

# Oregon Institute of Technology

## Dental Hygiene Bachelor of Science

### 2010-2011 Assessment Report

#### I. Introduction

The OIT 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. All students must complete prerequisite courses to be eligible for application to the program. Acceptance to the program is selective and limited to no more than 27 students per year.

The five-year retention and graduation rate is presented in the Table 1 below.

Class 2007	Class 2008	Class 2009	Class 2010	Class 2011
26/27(96%)	23/27 (85%)	24/25 (96%)	25/27 (93%)	26/26 (100%)

#### II. Program Purpose, Objectives, and Student Learning Outcomes

The Dental Hygiene faculty reviewed the program purpose, objectives, and learning outcomes during the fall retreat September 15-18, 2010. The faculty affirmed program's purpose and objectives. Program student learning outcomes (PSLO's) were changed to more closely reflect published standards for dental hygiene education and to more closely mirror the institution student learning outcomes (ISLOs).

##### Dental Hygiene Program Purpose

The purpose of the Bachelor of Science in Dental Hygiene program is to prepare students for entry into the dental hygiene profession and additional careers such as public health, administration, education, research, and marketing. The graduate will be prepared to enter master degree programs in dental hygiene and related programs.

##### Program Educational Objectives

1. Provide the dental hygiene student the opportunity to gain the necessary knowledge, skills, and values to enter the registered practice of dental hygiene
2. Prepare the student to sit for the National Board Dental Hygiene Examination
3. Prepare the student to take the WREB examination in dental hygiene, anesthesia, and restorative.

##### Expected Student Learning Outcomes

1. The dental hygiene graduate will be competent in applying ethical, legal and regulatory concepts in the provision and/or support of oral health care services
2. The dental hygiene graduate will be competent in ~~critical thinking and self-assessment~~ **critical thinking and problem solving related to comprehensive care and management of patients.**
3. The dental hygiene graduate will be competent in interpersonal and communication skills to effectively interact with diverse population groups
4. 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

5. The dental hygiene graduate will be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications
6. The dental hygiene graduate will ~~continue professional growth and development after graduation~~ **demonstrate competent knowledge and self-assessment skills necessary for life-long learning.**

The program also offers students experiential learning opportunities including:

- Membership in the Student American Dental Hygienists' Association (SADHA) and representation at state and national levels
- Professional meetings: Oregon Dental Conference, Oregon Dental Hygienists' House of Delegates Meeting, and American Dental Hygienists' Association Annual Meeting.
- Assessment, implementation, and evaluation of community health projects
- International trips to provide dental hygiene care to persons in third world countries
- Off campus experience: school-based screenings and presentations, health fairs, and dental clinics/offices.

### III. Six-Year Cycle for Assessment and Student Learning Outcomes

The assessment schedule for OIT student learning outcomes follows in Table 2A below:

<b>TABLE 2A: Assessment Cycle for Institutional Student Learning Outcomes</b>								
ISLO	Description	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
1	Communication (oral, written, visual)	x						x
2	Team & group work			x				
3	Professionalism & ethical practice			x				
4	Critical thinking & problem solving				x			
5	Lifelong & independent learning	x						x
6	Math knowledge & skills		x					
7	Scientific knowledge & reasoning skills					x		
8	Cultural awareness						x	

At the fall retreat September 15-18, 2010, the faculty reviewed and revised the assessment cycle. The assessment cycle follows in Table 2B below.

**TABLE 2B: Assessment Cycle for Bachelor of Science in Dental Hygiene**

ISLO	Description	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
1	The dental hygiene graduate will be competent in applying ethical, legal and regulatory concepts in the provision and/or support of oral health care services			X				
2	The dental hygiene graduate will be competent in critical thinking and problem solving related to comprehensive care and management of patients				X			
3	The dental hygiene graduate will be competent in interpersonal and communication skills to effectively interact with diverse population groups	X						
4	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		X				X	
5	The dental hygiene graduate will be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications	X				X		
6	The dental hygiene graduate will demonstrate competent knowledge and self-assessment skills necessary for life-long learning.	X						X

#### IV. Summary of 2010-2011 Assessment Activities

The Dental Hygiene faculty conducted formal assessment of two institutional student learning outcomes (ISLOs) and three program student learning outcomes (PSLOs) during 2010-2011. Table 3 summarizes the 2010-2011 assessment activities.

<b>TABLE 3: Summary of 2010-2011 Assessment Activities</b>		
<b><i>Student Learning Outcome</i></b>	<b><i>Criteria</i></b>	<b><i>Assessment Method</i></b>
<p><b>ISLO 1:</b> OIT students will demonstrate effective oral, written and visual communication</p> <p><b>PSLO 3:</b> The dental hygiene graduate will be competent in interpersonal communication skills to interact effectively with diverse population groups</p>	<ul style="list-style-type: none"> <li>• Clearly convey purpose and main ideas</li> <li>• Organize written material effectively</li> <li>• Support main ideas adequately with detail and/or research</li> <li>• Use appropriate voice, word choice and sentence structure</li> <li>• Use standard English</li> <li>• Document support correctly and responsibly</li> <li>• Use visual communication effectively</li> <li>• Demonstrate effective interpersonal skills</li> <li>• Demonstrate the ability to collaborate with others in order to plan and complete a project</li> <li>• Demonstrate fair and ethical interaction with others</li> </ul>	<p><u>Direct Assessment</u></p> <ol style="list-style-type: none"> <li>1. Oral presentation</li> <li>2. Written assignment</li> <li>3. Direct observation</li> </ol> <p><u>Indirect Assessment</u></p> <ol style="list-style-type: none"> <li>1. Graduate survey</li> </ol>
<b>ASSESSMENT POINT:</b> DH 422 and DH 381-383		
<p><b>ISLO 5:</b> OIT students will demonstrate knowledge and understanding of career development and lifelong learning.</p> <p><b>PSLO 6:</b> The dental hygiene graduate will demonstrate competent knowledge and self-assessment skills necessary for life-long learning.</p>	<ul style="list-style-type: none"> <li>• Describe short- and long-term career plans</li> <li>• Identify and discuss desired credentials and avenues for continuing education</li> <li>• Demonstrate awareness of appropriate professional societies and organizations and discuss their relationship to career development</li> <li>• Identify and discuss the concept of life-long learning.</li> </ul>	<p><u>Direct Assessment</u></p> <ol style="list-style-type: none"> <li>1. Written assignment</li> </ol> <p><u>Indirect Assessment</u></p> <ol style="list-style-type: none"> <li>1. Graduate survey</li> </ol>
<b>ASSESSMENT POINT:</b> DH 422		
<p><b>PSLO 5:</b> The dental hygiene graduate will be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications</p>	<ul style="list-style-type: none"> <li>• Provide competent dental hygiene interventions to eliminate and /or control local etiologic factors to prevent and control periodontal disease</li> <li>• Provide competent dental hygiene care to individuals at all stages of life.</li> </ul>	<p><u>Direct Assessment</u></p> <ol style="list-style-type: none"> <li>1. Tracking records</li> </ol> <p><u>Indirect Assessment</u></p> <ol style="list-style-type: none"> <li>1. Graduate survey</li> </ol>
<b>ASSESEMENT POINT:</b> DH 423		

