Strategies for Assessing Students’ Progress Toward Competency

ADEA Regional Accreditation Workshop Series

Bill Hendricson MS, MA, MEd
Assistant Dean, Education & Faculty Development
UTHSCSA Dental School
Hendricson@uthscsa.edu
(210) 567-0436

Use the 2013 Self Study Guide

Today’s Agenda
Context for CODA 2013: current assessment concepts
A new assessment dimension: components of dental practice and overall readiness for general dentistry
Implications of 2013 standards for organization of clinical education
Tips: writing standards 2-5 & 2-23
Let’s talk points & requirements: writing standard 5-4
**Sources: Competency Assessment**


Leung. Competency-Based Medical Training. BMJ. 2002; 32.


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**CBE Planning Process**

1. **Reference Standards**
2. What do entry-level DDS need to KNOW & DO? Competencies
3. What learning experiences help students obtain the competencies? Operationalize
4. What EVIDENCE will we accept as proof of competency? Outcomes


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**Assessment Principles in Competency-Based Education**


Purposes of Assessment?
Certify readiness for unsupervised patient care (Agent of Public Trust)

Milestones
Monitor progress toward competency
Are students hitting expected developmental stages along the path to competency?


Certify Practice Readiness
Comprehend Foundations  Progress Toward Competence

Key Assessment Decisions
How do you make progression decisions?
How do you certify who is ready for practice?

Readiness for What?
Readiness for Independently Practiced General Dentistry?
Readiness to Graduate from Dental School?
Miller's Pyramid of Competency Training Pathway

Safely and efficiently closes incisions on patients without assistance

Closes an incision on a model; narrates technique & answers questions

Explains how to place sutures to close an incision

Knows suture materials & instruments used to close incisions

Knows how to apply knowledge

Shows how to “safe” practice

Assess work performance

Assess use in controlled situations OSCE, lab projects, simulations, clinical assisting

Assess knowledge application Extended essays, Case based MCQ, Oral exams

Assess comprehension: MCQ, Short answer essay, Matching

EXAMPLE – Competency Assessment Map

Patient Assessment, Diagnosis and Treatment Planning

CODA Standards: 2-23a (Patient Assessment & Diagnosis); 2-23b (Comprehensive Treatment Planning)

Dental School Competency Domains: 5 & 6

5: Graduates must be competent in patient assessment and diagnosis (educational outcomes on PDEC pg. 9)

6: Graduates must be competent in comprehensive treatment planning and assessment of treatment outcomes (educational outcomes on PDEC pg. 10)

<table>
<thead>
<tr>
<th>DS 1</th>
<th>DS 2</th>
<th>DS 3</th>
<th>DS 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments in Radiology</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
</tr>
<tr>
<td>Radiography</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
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<tr>
<td>Clinical skills exam, OSCE in Oral Medicine</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
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<td>Patient Assessment, Dx &amp; TxP progression assessment after TxP block at start of DS3</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
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<td>DS4 Portfolio: Present and defend cases in GPG Wed conferences</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
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<tr>
<td>Assessments in Dental Radiography</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
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<td>Oral Medicine OSCE in Physical Evaluation 2</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
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<td>Radiographic Interpretation Exams</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
</tr>
<tr>
<td>Monthly progress assessment for competency domains 5 &amp; 6</td>
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<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
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<td>Patient assessment skill exams (2)</td>
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<td>Case based review of systems and comprehensive history</td>
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<tr>
<td>Perio: Assessment, Dx and TxP GCE</td>
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<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
</tr>
<tr>
<td>Remediaion &amp; re-take for students who do not pass PA / Dx / TxP OSCE</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
<td>Case based review of systems and comprehensive history</td>
</tr>
</tbody>
</table>

GCE = Graded Clinical Examination

CATs = Critically Appraised Topic Summaries

DEC = Dental Emergency Clinic

OSCE = Objective Structured Clinical Exam (station exam)
Assessment Decisions
Readiness for Practice

<table>
<thead>
<tr>
<th>Student IS Competent</th>
<th>Student is NOT Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass (Promote, Graduate)</td>
<td>Correct Decision</td>
</tr>
<tr>
<td>Fail (Remediate, Dismiss)</td>
<td>False Negative</td>
</tr>
</tbody>
</table>

Correct Decision
False Positive
False Negative
Correct Decision


Why Do We Have False Positives & False Negatives?

