Dental Hygiene Articulation Committee

MINUTES

BRITISH COLUMBIA COUNCIL on ADMISSIONS AND TRANSFERS (BCCAT)

Institution/Location: BCIT Downtown Campus

555 Seymour St, Vancouver BC V6B 3H6 (Room 711)

Meeting Date(s): May 11, 2020 | 9:30 am - 4:30 pm Via Zoom

Present: Leslie Battersby (Chair, CNC); Amber Ariss (VCC), Leta Zaleski (Camosun), Zul Kanji and Denise Laronde (UBC), Monica Soth, Andrew Hollenberg, Deanna Mackay (VIU), Mandy Hayre (Camosun / BCDHA)

Invited: Carole-Anne Mrsic (VCDH), Andrea Burton (BCDHA), Jennifer Lawrence (CDHBC), Heather Biggar (CDHBC), Ruth Erskine (BCCAT)

Regrets: none

Member Institution	Representative	Email
Camosun College	Leta Zaleski Mandy Hayre	zaleskiL@camosun.bc.ca hayrem@camosun.bc.ca
College of New Caledonia	Leslie Battersby	battersbyl@cnc.bc.ca
UBC-Vancouver	Zul Kanji Denise Laronde	zulkanji@dentistry.ubc.ca dlaronde@dentistry.ubc.ca
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BCCAT	Ruth Erskine	rerskine@bccat.ca
BCCAT System Liaison Person	Patricia O'Hagan	patricia.o'hagan@viu.ca

Recorder: Amber Ariss, VCC

Welcome from Leslie Battersby, Chair

1. **Meeting Called to Order at 9:34 am.**

2. **Introductions/welcome**
   - Members Leslie Battersby (Chair, CNC); Amber Ariss (VCC), Leta Zaleski (Camosun), Zul Kanji and Denise Laronde (UBC), Monica Soth, Andrew Hollenberg, Mandy Hayre (BCDHA)

- Guests: Carole-Anne Mrsic, VCDH (2:30-4:00), Jennifer Lawrence & Heather Biggar, CDHBC (2:00-3:00), Andrea Burton (1:30-2:00), Patricia O'Hagan, SLP (3:00-3:15), Ruth Erskine, BCCAT (3:15-3:30), Deanna MacKay (Observer – VIU in-coming chair),

3. Approval of Agenda and Any Additional Items

Motion: to adopt the Agenda as revised
Moved: Monica Seconded: Zul Motion Carried

- **4. Approval of minutes of the Articulation Committee meeting of Apr.12, 2020**
- Minutes circulated from April 2019. Minutes revised and recirculated April 30, 2019.
- Action Item for Follow Up - AAP sharing of resources – program resources have continued to evolve and have not been shared yet.
  - Camosun and VIU using European Federation of Periodontology documents and this has been working well.
  - UBC created a flowchart and will consult on sharing jointly developed resource.
- ACTION – Institutions to consider sharing AAP resources following consultation.
- **ACTION:** Leslie to send April 2019 minutes to Ruth Erskine to post on BCCAT website -June 11,20 completed

Motion: to accept the Sept 2018 Minutes as presented/with amendments as noted:
Moved: Leta Seconded: Monica Motion Carried

5 New Business:

5.1: **Use of BCCAT letterhead- Leslie**
Use of BCCAT letterhead requires advance BCCAT approval.

5:2a- **Loupe representation in our programs- Zul**
VCC – currently invites Orascoptic, Surgitel, ExamVisions, and Univet. Will not invite current DFV rep.
UBC – only uses flip up systems
CNC – invites a variety of vendors, allows all to present in workshop style, and students can choose; loupes are not mandatory – discussed in lecture, brought in for purchase in 2nd year
Camosun – Junior students do not start with loupes and they are not mandatory, but they are interested. They invite vendors in the Spring for presentations, provide guidelines of what to include (warranties, local reps., etc.). 3 in Spring, 3 in the Fall
VIU – invites 2 reps, also get to view other brands at conferences, not mandatory

5:2b **DFV new contact info** Brittany Hale bhale@dvimail.com Mandy
Mandy identified that DFV is willing to send another representative