**ISLO 1:** OIT students will demonstrate effective oral, written and visual communication.

**PSLO 3:** The dental hygiene graduate will be competent in interpersonal and communication skills to interact effectively with diverse population groups

DIRECT ASSESSMENT: ORAL PRESENTATION

Students' ability to communicate orally was assessed during fall 2010 and winter 2011 terms using an oral presentation. Students enrolled in DH422 or DH423 Dental Hygiene Clinical Practice and Seminar VIII and IX were evaluated. The instructor used a rubric created by the

OIT Communication Department and approved by the OIT Assessment Commission to assess students' performance. Twenty-six students were assessed. The following table (Table 4) summarizes the results.

<b>Performance Criteria</b>	<b>Assessment Method</b>	<b>Measurement Scale</b>	<b>Minimum Acceptable Performance</b>	<b>Results</b>
Content	Rubric-scored oral presentation	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	96%
Organization	Rubric-scored oral presentation	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	96%
Style	Rubric-scored oral presentation	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	96%
Delivery	Rubric-scored oral presentation	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	96%
Visuals	Rubric-scored oral presentation	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	88%

**Strengths:** Students' assessment scores exceeded minimum acceptable performance in all criteria.

**Weaknesses:** This assessment did not reveal any weaknesses.

**DIRECT ASSESSMENT: WRITTEN ASSIGNMENT**

Students' ability to communicate in writing was assessed during fall 2010 term using a written assignment. Students enrolled in DH422 Dental Hygiene Clinical Practice and Seminar VIII were required to write a paper of approximately 1000 words addressing the topic of career planning and lifelong learning. The instructor used a rubric created by the OIT Communication Department and approved by the OIT Assessment Commission to assess students' performance. Twenty-six students were evaluated. The following table (Table 5) summarizes the results.

<b>Performance Criteria</b>	<b>Assessment Method</b>	<b>Measurement Scale</b>	<b>Minimum Acceptable Performance</b>	<b>Results</b>
Purpose and Ideas	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	96%
Organization	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	92%
Support	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	81%
Style	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	84.6%
Conventions	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	73%

Performance Criteria	Assessment Method	Measurement Scale	Minimum Acceptable Performance	Results
Documentation	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	69%

**Strengths:** Students' assessment scores exceeded minimum acceptable performance in purpose and ideas, organization, support, and style.

**Weaknesses:** Students' assessment scores did not meet minimum acceptable proficiency in conventions and documentation.

**Plan for improvement:** Dental hygiene students receive multiple written assignments throughout the program. In order to address the deficiencies, instructors will review conventions and documentation at the time of the first written assignment and reinforce knowledge at appropriate intervals.

#### DIRECT ASSESSMENT: DIRECT OBSERVATION

The faculty assessed interpersonal skills during fall 2010 and winter 2011 terms using direct observation. Students enrolled in DH 381-82 Community Dental Health II and III were evaluated. Project advisors evaluated students' interpersonal skills during weekly meetings and during planning and implementation of community health projects. Twenty-three students were assessed. The following table (Table 6) summarizes the results.

Performance Criteria	Assessment Method	Measurement Scale	Minimum Acceptable Performance	Results	
				F-10	W-11
Interpersonal skills	Direct observation	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	95.45%	100%
Collaboration with others	Direct observation	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	91%	95.5%
Fair and ethical	Direct observation	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	100%	100%

**Strengths:** All assessment scores exceeded minimum acceptable performance.

**Weaknesses:** This assessment did not reveal any weaknesses.

#### INDIRECT ASSESSMENT: GRADUATE SURVEY

The outcomes were also assessed using a survey. Twenty-three students expected to graduate winter term 2011 completed the assessment during the last week of their final term in the program. The survey asked graduates to rate the level at which the program helped them:

1. increase writing skills, speaking skills, and interpersonal communication skills
2. provided planned educational services using appropriate interpersonal skills and education strategies to promote health
3. communicate effectively with individuals and groups from diverse populations both verbally and in writing.

The following table (Table 7) summarizes the responses.

<b>Performance Criteria</b>	<b>Assessment Method</b>	<b>Measurement Scale</b>	<b>Minimum Acceptable Performance</b>	<b>Results</b>
Writing skills	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	95.65% Ave: 3.17
Speaking skills	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.48
Interpersonal communication skills	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.57
Provide planned educational services...	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.32
Communicate effectively with individuals and groups...	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.41

**Strengths:** All respondents reported strongly agree or agree that the program helped them increase their writing, speaking and interpersonal communication skills. All respondents reported strongly agree or agree that the program helped them to be able to provide planned educational services using appropriate interpersonal skills and educational strategies to promote health and to communicate effectively with individuals and groups from diverse populations both verbally and in writing.

**Weaknesses:** No weaknesses are apparent based on survey responses.

**ISLO 5:** OIT students will demonstrate knowledge and understanding of career development and lifelong learning.

**PSLO 6:** The dental hygiene graduate will demonstrate knowledge and self-assessment skills for life-long learning.

**DIRECT ASSESSMENT: WRITTEN ASSIGNMENT**

This outcome was assessed using a written assignment during fall term. Students enrolled in DH 422 Dental Hygiene Clinical Practice and Seminar VIII were required to write a paper that addressed the following four main topics:

1. Lifelong learning
2. Professional societies and organizations
3. Credentials and continuing education
4. Short- and long-term career plans

The instructor evaluated the paper using a rubric created by the OIT Assessment Commission. Twenty-six students were assessed. The following table (Table 8) summarizes the results of the assessment.

