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: April 13, 2018 from 9:00 am - 4:00 pm

Welcome by Mandy Hayre and Margit Strobl – Chair of Dental Hygiene Articulation Committee

"We acknowledge the traditional territories of the Musqueam, Squamish, and Tsleil-Waututh peoples on whose lands we are meeting today."

1. **Call to Order at 8.58 am**

2. **Introductions/Welcome**
   - Guests: Representative from VCDH (1.00) Cindy Fletcher & Wendy Jobs (via teleconference) (1:30), Jennifer Lawrence (2:30), Ruth E. (3:30)
   - Attendees: Denise Beerwald (VCC), Andrew Hollenberg (VIU), Zul Kanji (UBC), Mandy Hayre (CC), Karen Lange (CNC), Monica Soth (VIU), Margit Strobl (CC).
   - Regrets: Leta Zaleski (CC)

3. **Approval of Agenda (identification of priority items for morning discussion)**
   Agenda approved as revised: Lange seconded: Beerwald Motion: Carried

4. **Approval of Previous Minutes of the Articulation Committee meeting (2017)**
   Moved as adopted: Kanji Seconded: Lange Motion: Carried

5. **Business Arising and follow-up Action Items from Previous Minutes - 15 mins**

   Jennifer Lawrence and Heather Biggar (CDHBC) were asked about the possibility of re-establishing student licenses for degree program students after their third year. CDHBC suggested it was better to graduate students out following completion of the NDHCB Exam at the end of year 3, as student licenses imposes too many restrictions. The Registrar also advised that bylaw changes could be put in place to allow community clinical work within an educational program via preceptorship.
   Bring Forward: Need to align bylaw changes with the way nursing deals with this so we don't have to maintain a 1:6 ratio for our students in community settings.
   Update: April 13, 2018. Response from CDHBC. Best way to manage this is to have registrants enroll in the College so that they are practitioners in their fourth year.

   Action: BC DH Programs comparable chart - add this DH Programs comparable chart to annual agenda, will be completed each year. Action complete

Action: Outgoing Chair (VCC) to set up list serve, and advise Ruth E (BCCAT) in time to send the orientation/welcome information to the incoming Chair (Camosun) prior to the April meeting.
Update April 13, 2018: Decision to use individual emails, not a list serve.

Action: Denise (VCC) to send 2016 minutes to Ruth Erskine to repost for BCCAT records.
Action complete by Mandy Hayre.

Action: 2018 Chair (CC) to invite VCDH to afternoon session of next Articulation Committee Meeting.
Action complete.

Action: Election/Re-Election of SLP - Add as a standing item to next years' agenda.
Action complete no change to SLP.

Action (2016, 2017): exemption for BC accredited/public schools from CRDHA review.
Update April 13, 2018: Mandy discussed this with the new Registrar for the CRDHA (Kelly Sloan). The previous Registrar had considered an exception for schools that have gone through the process of being accepted by CRDHA but it was not approved. They are keeping with a 3-year cycle. They were considering a 5-year exception but they state it is in opposition to the health professions act. The CRDHA is status quo for now although they are looking at a review of all procedures/policies in place over the while, and will advise if any changes result.

Action: Denise (VCC) will write to CDAC to see how programs will be accredited once they move from diploma to degree entry (i.e. is a document review of 4th year sufficient if diploma is already accredited, or is another site visit required due to significant changes to curriculum). Denise will send out an email to everyone to ensure all the questions are captured – would like a rapid response from program leads. Zul suggested emailing Fredrick directly, with copy to rest of CDAC. (This item was also submitted as a follow-up agenda item by UBC - BC Public DH Program Exemption from CRDHA review - committee letter, next steps).

Update April 13, 2018: Denise had a teleconference in November. Accreditation responsible for ensuring students have met requirements to write the NCHBC exam. Only will accredit entry to practice – diploma programs at this point.

