

**CDA Articulation Committee Meetings
BCCAT OFFICE - BCIT Downtown Campus
711 – 555 Seymour Street, Vancouver BC
April 20 & 21, 2017**

Minutes

Chair: Heather Brown, College of New Caledonia
Recorder: Shelly Melissa (for Marla Jones, College of the Rockies)
Process Guide: Karen Klenk, University Fraser Valley

Attendees	
Shelly Melissa	Camosun College
Heidi Parisotto	Vancouver Community College
Lynette Cramen	Douglas College
Marla Jones	College of the Rockies
Marianne Roden	Vancouver Island University
Karen Klenk	University Fraser Valley
Heather Brown	College of New Caledonia
Mandy Hayre	Camosun College
Joanne Gibbons-Smyth	Okanagan College
Friday: Michelle Rosko – observer	Vancouver Community College
Friday: Stacy Rhodes-Nesset - observer	Douglas College

Item	Action
Welcome and Introductions – roundtable introductions New Members were welcomed: <ul style="list-style-type: none"> ▪ Lynnette Cramen, Douglas College ▪ Marla Jones, College of the Rockies ▪ Heidi Parisotto, Vancouver Community College 	HB
Review and Approval of Agenda <ul style="list-style-type: none"> ▪ Additional Items were added to the agenda, and items were prioritized due the long agenda to ensure all important/timely topics were addressed. 	HB
April 20th Guest Information and when they would be attending. <ul style="list-style-type: none"> ▪ Agnes Arevalo, CDI College 1:00 – 4:00 ▪ Sandra Woodrow, CDI College 1:00 – 4:00 <p>Discussion: Radiography new guidelines “diagnosis with same DDS as prescriber. Currently, a different dentist could prescribe the radiographs and another dentist could diagnose them.</p> <p>CDAC looking for student surveys – which is a new requirement as of 2014. We will ask Michelle Rosko from VCC tomorrow about their survey process.</p>	

