	X
C7						X			X	X		X					X	X	X
C8	X								X	X	X	X	X				X	X	X
C9					X	X		X	X	X		X	X			X	X	X	X
C10	X	X	X			X			X	X	X	X	X		X			X	X
C11	X	X			X	X		X	X	X	X	X	X		X	X		X	X

Core Competencies (C)

C.1 Apply a professional code of ethics in all endeavors.

C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of dental hygiene care.

C.3 Provide dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidence-based practice.

C.4 Use evidence-based decision making to evaluate and incorporate emerging treatment modalities.

C.5 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.

C.6 Continuously perform self-assessment for lifelong learning and professional growth.

C.7 Promote the profession through service activities and affiliations with professional organizations.

C.8 Provide quality assurance mechanisms for health services.

C.9 Communicate effectively with individuals and groups from diverse populations both verbally and in writing.

C.10 Provide accurate, consistent, and complete documentation for assessment, diagnosis, planning, implementation, and evaluation of dental hygiene services.

C.11 Provide care to all clients using an individualized approach that is humane, empathetic, and caring.

	DH 201	DH 204	DH 206	DH 210	DH 212	DH 222	DH 226	DH 230	DH 270	DH 271	DH 302	DH 303	DH 304	DH 307	DH 309	DH 323	DH 324	DH 370	DH 371
HP1	X	X			X	X		X	X	X		X	X					X	X
HP2	X	X			X	X		X	X	X		X						X	X
HP3		X							X	X				X				X	X
HP4		X			X	X		X	X	X		X	X	X		X		X	X
HP5		X				X			X	X		X	X	X				X	X
HP6	X	X							X	X	X		X		X			X	X

Health Promotion and Disease Prevention (HP)

HP.1 Promote the values of oral and general health and wellness to the public and organizations within and outside the profession.

HP.2 Respect the goals, values, beliefs, and preferences of the patient/client while promoting optimal oral and general health.

HP.3 Refer patients/clients who may have a physiologic, psychological, and/or social problem for comprehensive patient/client evaluation.

HP.4 Identify individual and population risk factors and develop strategies that promote health related quality of life.

HP.5 Evaluate factors that can be used to promote patient/client adherence to disease prevention and/or health maintenance strategies.

HP.6 Evaluate and utilize methods to ensure the health and safety of the patient/client and the dental hygienist in the delivery of dental hygiene.

	DH 201	DH 204	DH 206	DH 210	DH 212	DH 222	DH 226	DH 230	DH 270	DH 271	DH 302	DH 303	DH 304	DH 307	DH 309	DH 323	DH 324	DH 370	DH 371
CM1						X						X							
CM2						X				X		X						X	X
CM3										X		X						X	X
CM4						X						X							
CM5						X						X							
CM6												X							

Community Involvement (CM)

CM.1 Assess the oral health needs of the community and the quality and availability of resources and services.

CM.2 Provide screening, referral, and educational services that allow clients to access the resources of the health care system.

CM.3 Provide community oral health services in a variety of settings.

CM.4 Facilitate client access to oral health services by influencing individuals and/or organizations for the provision of oral health care.

CM.5 Evaluate reimbursement mechanisms and their impact on the patients/clients access to oral health care.

CM.6 Evaluate the outcomes of community-based programs and plan for future activities.

	DH 201	DH 204	DH 206	DH 210	DH 212	DH 222	DH 226	DH 230	DH 270	DH 271	DH 302	DH 303	DH 304	DH 307	DH 309	DH 323	DH 324	DH 370	DH 371
PC1	X	X	X						X	X	X			X			X	X	X
PC1a	X	X	X	X			X		X	X	X			X			X	X	X
PC1b	X	X	X		X			X	X	X	X			X			X	X	X
PC1c	X	X	X						X	X	X			X	X		X	X	X
PC1d	X	X	X	X	X		X	X	X	X	X			X	X		X	X	X
PC1e	X	X	X						X	X	X			X	X		X	X	X
PC1f	X	X		X			X		X	X	X			X			X	X	X

Patient/Client Care (PC)

Assessment

PC.1 Systematically collect, analyze, and record data on the general, oral, and psychosocial health status of a variety of patients/clients using methods consistent with medico-legal principles.

