



COLLEGE OF
DENTAL HYGIENISTS
OF MANITOBA

CONTINUING COMPETENCY PROGRAM (CCP)

DEVELOPED BY THE COLLEGE OF DENTAL HYGIENISTS OF MANITOBA

THE CONTINUING COMPETENCY PROGRAM PACKAGE HAS BEEN DEVELOPED:

- As a reference for Manitoba dental hygienists in all dental hygiene practice environments
- To include all Continuing Competency Program requirements and policies
- To provide a guide for dental hygienists to assist in meeting Continuing Competency Program requirements utilizing a self-directed approach to professional development
- To provide direction in the selection of appropriate professional development activities and opportunities for maintaining competency and improving practice

Acknowledgments:

The CDHM would like to acknowledge the following people/organizations for their contribution to the development of the CCP:

1. Continuing Competency Committee: Alayna Gelley (Chair), Mireille Fiola Hein, Marcia Rushka, and Sheryl Slosower
2. Joanna Asadoorian, RDH, BScD, MSc, Associate Professor, School of Dental Hygiene, U of M
3. CDHM Council and staff
4. College of Registered Dental Hygienists of Alberta (CRDHA)
5. College of Dental Hygienists of British Columbia (CDHBC)
6. Saskatchewan Dental Hygienists Association (SDHA)
7. College of Dental Hygienists of Ontario (CDHO)

CONTINUING COMPETENCY PROGRAM

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CONTINUING COMPETENCY PROGRAM

SECTION 1: WHAT IS THE CONTINUING COMPETENCY PROGRAM?

AN INTRODUCTION:

One of the primary responsibilities of the CDHM is to ensure the ongoing competence of individual registrants and to improve the performance of the profession overall. The goal of this Continuing Competency Program (CCP) is to advance the collective knowledge and quality of care offered by all dental hygienists in Manitoba, thus assuring protection of the public's interest.

Research is continually generated that improves the understanding of disease progression and treatment, patient care, technology, and the development of new clinical procedures, which accentuates the need for health professionals to remain current and engaged in their profession. Continuous life-long learning along with ongoing engagement in one's profession are fundamental responsibilities of a professional.

The CCP has been thoughtfully developed by the Continuing Competency Committee, CDHM staff, consultants and Manitoba dental hygienists. Significant research and review of Continuing Competency programs in Canadian dental hygiene jurisdictions, as well as our allied health professions in Manitoba was performed to develop our own unique CDHM program. It was our objective to establish a strong, effective and evidence-based Continuing Competency Program, suitable to our registrants.

In the CCP, Manitoba dental hygienists can **remain self-directed** by customizing their continuing competency activities to their specific practice needs. We believe this will enable Manitoba Dental Hygienists to maintain their autonomy and individuality while fostering self-directed professional and personal growth and development.

OUR PHILOSOPHY:

We believe that efforts to maintain continuous professional competency are most effective when individuals recognize their own professional deficiencies and competency needs, and subsequently develop corresponding goals, personalized activities and implementation plans.

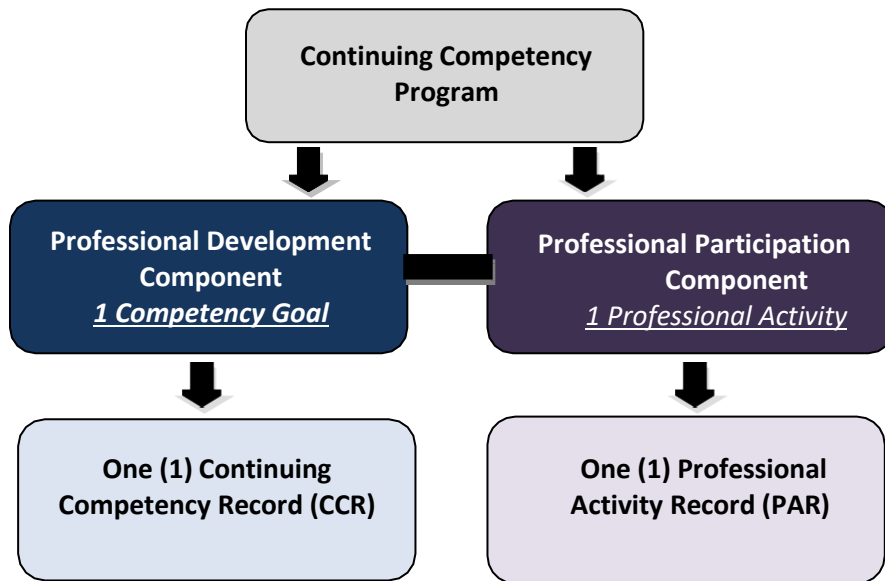
The CDHM in no way intends to limit participation in continuing competency activities, the development of practice goals or changes to practice through the implementation of the CCP. Dental hygienists are encouraged to participate in supplementary continuing competency activities that may not be directly related to continuing competency goals, develop additional goals and implement practice change beyond that required by the CCP.