<p>DAEC- Institutes either have corporate or individual membership. It has been announced that DAEC will be folding at the end of this membership year.</p> <p>Guest Speaker</p> <ul style="list-style-type: none"> ▪ Ruth Erskine, BCCAT 2:00 – 2:30 (1:30) <p>REPORT Summary</p> <p>Website : <u>Education planner BC</u>- Student tool for finding courses/ programs & their locations. Ruth provided a handout outlining current information about BCCAT. Articulation Committees are now categorized under headings. Dental is found under “Health”. Ruth asks that if anyone has any suggestions for the website to let her know.</p> <p>The Joint Annual meeting (JAM) will be on November 17th 2017 at the Westin Wall Center. It would be advantageous for the incoming Chair to attend this meeting.</p> <p>ACTION: Chair of Articulation will always forward this invitation to the incoming Chair so they can attend if possible. If the incoming Chair cannot attend, then the Chair may attend if they choose.</p> <p>Nominations are open for candidates for BCCAT Transfers awards.</p> <p>New curriculum implementation for Grades 10-12 fall 2018. This may have an effect on CDA programs as all provincial exams (science etc.) are gone except for English. See booklet titled Changes in K-12 Education by BCCAT.</p> <p>Funds for innovation projects available – we will consider putting in for the orthodontic and prosthodontic modules.</p> <p>BCCAT Funding: Transfers innovation funding –</p> <p>ACTION: Ruth to send out the information for the process/forms – September 27th would be the next meeting, ideally project needs to be presented 3 weeks in advance if we wanted to move forward with the ortho and prosthodontic modules.</p> <p>NOTE:</p> <p>BCCAT Newsletter is available by going to website and subscribing.</p> <p>Guest Regrets:</p> <ul style="list-style-type: none"> ▪ Leslie Riva, CDSBC (report) 2:30 – 2:45 Discussed the report provided. There is no comment regarding the letter the CDA Articulation Committee sent regarding supervision bylaws in January 2017. ▪ Amanda Smith, CDABC (report) 2:45 – 3:00 Mandy discussed the importance of <u>acting now</u> to enact mandatory membership for the CDA profession as the CDSBC bylaws are open and being revised right now. Many other professions have asked for and gotten this, and it is not solely CDSBC making the decision – government is has the ultimate say. If the CDA profession (through CDABC and CDAA) can get a letter to the government and to CDSBC to ask for this, at least 	<p>Attended by Lynette Cramer Fall '17</p> <p>Available on-line. See BCCAT website</p> <p>Complete</p>
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<p>the ball will get rolling. In addition, the CDABC should get letters of support from other regulated health professions to support their request. They could ask CDHBC and BCDHA/CDHA for assistance (Jennifer Lawrence and Cindy Fletcher) and ask how they achieved it (as well as contacting Cynthia Johanson – registrar for the Nurses in BC).</p> <p>ACTION: Mandy Hayre to share letter she wrote to start process for dental hygiene which outlines why membership in a professional association is actually supporting College mandate of public protection.</p> <p>ACTION: Mandy Hayre will also provide article she wrote for her membership. A survey was later done of the membership asking if they would support mandatory membership. This would be important to show the members support it.</p> <p>The articulation committee, or some members, should work with CDABC to write a letter to the CDSBC and government NOW. Marianne Roden interested in taking this project on. Another step would be for us to have a conversation with Gerome, Registrar of CDSBC.</p> <p>ACTION: Marianne to follow up and make calls and get the ball rolling.</p> <p>ACTION: Mandy to let Jennifer and Cindy know that Marianne will be calling.</p>	<p>Complete</p> <p>Complete</p> <p>Continuing to persue</p>
<p>Approval of Draft Minutes from April 7 & 8, 2016- APPROVED as presented.</p> <p>ACTION: Heather Brown to provide them to Ruth for posting on the BCCAT website.</p>	<p>May 2017 – HB Action complete</p>
<p>Action Items From 2016 Meeting</p> <ul style="list-style-type: none"> ▪ Letter to CDAC – stating concern over students creating a student survey and analyzing data. Update: no response has been received from CDAC, not even an acknowledgement of receipt of the letter. This is disappointing. <p>VCC asked to Dr. Harley to develop survey / Michelle will share the survey. FRIDAY: Michelle shared that she did not have an answer from Dr. Harley as to whether or not he would write a letter outlining why a survey of this magnitude is outside the expertise of CDA students. She also didn't know if he would require some monetary compensation for a letter. So, we are in a waiting period.</p> <p>ACTION: Michelle will continue to follow up.</p> <p>CDAC is being firm on this requirement and stated that if the survey was not done, a site visit would not be approved. The survey results need to be sent in with the school's survey documentation, prior to site visit being approved in VCC's case. Karen was not sure when it was required for UFV. Agnes shared that they had an addition/ addendum to their recent visits from CDAC – so process seems to be changing.</p> <p>There was a suggestion to use Fluid Surveys for this purpose. It uses Canadian servers for storage and it easy to use, and provides a detailed report of finding. Camosun recommended that we share our</p>	<p>Resolved, CDAC no longer requires</p>