This competency includes:

a. Select, obtain, and interpret diagnostic information recognizing its advantages and limitations.

b. Recognize predisposing and etiologic risk factors that require intervention to prevent disease.

c. Obtain, review, and update a complete medical, family, social, and dental history.

d. Recognize health conditions and medications that impact overall patient/client care.

e. Identify patients/clients at risk for a medical emergency and manage the patient/client care in a manner that prevents an emergency.

f. Perform a comprehensive examination using clinical, radiographic, periodontal, dental charting, and other data collection procedures to assess the patients/clients needs.

	DH 201	DH 204	DH 206	DH 210	DH 212	DH 222	DH 226	DH 230	DH 270	DH 271	DH 302	DH 303	DH 304	DH 307	DH 309	DH 323	DH 324	DH 370	DH 371
PC2	X	X	X						X	X	X		X	X				X	X
PC2a	X	X							X	X	X			X				X	X
PC2b	X	X							X	X	X			X				X	X
PC2c	X	X		X			X		X	X	X			X				X	X

Diagnosis

PC.2 Use critical decision making skills to reach conclusions about the patients/clients dental hygiene needs based on all available assessment data. This competency includes:

a. Determine a dental hygiene diagnosis.

b. Identify patient/client needs and significant findings that impact the delivery of dental hygiene services.

c. Obtain consultations as indicated.

	DH 201	DH 204	DH 206	DH 210	DH 212	DH 222	DH 226	DH 230	DH 270	DH 271	DH 302	DH 303	DH 304	DH 307	DH 309	DH 323	DH 324	DH 370	DH 371
PC3	X	X							X	X	X		X	X				X	X
PC3a	X	X		X			X		X	X	X			X				X	X
PC3b	X	X		X			X		X	X	X			X				X	X
PC3c	X	X							X	X	X			X				X	X
PC3d	X	X							X	X	X			X				X	X
PC3e	X	X							X	X	X			X				X	X

Planning

PC.3 Collaborate with the patient/client, and/or other health professionals, to formulate a comprehensive dental hygiene care plan that is patient/client-centered and based on current scientific evidence.

This competency includes:

a. Prioritize the care plan based on the health status and the actual and potential problems of the individual to facilitate optimal oral health.

b. Establish a planned sequence of care (educational, clinical, and evaluation) based on the dental hygiene diagnosis; identified oral conditions; potential problems; etiologic and risk factors; and available treatment modalities.

c. Establish a collaborative relationship with the patient/client in the planned care to include etiology, prognosis, and treatment alternatives.

d. Make referrals to other health care professionals.

e. Obtain the patients/clients informed consent based on a thorough case presentation.

	DH 201	DH 204	DH 206	DH 210	DH 212	DH 222	DH 226	DH 230	DH 270	DH 271	DH 302	DH 303	DH 304	DH 307	DH 309	DH 323	DH 324	DH 370	DH 371
PC4	X	X	X			X			X	X	X		X					X	X
PC4a	X	X	X						X	X	X			X				X	X
PC4b	X	X	X						X	X	X			X	X			X	X
PC4c	X	X	X						X	X	X							X	X

Implementation

PC.4 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. Assist in achieving oral health goals formulated in collaboration with the patient/client.

This competency includes:

a. Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions.

b. Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques.

c. Provide life support measures to manage medical emergencies in the patient/client care environment.

	DH 201	DH 204	DH 206	DH 210	DH 212	DH 222	DH 226	DH 230	DH 270	DH 271	DH 302	DH 303	DH 304	DH 307	DH 309	DH 323	DH 324	DH 370	DH 371
PC5	X	X				X			X	X	X							X	X
PC5a	X	X							X	X	X	X		X				X	X
PC5b	X	X							X	X	X			X	X			X	X
PC5c	X	X							X	X	X							X	X
PC5d	X	X							X	X	X							X	X

Evaluation

PC.5 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.

