Dental Hygiene Focus:

The Challenge of Continuing Competencies & Portfolios

Quality Assurance: What is Competency and Why do We Feel Challenged?

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It is good to feel 'on top of your game' isn't it?

When your new, sharp curettes make debridement a breeze, or the lecture you just provided is met with accolades, or the research you have undertaken all falls into place or whatever your dental hygiene practice involves – that feeling of knowing that you have used your knowledge and skills to the fullest extent is exhilarating.

But what happens when a patient asks a question you struggle to answer or there is calculus remaining that you just cannot remove or there is a medical history issue that makes you anxious? Consider the difference in that experience.

Competency is the ability to do something well or effectively. Continuing competency means recognizing that the knowledge and skill that we graduated with from dental hygiene school provides baseline ability and we are by no means finished learning.

In our Dental Hygiene Standards of Practice, one of the main categories is Professionalism. One of the domains within that section is Responsibility. "Competencies related to Responsibility include the ability to: Adhere to current jurisdictional legislation, regulations, codes of ethics, practice standards, guidelines, and policies relevant to the profession and practice setting."

If there were no Quality Assurance programs to monitor the profession, how could the regulatory bodies be sure that their registrants were providing safe, effective service? There are many different types of QA programs; professional portfolio, exam, required hours of continuing education, etc. What they all have in common is the objective of providing proof that the public is protected.

The profession of dental hygiene falls under the Regulated Health Professions Act and the Dental Hygiene Act which establishes that a Quality Assurance program is mandatory for all registrants. Every regulated health professional has some sort of QA program. Dental hygienists do not have the most difficult, nor the most time consuming or expensive requirements. Neither do we have the easiest, quickest or least costly.

It is not optional. So….if we can change our mindset and accept that this is part of the price to be paid in order to call ourselves professionals, it is less of a burden and can actually be enjoyable. We are fortunate that we are allowed to choose what we would like to learn based on our own self-assessment and not dictated to regarding mandatory learning.

QA programs are not meant to be a punishment. A regulatory body is not the Gestapo or the police. No one is going to come marching into your hygiene operatory and demand that you hand over your

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diploma so that they can tear it into tiny pieces. Unfortunately, this is the scenario that many dental hygienists believe to be a potential outcome if they 'fall short' on their continuing competency requirements.

I know that in Ontario this is particularly true. The professional portfolio has the reputation of being horrendously difficult and monumentally time consuming. As a Portfolio Workshop presenter, I have witnessed the angst, the anger and even the tears as fellow dental hygienists share their sentiments regarding the system.

It is my experience that if we look at the requirements as a whole, it may seem as though it is an incredibly daunting task. However, if it is broken down into manageable sections, it is relatively straightforward to comply with requirements. We all know the saying 'Anyone can eat an elephant, one bite at a time.' I am not sure WHY you would want to eat an elephant but nevertheless, if you wanted to, you could. We can choose to look at our requirements the same way.

"As health professionals, you are responsible for making decisions that affect the health outcomes of the clients you serve. As a standard of practice, decisions,judgements and interventions planned by dental hygienists are based on current research and theory that is pertinent to their area of practice." (Milestones, 2008)

If that was your child in the chair how would you feel if the person treating him/her had never had to upgrade since they graduated? I like to know that the RDH who is caring for my parents, children and grandchildren is current in their knowledge and competent in their skills. A quality assurance program is simply a way of verifying that.

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3. *CDHO. Registrants' Handbook, Updated August 2010*
4. *CDHO, Milestones, November 2008*

Exploring the College of Dental Hygienists of Manitoba Continuing Competency Program

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"Knowing is not enough; we must apply
Willing is not enough; we must do"
Johann Wolfgang von Goethe

Dental hygiene in Manitoba became a self-regulated health profession on April 15, 2008. To meet the mandate of The Dental Hygienists Act, the College of Dental Hygienists of Manitoba (CDHM) set out to establish a Continuing Competency Program (CCP) to formalize its commitment to continued competence. The program development relied upon current literature and research, expert opinion, a combination of experience with existing models, and the CDHM Competencies. The CCP consists of two main components and two corresponding records for documentation (Figure 1).[1] The two-component program focuses on 1) achieving practice goals and 2) professional engagement.