<p>surveys and create a tool which the students can edit/change to suit their style.</p> <p>ACTION: VCC and UFV to share their student surveys used with the articulation committee members as soon as possible as some schools are preparing documentation now (Marianne Roden).</p> <ul style="list-style-type: none"> ▪ VCC will write a letter to CDSBC stating the single provisional crown is not being taught within the 10 month programs. The letter was sent to everyone. <ul style="list-style-type: none"> - Letter will be shared with All institutes PAC - Institutes need to follow up with their PAC at next visits - Ideally all Chairs of programs to send a letter to CDSBC recognizing the need to wait for a minimum of 1 year. - Update: many schools had not yet done this. <p>ACTION: All schools will take this to their advisory meeting. Camosun College has already done this.</p> ▪ Sale of Prosthodontic Module – OC <p>Joanne reported that she spoke with her Dean and the updated prosthodontic module (retraction cord has been added) at OC is not for sale currently and is housed with their CE department. They are waiting on need before willing to sell it. She further reported that their classes have not been full when running the course. The course at OC is 2 months of theory and 1 weekend clinical. Wait lists at this time are not existent - currently 9 with a max 12 seats available.</p> <p>NOTE: CDSBC still recognizing both the previous and OC modules.</p> <p>Discussion: The protho module development was originally funded by BCCAT because it is best practice for all schools in BC to teach to the same curriculum/standard (thereby also creating transferability). When the retraction cord was added to scope, it became necessary to update the module, and CDSBC provided seed money for an educator to update the module – with the understanding that everyone would then have access to it and we would then have a ‘new standard’ that was the same for everyone. Therefore, the need to ‘buy it’ from OC is not understood. There is no accountability for the seed money provided by CDSBC to develop curriculum that would then be accessible to everyone. Some history provided was the person from OC that was to update the module experienced some health challenges, and OC may have had to use some funds to complete the updates to module. Joanne will have to ask as she doesn’t have the history behind the issue.</p> <p>ACTION: Joanne to explore further with her Dean and OC and report back to the committee.</p> <p>Since the ownership of the updated prosthodontic module is in question, the articulation committee would like to apply for BCCAT funding to update the previous module so that all schools have access to the same</p> 	<p>Resolved, CDAC no longer requires</p> <p>Complete</p> <p>CDABC is in the process of making these documents public – All public institutions will</p>
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<p>curriculum. Since there is only the retraction cord curriculum to add, it should not take a lot of work to accomplish this.</p> <p>ACTION: Ruth to send us the dates for funding, and we should contact John Fitzgibbon for more information on how to proceed. We will also inquire about funding for the orthodontic module. It is recognized that it is advantageous to have one standard in the province when possible (discussion about the Alberta prosthodontic module being of significantly less depth and breadth).</p> <ul style="list-style-type: none"> ▪ Graduation dates to CDABC for purpose of Awards ACTION: Schools need to let CDABC know of dates of class graduations ▪ Policies and practices for supplemental exams- All colleges have specific language in place for all reassessments and supplemental exams. Most schools allow for 2 – 4 supplemental for the program. ▪ Follow up to the CDA Advisory committee; this committee asking for an addition to be made to Bylaws that outlines the supervision of provision of dental assisting services. A letter was sent by the Chair, Mandy Hayre, in January 2017. To date, we have not received a response to our letter. <p>ACTION: Bring forward the agenda item again for the 2018 articulation meeting so we can discuss with Leslie Riva.</p>	<p>be able to purchase.</p> <p>Complete</p> <p>Heather Brown to resend the letter</p>
<p>Committee Business</p> <ul style="list-style-type: none"> ▪ Circulate CDA Articulation Contact List for updates- Master Copy updated ACTION: HB to circulate to committee after the meeting. ▪ Circulate Program Comparable chart for updates- Master Copy Edited ACTION: HB to circulate to committee after the meeting 	<p>Complete – review Apr’18</p> <p>Complete – review Apr’18</p>
<p>New Business</p>	
<ul style="list-style-type: none"> ▪ Rotation Schedule for process guide – HB developed a new list for process guide as we always seem to scramble to find someone to do this work each year. ACTION: HB will circulate new list to committee members. 	<p>Complete – review Apr’18</p>
<ul style="list-style-type: none"> ▪ Custom trays/sports guards were discussed. Schools continue do student assigned exercises but not doing it for clients due to need for dentist coverage for this service. 	<p>KK UFV</p>
<ul style="list-style-type: none"> • Use of Learning Management System (LMS) for course delivery/Hybrid course was discussed. Institutions use Blackboard, Moodle or D2L sites and online work with students with information, quizzes, exams, and other resources. Most schools use the management system as a repository for materials, there is limited use of interactive features. 	<p>KK UFV</p>
<ul style="list-style-type: none"> • Remediation activities/tools used with struggling students was discussed. 	<p>KK UFV</p>