This competency includes:

a. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient/client self-report.

b. Evaluate the patients/clients satisfaction with the oral health care received and the oral health status achieved.

c. Provide subsequent treatment or referrals based on evaluation findings.

d. Develop and maintain a health maintenance program.

	DH 201	DH 204	DH 206	DH 210	DH 212	DH 222	DH 226	DH 230	DH 270	DH 271	DH 302	DH 303	DH 304	DH 307	DH 309	DH 323	DH 324	DH 370	DH 371
PGD1						X			X								X		
PGD2																	X		
PGD3						X			X	X							X		

Professional Growth and Development

PGD.1 Identify career options within health care, industry, education, and research and evaluate the feasibility of pursuing dental hygiene opportunities.

PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.

PGD.3 Access professional and social networks to pursue professional goals.

EVALUATION FORM FOR CASE PRESENTATION

Presenter_____Evaluator_____Score_____

Patient Selection Perio	**(5)** Severe	**(4)** Moderate	**(3)** Slight	**(2)** Gingivitis	**(1)** Healthy(N/A)
Risk Factors	**(5)** Smoking plus one or more risk factors	**(4)** Smoking with no other risk factors	**(3)** more than one risk factor with no history of smoking	**(2)** one risk factor with no history of smoking	**(1)** no risk factors
Calculus Class Special Needs	**(5)** CC IV or CC III with special needs	**(4)** CC III or CC II with special needs	**(3)** CC II or CC I with special needs	**(2)** CC I	
Patient's Medical/ Dental Findings Medical History Dental History Periodontal Eval Restorative Eval	**(10)** Thoroughly and correctly presents findings (including clinical attachment levels) with no errors	**(9)** At least one error or omission	**(8)** At least two errors or omissions	**(7)** At least three errors or omissions	**(6)** 4 or more errors or omissions
Radiographs Interpretation of findings Patient education	**(5)** Thoroughly and correctly presents findings on FRS; high quality radiographs; uses for patient education	**(4)** At least one error or omission; high quality radiographs; uses for patient education	**(3)** At least one error or omission; average quality radiographs; uses for patient education	**(2)** At least two errors or omissions; average quality radiographs; uses for patient education	**(1)** 3 or more errors or omissions; poor quality films; does not incorporate into patient education
Treatment Planning Sequencing Appt. scheduling Address pt. needs	**(10)** Logical sequence; adequate # of appts.; all needs addressed	**(9)** At least one error or omission; logical sequence; adequate # of appts.	**(8)** At least two errors or omissions; logical sequence; adequate # of appts.	**(7)** Three or more errors or omissions; logical sequence; inadequate # of appts.	**(6)** Inappropriate sequence of tx; inadequate # of appts.

Appropriate Therapy/Patient Education OH aids Antimicrobials Charts/ pamphlets Recommend/ Referrals Incorp. risk factors/perio dx.	**(10)** Appropriate incorporation of OH aids; appropriate use of antimi-crobials; appropriate charts/ pamphlets; necessary recommendations & referrals; incorporation of risk factors/perio disease	**(9)** At least one error or omission	**(8)** At least two errors or omissions	**(7)** At least three errors or omissions	**(6)** 4 or more errors or omissions
Reevaluation Assessment Pt. progress/ prognosis Specialist referrals Maintenance schedule	**(20)** Thorough, well-detailed; appropriate referrals; proper prognosis & maintenance schedule	**(18)** At least one error or omission	**(16)** At least two errors or omissions	**(14)** At least three errors or omissions	**(12)** 4 or more errors or omissions
Analysis of Dietary Findings Potential acid production	**(10)** Thorough analysis: no errors or omissions	**(9)** Thorough analysis; one error or omission	**(8)** Thorough analysis; one or more errors or omissions	**(7)** Partial analysis; one error or omission	**(6)** Partial analysis; one or more errors or omissions
Charts Clarity Accuracy Completion	**(5)** Enhance the presentation; prepared in a professional manner; large enough to be seen by all; accurate and complete	**(4)** Contribute to presentation; size is appropriate for reading; appropriate information is included; some material is not supported by visual aids	**(3)** Poorly prepared or used inappropriately; too small to be easily seen; listeners may be confused	**(2)** So poorly prepared that they detract from presentation	**(1)** Inaccurate or incomplete; listeners may have been misled