<b>TABLE 8: Lifelong Learning</b>				
<b>Performance Criteria</b>	<b>Assessment Method</b>	<b>Measurement Scale</b>	<b>Minimum Acceptable Performance</b>	<b>Results</b>
Lifelong learning	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	100%
Professional societies and organizations	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	88%
Credentials	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	88%
Continuing Education	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	92%
Short- and long-term career plans	Rubric-scored written paper	1-4 proficiency scale according to rubric	80% achieve proficiency of 3 or 4	100%

**Strengths:** Students' assessment scores exceeded minimum acceptable performance in all criteria.

**Weaknesses:** This assessment did not reveal any weaknesses.

#### INDIRECT ASSESSMENT: GRADUATE SURVEY

The outcomes were also assessed using a survey. Students were asked to rate how the program prepared them to be competent in self-assessment skills in preparation for lifelong learning. Twenty-three students participated in the assessment. The following table (Table 9) summarizes their responses.

<b>TABLE 9: Lifelong Learning</b>				
<b>Performance Criteria</b>	<b>Assessment Method</b>	<b>Measurement Scale</b>	<b>Minimum Acceptable Performance</b>	<b>Results</b>
Self-assessment skills...	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.45

**Strengths:** All respondents reported agree or strongly agree that the program helped them to be able to continuously perform self-assessment for life-long learning and professional growth.

**Weaknesses:** Survey responses met minimum acceptable performance in all criteria. No weaknesses are apparent based on survey responses.

**PSLO 5:** The dental hygiene graduate will be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications

#### DIRECT ASSESSMENT: TRACKING RECORDS

This outcome was assessed at the completion of winter 2011 term using computer generated provider reports. During the course of the program, students report the procedures they perform, which are entered into a software program. Provider reports are generated each term and at the completion of the program to track students' progress. End of program reports were generated for twenty-six students who graduated winter term 2011. The assessment results are summarized in the following tables (Table 10 and 11).

	<b>Child</b>	<b>Adolescent</b>	<b>Adult</b>	<b>Independent Older Adult</b>	<b>Dependent/Fail Older Adult</b>	<b>Special Needs</b>	<b>Pregnant</b>
1	10	5	67	28	4	0	0
2	6	5	101	22	2	0	0
3	13	4	75	27	3	0	3
4	8	6	85	40	2	0	0
5	3	8	88	37	3	1	0
6	6	6	96	23	2	0	0
7	8	2	79	41	4	0	0
8	9	6	94	35	2	0	1
9	10	3	91	30	5	7	0
10	2	3	102	33	5	3	0
11	0	5	114	18	3	1	0
12	7	13	85	21	4	2	0
13	0	6	84	26	4	1	0
14	5	4	87	37	6	0	0
15	6	5	89	27	7	2	0
16	6	6	74	21	3	0	0
17	11	2	89	21	7	3	0
18	6	1	78	47	2	0	0
19	3	19	82	40	2	0	0
20	3	10	86	29	2	1	0
21	10	11	95	20	3	0	0
22	10	5	86	40	4	0	0
23	13	1	81	11	6	1	0
24	3	5	115	34	7	1	0
25	5	8	71	43	7	0	0
26	7	16	82	19	7	0	0
<b>AVERAGE</b>	<b>6.54</b>	<b>6.35</b>	<b>87.54</b>	<b>29.62</b>	<b>4.08</b>	<b>0.88</b>	<b>0.15</b>
<b>MAXIMUM</b>	<b>13</b>	<b>19</b>	<b>115</b>	<b>47</b>	<b>7</b>	<b>7</b>	<b>3</b>
<b>MINIMUM</b>	<b>0</b>	<b>1</b>	<b>67</b>	<b>11</b>	<b>2</b>	<b>0</b>	<b>0</b>

	<b>Healthy</b>	<b>Gingivitis</b>	<b>ADA II</b>	<b>ADA III</b>	<b>ADA IV</b>	<b>Aggressive</b>
1	6	30	29	27	18	0
2	8	25	25	29	23	0
3	9	43	23	26	16	0
4	15	48	25	33	12	0
5	4	39	49	21	20	0
6	10	56	32	17	10	0
7	2	39	30	22	30	0
8	2	44	38	29	26	1
9	4	52	29	25	28	0
10	2	58	18	35	36	0
11	0	53	35	19	27	0
12	2	50	15	31	19	0
13	0	40	21	18	37	0

	Healthy	Gingivitis	ADA II	ADA III	ADA IV	Aggressive
14	3	46	41	21	11	0
15	5	39	25	43	12	0
16	5	48	19	25	11	0
17	2	44	31	27	14	0
18	0	36	43	46	5	0
19	0	78	19	14	26	0
20	0	43	27	31	14	0
21	4	52	47	19	12	0
22	9	46	22	35	27	1
23	15	38	23	12	6	0
24	2	81	27	35	11	0
25	2	39	28	26	30	0
26	8	40	26	20	14	0
<b>AVERAGE</b>	<b>4.58</b>	<b>46.42</b>	<b>28.73</b>	<b>26.38</b>	<b>19.04</b>	<b>0.08</b>
<b>MAXIMUM</b>	<b>15</b>	<b>81</b>	<b>49</b>	<b>46</b>	<b>37</b>	<b>1</b>
<b>MINIMUM</b>	<b>0</b>	<b>25</b>	<b>15</b>	<b>12</b>	<b>5</b>	<b>0</b>

**Strengths:**

- All students have experience in providing oral health care to adolescents, adults, independent adults, and dependent adults
- All students have experience in treating gingivitis and slight, moderate, and severe periodontitis.

**Weaknesses:**

- Some students have experience in treating children, special needs patients, and women who are pregnant
- Some students have experience treating healthy periodontium and aggressive periodontitis.

**Plan for improvement:**

The program actively seeks service learning opportunities that will increase students' patient experiences.

