The CDHBC Quality Assurance Program (QAP) for dental hygienists was developed in response to changes in the Health Professions Act that require B.C. health professions to establish a quality assurance program which contains an assessment component.

The Quality Assurance Program (QAP) is the result of considerable effort, work and research by the Board, Quality Assurance Committee and staff of CDHBC. It is our hope that the QAP strikes a satisfactory balance between the requirement to provide public protection and assurance, and the needs of CDHBC registrants.

All registrants in practicing registration categories must participate in the Quality Assurance Program and use the QAP Assessment Tool. The following guides contain helpful information to assist registrants in preparing to use the QAP Assessment Tool and Online Learning Plan.
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a. Health Professions Act
In 1995, dental hygiene became a self-regulating profession in B.C. under the Health Professions Act (HPA). At this time, dental hygienists gained their own college and the responsibility of electing/appointing dental hygienists and public members to sit on the Board and manage the affairs and regulation of dental hygienists in B.C.

Since 1995, all other health professions have gradually been added to the Health Professions Act; there are now 26 professions regulated under the HPA.

The primary function of the colleges is to govern the practice of their members in the public interest by ensuring their members are qualified, competent and following clearly defined standards of practice and ethics. All colleges administer processes for responding to complaints from patients and the public and for taking action when it appears one of their registrants is practicing in a manner that is incompetent, unethical, illegal or impaired.

In 2005, the HPA was amended to require that colleges develop and implement a Quality Assurance Program. In 2005, the CDHBC started working to develop a Quality Assurance Program (QAP) for dental hygienists. The first cohort entered the QAP in 2013. By 2018, all registrants will have been transitioned into the QAP.

b. Mandate to Protect the Public
The mandate of CDHBC at all times is to serve and protect the public. The College is entirely accountable to the Minister of Health to carry out this mandate. All CDHBC initiatives, including the Quality Assurance Program, carry a great responsibility to demonstrate public protection and accountability.

In an effort to balance the ultimate measures of public protection with what is reasonable and manageable for dental hygienists, CDHBC determined a set of Guiding Principles for the development of the QAP (see p.3).

c. Development Process
The QAP was developed by dental hygienists for dental hygienists, and takes into consideration the unique attributes of the dental hygiene profession. Between 2005 - 2012, the Board, Quality Assurance Committee and CDHBC staff reviewed options for a viable QAP and worked on the development of a program that would be suitable for the profession of dental hygiene.

d. Objectives
The objectives of the QAP are to meet the following legislative requirements of the Health Professions Act:
- establish and maintain a Quality Assurance Program to promote high practice standards among registrants;
• establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice among registrants;
• establish, monitor and enforce standards of professional ethics among registrants;
• promote and enhance the ability of registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues.

e. Guiding Principles
The following statements reflect the fundamental values and beliefs that guide development of all aspects of the Quality Assurance Program.

1. The goal of the Quality Assurance Program is public protection.
• The mandate of the College is to protect the public by developing, regulating, and advocating safe and ethical dental hygiene practice.
• The QAP is designed to ensure that registrants maintain a safe level of practice which will promote public safety and confidence.

2. The Quality Assurance Program will be evidence-based and cost effective.
• The QAP will use proven methods and levels of practice assessment that strike a balance between efficiency and effectiveness and can be managed with available CDHBC resources.

3. Maintaining and enhancing competence is the responsibility of the registrant.
• The profession of dental hygiene embraces life-long learning.
• Under the Health Professions Act and College Bylaws, registrants are responsible for ensuring that their practice is evidence-based and current, which includes addressing emerging issues and incorporating advances in technology into their practice.

4. All dental hygienists registered in practicing categories will be required to participate in the Quality Assurance Program.
• Accountability is an essential characteristic of a self-regulating profession.
• The College acknowledges that dental hygienists have a variety of practice settings; however, the entry-level competencies are the foundation of all dental hygiene practice.
• It is important to note that registration provides registrants with the ability to practice the entire scope of practice.

5. The materials that inform registrants about the Quality Assurance Program will be clear, concise and accessible.
• Registrants will be provided with useful tools that provide feedback and support.
• Materials will clearly explain the process and policies.

6. Participation in the Quality Assurance Program is intended to be reasonable and manageable for registrants.
• The College recognizes the diversity of dental hygiene practice and practice settings.
• The program will not present an unreasonable burden to registrants.

7. The Quality Assurance Program will be evaluated regularly.
• Feedback will be collected and evaluated in order to ensure that the QAP continues to meet the needs of the public and registrants.
• Advances in research and technology will be considered and incorporated as appropriate.

d. Evaluation and Future Developments
During the Pilot phases, the proposed QAP was evaluated, revised as appropriate and finalized. Registrant feedback was an important part of the QAP development; ongoing evaluation of the QAP continues to shape the quality assurance process.

Registrants are encouraged to embrace these new tools and find ways to incorporate these concepts into their day-to-day practice and professional development. The Online Learning Plan (OLP) includes easy methods of providing feedback to registrants and the CDHBC.

The following table provides a summary of the results of the first three cohorts who completed the QAP Assessment Tool.

<table>
<thead>
<tr>
<th></th>
<th>2015 Cohort</th>
<th>2014 Cohort</th>
<th>2013 Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Registrants who Completed the QAP</td>
<td>466</td>
<td>454</td>
<td>471</td>
</tr>
<tr>
<td>Number who Met the Threshold</td>
<td>458</td>
<td>441</td>
<td>435</td>
</tr>
<tr>
<td>Number who did not Meet the Threshold</td>
<td>8 (2%)</td>
<td>13 (3%)</td>
<td>25 (5%)</td>
</tr>
<tr>
<td>Met Threshold on Second Attempt</td>
<td>7</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>Did not Meet Threshold on Second Attempt</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
a. What is the Quality Assurance Program (QAP)?

The QAP for dental hygienists was developed in response to changes in the Health Professions Act that require B.C. health professions to establish a Quality Assurance Program, which includes a method of practice assessment.

The intent of the QAP is to provide a public protection mechanism via utilization of reliable assessment methods to ensure that our registrants maintain a level of quality practice throughout their careers. It will also support registrants in their pursuit of continuing professional development.

b. Who needs to participate in the QAP?

All registrants in practicing registration categories must participate in the Quality Assurance Program.

c. How will the QAP differ from the Continuing Competency system?

Below is a summary chart of the QAP vs. the previous Continuing Competency cycle:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>NEW QAP</th>
<th>OLD CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle Length</td>
<td>5 Years</td>
<td>3 Years</td>
</tr>
<tr>
<td>CC Credits Required</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Assessment Tool</td>
<td>QAP Assessment Tool</td>
<td>None</td>
</tr>
<tr>
<td>Professional Development</td>
<td>Individual Online Learning Plan Module/ directed &amp; self-directed Continuing Competency</td>
<td>Self-directed Continuing Competency</td>
</tr>
<tr>
<td>Jurisprudence</td>
<td>Online Jurisprudence Education Module (JEM)</td>
<td>Regulation Assessment (Registrant’s Handbook)</td>
</tr>
</tbody>
</table>

Ideal Five-Year Quality Assurance Program (QAP) Cycle

- **YEAR 1**: Preparation and review for completion of the QAP Assessment Tool for the next 5-year cycle
  - Jurisprudence Education Module (JEM) must be completed once during each 5-year cycle
  - Online Learning Plan (OLP): Registrants are required to develop learning goals, plans, and complete reflections for the GLP and are encouraged to do the same for the SDLP

- **YEAR 2-4**: Completion of Online Learning Plan (OLP)
  - Self-Directed Learning Plan*: Activities may occur in conjunction with the GLP at any time during the 5-year cycle
  - Guided Learning Plan (GLP): Activities are based on lowest scoring categories from the QAP Assessment Tool results

- **YEAR 5**: Reflection on GLP and development of SMART Learning Goals in OLP
  - Quality Assurance Program (QAP) 5-Year Cycle: Complete QAP Assessment Tool between Jan-Feb during 1st year of each 5-year QAP cycle

- The Last Day Of February every year is the deadline for CDHBC Registration Renewal

- **75 Continuing Competency Credits should ideally be completed within the first 4 years of the cycle. This allows time for review and preparation for the QAP Assessment Tool in Jan/Feb of the first year of the next QAP five-year cycle.

- *SDLP activities are not linked to QAP Assessment Tool results and may be selected based on interest or a self-identified practice need.

- **75** Continuing Competency Credits should ideally be completed within the first 4 years of the cycle. This allows time for review and preparation for the QAP Assessment Tool in Jan/Feb of the first year of the next QAP five-year cycle.
The QAP learning cycle follows an ADPIE process. The diagram below demonstrates how the QAP Assessment Tool fits into this process:

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### 3. QAP Assessment Tool

#### a. What is the purpose of the QAP Assessment Tool?

The QAP Assessment Tool was designed specifically to: meet the requirement under the *Health Professions Act* for an assessment of registrants’ practice quality, thus promoting public confidence and protection; provide useful feedback to registrants regarding their current knowledge of foundational dental hygiene competencies.

It is widely accepted that medical knowledge has a relatively short half-life, usually estimated between two to five years; this means that two years from the day of graduation, half of the information learned by health professionals becomes obsolete. In addition, rapid changes in health care technology and research challenge the health professional to constantly update and add to his/her expertise.

Dental hygienists need to be aware of new techniques and knowledge that may impact oral health and the services they render to clients. The completion of an assessment tool once every five years provides evidence and assurance to the public that dental hygienists are up-to-date and continually demonstrate a level of measurable competence, and are not relying solely on knowledge that was gained when they first entered the profession.

#### b. What is the QAP Assessment Tool, and where did it come from?

The QAP Assessment Tool is an online, 75-question assessment tool that will be completed by all registrants once every five years. The QAP Assessment Tool is completed at a time and place convenient to the individual and will be open-book, completed individually in a timed 2.5-hour period. The QAP Assessment Tool will measure registrants’ knowledge of foundational dental hygiene competencies and provide feedback to registrants that may help guide Continuing Competency choices during their five-year cycle.