- Factors that Influence Assessment
  - Evaluator inconsistency
  - Patient / assessment circumstance inconsistency
  - Nature of experts & expert judgment
  - Teacher role perceptions: “coach vs. cop”
  - Inconsistent interaction / observation
  - Quality of data collection instruments & evidence that is collected (reliable & valid?)
  - Perceptions of “competence”
  - Are we assessing the right things?

Albino. Assessing Dental Students’ Competency. JDE. 2008; 72(12).
Are We Assessing the Right Things?

It's more important to measure the right skills with less than perfect precision than to assess less important skills with perfect precision. John Tukey, 1952

We measure what we value. Our tests tell us who we are as a profession. George Miller, 1984; 1990.

What is Competence?

What is Competence?

Biomedical Knowledge
Professional & Ethical Values
Personal Characteristics and Work Habits
Clinical Skills
Mental Capacities (Problem Solving)


Wider Net Should Include:
Assessment of students' performance during community experiences / rotations
CODA 2013 Standard 2-23

• “Programs should assess overall competency, not simply individual competencies in order to measure the graduate’s readiness to enter the practice of general dentistry.” DEP Standards, 2013; pg. 45

Standard 2-23 Description; Pg. 46

# 3: Describe how students are assessed in each of the areas (a. through 0.). Describe how students’ overall competency is assessed to determine the graduate’s readiness to enter the practice of general dentistry.

New Focus: Components & Overall Domain of General Dentistry

Professional competence is more than demonstration of isolated competencies. When we see the whole, we see its parts differently than when we see them in isolation.

What is a “General Dentist”? What is your school’s definition of General Dentistry?

CODA 2013 Indicates that General Dentistry Has 27 Components

**Professional Role, Demeanor, Values**
(N = 12; 44%)

**Patient Care / Clinical Skills**
(N = 15; 56%)

<table>
<thead>
<tr>
<th>Std</th>
<th>Role, Demeanor, Values (12)</th>
<th>Assessment</th>
</tr>
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<tbody>
<tr>
<td>2-09</td>
<td>Use critical thinking in patient care, inquiry and research</td>
<td></td>
</tr>
<tr>
<td>2-10</td>
<td>Use self-assessment to develop competency</td>
<td></td>
</tr>
<tr>
<td>2-14</td>
<td>Apply biomedical science knowledge in patient care</td>
<td></td>
</tr>
<tr>
<td>2-15</td>
<td>Apply behavioral sciences &amp; patient-centered approaches to promote, improve &amp; maintain oral health</td>
<td></td>
</tr>
</tbody>
</table>
| 2-16 | • Manage a diverse patient population  
 • Skills for multicultural work environment (CC) | |
| 2-17 | • Practice Mgmt: regulatory, principles  
 • Health care delivery models | |
| 2-18 | • Function as oral health care team leader | |
| 2-19 | IPE: Collaborate with other health care team members | |
| 2-20 | Apply ethical decision-making & professional responsibility | |
| 2-21 | EBP: Access, critically appraise, apply, communicate | |
| 2-22 | Provide oral health care to patients in all life stages | |
| 2-24 | Assess Tx needs of patients with special needs | |
|  | a | Patient assessment, dx, comprehensive TxP, prognosis & informed consent |
|  | b | Screening and risk assessment of head & neck cancer |
|  | c | Recognize complexity of patient Tx & identify when referral is indicated |
|  | d | Health promotion & disease prevention |
|  | e | Anesthesia, and pain & anxiety control |
|  | f | Restoration of teeth |
|  | g | Communicate & manage dental lab procedures in support of patient care |
|  | h | Replacement of teeth: fixed, removable & dental implant prosth therapy |
|  | i | Periodontal therapy |
|  | j | Pulpal therapy |
|  | k | Oral mucosal & osseous disorders |
|  | l | Hard & soft tissue surgery |
|  | m | Dental emergencies |
|  | n | Malocclusion & space management |
|  | o | Evaluation of Tx outcomes, recall strategies & prognosis |