6. **Confirmation of Recorders and Chair for 2019 - Please see rotation chart circulated by Chair.**

7. **Update to the DH Articulation Membership List – Please see rotation chart circulated by Chair.**

8. **Updates to the comparisons chart – Please see attachment on email with agenda, <u>bring updates to the meeting.</u>**
   Action: Mandy to send out updated comparisons chart once changes are made.

9. **Silver Diamine Fluoride (SDF): What are institutions doing in regard? Is anyone using SDF in the clinical setting?**
   - Theory: All are teaching some theory.
   - Practice: CC teaches theory and practice in junior year. No issues of staining of teeth or gingiva concerns with primary teeth. Adults treated for obvious caries – informed consent is a priority with staining. Also using in community low cost services.
   - UBC in 2nd year in clinical. Mostly used in years 3 and 4 in community for both youth and adults. Have separate informed consent.
   - VCC – just theory only in junior. Looking forward to using it in community

- CNC – theory. Not using it in practice.
- VIU – theory. Not using it in practice.
- Concerns are accidental drips and staining of tissues.

10. **Interim Stabilization Therapy (IST): Are programs providing IST theory only or is anyone providing hands on, simulation activities? Is IST applied in patient care?**
    CNC – theory and simulation only
    UBC – theory included. Instructors do in community and students watch.
    VIU – nothing implemented thus far.
    CC – not providing now (as bylaws state this procedure is for 365-exempt only).
    VCC – theory only

11. **Proposed changes to AAP classification of Periodontal diseases. What are programs teaching in terms of dental hygiene diagnosis and periodontal status statements?**
    ETA – the new AAP Classification system should presented at the CAP/AAP Meeting in Vancouver in October 2018. .
    VCC –Using Gehrig-Willman Foundations of Perio and Instrumentation texts.
    CNC – Weinberg. Staying with current classification statement. Created a decision tree for AAP statement.
    VIU – Gehrig- Willman Foundations of Perio and Instrumentation texts. And supplemented with chapters of Carrenza. Currently 5 mm probing depths are considered 'periodontitis'. Using 'on a reduced periodontium' for 1 – 4 mm pockets with past bone loss
    UBC – Carranza text. 5mm is perio. 4 and under is gingivitis. Same with reduced periodontium
    CC – Two texts for perio: Weinberg and Gehrig-Willman.

12. **Measuring recession when a restoration covers CEJ. What is your program's approach?**
    All programs estimate only.

13. **Indigenization initiatives.**
    VCC – administration is looking at indigenization curriculum. 2 seat currently reserved for indigenous student.
    VIU – has HHS elders on faculty. Adding a First Nations Health and Healing course to diploma curriculum. Have the longhouse and indigenous students' services and supports.
    CC – has a First Nations center on campus with supports. Offer TTW or Indigenous studies courses. Have elders and Faye Martin who is dedicated to HHS. Comes to classes and communities. 1 seat reserved for indigenous students. Practice many indigenous ways of being including acknowledging the territories starting on orientation day, sitting in circle, and including curriculum for students, and others.
    CNC – have support and recognition of First Nations students in the institution. Some supports available. Weekly smudge. 1 seat reserved for indigenous students.
    UBC – at least one seat for First Nations student. Have a centre that supports students. Curriculum 12 health programs developed indigenous cultural safety curriculum (12 hours). In 4th year, in partnership with John Howard society starting to get some experience with First Nations community. Elders come in and facilitate workshops.

14. **What programs are doing with depth/breadth and instructor hiring criteria for microbiology and pharmacology curriculum?**
    VCC – feel strongly that DH can teach the pharm and microbiology component. Looking at offering some blended course delivery as well.
    VIU – DH instructors should be generalists and have looked to gain further knowledge in their field of interest.

CNC – feel that DH bring a better dental hygiene perio focus to the course. TRU has a good pharm course online.
CC – DH teaches pharm. And microbiologist teach microbiology course. In the past is has been a DH or content expert that has taught – both work.
UBC – past two years have a course where course is taught to DMD and DH students together. Course is well calibrated as to DH needs. DH or DMS could teach if they have experience.