The QAP Assessment Tool was developed by dental hygienists for dental hygienists in partnership with the National Dental Hygiene Certification Board (NDHCB). The items on the QAP Assessment Tool were selected to suit practicing dental hygienists and are largely case-based, real-world dental hygiene practice scenarios.

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e. How does the QAP help registrants?

The QAP strives to balance the needs of the public with the needs of registrants. The Online Learning Plan has been developed as part of the QAP to provide registrants with a useful tool that provides feedback and support for personal professional development.

The Online Learning Plan (OLP) is a place for registrants to create SMART learning goals, develop action plans, record their Continuing Competency activity credits and reflect on learning. Registrants will be able to log in to their OLP and update their information anytime from anywhere, eliminating the need to submit paper records.

All recent graduates will be assigned specific content categories within their OLP that must be completed prior to the end of their 5-year QAP cycle. A recent graduate is defined as an individual who has: successfully completed an accredited dental hygiene program within the previous year, successfully completed the National Dental Hygiene Certification Examination (NDHCE) within the previous year, and has not been previously registered to practice dental hygiene in another jurisdiction.
c. When do registrants have to complete it?
The QAP Assessment Tool is completed at the start of the five-year QAP cycle, during January or February. Completion of the QAP Assessment Tool is a mandatory requirement and the first attempt must be completed before registration renewal will be allowed; the renewal deadline is the last day of February. Results of the QAP Assessment Tool will be incorporated into each registrant’s Online Learning Plan and will inform the guided learning process.

d. How much does it cost?
The QAP Assessment Tool cost is $125 (plus tax) for each attempt and is paid by credit card prior to taking the Assessment Tool. Please note that registrants pay this fee directly to NDHCB.

Note: The QAP cycle length was extended by two years (75 CC credits in five years instead of three) to balance the impact of the time and cost to registrants.

e. How should a registrant prepare to take the QAP Assessment Tool?
Every registrant may choose to prepare differently for the QAP Assessment Tool. Some registrants may find it helpful to consider the skills and knowledge that they already have in order to determine areas for review. The QAP Assessment Tool Preparation Guide has been created to help registrants with this process and is provided with this Information Guide.

f. How do registrants get their results, and what should they do next?
Following completion of the QAP Assessment Tool, registrants can review their results via the new Online Learning Plan (OLP) module; incorrect responses will be grouped by category, and the registrant will be able to view the areas that the QAP Assessment Tool identifies as needing improvement. Registrants then use the OLP to create learning plans and assign areas for improvement to learning goals and continuing education activities.

g. What happens if a registrant is not successful?
In the case of an unsuccessful result on the QAP Assessment Tool, a registrant will be granted a second attempt that must be completed within 60 days of the first attempt. The registrant will be responsible for paying an additional $125.00 (plus tax) to NDHCB for the second attempt at the QAP Assessment Tool. In the case of a second unsuccessful attempt, the registrant will be contacted to confirm results and will be partnered with an assessor, who will work with the registrant to conduct a further practice assessment and develop appropriate learning goals. The following diagram illustrates the process in the event of an unsuccessful attempt.

*Professional Performance Review process may include: on-site assessment, clinical examination, remedial education, etc. and is assessed and determined on an individual basis.
4. Professional Development Tools

a. Online Learning Plan
The CDHBC Online Learning Plan (OLP) is a component of the current Registrant Intranet. Since 2010, registrants have been able to access their registration information online, including providing contact updates, registration renewal and updating Continuing Competency credits.

The OLP is a section where each registrant can review their QAP Assessment feedback and log their Continuing Competency activities. In addition, the OLP will provide a user-friendly interface to receive feedback on the QAP Assessment Tool and to use the new professional development tools to create learning goals and log learning activities.

b. Why set learning goals?
Goal setting is a powerful technique used by professionals and successful individuals in many different fields. Learning goals provide a purpose and direction to one’s professional development and identify the expected results of activities. Goals heighten performance levels by setting targets and help to determine priorities, get organized and make decisions.

c. How is a learning goal created?
In order to write a meaningful goal, it is necessary to have an understanding of one’s abilities relative to the demands of their professional role.

A helpful guideline is using the SMART goal components:

Specific: detailed enough to clearly define what you are trying to achieve

Measurable: includes criteria so that you will know when you have achieved it

Action Oriented: the course of action to achieve the goal is clear

Realistic: should be practical and achievable – consider what you are willing and able to work towards

Time Constrained: the goal should have a definite deadline and consider the limits of available resources

SMART learning goal samples may be found in the “Helpful Resources” section of this OLP information Guide.

d. Guided vs. Self-Directed Learning Goals
The QAP Assessment Tool will provide registrants with feedback on the weaker areas of knowledge as measured by the QAP Assessment Tool. Those areas which are identified as needing improvement are considered to be “guided” learning areas. Registrants will utilize their QAP Assessment Tool feedback to create individualized goals that will help them improve their knowledge of that area of practice. Guided learning goals will be required areas of learning and may be audited by the CDHBC.

It is likely that most of the Learning Goals will be self-directed and determined individually by registrants. These goals are entirely for personal and professional benefit of registrants’ ongoing professional development to improve dental hygiene practice. Registrants may use the self-directed goal setting as a planning tool for ongoing continuing education.

The CDHBC encourages registrants to develop self-directed learning goals as part of their ongoing commitment to life-long learning and quality assurance.

e. Learning Reflection
It is well established that an important part of learning is reflection. Some examples of learning reflection include considering the following questions about the learning activity: What worked well? What didn’t? Were the results as expected? What would I do differently next time? How will I incorporate this learning into my practice?

The intent of learning reflection is to incorporate evaluation into one’s learning process.

In accordance with the Health Professions Act, information collected from registrants during the QAP may only be used for the purpose of the QAP. The QAP is not intended to be a punitive process, but rather a means to help registrants maintain and increase the quality of dental hygiene in B.C.
5. Continuing Competency

a. What are acceptable Continuing Competency activities?


Registrants are encouraged to complete learning activities that are of appropriate depth to address each learning goal and should contact CDHBC if there are questions or requests for credits not specifically described in the current guidelines.

b. Are registrants required to do certain activities?

Each registrant will be required to acquire 75 Continuing Competency credits within their five-year QAP cycle, which has been extended to five years from the previous three-year Continuing Competency cycle. Registrants will continue to make their own choices and decisions regarding continuing education activities.

Feedback from the QAP Assessment Tool is intended to assist registrants in making their continuing education choices. Registrants in QAP cycles are required to link categories identified as needing improvement to their GLP learning goals and activities over the five-year QAP cycle. It is up to each registrant to determine the activity and the time spent on each activity that best suits their individual learning needs.

The College acknowledges that maintaining and enhancing professional competence is the responsibility of the registrant, and that life-long learning is embraced by the dental hygiene profession.
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APPENDIX A 14
Practical Preparation Tips

APPENDIX B 15
Optional Self-Reflection Checklist
1. QAP Assessment Tool Overview

a. Format

The QAP Assessment Tool is an online, open-book assessment consisting of 75 questions that are designed to measure registrants’ knowledge, application and critical-thinking abilities related to dental hygiene practice.

Registrants will have a maximum of two-and-a-half hours to complete 75 questions (in one sitting) once they begin the Assessment Tool.

Questions will be presented in multiple choice format. Each question will describe a scenario or situation and will be followed by a list of four possible answers. The task for the registrant is to choose the one answer (A, B, C or D) that s/he believes to be the best answer to each question. Only consider the information being asked in the question, and choose the best answer.

Some of the questions are presented in case study format which will consist of a more detailed description of a client and may include radiographs and/or intraoral photos. Cases may represent a clinical or community health situation, followed by a series of three to six multiple choice questions that relate to that particular case. There will be options to enlarge radiographs and intraoral photos within the Tool.

Questions on the QAP Assessment Tool will be presented using on-the-fly technology, which means that the computer will pull from a larger question “bank” and present a selection of questions in random sequence. This is a security measure to ensure that no two registrants will receive the same items in the same order.

b. Content

The QAP Assessment Tool questions were developed from a comprehensive description of the categories and competencies of entry-level dental hygiene practice in accordance with the National Dental Hygiene Certification Examination (NDHCE) Blueprint document. Competencies can also be described as “skills” or “abilities,” and there are a total of 151 dental hygiene competencies that form the basis of the QAP Assessment Tool.

The classification of the competencies is based on the familiar concept of the Dental Hygiene Process of Care Model as follows:

<table>
<thead>
<tr>
<th>ASSESSMENT &amp; DIAGNOSIS</th>
<th>Collects, critically analyses data and interprets data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLANNING</td>
<td>Formulates goals and objectives, selects dental hygiene interventions/services, and validates the dental hygiene care plan.</td>
</tr>
<tr>
<td>IMPLEMENTATION</td>
<td>Activates the dental hygiene interventions/services defined in the dental hygiene care plan.</td>
</tr>
<tr>
<td>EVALUATION</td>
<td>Appraises the effectiveness of the dental hygiene interventions/services and professional competence.</td>
</tr>
</tbody>
</table>

The full list of competencies can be reviewed within the NDHCB Examination Blueprint (found at: http://media.wix.com/ugd/30c219_ca2bdcba38c74a94965fe67165228237.pdf) and are also included in list format as an optional preparation tool in Appendix B of this guide.
Questions on the QAP Assessment Tool have also been grouped into six dental hygiene content categories and 21 subcategories. Feedback that is provided to registrants via their CDHBC Online Learning Plan (OLP) will be grouped into the following categories:

A. Biological Sciences
   1. General & oral microbiology/infection control
   2. Biochemistry/nutrition/diet counseling

B. Social Sciences
   1. Psychology/sociology
   2. Communication principles/behaviour management strategies

C. Dental Sciences
   1. Head, neck, oral & dental anatomy
   2. General & oral embryology/histology
   3. Radiography knowledge & interpretation
   4. General & oral pathology
   5. Dental materials