<p>All schools have similar systems in place (tracking of students, meet with students, identify students at risk, progress evaluations and follow-up with documentation, contracts, and remedial opportunities.</p>	
<ul style="list-style-type: none"> • Interdisciplinary activities with other program was discussed. All institutions are working on some form of implementation (mostly local, however some schools have international activities. There are similar challenges with schedules to make this activity occur. 	<p>KK UFV</p>
<ul style="list-style-type: none"> • Program Immunization policies <p>Currently all schools are “strongly recommend” all immunizations and the flu vaccination. TB is mandatory for schools and only positive results require follow up. Documentation states “required” for immunizations as best practice, but if challenged it cannot be enforced. Documentation states benefits and risks of immunization.</p> <p>ACTION: All schools to share their current documentation</p>	<p>KK UFV Institutes to share their current documentation with KK and all</p> <p>Apr’18 – added to agenda for follow up</p>
<ul style="list-style-type: none"> • How schools prepare students for studying/writing the NDAEB was discussed. Discussed what different institutions are doing. What is done is varied in the schools. 	<p>KK UFV</p>
<ul style="list-style-type: none"> • Invisalign impressions were discussed. None of the schools implement these specifics impressions into the curriculum. Bylaws currently recognize skill but not the equipment/tool needed to be used. 	<p>HP VCC</p>
<ul style="list-style-type: none"> • Dental Outreach programs for students was discussed. There are many local programs where students are able to participate, but only one school had international connections at this time. 	<p>HP VCC</p>
<ul style="list-style-type: none"> • Dental dam clamps on students. There was no further discussion on this topic because it was answered via email. There was a bit more discussion on a side topic regarding the number of dams on DEXTER/peer/assists and assessments throughout process. All schools are placing dental dam including a molar dental dam clamp placement (with topical anesthetic). All schools are using non-latex dam, however this may change with new sensitivities to non-latex materials. 	<p>MR VIU Heidi VCC</p>
<ul style="list-style-type: none"> • Chairside dental assistants in BC was discussed at length. Teleconference May 3rd – Marianne Roden has joined the working committee set out by the CDABC to look at this issue. Goal of this committee to disallow “chairside” assistants with the exception of those who are enrolled in a CDA educational program (ie. the distance program). It was also noted that this change could be made now with the bylaws open. Further, this committee feels that infection control needs be included as a restricted activity in the new bylaws because untrained personnel can put the safety of the public at risk with breaches in asepsis. 	<p>MR VIU</p>

<p>NOTE: CDSBC may not consider these because we don't have 'cases' of public harm being done by level I's. However, there are cases and we could find them and illustrate that they do exist.</p>	
<ul style="list-style-type: none"> Rationale for program names – Certified Dental Assistant Program or Dental Assistant Certificate Program – was discussed. Ideally all programs would have the same title. Certified Dental Assistant Program indicates that we are educating Level II CDAs and also that it is a certificate (dual meaning), and dental assistant certificate indicates that students get a certificate (or graduate from a 1 year or less program) – this does not indicate level I or II. Something for programs to explore as they feel appropriate. 	MR VIU
<ul style="list-style-type: none"> Endo and suture removal in clinic – how are others approaching these areas was discussed. All schools provide some form of an endo assist and suture removal assessments. 	MJ COTR
<ul style="list-style-type: none"> Use of dental software was discussed. There are a variety of dental software programs being used in the programs. All schools have both a live and practice database. 	MJ COTR
<ul style="list-style-type: none"> The programs discussed whether Botox curriculum was taught in the programs. Currently there are no programs doing this and it not something that advisory committees are requesting. 	MJ COTR
<ul style="list-style-type: none"> The time spent teaching communication to students was discussed. All schools teach communications however the hours and format was varied. Some schools teach it all in one course, others divide it up. ACTION: Joanne to share current text used for her course with the committee 	<p>MJ COTR</p> <p>OC didn't adopt this text No Action</p>
<ul style="list-style-type: none"> Fluoride Application – simulation and reality. Prevalence of fluoride varnish (pedo/adult) was discussed. Most schools are implementing varnish/trays based on client need. Varnish, gel, and foam are used, but no rinses. 	LC DC
<ul style="list-style-type: none"> Saliva ejector protocols - following CDSBC infection control guidelines. Currently there are no schools using Safe Flow. Schools teach saliva management and client instruction to avoid them closing on the saliva ejector. This is what is found in most dental offices and we want to prepare gradates accordingly. 	LC DC
<ul style="list-style-type: none"> Vital signs – screening and patient/client care appointments Blood pressure: age restrictions? Schools take blood pressure on adults aged 18 - 20 years and up; and on students. Most schools take blood pressure at the treatment appointment because there is no risk at screening appointment (not doing anything invasive), and others are taking B/P at screening appointment. The important thing is the take it before care, so if it is taken at screening, it must be repeated on the treatment day. 	LC DC

