



COLLEGE OF
DENTAL HYGIENISTS
OF MANITOBA

CDHM CONTINUING COMPETENCY PROGRAM

**INSTRUCTION GUIDE
& SAMPLE FORMS**

Continuing Competency Program: Accessing CCP Forms

To access your CCP each year log in to your Alinity account through the CDHM website at www.cdhm.info.

1. Login to your Alinity account
2. Click the 'CCP' tab on the left-hand side of the page
3. If you do not see an option for the current CCP year, click on a green "+", choose the year and then click 'Save'
4. Then click the chevron/arrow beside the current year and this will take you to the CCP form
5. Enter your information on the forms and remember to click "Save for later" at the bottom of the page before navigating away, or your information may be lost

All your work will be completed online; however, it does not need to be entered all at once. Save your work each time you login to add something to the CCP form. Save your work frequently as the system will time-out after 20 minutes.

Once you have completed your work, you can submit your CCP at any time until the April 30 deadline. After it is submitted, the CDHM recommends that registrants save and/or print a copy of their annual CCP for their personal records.

For further reference, the 'CCP Registrant Handbook' has been updated on the website and can be accessed at www.cdhm.info under the 'Continuing Competency' heading. If you require further assistance you are encouraged to contact the CDHM office by phone or email, and staff will be happy to provide guidance.

Continuing Competency Program: Instruction Guide & Sample Forms

This Information Guide provides a step-by-step explanation of what is required in each section of the CCP online forms. Much of what you will see online is very similar to the downloadable forms you have used in the past, but the format of the form will look different. Included in the Guide are screen shots of the Online Forms to familiarize yourself with the format.

Continuing Competence Record (CCR)

The first section of the form is the CCR. It is the same as previous years, except for the addition of the Practice Standards.

Practice Setting **No change**

- The individual registrant's practice setting, or environment, will be considered by the Competence Committee when reviewing submissions.
- Learning goals and activities should support the registrant's specific learning needs and areas(s) of practice. This may include, but is not limited to, activities related to client assessment, dental hygiene diagnosis, treatment planning, implementation, evaluation, health promotion, research, epidemiology, communications, infection prevention and control, hazardous materials, and record keeping.

Self-Assessment **Formerly called 'Self-Directed Assessment'**

- Reflect on different ways you may have identified learning needs.
- For example, if a client asked about a new product this would be, "Discussions with colleagues or questions from clients".
- A Self-Assessment tool is available on the website.

Goal Development **Formerly called 'Goal Development and Activity Planning'**

- Describe the learning need perceived and begin to develop/specify the goal.
- For example, "A few patients have asked me about a new product called silver diamine fluoride. It's not currently used in the clinical practice where I work, and I don't know very much about it..."

CONTINUING COMPETENCY RECORD 1

* Practice Setting

Identify your professional dental hygiene practice setting. (please check all that apply)

- Clinical Practice
- Health Promotion/Community Health (Eg. CCOH, WRHA)
- Educational Institution (Eg. University of Manitoba)
- Professional Consultant/Presenter
- Dental Hygiene Researcher/Scientific Inquiry
- Dental Hygiene Administrative/Management (Eg. Insurance, CDHM, CDHA/MDHA)

* Goal Development

Please describe the professional need perceived. (Ensure that your perceived need relates to dental hygiene professional development and provision of care, and not personal or employment development.)

A few clients have asked why, when they were just coming for their regular "cleaning", they needed to hear all about their oral health assessment before beginning treatment. I have a general understanding about informed consent and informed refusal but I want to make sure I understand the legal, professional and ethical aspects of this procedure.

* Self-Assessment

How did you determine your professional need? (please check all that apply)

- Reflection on my current practice
- Reviewing the CDHM Competencies/Practice Standards/Code of Ethics
- Discussions with colleagues or questions from clients
- Evidence-based Practice (articles, new products/treatments, etc)
- Other

CDHM Practice Standards **This section is new**

- The Practice Standards are the guideline for all dental hygiene practice:

“Competency #16 (Evaluation) The dental hygienist evaluates own professional performance in relation to the CDHM standards of practice to enhance continuing competence/quality assurance.”