Overall Presentation Appearance Ability to answer questions Preparedness Grammar Eye Contact Professionalism	**(15)** Personal appearance is completely appropriate; responds to questions with enthusiasm and correct responses; prepared; no grammatical errors; correctly pronounces all words; maintains eye contact with audience, seldom returning to notes; maintains professionalism throughout; organized	**(13)** Personal appearance is appropriate; generally responsive to audience; misses some opportunities for interaction; no grammatical errors; correctly pronounces all words; maintains eye contact most of the time but frequently returns to notes	**(11)** Personal appearance is somewhat inappropriate; reluctantly interacts with audience; responds to questions inadequately; some grammatical errors and mispronunciation of words; occasionally uses eye contact, but still reads notes most of the time; audience has difficulty following presentation because student jumps around	**(9)** Personal appearance is inappropriate; does not engage audience; several grammatical errors and mispronunciations; very little eye contact; thoughts don't flow, not clear	**(7)** Personal appearance is inappropriate; avoids or discourages active audience participation; is not responsive to group; difficulty with grammar and pronunciation of words; reads all of report with no eye contact; mumbles, audience has difficulty hearing; confusing

Comments:

BITEWING RADIOGRAPHIC EVALUATION

Student:_____

Instructor:_____ Date:_____

Criteria:	SE	IE	IR
1. *Wears film badge			
2. *Wears gloves, mask, glasses and appropriate attire			
3. *Determines need for two or four bitewing radiographs			
4. *Explains the necessity of radiographs and procedure to patient			
5. *Prepares operatory prior to radiographic procedures			
6. *Selects appropriate film size for exposure			
7. *Selects appropriate technique			
8. *Prepares film so that exposure side of the film packet is adjacent to the bite-tab on the film holding device			
9. *Uses disinfected/sterilized or disposable film holding device			
10. *Prepares the patient for radiographic exposure by:			
a. removing eyeglasses and removable dental appliances			
b. draping with lead apron			
c. applying thyroid collar			
11. *Properly positions the patient for exposure:			
a. midline is perpendicular to the plane of the floor			
b. occlusal plane in the mouth closed position is parallel with the plane of the floor			
12. *Selects correct kVp, mA, and time settings for each exposure prior to placement of film packet in patient's mouth			
13. Closes all doors labeled “Close Door During X-Ray Procedures.”			
14. *Demonstrates correct placement of the film packet for exposure:			
a. positions the lower half of the film packet so the bite tab rests on the occlusal surface of the mandibular teeth			
b. stabilizes the bite tab while the patient is instructed to close slowly			
c. checks to be sure the packet is not dislodged			
d. premolar exposures -- the film packet is centered in the premolar area			
15. *Determines correct horizontal angulation to avoid overlapping			
16. *Determines correct vertical angulation to avoid elongation or foreshortening (uses			

approximately 5 to 10 positive angulation)			

Criteria:	SE	IE	IR
17. *Determines correct PID placement to avoid cone-cutting			
18. *Leaves the room during radiographic exposure			
19. *Presses exposure button for complete exposure cycle			
20. *Places exposed film in designated container in preparation for processing			
21. *Sanitizes operatory and processes film holding device in appropriate manner			
22. *Leaves equipment in proper position			
23. *Processes film			

* Critical item. Must reevaluate if missed.