To keep abreast of developments within the profession of dental hygiene, RDHs have a basic professional responsibility to read professional oral health journals and newsletters and to keep abreast of developments within the profession of dental hygiene

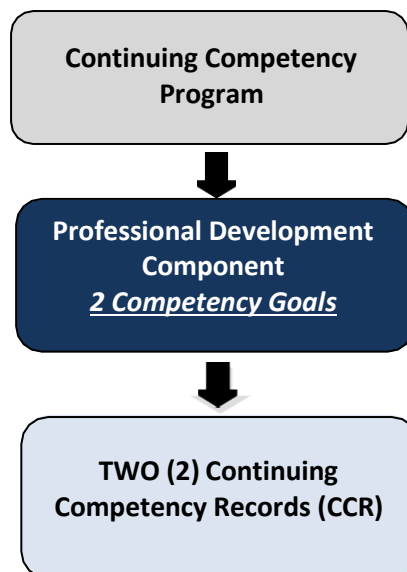
THE CONTINUING COMPETENCY PROGRAM: AN OVERVIEW

All CDHM registrants must choose and complete one of the following two options on an annual basis:

Option 1 – Complete ONE Continuing Competency Record (CCR) and ONE Professional Activity Record (PAR)



Option 2 – Complete TWO Continuing Competency Records (CCR)



REPORTING PERIOD OVERVIEW AND REQUIRED DOCUMENTATION:

- All registrants will be required to submit their CCR documents annually via uploading to the CDHM through Alinity.
- The Reporting Period Deadline will be **APRIL 30th** for the current CCP year.
- All registrants on the Practicing Register must satisfy the required components of the CCP, with the following forms/documents:
 - o **Continuing Competency Record (CCR)** for each competency goal identified, and if applicable:
 - o **Professional Activity Record (PAR)** describing participation in professional activities
- Refer to Section 2 and Section 3 of this document for a detailed explanation of how to complete your CCR and PAR form.
- Only competency activities carried out within 24 month of the reporting period deadline (April 30th) will be considered eligible.
- Registrants must keep a personal copy of the forms and associated documents for 5 years.
- The CCP declaration of honest reporting located on the CDHM registration renewal form must be completed yearly. Providing false or misleading information will be considered misconduct and may be subject to a Complaints/Disciplinary Committee Review.