Articulation feels that it is within DH roles to teach pharm and microbiology.

15. **Dental Materials.**
VCC – instructor feels that we have too much information. much 'stand alone' content related to dental properties and would like to see it integrated into specific sessions that cover alginate imps, sports guards, bleaching trays, fissure sealants, liners/bases, etc.
VIU – going to be moving materials to 2nd semester.
CC – no standalone materials course. Incorporates into senior clinic as that is where they do the whitening, and sport guards etc.
UBC – 21 hours of theory (blended course). 21 hours of clinical including desensitizing agents.
CNC – removed the didactic/clinic. Pre-clinic incorporates impressions, study models. Spring semester contains whitening trays and mouthguards in lab assignment. Theory is woven to seminar course. Very reduced content. Dental anatomy contains the dental restorative materials.

16. **International Student Interest in DH programs.**
Generally reporting a higher level of interest from international students. Some problems once they are in the program with the pace of the program in relation to their English comprehension. VCC has recently announced that School of Health Sciences in conjunction with International have decided not to have guaranteed seats for international students as of January 2019. CC has international pathway for international practical nurses.

17. **How many clients do students complete during the program (specific number or range, difficulty). What are other programs basic patient care requirements?**
VIU – criteria of client number and procedures. 3 complex, 4 mod. And some class 1 for 22 in total. Plus two child requirements. CYC days where students see children. Deal with client expectations with a 'client completion letter'.
UBC – no fixed numbers. Strictly competency based. Typically 5 – 6 clients/term with 6 terms. Some children throughout program 20 – 30 kids.
CC – Will see for recare as the program has availability. Mock clients in pre-clinic. Real client in January of junior year. Two lights and two mods in junior. In senior: 3 lights, 3 mods, 2 complex, + 1 child. Last semester = 4 lights, 4 mods, 2 difficult + 2 children under 5 years of age. Children requirements are fluid as to timing. 4 difficult clients, 2 have to be new. Students see additional clients in community. Minimum of 25.
CNC – have a defined client are and competency requirements. Approx. 25 pts over varying degrees. In patient care one – (8 hours/week) 4 lows (2 of which can be children) and 2 mod. DH2-12 hours/week of clinic: 2 lows 3 mods 2-3comples. DH2 spring (10 hours) 5 lows, 5 mods, 2 – 3 complex clients. Fewer hours for CA duties…eg 30 minutes then 3 hours of pt care, then 30 minutes of CA duties.
VCC – no requirements as to the number of clients. Competency based.

Followup question: Are we doing too much clinic. With the recognition that there are 5 areas of responsibility. Should we be spending more time with other aspects of dental hygiene profession? Discussion only.

18. **Community/interdisciplinary activities – what do your students do? Who do they link with?**

VCC – two semesters of community. Activities are PBL assessment, tooth trolley event, bus children in, long term care, interprofessional practice with HCA and LPN. Simulation for mass casualty – shake out BC. Community daycare, elementary school in inner city locations, First Nations daycare.
VIU – 8 different rotations in different community groups. It's a good experience, but we feel that it could be expanded. CYC/DH outreach works well for interdisciplinary. Advocacy is included in professional issues course.
CC - International trip to Japan where DH get to work within the medical system (dental is included with medical so students go into hospitals and other care facilities). In Mexico they provide care for community members. Interdisciplinary work with other programs such as HCA, PN, and working with nursing students. One rotation with Community, Family, Child Studies. Pajama contest with other health programs for fun. Senior students did assessments with BSN students. Student festival with grant money – to share capstone projects across health programs. Work with the CDAs over 4 clinics. 2 semesters of community. Overlap between the community and professional issues courses. Do schools, daycare, and one choice of visit to community with the focus on how to do assessments in community. Advocacy now included in health history such as social determinants of health (eg: under the question of whether they have adequate housing).
CNC – have two courses. Fall Sr year they do broad theory, epidemiology, multiculturalism. Spring do projects in community. LTC presentations and other community groups. Healthiest babies possible. Work with HCA program in a care facility to do a care plan. Emergency dental outreach program. BC cancer agency of the north where they see clients from that community.
UBC – Mandated to be active in community. Program written by Susanne Sunell. Education and health promotion activities. In 4th year, students are involved with clinical care in community sessions, but will be dialing that back to add in more advocacy such as interprofessional care communities.