- Students have experience with pre-school and elementary school aged children during school-based programs such as oral health screenings and fluoride and sealant programs
- Student rotations at Plum Ridge offer student experience with dependent older adults
- Older children, adolescents, and special needs are target populations for community health projects
- Migrant farm workers are another community health project target population. Persons in this population are at increased likelihood of having periodontal disease because of lack of access to care and are more likely to provide students with experiences with all types of periodontal disease.

However, many of these experiences are not included in tracking. Beginning fall 2011, a method to track community service learning experiences will be developed and implemented.

Currently, Klamath Open Door Family Practice is planning a dental program in conjunction with the Klamath County Health Department Women, Infants, and Children (WIC) program. The

plan includes utilizing dental hygiene students, which may enable students increased experiences with women of child bearing age.

Additionally, faculty believes data entry errors are responsible for some of the results. In order to reduce reporting error, the tracking data entry protocol was revised. Students are now required to input experiences into an electronic data base at the time of patient treatment. Instructors must review the entry with students before the submission is finalized.

**INDIRECT ASSESSMENT: GRADUATE SURVEY**

The outcome was also assessed winter term 2011 using a survey. Twenty-three students participated in the assessment. Students were asked to rate how the program prepared them to be competent in provision of care. The following table (Table 12) summarizes their responses.

<b>TABLE 12: Dental Hygiene Competencies</b>				
<b>Q: The OIT Dental Hygiene program prepared me to be competent in:</b>	<b>Assessment Method</b>	<b>Measurement Scale</b>	<b>Minimum Acceptable Performance</b>	<b>Results</b>
Providing dental hygiene care for the child patient	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	86.3% Ave: 3.09
Providing dental hygiene care for the adult patient	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.64
Providing dental hygiene care for the geriatric patient	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	95.4% Ave: 3.36
Providing dental hygiene care for gingivitis	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.59
Providing dental hygiene care for slight chronic periodontitis	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.64
Providing dental hygiene care for moderate chronic periodontitis	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.64
Providing dental hygiene care for advanced chronic periodontitis	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100% Ave: 3.36
Providing dental hygiene care for “refractory” periodontitis	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	81.8% Ave: 3.09
Providing dental hygiene care for aggressive periodontitis	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	77.2% Ave: 2.91

**Strengths:** All respondents reported agree or strongly agree that the program prepared them to be competent in

- providing oral
- providing dental hygiene care to adult and geriatric patients

- providing dental hygiene care for gingivitis, slight periodontitis, moderate periodontitis, and advanced chronic periodontitis.

**Weaknesses:** Survey responses met minimum acceptable performance in all criteria except in providing care for aggressive periodontitis.

**Plan for improvement:** Aggressive periodontitis is not common and obtaining experience treating the condition is unlikely. However, the program will continue efforts to recruit a wide diversity of patients, which will help increase chances of exposure to aggressive periodontitis and other uncommon conditions.

To compensate for the rarity of the condition, study of aggressive periodontitis will receive emphasis in DH 354 Periodontology. A case study will be developed and administered to students to assess their knowledge. To demonstrate competency, students must pass the case study assessment with a 75% score or better.

### **Summary of Student Learning**

**Program Student Learning Outcome 3:** Students with a bachelor's degree in Dental Hygiene must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

Strengths:

- On a four point scale, all project groups demonstrated 3 (competent) or 4 (proficient) in the areas of interpersonal skills, collaboration with others, and fairness and ethics
- On a four-point scale all graduates reported 3 (agree) or 4 (strongly agree) that the program helped them achieve competency in interpersonal skills and their ability to communicate effectively with individuals and groups from diverse populations both verbally and in writing.

Weaknesses: The assessments identified no weaknesses.

**Program Student Learning Outcome 5:** Students with a bachelor's degree in Dental Hygiene must be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications.

Strengths:

- All students have experience in treating adolescent, adult, independent adult and dependent adult patients
- All students have experience in providing oral health care for gingivitis and slight, moderated, and severe periodontitis.

Weaknesses:

- One student had no experience in providing oral health care to children. Student experiences with children ranged from 0 – 15 with an average of 4.58
- Most students had no experience providing oral health care to persons with special needs (15/26) and women who are pregnant (24/26).

Plan for Improvement:

- To reduce reporting errors, changes in tracking protocol began spring term 2011
- Beginning fall term, a method to report service learning experiences will be planned and implemented

- OIT dental hygiene department is working closely with Klamath Open Door Family Practice in planning for a dental program in conjunction with the Klamath County Health Department Women, Infants, and Children (WIC) program. The program will utilize dental hygiene students in organizational activities, education, and direct oral health care. The project will increase students' experience with women of child bearing age.

**Program Student Learning Outcome 6:** Students with a bachelor degree in dental hygiene graduate must demonstrate competent knowledge and self-assessment skills necessary for life-long learning.

Strengths:

- On a four-point scale, all students self-reported 3 (competent) or 4 (proficient) in the areas of life-long learning and short- and long-range planning; 92% in the area of continuing education; and 88% in the areas of professional societies and organizations and credentials
- On a four-point scale, all students self reported 3 (agree) or 4 (strongly agree) that the program helped them become competent in self-assessment skills.

Weakness: The assessments identified no weakness.

## V. Changes Resulting From Assessment 2009-2010

**1. PSLO # 1:** The dental hygiene graduate will be competent in applying ethical, legal and regulatory concepts in the provision and/or support of oral health care services.

**ISLO #3:** Professionalism and ethical practice

Based on assessment results, the faculty implemented plans for improvement. The following summarizes the changes.

DIRECT ASSESSMENT: EXAMINATION

During the 2009-2010 academic year, the program assessed professionalism and ethical practice using an assignment. Given a scenario, students were required to demonstrate their ability to solve ethical problems by identifying provisions, issues, involved parties, approaches, and benefits and risks. A rubric designed by the OIT Assessment Commission was used to score students' work using a scale of 1-4. Twenty-five senior students were assessed. The following table (Table 13) summarizes the results:

<b>Performance Criteria</b>	<b>Assessment Method</b>	<b>Measurement scale</b>	<b>Minimum Acceptable Performance</b>	<b>Results</b>
Provision #1	Scenario, rubric	1-4 scale, % at 3 or 4	80% at 3 or 4	24/25 = 96%
Provision #2	Scenario, rubric	1-4 scale, % at 3 or 4	80% at 3 or 4	23/25 = 93%
Provision #3	Scenario, rubric	1-4 scale, % at 3 or 4	80% at 3 or 4	23/25 = 93%
Issues	Scenario, rubric	1-4 scale, % at 3 or 4	80% at 3 or 4	16/25 = 64%
Parties	Scenario, rubric	1-4 scale, % at 3 or 4	80% at 3 or 4	16/25 = 64%
Approaches	Scenario, rubric	1-4 scale, % at 3 or 4	80% at 3 or 4	10/25 = 40%
Benefit & Risk	Scenario, rubric	1-4 scale, % at 3 or 4	80% at 3 or 4	20/25 = 80%

The course instructor teaches a different ethical problem solving approach than presented by the OIT Assessment Commission. Therefore, the rubric was not appropriate for assessing dental hygiene students' ability to solve ethical problems.