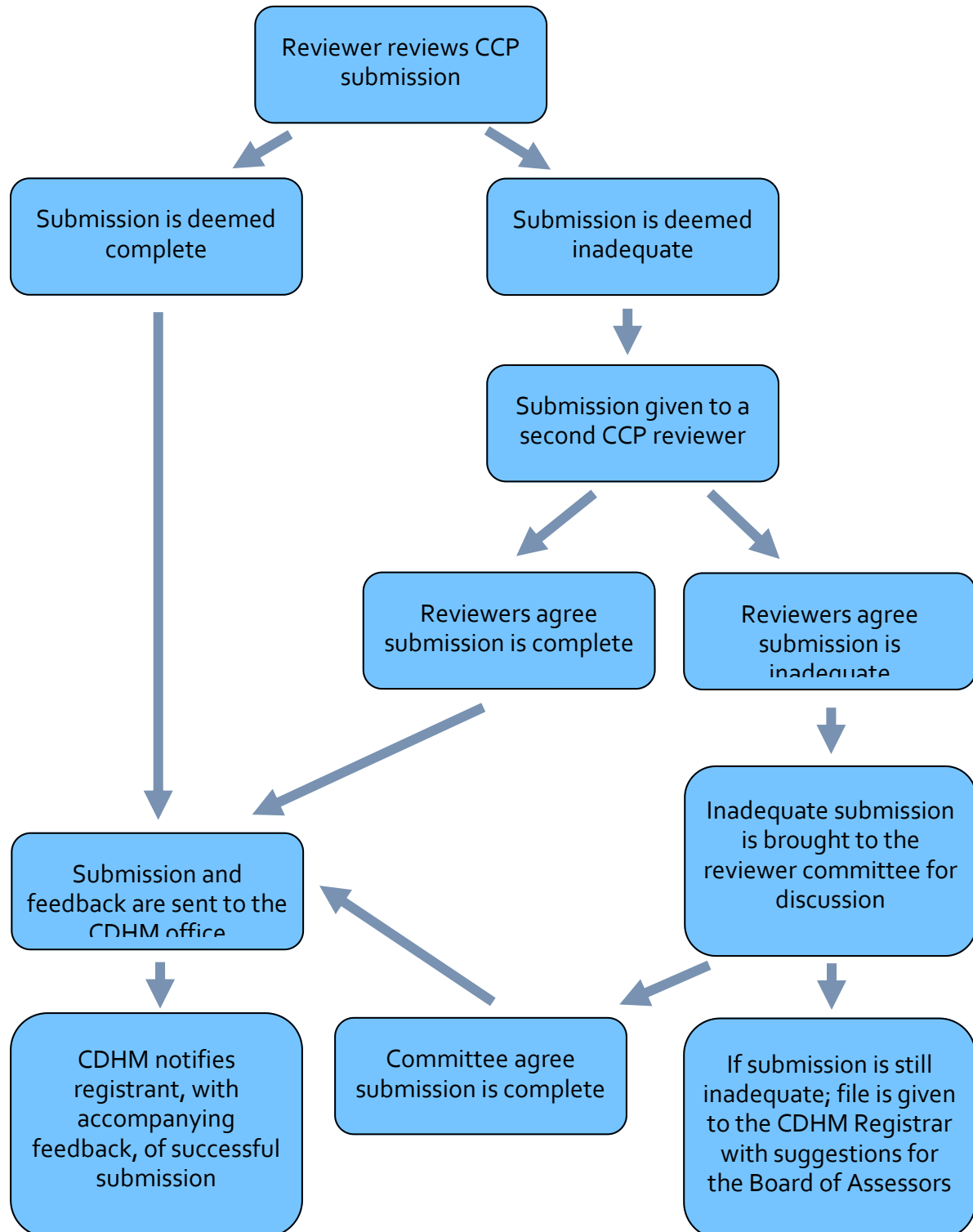
CCP forms will be completed online and supporting documentation will require uploading

Your annual submission will be verified by CDHM staff by the due date and randomized audits of registrant online CCP submissions will be conducted by the CCP Reviewers.

- Audits will be determined by an algorithm built into the upgraded Alinity software. Rather than always conducting an audit on 3 years of CCP submissions, Reviewers may audit one, two or three years of your submissions, depending on the randomized audit schedule. Once audited, the submissions included in your audit will not be used in any future audit but will remain archived in the computer system.
- Additionally, audits may be conducted at any time to validate the information provided by members.
- All journal clubs /study clubs must be registered with CDHM. See Journal Club & Study Club Guidelines
- Registrants are encouraged to contact the CDHM at any time during the reporting period if they encounter any challenges.
- **Assessment and feedback** of CCP submissions will be conducted by CDHM Continuing Competency Reviewers and provided to registrants.

CCP SUBMISSION REVIEW PROCESS:

All submissions will undergo the following review process:



LATE CCP SUBMISSIONS:

- If a registrant fails to complete the CCP requirements by the reporting period deadline (April 30th), a CCP late fee of \$200 will be applied. Registrants failing to submit requirements by May 31st will be referred to the CDHM Complaints Committee.
- Registrants not meeting the CCP requirements by the December following the reporting year will be referred to the CDHM Board of Assessors for not meeting registration requirements as per Section 9(1)(f) and Section 9(1)(c) of the CDHM Regulations.