D. Dental Hygiene Clinical Practice
   1. Health assessment/pharmacology (prescribed & non-prescribed)
   2. Periodontology (including assessment, diagnosis)
   3. Non-surgical dental hygiene therapy, including instrumentation (hand & powered) & ergonomics
   4. Care of special needs population
   5. Pain management & control
   6. Primary prevention strategies, including oral self-care
   7. Emergency prevention & interventions

E. Community
   1. Public health practice, including programming & client advocacy
   2. Health promotion & wellness strategies
   3. Research/epidemiology/statistics

F. Professional Issues
   1. Ethics & jurisprudence (including legislation, regulation, documentation)
   2. Collaborative relationships/referrals/administration/practice management

c. Scoring

Scoring of the QAP Assessment Tool is based on an evidence-based, psychometrically validated method called the Modified Angoff Method. This method of scoring considers many factors such as previous question performance results, question difficulty and overall selection of questions randomly drawn on each QAP Assessment Tool. This means that each individual QAP Assessment Tool will have a unique successful level that is determined by the computer, based on the combination of questions completed by each individual.

d. Results

Immediately following completion of the QAP Assessment Tool, registrants will be able to review their results and the questions that they answered incorrectly. A 1/2 hour is provided for this review. It will be important for registrants to give themselves enough time at the completion of the QAP Assessment Tool to review their incorrect answers, as this will be the only opportunity to do so. After logging off from the QAP Assessment Tool, registrants will be able to view their feedback by content category in their OLP. Once the registrant exits the page where incorrect answers can be reviewed, they will proceed to a new page where the final grade will be posted; more information about the OLP can be found in the next section.
2. Getting Prepared

How to prepare to take the QAP Assessment Tool is a very individual decision and process. The competencies contained in the QAP Assessment Tool are based upon foundational dental hygiene knowledge that is encompassed in the scope of dental hygiene practice in BC. It is expected that registrants already have the knowledge and experience to successfully complete the QAP Assessment Tool, but may need some feedback on areas that are not up-to-date or that could be improved.

The QAP Assessment Tool was designed to measure registrants’ knowledge at an entry level to assure the public that our registrants continue to meet competence levels throughout their careers.

The items on the QAP Assessment Tool are largely case-based, real-world dental hygiene practice scenarios. The QAP Assessment Tool is an “open book” assessment to acknowledge that registrants’ day-to-day, real-world practice may require that they look up the current recommendations for unusual or infrequently seen practice scenarios.

Below are three suggestions that may assist registrants in preparing to take the QAP Assessment Tool.

Registrants are encouraged to choose the method of preparation and amount of time to prepare that suits their personal needs. The following methods are only suggestions, and actual preparation is at each registrant’s individual discretion.

a. Review Competencies & Course Content Categories

The QAP Assessment Tool is based on the six Content Categories and 151 dental hygiene competencies (see Appendix B). Registrants should review these competencies and categories so that they can feel prepared to take the QAP Assessment Tool.

While this may seem to be an overwhelming task, registrants should remember that they already have the foundational knowledge of dental hygiene, and items on the QAP Assessment Tool are generally presented in a case scenario.

See Optional Self-Reflection Checklist:

Appendix B contains the list of dental hygiene competencies in a self-reflection checklist. Registrants may wish to consider their current knowledge of each category and competency to help identify areas for review.

b. Review Up-to-Date Resources

The QAP Assessment Tool items all have correlating resources. The four main resources that registrants may wish to consult are:


It should be noted that there is no requirement to own these resources; registrants may choose to borrow or share books with other registrants, hold informal study groups, etc.

c. Complete the Online Preparation Test

Another optional method of preparation is to take the online NDHCB Preparatory Test; there are several versions available at http://www.ndhcb.ca/#/prep-test/c12u2. The Preparatory Test is available on-demand for a fee and is eligible for Continuing Competency credits in the Preparation for QAP Assessment Tool category. Completion of the Preparatory Test will provide registrants with familiarity of the process and format of the QAP Assessment Tool. Additionally, completion of the Preparatory Test may help registrants to determine knowledge areas that would be helpful for them to review prior to taking the QAP Assessment Tool.

Registrants in the QAP Pilot groups and the first three QAP cohorts found that completion of the NDHCB Prep Test helped them to feel more prepared and familiar with the format of the QAP Assessment Tool.

Registrants may claim up to 15 CC credits for preparation for the QAP Tool. Further information can be found in the Learning Activities and Credit framework:

3. Taking The QAP Assessment Tool

a. Plan & Prepare

Registrants can take the QAP Assessment tool anytime between the first week of January and the last day of February of the first year of their five-year QAP cycle. Completion of the QAP Assessment Tool is a prerequisite of registration renewal and must be completed before renewal will be allowed. The cost of the QAP Assessment Tool is $125 + tax; registrants will be required to pay by credit card online. The fee is paid directly to NDHCB.

Registrants will be allowed a maximum of 2.5 hours to complete the QAP Assessment Tool and 30 minutes to review results. Once a registrant begins, the Tool must be completed within the time allowed during that session; there will be no opportunity to pause the timing or to log-out for breaks. Therefore, registrants should choose an appropriate time and location when they will not be likely to be interrupted or distracted within the given time period.

Because the QAP Assessment Tool is open-book, registrants may wish to have a resource book or website available during their session.

The College has developed a resource titled QAP Assessment Tool Quick Tips. This resource is intended to provide registrants with accessible, concise tips to help optimize the user’s experience with the QAP Assessment Tool. The Quick Tips document may be reviewed on the CDHBC website at the following link: http://www.cdhbc.com/Professional-Development/Quality-Assurance/CDHBC_QAP_Quick_Tips_Dec11_2014.aspx

b. Technical Requirements

Registrants can access the QAP Assessment Tool on any computer using all standard, recent versions of internet browsers (i.e., Firefox, Google Chrome). High-speed internet connectivity is highly recommended but not required.

c. Security & Login

Registrants who are eligible to take the QAP Assessment Tool will receive a secure login ID via email. Once logged in to the QAP Assessment Tool, registrants will follow the step-by-step instructions to complete the Tool within a 2.5-hour timed session, which must be completed in one sitting.

Registrants must complete the QAP Assessment Tool on an individual basis and may not receive help, advice or assistance from any other person when completing the QAP Assessment Tool.

Note that registrants are not permitted to reproduce, copy, save or share in any way any of the content of the QAP Assessment Tool in order to help preserve its integrity. It is a very serious offence to breach security or confidentiality of the QAP Assessment Tool; registrants will be required to agree to a security Statement of Understanding prior to beginning the QAP Assessment Tool.

Each QAP Assessment Tool and all of the items will be updated regularly to ensure content relevance and security.

d. Answering Questions

Items are presented in the form of multiple choice questions. Each question will describe a scenario or situation and will be followed by a list of four possible answers. The task for the registrant is to choose the one answer that s/he believes is the best answer to each question. When reading the questions, be sure to only consider the facts and context provided to help guide your answer selection. Some questions may incorporate radiographs and/or intraoral photos. There will be tools incorporated that allow for enlarging the image for easier viewing.

Sample questions, answers and rationale may be reviewed on the NDHCB website at the following link: http://media.wix.com/ugd/30c219_81b7a669ef2741daed57274ca8886576.pdf

e. Reviewing Results

Immediately following completion of the QAP Assessment Tool, registrants will have 30 minutes to review the questions that were answered incorrectly. After reviewing the incorrect questions, registrants can move to the next screen in order to receive indication of their success on the QAP Assessment Tool.

Note: This is the only opportunity registrants will have to review the questions. Once the registrant has left this page, there is no way to retrieve the information again.

Security note: Registrants are not permitted to reproduce, copy or share the questions on the QAP Assessment Tool. CDHBC appreciates that this process may be inconvenient for registrants, but this is an important security feature to help preserve the integrity of the QAP Assessment Tool.
4. How To Use The QAP Assessment Tool Results

Results of the QAP Assessment Tool will be incorporated into each registrant’s CDHBC Online Learning Plan (OLP). Each question on the QAP Assessment Tool corresponds to a dental hygiene Content Category. Each registrant’s lowest scoring area (by Content Category) will be added to the guided learning section in their OLP. Registrants who score low in many areas will have more areas that require them to develop guided learning plans. The OLP also includes a self-directed learning section which registrants can use to address their own personal learning goals and record their Continuing Competency activities. See the next section for more information.

Appendix A: Practical Preparation Tips

Before

• Ensure that the computer you plan to use is technically capable and has secure Internet access (not shared WiFi) with an appropriate connection speed. If you are borrowing a computer or Internet access, check that the equipment is reliable and does not contain any unusual security settings or defaults that may disrupt your session.

• If using a laptop computer, be sure it is fully charged or plugged in so that your session can be completed in one sitting.

• Remember to have the QAP Assessment Tool website URL/address, your login ID and password.

• Find a quiet place that will be free of disruptions and distractions for 2 to 2.5 hours.

• Gather your resources; this is an open-book assessment. Registrants are welcome to access a current textbook or Internet resources during the session. (If you intend to consult Internet-based resources, take care when navigating and closing windows to avoid inadvertently closing or disrupting your QAP Assessment Tool session.)

• You may want to have a pen and paper.

• Before beginning your QAP Assessment Tool, take the Assessment Tutorial to learn the features and navigation of the QAP Assessment Tool.

• If you choose, have the QAP Assessment Tool Quick Tips nearby for reference on how to navigate the QAP Tool.

During

• Remember that it is required for registrants to complete the QAP Assessment Tool individually and with no help from any other person.

• Be sure to read all directions carefully.

• Read each question twice: the first time to familiarize yourself with the scenario and what is being asked, and a second time to confirm your full understanding of the question. Only consider the facts and context being presented in each question prior to selecting your answer.

• Keep track of your 2.5 hour time limit (a timer is provided on the QAP Assessment Tool). You may wish to use time management strategies, such as skipping the more difficult questions until you have answered the easier ones; the QAP Assessment Tool will allow you to bookmark and skip questions if you need to come back to them.