- A Self-Assessment tool is available on the website.
- Reflect on the Practice Standards. Select the Practice Standard(s) that apply to your perceived need.
- Using the silver diamine fluoride example from above, some Practice Standards that might apply are:

- 1.4 Access and utilize current research-based knowledge through analyzing and interpreting the literature and other resources
- 1.13 Know the technological and product options; select the best option for the situation, depending on client need
- 3.3 Identify resources and dental hygiene interventions depending on client need
- 5.6 Identify further questions, care or research requirements

**If you are finding the Practice Standards vague, reviewing the Competencies (available on the website, www.cdhm.info under 'Resources') is suggested. They are similarly formatted, with Assessment, Planning, Implementation and Evaluation, but detail specific practice activities.*

*

CDHM Practice Standards

Select all CDHM Practice Standards that relate to your perceived need. (Registered Dental Hygienists in Manitoba are accountable to the CDHM Practice Standards. The Practice Standards describe minimum professional expectations for RDHs.)

- 1.1 Adhere to current jurisdictional legislation, regulations, codes of ethics, practice standards, guidelines, and policies relevant to the profession and practice setting
- 1.2 Seek and advocate for practice environments that have the organizational and human support systems as well as the resource allocations necessary for safe, competent, and ethical dental hygiene practice
- 1.3 Manage their dental hygiene practice within the practice setting
- 1.4 Access and utilize current research-based knowledge through analyzing and interpreting the literature and other resources
- 1.5 Question and, if necessary, take action regarding policies and procedures inconsistent with desired client outcomes, evidence-based practices, and safety standards evidence-based decision-making is the systematic application of the best available evidence to the evaluation of options and decision-making in clinical, management, and policy settings
- 1.6 Follow dental hygiene process, demonstrating sound professional judgment and integrity
- 1.7 Recognize client rights and the inherent dignity of the client by obtaining informed client consent, respecting privacy, and maintaining confidentiality
- 1.8 Use a client-centred approach, always acting or advocating in the client's best interest

Continuing Competency (CC) Goal Statement **No Change**

- The Goal statement is defined in one sentence using S.M.A.R.T. method
- The Goal statement should capture the described area of need
- Learning goals should:
 - Deepen and broaden your dental hygiene knowledge
 - Relate to your current area of practice
 - Expand your body of knowledge and build your competence
 - Help meet the needs of your clients

- Learning goals should **not**:
 - Review entry-level knowledge that is expected of all RDHs
 - Review material you previously learned
 - Renew certification
 - Include personal goals, which do not relate directly to your dental hygiene practice

Smart Goal Worksheet
Specific – What exactly will you accomplish?
Measurable – How will you know when you’ve reached your goal?
Attainable – Is achieving this goal realistic with effort and commitment? Do you have the resources to achieve this goal? If not, how will you get them?
Relevant – Why is this goal significant to you and your professional development?
Time-bound – When will the goal be reached?
*Include a subject, action, timeline and measurable outcome
Sample Goal: “Within 6 months, I will ensure that the dental implant care I provide/recommend is based on the most current evidence available.”

Continuing Competency (CC) Goal Statement

In one sentence define your CC Goal. Remember to use the S.M.A.R.T. goal format (Specific, Measureable, Attainable, Relevant, Time Oriented). For example: “Within 6 months, I will use the ultrasonics/power scalers in my dental hygiene practice in accordance with the most recent research/evidence.”

Within 3 months I will be able to educate clients on the purpose of informed consent and their right to refuse procedures and treatments for dental hygiene care, by using expert and current evidence.