**So, How Do We Accomplish Both Component & Overall (Domain) Assessment?**

![Diagram](image-url)
2-23a Composite Data; Class of 2012; All Students

<table>
<thead>
<tr>
<th>Evaluated Performances (20)</th>
<th>Year</th>
<th>1st Attempt</th>
<th>Ultimate Pass</th>
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</thead>
<tbody>
<tr>
<td>Oral Medicine Competency Assessment in DIAG 6035 (2)</td>
<td>2</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Full Mouth Radiographic Survey (3)</td>
<td>3</td>
<td>97%</td>
<td>100%</td>
</tr>
<tr>
<td>Radiographic Interpretation (2)</td>
<td>3</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>Online Examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portfolio Review / Presentations (3): Complex, Implant &amp; South Texas</td>
<td>3 &amp; 4</td>
<td>91%</td>
<td>97%</td>
</tr>
<tr>
<td>TMD Occlusal Assessment &amp; TMJ Function</td>
<td>3 &amp; 4</td>
<td>89%</td>
<td>100%</td>
</tr>
<tr>
<td>Periodontal Assessment, Diagnosis and Plan for Therapy (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Presentations (3): Prosth, CAT/E&amp;BP and Elder Care Unit</td>
<td>4</td>
<td>91%</td>
<td>100%</td>
</tr>
<tr>
<td>Dental Emergency Care (2)</td>
<td>3 &amp; 4</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Mock WREB: PA &amp; TxP</td>
<td>4</td>
<td>86%</td>
<td>97%</td>
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</tbody>
</table>

CBE Bedrock: Individual Component Credentialing

<table>
<thead>
<tr>
<th>Dental School Competencies</th>
<th>SA Comp</th>
<th>CODA 2013 Std</th>
<th>Assessment (Credentialing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate ethical reasoning &amp; professional responsibility</td>
<td>1</td>
<td>2-20</td>
<td></td>
</tr>
<tr>
<td>Use critical thinking &amp; problem-solving during patient care</td>
<td>2</td>
<td>2-9</td>
<td></td>
</tr>
<tr>
<td>Self-assess performance</td>
<td>3</td>
<td>2-10</td>
<td></td>
</tr>
<tr>
<td>Apply biomedical knowledge during patient assessment &amp; treatment</td>
<td>4</td>
<td>2-14</td>
<td></td>
</tr>
<tr>
<td>Perform patient assessment &amp; diagnosis</td>
<td>5</td>
<td>4-23a</td>
<td>Based on What Evidence?</td>
</tr>
</tbody>
</table>


2-23a Credentialing for Student XYZ

<table>
<thead>
<tr>
<th>Evaluated Performances (20)</th>
<th>Year</th>
<th>Appraisal / Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Medicine Competency Assessment in DIAG 6035 (2)</td>
<td>2</td>
<td>P NP P</td>
</tr>
<tr>
<td>Full Mouth Radiographic Survey (3)</td>
<td>3</td>
<td>S E E</td>
</tr>
<tr>
<td>Radiographic Interpretation (2)</td>
<td>3</td>
<td>P P</td>
</tr>
<tr>
<td>Online Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portfolio Review / Presentations (3): Complex, Implant, South Texas</td>
<td>3 &amp; 4</td>
<td>S E E EC</td>
</tr>
<tr>
<td>TMD Occlusal Assessment &amp; TMJ Function</td>
<td>3 &amp; 4</td>
<td>P</td>
</tr>
<tr>
<td>Periodontal Therapy Part I: Assessment, Diagnosis and Plan for Therapy (3)</td>
<td>3 &amp; 4</td>
<td>S S E</td>
</tr>
<tr>
<td>TnP Case Present: (3) Prosth, CAT &amp; Elder</td>
<td>4</td>
<td>S NI S S</td>
</tr>
<tr>
<td>Dental Emergency Care (2)</td>
<td>3 &amp; 4</td>
<td>S E</td>
</tr>
<tr>
<td>Mock WREB: Patient Assessment &amp; TxP</td>
<td>4</td>
<td>P</td>
</tr>
<tr>
<td>Monthly Progress Assessments</td>
<td>3 &amp; 4</td>
<td>E or S January - May</td>
</tr>
</tbody>
</table>
Where is the Evidence for Each Student To Support Decisions?