Knowledge of professionalism and ethical practice was reassessed fall term 2010 in DH275 Dental Ethics using an examination. About one week prior to administering the test, the instructor led a class discussion on ethical situations and dilemmas and gave students a reading assignment. Twenty-six students participated in the assessment. The following table (Table 14) summarizes the results.

<b>Table 14: Ethics</b>					
<b>Question</b>	<b>Type</b>	<b>Criteria</b>	<b>Correct</b>	<b>Minimum Acceptable Performance:</b>	<b>Percent</b>
<b>1</b>	Multiple choice	Situation VS dilemma	26	75% out of 100%	100%
<b>2</b>	Multiple choice	Competing values	21	75% out of 100%	81%
<b>3</b>	True/False	Confidentiality	22	75% out of 100%	85%
<b>4</b>	Short essay	Decision making	20	75% out of 100%	77%
<b>5</b>	Multiple choice	Informed consent	23	75% out of 100%	88%
<b>6</b>	Multiple choice	Reporting child abuse	25	75% out of 100%	96%
<b>7</b>	Multiple choice	Negligence	17	75% out of 100%	65%
<b>8</b>	Multiple choice	HIPAA	24	75% out of 100%	92%
<b>9</b>	True/False	Discipline	26	75% out of 100%	100%
<b>10</b>	True/False	Liability insurance	19	75% out of 100%	73%

**Analysis:** Because different assessment methods were used in 2009-2010 and 2010-2011 no direct comparison can be made.

**Strengths:**

- All students are able to differentiate between ethical situations and ethical dilemmas
- All students are able to recognize reasons that registered dental hygiene may be disciplined.

**Weaknesses:**

Assessment scores fell below minimum acceptable performance:

- Thirty-five percent of students were unable to identify what constitutes negligence
- Twenty-seven percent of students were unable to determine whether or not dentists are required to provide liability insurance for dental hygienists.

**Plan for improvement:**

Beginning fall term 2011 the instructor will place greater emphasis on the areas of negligence and liability insurance.

INDIRECT ASSESSMENT: GRADUATE SURVEY

In 2010 a survey was administered following graduation. Thirteen students participated in the assessment. The faculty determined a poor response rate may have affected the reliability of the tool. In order to improve the response rate, in 2011 the graduate survey was administered in the last weeks before graduation and class time was allocated for students to complete the survey. Sixteen students completed the survey in class and an additional eight students completed the survey out of class. The following table (Table 15) summarizes the results

Performance Criteria	Assessment Method	Measurement Scale	Minimum Acceptable Performance	Results	
				2010 n=13	2011 n=23
Discern and manage ethical issues of dental hygiene practice in a changing environment	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	84.6%	100%
Comply with state and federal laws governing the practice of dentistry and dental hygiene	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100%	100%
Applying ethical, legal, and regulatory concepts to the provision and/or support of oral health care services	Survey	4-point scale with categories strongly agree, agree, disagree, strongly disagree	80% strongly agree or agree	100%	100%

**Analysis:** Response rate increased from 52% in 2010 to to 92% in 2011 of all graduates. All responses met or exceeded minimum acceptable performance.

**2. ISLO #2: Team and group work**

Assessment of this learning outcome in 2010-2011 demonstrated a discrepancy between evaluations conducted by project advisors and students. The assessment data indicated that advisors were not always aware of group dynamics, which were reported by students. Project advisors indicated their desire to be more cognizant of group issues in order to facilitate appropriate strategies for effective team work.

During the academic year 2010-2011 instructors made an effort to be more proactive during advising sessions to obtain feedback regarding team interactions. At the end of the projects, students and advisors rated teamwork using the rubric developed by the OIT Assessment Commission.

In 2009-2010, 26 students participated in the assessment compared to 18 students in 2010-2011. Six teams were assessed both years. The following table (Table 16) compares the rubric scores for 2009-2010 with 2010-2011.

<b>TABLE 16: Teamwork Peer Evaluation</b>	<b>2009 - 2010</b>	<b>2010 - 2011</b>						
	<b>4</b>		<b>3</b>		<b>2</b>		<b>1</b>	
1. Identify and achieve goal/purpose	81%	50%	11.5%	44%	<b>7.5%</b>	<b>6%</b>	0	0
	66%	67%	34%	16%	<b>0</b>	<b>16%</b>	0	0
2. Assume roles and responsibilities as appropriate	46%	50%	42%	39%	<b>12%</b>	<b>11%</b>	0	0
	50%	67%	50%	33%	<b>0</b>	<b>0</b>	0	0
3. Interact appropriately with team/group members	58%	44%	31%	44%	<b>11%</b>	<b>11%</b>	0	0
	50%	67%	50%	33%	<b>0</b>	<b>0</b>	0	0
4. Recognize and help reconcile differences among team/group members	54%	44%	27%	44%	<b>19%</b>	<b>11%</b>	0	0
	83%	67%	0	33%	<b>17%</b>	<b>0</b>	0	0
5. Share appropriately in work of team/group	65%	33%	23%	50%	<b>12%</b>	<b>17%</b>	0	0
	33%	83%	50%	17%	<b>17%</b>	<b>0</b>	0	0
6. Develop strategies for effective action	81%	44%	11.5%	39%	<b>7.5%</b>	<b>17%</b>	0	0
	83%	67%	17%	33%	<b>0</b>	<b>0</b>	0	0

**Analysis:**

The results in 2010-2011 were not much different compared to 2009-2010. During both years students met minimum performance in all criteria. Neither student nor advisor assigned a 1 in any criteria. However, students are more likely to rate scores of 2 in all criteria than are instructors.