Summary of CCP Fees:

CCP Submission Time:	Associated Fee(s):
Submits CCP by midnight on April 30	No fee
Submits CCP after midnight on April 30	\$200.00 late fee
Submits CCP after midnight on May 31	Referred to CDHM Complaints Committee
Failure to submit CCP by midnight on December 1	Referred to CDHM Board of Assessors

NEW APPLICANTS TO THE COLLEGE OF DENTAL HYGIENISTS OF MANITOBA:

- New applicants to the CDHM are required to provide evidence of completion of CCP requirements for the year the application is submitted.
 - o Required to submit partial CCP requirements (i.e. **ONE** CCR; no PAR is required)

APPLICANTS APPLYING TO TRANSFER FROM THE NON-PRACTICING ROSTER TO THE PRACTICING ROSTER

- Non-practicing registrants are not required to report their continuing competency activities.
- Registrants applying to transfer from the Non-Practicing roster to the Practicing roster must provide evidence of completion of CCP requirements for the year the transfer application is submitted.
- Applications received between May 1 – October 31:
 - o Required to submit full CCP requirements
- Applications received between November 1 – April 30:
 - o Required to submit partial CCP requirements (i.e. **ONE** CCR; no PAR is required)
- Applicants who do not meet the CCP requirements must provide evidence of successful completion of a CDHM Council-approved Dental Hygiene Competency Assessment or Refresher Education course.
 - o The course must be completed within 12 months of the transfer application

CONTINUING COMPETENCY PROGRAM

SECTION 2: HOW TO COMPLETE YOUR CONTINUING COMPETENCY RECORD (CCR)

The goal of the Professional Development Component of the CCP is for members to identify specific areas of their practice requiring improvement/enhancement and then develop and carry out a plan to address these needs.

For many Registered Dental Hygienists this will be no different than what you are currently doing to maintain your professional development, it simply serves as a way to track your continuing competency activities and encourage you to reflect on them more deeply.

A three-step process is recommended for accomplishing this CCP component:



STEP 1: SELF-DIRECTED ASSESSMENT

In order to select your continuing competency area of focus for your CCR, consider utilizing a self-assessment tool. Self-directed assessment is an ongoing strategy for continuously collecting data about one's professional performance through honest reflective introspection (internal) and requesting unbiased feedback from others (external). These strategies help to create awareness of deficiencies and continuing competency needs surrounding specific knowledge topics, skills, client problems and practice issues and reveal what continuing competency goals should be addressed.

Consider using one of the following self-directed assessment tools:

Method:	Description:
<p>Practice Problems and Reflection</p>	<p>Challenges stemming directly from client care such as complex medical conditions, communication challenges, procedural difficulties, and poor treatment outcomes can provide rich opportunities for improving practice.</p> <p>One's overall practice environment may also provide challenges to the dental hygiene practitioner.</p> <ul style="list-style-type: none"> ○ antiquated office policies, ○ conflicting treatment philosophies and ○ structural inadequacies
<p>Using the Self-Assessment Tool paired with the CDHM Competencies and Practice Standards</p>	<p>Using Provincial and National Competencies and Practice Standards can be helpful for determining professional strengths and weaknesses and directing one's continuing competency goals.</p> <p>Using these documents involves comparing one's own practice performance to the competency/standard outlined in the document.</p>
<p>Questions, Discussions, and External Feedback</p>	<p>Discussions, questions and feedback from peers, employers and clients provide excellent resources for identifying deficiencies, continuing competency goals and professional development opportunities.</p> <p>It can be human nature to dismiss negative feedback or conflicting philosophies, but these are key opportunities for ensuring competent performance. Consider alternative viewpoints and look for evidence-based insights.</p>
<p>Evidence-Based Practice</p>	<p>Dental hygienists may not realize that current research does not support a specific routine procedure. Reading professional journals and articles, attending professional conferences and lectures, conducting research and participating in journal clubs provide valuable opportunities for individuals to be exposed to new research that may be considered for goal development.</p>

STEP 2: GOAL DEVELOPMENT AND ACTIVITY PLANNING

Using the previously described strategies for self-directed assessment, over the course of the year, registrants will detect deficiencies or areas of their practice that would benefit from improvement. Recognizing deficiencies or areas for improvement is normal; no matter what aspect of life we refer to, learning, change and improvement/enhancement are possible. Based on the collected external data and internal reflection, this step involves developing and prioritizing professional continuing competency goals and associated plans for addressing or achieving these goals.

Registrants must report on one OR two goals each reporting period (depending on the option chosen - refer to page 5 for options). Registrants will need to prioritize their practice deficiencies to determine if an issue requires immediate attention or if it should be delayed while a more pressing issue takes priority.

Goals and activities must be selected to enhance the dental hygienist's practice and subsequent client outcomes. Goals that benefit the operator but have no impact on improved health outcomes of the client will not be accepted. For example, attending a yoga class to improve core strength will not be accepted as it does not have a direct impact on client health outcomes.