• When selecting an answer, sometimes the choices may seem similar, or you may find yourself stuck between two options; when having difficulty figuring out the right answer, try a different tactic such as eliminating the obviously wrong answers.

• If you finish early, review your answers and be sure you didn’t miss any questions. You can also go back to review questions that you have bookmarked.

• You must complete the QAP Tool without any assistance from others.

After

• Immediately after submitting the completed QAP Assessment Tool, you will have an opportunity to review the questions that were answered incorrectly, along with the rationale for each question. At this time you are permitted to make handwritten notes of the subject areas that you found difficult, confusing or want to include in your future learning plans, but it is not permitted to copy, save or reproduce the questions or answers.

• You will have 30 minutes to review the results. Take this time as you will not be able to review the results again after the 30 minutes has elapsed or if you proceed to the next screen.

• Following this screen reviewing incorrect answers, there will be a screen informing you of your overall QAP Assessment Tool result; by the following day, the result will be imported into your CDHBC Online Learning Plan so that you can use the feedback to inform your Continuing Competency activities.

• Registrants will be asked to complete a short survey providing feedback on the experience upon completion of the QAP Assessment Tool.
The following self-reflection checklists have been developed as tools for registrants to assist in preparation for the QAP Assessment Tool and in the development of QAP learning plans. Completion of these checklists may assist registrants in identifying their strong and weak areas of knowledge. Use the ratings on this page in combination with the Dental Hygiene Competencies self-reflection review on the following pages to target areas for further study.

<table>
<thead>
<tr>
<th>CONTENT CATEGORY</th>
<th>RATE YOUR KNOWLEDGE (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Needs Refresher (1)</td>
</tr>
<tr>
<td>A. Biological Sciences</td>
<td></td>
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<tr>
<td>1. General &amp; oral microbiology/infection control</td>
<td></td>
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<td>2. Biochemistry/nutrition/diet counseling</td>
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<tr>
<td>B. Social Sciences</td>
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<tr>
<td>1. Psychology/sociology</td>
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<tr>
<td>2. Communication principles/behaviour management strategies</td>
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<td>C. Dental Sciences</td>
<td></td>
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<tr>
<td>1. Head, neck, oral &amp; dental anatomy</td>
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<tr>
<td>2. General &amp; oral embryology, histology</td>
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<tr>
<td>3. Radiography knowledge, interpretation</td>
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<tr>
<td>4. General &amp; oral pathology</td>
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<td>5. Dental materials</td>
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<td>D. Dental Hygiene Clinical Practice</td>
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<tr>
<td>1. Health assessment/pharmacology</td>
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<td>2. Periodontology (including assessment, diagnosis)</td>
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<td>3. Non-surgical dental hygiene therapy, including instrumentation &amp; ergonomics</td>
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<td>4. Care of special needs population</td>
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<td>5. Pain management &amp; control</td>
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<td>6. Primary prevention strategies, including oral self-care</td>
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<tr>
<td>7. Emergency prevention &amp; interventions</td>
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<tr>
<td>E. Community</td>
<td></td>
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<tr>
<td>1. Public health practice, including programming &amp; client advocacy</td>
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<tr>
<td>2. Health promotion/wellness strategies</td>
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<tr>
<td>3. Research/epidemiology/statistics</td>
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<tr>
<td>F. Professional Issues</td>
<td></td>
</tr>
<tr>
<td>1. Ethics &amp; jurisprudence (including legislation, documentation, etc.)</td>
<td></td>
</tr>
<tr>
<td>2. Collaborative relationships/referrals/administration/practice management</td>
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</tbody>
</table>

QAP Assessment Tool feedback will be provided in the Online Learning Plan by Content Categories as listed above.
Optional Registrant Tool: Self-reflect on your knowledge of the Dental Hygiene Competencies and frequency of practice to determine the areas in which you may wish to study. Categories in which you rarely practice or where you rate your knowledge lower may be areas to consider reviewing. Note that Competencies with a 1A or 1B rating will occur more frequently on the QAP Assessment Tool. See the Competency Rating Guide on the last page for an explanation of ratings and for more information.