Learning Activities **No Change**

- It is understood that all learning activities shall have significant intellectual or practical content related to the practice of dental hygiene, oral health, or the professional responsibility and ethical obligations of the registrant
- **Activities are appropriate**, i.e. good and/or scientific literature; peer-reviewed research, or substantiated expert source
- **Activities are current***, i.e. within the last 5 years and not more than 10 years old. In some instances, there may not be more current or 'new' information, however this should be acknowledged in the 'description' or 'relevance' fields.
- **Provide complete reference information**, i.e. author/presenter, credentials (if available and/or necessary), date of publication*, title, and journal/source is indicated (the Continuing Competency Committee should be able to access the activity item with the reference information provided by the registrant)

An example of a common referencing style is American Psychological Association or APA:


APA

Shahroom, N., Mani, G., & Ramakrishnan, M. (2019). Interventions in management of dental fluorosis, an endemic disease: A systematic review. *Journal of family medicine and primary care*, 8(10), 3108–3113. https://doi.org/10.4103/jfmpc.jfmpc_648_19

- **(New format)** Specific new knowledge and/or skills learned is objectively described for each activity. This may be in paragraph or point form.
- Information may be similar for activities with the same topic, but it will not be identical. Learning is meant to be recorded individually, for each activity (i.e. it is no longer necessary to summarize learning)
- **(New)** Each activity is related to the goal
- **10-15 hours of activity** is recommended to meet a DH goal
- Resource suggestions are available on the CDHM website under the 'Continuing Competency' heading
- **Study or Journal Clubs** are recorded as an activity in the same way as other activities are recorded. Individual club members record what they learned from each club meeting and indicate the relevance to their own goal. The Continuing Competency Committee may request supporting documentation in the event of a review. Examples of documentation are in the "CCP Study/Journal Club Guide" available at www.cdhm.info.
- Click the "Add" button (indicated on the left-hand side of the picture below) to add each new activity individually

***All activities must include a publication date;** this is how to indicate information is current

CONTINUING COMPETENCY ACTIVITIES

 **Add** Click here to add an activity

* Include: Title of Article/Course/Club; Author(s)/Presenter(s) and professional credentials; Title of Journal/Source; Publication Date

Informed Consent and The Dental Client; E. Fitzgerald; K. Conner, L. Pasteur; J Dent, July 2017

* CCR

CCR 1

* Date

2019-12-17

* Activity

Professional Journals/Ar

* Hours

1

* Describe in detail what was learned by completing this activity.

(For "Optional" activities you may indicate "n/a" in this section)

This article reviewed communication and documentation needs between client and provider, regarding treatment. The conversation had with the client is important. Documentation is also important, however a provider should not rely solely on a form document. This may carry less legal weight than an objective documenting of events and conversations. Legal informed consent in healthcare evolved from cases of battery, or unauthorized touching of

* Describe the relevance of this activity to your goal.

(For "Optional" activities you may indicate "n/a" in this section)

This article relates to the legal reason for informed consent. It referenced early cases of battery in the medical profession, which began the evolution of the legal responsibility for dental hygienists to inform patients and document the process of care. In 1914 a judge wrote, "Every human being of adult years and sound mind has a right to determine what shall be done with his body, and a surgeon who performs an operation without his patient's

* Include: Title of Article/Course/Club; Author(s)/Presenter(s) and professional credentials; Title of Journal/Source; Publication Date

Study Club

* CCR

CCR 1

* Date

2019-12-24

* Activity

CDHM approved Study o

* Hours

2

* Describe in detail what was learned by completing this activity.