## Appendix A: Curriculum Maps

**ISLO 1:** OIT students will demonstrate effective oral, written and visual communication

**PSLO 3:** The dental hygiene graduate will be competent in interpersonal and communication skills to interact effectively with diverse population groups.

Courses that are shaded below indicate that the SLO above is taught in the course, students demonstrate skills or knowledge in the SLO, and/or students receive feedback on their performance on the SLO. I = Introduced; R = Reinforced; E=Emphasized

			Fall	Winter	Spring	Summer
<b>SOPHOMORE</b>						
DH	221	DH Clin Prac & Seminar I				
DH	226	Head & Neck Anatomy	R			
DH	240	Prevention I				
DH	275	Dental Ethics	I			
CHE	210	Clinical Pharmacology				
SPE	321	Small Group & Team Com				
DH	222	Clin Prac & Seminar II				
DH	237	Oral Histology & Embryology				
DH	241	Prevention II				
DH	244	General & Oral Pathology		R		
DH	252	Oral Radiology I		R		
DH	366	Dental Anatomy				
DH	223	DH Clin Prac & Seminar III			I	
DH	242	Prevention III			I	
DH	253	Oral Radiology II				
DH	254	Introduction to Periodontology			I	
DH	267	Emergency Procedures				
DH	380	Community Dental Health I				
PSY		Psychology Elective				
<b>JUNIOR</b>						
BUS	317	Health Care Management				
DH	321	DH Clin Prac & Seminar IV				
DH	340	Prevention IV	R			
DH	354	Periodontology	R			
DH	381	Community Dental Health II	R			
PSY		Psychology Elective				
DH	322	DH Clin Prac & Seminar V		R		
DH	341	Prevention V		E		
DH	351	Pain Management I				
DH	382	Community Dental Health III		E		
DH	323	DH Clin Prac & Seminar VI		E		
WRI	227	Technical Report Writing				
		Humanities Elective				
DH	323	Dental Hygiene Clin Prac & Seminar VI				
DH	344	Advanced General & Oral Pathology				
DH	352	Pain Management II				
DH	363	Dental Materials			R	
DH	370	International Externship (opt)			E	
DH	383	Community Dental Health IV				
BUS	331	Personal Finance				
DH	371	International Externship (opt)				
DH	421	DH Clin Prac & Seminar VII				R

			<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
DH	461	Restorative Dentistry I				
DH	475	DH Research Methods I				<b>R</b>
MATH	243	Introductory Statistics				
AHED	450	Instructional Methods	<b>E</b>			
DH	372	International Externship (opt)	<b>E</b>			
DH	422	DH Clin Prac & Seminar VIII	<b>E</b>			
DH	462	Restorative Dentistry II (opt)	<b>R</b>			
DH	476	DH Research Methods II	<b>R</b>			
		Communication Elective				
		Humanities Elective				
DH	423	DH Clin Prac & Seminar IX		<b>E</b>		
DH	454	Dental Practice Management		<b>R</b>		
DH	463	Restorative Dentistry III				
DH	477	DH Research Methods III		<b>R</b>		
		Humanities Elective				
		Psychology Elective				

**ISLO 5:** OIT students will demonstrate knowledge and understanding of career development and lifelong learning.

**PSLO 6:** The dental hygiene graduate will demonstrate competent knowledge and self-assessment skills necessary for lifelong learning.

Courses that are shaded below indicate that the SLO above is taught in the course, students demonstrate skills or knowledge in the SLO, and/or students receive feedback on their performance on the SLO. I = Introduced; R = Reinforced; E=Emphasized

			Fall	Winter	Spring	Summer
<b>SOPHOMORE</b>						
DH	221	DH Clin Prac & Seminar I				
DH	226	Head & Neck Anatomy				
DH	240	Prevention I				
DH	275	Dental Ethics				
CHE	210	Clinical Pharmacology				
SPE	321	Small Group & Team Com				
DH	222	Clin Prac & Seminar II				
DH	237	Oral Histology & Embryology				
DH	241	Prevention II		I		
DH	244	General & Oral Pathology				
DH	252	Oral Radiology I				
DH	366	Dental Anatomy				
DH	223	DH Clin Prac & Seminar III			I	
DH	242	Prevention III			R	
DH	253	Oral Radiology II				
DH	254	Introduction to Periodontology			I	
DH	267	Emergency Procedures				
DH	380	Community Dental Health I				
PSY		Psychology Elective				
<b>JUNIOR</b>						
BUS	317	Health Care Management				
DH	321	DH Clin Prac & Seminar IV	R			
DH	340	Prevention IV	R			
DH	354	Periodontology	R			
DH	381	Community Dental Health II				
PSY		Psychology Elective				
DH	322	DH Clin Prac & Seminar V		R		
DH	341	Prevention V		R		
DH	351	Pain Management I		I		
DH	382	Community Dental Health III		R		
DH	323	DH Clin Prac & Seminar VI				
WRI	227	Technical Report Writing				
		Humanities Elective				
DH	323	Dental Hygiene Clin Prac & Seminar VI			R	
DH	344	Advanced General & Oral Pathology				
DH	352	Pain Management II			R	
DH	363	Dental Materials				
DH	370	International Externship (opt)				
DH	383	Community Dental Health IV				
<b>SENIOR</b>						
BUS	331	Personal Finance				
DH	371	International Externship (opt)				
DH	421	DH Clin Prac & Seminar VII				R

			<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
DH	461	Restorative Dentistry I				
DH	475	DH Research Methods I				
MATH	243	Introductory Statistics				
AHED	450	Instructional Methods				
DH	372	International Externship (opt)				
DH	422	DH Clin Prac & Seminar VIII	<b>E</b>			
DH	462	Restorative Dentistry II (opt)				
DH	476	DH Research Methods II				
		Communication Elective				
		Humanities Elective				
DH	423	DH Clin Prac & Seminar IX		<b>R</b>		
DH	454	Dental Practice Management				
DH	463	Restorative Dentistry III				
DH	477	DH Research Methods III				
		Humanities Elective				
		Psychology Elective				

**PSLO 5:** The dental hygiene graduate will be competent in providing oral health care to individuals at all stages of life and for all periodontal classifications.