<table>
<thead>
<tr>
<th>Rating</th>
<th>DENTAL HYGIENE PROCESS: Professionalism</th>
<th>RATE YOUR KNOWLEDGE (Check One)</th>
<th>FREQUENCY PRACTICED (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Needs Refresher (1)</td>
<td>Unsure (2)</td>
</tr>
<tr>
<td>1B</td>
<td>Use evidence-based decision making.</td>
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<tr>
<td>1A</td>
<td>Use a client-centered approach.</td>
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<tr>
<td>1A</td>
<td>Adhere to current national jurisprudence requirements and recognizes the need to adhere to provincial/territorial jurisprudence requirements.</td>
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<tr>
<td>1B</td>
<td>Act as a knowledge source for clients, professionals and the public seeking information about oral health or access to oral health care.</td>
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<tr>
<td>2B</td>
<td>Contribute to actions that will facilitate access to care, particularly for vulnerable populations.</td>
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<tr>
<td>2B</td>
<td>Advocate for oral health programs and policies.</td>
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<tr>
<td>2A</td>
<td>Promote healthy behaviours of self, colleagues, clients and the public.</td>
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<tr>
<td>2B</td>
<td>Critique literature findings to determine their potential value to client care.</td>
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<tr>
<td>2B</td>
<td>Integrate new knowledge into practice environments.</td>
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<tr>
<td>1A</td>
<td>Apply ethical principles in all endeavours.</td>
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<tr>
<td>1A</td>
<td>Facilitate privacy and confidentiality in accordance with applicable legislation and ethical principles.</td>
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<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Professionalism</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
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<td></td>
<td></td>
<td>Needs Refresher (1)</td>
<td>Unsure (2)</td>
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<tr>
<td>1A</td>
<td>Facilitate informed choice in accordance with applicable legislation and ethical principles.</td>
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<tr>
<td>1B</td>
<td>Practise within personal limitations.</td>
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<tr>
<td>1A</td>
<td>Maintain documentation and records consistent with practice standards and applicable legislation.</td>
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<tr>
<td>1B</td>
<td>Report unethical, unsafe or incompetent services to the appropriate regulatory organizations.</td>
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<tr>
<td>1B</td>
<td>Self-assess professional performance in relation to standards of practice.</td>
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<tr>
<td>2B</td>
<td>Create personal plans for continuing competence and professional development.</td>
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<tr>
<td>1B</td>
<td>Initiate required changes in own practice based on supporting literature and practice standards.</td>
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<tr>
<td>2A</td>
<td>Use effective verbal, non-verbal, visual, written and electronic communication.</td>
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<tr>
<td>2B</td>
<td>Collaborate with communities, health care professionals and other partners in providing, maintaining, and advocating for oral health care programs.</td>
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<tr>
<td>2A</td>
<td>Function effectively within oral health and interprofessional teams and settings.</td>
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<tr>
<td>1A</td>
<td>Demonstrate respect for diversity (e.g., culture, language, disability, religion, creed, lifestyle, etc.).</td>
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<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Professionalism</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
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<td></td>
<td></td>
<td>Needs (1)</td>
<td>Unsure (2)</td>
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<tr>
<td>1A</td>
<td>Respect the autonomy of clients as full partners in decision-making.</td>
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<tr>
<td>1A</td>
<td>Select communication approaches based on clients’ characteristics, needs, and linguistic and health literacy.</td>
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<tr>
<td>2B</td>
<td>Support clients in using community resources when needed.</td>
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<tr>
<td>2B</td>
<td>Use electronic information systems for the collection, retrieval, and use of data within dental hygiene practice.</td>
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<tr>
<td>2A</td>
<td>Manage dental hygiene services individually and as part of a team.</td>
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<td>2B</td>
<td>Work with budgets related to dental hygiene practice settings.</td>
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<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Foundational Knowledge</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
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<td></td>
<td></td>
<td>Needs Refresher (1)</td>
<td>Unsure (2)</td>
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<tr>
<td>2A</td>
<td>Use knowledge of the behavioural sciences (e.g., psychology, sociology, etc.) in dental hygiene practice.</td>
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<tr>
<td>2A</td>
<td>Use knowledge of anatomy, biology, histology, pathology, and physiology.</td>
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<tr>
<td>2A</td>
<td>Use knowledge of biochemistry and nutrition.</td>
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<tr>
<td>2A</td>
<td>Use knowledge of immunology and microbiology.</td>
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<tr>
<td>1B</td>
<td>Use knowledge of pharmacology.</td>
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<tr>
<td>1B</td>
<td>Use knowledge of periodontology.</td>
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<tr>
<td>2A</td>
<td>Use knowledge of head/neck anatomy and physiology.</td>
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<tr>
<td>2A</td>
<td>Use knowledge of oral/dental anatomy and physiology.</td>
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<tr>
<td>2B</td>
<td>Use knowledge of oral/dental embryology and histology.</td>
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<tr>
<td>1B</td>
<td>Use knowledge of oral pathology.</td>
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<tr>
<td>2A</td>
<td>Use knowledge of dental radiography.</td>
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<td>2B</td>
<td>Use knowledge of orthodontics.</td>
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<tr>
<td>2B</td>
<td>Use knowledge of pedodontics.</td>
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<tr>
<td>2A</td>
<td>Use knowledge of gerodontics.</td>
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<tr>
<td>2B</td>
<td>Use knowledge of endodontics, prosthodontics, and oral surgery.</td>
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<tr>
<td>2A</td>
<td>Use knowledge of restorative dentistry.</td>
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<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Foundational Knowledge</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
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<td></td>
<td></td>
<td>Needs</td>
<td>Unsure</td>
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<tr>
<td>1A</td>
<td>Apply current knowledge regarding infection prevention and control.</td>
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<tr>
<td>1B</td>
<td>Apply principles of risk reduction for client, colleague and practitioner safety, health and well-being.</td>
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<tr>
<td>1A</td>
<td>Apply quality assurance standards and protocols to support a safe and effective working environment.</td>
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<tr>
<td>1A</td>
<td>Integrate principles of ergonomics to support the practitioner’s health.</td>
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<tr>
<td>2A</td>
<td>Take responsibility for the use and maintenance of equipment and materials involved in the delivery of dental hygiene care.</td>
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<tr>
<td>2B</td>
<td>Use consumables and disposes of waste products, including biohazardous wastes, in an environmentally responsible manner.</td>
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<tr>
<td>1B</td>
<td>Respond to medical emergencies.</td>
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<tr>
<td>2B</td>
<td>Assist in the prevention or management of large scale outbreaks and emergencies.</td>
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<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Assessment &amp; Diagnosis</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
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<tr>
<td>2B</td>
<td>Assess demographic data.</td>
<td>Needs Refresher (1) Unsure (2) Average (3) Good (4) Excellent (5)</td>
<td>Never (1) Infrequently (2) Sometimes (3) Regularly (4) Often (5)</td>
</tr>
<tr>
<td>2B</td>
<td>Assess epidemiological data.</td>
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<tr>
<td>2A</td>
<td>Assess the determinants of health.</td>
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<tr>
<td>1A</td>
<td>Assess health histories including the use of pharmaceuticals (prescribed and non-prescribed).</td>
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<tr>
<td>1B</td>
<td>Assess vital signs.</td>
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<tr>
<td>1A</td>
<td>Assess dental/oral health histories.</td>
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<tr>
<td>1B</td>
<td>Assess the head &amp; neck region.</td>
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<tr>
<td>1A</td>
<td>Assess the periodontium.</td>
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<td>1A</td>
<td>Assess the intraoral soft tissues other than the periodontium.</td>
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<tr>
<td>1A</td>
<td>Assess the intraoral hard tissues.</td>
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<tr>
<td>1A</td>
<td>Assess the hard and soft deposits.</td>
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<tr>
<td>1A</td>
<td>Assess the oral self-care of clients.</td>
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<tr>
<td>1A</td>
<td>Assess the need for radiographs.</td>
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<tr>
<td>1B</td>
<td>Assess the radiographs including interpretation of radiographs.</td>
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<tr>
<td>2B</td>
<td>Assess the need for photographs, dental impressions, pulpal testing, microbiological testing, caries screening, etc.</td>
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<tr>
<td>1B</td>
<td>Assess the risk factors for diseases including dental, oral and periodontal pathologies.</td>
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<tr>
<td>2B</td>
<td>Assess the dietary practices.</td>
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<tr>
<td>1B</td>
<td>Assess the need for referrals to other healthcare professionals (including dental specialists).</td>
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<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Assessment &amp; Diagnosis</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
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<td></td>
<td></td>
<td>Needs Refresher (1)</td>
<td>Unsure (2)</td>
</tr>
<tr>
<td>2A</td>
<td>Use oral health indices.</td>
<td></td>
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<tr>
<td>1B</td>
<td>Assess the need for consultation with other health professionals.</td>
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<tr>
<td>1A</td>
<td>Identify clients at risk for medical emergencies.</td>
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<tr>
<td>1B</td>
<td>Identify clients for whom the initiation or continuation of treatment is contraindicated based on the interpretation of health history and clinical data.</td>
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<tr>
<td>2A</td>
<td>Assess clients’ perceived barriers to, and support for, learning.</td>
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<tr>
<td>2A</td>
<td>Assess the clients’ oral health knowledge, beliefs, attitudes, motivation, and skills as part of the educational process.</td>
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<tr>
<td>1A</td>
<td>Identify clients’ health education needs.</td>
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<tr>
<td>2B</td>
<td>Identify barriers to accessing oral health care.</td>
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<tr>
<td>2B</td>
<td>Identify health issues in need of advocacy.</td>
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<tr>
<td>1A</td>
<td>Formulate a dental hygiene diagnosis using problem solving and decision-making skills.</td>
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</tr>
<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Planning</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
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<tr>
<td></td>
<td></td>
<td>Needs Refresher (1)</td>
<td>Unsure (2)</td>
</tr>
<tr>
<td>1B</td>
<td>Prioritize clients’ needs through a collaborative process involving clients and others as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1A</td>
<td>Establish dental hygiene care plans based on assessment data and a client-centered approach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Establish dental hygiene programs based on assessment data and a client-centered approach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Identify strategies to minimize the risk of a medical emergency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Negotiate mutually acceptable individual or program learning plans with clients and others as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Use behavioural change theories and principles of change in planning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Select, modify, or develop educational interventions/materials to meet clients’ learning needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Select appropriate health promotion strategies and interventions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>Consider the roles of governments and community partners in relation to oral health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Implementation</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------</td>
<td>---------------------------------</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Needs Refresher (1)</td>
<td>Unsure (2)</td>
</tr>
<tr>
<td>1A</td>
<td>Apply principles of instrumentation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1A</td>
<td>Provide non-surgical periodontal therapy using hand instrumentation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1A</td>
<td>Provide non-surgical periodontal therapy using powered instrumentation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>Adapt interventions for clients with diverse needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>Counsel clients regarding tobacco cessation strategies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Teach clients oral self-assessment techniques.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Provide coaching/advice to clients when teaching oral self-care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Provide clients with information regarding dietary practices.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Implement strategies to manage client pain, anxiety and discomfort.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Apply appropriate chemotherapeutics/pharmacotherapeutics excluding fluoride.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Apply anticariogenic agents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>Provide tooth whitening services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>Apply and remove periodontal dressings and removes sutures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>Take impressions and fabricate study models, tooth whitening trays, and sportsguards.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1A</td>
<td>Expose and process intraoral and extraoral radiographs (conventional/digital).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>Produce intraoral and extraoral photographs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Implementation</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Needs Refresher (1)</td>
<td>Unsure (2)</td>
</tr>
<tr>
<td>2A</td>
<td>Apply educational theories, theoretical frameworks, and psychosocial principles to the educational process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Apply appropriate theories to initiate client change (individuals, families, groups, communities or populations).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>Include family and care providers as appropriate in the client’s educational interventions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Create an environment in which effective learning can take place.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>DENTAL HYGIENE PROCESS: Evaluation</td>
<td>RATE YOUR KNOWLEDGE (Check One)</td>
<td>FREQUENCY PRACTICED (Check One)</td>
</tr>
<tr>
<td>--------</td>
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<td>-------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Needs (1)</td>
<td>Unsure (2)</td>
</tr>
<tr>
<td>1B</td>
<td>Use measurable criteria to evaluate outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1A</td>
<td>Evaluate the effectiveness of dental hygiene services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Evaluate the effectiveness of educational activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Communicate evaluation outcomes to clients, stakeholders and the public as appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1A</td>
<td>Provide recommendations to clients regarding their ongoing care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Revise dental hygiene care plans/programs as necessary in partnership with clients, and others as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Evaluate clients' health and oral health status to make appropriate referrals to other health care professionals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>Obtain feedback from the client and other stakeholders.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Competency Rating Information

The QAP Assessment Tool was developed following the NDHCE Blueprint. The full Blueprint can be reviewed at: [http://media.wix.com/ugd/30c219_ca2bdcba38c74a94963fe67165228237.pdf](http://media.wix.com/ugd/30c219_ca2bdcba38c74a94963fe67165228237.pdf)

In accordance with the Blueprint, the competencies have been rated as follows:

<table>
<thead>
<tr>
<th>COMPETENCY RATING GUIDE</th>
<th>CATEGORY 1: Very/Extremely Important</th>
<th>CATEGORY 2: Important</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category A: High Frequency</strong></td>
<td>Group 1A: 40 to 50% of the QAP Assessment Tool</td>
<td>Group 2A: 10 to 20% of the QAP Assessment Tool</td>
</tr>
<tr>
<td><strong>Category B: Low Frequency</strong></td>
<td>Group 1B: 25 to 35% of the QAP Assessment Tool</td>
<td>Group 2B: 5 to 15% of the QAP Assessment Tool</td>
</tr>
</tbody>
</table>

**Using this information, it can be determined that:**

- Group 1A & 1B Competencies = 65 to 85% of the QAP Assessment Tool
- Group 2A & 2B Competencies = 15 to 35% of the QAP Assessment Tool
Online Learning Plan (OLP) Guide

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1. ONLINE LEARNING PLAN OVERVIEW

2. HOW TO USE YOUR OLP
   a. How do I access my OLP?
   b. How do I develop learning goals?
   c. Guided vs. Self-Directed Learning
   d. Helpful Advice: How to Write a Learning Guide
   e. How do I enter Continuing Competency credits?
   f. What if I need help?

3. HELPFUL RESOURCES
   a. Tips for Setting SMART Learning Goals and Action Plans
   b. Learning Goal Samples
   c. Sample Learning Plan #1
   d. Sample Learning Plan #2
   e. Sample Learning Plan #3
   f. Sample Learning Plan #4
1. Online Learning Plan Overview

The CDHBC Online Learning Plan (OLP) is a component of the current Registrant Intranet. The Registrant Intranet is the CDHBC’s secure website where registrants have been able to access their registration information on-line, including providing contact information updates, completing registration renewal and updating continuing competency credits.

The OLP is a place for registrants to manage their QAP cycle, receive QAP Assessment Tool feedback, create learning goals, develop action plans, record their continuing competency activities and reflect on learning. Registrants will be able to log-in to their OLP and update their information anytime from anywhere thus eliminating the need for paper records.
2. How To Use Your OLP

a. How do I access my OLP?

Following completion of the QAP Assessment Tool, registrants will log in to their Online Learning Plan via the Registrant Intranet – accessible from the CDHBC Website at [https://registrant.cdhbc.com/Login.aspx](https://registrant.cdhbc.com/Login.aspx).

Registrants will be directed to the login page where they will enter their username and password.
On the first visit to their OLP, registrants will be greeted by a pop-up window with a welcome message and then a tutorial page which will introduce registrants to the terminology and function of the OLP.

Following the Tutorial page, registrants will be guided to their OLP page:

This page contains a summary of the Learning Plans – both Guided and Self-Directed. The Guided Learning Plan section contains the lowest scoring content subcategory area(s) as identified by the QAP Assessment Tool. The Control Panel column contains a summary of the QAP Assessment Tool results, learning plans completed and Continuing Competency credits reported.
b. How do I develop learning goals?