(For "Optional" activities you may indicate "n/a" in this section)

Case studies - reviews of legal dental and dental hygiene cases and findings. The first case involved an Inferior Alveolar

Optional Activities **No Change**

- Optional activities can be recorded; these are activities not related to the CCR goal, but contributing to professional practice
- This is a good way to track other learning activities you have participated in throughout the year
- The CDHM in no way intends to limit participation in learning activities, the development of practice goals or changes to practice, through the implementation of the CCP.
- Click “Add” under the ‘Activities’ section, and under the heading of ‘CCR’ choose “Optional”
- Under the ‘description’ and ‘relevance’ sections, indicate “n/a”

CONTINUING COMPETENCY ACTIVITIES

Add Click here to add an activity

* Include: Title of Article/Course/Club; Author(s)/Presenter(s) and professional credentials; Title of Journal/Source; Publication Date

M. Powers & J. Labronski; Smoking Cessation Techniques, (2018) Dental Professional Quarterly

* CCR * Date * Activity * Hours


Optional 2019-12-17 Online Courses 2

* Describe in detail what was learned by completing this activity.
(For "Optional" activities you may indicate "n/a" in this section)

n/a

* Describe the relevance of this activity to your goal.
(For "Optional" activities you may indicate "n/a" in this section)

n/a



Evaluation and Reflection **New**

- Question #1:
 - The endpoint of learning something new is to incorporate what was learned into current practice. Research indicates that gaining new knowledge does not necessarily translate to practice change or improvement
 - Registrants indicate change(s) to their practice as a result of what was learned from the activities
 - Include barriers, if there are any, to making changes

- Question #2:
 - Knowledge constitutes a valuable intangible asset.
 - Knowledge sharing is an activity through which knowledge – information, skills or expertise – is exchanged among people, friends, families, communities or organizations
 - Examples include, oral health education with patients, discussing with colleagues or co-workers, presenting to a community group, etc.

- Question #3:
 - Reflect on the Practice Standard(s) you related to your perceived need
 - Reflect on and evaluate your competence level after participating in your selected learning activities

- Question #4:
 - It is important to be aware of the skills and knowledge we bring to our practice; these strengths are our professional assets and contributions. Identifying our limitations is a strength as well, as it allows opportunity for improvement.

Evaluation and Reflection

Before answering questions 1-4 below, go to the "CONTINUING COMPETENCY ACTIVITIES" section to add your activities for this CCR

(For dental hygienists not currently working, anticipate how your learning will impact your practice when you return to work)

- * 1. List 1-2 changes you plan to implement into your dental hygiene practice from the new knowledge/skills gained from your CC activities. Include potential barriers to incorporating these changes into your practice.

In addition to informing clients of their assessment findings and periodontal diagnosis, clients are informed of possible risks associated with the planned treatments, such as bleeding or sensitivity. Clients' understanding of their treatment needs are determined by specifically asking if they understand the proposed treatments, rather than just asking if they have any questions. There have not been any barriers to implementing these changes.

- * 2. Interprofessional practice and collaborative care is becoming increasingly important in healthcare. Did you share your newly acquired knowledge/skills with co-workers/colleagues/employers/other groups? Briefly discuss.

I have provided short information sessions at different workplaces to review informed consent and refusal protocol, and why these functions are vitally important to healthcare, legally, professionally and ethically. I provided case studies of legal precedents and the importance of building trust with clients, and reviewed documentation requirements

- * 3. Regarding the Practice Standard(s) you identified above, consider the following statements and choose the most appropriate in relation to your newly acquired knowledge/skills. (Meeting Standards is baseline competence and exceeding Standards is best practice.)