The following curriculum map indicates the courses where teaching and/or learning occurs and the level to which this PSLO/ISLO is taught in the program.

			Fall	Winter	Spring	Summer
<b>SOPHOMORE</b>						
DH	221	DH Clin Prac & Seminar I				
DH	226	Head & Neck Anatomy				
DH	240	Prevention I				
DH	275	Dental Ethics				
CHE	210	Clinical Pharmacology				
SPE	321	Small Group & Team Com				
DH	222	Clin Prac & Seminar II				
DH	237	Oral Histology & Embryology				
DH	241	Prevention II				
DH	244	General & Oral Pathology				
DH	252	Oral Radiology I				
DH	366	Dental Anatomy				
DH	223	DH Clin Prac & Seminar III			I	
DH	242	Prevention III				
DH	253	Oral Radiology II				
DH	254	Introduction to Periodontology			I	
DH	267	Emergency Procedures				
DH	380	Community Dental Health I				
PSY		Psychology Elective				
<b>JUNIOR</b>						
BUS	317	Health Care Management				
DH	321	DH Clin Prac & Seminar IV	R			
DH	340	Prevention IV	R			
DH	354	Periodontology	R			
DH	381	Community Dental Health II				
PSY		Psychology Elective				
DH	322	DH Clin Prac & Seminar V		E		
DH	341	Prevention V		R		
DH	351	Pain Management I				
DH	382	Community Dental Health III				
DH	323	DH Clin Prac & Seminar VI		E		
WRI	227	Technical Report Writing				
		Humanities Elective				
DH	323	Dental Hygiene Clin Prac & Seminar VI			E	
DH	344	Advanced General & Oral Pathology				
DH	352	Pain Management II				
DH	363	Dental Materials				
DH	370	International Externship (opt)				
DH	383	Community Dental Health IV				
<b>SENIOR</b>						
BUS	331	Personal Finance				
DH	371	International Externship (opt)				
DH	421	DH Clin Prac & Seminar VII				E
DH	461	Restorative Dentistry I				
DH	475	DH Research Methods I				

			<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
MATH	243	Introductory Statistics				
AHED	450	Instructional Methods				
DH	372	International Externship (opt)				
DH	422	DH Clin Prac & Seminar VIII	<b>E</b>			
DH	462	Restorative Dentistry II (opt)				
DH	476	DH Research Methods II				
		Communication Elective				
		Humanities Elective				
DH	423	DH Clin Prac & Seminar IX		<b>E</b>		
DH	454	Dental Practice Management				
DH	463	Restorative Dentistry III				
DH	477	DH Research Methods III				
		Humanities Elective				
		Psychology Elective				

## Appendix B: Assessment Tools

<b>OIT Dental Hygiene Program Interpersonal Skills Rubric</b>				
	<b>Novice (0)</b>	<b>Beginner (2)</b>	<b>Competent (4)</b>	<b>Proficient (6)</b>
<b>Effective interpersonal skills</b>	Rarely cooperates with others; displays bias to cultural differences; rarely considers perspectives and opinions of others	Sometimes cooperates with others; sometimes considers perspective and opinions of others	Generally cooperates with others regardless of cultural differences; generally considers perspectives and opinions of others	Always cooperates with others regardless of personal or cultural differences; always considers perspectives and opinions of others
<b>Collaboration with others</b>	Rarely contributes positive input and resource materials to group discussions; rarely assists the integration of group ideas into a coherent product	Sometimes contributes positive input and resource materials to group discussions; sometimes assists the integration of group ideas into a coherent product	Generally contributes positive input and resources materials to group discussions; always assists the integration of group ideas into a coherent product	Always contributes positive input and resources materials to group discussions; always assists the integration of group ideas into a coherent product
<b>Fair and Ethical</b>	Rarely attends meetings; rarely participates in constructive conflict resolution; rarely completes tasks within assigned time	Sometimes attends meetings; always participates in constructive conflict resolution; sometimes completes tasks within the assigned time	Generally attends meetings; generally participates in constructive conflict resolution; generally completes tasks within the assigned time	Always attends meetings; always participates in constructive conflict resolution; always completes tasks within the assigned time
<b>Individual Score:</b>			<b>Total Team &amp; Individual Score:</b>	

## OIT Team and Group Work Rubric, p. 1

Performance Criteria	No/Limited Proficiency (1)	Some Proficiency (2)	Proficiency (3)	High Proficiency (4)
<b>Identify and Achieve Goal/purpose</b>	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.	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.	Group shares common goals and purpose. Some priorities may be unrealistic or undocumented. Group achieves goal.	When appropriate, realistic, prioritized and measurable goals are agreed upon and documented and all team members share the common objectives/purpose. Team achieves goal.
<b>Assume Roles and Responsibilities</b>	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	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.	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.	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.
<b>Interact Appropriately</b>	Members do not communicate openly and respectfully. Members do not listen to each other. Communication patterns foster a negative climate that undermines teamwork and contributes to a lack of trust and low morale. Humor used is not appropriate.	Members may not consistently communicate openly and respectfully. Members may not listen to each other. Humor used may not be appropriate at times.	Members usually communicate openly and respectfully. Members often listen to most ideas. Members usually support and encourage each other. Humor used is generally appropriate.	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. Humor used is always appropriate and motivating.

## OIT Team and Group Work Rubric, p. 2

Performance Criteria	No/Limited Proficiency (1)	Some Proficiency (2)	Proficiency (3)	High Proficiency (4)
<b>Reconcile Differences</b>	Members do not welcome disagreement. Difference often results in voting. Decision processes increase ego involvement. Subgroups are present.	Few members welcome disagreement. Difference often results in voting. Decision processes reduce ego involvement. Some members respect and accept disagreement and work to account for differences. Subgroups may be present.	Many members welcome disagreement and use difference to improve decisions. Decision processes reduce ego involvement. Most members respect and accept disagreement and work to account for differences. Subgroups rarely present.	All members welcome disagreement and use difference to improve decisions. Decision processes reduce ego involvement. All members respect and accept disagreement and employ effective conflict resolution skills. Subgroups absent.
<b>Share Appropriately</b>	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.	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.	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)	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.
<b>Develop Strategies for Effective Action</b>	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.	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.	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.	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.