<ul style="list-style-type: none"> Digital or analog equipment for use with patients/clients – Both are being used – the CDHBC article in Access for dental hygienists recommended digital over analog. 	
<ul style="list-style-type: none"> Pit and fissure sealant placement protocols and the CDSBC guidelines were discussed. Douglas is having a DDS on site for assessment and placement of fissure sealants. 60 day rule is what is applicable, and long as treatment is diagnosed by a DDS it is okay. There is no requirement to have a dentist for the second appointment. Treatment can be reconfirmed by supervising RDH (or DDS) at the time of treatment on a client. <p>NOTE: CDAC doesn't require sealants during Public Dental clinic if requirements are met with Dexter and peer evaluations.</p>	LC DC
<ul style="list-style-type: none"> RDH – scope of practice with in learning/educational programs – withdrawn from agenda by Douglas College. 	LC DC
<ul style="list-style-type: none"> CDA Level II skills - % dental assisting – instrument transfer; % direct client care - Discussion <p>There is no 'magic' number – you must look at your individual program make/structure, use feedback given and make individual decisions on what is most appropriate for student learning and meeting outcomes.</p>	LC DC
<ul style="list-style-type: none"> Are the graduates fitting/meeting industry standards – what skills are weak and/or lacking? What are your processes? Assessment tools? How is it managed? Evidence – follow-up with graduates, interview dental offices, and? It is difficult to answer this question because there are too many variables and moving parts. You should look at your school measures (PAC input, student feedback, NDAEB & practicum results, CDAC report and student performance) and evaluate your program to decide what is appropriate. 	LC DC
<ul style="list-style-type: none"> Reception skills/course content in program – Discussion. There are varied hours at for reception at the schools. The range is 9-32 hours, and some are stand-alone courses, while others are integrated within other courses and clinical time. 	LC DC
<ul style="list-style-type: none"> % of Multiple choice questions on midterm and final exams- Discussion <p>There is variation between schools based on the course and instructor. Many exams include vignettes with M/C used in consideration with prep for NDAEB. Others include short answer, true/false, matching, diagrams etc.</p>	LC DC
<ul style="list-style-type: none"> Clinical evaluations (% peer evals, self-evals, instructor evals), remedial, re-evaluations Discussion <p>It varies in percentage for the different schools, and the schools were not able to articulate the percentages because it would be time consuming to figure this out. For teaching clinical skills, the schools commonly demonstrate the skill, student practice, and then there is some form of assessment. There was a common thread of "peer" feedback in all schools.</p>	LC DC

<p>ACTION: Marianne to share her Master’s paper with committee as it was on evaluation.</p>	<p>MR will share with those who request</p>
<ul style="list-style-type: none"> Transfer of credits into dental assisting programs due to re-location, unsuccessful outcome in current program– process, requirements. Transfer agreements at other Institutions PLA - is required as each program is run on an individual basis with the exception of VIU and CC who share a similar curriculum. 	<p>LC DC</p>
<ul style="list-style-type: none"> Supportive curriculum streams to support weaker students- Discussed above with remedial question from UFV 	<p>LC DC</p>
<ul style="list-style-type: none"> Laddering between other programs such as a business model, dental hygiene Discussion: There is always the possibility of graduates undertaking further education with a goal of business leadership or anything else of interest to students. The only formal laddering for CDAs is into the DH program at VCC, but is has low enrollments. It rationale for why there is not greater credit for the CDA program into the dental hygiene program is because the scope of practice is very different. 	<p>LC DC</p>
<ul style="list-style-type: none"> Patient recruitment discussion occurred. It was generally recognized that all school are struggling to fill student requirements and it takes work each year. All schools minimum number of successful client experiences that student must meet - 6 clients was the most common number, but it varied from 4 – 10. According to CDAC, there is no ‘magic number’, it is what does it take for students to demonstrate competence. 	<p>LC DC</p>
<ul style="list-style-type: none"> CDA students with good hand skills – dexterity declining Discussion – there are a variety of challenges coming up with the new generation, one of which may be hand dexterity because cursive writing is not emphasised and pens are being held in odd manners. 	<p>LC DC</p>
<ul style="list-style-type: none"> Academic entrance requirements – English 12; Sciences; Math Discussion All schools have similar prerequisites. There are no indicators currently for any school to increase the grade requirement. Research is showing that the English grade is the best predictor for academic (not clinical) success. 	<p>LC DC</p>
<ul style="list-style-type: none"> How many theory courses does each regular full time instructor teach in your program? Discussion It varies based on program matrix, number of faculty, breakdown of other responsibilities. Most full-time instructors taught 2 or more theory courses and clinic. 	<p>SM CC</p>
<ul style="list-style-type: none"> Materials – Do you reference the MDA as what to mix and teach? Discussion The schools vary. All try to teach to the “ Families” or “classes” of materials rather than just the MDA. Nobody had a ‘wonderful’ book on materials. 	<p>SM CC</p>