5.3a **COVID-19 fall contingency planning and new protocols- Zul**/ALL
UBC – bringing students back for clinic bootcamp last 2 weeks of August and leading up to Sept. Labour day; 4th year community in question because of ongoing COVID-19 concerns
Camosun – 6 full days, equal to 2 weeks of clinical, plan going up to Deputy Ministry of Health, no aerosol generating procedures
CNC – senior class deemed competent, used virtual patients, webinars – wrote a final clinical practical exam Junior class, 3 weeks or remediation practice and increased clinical time next year, possibly extending graduation time for next year, continuing plans for online learning, awaiting guidelines re: infection control, dental assisting is back in clinic with social distancing, believe level 3 masks will be needed for aerosol generating procedures, safety committee coming in over summer, already using HVE mirror suction, no specific software upgrades

VIU – Junior class – 3 week bootcamp, staring Aug. 17, not using US, incoming class – physical distancing every second operatory – but instructors will be travelling so need to discuss what they will need
Senior class – alternative completion for outstanding requirements, intercession in alternative online format
VCC – completed all theory through alternative delivery, considering alternative completion for any outstanding requirements.
Junior Class – proposing return for 2-3 week clinical in August

Regarding CDHBC: all institutions agree that bringing graduating students back for clinical 'refresher' is not feasible and creates many legal, space, and cost issues.
Action: Chair will share Committee position with CDHBC in the afternoon.

5.3b if **programs are considering any software to support virtual care**?
No programs had additional funds to purchase additional software.

5.3c **policy going forward re: PPE during Sim as we currently have shortages**
Camosun – will not be using PPE in simulation to be conservative.
Other programs waiting to hear CDHBC PPE guidelines

5.3d if there will be a **provincial DH approach and training for enhanced level of infection and prevention control for various care contexts**
All are awaiting updates from PHO and Oral Health Regulators.

5.4 **CDHBC new regulations/bylaws- how each educational program is being impacted by them and what programs are doing to implement them in their clinics- Mandy/ALL**
Prescription and Interpretation of Radiographs, CHX, Epi
CNC – CHX Rx is not new, dentist always did this but process is now more specific, Epi – could be verbal or over the telephone, must be collaborative discussion, could be standing order for series of appointments, doesn't require dentist on site; Radiographs – for perio purposes DH will proceed, extraoral rad will need to be prescribed and sent to dentist with treatment letter for interpretation
UBC – involving dentist in Case consultant prescription as part of treatment planning, UBC has educational only license – Zul had to write letter to CDSBC regarding clinic needs regarding prescription, dentist was given authority to prescribe as needed, Zul to share CDSBC contact
Camosun – educational license of clinical dentist only allows prescriptions for on the floor – creates issues with standing prescriptions and case consultation. Switched to Listerine as pre-rinse. Re: radiographs - Leta received very cautious approach from CDHBC regarding rads for caries risk assessment – do not prescribe rads solely for caries risk assessment. Dentist prescribes and must read the radiographs, but part of the learning process is for students to review, if prescribed by DHI then they meet with DHI instructor and collaborate with dentist as needed – and referred.
VIU – Dentist still writing Rx for CHX as needed, using Listerine otherwise, working with dentist on the floor regarding series Rx in consultation with CDSBC, Rx from limited education license dentist rejected at the pharmacy; Rads prescribed for perio reasons, feels lack of extraoral rads is a barrier, radiographs for caries detection is a grey areas– have had dentist on the floor and taken for caries detection, VIU makes every effort to have radiographs taken and viewed in the dental clinic
VCC – Students consult with DHI regarding perio rads and DI for caries and other suspected pathology; CHX – dentist will Rx if needed, but generally use Listerine; LA epi – we usually have a dentist on the floor, but are considering changes to our approach; Rad interpretation – students schedule time to review rads with a dentist but complete their own findings for learning purposes first
Q: Re – recommendation for Providone Iodine or H2O2 as pre-rinse by CRDHA – some indication that it is effective against COVID-19 – but rinsing is only effective in oral cavity and Covid-19 lives in the respiratory tract – limited evidence.
Q: What are the documentation responsibilities when rads are prescribed by an outside dentist? Is it just referral? Or, should findings be documented?

Action: Follow up with CDHBC in the afternoon.