<b>OIT Essay Rubric</b>					
<b>Performance Criteria</b>	<b>No Proficiency (0)</b>	<b>Limited Proficiency (1)</b>	<b>Some Proficiency (2)</b>	<b>Proficiency (3)</b>	<b>High Proficiency (4)</b>
<b>Purpose and Ideas</b>	Writing lacks focus. Purpose and main ideas are unclear and require extensive inferences from the reader.	Writing has limited focus. Purpose and main ideas are unclear and require some inferences from reader.	Reader can discern the purpose and main ideas although they may be overly broad or simplistic.	Writing is clear and focused. Reader can easily understand the purpose and main ideas.	Purpose and main ideas are exceptionally focused, clear, and interesting.
<b>Organization</b>	Writing lacks organizational structure or is too short to demonstrate organizational skills. Introduction, body, or conclusion may be missing.	Organizational structure is present but unclear. Introduction and conclusion may be underdeveloped or too obvious.	Order and structure are present but overly formulaic. Introduction and conclusion may be underdeveloped or too obvious.	Order and structure are clear and easy to follow. Introduction draws in the reader and conclusion brings satisfying closure.	Order and structure are compelling and move the reader through the text easily. Introduction draws in the reader and conclusion brings satisfying closure.
<b>Support</b>	Development is insufficient. Most supporting details are irrelevant or repetitious.	Development is minimal. Some supporting details are irrelevant or repetitious.	Supporting details are relevant, but are limited or rather general. Support may be based on clichés, stereotypes, or questionable sources or evidence.	The main ideas are well developed by supporting details. When appropriate, use of outside sources provides credible support.	Main ideas are well developed by strong support and rich details. When appropriate, use of outside sources provides strong, credible support.
<b>Style</b>	Voice is inappropriate for topic, purpose, and audience. Wording is incorrect and detracts from meaning. Overall, sentences are choppy, rambling, and awkward.	Voice is inappropriate for topic, purpose, or audience. Wording is monotonous or detracts from impact. Sentences tend to be choppy, rambling, and awkward.	Voice is inconsistent for topic, purpose, and audience. Wording is quite ordinary, lacking interest, precision, and variety, and may rely on clichés. Sentences tend to be mechanical rather than fluid with an overuse of simple sentence structures.	Voice is generally appropriate for topic, purpose, and audience. Generally, wording conveys message in an interesting, precise, and natural way. Sentences are carefully crafted with variations in structure.	Voice is appropriate for topic, purpose, and audience. Wording is fresh and specific, with a striking and varied vocabulary. Sentences are highly crafted, with varied structure that makes reading easy and enjoyable.
<b>Conventions</b>	Errors often impede readability. Substantial editing needed.	Numerous errors in usage, spelling, punctuation, and/or grammar. Errors sometime impede readability. Substantial editing needed.	Writing contains punctuation, spelling, and/or grammar errors, but they do not impede readability and are not extensive. Moderate need for editing.	Writing demonstrates control of standard writing conventions and uses them effectively to enhance communication. Few errors.	Writing demonstrates strong control of standard writing conventions and uses them well to enhance communication. Very few or no errors.
<b>Documentation</b>	Documentation is not present.	Documentation has major errors.	Documentation has frequent errors.	Documentation is correct except for a few errors.	Documentation is meticulous.

Rubric created by the OIT Communication Department and approved by the OIT Assessment Commission, February 2009.

<b>OIT Public Speaking Rubric</b>				
<b>Performance Criteria</b>	<b>No/Limited Proficiency (1)</b>	<b>Some Proficiency (2)</b>	<b>Proficiency (3)</b>	<b>High Proficiency (4)</b>
<b>Content</b>	Few or no attributed sources. Supporting materials lack credibility and/or don't relate to thesis. Limited or no attempt to inform or persuade.	Some attributed sources used. Supporting materials are somewhat credible and/or don't clearly relate to thesis. Attempt to inform or persuade.	Adequate number of credible and appropriately attributed sources used. Supporting materials relate to thesis. Informs or persuades.	A variety of credible and appropriate sources used. Supporting materials relate in an exceptional way to a focused thesis. Informs or persuades.
<b>Organization</b>	Lacks organizational structure. Introduction and/or conclusion missing. No transitions used.	Organizational structure present but unclear with underdeveloped introduction and conclusion. Transitions are awkward.	Appropriate organizational pattern used and easy to follow with developed introduction and satisfying conclusion. Main points are smoothly connected with transitions.	Organizational pattern is compelling and moves audience through speech with ease. Introduction draws in the audience and conclusion is satisfying. Main points are smoothly connected with transitions.
<b>Style</b>	No understanding of audience regarding topic or purpose of speech. Little enthusiasm and passion for topic. No regard for time constraints.	Some understanding of audience regarding topic or purpose of speech. Some enthusiasm and passion for topic. Some regard for time constraints.	Competent understanding of audience regarding topic and purpose. Enthusiasm and passion for topic. Speech given within time constraints.	Thorough understanding of audience regarding topic and purpose. Clear enthusiasm and passion for topic. Speech given within time constraints.
<b>Delivery</b>	No gestures or eye contact. Monotone voice or insufficient volume. Little poise. Reading of notes only. Abundant oral fillers and nonverbal distractions.	Some gestures and eye contact. Ineffective use of language and voice. Little poise. Heavy reliance on notes. Multiple oral fillers and nonverbal distractions.	Adequate use of gestures, eye contact, language, and voice. Poised with minor reliance on notes. Limited oral fillers and nonverbal distractions.	Effective use of gestures, eye contact, vivid language, and voice to add interest to speech. Poised with use of notes for reference only. No oral fillers and nonverbal distractions.
<b>Visuals</b>	No visuals or poorly-designed and documented visuals that distract from speech or do not create interest. Limited reference to visuals or so much reference delivery is hindered.	Visuals present, but simply designed with limited use of documentation. Visuals are referred to but do not create interest. Visuals may interfere with delivery.	Well-designed and documented visuals that clarify speech and create interest. Visuals are referred to and sufficiently discussed, while not interfering with delivery.	Well-designed and documented visuals that clarify speech, create interest, and hold attention of the audience. Visuals are sufficiently discussed and effectively integrated into speech.