<ul style="list-style-type: none"> • Student kits – what supplies do you have them purchase Discussion Some schools have student buy kits, others schools supplied them, others had students rent them. The cost of kits varied from a few hundred dollars to \$1,500. Most kits had dental dam, dental dam punch, alginate, PSP plates etc., but one school hand a hand piece. 	SM CC
<ul style="list-style-type: none"> • Practicums- Do you visit each office or make calls? All institutes make visits whenever possible. However, with CNC or schools in remote areas, this is not always possible because the driving conditions and distance can be problematic. Students have the opportunity to make up hours missed on practicum. It is dealt with on an individual basis. 	SM CC
<ul style="list-style-type: none"> • What type of mentoring do you provide with your sessional/aux instructors? Discussion This is an area of difficulty for all schools. “Trial by fire” was the most common versus mentoring. It is difficult to mentor people when they only come in periodically, and are working other times. Clinic is where most schools will replace faculty, theory is not replaced at most schools. Classes are switched/rescheduled or cancelled if faculty are not available. 	SM CC
<ul style="list-style-type: none"> • How much charting do you do practice manually and then electronically? - Discussed above. 	SM CC
<ul style="list-style-type: none"> • What are your hours of contact with students for full time faculty? Approximately 20-22 hours of direct student instruction at the schools. Some are slightly higher for full-time faculty. 	SM CC
<ul style="list-style-type: none"> • Do you supply or have students purchase course packages? Schools do both online and purchased, some do not have course packages. It was pointed out that CDAC LOVES course packages. 	SM CC
<ul style="list-style-type: none"> • Comparison Grid from years ago, can we implement again? ACTION: Marianne to share an old version that she has with the committee. We can discuss after we see it if we want, for now, no interest. 	SM CC Recreate and circulate
<ul style="list-style-type: none"> • Community service projects/ donations/ funds Discussion Various projects and various means of funding/donations. Some schools have student buy, most have donations from BCDA or companies/ reps/ local societies/ PDC to collect items. BCDA was the most common donator and the most generous. Number of community projects varied in schools from 2-4 – and they varied in depth and breath as well. 	SM CC
<ul style="list-style-type: none"> • How often are you making “internal changes” - trading days vs independent study if a regular faculty cannot instruct? Discussion Internal changes – theory not replaced/trades do when possible with notice to students Community service –Varies – but most use clinical hours instead of theory hours, or use days when classes are not in session. 	SM CC

<ul style="list-style-type: none"> Digital vs conventional radiography percentage taught and practiced <p>Discussion Varied – approximately 20% film and digital with most schools.</p>	J G-S, OC
<ul style="list-style-type: none"> Whitening Products – Discussion 	Heidi -VCC
<p>Presentation for Institutional Reports</p> <ul style="list-style-type: none"> The reports were shared in advance and questions answered at the meeting. 	
<p>See Reports – done with the agenda items (ie. CDSBC)</p>	All
<p>Approval of Rotation Schedule</p> <p>2013 - 2014 - College of the Rockies 2015 - 2016 - Camosun College 2017 - 2018 - College of New Caledonia 2019 - 2020 - University of the Fraser Valley 2021 - 2022 - Douglas College 2023 - 2024 - Vancouver Island University 2025 - 2026 - Okanagan College 2027 - 2028 - Vancouver College 2029 - 2030 - College of the Rockies (Rotation starts again)</p>	<p>ACTION: HB to edit and send out to all institutes</p> <p>Complete</p>
<p>Recorder Schedule – Proposed Revision</p> <p>2014 - Douglas College (traded order with VCC) 2015 - Vancouver Community College 2016 - University of the Fraser Valley 2017 – College of the Rockies Douglas College (traded order with College of the Rockies) 2018 – College of the Rockies 2019 – College of New Caledonia 2020 – Vancouver Island University 2021 – Okanagan College 2022 – Camosun College 2023 – Vancouver Community College 2024 – University of Fraser Valley 2025 – Douglas College (rotation starts again)</p>	<p>ACTION: HB to edit and send out to all institutes</p> <p>Complete</p>
<p>Process Guide Schedule – Proposed Schedule</p>	<p>ACTION: HB to edit the schedule she developed and send out to all institutes</p> <p>Complete</p>
<p>Next Meeting Location: BCCAT (same location as previous years) Date: April 19 – 20, 2018 (room has been booked with BCCAT)</p>	Complete