5.5 **Quality assurance protocol's for patient care in programs-forms used/faculty calibration- Leslie**
Quality Assurance Process
CNC – formal quality assurance audit to determine if quality care was provided
VIU – low clients have chart audit checklist, mod+ clients complete more formal QA process
VCC – SOAP, self-reflection pieces to evaluate care, audit forms
UBC – software prevents students from moving forward if there are missing items, and audit checklists, software allows compiling of reports to follow up with students if there are any missing pieces
Faculty Calibration
VIU– concerns are brought forward as calibration items and followed up with clients as appropriate; faculty calibration is ongoing, it can sometimes be because information changes through the process of care
Camosun – final CRA and Perio Risk not completed until care plan complete; approvals are no longer done on the floor due to things being missed due to lack of complete information; they may be addressed as a consideration for future care or followed up with client; faculty have regular calibration meetings

5.6 **Grading/placement criteria for digital rads using sensors. -Leslie**
UBC – provide ideal scenario but faculty are calibrated to understand limitations
VCC – provide ideal scenario but students should self-assess limitations and challenges
VIU – ongoing calibration, considering use of horizontal placement for premolar BW to improve chance of seeing distal of canine; focus on diagnostic vs. technical requirements

5.7 **CPEDH Clinical performance exam proposed by CDHBC- ALL**
This is not a priority for CDHBC right now. Articulation has presented to CDHBC that they are interested in a joint session with an objective 3rd party. Letter sent to CDHBC regarding this earlier this year.
CNC - Non-accredited programs should have a performance exam but accredited programs should not as students are evaluated for 2 years in their programs. Faculty would not graduate a student who has not met compentcy.
Camosun – agrees, CDHA data does not support that new graduates are having clinical liability concerns
VIU – literature does not support a one-time based competence assessment; concern with the time and resources that CDHBC has invested and desire to push through something that is not evidence-based
UBC – writing literature review about assessment of clinical competence, hopeful that it will inform discussions across Canada; open to something beyond a MC assessment by NDHCB
VCC – there seems to be a disconnect and lack of understanding regarding the complexities of implementing the exam – software, calibration, access to appropriate clients; however, we understand the limitations of the MC based assessment
Action: chair to bring forward to CDHBC in afternoon session.

5.8 **Which programs are asking students to purchase BP monitoring equipment? Are they following recommendations from the Canadian Hypertension Guidelines document? How are they having students experience the Korotkoff sounds? Zul**
UBC – use of manual and then switch to digital
Camosun – use of manual and then switch to digital – students purchase digital unit based on Hypertension Canada approved list; this is to support students in continuing the practice of taking BP once they graduate
CNC – students must pass performance evaluation with manual and then switch to digital; all operatories have small digital units; clinic has one medical grade unit which can also be used if discrepancy. Formal HBP chit is given to patient after each high reading.
VIU – starts with manual in first year; clinic has purchased multiple digital units; operator error is the most significant issue for both manual and digital systems
VCC – starts with manual; one medical grade digital unit is available
No institutions have plans to discontinue learning on manual systems.

5.9 **Are programs using table mounts currently? Will this be a consideration with instrumentation foundational skills if limited ability to be in the clinic setting? - Zul**

UBC anticipating reduced clinical time next year; considering more simulation clinic to supplement clinic time; mentioned FLIPGRID (Zul will share link) as virtual teaching tool; dentoform table mounts cost ~$160-180 each

CNC – does not have table mounts, anticipating intake of 12; have previously had mounts made by the trades department. Anticipate doing some clinical perhaps over virtual. Students holding instruments for demo of modified pen grasp- showing use on typodonts.

Camosun – has not reviewed end of year curriculum changes but are considering purchasing

VIU – considering the cost benefit analysis and the limited time that junior students usually spend in simulation; could similar benefits be achieved with reduced costs to the program or students

VCC – considering shared resources with Dental Assisting

5.10 **What are other programs doing as far as student research. Are the third years' involved in performing research that require course based ethics approval? Amber**

VIU – research methods course, final project involves a small survey-based research project (4 weeks) and report, students complete TCPS 2018, course has ethics approval

Camosun – research-based course, no ethics approval research

CNC – evidence-based practice course, no ethics approval, literature review, presentation of findings; ethics approval in community health course due to collection of data and sharing when doing community presentations or interviews

UBC – research focus on 4th year; academic writing and literature review is spiralled though the program; 4th year students participate in research project in 4th year, UBC has large complement of faculty capacity to support students through the research process