In order to determine a goal, go to one of the Learning Plan sections and click on the START button to view the following summary screen:

There are four basic steps for completing each Learning Goal:
1. Create a SMART Learning Goal
2. Define an Action Plan
3. Link Learning Activities
4. Mark Goal as Completed

The instruction bar on the right hand side will show each registrant’s progress as they move through these steps.

To begin, click on Create a New Learning Goal and follow these steps:
- Enter a name for the Learning Goal
- Assign one or more Content Subcategories to the Goal (only if listed)
- Describe the learning goal (more information or detail about the goal)
- Click [Create Goal] to save
Once the goal is created, follow instructions on the screen to Define the Action Plan:

- Click [Enter the Action Plan]
- Type in a description of the action plan (the intended action to fulfill the goal - eg. participate in a course, research current resources, etc.)
- Click [Save]

Link Learning Activities to the Goal:

- Click [Link Existing Activity] to link Continuing Competency activities previously entered
- OR [Add Activity & Link to this Goal]
- OR this step can be skipped and completed later

Once an activity or activities are linked to a goal, the registrant adds a learning reflection and the goal may be completed by clicking on [Mark as Completed].

The process for entering Self-Directed Learning goals is the same, except that there will be no content categories listed to assign to goals. Registrants may use these self-directed learning plans to determine their own learning goals and record helpful information.
The College has developed several tutorial videos to assist registrants in navigating the OLP. Once logged into your individual OLP, the following tutorial videos can be accessed:

- Add a Learning Activity
- View QAP Assessment Tool results & Guided Learning Plan
- Start a Guided Learning Plan
- Link Activities to Learning Goals
- Start a Self-Directed Learning Plan
c. Guided vs. Self-Directed Learning

The QAP Assessment Tool provides some feedback on what is measured as the lowest scoring content subcategories; these are automatically identified and included in the Guided Learning Plan section. Registrants are required to consider and use this feedback to create learning goals to improve knowledge in that subcategory. Guided learning goals are required areas of learning and may be audited by the CDHBC.

Self-directed Learning Plans are determined and completed by registrants, at their discretion. Registrants may use the Self-Directed Learning section as a planning tool for ongoing continuing competency (CC). These professional development activities may be claimed under Continuing Competency activity #15 as outlined on the CDHBC Website under the “Professional Development” tab, followed by clicking on the “Continuing Competency” tab, or by logging onto the following link: http://www.cdhbc.com/Documents/CC-QAP-Ref-info-June-2015.aspx. It is important to note that any single or “one-off” activity that is not related to the GLP may be completed at any time during the five-year QAP cycle. These “one-off” activities may be tracked within the Self-Directed Learning Plan with or without the development of a learning goal. However, the CDHBC encourages registrants to develop learning goals as part of their ongoing commitment to life-long learning and quality assurance when completing their Self-Directed Learning Plan.

d. Helpful Advice: How to Write a Learning Goal

Goal setting is a powerful technique used by professionals, athletes and successful people in many different fields.

Learning goals provide a purpose and direction to your professional development and identify the expected results of activities. Goals heighten performance levels by setting targets and help to determine priorities, get organized and make decisions.

A goal is the description of the end result of which you direct specific effort. In order to write a meaningful goal, it is necessary to have an understanding of your abilities relative to the demands of your professional role.

A helpful guideline is using the SMART goal components:

- **Specific**: detailed enough to clearly define what you are trying to achieve
- **Measurable**: includes criteria so that you will know when it is achieved
- **Action Oriented**: the course of action to achieve the goal is clear
- **Realistic**: practical and achievable – consider what you are willing and able to work towards
- **Time Constrained**: the goal should have a definite deadline and consider the limits of available resources
The College has developed several resources to assist registrants as they work through their OLP. These may be accessed once a registrant has logged on to their OLP under the “Help Resources” located in the upper right corner of the screen.
e. How do I enter my Continuing Competency credits?

There are two methods of entering credits into the OLP:

- From the OLP Home Page
- From within the Learning Plan

Entering Continuing Competency from the OLP Home Page:
Registrants may enter Continuing Competency credits/activities for credit without having to define learning goals and plans. Registrants may return to their Continuing Competency activities later and add or change learning goals/plans and reflect on learning. The simple process for entering Continuing Competency credits is as follows:

Go to OLP Home Page (see screenshot below), lower right-hand column called “Activities/Credits”.
Click on [Add an Activity]
Complete the data fields for your activity and click [Save]:

The Continuing Competency Credits Meter on the OLP Home Page will include your updated credit total.
Entering Continuing Competency from within the Learning Plan:

- Click [Start] next to the appropriate Learning Plan
- Click [Edit Goal]

Acceptable Continuing Competency activities are located on the CDHBC website under the “Professional Development” tab and by clicking on the tab titled “Continuing Competency.” Effective April 1st, 2013, the QAC approved the CDHBC Continuing Competency Framework. The Framework was constructed to provide greater diversity in activities with a focus on improving the registrant learning. This Framework can be accessed by going to the following link: http://www.cdhbc.com/Documents/CC-QAP-Ref-info-June-2015.aspx. The overall QAP incorporates guided learning as populated from the QAP Assessment Tool and self-directed learning based on reflections of one’s practice. The registrant will identify goals, action plans and activities that address his/her learning needs. This process will incorporate active reflection on learning activities and application into practice.

Registrants should seek learning activities that are appropriate for their learning goals and to contact the CDHBC if there are questions regarding credits for learning activities not specifically outlined in the current CC Guidelines.
What if I need help?

There are many help screens and pop-ups available throughout the OLP to guide registrants through the process. Registrants can click [Send a Message] on most OLP screens to easily contact the CDHBC office with questions.

Tutorial videos have been developed to assist registrants as they navigate through their individual OLP. These videos can be accessed by clicking the “Help Resources” icon on the top right of the screen or by clicking the “Need Help? Watch this video” icon.
### Tips for Setting SMART Learning Goals and Action Plans

<table>
<thead>
<tr>
<th>Specific</th>
<th>Measurable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create learning goals and action plans that are specific and clear. Make them detailed enough to clearly define what you are trying to achieve.</td>
<td>Establish tangible criteria so that you will know when you have achieved each goal and action plan strategy.</td>
</tr>
<tr>
<td>What do I want to achieve? What specific knowledge or skill do I need?</td>
<td>How much? How often? How many? How will I demonstrate that I have accomplished the goal?</td>
</tr>
</tbody>
</table>

**LEARNING GOAL:**
By June, 2016, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high risk patients, especially when planning to administer LA.

**ACTION PLAN:**
1. I will undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh’s *Dental Hygiene Theory and Practice*. This action will be undertaken immediately and completed by April, 2016.
2. I will speak with my office about purchasing a blood pressure cuff at the May staff meeting so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May, 2016.
3. I will promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June, 2016.

**Note:** This could be measured through an internal chart audit process in the dental office.

### Examples

**LEARNING GOAL:**
By June, 2016, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high risk patients, especially when planning to administer LA.