CDHM requires a minimum of **10-15 hours** per goal. Registrants must conduct the activities using an evidence-based approach to support the achievement of one's goals. An **Evidence Based Approach** involves "integrating new evidence for effectiveness with expert opinion, clinical and community experience, and professional judgment" (Mason, 2010). By integrating good science with clinical judgement and patient preferences, clinicians maximize the potential for successful client care outcomes.

Goals must be defined in one sentence using the following S.M.A.R.T criteria:

S – SPECIFIC – What exactly will you accomplish?

M – MEASURABLE – How will you know when you have reached your goal?

A – ATTAINABLE – Is achieving this goal realistic? Do you have the resources to attain this goal? If not, how will you attain them?

R – RELEVANT – Is this goal applicable to your professional development?

T – TIME ORIENTED – When will the goal be reached?

For more information on how to develop a S.M.A.R.T goal, watch the following video: **Insert S.M.A.R.T Goal Video Link**

STEP 2: Goal Development and Activity Planning Summary

Task:	Description:	Example:
<p align="center">Goal Development</p>	<p>Perceived Practice Deficiency: Describe in detail the perceived practice deficiency that may improve one’s competence and would benefit from improvement/enhancement.</p> <p>The description can include all or some of the following:</p> <ul style="list-style-type: none"> • What led me to believe I have a potential deficiency or need? • What do I know about this area of practice? • Is it possible that my knowledge/skill could be updated? • Is it possible that my practice is not based on credible, evidence-based information? <p>Goal Statement: In one sentence, define your S.M.A.R.T. goal.</p>	<p>Example: “I heard other dental hygienists at a meeting talking about implant maintenance that did not conform with our practice routine and policy (implant probing, polishing); I thought our practice procedures were up to date, but now I’m not sure; I can’t really recall where or when we established our policy and I’m not even sure what everyone in the office is doing; we do a lot of implant care so this is really important to my practice”</p> <p>Goal: <i>“Within 6 months, I will ensure that the implant care I provide and recommend is based on the most current evidence available.”</i></p>
<p align="center">Objectives to meet goal</p>	<p>Often when attempting to accomplish a major continuing competency goal, several minor objectives will need to be outlined and achieved over the time frame of the overall goal. When thinking about objectives remember to include not only the learning component, but also what will be necessary for implementing changes to practice.</p>	<ul style="list-style-type: none"> • Learn current evidence-based implant care • Discuss current procedures with dental hygienists in my practice • If necessary, change my current practice behaviors to conform with current evidence • Discussion with employer regarding necessary new instruments/ supplies and additional time and fees for clients
<p align="center">Potential Activities</p>	<p>Once the minor objectives have been outlined, it is relatively straight- forward to plan what activities will be needed to accomplish them. The important point to consider is what resources will be available and accessible to achieve one’s goals.</p>	<ul style="list-style-type: none"> • Do a literature search on the internet using credible research on dental implant care • Watch CDHA webinar & do quiz on implant care • Contact colleague at dental hygiene school to determine current procedures • Discuss during staff meeting current procedures and necessary policy changes

STEP 3: ACTIVITY IMPLEMENTATION AND EVALUATION

This step involves carrying out the activities needed to achieve the previously identified continuing competency goals and then evaluating whether one was successful or if more work remains to be done. Continuing competency activities and subsequent evaluation must be documented in the CCR form.

IMPLEMENTATION

Activities are self-directed and can be tailored to suit individual needs, preferences and learning styles.

Continuing competency activities will be varied and can include (but are not limited to):

- Attending educational courses or seminars (MDHA, SDH, Dr. Gerald Niznick College of Dentistry, MDA, CDHA)
- Completing online courses (CDHA)
- Reviewing professional journals/articles (Canadian Journal of Dental Hygiene, Journals on PubMed/Cochrane)
- Participation in CDHM approved study or journal clubs
- Watching dental hygiene videos or DVDs (DVD Quarterly)
- Advanced Formal Education (i.e. Bachelor, Master's, or PhD programs)

In your CCR documentation, please include the type of activities performed including the date, location, organization, etc. for each respective activity.

One of the roles of a health care professional is to integrate the information they learn in professional activities into their own practice. This requires skill, ongoing assessment, and critical thinking as challenges arise. The ability to work through these challenges while maintaining focus on client safety and improved client outcomes demonstrates sound professional judgement and integrity.