Assessments

Comprehensive Profile For Each Student

Individualized Comprehensive Profile (ICP)

Student's profile includes:
• Procedures/experiences linked to 2-23
• Results for evaluations for 2-23 a - 0
• Results of evals for 2-14 to 2-22 & 2-24
• Inventory of 2-25 CSL experiences
• Monthly progress reports (Aug - May)
• Students’ DS4 Learning Plan
• Final evals from rotations
• Incident reports / disposition
• Remediation reports
• Group Leader year-end summary letter

So, How Do We Accomplish Both Component & Overall (Domain) Assessment?

27 Component Competencies

Overall Readiness for General Dentistry Practice
Methods for Overall Assessment of General Dentistry Readiness

1. Competency Documentation Portfolio
2. Capstone OSCE / Triple Jump Exercises
3. In-school “residency” with fidelity to General Dentistry / Comprehensive Patient Care (longitudinal observation by same set of faculty)
4. Monitor / proctor oversight system (with ICP)

Competency Portfolio

- Exemplary (best) work vs. representative work
- Linked to CODA standards
- What types of evidence?
- Self assessment & other reflection exercises
- Student generated learning plan / objectives
- What % of overall assessment? – must have “teeth”
- Final review panel & criteria

Assess Overall Readiness With Longitudinal Observation By Core Faculty Group For 2+ Years

ADEC CCI. Assessing Students’ Competency. JDE. 2008
Lee. Competency-Based Training. BMJ. 2002
General Practice Groups (GPGs)

GPG Community
1. GPG Leader-General Dentist
2. GPG Assist Leader-Gen Dentist
3. Prosthodontist
4. Operative Dentistry
5. PT faculty (2015: 7/week)
6. On-call consultants (1 per floor)
7. Patient Care Coordinator
8. Patient Scheduler
9. Dental Assistant
10. 2015: 4 Dental Hygiene students
11. 12-13 DS3s
12. 12-14 DS4s
13. 1000+ patients in each GPG

2 Yr Observation
1. D4 Progress Assessments
2. D4 Graded Clinical Exams
3. Patient outcomes
4. Daily feedback
5. Monthly Progress Reports
6. Productivity / chairtime
7. Mock WREB
8. Professionalism
9. Rotation evals: OS, Pedo, FQHC, Sp
10. Case Presentations
11. Portfolio of cases / projects
12. South Texas Experience
13. GPG Seminar

Overall Assessment

Monthly Progress Evals
Component Certify
DS 3 to 4 Progression
Readiness Certification
Today’s Agenda
Context for CODA 2013: current assessment concepts
A new assessment dimension: determining overall readiness for general dentistry
Implications of 2013 standards for organization of clinical education
Tips: writing standards 2-5 & 2-23
Let’s talk points & requirements:
writing standard 5-4

The dental education program must employ student evaluation methods that measure its defined competencies

Writing Standard 2-5: Overview
1. Your definition of general dentistry
2. Refer (link) to your DS competencies
3. Introduce your assessment model (one para):
   – Measure acquisition of foundations: K, S & V
   – Evaluate progress toward competence
   – Certify (credential) readiness to graduate [ultimate evaluation of competence]
**Outline for Standard 2-5**

- Overview statement of how your assessment model works
- Display graphic to depict your assessment model
- Describe types of assessments used for FOUNDATIONS
- Describe assessments for PROGRESS toward competency
- Describe assessments for FINAL CERTIFICATION of competency
- Clear description of how year-to-year progression decisions are made
- Links to all formative & summative assessment forms
- **Risk assessment process to detect struggling students**

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**2-23 Overview statement (1-2 paragraphs)**