SE = Self Evaluation
IE = Instructor Evaluation
IR = Instructor Reevaluation

WESTERN KENTUCKY UNIVERSITY
DENTAL HYGIENE PROGRAM

CLINIC EVALUATION FORM

Patient Name:_____ **Pt.#:**_____ **DOB:**_____		**RECALL DATE**	**Student:**_____
Consultation			Date: Sig:
ASA Classification **I II III IV**	**Patient Classification** **Pedo (0-9) Adolescent (10-21) Adult (22-54) Senior (55+) SN**		Date: Sig:
Special Needs Categories:	☐ Mental/Cog ☐ Complex Med ☐ Phys Limits ☐ Vulnerable Older		SN ☐No ☐Yes (Check category) Sig:
Calculus Classification: Pedo I II III IV Other:_____ **Perio Classification:**_____			Date: Sig:
EagleSoft® review needed? Yes or No			Date reviewed: Sig: Date reviewed: Sig:
Radiographic review needed? **[_] Yes [_] No**	**Type: [_]PAN [_]FMS [_] BW [_]Other**		Date **all** radiographs reviewed: Sig:
Treatment Completed			Date: Sig:

PROCEDURES TO BE EVALUATED: **KEY: M=MASTERY N= NON MASTERY U=UNATTEMPTED ( ) =ALLOWED ERRORS**

Visit(s)	1	2	3	4	5
DATE					
TIME IN					
TIME OUT					
Instructor Initials For Start Check					
1. Med/Dent History (2/1/1)					
2. Extra/Intra Oral Exam (2/1/1)					
3. Dental Charting (*)					
4. Periodontal Assessment (3/2/1)					
5. Calculus Detection (4/3/2)					
6. Radio Asses/Patient Needs (1/0/0)					
7. Treatment Planning (3/2/1)					
8. Reassessment (1/0/0)					
9. Periodontal Reassessment (2/1/0)					
10. Patient Education (2/1/0)					
11. Pedo (2/1/0)					
12. SRP Class I (2/1/0)					
13. SRP Class II (3/2/1)					
14. SRP Class III (5/4/3)					
15. SRP Class IV (-/6/5)					
16. Plaque and Stain Removal (2/1/1)					
17. Safety/Prevent Disease Trans (1/0/0)					
18. Patient/Time Management (2/1/1)					
19. Record Completion (2/2/1)					
20. Topical Fluoride (1/0/0)					
21. Sealants [total #:]					
22. Nitrous Oxide					
23. Intraoral Photographs					

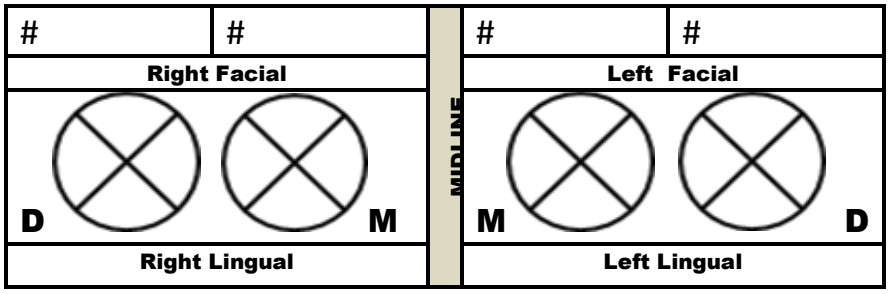
- ○ **P9 ____**
- ○ **Air Polisher ____**
- ○ **Local ____**
- ○ **CRA ____**

Faculty Comments

Student Action Needed

0-15 Items 1/0/0 * 16-30 Items 2/1/0* 31+ Items 3/2/1*

Treatment Plan



Calculus Classification: _____

AAP Periodontal Classification: _____

Check the numbered column to indicate what procedure/service you plan to complete at each visit.

PROCEDURE/SERVICES	Treatment visit(s)					
	1	2	3	4	5	6
Reassess: Medical History □ BP □ Other □						
Prerinse: Listerine® □ Chlorhexidine □ Biotene®□ Listerine zero®□						
Periodontal Reassessment						
Premedicate						
EagleSoft						
Radiographs ScanX ☐ CCD ☐ BW # ____ Horizonal ☐ Vertical ☐ FRS # ____ Occlusal____ PAN ____ PA(s) # ____						
Retakes #___ ScanX ☐ CCD ☐						
PCR						
Patient Education:						
Nitrous Oxide/Oxygen Sedation						
Local Anesthesia Topical□ Injections□ Oraqix®□						
Scale, Ultrasonic: Quadrant □ Full Mouth □						
Scale, Hand: Quadrant □ Full Mouth □						
Plaque and Stain removal: TB □ Floss □ PX Cup □ PX Brush □ Air Polisher □ ***PX paste***: coarse □ medium □ fine □ superfine □ pumice □ toothpaste □						
Teeth selected for Sealants: Dentist_____						
Fluoride: APF □ NAF □ Varnish □						
Dietary Counseling						
Subgingival Medicament Placement (e.g. Arestin ®)						
Intra/Extra Oral Photos						
Other:						
Referral for:						
Establish Recall						