5.11 C**ommunity programming hours and/or course credits – what are other diploma programs doing—how many hours are students offsite in community practice/on rotation? What type of experiences are students exposed to (LTC, Hospital settings, community health fairs, Indigenous communities, etc.)? What are the credit hours of community practice courses? Amber**

CNC – 2 X 4 credit community health courses 4 hours for 15 weeks and 4 hours for 17 weeks both in senior year, first course is learning and 2xd course is active in presenting to the community; option to build individual plan for additional community experience in clinic 4

Camosun – 2 courses in senior year; Fall limited oral health promotion internship (3 hours /week); Spring 3 hours / week – 4 different placements – screening and care for residents; education for care givers; temporary clinic; work with Indigenous community and presentations; ADPIE process with a focus on cultural sensitivity

VIU – Fall of senior year 1.5 credit course for basic foundations – 2 experiences in community with Indigenous communities; Spring 3 hours per week with experiences across the lifespan and various levels of abilities, proposed degree would have full year course for community experience

UBC – program design is a community oral health program with a clinical component, 2nd year 18 credit course integrates community and clinical components, all day Wednesday in community practice, varied community experiences, starting with health promotion - ~ 500 hours spread through 2nd- 4th year. Varied community experiences, including rotation to prison environment – no clinical work more oral health promotion, education, relationship building.

5.12 **Review of program requirements regarding debridement – calculus removal vs biofilm removal –** Leta - Camosun

CNC – number of errors = stain, biofilm, calculus; also taking into consideration client challenges and faculty judgement as far as end point. Timed debridement evaluation students assess end point and number of deposits left.
VIU – consider biologically compatible surfaces; more concern regarding students' ability to self-assess rationale around whether they have reached endpoint; faculty support students in developing these self-assessment abilities and this is solidified as students return to evaluate care provided
UBC – end goal is biocompatibility vs deposit removal, requires student self-assessment, ongoing evaluation at future appointments
VCC – focus on biologically compatible surfaces to support healing and students ability to reflect and self-assess
Camosun – need to focus students on critical thinking and assessment rather than being deposit focused

6. **Review of program comparable chart**
Discussed adding VCDH column to the program comparable chart – in the past when it was sent the program declined to share information

7. **Presentation of Institutional Reports (30 min/4 mins each - All) (if sent in then it will also be attached if not then will be verbal only)**

a. Camosun College-attached
b. College of New Caledonia-attached – added information regarding new Dean; added 2 courses to admission requirements
c. University of British Columbia-attached
d. Vancouver Island University- attached
e. Vancouver Community College-attached

7b- lunch 12:45-1:30

8. **Guest Reports/Updates**

A BCDHA Andrea Burton 1:30-2:00
Revised annual plan, new focus on evolving issues around Covid-19. Hearing from practicing hygienists that may not want to return to practice. Possible increased retirements, reduced capacity for work (family responsibilities), reduction to working hours (employer driven) due to reduced revenue. Online consultations but no capacity to bill within current fee guides. BCDHA is holding open sessions for students to ask questions. Addressing pathways for students and registrants with respect to new registration categories. Confusion regarding entitlements to CERB and changes if employers applied for wage subsidy program. Variety of feedback – some want to go back to work immediately others are uncomfortable that BC does not seem to have the robust changes to IPC that other provinces are advising. Students would like robust mentorship plan. Looking at new registration categories and pathways to access, especially for those caught in the middle of the change. Members have faced many challenges lately with changes to regulations, practice standards, proposed amalgamation of oral health colleges and now COVID-19. Looking at refreshing awards program. Revamping modules and planning for regular reviews of refresher modules.
Q – Will BCDHA work with CDHBC on strategies to bridge the gap between lost clinical time in educational programs and preparation for practice? Difficult for CDHBC to mandate something except on a short-term basis for this cohort.
Q – Any comments on return to work plan? Based on regulatory legal framework – expect information from CDHBC today. Expected to be less prescriptive. BCDHA will need to focus on educating, calming members and hearing concerns from dental hygienists. Listening to concerns

from members feeling pressure to perform. Support reporting and dialoguing with dental organization. Ongoing challenges with access to PPE.
Q – Any special accommodations for large educational institutions? We will need to follow the same rules, pull out the measuring tape to assess distance, plan for changes in the long term.