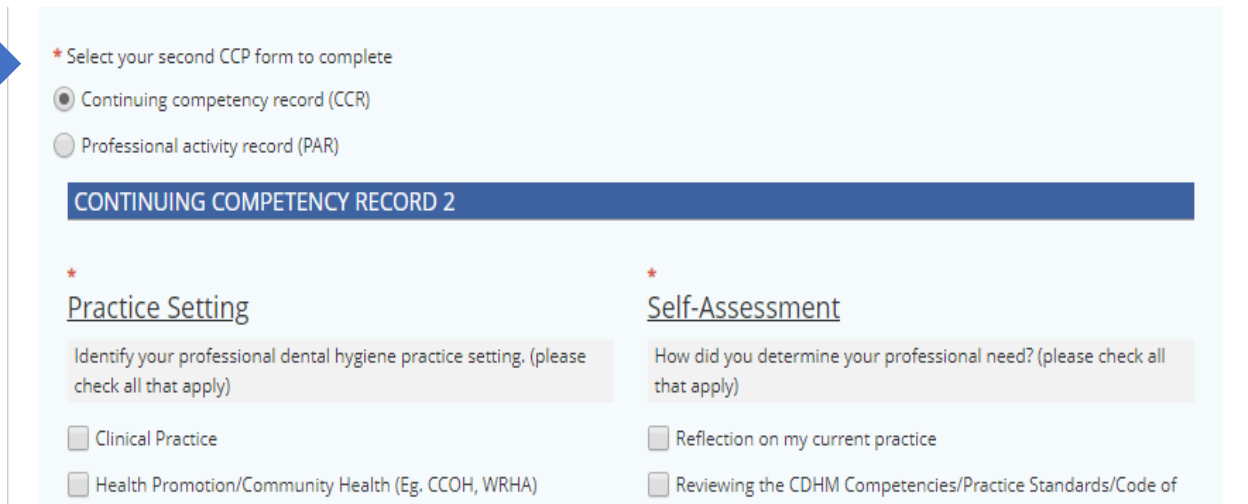
- I am beginning to understand and apply the Practice Standard(s)
- I am continuing to learn and advance/integrate the Practice Standard(s)
- I am reasonably confident in applying the Practice Standard(s)
- I am highly confident and comfortable consistently integrating the Practice Standard(s)

- * 4. Identify strengths you bring to your dental hygiene practice, and future learning needs and/or interests.

I understand that many practices in healthcare are continually evolving. I use client questions as an opportunity to revisit topics I may have previously been knowledgeable in. I refresh my understanding and look for changes in research and literature. I plan to continue to pursue information regarding ethics and jurisprudence of dental hygiene practices in Manitoba.

Option 1 or Option 2

- Refer to the 'Continuing Competency Program Registrant Handbook' available at www.cdhm.info under 'Continuing Competency' to review the options for completing the requirement.



* Select your second CCP form to complete

Continuing competency record (CCR)

Professional activity record (PAR)

CONTINUING COMPETENCY RECORD 2

* Practice Setting

Identify your professional dental hygiene practice setting. (please check all that apply)

Clinical Practice

Health Promotion/Community Health (Eg. CCOH, WRHA)

* Self-Assessment

How did you determine your professional need? (please check all that apply)

Reflection on my current practice

Reviewing the CDHM Competencies/Practice Standards/Code of

Professional Activity Record (PAR) No Change

- If you chose Option 1 for your CCP, the second section of the form is for the PAR. **This is the same as previous** years, although the format looks different, visually.
- Check off any professional activities you have participated in. Choose one activity and provide the details of your professional participation.

* Select your second CCP form to complete

- Continuing competency record (CCR)
 Professional activity record (PAR)

PROFESSIONAL ACTIVITY RECORD

1. Identify the dental hygiene activity/activities you participated in or became involved in during this reporting period.

Attended professional annual general meetings and/or business meetings

CDHM

* Date and location of meeting(s)

October 24, 2019, Victoria Inn Hotel & Convention Centre

MDHA

CDHA

UMSDHAA

Other

* 2. Choose ONE professional activity you have indicated above and provide a brief description of your involvement. Include the benefits to you and/or the recipient of the professional activity. (For example: topics covered, presenter, target audience, impact of the oral health initiative, etc.)

The AGM panelists talked about their non-traditional practices and possibilities for the future of dental hygiene with regard to access to care for all Manitobans. The guest speaker, Avis Grey, provided background information on the purpose and procedure for transitioning Manitoba health professions to the RHPA. There were interesting updates from the RHPA Committees. There has been a lot of work done and most of which is volunteer. The

If you have read through this Instruction Guide and still have questions, you can contact the CDHM staff at cdhm@cdhm.info, or at 204-219-2678.