**ACTION PLAN:**
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3. I will promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June, 2016.
<table>
<thead>
<tr>
<th>Tips for setting SMART Learning Goals and Action Plan learning activities</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Oriented</strong></td>
<td>Stating the desired outcome of each goal and action item makes them more clear and understandable. It also increases motivation.</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td><strong>LEARNING GOAL:</strong> By June, 2016, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high risk patients, especially when planning to administer LA. <strong>ACTION PLAN:</strong> 1. I will undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh’s Dental Hygiene Theory and Practice. This action will be undertaken immediately and completed by April, 2016. 2. I will speak with my office about purchasing a blood pressure cuff at the May staff meeting so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May, 2016. 3. I will promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June, 2016.</td>
</tr>
<tr>
<td><strong>Realistic</strong></td>
<td>Make sure the goals and action items you set are attainable and reasonable, including the cost and time required to complete each action item. Consider whether the goal and associated action plan is substantial enough to meet your learning requirements.</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td><strong>LEARNING GOAL:</strong> By June 2016, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high risk patients, especially when planning to administer LA. <strong>ACTION PLAN:</strong> 1. I will undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh’s Dental Hygiene Theory and Practice. This action will be undertaken immediately and completed by April, 2016. 2. I will speak with my office about purchasing a blood pressure cuff at the May staff meeting so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May, 2016. 3. I will promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June, 2016. <strong>Note:</strong> This learning goal is realistic, and represents an important and necessary practice requirement as specified by the CDHBC practice standards in order to practice safety and protect the public. By creating a step by step process within the action plan, the registrant will be able to realistically meet this learning goal by the timeline that has been specified.</td>
</tr>
<tr>
<td><strong>Timely</strong></td>
<td>Simply deciding when you want to achieve something can be a good motivator. Time must be measurable, attainable and realistic.</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td><strong>By June, 2016, I will improve my practice by taking vital signs and documenting readings (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high risk patients, especially when planning to administer LA.</strong> <strong>ACTION PLAN:</strong> 1. I will undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh’s Dental Hygiene Theory and Practice. This action will be undertaken immediately and completed by April, 2016. 2. I will speak with my office about purchasing a blood pressure cuff at the May staff meeting so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May, 2016. 3. I will promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist <strong>by June, 2016.</strong></td>
</tr>
<tr>
<td>Practice Area identified in need of improvement</td>
<td>Dental Hygiene Content Categories</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
</tbody>
</table>
| I need to incorporate blood pressure readings into my practice, at a minimum at baseline with high risk clients | Dental Hygiene Clinical Practice – Health assessment/pharmacology and emergency prevention | By June, 2016, I will improve my practice by taking vital signs (at minimum blood pressure readings) on all clients as baseline data and continue to monitor BP with all high risk patients, especially when planning to administer LA. | 1. I will undertake a self-study to review the relevant chapter on vital signs of Darby and Walsh’s Dental Hygiene Theory and Practice. This action will be undertaken immediately and completed by April, 2016.  
2. I will speak with my office about purchasing a blood pressure cuff so I am able to incorporate taking blood pressure on my clients (at a minimum, those on BCP, antihypertensive and anti-hyperlipidemic medications). This action will be undertaken immediately and be completed by May, 2016.  
3. I will promote the practice of taking vitals in my dental practice by speaking with my dental hygiene colleagues and dentist by June, 2016. |
| I need to ensure full baseline probing depths are taken and recorded for all the clients in my care. | Professional issues – documentation, & Dental Hygiene Clinical Practice – Periodontology | By May, 2016, I will perform, accurately assess and record each client’s baseline probing depths in order to inform an accurate dental hygiene diagnosis. | 1. I will review the CDHBC Registrant’s handbook, focusing on the assessment Practice Standards, in addition to completing the CDHBC’s Jurisprudence Education Module on their website. This action will be undertaken beginning in April and will be fully implemented into my practice by May, 2016.  
2. I will review the chapter on periodontal assessment in Darby and Walsh’s Dental Hygiene Theory and Practice to evaluate what the current research indicates is best practice in measuring periodontal pockets for different clients. This action will be undertaken beginning in April and will be fully implemented into my practice by May, 2016. |
| I need to include caries risk information/education in my dental hygiene plan for clients with high caries risk | DH clinical practice – prevention strategies | By September, 2016, I will learn to incorporate education on caries risk reduction and prevention in the treatment planning for those identified as having a high caries risk and ensure education is provided. | 1. Using PubMed, I will conduct a literature research on the current evidence regarding the best prevention strategies for clients with high caries risk. This action will involve locating, reading, and classifying each article by research category and level of evidence, to be undertaken beginning in May, 2016 and completed by June.  
2. I will prepare an annotated bibliography of my findings on effective caries risk prevention strategies by July.  
3. Using information gathered from #1 and #2, I will prepare a resource folder of information to have on hand in the dental office by August.  
4. I will complete an online webinar module by September, 2016 on how to incorporate client education more effectively into the dental hygiene plan. |
<table>
<thead>
<tr>
<th>Practice Area identified in need of improvement</th>
<th>Dental Hygiene Content Categories</th>
<th>Learning goal</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need to re-certify for CPR</td>
<td>Dental Hygiene clinical practice – emergency prevention and interventions</td>
<td>I will recertify for CPR Level C HCP every year beginning in September, 2016 to ensure it never expires and I am current with all techniques and theories.</td>
<td>1. I will attend a CPR refresher course and obtain my recertification for CPR level C HCP by September 2016, and make a note in my calendar to retake course every year.</td>
</tr>
<tr>
<td>I need to be more knowledgeable on the current research findings on oral-systemic health and incorporate this into my daily practice</td>
<td>Biological sciences Dental sciences Dental hygiene clinical practice</td>
<td>By January 2017, I will be able to share with my clients a summary of findings from the latest research on the mouth-body-health connection research.</td>
<td>1. I will attend a CE course (TBA) on the oral systemic connection by January 2017. 2. Based on #1, I will locate and read published research on the oral-systemic link with diabetes, osteoporosis, aspiration pneumonia, and cardiovascular disease by April 2017. 3. I will analyze and evaluate published journal articles on the oral-systemic link and use this information to create a fact sheet for my clients that cites current research findings in plain language by November 2017.</td>
</tr>
<tr>
<td>I need to learn more about Alzheimer’s Disease and how best to treat clients with this condition</td>
<td>Biological sciences Dental sciences Dental hygiene clinical practice Community: public health practice related to client advocacy, health promotion and wellness strategies</td>
<td>By July 2017, I will be able to confidently discuss the impact of Alzheimer’s Disease on an individual’s oral health and overall health and wellness, and share helpful strategies for daily mouth care and professional dental hygiene and dental treatment to clients and their families.</td>
<td>1. I will review and take notes on chapters that contain information about Alzheimer’s disease in the textbook by Little et al. (2013) entitled “Dental management for the Medically Compromised Patient (8th ed.) by January 2017. 2. I will attend the Special Care conference session on “Alzheimer’s disease and oral health care” in March, 2017. 3. I will conduct a search for current resources, including journal publications (2007-2015), online fact sheets, and videos and create a list of resources to assist my clients and their families by June 2017. Information gathered will also be added to my notes document. 4. I will create a “helpful oral health tips” fact sheet for family members of individuals with Alzheimer’s Disease by July 2017 using Microsoft Publisher and the information I have gathered upon achievement of learning strategies 1-3.</td>
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<tr>
<td>I need to review dental hygiene considerations for clients with dental implants</td>
<td>Biological Sciences (general/ oral microbiology/ infection control) Dental Sciences: dental materials Dental hygiene clinical practice – Periodontology, non-surgical dental hygiene therapy</td>
<td>By June 2016, I will create and incorporate into my dental office practice a dental implant protocol which will include guidelines for radiography, non-surgical dental hygiene therapy, referrals, and recommendations for daily oral hygiene.</td>
<td>1. By March, 2016, I will review pertinent information in Newman et al. (2012) textbook entitled “Carranza’s Clinical Periodontology (11th ed.)” 2. I will attend the “dental implant” course at the Pacific Dental Conference held in March, 2016 and take detailed notes. 3. I will consult with a local periodontist regarding the recommended protocol for referrals and frequency of RADS for individuals with dental implants by March 2016. 4. I will review the Nield-Gehrig (2011) textbook: “Foundations of Periodontics for the Dental Hygienist” on implant instrumentation by March 1, 2016. 5. I will visit dental instrument company booths at the PDC in March 2016 to evaluate available implant scalers and order them for my practice. 6. I will create a dental hygiene protocol for treating clients with dental implants and share this with all staff in my office by June, 2016.</td>
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Sample Learning Plan

Example #1

This goal was created under the Guided Learning Plan section D: Dental Hygiene Clinical Practice, corresponding to category D-6 Primary prevention strategies including oral self care.

Learning Goal Name:
Caries Preventive Strategies Involving Fluoride.

Description of Learning Goal:
By March 30, 2016 I will review the relevant sections of the current edition of Darby and Walsh on caries preventive strategies utilizing fluoride, and participate in a continuing education refresher course on fluoride. I will apply the information gained in this course into my practice when appropriate.

Action Plan:
i. I will review the sections of Darby and Walsh (4th edition) on caries prevention strategies using fluoride within one month’s time (Chapter 33).

ii. Prior to March 15, 2016 I will review evidence-based scientific articles in order to be familiar with the efficacy of the following caries prevention products: APF fluoride, xylitol, chlorhexidine and amorphous calcium phosphate.

iii. I will locate a refresher course on fluoride that is offered by a credible continuing education provider that I will be able to participate in by March 30, 2016. This may be an online or in-person continuing education opportunity, depending on availability.

Adding / Linking a Learning Activity:

Title of course: Self Review – Darby and Walsh Dental Hygiene Theory and Practice Caries Management

Presenter: Textbook – Darby and Walsh – Dental Hygiene Theory and Practice Chapter 33

Start date: March 2, 2016

Credits: 1

Notes: This activity falls within the CC Activity Box #5: Reading a journal article or chapter in a dental hygiene textbook.

Reflection:
Reviewing Chapter 33 of Darby and Walsh provided the opportunity to refresh my knowledge of general caries preventive strategies, as well as the use of professionally delivered and home-use fluoride products for remineralization purposes. The chapter also highlighted the use of antimicrobials such as chlorhexidine and xylitol for caries preventive purposes. This was particularly helpful to me as I tend to consider the use of dentist-prescribed chlorhexidine primarily in the context of gingivitis and not for caries prevention. After reviewing the articles, I will still use other strategies for caries prevention until I have the opportunity to read more research, as the findings were controversial. I have been able to recommend xylitol and amorphous calcium phosphate products to several clients with moderate caries risk along with providing the appropriate fluoride.
Adding / Linking a Learning Activity:
Title of course: Current Philosophies on Caries Prevention
Presenter: Jane Doe, DipDH, BDSc, MSc
Start date: March 9, 2016
Credits: 2
Notes: Ms. Doe’s continuing education course provided a review of the caries disease process, along with an evidence-based update on caries preventive products available for professional use by dental hygienists and for patient home use. Indications and contraindications for specific formulations of fluoride products were also covered in this course. This activity falls within the CC Activity Box #1: Courses, lectures, presentations.

Reflection:
I was finding clients were asking me more and more questions regarding the effectiveness of fluoride. I also have many clients who have moderate to high caries rates but are against the use of fluoride. I was not feeling confident to recommend other products on the market that could be provided as an alternative. I also wanted to be able to confidently address questions regarding fluoride.

Ms. Doe’s continuing education course reinforced the concepts I had reviewed in Darby and Walsh and was particularly helpful in terms of product selection and clinical considerations. Additionally, her course included a list of relevant journal publications on fluorides as references, which was helpful in providing me with additional evidence-based information that I can share with my clients in practice.

Adding / Linking a Learning Activity:
Title of course: Self review on caries management from journal articles
Start date: March 13, 2016
Credits: 3
Notes: This activity falls within the CC Activity Box #5: Reading a journal article or chapter in a dental hygiene textbook.

Reflection:
I had the opportunity to review the articles that were provided as reference from Ms. Doe’s CE course. All articles were from scientific journals and were evidence-based. They provided information that reinforced what I had read in Darby and Walsh and what I heard at the lecture.

After collaborating with the dentist we decided to bring in samples for 2 of the alternative products I read about and heard about in Ms. Doe’s presentation (MI Paste and Spry gum) that clients can now purchase through our office. As well, we have pamphlets on hand for the other available products. I have already created a reference sheet to use in my operatory which I can share with my clients for their reference after they leave the office. I have started to educate clients on caries prevention with more confidence on the modalities we have available for treatment.
Sample Learning Plan

Example #2

This goal was created under the Guided Learning Plan section D: Dental Hygiene Clinical Practice, corresponding to category D-2 Periodontology.

In this example, the registrant decided to create their learning plan with a focus on oral-systemic health and periodontitis risk factors.