EVALUATION

Evaluation is an important step for determining if goals were achieved or not. Just like in the Dental Hygiene Process of Care, without evaluation it is impossible to know whether one's goals are met and how to subsequently proceed. The CCR has been designed to assist registrants to move through the process as effortlessly as possible. Three possible outcomes to the evaluation are possible:

- goal is **met**
- goal is **unmet**
- goal is **in process**

Based on the outcome, the member will think about what will need to occur next. For example, where goals are fully met, the member can focus on new or other continuing competency activities. For unmet or in process goals, more learning, supplementary activities or additional expertise may be necessary to achieve the goal or a need to revise the goal may also become apparent.

Your Continuing Competency Record (CCR) can be completed here: [INSERT LINK](#)

CONTINUING COMPETENCY PROGRAM

SECTION 3: HOW TO COMPLETE YOUR PROFESSIONAL ACTIVITY RECORD (PAR)

An important component for individuals to remain competent and for the overall profession to improve is for members to remain ‘engaged’ in their profession. Being engaged means giving one’s attention and efforts to one’s profession through participating in professional activities. These include giving back to society and communities, participating in educational activities and one’s alma mater and networking with others.

To improve Manitoba’s dental hygiene professional engagement, participation in professional activities per reporting period and its documentation is strongly encouraged.

The submission of a Professional Activity Record (PAR) is required for registrants who have selected **OPTION 1** for their CCP submission (listed on page 5). The following table provides potential activities registrants may elect to participate in. However, dental hygienists are encouraged to develop additional possibilities that suit their own professional passions, community needs and individual resources. Members requiring additional assistance for completing this requirement may contact the CDHM for information.

Activity:	Examples:
Attending professional annual general meetings	CDHM, MDHA, CDHA, UMSDHAA
Volunteering on professional committees/councils	CDHM, MDHA, CDHA, UMSDHAA
Providing information sessions/workshops/courses/programs (professional or community related)	Health professionals, schools, daycares, seniors residences, community centers, interprofessional organizations, regional health authority, government agency
Volunteering to be a dental hygiene mentor	MDHA/SDH Mentorship Program
Volunteering for existing community outreach programs	MDHA program/event, Siloam Mission, U of M “Open Wide” Clinic, Wish Clinic, etc.

CONTINUING COMPETENCY PROGRAM

SECTION 4: SAMPLES OF COMPLETED FORMS

These are being updated and the links will be available on the new website

CONTINUING COMPETENCY PROGRAM

SECTION 5: FREQUENTLY ASKED QUESTIONS (FAQ'S)

WHAT SHOULD I DO IF I AM STRUGGLING TO THINK OF A CONTINUING COMPETENCY GOAL (CCR) OR PROFESSIONAL ACTIVITY RECORD (PAR)?

Continuing Competency Record (CCR):

If you are struggling to identify a practice deficiency, consider the following:

- **Current professional work description:** If you are planning to remain in your current practice environment, focus your self-directed assessment and reflection on the skills, knowledge and attitudinal understanding that you require for this practice environment.
- **Anticipate future practice environment(s):** If you are planning to change or expand your practice environment, complete your self-directed assessment and reflection with that objective in mind; what additional skills, knowledge and attitudinal understanding will be required?
- **Most recent workplace performance evaluation:** Many employers provide annual performance evaluations that offer feedback on one's practice performance that can provide valuable insight through external feedback.
- **Staff meetings discussions:** These generate valuable insight into the work environment overall and specifically into individual performance within the broader context; members can add items to meeting agendas for discussion or look back to meeting minutes for topics for further introspection.

Professional Activity Record (PAR):

If you are struggling to identify a CDHM accepted professional activity, refer to **Section 3** of this document for examples of professional activities.

WHERE CAN I ACCESS JOURNAL ARTICLES?

PubMed is a helpful resource to find scholarly journals and research articles. PubMed uses evidence-based filters to quickly and effectively access relevant articles using structures algorithms that streamline the process of searching the literature. There is a shortcut to accessing relevant evidence through PubMed using the “Clinical Queries” feature. For example, using the “Find Systematic Reviews” specialized Clinical Query, an individual can easily find relevant evidence by typing a main topic or specific interest and automatically be given citations of relevant systematic reviews.

<http://www.ncbi.nlm.nih.gov/pubmed/clinical>

Another helpful resource is the **ADA Centre for Evidence-Based Dentistry**. This website provides systematically assessed evidence as tools and resources to support your clinical decisions.