Faculty Signature INITIAL plan_____ Date_____

Faculty Signature REVISED plan_____ Date_____

Toothbrush Size_____Floss____

Receptionist Signature_____

Student (Exit) Survey 2024

With respect to your Dental Hygiene Education at WKU, please answer the following questions:

		Well Prepared	Prepared	Not Prepared	Do Not Know
Goal #1 Provide an academic atmosphere conducive to the development of a high degree of scientific knowledge and clinical skill.					
1	Obtain a complete medical/dental history				
2	Recognize medical conditions that require special precautions for treatment				
3	Manage medical emergencies				
4	Take and record vital signs				
5	Perform an extra/intra oral examination and record findings appropriately				
6	Perform dental charting and accurately record findings				
7	Evaluate the periodontium and record findings accurately				
8	Develop individualized oral hygiene regimens for patients				
9	Perform dietary counseling for caries control and/or general health				
10	Follow the highest standards of asepsis and sterilization				
11	Expose and process radiographic films				
12	Develop and maintain a recall system				
13	Sharpen instruments effectively				
14	Maintain equipment				
15	Take alginate impressions				
16	Apply pit and fissure sealants				
		Well Prepared	Prepared	Not Prepared	Do Not Know
Goal #2 Prepare dental hygienists who have a strong theoretical base in the basic and psychosocial sciences, and dental hygiene science.					
1	Detect and remove calculus				
2	Use ultrasonic instrumentation for calculus removal				
3	Control pain and anxiety				
4	Perform a polishing procedure using appropriate agents				
5	Administer appropriate chemotherapeutic agents				
6	Administer appropriate topical fluoride agents				
7	Document dental hygiene treatment accurately				
8	Evaluate outcomes of dental hygiene treatment				

Student (Exit) Survey 2024 (cont).

		Well Prepared	Prepared	Not Prepared	Do Not Know
Goal #3 Prepare individuals who are capable of meeting the needs of society, dentistry, and dental hygiene now and in the future.					
1	Work effectively to solve problems, make decisions, and support members of the dental team				
2	Implement emerging technology in dental hygiene practice				
Goal #4 Prepare dental hygienists who are literate, capable of problem-solving, decision making, and motivated to be life-long learners.					
1	Effectively evaluate dental literature				
2	Stay current using evidence-based decision making				
Goal #5 Prepare dental hygienists who possess the reasoning, judgment, and leadership skills necessary to identify problems, develop solutions to problems, implement these solutions, and evaluate the effectiveness of these solutions.					
1	Formulate a dental hygiene assessment and develop a treatment plan				
Goal #6 Prepare dental hygienists who can function in the increasingly complex, interdisciplinary health care system and who are able to meet the dental hygiene care needs of the elderly, culturally diverse, disadvantaged, and physically challenged.					
1	Effectively communicate with, educate, and treat all patients from a wide variety of backgrounds				
Goal #7 Prepare dental hygienists who possess the moral and ethical values requisite for the effective performance of responsibilities within dental hygiene, dentistry, and society.					
1	Display professional and ethical conduct				
2	Establish good rapport and a caring attitude towards patients				
Goal #8 Prepare dental hygienists who are committed to contributing actively to the betterment of the profession through professional involvement and continued education.					
1	Communicate effectively with patients and other health professionals				
2	Select and attend continuing education courses that increase knowledge and skills for better patient treatment				
3	Be actively involved in your professional organization				

What areas can be improved upon?