19. **Radiography – film versus digital (is everyone teaching 1 or more methods) AND are programs taking anterior bitewings.**
    VIU- PSP plates and sensors, no regular film on clients. PSP plates on clients. No anterior bitewings
    CC – Use PSP plates and F-speed film. Do some sensors. Thinking about anterior bitewings for sensors.
    VCC theory both, clinical digital only. Phasing out PSP plates. Going to Sensors
    UBC – PSP plates, digital only
    CNC no anterior bitewings. Theory both. Clinical digital sensors only.

20. **Digital versus paper documentation (or hybrid).**
    VCC hybrid mostly digital
    CNC hybrid mostly digital except for client signatures
    UBC fully digital
    VIU hybrid (junior paper) senior perio/dental charting digital, HH paper
    CC – hybrid.

21. **Updates on Institutional plans to move forward with degree as entry to practice. Discussion.**
    VCC – full degree proposal into government for review.
    CNC – focused on getting diploma up and running. Working in partnership with CC for a degree completion option (eg: separate degree completion programs could share some of elective courses). Leslie Battersby taking the lead for this at CNC (blended or online curriculum)
    VIU – full proposal is at Senate. Not proposed to government yet.
    CC – Working towards a degree for 2020 at the earliest, partnering with CNC, no proposal as yet
    UBC – past semester faculty council and senate removed the moratorium on Category 2 applications. First cohort Sept 2019. Revised some courses affecting all pathways.

22. **Digital verses manual BP. Are programs continuing with manual BP? New Hypertension Canada recommendations.**

CNC – come challenges with obtaining accurate digital readings. Considering buying a portable, medical grade unit.
One-off BP readings are not useful. Should use calibrated units. Mercury is the gold standard. OTC digital units are not very reliable as very sensitive to patient positioning, movement, talking. Theory underpinning blood pressure is very important to fully understand impact of BP process. .

23. **BCDHA lobby day and CDHBC.**
BCDHA/CDHA held a Lobby day as there has been no movement on the CDHBC bylaws in two years. The lobby day focused on removing supervision for LA, prescription rights, and clarification of radiograph prescription. We were not pushing the degree as entry to practice as there is still resistance to 'credential creep' at the Ministry level. BCDHA Board members and RDH's lobbied MLA's to move bylaws forward and hosted an evening reception that was well attended. Meetings were productive with MLA's, but not as much with the Ministry staff members who stated that DH was not a priority for them right now. Needs to be a priority with the Minister of Health, and BCDHA/CDHA had the opportunity to discuss with Health Minister Adrian Dix and asked for it to be made a priority.

CDSBC had five new public members added to the CDSBC board. Due to unrelated complaints made against the college.

24. **What are programs doing to assess for client diabetes control? Eg. is A1c data reported and if so is there a point if A1c is at or above a defined threshold that a medical consultation is necessary prior to DH trx?**
VIU – Yes. We don't have specific criteria or levels as they are under the control of the physician. Every client has the opportunity to do chairside glucose testing. Have found 4 pts so far with undiagnosed diabetes. Great advocacy piece.
CNC – collecting A1C data. Target is below 7%. Above 7% should have medical consultation.
CC – 7 and under okay. Between 7 – 8: look at other factors that might be at play. No automatic consultation. Over 8 treatment is postponed until physician gives approval to treat.
UBC – collect the data. But no stopping care. Ensure ongoing communication with physician.
VCC – same as UBC.