- Reference back to assessment model described in std 2-5. Provide link & summarize key concepts
- Present NBDE Part 2 outcomes for past 7 yrs (Table)
- Describe format for narrative response to each component of Std 2-23; a – o (consistent format)
- Display universal competencies (from your competency document) that apply to all 2-23 a-o (Table)

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**Writing 2-23 – Con’t**

For each component (a – o)

- Your competencies which address that component; a - o
- Synopsis of foundational curriculum for acquisition of competency
- Describe assessments for foundations (Brief; refer to map)
- Describe independently performed clinical evaluations in yrs 3 & 4 to determine students’ progress toward competency
- Describe how final certification of competency is determined
- Provide assessment maps in appendices; one for each competency
- Appendices: All competency evaluation forms for 2-23 a-o (linked to master table of major assessments)
Self-Assessment Worksheet for 2-5 & 2-23

NOTE: 2-23 New / Revised Standards
b) screening and risk assessment for head and neck cancer
c) recognizing the complexity of patient treatment and identifying when referral is indicated
g) communicating and managing dental laboratory procedures in support of patient care
h) replacement of teeth including fixed, removable and dental implant prosthodontic therapies

Standard 5 – 4
Use of Points & Requirements in the Assessment of Students

2 Sides to the Coin
Skill Acquisition
Preparation/Precursors
Prompted Practice (Reps)
Perform Personally (Solo)
Persistent Performance
Perfecting (Refining)
Plateau
Ericsson. Acad Med. 2004; 570-581

“I’ve spent 3 appointments doing stuff for you that don’t benefit me. I need you show up when you are supposed to, so I can start work on you that will earn me points that I need or I’m going to have to drop you.”
Comparing 2008 & 2013

2008: Quantitative criteria for student advancement & graduation must not compromise delivery of comprehensive patient care.
• Describe the school’s philosophy on comprehensive patient care.
• How are patients assured of receiving comprehensive care?

2013: Quantitative criteria for student advancement & graduation must not compromise delivery of comprehensive patient care.

5-4  The use of quantitative criteria for student advancement & graduation must not compromise the delivery of comprehensive patient care. (2013)

A. Description:
Describe the school’s philosophy on comprehensive patient care. How are patients assured of receiving comprehensive care?
Describe how patients are assured of best practices care and not care related to quantitative requirements.
Comment on the effectiveness of the system in place to ensure that all students encounter the specified types of patient/clinical conditions needed for the clinical objectives to be met.

B. Supportive Documentation:
List of clinical requirements & clinical competency exams required for graduation.

Full Disclosure – We Have These Requirements & Deadlines

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Academic Year</th>
<th>Required Units</th>
<th>Deadlines</th>
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<tbody>
<tr>
<td>XYZ</td>
<td>DS3</td>
<td>6</td>
<td>Dec 1</td>
</tr>
<tr>
<td>XYZ</td>
<td>DS4</td>
<td>3</td>
<td>Feb 1</td>
</tr>
<tr>
<td>Etc</td>
<td></td>
<td></td>
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**UTHSCSA-DS Table 2-25-3 (2012 SSR)**

**Major Examinations of Competencies**

Table 2-25-3: Primary Clinical Skill Evaluation Measures To Assess Student Progress Toward Competency for Standard 2.25.1 - a.