<http://ebd.ada.org/Default.aspx>

The following articles are also a helpful place to start:

- *Translating evidence-based decision making into practice: EBDM concepts and finding the evidence. (link coming)*
- *Translating evidence-based decision making into practice: appraising and applying the evidence. (link coming)*

For additional guidance, the University of Manitoba offers several PubMed Tutorials throughout the year. Contact the Neil John Maclean (NJM) Health Sciences Library to find out when the next tutorial is being offered.

Neil John Maclean Health Sciences Library
770 Bannatyne Avenue
Winnipeg, Manitoba
P: (204)789-3656

HOW DO I KNOW IF AN ARTICLE IS OF GOOD QUALITY EVIDENCE?

There are several factors to consider when evaluating the quality of a piece of evidence:

- The evidence should be as current as possible. Research conducted within the last **5 years** is ideal. Avoid using research conducted more than 10 years ago.
- Consider **Peer Reviewed Journals/Articles**. Peer review means that a board of scholarly reviewers in the subject area of the journal, review materials they publish for quality of research and adherence to editorial standards of the journal, before articles are accepted for publication. If you use materials from peer-reviewed publications, they have been vetted by scholars in your field for quality and importance.
- Try to focus on **Primary Research**. Primary research (field research) involves gathering new data that has not been collected before. Secondary research (desk research) involves gathering existing data that has already been produced.

WHAT KIND OF LEARNING ACTIVITIES WILL THE CCP COMMITTEE ACCEPT?

The CCP Committee accepts a wide range of learning activities such as:

- Attending educational courses or seminars (MDHA, SDH, Dr. Gerald Niznick College of Dentistry, MDA, CDHA)
- Completing online courses (CDHA)
- Reviewing professional journals/articles (Canadian Journal of Dental Hygiene, Journals on PubMed/Cochrane)
- Participation in CDHM approved study or journal clubs
- Watching dental hygiene videos or DVDs (DVD Quarterly)
- Advanced Formal Education (i.e. Bachelor, Master's, or Ph. D programs)

WHAT ACTIVITIES ARE NOT PERMITTED TO BE USED IN THE COMPLETION OF MY CCR?

It is important that your continuing competency goal and subsequent learning activities be directed at improving health outcomes for your clients, not only yourself. As such the following activities will not be accepted as supporting evidence for your CCR:

- Conversations with colleagues, employers and sales representatives (i.e. lunch and learns)
- Yoga or fitness classes
- Massage therapy or physiotherapy
- Self-study from non-professional magazines, books, or journals
- Resources (books, websites, etc.) related to personal wellness, weight loss, or stress reduction
- Any activities that occur beyond 24 months of the reporting period deadline

CAN I HAVE THE SAME GOAL AS OTHER DENTAL HYGIENISTS IN MY OFFICE?

Yes, CDHM encourages group learning to facilitate effective implementation of the new skills or knowledge gained. However, all CCR and PAR forms must be completed and submitted independently.

WILL I BE PENALIZED IF MY GOAL IS NOT MET OR PARTIALLY MET?

No, we realize that not all goals will be met by the CCP deadline. Goals that are not complete ("in process") those that were not successfully carried out ("unmet") should not be considered an individual failure but rather an opportunity to persist with continuing competency activities or modify one's goal.

I AM ON THE PRACTICING REGISTER AND WILL BE MOVING TO THE NON-PRACTICING REGISTER, WHAT ARE THE CCP REQUIREMENTS?

All registrants on the practicing register as of the reporting deadline (April 30th) of the current CCP year must satisfy the required components of the CCP. Once on the non-practicing roster, registrants are not required to complete the CCP but are welcome to do so.

I AM ON THE NON-PRACTICING REGISTER AND WANT TO APPLY FOR TRANSFER TO THE PRACTICING REGISTER, WHAT ARE THE CCP REQUIREMENTS?

Non-practicing registrants are not required to report their continuing competency activities. Registrants applying to transfer from the Non-Practicing roster to the Practicing roster must provide evidence of completion of CCP requirements for the year the transfer application is submitted.

- Applications received between May 1 – October 31 are required to submit full CCP requirements.
- Applications received between November 1 – April 30 are required to submit partial CCP requirements (i.e. **ONE** CCR; no PAR required)

I AM A NEW APPLICANT TO THE CDHM, WHAT ARE MY CCP REQUIREMENTS?

New applicants to the CDHM are required to provide evidence of completion of CCP requirements for the year the application is submitted.