The CDHM developed and implemented a unique, progressive, evidenced-based continuing competency program that aims to encourage lifelong learning through the continuous acquisition of knowledge, skills and judgment ensuring the provision of safe, competent care to the public. The focus of the CCP is targeted lifelong learning based on the individual assessment of practice needs along with ongoing engagement in one's profession.[1] Peer networks and professional connectedness are integral to maintaining competence.[2] Moreover, engagement provides a valuable social aspect to the continuing competency process. *(continued)*

CCP Components

Figure 1

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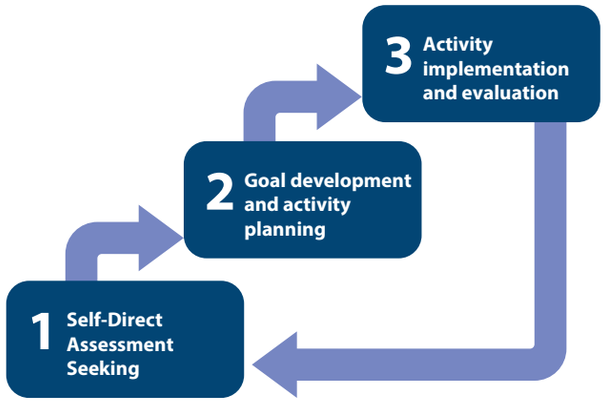
Exploring the College of Dental Hygienists... cont'd

Before launching the program in April 2010, an open forum feedback session was provided to the membership that gave the members a chance to speak their mind, and demonstrated the College's value of their involvement in the establishment of the program. As a result, the College made several concessions including reducing requirements and providing more options. The implementation of the CCP was phased in during the first two years. The first year of the CCP was considered a "learning and practice year," for both the CDHM and its members. The College recognized the challenge the membership would be undergoing in the first year. Consequently, supportive feedback was provided to every registrant upon submission of the required forms. Furthermore, to assist the registrants with the implementation of the program, information sessions were provided, a CCP website was created with online resources and library workshops are conducted by the University of Manitoba Dental Librarian. Evidence-base practice required understanding new concepts and developing new skills. Hence, the College aided the members by gaining accessibility to the University library for all its registrants where the librarian conducts yearly workshops on evidence-base searching. This year the librarian reports that there has been an improvement in the searching skills, which is encouraging to both the College and the registrants.

The Professional Development Component (PDC)[1] calls upon the registrant to engage in self-directed learning whereby one takes responsibility for identifying learning gaps in one's practice and redressing relevant learning through continuing professional development (Figure 2).[1] The capacity to effectively self assess is difficult.[3] Specifically, most performers overestimate their abilities while best performers tend to underestimate their abilities.[4] In order to mitigate discrepancies in assessing practice performance, the first key step of the PDC is self-directed assessment seeking[3] where the learner incorporates both internal and external feedback to determine the continuing competency need. This is an ongoing strategy for continuously collecting data about one's professional performance through honest reflective introspection and unbiased feedback from others.[1] One must look outward for assessment of one's current level of performance.[3] However, obtaining external feedback from one's colleagues, clients and employers can be intimidating and may pose to be counterintuitive. Seeking external appraisal can help expose areas in need of improvement that may not otherwise be readily seen. Once the practice need is determined, the learner takes responsibility for setting goals, identifying resources for learning, reflecting on and evaluating one's learning and implementing the change into practice with the ultimate aim of improving and transforming practice.

Professional Development Component



▲ Figure 2

The self-directed learning format presents a critical challenge to the dental hygienist whereby one must be a critical thinker who:

- raises vital questions and problems, formulating them clearly and precisely,
- gathers and assesses relevant information,
- comes to well reasoned conclusions and solutions,
- gains and sustains new knowledge,
- communicates it effectively with others in determining solutions to complex problems.[5]

Excellence in thought must be methodically nurtured and cultivated to recognize the existence of a problem and to support the veracity of the problem.[5] As primary health care providers one has to employ critical thought and problem solving into one's daily clinical reasoning in order to provide quality oral health care to all clients, including those with complex health needs. One of the best ways to maintain competence is to reflect on and learn from one's daily practice problems.[4] Purposeful reflection can lead to informed and intentional changes.[4] Therefore, a suggestion provided to the registrant is to keep a practice log so that they may learn about practice through practice.[4]

Manitoba dental hygienists have the autonomy to customize their continuing competency activities to suit their specific practice needs, learning styles, resources, finances and time. While traditional continuing education (CE) can be one of them, it is not mandatory. One of the biggest obstacles for the CDHM has been convincing some of the membership that CE generally does not translate what is learned into practice and an increase in knowledge is rarely sufficient to induce a behaviour change.[6] Another major barrier has been the readiness and

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commitment to change. Change involves discomfort and it is understandable the registrants have been wary even though the change is labelled as evidence-based.[7] The Theory of Reasoned Action[8] and Social Cognitive Theory[9] note the importance of evaluating one's intent to change and one's self-efficacy that they can change. Self efficacy influences the choices we make and the effort we put forth.[10] Rogers sees individuals as possessing different degrees of willingness to adopt innovations.[11] He denotes five categories: innovators, early adopters, early majority, late majority and laggards. Being aware of these theories can aid the registrant and the College in understanding how one is able to accept change. Clearly, there is an advantage in believing that one can achieve more than one has in the past and that one can manage the challenges.[10]

Lifelong learning is a continuous and supportive process, which stimulates and empowers us to acquire knowledge, skills and values spanning a lifetime.[12] The aspiration of the CDHM is that the CCP will support us in our lifelong journey to educate ourselves and apply our learning with confidence, creativity and enjoyment in all roles, circumstances and environments.[12]

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