<table>
<thead>
<tr>
<th>Component</th>
<th>Evaluations of Students’ Independent Performance of Clinical Skills</th>
<th>Year</th>
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<tbody>
<tr>
<td>a. Patient assessment</td>
<td></td>
<td>3</td>
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<tr>
<td>Improvement</td>
<td>Oral Medicine Compendium Assessment in SAW-003 (2)</td>
<td>3</td>
</tr>
<tr>
<td>Improvement</td>
<td>Radiographic Interpretation (5) – Online Examination</td>
<td>3</td>
</tr>
<tr>
<td>Improvement</td>
<td>Patient (6) and Patient (7)</td>
<td>4</td>
</tr>
<tr>
<td>Improvement</td>
<td>Patient (8) and Patient (9)</td>
<td>4</td>
</tr>
<tr>
<td>Improvement</td>
<td>Patient (10) and Patient (11)</td>
<td>4</td>
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<td>Improvement</td>
<td>Thailand Visit Assessment and TNP-Kaoru</td>
<td>4</td>
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<tr>
<td>Improvement</td>
<td>Professional Therapy PTL, Assessment, Diagnoses, and Plan for Therapy</td>
<td>4</td>
</tr>
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<td>Improvement</td>
<td>Dental Emergency Care</td>
<td>4</td>
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<tr>
<td>Improvement</td>
<td>Waiver W/ID: Patient Assessment and Treatment Planning</td>
<td>4</td>
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<tr>
<td>Improvement</td>
<td>Daily Assessment of Patient’s General Development &amp; Progression</td>
<td>4</td>
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<tr>
<td>Improvement</td>
<td>Weekly Assessment of Professional, Ethics &amp; Progress Toward Competency and Identification of Necessary Progress</td>
<td>4</td>
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<tr>
<td>Improvement</td>
<td>Weekly Assessment of Professional, Ethics &amp; Progress Toward Competency and Identification of Necessary Progress Toward Competency Assessments</td>
<td>4</td>
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<tr>
<td>b. Treatment Planning</td>
<td></td>
<td>3</td>
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<td>Improvement</td>
<td>Portfolio Presentations (2) Complex Patient (2) and Patient (3)</td>
<td>3</td>
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<tr>
<td>Improvement</td>
<td>Presentation of Diagnoses and Treatment Planning</td>
<td>3</td>
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<tr>
<td>Improvement</td>
<td>Diagnostics and Treatment Planning</td>
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<td>Waiver W/ID: Patient Assessment and Treatment Planning</td>
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<tr>
<td>Improvement</td>
<td>Daily Assessment of Patient’s General Development &amp; Progression</td>
<td>4</td>
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<tr>
<td>Improvement</td>
<td>Weekly Assessment of Professional, Ethics &amp; Progress Toward Competency and Identification of Necessary Progress Toward Competency Assessments</td>
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</tbody>
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**5 – 4 Narrative (4 pages)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Documents (Append)</th>
<th>Narrative</th>
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<tbody>
<tr>
<td>How training &amp; assessment system works vis-a-vis patient care</td>
<td>1/2 pg</td>
<td></td>
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<tr>
<td>Comprehensive Care Policy</td>
<td>Yes</td>
<td>½ pg</td>
</tr>
<tr>
<td>Standards of Care</td>
<td>Yes</td>
<td>½ pg</td>
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<tr>
<td>Patient screening and selection</td>
<td>Flowchart</td>
<td>½ pg</td>
</tr>
<tr>
<td>How are patients scheduled and by who?</td>
<td>Flowchart</td>
<td>½ pg</td>
</tr>
<tr>
<td>Policy on patient transfer among students</td>
<td>Flowchart</td>
<td>½ pg</td>
</tr>
<tr>
<td>Patient outcome assessment data; patient completion data</td>
<td>Tables</td>
<td>½ pg</td>
</tr>
<tr>
<td>Patient satisfaction data</td>
<td>Table</td>
<td>½ pg</td>
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</tbody>
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**UT Health Science Center STD 5 – 4 Self - Assessment**

1. Does the clinic function as a patient-first facility?
2. Is patient selection & scheduling managed by faculty?
3. Is patient scheduling based on the patients’ TxP, unless in an emergency situation or WIC emergency clinic?
4. Is Tx based on an approved TxP that is accessible in the patient management system for inspection?
5. Is Tx sequence altered to benefit students’ acquisition of requirements / points or facilitate an assessment?
6. Are students’ assessments based on Tx needs of patients at that point in time?
7. After initiation of Tx, are some patients discontinued because they no longer meet the training needs of students?
National Issue: Students’ Understanding of Assessment

Students see competency assessments as “Requirements” rather than as measurements of progress.

Students do not understand how overall (global) assessments are calculated; often convoluted.

Level playing field issues related to point accumulation.

Group practice model increases student perception of low calibration.

Assigning grading vs. assessing competency.

Final Thoughts

What is the school’s definition of General Dentistry?

How would we describe our methods to ensure calibration of faculty?