B **CDHBC Jennifer Lawrence/Heather Biggar 2:00-3:00**

CDHBC operations continue, no new information to share. Chair brought forward all concerning items from morning sessions
Q – Rx of CHX and Epi – OK verbally or over the phone, and Ok for a series of appointments?
CDSBC conversations felt delivery of Rx verbally or on the phone aligned with their requirements, not necessarily open-ended Rx but within parameters for each client's needs. Jen shared Interpretative Guideline on Rx completed in collaboration with CDSBC
Q – Rx of rads for perio on children? Alignment with caries risk strategies?
Rationale needs to be related to dental hygiene diagnosis. Rads may be included in CRA but not the reason for the Rx.
Q – Requirements for dentists Rx extraoral image? Whoever Rx the radiograph must receive the image. Referrals are appropriate.
Q/Comment – CPEDH currently on the backburner but will be discussed again. Educators do not believe that a one-time assessment is in alignment with the evidence. However, there is an appetite to revisit the value of a standalone MC assessment tool. - CDHBC is committed to further dialogue and discussion with educators – it remains to be seen when that will be able to occur. CDHBC believes that this session is more suited to a F2F workshop to get the most value from the session. The use of the CPEDH for unaccredited programs will continue with no change on the horizon for some time.
Q – Re: the request from CDHBC for a copy of status reports for CDAC and how each program has determined compentcy? This is not required by CDAC until June 30 and institutions have not completed it yet. The committee agrees that a clinic refresher is not feasible for graduates –
Response: CDHBC feels they need more information regarding what programs have done to mitigate program changes. CDHBC may need to respond to requests from the Ministry to validate continued acceptance of approved programs. Focus now is on graduating classes and we will revisit changes for junior classes later. Discuss plans early with CDHBC so any concerns can be addressed. CDHBC will be happy to have an individual dialogue as needed.
Q – What does CDHBC have planned for graduates during the Covid-19 crisis? Uncertain, but the college does have concerns regarding a significant gap in skill development. Given this is a known interruption the college needs to do their due diligence to ensure they are registering professionals with the safety of the public in mind. If students were registered would there be options to complete a CE course? Institutions feel this will continue to be a challenge with increased social distancing. CDHBC is being asked by the Ministry – as are all health professional regulators – to consider how they are addressing the changes to the programs and safety of graduates.
PHO is putting out document with general guidance for all health professionals that do not work in a hospital setting– this document should address some community delivery concerns that will be relevant for educators. Oral Health Regulators are working jointly to create a principle-based document. Working group is hoping to release the document this week or shortly after the long weekend. Our IPAC guidelines were well developed and will continue to be the cornerstone of any future document.

C SLP Patricia O'Hagan 3:00-3:15

Deans Report: Lots of First Nations Communities are opening dental clinics and so discussions are starting again around dental therapy in BC.
Degrees in Dental Hygiene – discussions are around what is the current need, what is the related program costs and funding to support the development.
Truth and Reconciliation -What can we do in dental around truth and reconciliation? Patricia will share video with Articulation. Conference was planned to start the conversation around how we can address Truth and Reconciliation and impacts on dental health – postponed to next year.

D **BCCAT- Ruth Erskine 3:15-3:30**

Update provided by BCCAT – see 2020 Spring update.

7b- return to articulation group for final thoughts/action items/wrap up 3:30-4:00/4:30
Zul discussed the changes related to Covid-19 with institutions allowing students to elect to have a CR or non-numeric grade. How will programs be evaluating these transcripts? It has not been an issue for any programs for the Fall 2020 intake but may need to be considered for future intakes.

9. Next meeting:

Location: BCIT Downtown Campus, 555 Seymour St, Vancouver BC V6B 3H6 (Room 711)
Date: Friday, April 23, 2021, 9:00am – 4:00 pm

10. Meeting Adjourned at 4:00 pm

BCCAT Contact Information:

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Chair: (Term of Office: 1 year beginning in January)

Year	School
2017	Vancouver Community College
2018	Camosun College
2019	University of British Columbia
2020	College of New Caledonia

2021	Vancouver Island University
2022	Vancouver Community College (original rotation starts again)

Recorder / Minutes:

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