Learning Goal Name:

Description of Learning Goal:
By the end of May 2016, I will confidently and effectively incorporate and use risk assessment tools in my practice to identify possible periodontal risk factors for periodontitis related to systemic health for my clients.

Action Plan:

i. By May 1, 2016 I will review relevant chapters of Carranza’s current Clinical Periodontology and Neild-Gehrig Foundations of Periodontics for Dental Hygienists 3rd Ed. textbooks and visit the American Academy of Periodontology Website to look up information pertaining to periodontal risk factors. This should guide me in making decisions as to the most effective way to implement this knowledge into practice.

ii. By May 15, 2016 I will create a periodontal risk assessment form that can be implemented into my practice setting that, once completed with the pertinent information, can be kept in the client’s chart. It will include some of the following information: Environmental factors – smoking etc., systemic/genetic factors – diabetes, heart disease etc., Intra-oral factors – alveolar bone loss, bleeding on probing sites etc., self home care practices/routine, demographics – age, gender etc.

Adding / Linking a Learning Activity:

Title of course: Self review from textbooks: Carranza's Clinical Periodontology and Neild-Gehrig Foundations of Periodontics for Dental Hygienists 3rd Ed. Textbook; periodontal and risk factors and information from American Academy of Periodontology Website


Dates: April-May 1, 2016

Credits: 2

Notes: The chapters of Carranza’s Clinical Periodontology text (11th ed.) reviewed were Ch. 27 “Influence of Systemic Conditions on the Periodontium” and Ch. 28 “Impact of Periodontal Infection on Systemic Health”, as well as information on the American Academy of Periodontology (AAP) website. The following chapters were reviewed in Neild-Gehrig Foundations of Periodontics for Dental Hygienists 3rd Ed.: Chapters 12, 13 & 14.

This activity falls within the CC Activity Box #5: Reading a journal article or chapter in a dental hygiene textbook.
Reflection:
The patient demographic in the office I work in is generally over the age of 50. Therefore, there is an increased chance that these patients may have some sort of an oral-systemic health link that may be one risk factor contributing to their periodontal disease. While reading this information, I find myself thinking back to specific patients with different oral manifestations that may have had a link to a systemic condition but do not feel I tied the links together appropriately when I was educating them on the periodontal disease process in their own mouth.

After reviewing this information it is a lot clearer in my mind how systemic disease and certain demographic information and lifestyle influences contribute to periodontal disease. I better understand what is occurring at a cellular level to what can be seen in the body and oral cavity. I also found the information beneficial in updating my knowledge of current evidence supporting linkages between periodontitis and systemic conditions such as diabetes and heart disease. This information will help me educate patients by providing current knowledge on these topics and will also help me conduct thorough and effective patient risk assessments.

Adding / Linking a Learning Activity:
Title of course: Self Review – Creating a periodontal risk assessment form for practice
Dates: May 2-7, 2016
Credits: 1
Notes: The risk assessment form I developed had to be revised after sitting down with the other dental hygienist from my office and the dentist. It was subsequently revised and is now part of every client’s chart.
This activity falls within the CC Activity Box #14: Develop and complete a guided learning plan.

Reflection:
As I reviewed the relevant chapters in the current edition of Carranza’s periodontology text, Neild-Gehrig’s Foundations of Periodontics for Dental Hygienists and information on the AAP website, I realized that although I provide a dental hygiene diagnosis to my clients informing them of their periodontal status I do not have a systematic approach to determining their risk for periodontal disease. I feel that if I have a periodontal risk assessment form in my practice I will be able to better determine the risk for periodontal disease and in turn communicate this information to my clients so they are aware of their own risks.

I created a Periodontal Risk Assessment form and information cheat sheet for clinical practice on each condition including the oral manifestations, bacteria-involved immune response, etc. for each systemic condition. I shared these ideas with the other dental hygienist and the dentist from my office and we revised the form to be more functional for our office. We then introduced the form at our staff meeting and we all agreed to implement its use into practice. I have already begun to use the Periodontal Risk Assessment form with clients and have found that they are very interested in the findings, which is providing great motivation for them as we work to control their periodontal disease.
Sample Learning Plan

Example #3

This goal was created under the Guided Learning Plan section E: Community, corresponding to category E3 – Research – epidemiology/statistics.

Learning Goal Name:
Epidemiological Research Methods.

Description of Learning Goal:
By the June 15, 2016 I will be familiar with the various types of studies used in epidemiology research. I will also have experience interpreting data from a variety of community oral health epidemiological studies to increase my understanding.

Action Plan:
i. By June 15, 2016 I will read the following: chapter 14-19 in Dental Public Health and Research Contemporary Practice for the Dental Hygienist; chapter 3 and 7 in Community Oral Health Practice for the Dental Hygienist.

ii. By June 2016 I will read the following studies as they provide a variety of methods used epidemiology research to compare health, health behaviors and or beliefs between groups/populations:


Adding / Linking a Learning Activity:
Title of course: Epidemiological Research
Presenter: Self Study of the chapters in the following resources – chapter 14-19 in Dental Public Health and Research Contemporary Practice for the Dental Hygienist; chapter 3 and 7 in Community Oral Health Practice for the Dental Hygienist.

Dates: June 1-3, 2016
Credits: 2
Notes: This activity falls within the CC Activity Box #5: Reading a journal article or chapter in a dental hygiene textbook.

Reflection:
I know that I am not up-to-date with the research methods used with epidemiological studies. I have not studied these since I was in dental hygiene school. I first had to familiarize myself with concepts and terms used with epidemiology so I could better understand the information in the text books.

This was a good review on the classification of studies, how data is collected in studies, and the analysis and interpretation of the data. This information will give me a clearer understanding of what I am reading in the research literature and what the data means.
Example #3 Continued

Adding / Linking a Learning Activity:

Title of course: Epidemiological Research
Presenter: Self-study literature search for 4 different types of research methods used in epidemiological studies:


Dates: June 4-7, 2016
Credits: 2
Notes: This activity falls within the CC Activity Box #5: Reading a journal article or chapter in a dental hygiene textbook.

Reflection:

After reading the information in the textbooks on the research methods and how to interpret the data, I thought it would be quite easy when it came to reading different examples of studies... however, it was a bit more tricky than I thought and now I know that I will need to keep using the tools I gained from the activities under this goal to continue to grow with this new knowledge of understanding and interpreting epidemiological research.

I tended to shy away from statistics and research and would have never chosen this activity for my personal learning if it had not been identified as an area in need of improvement. Reviewing these studies made me use my critical thinking to determine if the information provided in the studies was valid and reliable. I am feeling much more confident with this area and feel that I have a greater understanding that will benefit my practice area.
Sample Learning Plan

Example #4

This goal was created under the Guided Learning Plan section F: Professional Issues, corresponding to category F2 – Collaborative relationships – referrals.

In this example, the registrant decided to create their learning plan with a focus on reviewing CDHBC practice standards and reviewing the textbooks for knowing when a client should be referred to ensure collaboration with appropriate health care specialists.

Learning Goal Name:
Collaborative Relationships – Referrals.

Description of Learning Goal:
By July 15, 2016 I will be familiar with and understand the CDHBC practice standards and ethical obligations on the requirements for appropriate referrals, not just to a dentist but to any health care provider deemed appropriate to help care for the client as part of a collaborative team. I will then incorporate referrals in my practice when appropriate as guided by the CDHBC ethics and practice standards and include appropriate documentation.

Action Plan:


ii. By July 15, 2016 I will read the following chapter in Dental Hygiene Theory and Practice 4th Edition (Chapter 12, 30, 44, 45, 53 and 62 focusing on the sections relating to referral and collaboration).

iii. I will review the Determinates of Health to ensure I am aware of any needs that may require a referral. My resources will be the Health Canada website http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants and Community Oral Health Practice for the Dental Hygienist 3rd Edition.

iv. By July 15, 2016 I will develop a generic referral form that can be part of the legal documentation and present this at a staff meeting for input and acceptance.

Adding / Linking a Learning Activity:

Title of course: Policies/legislation around Referrals
Presenter: Self review: CDHBC Practice Resources, Health Canada Web site and a dental hygiene textbook


Dates: July 4, 2016
Credits: 1
Notes: This activity falls within the CC Activity Box #14: Develop and complete a guided learning plan.
Example #4 Continued

Reflection:
I currently refer my clients to the dentist, orthodontist and periodontist for dental and periodontal conditions that are outside of my scope of practice, and to their physician or their oral surgeon for irregular lesions that were found during the head and neck and intra-oral examination. However, I was not referring my clients for conditions that fell outside of this, for example: to a dietician for nutritional needs outside my scope; psychologist for concerns related to mental health; to the BC Quit Now website for smoking cessation; to the pharmacist for more clarification on medications and possible interactions with medications that the client is taking.

I knew I needed to refer clients but forgot that it was part of the practice standards for dental hygiene and an ethical obligation. Reviewing this information has provided a refresher on my legal and ethical obligation to provide appropriate referrals for my clients.

Adding / Linking a Learning Activity:
Title of course: Development of a referral form
Presenter: Self - develop a generic referral guide for in office use
  a. Develop guide using after reviewing on-line samples
  b. Present draft to the office at the next staff meeting and obtain feedback/edits
  c. Gain consensus on using the generic referral form when appropriate in our clinic as part of the legal documentation

Dates: July 4-9, 2016
Credits: 1.5
Notes: This activity falls within the CC Activity Box #14: Develop and complete a guided learning plan.

Reflection:
Developing a referral guide was simpler than I thought it would be. There were some great resources online and I just adapted my form from these.

I met with the dentist in private to ensure that she would be on board with having a generic form to use in the office. We made edits together and then I presented the idea to the office staff. I made sure that I explained the rationale for developing the form based on the information I obtained from my readings for this overall goal. We all agreed to implement this form in the office and re-visit its merits at the 3 month staff meeting to determine how effective it has been and how compliant everyone has been with using it.

Regardless of how effective it is I know that it is my ethical and legal obligation to make appropriate referrals and document them in the client’s chart.