25. **Non-traditional local anesthesia techniques (Oraqix etc)?**
All programs include Oraqix in curriculum but recognize it is not a substitute for profound LA.

26. **Temp restorations (IRM, IST), sealants, sports mouth guards, margination - ensuring ongoing demonstration of abilities - how is this accomplished?**
VIU – sealants and mouthguards done in class and in clinic.
VCC – temp resto assessment on a manikin. Overhang removal on a manikin.
CC – sealants provided to children, mouth guards as per client needs, don't track IRM (IST not performed).
CNC – has temp rest simulation in seminar. Sealants and marginations added to yearlong requirements. Sports mouth guards theory and a practice. Usually do sports teams.
UBC – IRM in community practice.

27. **How are programs handling chart audits (paper and electronic)?**
VCC electronic. Student does chart audit in one week. Uses a checklist, then reviewed by Instructor for completeness. Deficiencies identified during audit processes are reported to faculty via faculty meetings and used for program improvement/instructor calibration.

CC – Charts are paper, with some information electronic. 3 parts to chart audit: Part 1: done along with careplan; Part 2: after treatment complete (last apt); Part 3: quality assurance check. Making sure all planned care was completed, appropriate, all client's needs were addressed and met. Is the AAP consistent with perio findings? Recare interval appropriate. The staff receptionist checks that the computer entries are correct.
UBC: paper chart audit form that every student does and the form scanned to the computer. One week for chart audit (checklist). Susan Schmitz does random chart audits and failures are looked into more details. Quality pieces checked at treatment is occurring.
VIU: full chart audit (quality) at end of care
VCDH – electronic audit as they go. Once at care plan then at the end of care. Then do random chart each semester. About 30-45 minutes each.
CNC: have two pronged system. Chart audit and quality assurance audit. At end of care, chart audit at last apt day. Then undergo a QA check (within 5 days), treatment letter, upload all images, documentation, set the recare date. Then faculty use the checklist (2nd half of checklist).quality of care: was it delivered as planned. Minimum 2 QA audit per term per term. Usually the first one…then one random one. List deficiencies on the services rendered chart form. Track the deficiencies and look for trends etc. Student does QA audit, then faculty does it…then meet. Two charts per semester.
Action: Karen to share the chart audit and the quality assurance audit forms via email. Action complete.

28. What are programs teaching (theory and practice) regarding air polishing:

a. Subgingival biofilm removal versus air polishing. Terminology clarification.

Discussion: Use the term air polish coronally and subgingival biofilm removal when directed subgingivally.

b. How to apply "selective" using Dentsply units. Do you adjust powder according to stain/biofilm?

CNC retired old prophy jets. Students get theory only. Looking at getting EMS Master systems.

CC follows manufactures directions, EMS Master and prophy jet used. Aluminum tri-hydroxide.

UBC – include in the EMS this year.

VCC- Looking at getting EMS system for clinic integration; theory only during biofilm [removal]theory

c. Dentsply versus EMS regarding angulation (coronal vs apical angulation).
Discussion only.

29. **CAMBRA sheet – what are other programs doing?**
CC – Cambra (form shared). Do both after assessment data. From Darby & Walsh text. Support low risk category (not the creation of a minimal risk), no fluoride provided if not warranted.
VIU – modified the Wilkins chart to include a minimal risk category and won't receive a professional fluoride tx.
Group supports the keeping of minimal risk (no fluoride tx) for those that are getting twice /day fluoride exposure.
UBC – none of these forms include socio economic factors. Social determinants of health should be included.

30. **Ergonomics: Balanced positioning with 11/12 explorer on lower anteriors. 12 oclock only or 9oclock for surfaces toward? Gehrig instrumentation text has conflicting information.**
UBC. Body position neutral, terminal shank parallel, neutral arm. Students use critical thinking to determine whether to sit at 9 or 12 o'clock.

CC: don't always follow the text (it is inaccurate for question asked). Curve should not point to the gingiva. Terminal shank should be parallel interproximally, otherwise use neutral hand/wrist and balanced positioning.
VIU: Maintain neutral hand and wrist and balanced body positioning.

31. Student access to clinic to practice during weekends or other times when the clinic is not in operation.
CC allowed with key card 7am to 10pm. No access on weekends.
CNC no access without faculty
VCC a few hours available after clinic for students to work on electronic treatment plans. No weekends.
UBC access to charts, not able to practice on manikins or each other.
VIU – access until 10pm and on weekends. Only closed on stat holidays or when the university is closed.
VCDH – only open during working hours.

32. **Presentation of Institutional Reports. These were to be circulated to everyone in advance.**
    a. Camosun College
    b. College of New Caledonia
    c. University of British Columbia
    d. Vancouver College of Dental Hygiene
    e. Vancouver Community College
    f. Vancouver Island University

33. Guest Report/Presentations

a. 1:30 - 2:30 pm Cindy Fletcher and Wendy Jobs (via teleconference) BCDHA

i. Would DH programs benefit from having access to monetary research grants sponsored by BCDHA?
Provide support for research in dental hygiene. Offering programs financial support for faculty and/or student research.
YES. Minimal amount $1000 to $4000. VIU, VCC, CC do student led research.

ii. Ways to further strengthen the connectedness of DH students to the BCDHA DH Practice Consultant person.
Prior to graduation – the more touches that the association has with the students to familiarize them with the services of BCDHA. Ideas – CNC suggest a roadshow prior to graduation as a practice consultant. Just did one at VIU through digital/virtual roadshow with Professional Issues II.
Could have a student summit in regional locations in the province.

iii. Discussion: Would it be inappropriate to use the BCDA fee guide code for an exam performed by a Dental Hygienist in an educational facility?
CC – use both fee codes. For tx in the clinic, the students utilize the BCDHA fee guide. The BCDA exam is listed as 'as performed by the dentist'.
CNC – no codes for an exam.
VIU – use the BCDHA fee guide and bill for DH exams. BCDA exercise just before graduation.
VCC – some conflict with faculty as to which one to use.
UBC only use the BCDHA fee guide for role modeling. With software axiom, billing is a flat number, but students get the practice of entering BCDHA fee codes.

iv. BCDHA to discuss their commitment in supporting pathways to DH degree education.
Happy to support with letter writing.

v. **Media push to improve awareness of access to care, removal of LA and 365 day restrictions.**
Asked for clients to share stories with BCDHA so they can publish.
First Nations Health Authority might be an option to make access to care issues more public.

vi. **Recruitment and retention of dentists having issues with DH. Seems to be more specific to BC.**
Comparable with CDAs. Valued by their employers 64%... 90% are valued by their clients. 77 by their peers.
Only 32% of BC hygienists have a performance review. Of these, the performance review was informal.
Increase in employment contracts…include in educational programs. New BCDHA contract will be offered for free.

Vii: Cindy Fletcher, Executive Director, BCDHA retiring as of August 31st.

b. 2:30 - 3:30 pm CDHBC update on regulation and bylaw renewal project
Holding pattern on regulation and bylaws.

i. **CDHBC to discuss their commitment in supporting pathways to DH degree education**
Strong recommendation that all registrants to take the cultural safety course. If you are billing to first nations health, you have to have the certificate.

c. 3:30 pm Ruth from BCCAT presented an update on recent activities.

34. Other Business

a. Discussion - moving meeting to a 2 day format as in past years.
Committee is happy with a 1-day format.

35. Next meeting:

Location: BCIT Downtown Campus, 555 Seymour St, Vancouver BC V6B 3H6 (Room 711)
Date: April 12, 2019 from 9:00 – 4:00 pm.
Action: Zul, contact the VCDH in January to advice of meeting. Book Wendy Jobs from BCDHA as well as the BCDHA Executive Director.

36. BCCAT Contact Information:

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